Wake Forest Baptist Medical Center	**Sample Labeling Error and Remedial Action of Mislabeling/ Misidentification** **OP-306-04**	**Dept:**	**Outpatient Phlebotomy 324306**
		Effective Date:	**February, 2011**
		Revised Date:	**February, 2019**
		Contact:	**Rinard Howard**
Name & Title: Greg Pomper, MD Medical Director		**Date:**	
Signature:			

1) General Procedure Statement:

a. **Purpose:** Patient specimens must be accurately identified and labeled in order for the laboratory to generate valid and appropriate results. Laboratory employees who collect and handle specimens are responsible for labeling them correctly as defined by this policy and procedure.

Improperly labeled specimens are a serious performance problem requiring immediate attention and response. Consequences are outlined in this policy.

b. To establish the steps for reporting incorrect labeling and/or misidentification and to determine the remediation necessary after investigation of the incident.

c. **Responsible Department/Scope:**
   1. Procedure owner/Implementer: Outpatient Phlebotomy
   2. Procedure prepared by: Rinard Howard, MHA PBT – ASCP
   3. Who performs procedure: Outpatient Phlebotomy staff

2) Procedure:

A. Mislabeled specimens or labeling errors, including those involving materials or products derived from them are reported to the manager/assistant manager.
B. If results have been reported, send a corrected report as per the specific lab section procedure.
C. The manager/assistant manager will follow-up and document any adverse effects on patient care and determine if remediation is necessary. Outcomes of the investigation will be discussed with the employee(s).

3) Remediation:

The purpose of remediation is to ensure that quality patient results are obtained by communicating to employees involved in a mislabeling/misidentification event the potential patient care consequences of the occurrence and to determine if there is a need for retraining. Mislabeling or misidentification of patient specimens can potentially result in delayed turnaround times and/or incorrect/inaccurate laboratory results being generated. It is recognized that all mislabeled/misidentifications have the potential to adversely affect patient care, however, some are potentially more harmful than others; therefore, mislabeling or misidentifications are classified by levels of potential patient harm. Remediation training for the employee will be at the discretion of the manager.

4) Classification of Mislabeling or Misidentification:

1. Level **One -** samples that have been mislabeled with a secondary label (ex: the LIS label does not match the Last Word label, the slide label is incorrect, the cassette label is incorrect, the wrong BBID number is used or the BBID number is not used) or the labeling error is detected before results are released.

2. Level **Two -** samples that have been collected on the wrong patient or the wrong initial label was placed on the tube, or samples that are incorrectly resulted due to a labeling error. (ex: samples that are already resulted before a labeling error is detected).

5) Remediation Triggers:

The Remediation Triggers below are meant as a guide where, depending on the severity of the action or demonstration that the action was intentional in nature, the disciplinary action can be more severe than indicated up to and including immediate termination. Such an action would be, any attempt to conceal or disguise a labeling error.

1. The <u>first and second</u> occurrence of a Level One misidentification/mislabel may result in a Documented Verbal Warning and counseling. The first occurrence of a Level Two misidentification/mislabel may result in a Written Warning. These occurrences will remain on the record for a period of twelve months.

2. The third occurrence of a Level One misidentification/mislabel within 12 months, may result in a written warning. The fourth occurrence of a Level One within 12 months may result in a written reprimand.

3. The <u>second</u> occurrence of a Level Two misidentification/mislabel, within 12 months of the first, may result in a written reprimand and retraining. This occurrence will remain on the record for a period of 12 months.

4. Any subsequent occurrence of a Level One or Level Two misidentification, within 12 months of a previous occurrence, may result in suspension without pay for 24 work hours. This occurrence will remain on the record for a period of 12 months.

5. Any subsequent occurrence, within 6 months of the suspension, may result in discharge.

6) Laboratory Disciplinary Committee:

Either the employee or the manager/assistant manager may request, within 5 days, a consultation with a Laboratory Disciplinary Review Committee, at any occurrence level. The Disciplinary Review Committee will consist of 2 laboratory managers from departments other than that of the employee involved, in addition to either the Laboratory Administrative Director or the Assistant Administrative Director. The employee also reserves the right to go through the hospital grievance procedure at any step above.

Remedial Action of Mislabeling/Misidentification					
Occurrence			**ACTION**		
	Documented Verbal Warning	**Written Warning**	**Reprimand**	**Suspension**	**Discharge**
Level One					
1st Occurrence	X				
2nd Occurrence	X				
3rd Occurrence		X			
4th Occurrence			X		
5th Occurrence			(within 12 months	X	
6th Occurrence			of previous)	(within 12 months	X
				of previous)	(within 6 months
					of previous)
Level Two					
1st Occurrence		X			
2nd Occurrence			X		
3rd Occurrence			(within 12 months	X	
4th Occurrence			of previous)	(within 12 months	X
				of previous)	(within 6 months
					of previous)

7) **Related Procedures: N/A**

8) **References: N/A**

9) **Attachments: N/A**

10) **Revised/Reviewed Dates and Signatures:**

Reviewed/Revised Date: ______________________ **By:___________________________________**

(Medical Director/Designee)

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