
	CP 13 Incident / Credit Reports	Department:	Central Processing Lab
		Effective Date:	4/2003
		Revised Date:	2/26/2019
		Contact:	Central Processing Lab Section Manager
CLIA Medical Director Signature: 		Approved Date:	3/5/19

1. General Procedure Statement:

a. Purpose: To provide laboratory personnel with guidelines for the documentation and handling of laboratory related incidents and situations that require crediting of laboratory test charges

b. Responsible Department/Scope:

- i. Procedure owner/Implementer: Central Processing
- ii. Procedure prepared by: Jennifer Hausman
- iii. Who performs procedure: Central Processing Team Members and other laboratory personnel

2. Procedure:

Note: An incident / credit report and an RL6 report may be used interchangeably based on the incident and patient location, as long as the incident is documented.

a. Incident / Credit Report Completion

i. Incidents that result in a patient safety concern or potential patient safety concern should be documented on an incident / credit report, along with any situations that result in removal or correction of results or charges in a patient's medical record

1. Examples include but are not limited to

- a. Floor Bad ID – Mislabeled specimen by non-laboratory personnel
- b. Lab Bad ID – Mislabeled specimen by laboratory personnel
- c. Wrong Test Ordered
- d. Duplicate
- e. Ordered on Wrong Patient – Testing ordered on wrong patient
- f. Clotted
- g. Wrong Specimen Type

- h.** Stability Limit Exceeded – Specimen(s) received after stability limits for testing were exceeded
- i.** QNS – Quality Not Sufficient
- j.** Broken / Spilled in Transit
- k.** Interfering Substance
- l.** Lost in Transit to Reference Lab
- m.** Physician Cancelled Order
- n.** Unsatisfactory Specimen – Unacceptable specimen received for a reason other than those included on the report
- o.** Lab Problem – Reason other than those included on the report
- p.** Any other reason a patient may require specimen recollection
- q.** Approved requests to relabel a specimen
- r.** Any reason the results in a patient’s medical record have to be modified
- s.** Delays in processing or testing that delay results reporting
- t.** Improper transport of specimens via the pneumatic tube system

ii. Incident / Credit Reports can be completed electronically and printed or printed and manually completed

- 1. <..\..\cp lab staff\Credit Incident and RL6\Incident - Credit Form.xlsx>

iii. Complete the following information on the incident / credit report form

- 1. Date of Incident
- 2. Time of Incident
- 3. Patient Name
- 4. Patient MRN (Medical Record Number), if applicable
- 5. Patient Location
- 6. Accession Number(s)
- 7. Test(s) Ordered
- 8. Description of the Incident
- 9. Reason for Cancel or Credit
- 10. Called To - Person notified of the cancel, credit, and/or recollection
- 11. Completed By – Name of person completing the report

iv. For specimens from a Wake Forest Baptist location or affiliate, enter an RL6 into the RL system

- 1. Follow the instructions below for “Entering an RL6”
- 2. Record the RL # on the incident / credit report
- 3. Record your name and the date of the RL6 entry

v. Determine if results have been verified

1. If Yes

a. Determine if result correction is required

- i. If so and you are approved to perform result correction, follow the instructions below for “Result Correction” and document your name and date on the report
- ii. If so and you are NOT approved to perform result correction, place the incident / credit report in the department’s designated location for completion

b. Determine if a charge credit is needed

- i. If so and you are approved to perform a charge credit, follow the instructions below for “Completing a Charge Credit” and document your name and date on the report
- ii. If so and you are NOT approved to perform a charge credit, place the incident / credit report in the department’s designated location for completion

2. If No

- a. Complete the process in the LIS to send the order for redraw or to cancel the order, as applicable

vi. Place the completed incident / credit report form in the designated location for your department

b. Entering an RL6

i. Open the web-based RL system

1. Open the link below or

- a. http://rlprod1.medctr.ad.wfubmc.edu/RL6_Prod/Homecenter/Client/Login.aspx?ReturnUrl=%2fRL6_Prod%2f

2. Access via the intranet

- a. Open <http://intranet.wakehealth.edu>
- b. Select “Tools”
- c. Select “Occurrence Reporting”
- d. Select “Patient Occurrence Reporting”

- ii. Login with your medical center username and password
- iii. From the Icon Wall, select “Lab Specimen/Test”
- iv. Enter the required fields, identified with an “*” and all other applicable fields
- v. Enter your name in the “Person Submitting Report” field
- vi. Enter a contact phone number in the “Contact Information” field
- vii. Click Submit
- viii. Record the RL number on the Incident / Credit Report, as applicable

c. Result Correction

- i. Login to Epic Beaker
- ii. Open the “Result Entry and Verification” function for the specimen to correct
- iii. Select the specimen or test(s) to correct

- 1. Results must be final verified in order to complete a result correction

- iv. Select “Result Correction”
- v. Enter a reason for result correction in the “Result correction reason” field

- 1. A comment field is available for free text in addition to a selection

- vi. Select “Accept”
- vii. Select the test(s) to correct by checking the box next to each test
- viii. Select “Result Correct”
- ix. In the upper left box, select the specimen or test to correct
 - x. In the bottom box, select “Edit”
- xi. Correct the result for each individual component
- xii. Enter a comment for the correction in the right “C” column by clicking the paper icon
- xiii. Enter a comment and click “Accept”
- xiv. Click “Save”
- xv. Repeat steps ix – xiv for all tests requiring correction
- xvi. Once all corrections are complete, select “Verify”
- xvii. Review the corrected results
- xviii. Select “Final Verify”

d. Completing a Charge Credit

- i. Login to Epic Beaker
- ii. Open the “Specimen Inquiry” function for the specimen with tests to credit
- iii. Scroll down to the “Charge Summary” section
- iv. Click on the “X” at the right of the line across from the test to credit charges
- v. Select a reason for credit and click “Accept”
- vi. Enter additional comments in the “Comment” field

vii. Select “Yes”

1. The **X** will change to a dollar bill icon preceded by the credit reason and comment
2. If the credit needs to be reversed,
 - a. Click on the dollar bill icon
 - b. Click “Yes” in the ‘Trigger charges for the test?’ pop-up box

3. Review/Revision/Implementation:

- a. All procedures must be reviewed at least every 2 years.
- b. All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.
- c. All reviewed procedures and procedures with minor revisions can be signed by the designated section medical director.

4. Related Procedure:

- a. CP 4 Patient ID and Identification of Blood, Body Fluids, and Tissue Samples
 - i. [..\CP 4 Patient ID and Identification of Blood, Body Fluids, and Tissue Samples.docx](#)

5. References:

6. Attachments:

- a. Clinical Laboratory Incident / Credit Report Form CP 13.1
 - i. [..\..\cp lab staff\Credit Incident and RL6\Incident - Credit Form.xlsx](#)

7. Procedure Distribution Outside of Central Processing

- a. Microbiology
- b. Core Laboratory including Hematology, Chemistry, Urinalysis, Coagulation, Flow Cytometry, and Sendouts
- c. Inpatient Phlebotomy
- d. Outpatient Phlebotomy

8. Revised/Reviewed Dates and Signatures:

Review Date	Revision Description	Signature
2/26/2019	Updated Incident/Credit Report form and the procedure to follow the updated form. Added instructions for entering an RL6, performing a result correction, and completing a charge credit.	Jennifer A. Hausman, MLS(ASCP)SBB ^{CM}

Complete the incident/credit report form for any patient safety concern and/or any situation that requires removal or correction of results or charges in the patient's medical record. Place completed form in department's designated location for completion.

Date: _____ Time: _____

Patient Name: _____

Patient MRN: _____

Patient Location: _____

Accession Number(s): _____

Test(s) Ordered: _____

Reason for Cancel/Credit:

- Floor Bad ID
- Lab Bad ID
- Wrong Test Ordered
- Duplicate
- Ordered on Wrong Patient
- Clotted
- Wrong Specimen Type
- Stability Limit Exceeded
- QNS - Quantity Not Sufficient
- Broken / Spilled in Transit
- Interfering Substance
- Lost in Transit to Reference Lab

Physician Cancelled Order
Physician's Name: _____

Unsatisfactory Specimen
Briefly Describe: _____

Lab Problem
Briefly Describe: _____

Other
Briefly Describe: _____

Called To: _____

Completed By:

		Completed By	Date
RL6 Entered - RL #			
Results Verified?			
<input type="checkbox"/>	Yes		
<input type="checkbox"/>	Result Modification / Correction		
<input type="checkbox"/>	Credit		
No			
<input type="checkbox"/>	Test sent for Redraw / Cancel		