Specimen Labeling Identification Errors

Atrium Health Wake Forest Baptist	**DOCUMENT TYPE:** Policy	**ORIGIN DATE**
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APPLICABLE LABORATORY(S)):

☒ North Carolina Baptist Hospital (NCBH)
☐ Lexington Medical Center (LMC)
☐ Davie Medical Center (DMC)
☐ Wilkes Medical Center (WMC)
☐ High Point Medical Center (HPMC)
☐ Westchester
☐ Clemmons

POLICY PURPOSE

The purpose of this policy is to provide guidance for Central Processing teammates labeling, relabeling, or aliquoting specimens.

SCOPE

This policy applies to Central Processing and Client Services teammates.

DEFINITIONS

A. Policy: As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBH. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBH, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.
B. WFBH Lab System: Wake Forest Baptist Lab System is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Lab at Westchester and Lab at Clemmons.
C. Mislabeled specimen: Specimen ID (including name, MRN, and/or DOB) of original container/original label does not match the specimen ID of the new, lab-generated label.

POLICY GUIDELINES

C. Laboratory specimens must be accurately identified and labeled to provide valid patient results. Central Processing and Client Services teammates who label, re-label, and/or aliquot specimens are responsible for labeling specimens correctly as defined by section policy and procedure.

1. When labeling or re-labeling a specimen, Central Processing teammates must verify a minimum of two unique identifiers on the original label. These identifiers can be a combination of patient name, medical record number, or date of birth.

    a. For questions regarding discrepancies in any identifiers, refer to CP-SOP-0004: Patient Identification and Identification of Blood, Body Fluids, and Tissue Samples.

2. Re-labeling occurs when the original label is damaged, or label is applied inappropriately (twisted, creased, upside down, etc.).

3. Labeling occurs when a specimen arrives with a handwritten patient label or chart label, and a barcoded Beaker label must be generated.

4. Labeling occurs when aliquoting from one container to a new container.

5. Initialing the new label indicates that the Central Processing tech has verified identifiers on the new label against the original label.

6. Any label that is printed and placed over an existing label must be verified and initialed.

7. Any time a specimen must be aliquoted into a new tube, the aliquot label must be verified and initialed.

8. Only handle one label and one specimen at a time.

9. If a labeling error is discovered or known by a teammate, the teammate must self-report to the supervisor.

10. Mislabeled specimens or labeling errors are reported to the manager or assistant manager when discovered.

11. If results have been reported, a corrected report is sent per the specific lab section procedure.

12. The manager/assistant manager will investigate the labeling event, discuss with the involved teammate(s), and determine the appropriate action to be taken. An incident/credit report form will be completed by the Central Processing manager/assistant manager, or by the department identifying the mislabeling event.

13. Remediation ensures that quality patient results are obtained by communicating to teammates involved in a mislabeling event the potential patient care consequences of the occurrence and determining if there is a need for retraining.

14. Mislabeling of patient specimens can potentially result in delayed turnaround times or generation of incorrect/inaccurate laboratory results.

15. The first occurrence of a mislabeled specimen may result in a verbal coaching. For each first occurrence, the teammate will be required to write a report describing the event, stating how it occurred, and how it can be prevented in the future. The report must be submitted to the manager/assistant manager within one month of the event.

16. The second occurrence of a mislabeled specimen may result in a written advisory.

17. The third occurrence of a mislabeled specimen may result in a final written advisory.

18. Any subsequent occurrence of a mislabeled specimen, within 12 months of a previous occurrence, may result in discharge.

LITERATURE REFERENCES: N/A

RELATED POLICIES/PROCEDURES IN NAVEX: N/A

ATTACHMENTS/LINKED DOCUMENTS IN TITLE 21:

CP-SOP-0004 Patient Identification and Identification of Blood, Body Fluids, and Tissue Samples

CP-SOP-0013 Incident/Credit Reports

REVISION DATES: REVIEW CHANGE SUMMARY AS REPRESENTED IN TITLE 21.