TRAINING UPDATE

Lab Location:	GEC, SGAH & WAH	**Date Distributed:**	7/15/2014
Department:	All staff	**Due Date:**	8/11/2014
		Implementation:	**8/12/2014**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Clerical Errors, Detection and Resolution **GEC.L21, SGAH.L23, WAH.L23 v3**
Description of change(s):
Section 5: add verification of patient identifiers during manual entry This revised SOP will be implemented on August 12, 2014

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training all sites (version 3)

Non-Technical SOP

Title	**Clerical Errors, Detection and Resolution**	
Prepared by	Leslie Barrett	Date: 3/18/2009
Owner	Robert SanLuis, ~~Jean Buss~~	Date: 7/8/2014

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

Form revised 3/31/00

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1. PURPOSE

This policy is intended to aid in the reduction of clerical errors and provide instructions for correction of clerical errors when identified.

2. SCOPE

This procedure applies to all aspects of laboratory testing, including specimen collection, lab orders, test performance and resulting.

3. RESPONSIBILITY

All technical and non-technical staff involved in data entry must comply with this procedure.
Laboratory managers and supervisors must ensure training and compliance with this procedure.

4. DEFINITIONS

Clerical error - transposed letters/numbers, misplaced scientific notations (decimal points), improper abbreviation, and incorrect spelling or mistranslated computer data entry.

LIS – Laboratory Information System

5. PROCEDURE

A. Prevention and Detection of Clerical Errors

1. All laboratory-processed requisition slips must be reviewed for completeness and accuracy of data. Information on the slip must match the LIS. If there are discrepancies, the ordering process must be halted, and the originating unit or department must be contacted for clarification. Indicate the corrective action on a Quality Variance form.

2. Before affixing computer generated labels to any specimens, slides, or documents, **verify the Name and Medical Record number**.

3. Upon review of instrument/analyzer printouts, make sure that data is legible and consistent with requested tests.

4. When performing manual entry of results into the LIS or documenting as hard copy:
   - Verify Patient Name and Medical Record / Accession number.
   - Carefully re-read text to verify content accuracy and modify if necessary.
   - Retype the entry if an error is found on reviews. Document incident on a Quality Variance form; print and attach a copy of the corrected report. Give this QV report to the supervisor or designee to review and sign.

5. If calculators are used to perform numeric calculation, verify initial results by repeating calculation. Take care when transcribing calculated results into units reported as set up in the LIS. Verify decimal placing, and look for flagging by the LIS for any invalid entries.

B. Correction of Clerical Errors

1. As soon as a clerical error is identified, notify the ordering provider, nurse-in-charge, or the appropriate individual immediately of the correct result or information. All verbal results must be confirmed by the read back process (the person receiving the results will verify the results, by repeating back the patient name, medical record number, test name, and test results, to the laboratory personnel).
   a. Any changes to reported data will prompt the LIS to generate the corrected report statement indicating that the results are corrected from:
      - the previous result was XXXX
      - **Append the code CBACK (call to and read back by)** right after the corrected result to document:
        - Name of the person received the corrected report
        - Date and Time of the notification
   b. All pertinent information is to be documented in the LIS under the test being corrected.

c. Print the corrected report and attach it to the Quality Variance form; submit to the supervisor or designee for review and possible follow up.

2. All Corrected reports are tracked via a database. Reports are retained as specified in the Retention of Records and Materials policy.

6. RELATED DOCUMENTS

Policy for Documentation Technique ~~Process for Documentation Technique Training and Competency Assessment~~, QA policy
Quality Variance Forms, QA procedure
Retention of Records and Materials, Laboratory policy

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP L039.001		
000	3/24/2010	Updated owner	L. Barrett	L. Loffredo
001	4/23/2012	Updated owners Section 4: add LIS Section 5: update PI form to Quality Variance form, add read back process to item B.1	L. Barrett	L. Loffredo
002	7/8/2014	Updated owner Section 5: add verification of patient identifiers during manual entry Section 6: updated title Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L. Barrett	L. Loffredo

9. ADDENDA AND APPENDICES

None