

**QUALITY FORM**

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|---|---|---|
| <input checked="" type="checkbox"/> St. Joseph Medical Center, Tacoma, WA | <input checked="" type="checkbox"/> St. Anthony Hospital Gig Harbor, WA | <input checked="" type="checkbox"/> Harrison Medical Center, Bremerton, WA  |
| <input checked="" type="checkbox"/> St. Francis Hospital, Federal Way, WA | <input checked="" type="checkbox"/> St. Elizabeth Hospital Enumclaw, WA | <input checked="" type="checkbox"/> Harrison Medical Center, Silverdale, WA |
| <input checked="" type="checkbox"/> St. Clare Hospital Lakewood, WA       | <input checked="" type="checkbox"/> Highline Medical Center Burien, WA  | <input checked="" type="checkbox"/> PSC                                     |

*To be completed by staff person observing the quality improvement opportunity.*

<b>Reported by:</b> <i>Tech ID completing Quality Form</i>		<b>EP Eval #</b> _____
<b>Date and Time of Incident:</b> <i>MANDATORY</i>		<b>IRIS # (All patient safety issues)</b> _____
<b>Patient Name:</b>		<b>Was there a delay in reporting test results?</b> Y / N
<b>Patient MRN/CSN:</b>		<b>Were incorrect results reported?</b> Y / N
<b>Specimen ID Number:</b> <i>MANDATORY</i>		<b>Was the lab responsible for the error?</b> Y / N
<b>Geographic Location:</b> <i>(circle one)</i> SJMC SFH SCH SAH SEH HL HB HS PSC Dr Office LTC		<b>What was the actual effect on the patient?</b> <input type="checkbox"/> Near Miss <input type="checkbox"/> No Harm <input type="checkbox"/> No Detectable Harm <input type="checkbox"/> Minimal Harm <input type="checkbox"/> Moderate Harm <input type="checkbox"/> Severe Harm
<b>Patient Location/Nursing Unit:</b>		<b>Credit Needed:</b> Y / N <b>Test:</b> _____
<b>Error By:</b> _____ <i>(Tech ID)</i> <input type="checkbox"/> Unknown	<b>Lab Section:</b>	<b>Who was notified of this correction/incident?</b> <i>(include date, time, and full name)</i>

**PATIENT SAFETY**

<p align="center"><b>PRE-ANALYTIC</b></p> <input type="checkbox"/> Clerical Error <input type="checkbox"/> Patient ID – Wrong patient drawn <input type="checkbox"/> Patient ID – Labeling error primary/aliquot <input type="checkbox"/> Patient ID – Incorrect identifier on handwritten sample (dob, name or other unique identifier) <input type="checkbox"/> Patient ID – Choosing wrong patient for order in LIS <input type="checkbox"/> Relabel – Placing the incorrect label on a primary or secondary specimen <input type="checkbox"/> Unlabeled – Aliquot (secondary) <input type="checkbox"/> Unlabeled – Primary <input type="checkbox"/> Phlebotomy – Leaving a tourniquet on the patient	<p align="center"><b>ANALYTIC</b></p> <input type="checkbox"/> Patient ID – Result entered on wrong patient <input type="checkbox"/> Patient ID – Choosing wrong patient for result entry in LIS <input type="checkbox"/> Result Entry - Blood Bank incorrect result (antibodies, attributes, and blood group) <input type="checkbox"/> Unlabeled – Aliquot	<p align="center"><b>POST-ANALYTIC</b></p> <input type="checkbox"/> Distribution Error – Blood Bank, such as wrong type of blood product issued, issue to the wrong patient, or issuing the wrong blood type <input type="checkbox"/> Patient ID – Result reported on wrong patient (verbal)
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**QUALITY AND REGULATORY**

<p align="center"><b>PRE-ANALYTIC</b></p> <input type="checkbox"/> Documentation Error <input type="checkbox"/> Loss of irretrievable specimen	<p align="center"><b>ANALYTIC</b></p> <input type="checkbox"/> Documentation Error <input type="checkbox"/> Instrument Downtime <input type="checkbox"/> Inventory Issues – Instruments, supplies, reagents <input type="checkbox"/> Preventive Maintenance - Not performed, reviewed or documented, temperature monitoring, bench cleaning <input type="checkbox"/> Proficiency Testing – Not resulted, incorrect test, missing deadline <input type="checkbox"/> Quality Control – Look back not done <input type="checkbox"/> Quality Control – Not performed, reviewed, verified, or documented <input type="checkbox"/> Result Reporting – Dilution error, calculation error	<p align="center"><b>POST-ANALYTIC</b></p> <input type="checkbox"/> Documentation Error <input type="checkbox"/> Result Entry – Incorrect result entered or verification error <input type="checkbox"/> Result Reporting – Critical value not called <input type="checkbox"/> Result Reporting – Stat calls not made or documented <input type="checkbox"/> Result Reporting – Not reported per customer instruction (call/fax/etc.)
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PROCEDURAL		
<p style="text-align: center;"><b>PRE-ANALYTIC</b></p> <input type="checkbox"/> <b>Blood Banding</b> - Specimen issues <input type="checkbox"/> <b>Communication</b> – Logs/shift handoff, caregiver/provider, delay, incomplete documentation <input type="checkbox"/> <b>Customer Service</b> – Complaints <input type="checkbox"/> <b>Demographic Entry, Order entry, Specimen Handling</b> – Billing, patient info, credit, ABN, wrong account, missed/wrong test, collection delays, mishandling, lost sample <input type="checkbox"/> <b>IT Issues</b> <input type="checkbox"/> <b>Log in / Receive / Cancel Error</b> <input type="checkbox"/> <b>Pending Logs</b> not followed up at defined interval <input type="checkbox"/> <b>Product Inventory Error</b> - Blood Bank <input type="checkbox"/> <b>Provider</b> missing or incorrect	<p style="text-align: center;"><b>ANALYTIC</b></p> <input type="checkbox"/> <b>Customer Service</b> – Complaints <input type="checkbox"/> <b>IT Issues</b> <input type="checkbox"/> <b>Micro</b> – Incomplete / incorrect setup <input type="checkbox"/> <b>Pending Logs</b> not followed up at defined interval <input type="checkbox"/> <b>Product Inventory Error</b> - Blood Bank <input type="checkbox"/> <b>Specimen Error</b> – Collection, delay, mishandled, lost <input type="checkbox"/> <b>Test</b> performed incorrectly per procedure	<p style="text-align: center;"><b>POST-ANALYTIC</b></p> <input type="checkbox"/> <b>Customer Service</b> – Complaints <input type="checkbox"/> <b>Pending Logs</b> – Not followed up at defined interval <input type="checkbox"/> <b>Specimen Error</b> – Collection, delay, mishandled, lost <input type="checkbox"/> <b>Sample Storage</b> – Issues with storage process, wrong temperature, done rack <input type="checkbox"/> <b>Corrected Result</b> _____ Original Result _____ Corrected Result _____ Tech ID  <input type="checkbox"/> <b>Correction Notification in LIS</b>

SAFETY / ENVIRONMENT OF CARE (EOC)		
<input type="checkbox"/> Environmental safety issues <input type="checkbox"/> Mishandling a sharp	<input type="checkbox"/> Not adhering to hand hygiene policies <input type="checkbox"/> Not adhering to isolation protocol	<input type="checkbox"/> Personal protective equipment issue <input type="checkbox"/> Phlebotomy after care

**Problem/Issue:**

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**Immediate Corrective Action Steps:**

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**FOR MTC / SUPERVISOR / MANAGER USE ONLY**

CONTRIBUTING FACTOR	INVESTIGATION / CORRECTIVE ACTION TAKEN	Additional Review as Indicated
<input type="checkbox"/> Environmental factor(s) <input type="checkbox"/> Instrument malfunction/error <input type="checkbox"/> New employee <90 days <input type="checkbox"/> SOP not followed, incomplete, absent <input type="checkbox"/> Staffing low/volume high/unusual situation <input type="checkbox"/> Technique problem <input type="checkbox"/> Training issue <input type="checkbox"/> Cognitive (misinterpretation, faulty decision) <input type="checkbox"/> Non-cognitive (slip, lapse in attention)	<input type="checkbox"/> Employee follow up <input type="checkbox"/> Root Cause Analysis scheduled <input type="checkbox"/> Revise process <input type="checkbox"/> Revise procedure <input type="checkbox"/> Train staff <input type="checkbox"/> Other:  <b>Investigated by:</b> _____ Date: _____	<p><i>As needed:</i>                      Date: _____</p> BPDR # (FDA)                      _____  Present to FLOAT                      _____  Risk Review                      _____  Root Cause Analysis                      _____

Credit (if needed)	Manager Review	Medical Director Review (if needed)
<input type="checkbox"/> Date to Client Service: _____ <input type="checkbox"/> Date Completed by CS: _____ <input type="checkbox"/> CRM# _____ (if needed)	Mgr: _____  Date: _____	MD: _____  Date: _____