Service Priorities and Programmes

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Ensure Right Containers for Different Specimens Collection

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Introduction

Wrong specimen collection (including wrong person, labeling and containers) delays patient diagnosis and treatment, also causes repeated attempt of invasive procedure. After using 2D bar code system, incidents of wrong person and labeling were reduced. Since January of 2011, color and container description were added to job sheet and GCRS labels. However, wrong specimen container was still the top reported incidents in our UCH M&G ward.

Objectives

Different specimens need different containers and mix with different preservative. In order to reduce the uses of wrong specimen containers which avoid delay diagnosis and treatment, a series of program has been launched since 1Q14.

Methodology

1. All incidents about wrong specimen container reported via Advanced Incident Report System (AIRS) were reviewed. We identified common risk factors and root causes. Those incidents were shared and discussed among colleagues during nursing round for three days sequentially. 2. Cue cards were designed and posted up at different sites in ward e.g. storage container cabinet and procedure trolley. Made sure all co workers read the card before send out the specimens. 3. Education program to staffs including nurse, student nurse, health care assistant and houseman was conducted. Contents of program included: 1. different specimens with appropriate containers, 2. specimen search function in intranet, and 3. color code on GCRS label. Post training assessment was conducted afterward. 4. All new comers needed double check the job sheet, GCRS label and container with senior staff before sent out the specimen.

Result

From Post training assessment, the awareness of specimen container was increased. The number of incidents of wrong containers had been dropped from 4 in 2014 and 2 in 4Q13 to 1 in 1Q14. The education program is still running and we are looking forward to zero incident rate.