

Attachment 4.1 WRONG BLOOD IN TUBE (CLINICAL NEAR MISS) REPORT FORM

National Haemovigilance Office

If the unit has been transfused please complete HV form 1 Initial Report Form

1. Patient Details

Hospital:		Unique Incident Number		Gender <i>Please</i> ✓	Male <input type="checkbox"/>	Age	Years	
					Female <input type="checkbox"/>		Months	
							Days	

2. Other Details

Date error discovered	__/__/__	Time error discovered	__:__ am/pm	Date error occurred	__/__/__	Time error occurred	__:__ am/pm
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Nature of Incident

Serious Adverse Event	✓	Details
Sample taken from the wrong patient but labelled as per intended patient details (miscollected)		
Sample taken from the intended patient but labelled with another patients details (mislabelled)		
Considering the groups of the patient/component(s) involved, could the error have led to an ABO incompatible transfusion if the error had not been detected?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (<i>please specify</i>)		

Further Details:

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3. What was the group of the patient who could have been transfused <i>Please ✓ one</i>	A- <input type="checkbox"/>	A+ <input type="checkbox"/>	B+ <input type="checkbox"/>	B- <input type="checkbox"/>
	O+ <input type="checkbox"/>	O- <input type="checkbox"/>	AB+ <input type="checkbox"/>	AB- <input type="checkbox"/>
4. What was the group of the component that would have been transfused <i>Please ✓ one</i>	A- <input type="checkbox"/>	A+ <input type="checkbox"/>	B+ <input type="checkbox"/>	B- <input type="checkbox"/>
	O+ <input type="checkbox"/>	O- <input type="checkbox"/>	AB+ <input type="checkbox"/>	AB- <input type="checkbox"/>
5. Is an electronic system for patient ID/Sample labelling at the bedside in use in your hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6. Was the electronic system in use when collecting or labelling the sample on this occasion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:	

Discovery Information	
7. Describe the error discovered	Patient not identified correctly on admission <input type="checkbox"/> Sample not labelled by person taking the sample <input type="checkbox"/> Patient not identified correctly at phlebotomy <input type="checkbox"/> Details on sample not transcribed from ID Band <input type="checkbox"/> Sample remotely labelled <input type="checkbox"/> Prelabelling of sample <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
8. Who discovered the error? <i>Please ✓ one</i>	Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Midwife <input type="checkbox"/> Medical Student <input type="checkbox"/> Medical Scientist <input type="checkbox"/> Porter <input type="checkbox"/> Unclear <input type="checkbox"/> Other <input type="checkbox"/>
<i>Additional Details if necessary:</i>	
9. Where was the error discovered <i>Please ✓ one</i>	Laboratory – Blood Bank <input type="checkbox"/> Laboratory processing – Other <input type="checkbox"/> Laboratory processing – Haematology <input type="checkbox"/> Ward <input type="checkbox"/> Theatre <input type="checkbox"/> Day Ward <input type="checkbox"/> Emergency Dept <input type="checkbox"/> ICU <input type="checkbox"/> Neonatal Unit <input type="checkbox"/> OPD <input type="checkbox"/> CCU <input type="checkbox"/> Other <input type="checkbox"/> Maternity/Labour Ward <input type="checkbox"/>
10. At what stage in the work process was the error discovered? <i>Please ✓ one</i>	Sampling <input type="checkbox"/> Laboratory processing – Other <input type="checkbox"/> Labelling <input type="checkbox"/> Laboratory processing – Blood Bank <input type="checkbox"/> Laboratory processing – Haematology <input type="checkbox"/> Collection of unit from laboratory <input type="checkbox"/> Bedside check prior to administration <input type="checkbox"/> Other <input type="checkbox"/>
11. Please give brief details of what led to the discovery of the error	

Occurrence Information	
12. At what stage in the work process did the error first occur? <i>Please ✓ one</i>	Initial Clerking at Hospital <input type="checkbox"/> Laboratory processing – Haematology <input type="checkbox"/> Sampling <input type="checkbox"/> Laboratory processing – Other <input type="checkbox"/> Labelling <input type="checkbox"/> Other <input type="checkbox"/>
<i>Additional details if necessary:</i>	
Were there any additional errors?	
13. In which area did the error occur? <i>Please ✓</i>	Emergency Dept <input type="checkbox"/> Theatre <input type="checkbox"/> Laboratory Blood Bank <input type="checkbox"/> Day Ward/OPD <input type="checkbox"/> ICU/CCU <input type="checkbox"/> Laboratory Other <input type="checkbox"/> Maternity/Labour Ward <input type="checkbox"/> Other <input type="checkbox"/> Ward <input type="checkbox"/> Neonatal Unit <input type="checkbox"/>

Were there any additional areas where a further error occurred? <i>Please ✓</i>	Emergency Dept <input type="checkbox"/>	Theatre <input type="checkbox"/>	Laboratory Blood Bank <input type="checkbox"/>
	Day Ward/OPD <input type="checkbox"/>	ICU/CCU <input type="checkbox"/>	Laboratory Other <input type="checkbox"/>
	Maternity/Labour Ward <input type="checkbox"/>	Other <input type="checkbox"/>	
	Ward <input type="checkbox"/>		
	Neonatal Unit <input type="checkbox"/>		

Details:	
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14. Who was involved in the error? <i>Please ✓</i>	Nurse <input type="checkbox"/>	Doctor <input type="checkbox"/>	Phlebotomist <input type="checkbox"/>
	Midwife <input type="checkbox"/>	Medical Student <input type="checkbox"/>	Medical Scientist <input type="checkbox"/>
	Porter <input type="checkbox"/>	Administration staff <input type="checkbox"/>	Unclear <input type="checkbox"/>
	Other <input type="checkbox"/>		

15. Was the error detected by a planned check step in the work process?	Yes <input type="checkbox"/>	Details:
	No <input type="checkbox"/>	
Unclear <input type="checkbox"/>		

16. Does your lab require two separate samples before issuing group-specific blood ('two sample rule')	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

17. Was the error detected as a result of the group check sample being used?	Yes <input type="checkbox"/>	Details:
	No <input type="checkbox"/>	

Cause of Error

18. Please describe how or why this error occurred and describe any factors which may have contributed to the error

Causes of error: Please ✓	Human Failure	Verification <input type="checkbox"/>	Slip <input type="checkbox"/>
		Knowledge <input type="checkbox"/>	Trip <input type="checkbox"/>
		Co-ordination/Communication <input type="checkbox"/>	Patient related <input type="checkbox"/>
		Failure to adhere to policies/procedures <input type="checkbox"/>	Qualifications <input type="checkbox"/>
		Carrying out task incorrectly <input type="checkbox"/>	Unclassifiable <input type="checkbox"/>
		Monitoring <input type="checkbox"/>	Other <input type="checkbox"/>
		Intervention <input type="checkbox"/>	

HV Number													Date Received	Signature	
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System Failure	Design	<input type="checkbox"/>	Materials	<input type="checkbox"/>
	Culture	<input type="checkbox"/>	Construction	<input type="checkbox"/>
	Management Priorities	<input type="checkbox"/>	Training Not Provided	<input type="checkbox"/>
	Other	<input type="checkbox"/>	External	<input type="checkbox"/>
	Policies/Procedures	<input type="checkbox"/>		

Post Event Review

19. What corrective action was taken as a result of this error?	
20. Describe the preventative action proposed to minimise the risk of error recurrence	
21. Has the case been reviewed by the hospital transfusion committee? Please ✓	Yes <input type="checkbox"/> Hospital does not have Transfusion Committee <input type="checkbox"/> No <input type="checkbox"/> No but will be in the future <input type="checkbox"/>
22. Has this case been reviewed by the consultant haematologist	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>

Information to complete this form was obtained from Please ✓

Patient's Case Notes <input type="checkbox"/>	Patient's Hospital Consultant <input type="checkbox"/>	Nurse/Midwife Looking After the Patient <input type="checkbox"/>
Medical/Lab Scientist <input type="checkbox"/>	Haemovigilance Officer <input type="checkbox"/>	Consultant Haematologist / Pathologist <input type="checkbox"/>
Doctor <input type="checkbox"/>	Other <input type="checkbox"/>	

Please give details: _____

Report completed by:

Name: _____ **Title:** _____

Working Address: _____

Email Address: _____

Telephone: _____ **Date:** ____/____/____

**The National Haemovigilance Office,
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