

# **Special Survey on pre-analytical errors IEQAS 2005**

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## **Background:**

- To Err is Human a Better Health System (IOM 1999)
- Person/system approach to blame (Reason 2005)
- The need to analyse incidents and near misses to uncover cause of error (Reason 2005)

**Aim:**

To provide a snapshot of participating laboratories attitude to aspects of pre-analytical error detection, recording and evaluation.

**Methodology:**

- Quantitative survey structured questionnaire on a purposive sample of 37 Clinical Chemistry Laboratories (IEQAS scheme)
- Quantitative/qualitative data
- Analysis SPSS
- Application of Quality tools for data interpretation

## **Results:**

### **Response rate 73% (N=27)**

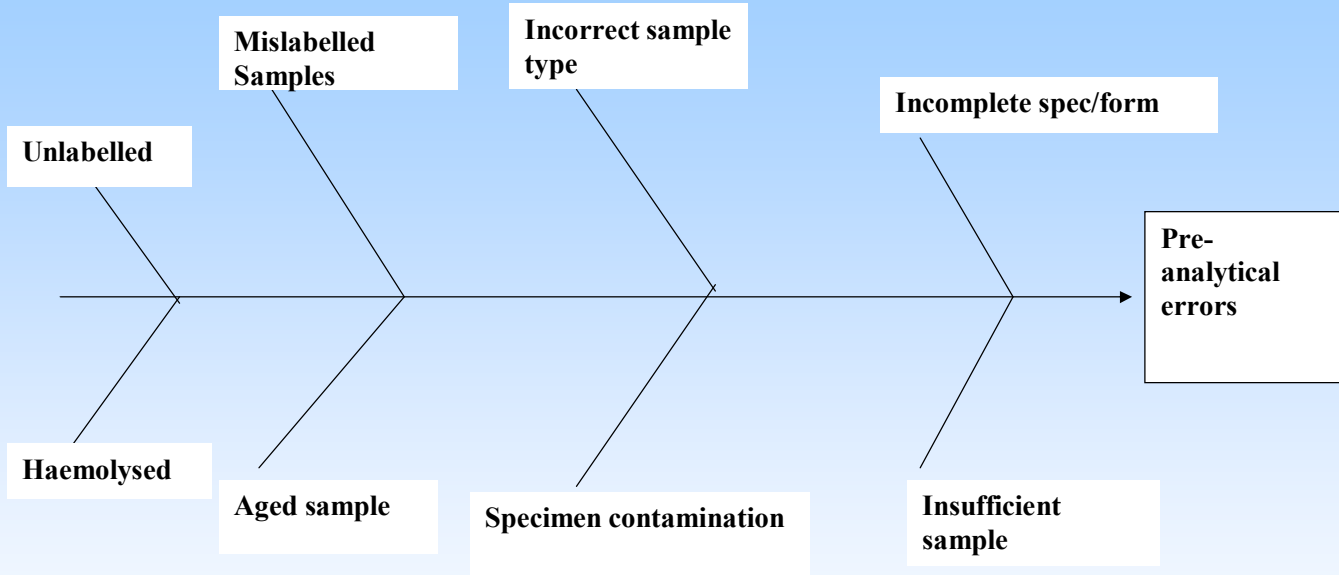
- The survey found that 100% of respondents agreed that proper preparation of the patient, specimen collection and handling are essential for the production of valid results by the laboratory.
- 88% of respondents provide guidance to users on patient preparation, specimen collection, labelling and handling
- 76% of respondents feel obliged to ensure that the users adhere to this guidance.

### **Qualitative data:**

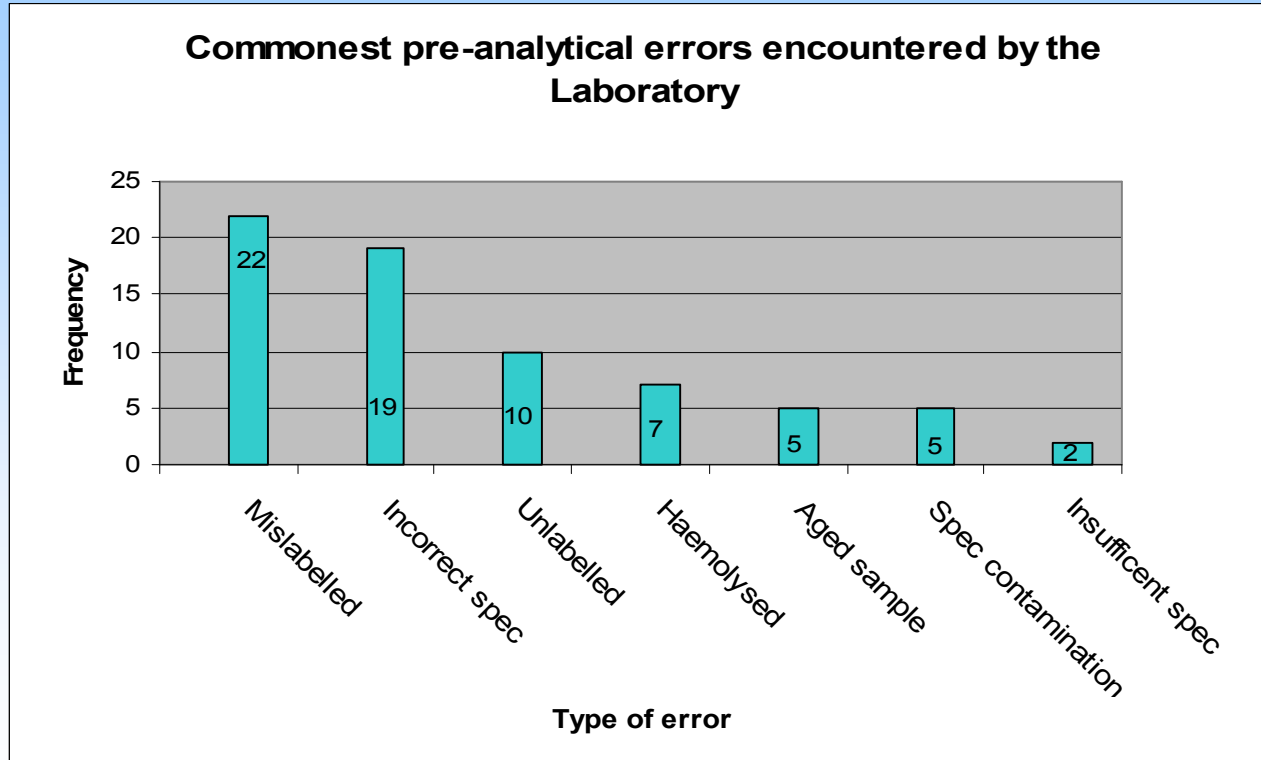
- “User manual on the intranet” to “telephone guidance”
- “it’s not possible to control what happens outside the laboratory, guidelines can be given but if they are not adhered to it is not the responsibility of the lab”

# Ishakawa Diagram

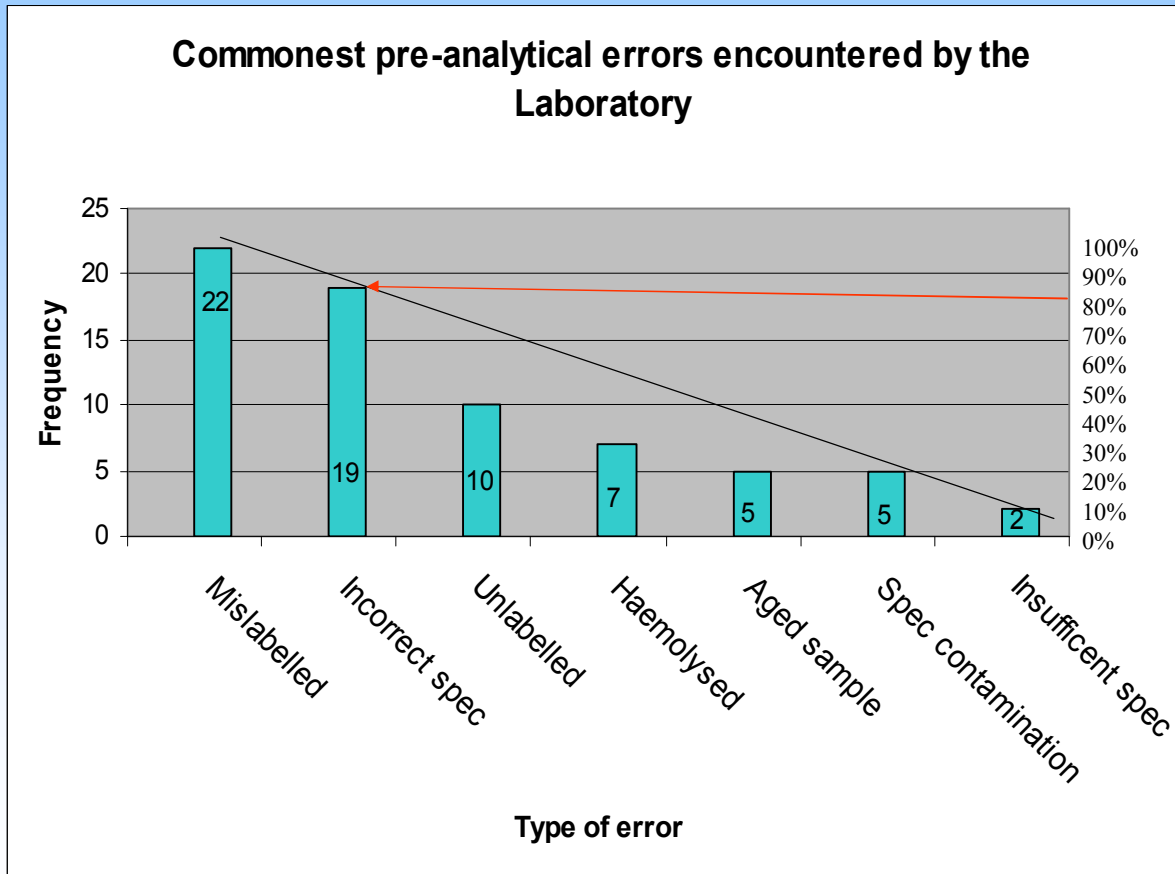
## Question 4 Commonest pre-analytical errors encountered in the laboratory



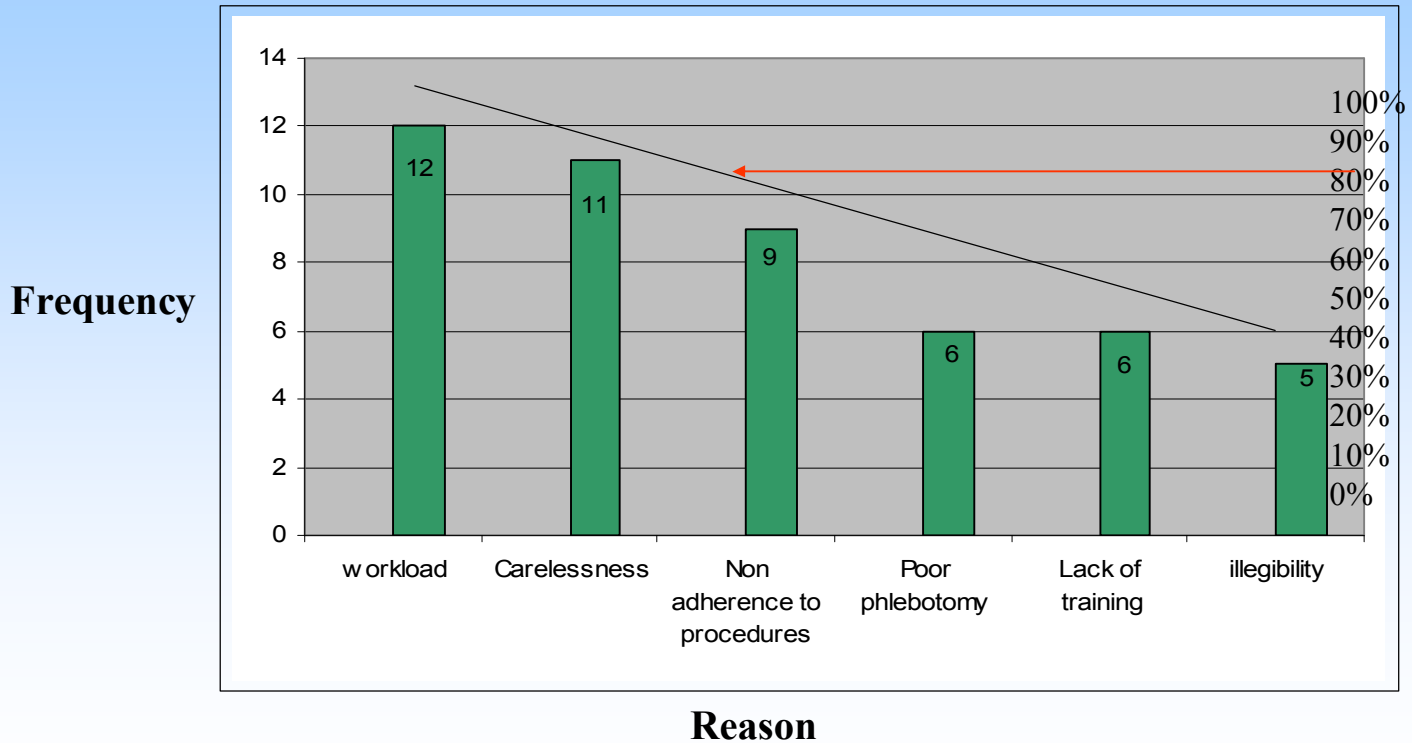
## Question 4a: List the 5 commonest pre-examination errors



# Q4a: Pareto Chart

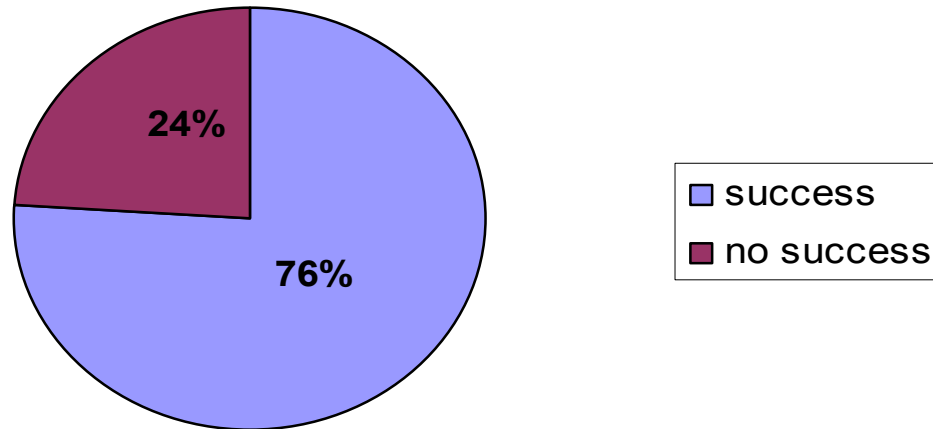


## Q4b: The commonest reasons for pre-analytical error encountered in the laboratory



## Question 5

### Evidence of success in reducing pre-analytical errors

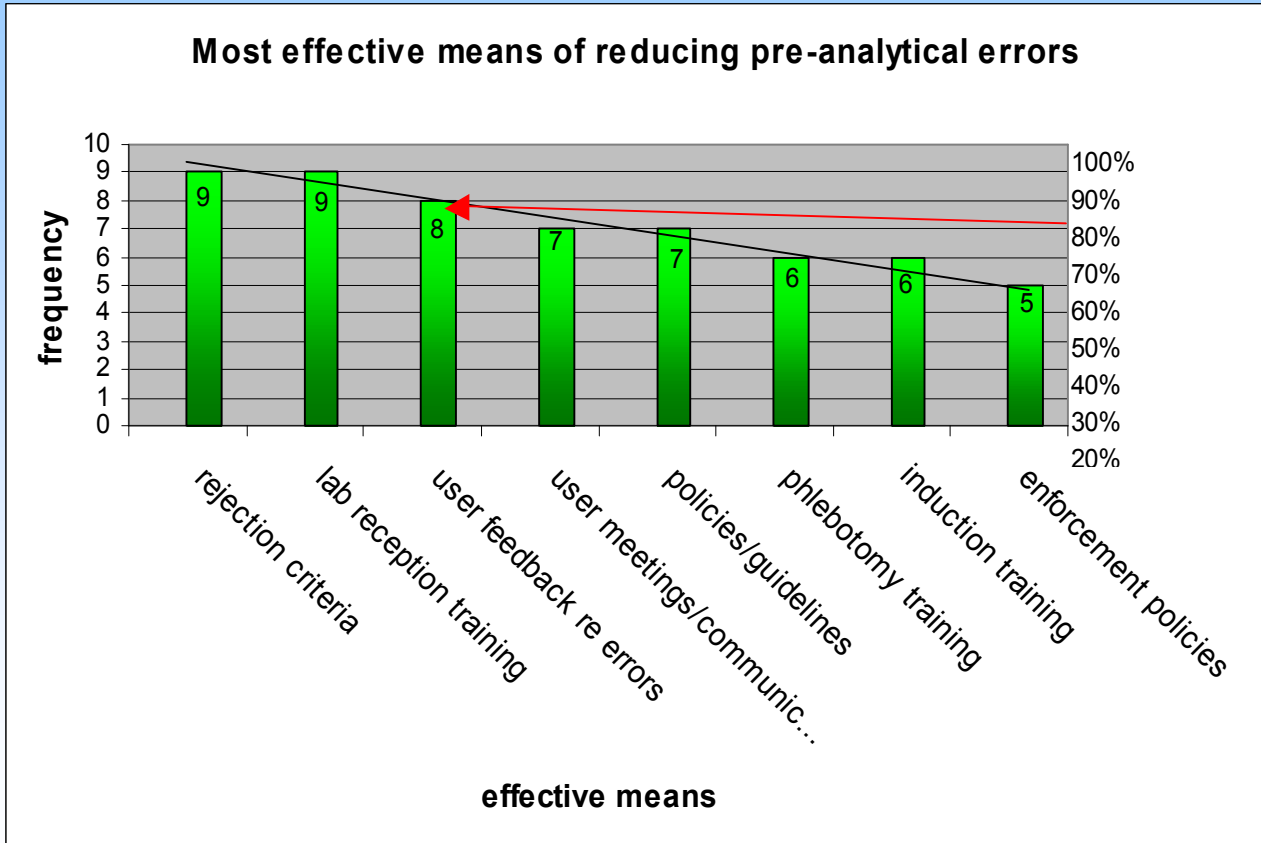


### Qualitative responses:

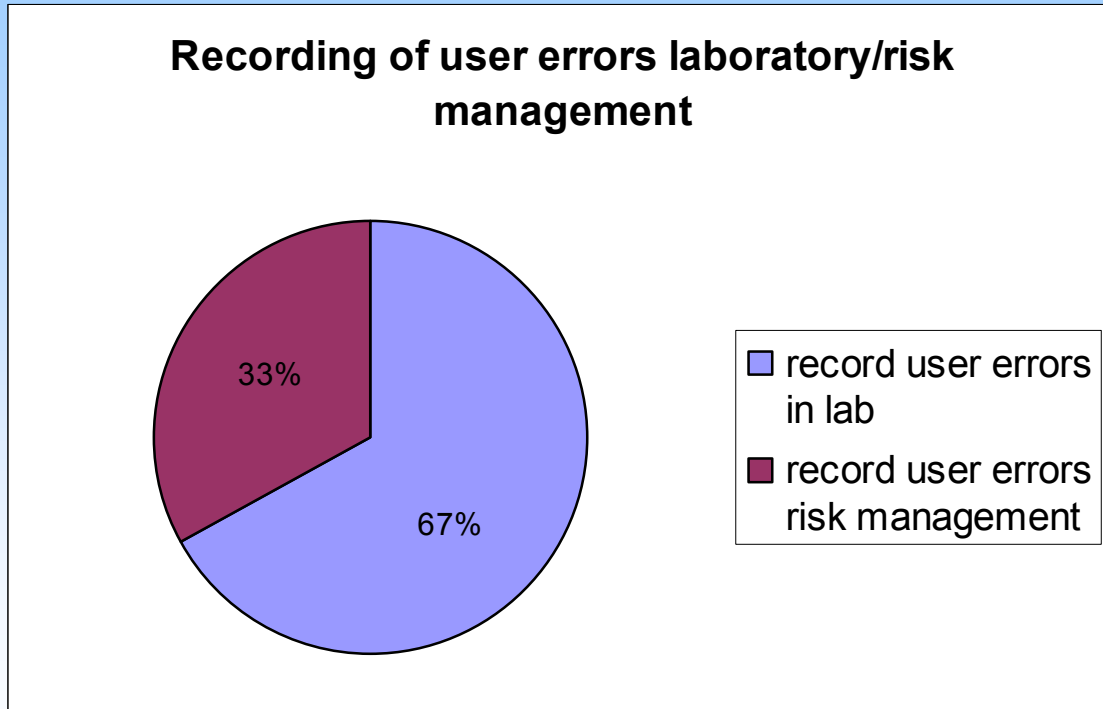
“Nag, nag, nag, works to a limited extent”

“Because we reject samples people using our service are more careful”

# Question 6



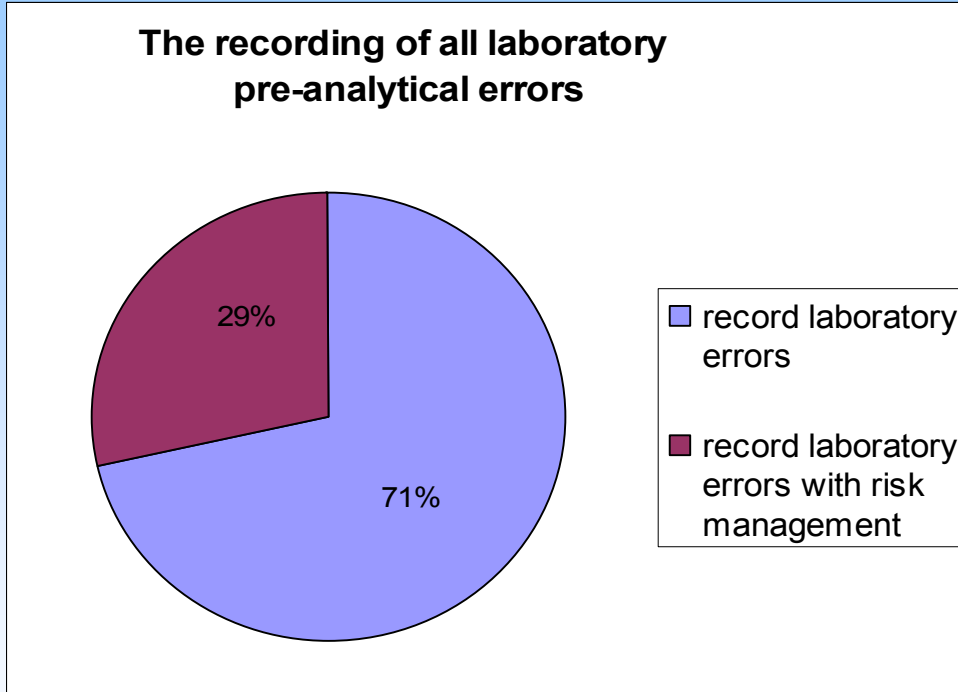
## 7a& 7b Recording of user errors by the laboratory



“Only serious error recorded”

“No risk management dept”,

## Q8a& 8b Recording of laboratory pre-analytical errors



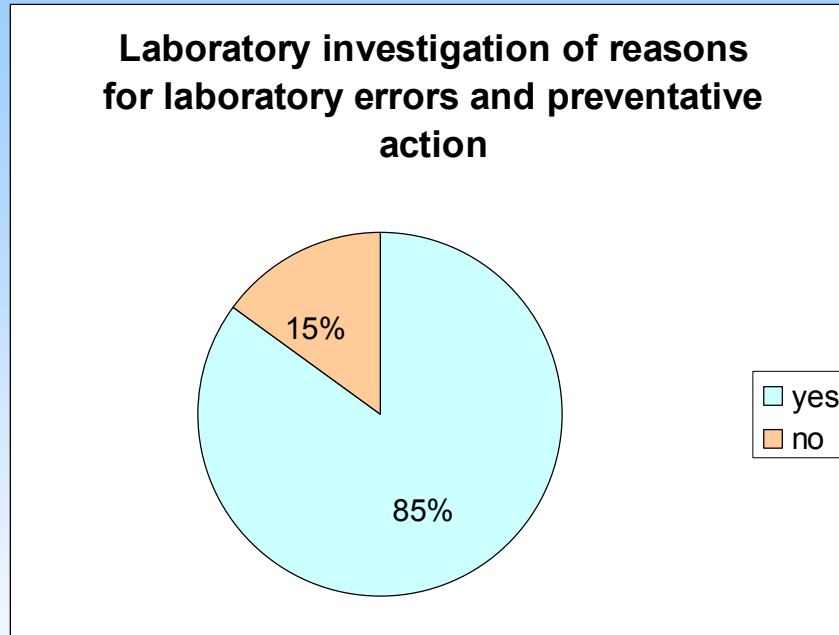
“too much paperwork”, “all serious errors”

“logged on lab system”, “paper copy”, “only in exceptional circumstances”, “where a result is acted on risk management is notified”

## Q9 Mandatory information required on request form and specimen

|                         | <b>Specimen%</b> | <b>Request form%</b> |
|-------------------------|------------------|----------------------|
| <b>Forename</b>         | 100              | 100                  |
| <b>Surname</b>          | 100              | 100                  |
| <b>Date of Birth</b>    | 80               | 100                  |
| <b>Chart/PID</b>        | 72               | 92                   |
| <b>PPS</b>              | 0                | 0                    |
| <b>Address</b>          | ----             | 48                   |
| <b>Location</b>         | ----             | 72                   |
| <b>Collection date</b>  | 36               | 76                   |
| <b>Collection time</b>  | 12               | 24                   |
| <b>Venepuncturist</b>   | 8                | 24                   |
| <b>Test request</b>     | ----             | 96                   |
| <b>Clinical details</b> | ----             | 28                   |
| <b>Priority</b>         | ----             | 36                   |

## Q 10 Laboratory investigation and analysis of pre-analytical errors



“Audit and corrective action”, “Errors are discussed at quality management and changes made to SOP’s if indicated”, “where a location is constantly making the same mistake this is highlighted and an investigation carried out to determine cause and a corrective action is implemented”

# Q11

## Participant's perception of whether errors are person or system centred

