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Reducing Specimen Labeling Errors to Promote Patient Safety: A Quality Improvement Project at an Inpatient Department in a Regional Acute Care Hospital

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A Quality Improvement Project: Reducing Specimen Labeling Errors to Promote Patient Safety at an Inpatient Department in a Regional Acute Care Hospital

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Background

- Correct procedures on labeling patient specimens are priority of the Joint Commission.
- National benchmark for specimen labeling errors is < 0.22 errors/1000 specimens.
- Specimen labeling errors have been > the national benchmark and have been persistently elevated 2019 to 2020.
- The inpatient departments (IPDs) annual performance goal in 2019 & 2020 was to reduce the incidence of specimen labeling errors to zero. - Goal not met

Purpose/Goals

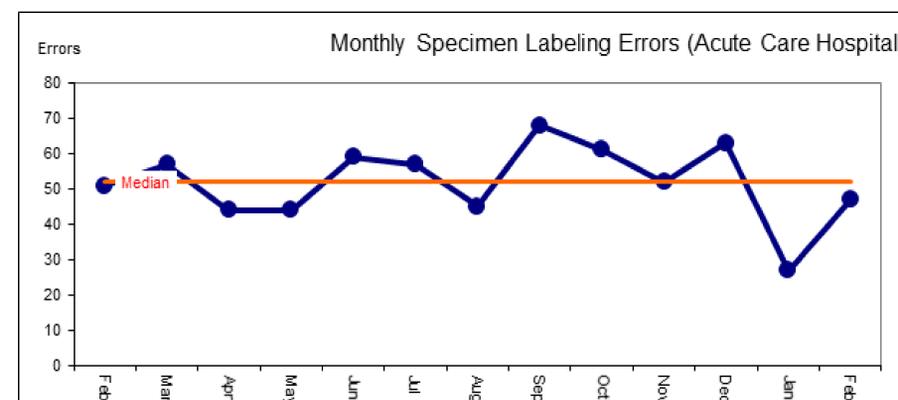
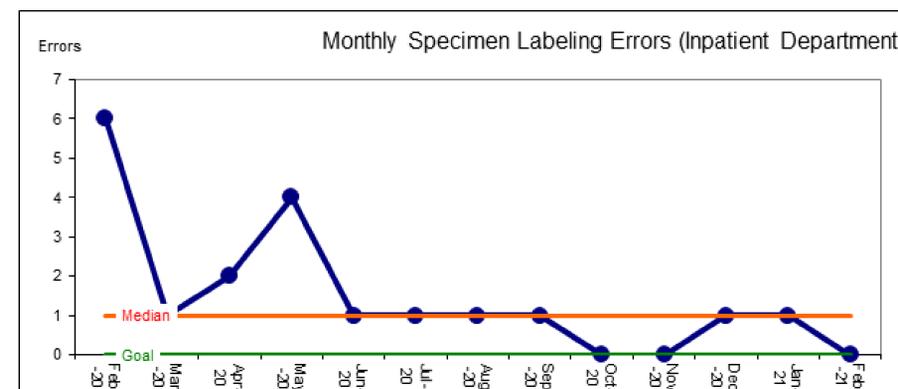
- ↓ specimen labeling errors to zero at a selected IPD over a 3-month of implementation of standardized protocol on bedside specimen labeling process including accurate patient identification.
- ↑ nursing staff's knowledge and confidence on Red Rule patient identification and bedside specimen labeling process from nursing education.
- ↑ understanding of root causes of specimen labeling errors and barriers to change.

Methods

- This QI project piggybacked off a larger hospital wide initiative using the Red Rule to focus on patient safety.
- Stakeholders included a total of 88 RNs & Leadership
- Lewin's Change Model and PDSA cycle were selected as a theoretical frameworks to plan, implement, and evaluate the project.

Intervention

- 09/2020: Standardizing workflow of specimen labeling process
- 10/2020: Formulating education on patient identification using Red Rule & bedside specimen labeling
- 12/2020: Due date for all nurses to complete online education
- 11/2020-01/2021: Implementation & Data collection
- Pre(9/2020) & post (02/2021) education surveys were collected at a selected IPD to assess any changes in the nursing staff's overall knowledge, confidence, and barriers on the new lab labeling process.



Results

- ↑ confidence level in using the new Red Rule for patient safety & bedside specimen labeling process from 68.7% to 95.1%.
- IPD: Implementation period (11/2020-01/2021) = 2 specimen labeling errors; 02/2021 = Zero labeling errors on IPD
- Hospital wide: mean monthly pre intervention = 54; 01/2021 = 27

Evaluation

- Most nurses rated the pen placement in each workstation was moderately to extremely helpful (90.1%) for improving adherence on post-survey.
- This was specifically noted as a pain point in isolation rooms.
- Although the hospital-wide data, had a 50% reduction compared to the previous 9-month average, the second month post-intervention, the hospital's specimen labeling errors increased again to 47.

Next Step(s)

- Nursing education will be assigned to all new hire nurses during new employee orientation.
- This can be a great opportunity for a continuous QI project or program evaluation to address any gaps.
- Continue to assess the rooms for potential barriers

References

provided on request