

## Attachment 6.1 WRONG BLOOD IN TUBE (CLINICAL NEAR MISS) REPORT FORM

### National Haemovigilance Office

**If the unit has been transfused please complete BT 404, 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
-----------------------	----------	-----------------------	-------------	---------------------	----------	---------------------	-------------

#### Nature of Incident

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

#### Further Details:

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	
<b>7. Describe the error discovered</b>	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"/>
<b>8. Who discovered the error?</b> <i>Please ✓ one</i>	Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Midwife <input type="checkbox"/> Medical Student <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Porter <input type="checkbox"/> Unclear <input type="checkbox"/> Medical Scientist <input type="checkbox"/> Other <input type="checkbox"/>
<b>Additional Details if necessary:</b>	
<b>9. Where was the error discovered</b> <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"/>
<b>10. At what stage in the work process was the error discovered?</b> <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"/>
<b>11. Please give brief details of what led to the discovery of the error</b>	

Occurrence Information	
<b>12. At what stage in the work process did the error first occur?</b> <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"/>
<b>Additional details if necessary:</b>	
<b>Were there any additional errors?</b>	
<b>13. In which area did the error occur?</b> <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"/>

<b>Were there any additional areas where a further error occurred?</b> <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"/>		
<b>Details:</b>				
<b>14. Who was involved in the error?</b> <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"/>		
<b>15. Was the error detected by a planned check step in the work process?</b>		Yes <input type="checkbox"/>	<b>Details:</b>	
		No <input type="checkbox"/>		
		Unclear <input type="checkbox"/>		
<b>16. Does your lab require two separate samples before issuing group-specific blood ('two sample rule')</b>		Yes <input type="checkbox"/>		
		No <input type="checkbox"/>		
<b>17. Was the error detected as a result of the group check sample being used?</b>		Yes <input type="checkbox"/>	<b>Details:</b>	
		No <input type="checkbox"/>		
<b>Cause of Error</b>				
<b>18. Please describe how or why this error occurred and describe any factors which may have contributed to the error</b>				

<b>Causes of error: Please ✓</b>	<b>Human Failure</b>	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"/>	

<b>System Failure</b>	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

<b>19. What corrective action was taken as a result of this error?</b>			
<b>20. Describe the preventative action proposed to minimise the risk of error recurrence</b>			
<b>21. Has the case been reviewed by the hospital transfusion committee? Please ✓</b>	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"/>		
<b>22. Has this case been reviewed by the consultant haematologist</b>	<table style="width: 100%;"> <tr> <td style="width: 30%;">           Yes <input type="checkbox"/>            No <input type="checkbox"/> </td> <td>           Details:         </td> </tr> </table>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:		

**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,  
 National Blood Centre, James's Street, Dublin 8 Tel: 01 432 2741/432 2825 Fax: 01 432 2731**