Small Samples, **Big Problems.**

Mel Pearl, Adele Wardle, Liz Worsam & Edwin Massey 2007
Background

• Children (smaller volume samples)
  – Sampling error: more likely to be mislabelled
  – Lab error: Manual techniques less issue
  – Prescription: Volume calculations more complex
  – Administration problems: Volume overload more likely.

• Sample labelling identified as a problem area
Aim / Methods

• To quantify the proportion of mislabelled samples
• To reduce the number of samples rejected whilst maintaining / improving compliance with BCSH guidelines and local policy
• Audit of sample labelling practice against BCSH guidelines in a paediatric teaching hospital
• Implementation of HTC and Clinical Risk Assurance Committee recommendations.
• Audit repeated 6 months later
Standards

• UBHT sample labelling policy based upon BCSH Guidelines
  • a) Surname
  • b) First name
  • c) Date of birth
  • d) Patient identification number
  • e) Date the sample was collected
  • f) Signature of person taking the sample
Division of Workload as per Location from Aug '06 - Jan '07

- GPs: 24%
- BRI: 19%
- BCH: 13%
- BOC: 8%
- StMH: 1%
- Misc: 1%

Division of GSU's as per Location

- GPs: 16%
- BRI: 42%
- BCH: 19%
- BOC: 5%
- StMH: 16%
- Misc: 2%

Proportion of BCH Workload Rejected from Aug '06 - Jan '07

- GSU: 93.2%
- G&S: 6.8%

% of BCH GSU Contribution as per Cause of Rejection

- Computer Label: 7%
- 2 Points of ID: 18%
- Sample Not Signed: 7%
- Wrong Details: 7%
- Misc. Reasons: 61%
Actions proposed to HTC /CRAC

• Remove the requirement for an illegible scribble - rejected in view of guidelines and peer practice
• Relabel the samples
• Educate the moving targets
Reaudit

- 19,702 samples for ABO and RhD grouping
- 861 (4.37%) were rejected
- The percentage of paediatric samples rejected in the second audit had fallen from 6.8% to 4.65% (98/2109). With an ongoing monthly fall from 8.5% during the first month of the first audit to 3.02% during the last month of the second audit.
Conclusion

• Simple, obvious interventions may not have been taken
• Labels that facilitate compliance appear to be effective (surprise, surprise)
• Thank
  – Mel Pearl / Adele Wardle / Liz Worsam Bristol Royal Infirmary
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