The final bedside check prior to transfusion: is a one- or two-person check safer?

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Background
Patients continue to receive wrong transfusions due to failure to complete the bedside check properly. This is the final opportunity to ensure the right patient receives the right blood preventing ABO-incompatible transfusions that can cause death or serious harm. The British Society for Haematology (BSH) Guidelines for administration of blood components (2017) state “as a minimum, one registered healthcare professional must perform the checking and administration procedure, if local policy requires a two-person checking procedure, each person should complete all the checks independently (double independent checking)” (DIC).

Aims
To identify errors with one or two people performing the bedside check. To highlight risks associated with staff not performing the correct patient identification checks at the bedside.

Method
A retrospective analysis was performed of incorrect blood component transfused (IBCT) reports from January 2010 to December 2016 where the primary error originated in the clinical area resulting in a wrong component transfused (WCT), noting if this was associated with a one- or two-person bedside check.

Results
In the 577 IBCT cases reported where the primary error originated in the clinical area, 250/577 (43%) resulted in WCT, with 198/250 (79%) having an error at the bedside check. ABO-incompatible or D-mismatched red cell transfusions were given in 71/198 (36%), Figure 1. There were 20 that were both ABO-incompatible and D-mismatched of which six were one-person and 10 were two-person checks and in 4 the number was not stated.

Conclusion
The denominator for whether a Trust’s local policy recommends a one- or two-person check is not known. However it is clear that errors at the bedside are made with both one- and two-person checks. SHOT recommends a checklist for the final bedside check that includes positive patient identification, correct component identification and specific requirements (Figure 2). DIC takes two nurses away from other tasks and also risks distraction in a busy environment/emergency situation. DIC is not necessarily safer and can provide a false sense of security, each believing the other person is checking everything correctly. SHOT suggests that the use of a verification checklist (two people working dependently, with challenge and response) may be more effective and this should be piloted.

SHOT Recommendation
A checklist must be used at the patient’s side as a final administration check prior to transfusion as standard of care. The regular use of a bedside checklist would save lives. Errors are made with both one-person and two-person checks. Use of a verification process* (two people working together, with challenge and response) may be more effective. Whatever bedside system is in place (including electronic systems) it should be assessed and include a validation step where someone has to sign to say that all steps have been followed.