

To err is human.....

To forgive divine.....

I do hope that specimen is not mine!



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# To err is human....

- “To err is human, to forgive divine”
- Alexander Pope- 18<sup>th</sup> century English Poet (1688- 1744)
- An essay on criticism- 3 yrs to write (1727)
- 50 verses (end of the 32 nd verse)

# To err is human.....

- 1999- In America- Institute of Medicine Committee (IOM) a report- Clinton Government....

- One report concluded the following

Quotes from that report.....

- “More commonly errors are caused by faulty systems, processes and conditions that lead people to make mistakes or fail to prevent them”
- “Blame does not make a system safer & stop someone else from committing the same error”

# To err is human.....

- “Mistakes can best be prevented by designing the health system at all levels to make it safer..... To make it harder for people to do something wrong and easier for them to do it right”
- “Bad systems not bad people lead to most errors”

# To err is human.....

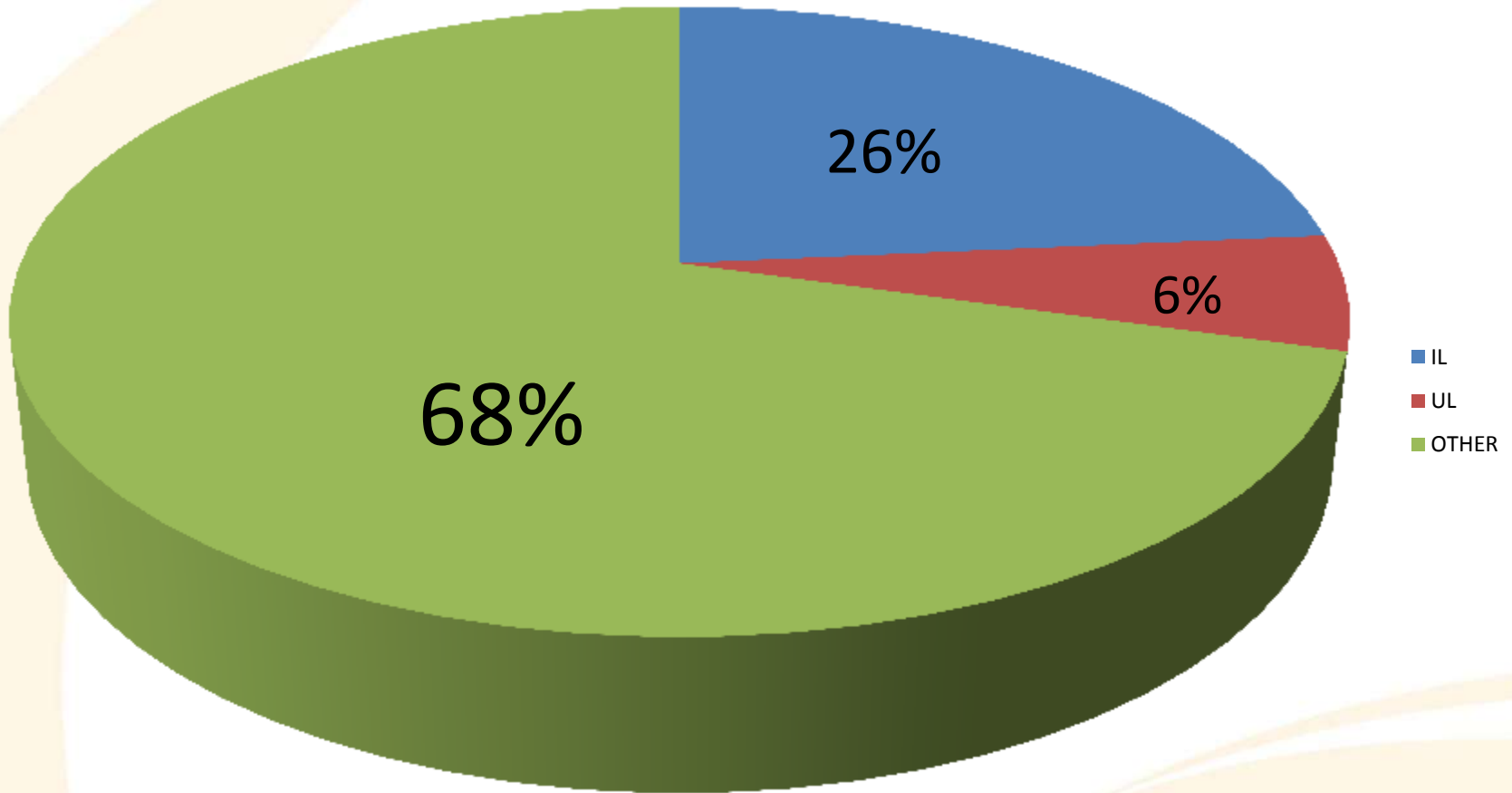
## *Labtests- Standard Operating Procedures (SOP)*

- **UL panel** – unlabelled sample – BLANK!
- **IL panel**- incorrectly labeled sample- (2 key identifiers required to proceed with testing - Full name and /or , DOB and/or NHI)
- FAX sent to GP. Receive confirmation from GP before proceeding with testing
- **Other** – non SOP but worth a mention!

# To err is human.....

- **100%** audit of **26250** cases receipted in 2010= **3.66 %** error rate(IL, UL & other)
- **962** samples flagged with “UL”, “IL” & “other”
- **6 %** errors in “**UL**” category- **0.22%** overall
- **26%** errors in “**IL**” category- **1.0 %** overall
- **68%** errors in “other” category- **2.50 %** overall

# To err is human....



# To err is Human.....

## *UL Panel- Unlabelled sample*

- The specimen has no patient details on the container- BLANK!
- Do we really know who it really belongs to?
- Does the GP know who it belongs to?
- Who placed sample and form in the bag?
- What processes are in place at GP practice?
- Do **they** have SOP's?

# To err is human ....

## *IL Panel- Incorrectly labelled sample*

- Does not have the minimum **two** key identifiers
- Patients details different on sample and form  
ie: mismatching of details
- Handwriting is illegible/washed off
- Incorrect patient details on the request form
- Incorrect patient details on the container

# To err is human....

## ***The “other” category- 592 cases***

- 1.No site on form and container- Where is it from?
- 2.No site on form only- Only container has site
- 3.Site on container is different to form
- 4.Site on form = Left. Site on container= Right & vice versa
- 5.NTR/NTS- No tissue received or sent- Riskman

# To err is human....

## 1.No site written on form and container

- **172 /26250 cases= 0.65%**
- Lack of details for Pathologist/Pathology
- No record for future reference
- Can't retrace case history
- Takes time to call GP and use of their time and ours

# To err is human....

## 2.No site written on form. Site written on container

- **93/26250** cases = **0.35%**
- Who wrote on container?
- Do we know if is correct?
- Is there a record on patients notes as to site?
- Difficult to follow up on any previous pathology
- What about future excisions?

# To err is human....

## 3.Sites written on container and form don't match.

- **186/26250** cases= **0.70%**
- GP writes site on form
- Nurse writes something completely different on the pot e.g. Chest and abdomen, leg and thigh
- How does this happen?
- Time required to find which site is correct

# To err is human....

## 4. Site written on container is different to site on form, L & R

- **141/26250** cases = **0.53%**
- GP states L on form, R is written on the container & vice versa –
- Chance for wrong site to be re-excised/  
re-biopsied, especially with multiple samples.

# To err is human.....

**5a.NTS- No Tissue visible in container- 10**

**5b. NTR- No Tissue placed in container but sent in error to laboratory- 7 samples**

- Phone GP/Nurse and discuss issue- Takes time
- Helpful suggestions where to find it!-Check your rubbish bins & fridges
- Enter into tracking details of conversation
- Riskman the event


# To err is human....

## ***NTS= No tissue visible in pot***

- In 2010 there were **10** cases
- Was the sample ever placed into the pot?
- **3** cases were accidentally **thrown out** at the surgery- Rubbish disposed immediately.
- **2** cases were **found in the bin** and re-sent- Pathology compromised- sample dried out
- Others- **5** - inexplicably missing

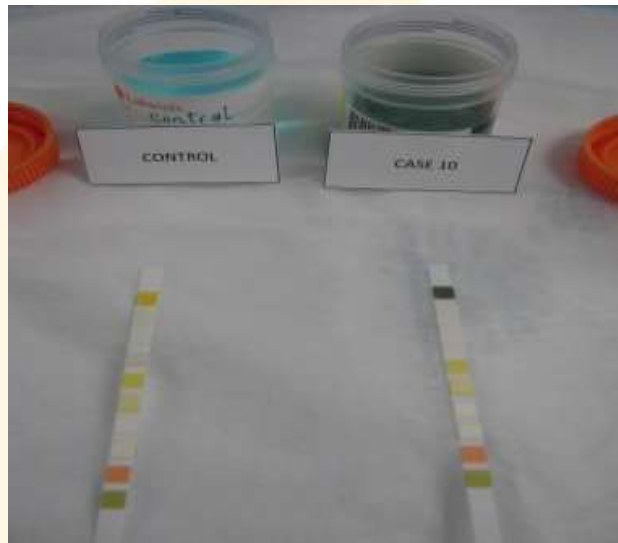
# To err is human....

**NTR/NTS !-** *Idea to test if tissue was placed into pot!!!*

- Use of “dip stick”-used in microbiology for quantitative determination of blood in urine.
- Used it to test “blood” present in formalin – BINGO!
- Tested previous samples- “R”- remaining tissue 
- Tested previous samples – “NR”- non remaining tissue

# To err is human...

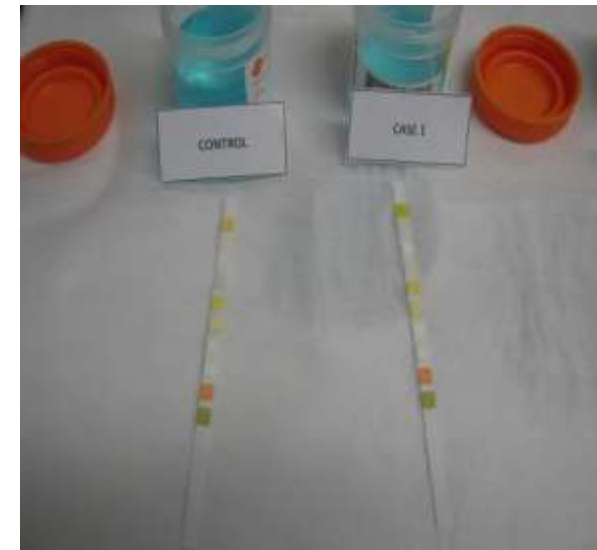
R = 4 +ve



NR = 2 + ve

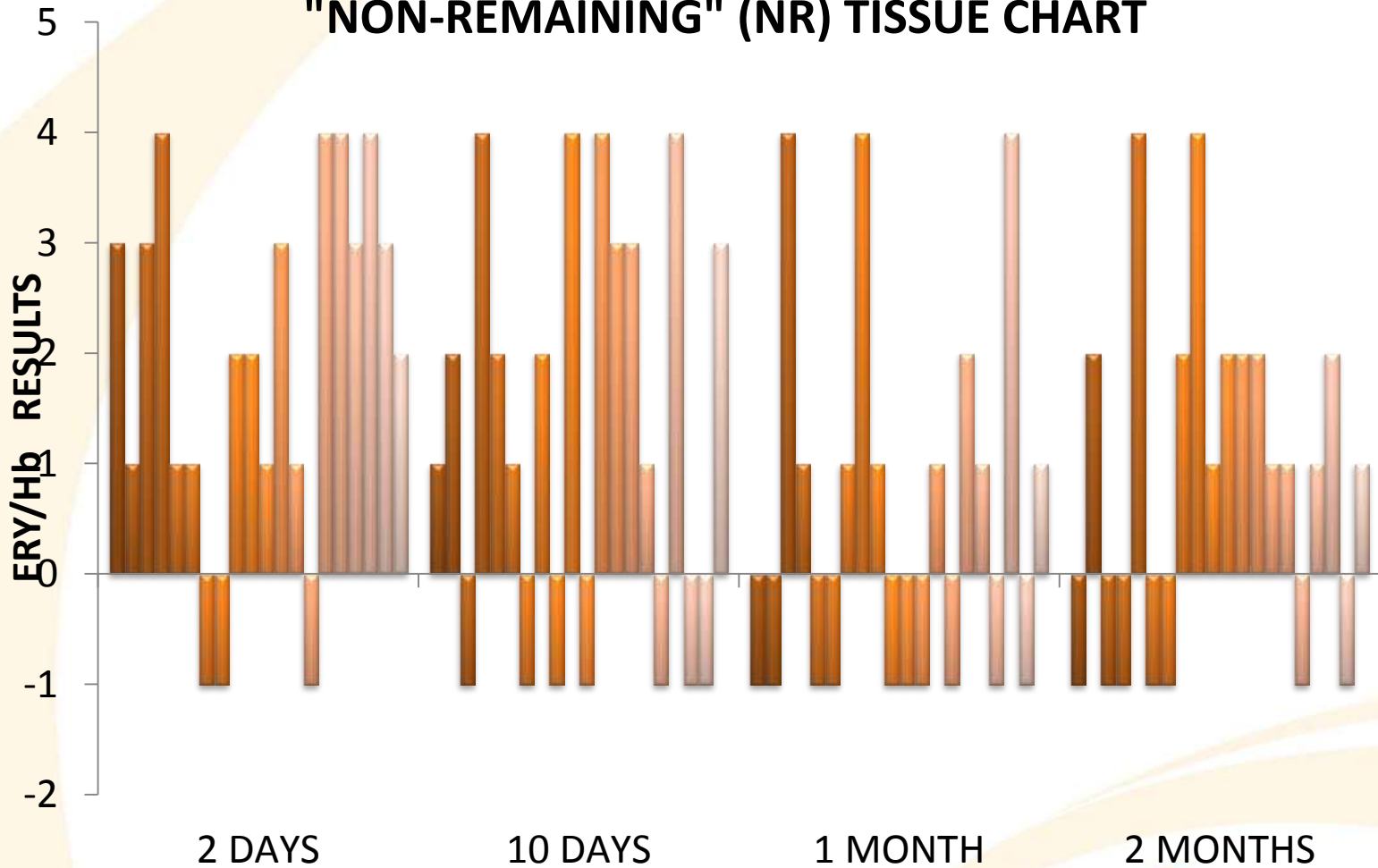


NR = - ve



# To err is human

## "NON-REMAINING" (NR) TISSUE CHART



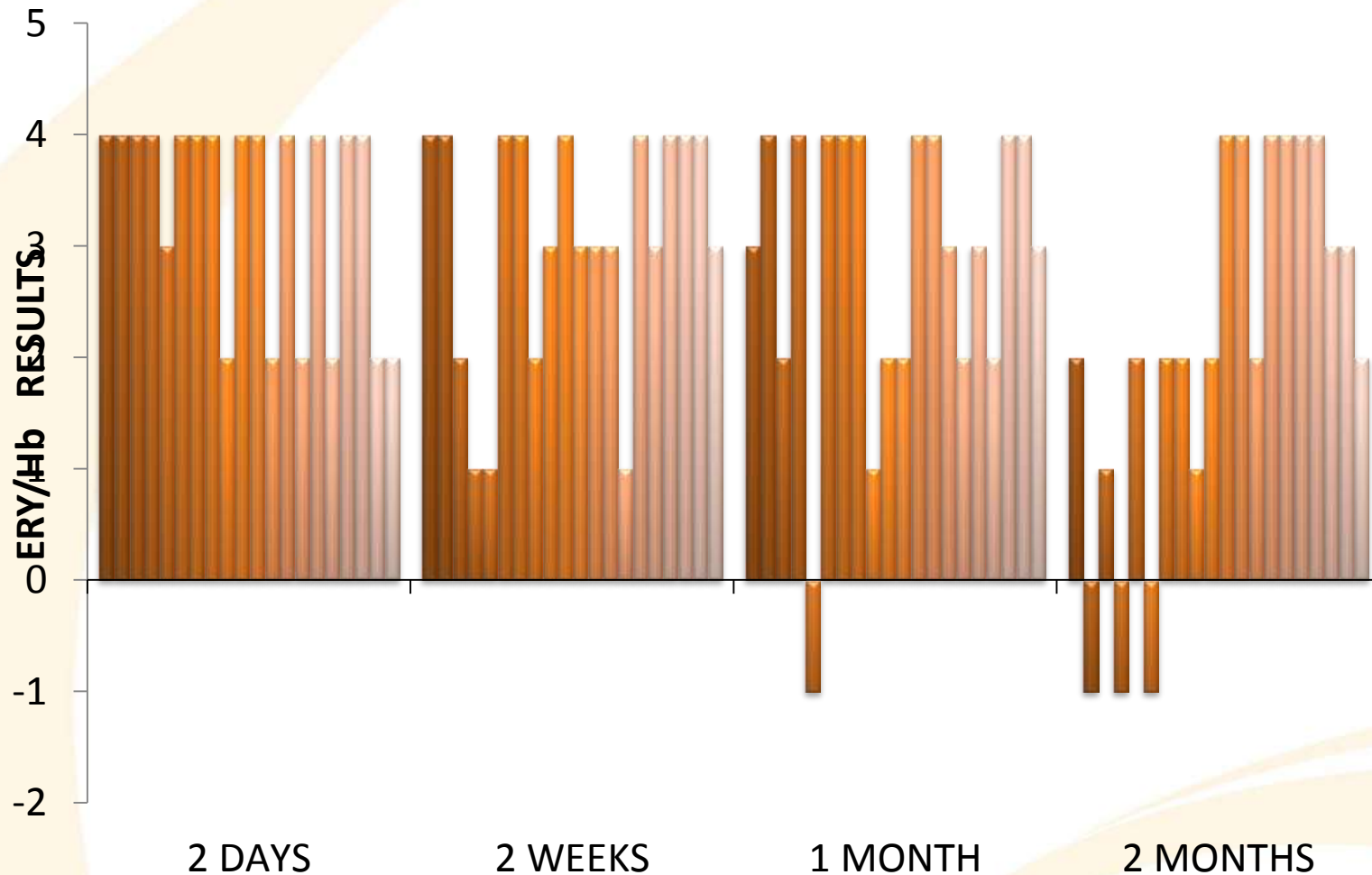
# To err is human....

## For “NR”- Blood in Formalin tested....

- After 2 days- **85%** +ve for blood present
- After 10 days- **65%** +ve for blood present
- After 1 month- **50%** +ve for blood present
- After 2 months- **35 %** +ve for blood present
- NR- discarded after 1 month

# To Err is human....

## "REMAINING" (R) TISSUE CHART



# To err is human....

## For “R” – Blood in formalin tested .....

- After 2 days – **100%** +ve for blood present
- After 10 days - **100%** +ve for blood present
- After 1 month- **95%** +ve for blood present
- After 2 months- **85%** +ve for blood present

NB: “R” samples are discarded after 2 months storage

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## *NTS- e.g.: A sample “lost”*

- 27 yr old male
- Patient had a 2.5 cm scar!- There must be blood?
- Tested formalin with dip stick- NEGATIVE!
- No blood in container therefore it was never placed in there.
- We will never know what it was.
- Waiting game for the patient – maybe?

# To err is human....

*NTS- e.g.: A sample “lost”*

- 82 yr old male
- Patient had a lesion removed nose. Clinical data ? SCC
- Would MOHS surgery be required ?

# To err is human....

## *NTS- e.g.: A sample “lost”*

- 70 yr old female
- Lesion neck
- Specimen excised on Friday –arrived 8 pm
- Phoned surgery first thing Monday AM
- Nurse unable to give detail or resolve issue
- ? In the Rubbish- discarded.

# To err is human.....

- We **can't** say what we did with the sample!



# To err is human.....

## ***NTS- e.g.: “lost” and “found”***

- 60 yr old male
- Clinical data-“New” lesion upper abdomen
- Phoned surgery spoke to GP
- Tested -ve for blood in formalin
- Suggested a rubbish bin search
- GP – found it in bin- aghast! Never in 21 years.....has this happened...

# To err is human....

## *NTS- e.g.: “lost” and “found”*

- 53 yr old male
- Clinical info ? Melanoma neck
- Phoned surgery and spoke with GP – 24 hrs delay as GP worked several in surgeries
- I suggested rubbish bin search- **found!**
- Procedural improvement required
- Suggested rotation of surgical waste

# To err is human....

## ***NTR= No tissue placed in pot- Pot sent in error***

- In 2010 there were **7** cases sent in error
- Specimens discovered in another labelled/unlabelled pot at the surgery
- Re-sent
- GP did not excise sample- Liquid nitrogen used instead
- Patient changed mind- cancelled appointment

# To err is human....

## ***NTR – e.g.: A sample potentially lost***

- 3 part specimen- sample 1 placed into sample 3 pot
- 2 samples sent – no tissue in pots, still at surgery! Re-sent
- GP and nurse double up on labeling of containers

# To err is human....

## *How can we reduce these events?*

- Same form for all AP(Histology) samples
- Duplication of labels (form = pot)
- Should the containers be pre-labeled or wait until time of excision?
- Double checking
- Process improvements implemented at surgery ?
  - Do they have SOP's in place?
- Staff unfamiliar with procedures @ GP practice

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To forgive divine.....

I do hope that specimen is not mine!

To err is human.....

....So when you go to label that pot  
Check what details you have got

Make sure the left is really the left  
And right is really right

Also, remember to put that lid on tight!

# To err is human....

**Ensure the DOB,NHI and patient name.....**

**.....Written on pot & form are all the same!**

**... Don't forget to check again before you send  
As a phone call from us is not meant to offend..**

To err is human.....

Lastly....

...Just remember whose specimen it might be

**So now I do hope that specimen  
was from me...!**

# To err is human

*Special thanks to:*

- *Leanne Giles- AP Manager*
- *Remeny Weber- AP Section Head*
- *Carol Avansian Ghazvini*
- *Thilanie Purdy*
- *Kee Ho Soh—aka Maurice*
- *The AP team @ Labtests*
- *The Specimen reception dept. @ labtests*
- *Alexander Pope (Poet) 1688-1744*

# Any QUESTIONS?

- The End