مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre
Gen. Org. مؤسسة عامة

Project Name
Reduce/Eliminate Out-patient Mislabeled Incidents.

Site	Department
Jeddah	DPLM

Project Status	Project Start Date	Project End Date
Completed	02-02-2018	04-30-2018

Problem: Why the project was needed?

Patient could receive wrong medical or surgical treatment while another doesn't get the treatment he/she needs. Either situation can result in severe irreversible consequences due to mislabelling in specimen collection. The number of reported mislabel incidents in the first quarter of 2017:3, second quarter:3, third Quarter:3

Aims: What will the project achieve?

Improve accuracy of patient identification by 100%

Benefits/Impact: What is the improvement outcome?
(check all that apply)

☐ Contained or reduced costs
☐ Improved productivity
☒ Improved work process
☐ Improved cycle time
☒ Increased customer satisfaction
☒ Other (please explain)
   To Improve patients safety by reducing incidents of specimen mislabelling

Quality Domain: Which of the domains of healthcare quality does this project support?
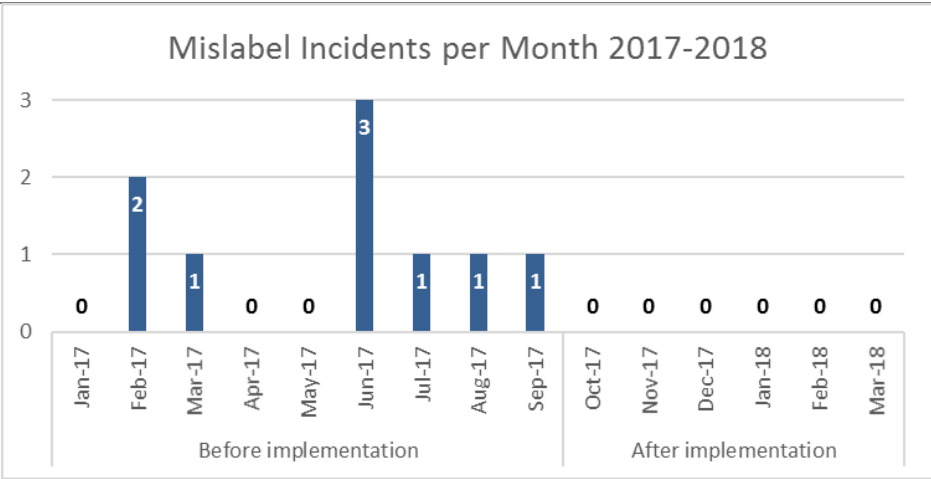*(Select only one)*
Safe

Interventions: Overview of key steps/work completed
   • Process audit demonstrate that patient identification process was done by matching patient MRN and full name in two documents: labels and requisition.
   • This made a confusion for the phlebotomist in outpatient. Furthermore, patient's identification was done by asking patient to state full name and age since those two information can be obtained easily from patient. However, age is not considered as identifier as per CAP (collage of American pathologist) standards and Joint Commission International Standards JCI
   • *Specimen Collection General Policy* IPP was updated with the following:
   Use MRN and patient full name (tri/quadrate name is required) as identifiers
   • *Ordering Tests In Cerner* IPP was updated with the following:
   Patient will be asked to state his full name and MRN. If patient doesn't have his MRN, he will be directed to issue hospital ID card from the front desk.
   Staff training was implemented and added to specimen collection competency assessment checklist.
   • We enforce hospital ID card process by:
   • posting banners at laboratory entrances and receiving area
   • Explain to the patient the necessity of present hospital ID/ or medical record number available for each step of laboratory services
   • Patient identification process was defined as quality indicator and monitored on daily basis.

Results: Insert relevant graphs and charts to illustrate improvement pre and post project
(insert relevant graphs, data, charts, etc.)

Mislabel Incidents per Month 2017-2018

	Before implementation									After implementation					
Month	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Incidents	0	2	1	0	0	3	1	1	1	0	0	0	0	0	0

Project Lead	Team Members
Name *(person accountable for project)*	**Names** *(persons involved in project)*
Alaa Khalid Etaiwi	Hadeel Ghurab (QM facilitator) Lama Mohammed Hebieshi Amal Abdulaziz Hassan Samar Al-Hutami Mohammed Ali Al-Johani Jaffar Khiary Sarfinaz Hanbazaza