Biovigilance Component
Hemovigilance Module
Incident Reporting

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

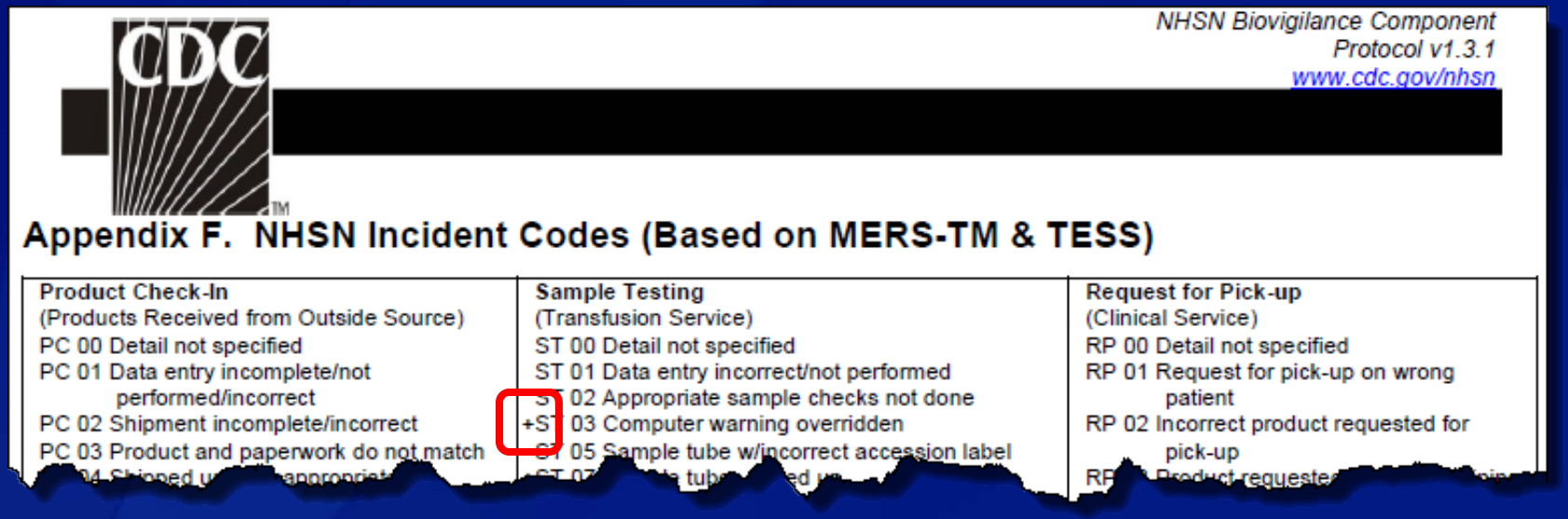
Objectives

- **Review key terms used in incident reporting**
- **Provide instructions for incident reporting:**
  - Detailed method
  - Summary method
- **Review incident case studies**

Key Terms in Incident Reporting

- **Incident – An error or accident that could lead to an adverse outcome affecting the quality or efficacy of blood, blood components, plasma derivatives, or the safety of transfusion recipients.**
  - Error – An unexpected, unplanned deviation from Standard Operating Procedures (SOP) that is likely attributable to a human or system problem.
  - Accident – An unexpected or unplanned event that is not attributable to deviations from SOP.
- **High Priority Incident – An incident that has high potential for wrongful transfusion in a recipient.**
- **Near Miss – An error or deviation from SOP that was discovered before the start of transfusion.**

Incident Codes



NHSN Biovigilance Component
Protocol v1.3.1
www.cdc.gov/nhsn

Appendix F. NHSN Incident Codes (Based on MERS-TM & TESS)

Product Check-In (Products Received from Outside Source)	Sample Testing (Transfusion Service)	Request for Pick-up (Clinical Service)
PC 00 Detail not specified	ST 00 Detail not specified	RP 00 Detail not specified
PC 01 Data entry incomplete/not performed/incorrect	ST 01 Data entry incorrect/not performed	RP 01 Request for pick-up on wrong patient
PC 02 Shipment incomplete/incorrect	ST 02 Appropriate sample checks not done	RP 02 Incorrect product requested for pick-up
PC 03 Product and paperwork do not match	+ST 03 Computer warning overridden	
	ST 05 Sample tube w/incorrect accession label	

- Incident codes can be found in Appendix F of the protocol.
- A plus (+) sign indicates high priority incidents.

Incident Categories

Transfusion Services

- **PC Product Check-in**
  - Products received from outside source
  - Returned to inventory from patient care area
- **SR Sample Receipt**
  - Receipt of sample in transfusion services
- **ST Sample Testing**
  - Testing of sample, type & crossmatch
- **US Product Storage**
  - Storage of blood and blood products in Transfusion Services
- **AV Available for Issue**
  - Quality management of product inventory
- **SE Product Selection**
  - When products are selected for transfusion
- **UM Product Manipulation**
  - When pooling, irradiating, dividing, thawing, and labeling products
- **UI Product Issue**
  - Issue of blood products from Transfusion Services
- **MS Other**

Clinical Services

- **PR Product/Test Request**
  - Request of a test or product by clinical service (online or requisition)
- **SC Sample Collection**
  - Service collecting the samples
- **SH Sample Handling**
  - Paperwork accompanying the sample for testing
- **RP Request for Pick-up**
  - Product request
- **UT Product Administration**
  - Product transfused
- **MS Other**

Hemovigilance Module Incident Form and Table of Instructions

NHSN National Healthcare Safety Network

OMB No. 0920-0666
Exp. Date: 01/31/2015

www.cdc.gov/nhsn

Hemovigilance Module Incident

*Required for saving

*Facility ID#: _____	NHSN Incident #: _____	Local Incident # or Log #: _____

Discovery

*Date of discovery: __ __ /__ __ / __ __ __ __

*Time of discovery: __ __ : __ __(HH:MM) ☐ Time approximate ☐ Time unknown

*Where in the facility was the incident discovered? _____

*How was the incident **first discovered**? (check one)

- ☐ Communication from lab to floor
- ☐ Comparison of product label to patient information
- ☐ Comparison of product label to physician order
- ☐ Comparison of sample to paperwork
- ☐ Computer system alarm or warning
- ☐ Historical record/previous type check
- ☐ Human 'lucky catch'
- ☐ Notification or complaint from floor (nurse, MD, etc.)
- ☐ Observation by staff of unit/plate/reagent/sample/equipment
- ☐ Patient transfusion reaction
- ☐ Repeat or sample re-testing
- ☐ Routine audit or supervisory review
- ☐ Visual inventory review
- ☐ When checking patient ID band
- ☐ When product/units returned to lab
- ☐ Other (specify) _____

*At what point in the process was the incident **first discovered**? (check one)

- ☐ Product check-in
- ☐ Product/test request
- ☐ Sample collection
- ☐ Sample handling
- ☐ Sample receipt
- ☐ Sample testing
- ☐ Product storage
- ☐ Available for issue
- ☐ Product selection
- ☐ Product manipulation
- ☐ Request for pick-up
- ☐ Product issue
- ☐ Product administration
- ☐ Post-transfusion review/audit
- ☐ Other (specify) _____

Occurrence

*Date incident occurred: __ __ /__ __ / __ __ __ __

*Time incident occurred: __ __ : __ __((HH:MM) ☐ Time approximate ☐ Time unknown

*Where in the facility did the incident occur? _____

Job function of the worker involved in the incident: (Use NHSN Occupation Codes on page 5.)

__ __ __ If Other (OTH), specify _____ ☐ Worker unknown

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333 ATTN: PRA (0920-0666).

CDC 57.305, Rev. 3, v6.6.1

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CDC

NHSN Biovigilance Component
Tables of Instruction v1.3
www.cdc.gov/nhsn

Table 6. Hemovigilance Module Incident (CDC 57.305)

Data Field	Instructions for Form Completion
Facility ID#	The Facility ID number will be auto entered by NHSN.
NHSN Incident #	An incident number will be auto entered by NHSN.
Local Incident # or Log #	Optional. Enter your facility's incident report, log, or other locally-assigned incident number.
Discovery	
Date of discovery	Required. Enter the date the incident was discovered. It must be on or after the date the incident occurred.
Time of discovery	Required. Enter the time the incident was discovered using a 24-hour clock. If only an approximate time is known, check the "Time approximate" box. If the time cannot be determined, select "Time unknown."
Where in the facility was the incident discovered?	Required. Select the location where the incident was discovered. This may or may not be the same as the location where the incident occurred.
How was the incident first discovered?	Required. Select the description that most closely represents how the incident was **first** discovered. If "other" is selected, briefly describe how the incident was discovered.
At what point in the process was the incident first discovered?	Required. Select the process point at which the incident was first discovered. This may or may not be the same process point at which the incident occurred.
Occurrence	
Date incident occurred	Required. Enter the date the incident occurred. It must be on or before the date the incident was discovered.
Time incident occurred	Required. Enter the time the incident occurred using a 24-hour clock.
Where in the facility did the incident occur?	Required. Select the location where the incident occurred. This may or may not be the same as the location where the incident was discovered.
Job function of the worker involved in the Incident	Optional. Enter the job function of the worker involved in the incident using the codes on page 5 of the form. This is the worker who was involved in and may have been responsible for the incident, but not necessarily. In cases such as equipment malfunction, this may be the person who discovered the incident.
At what point in the process did the incident **first occur**?	Required. Select the process point at which the incident **first occurred**. *Note: A single incident may result in a cascade of future incidents related to the same sample or blood product. Report only the earliest incident known to have occurred.*
Incident code	Required. Enter the NHSN-defined incident code. Incident codes are found on page 4 of the form. *Note: For each process code (PC: Product Check-In, etc.) there is an option for unspecified incidents. If no process code is defined or the process point is*

Page 1 of 3
April 2012

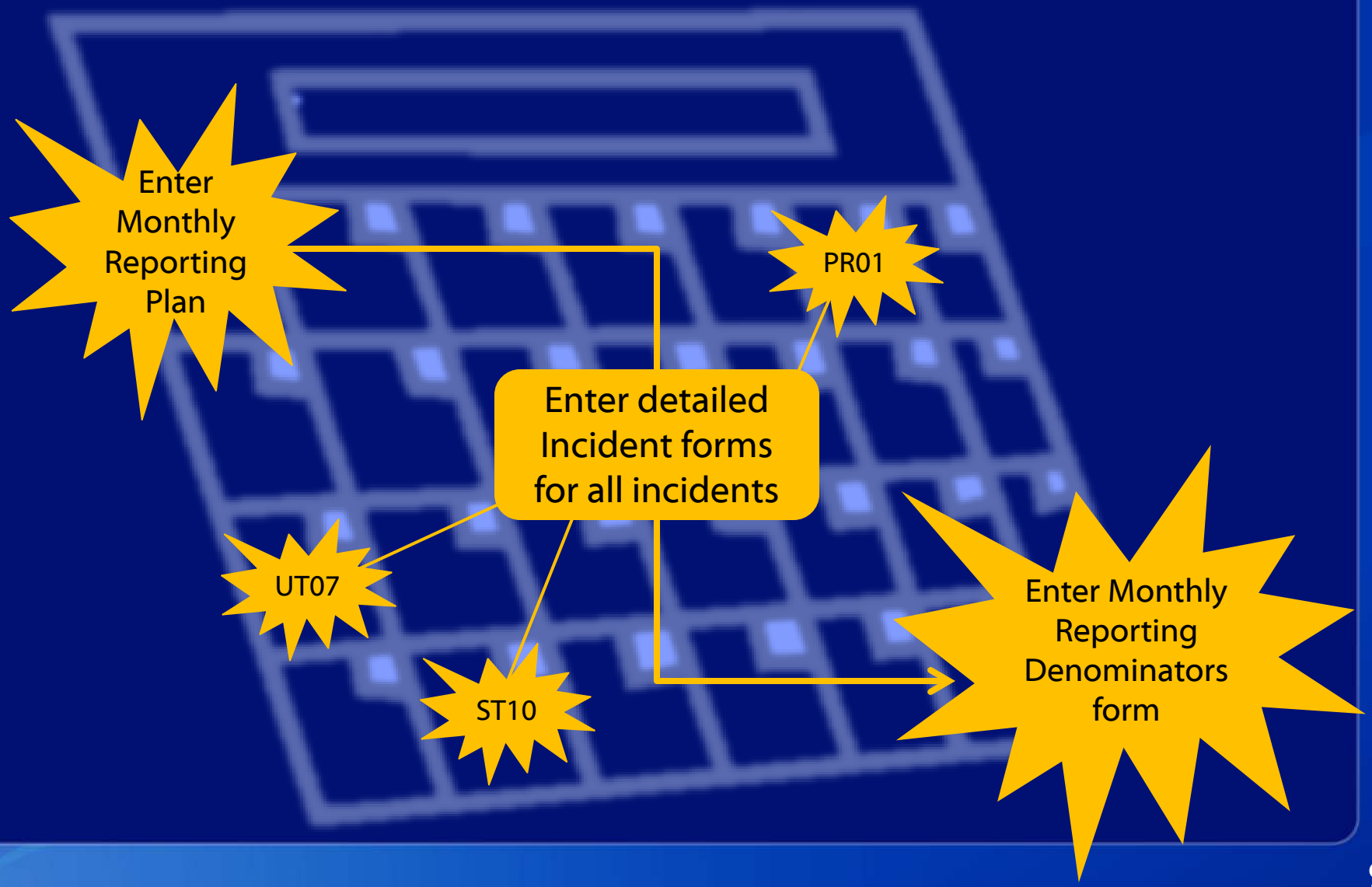
Before Entering Event Forms

- Be sure that your facility has completed:
  - Annual Facility Survey
  - Monthly Reporting Plan(s)

Hemovigilance Module Incidents

- **Incident surveillance must be conducted monthly.**
- **Facilities choose one of the following reporting methods:**
  1. **Detailed reporting of all incidents**
     - Incident forms must be completed for every incident that occurs.
  2. **Summary reporting of incidents**
     - Monthly Incident Summary form that includes ALL incidents that occurred during the reporting month must be completed.
     - Detailed Incident forms are required for ALL high priority incidents and incidents associated with an adverse reaction.
- **An incident might result in a cascade of future incidents. Report only the earliest incident known to have occurred.**

Hemovigilance Module Incidents Detailed Reporting



Hemovigilance Module Incidents Detailed Reporting

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network | NHSN Home | My Info | Contact us | Help | Log Out

NHSN Home
Reporting Plan
Add
Find
Patient
Incident

Logged into NHSN Test KWC Memorial (ID 24976) as KWC.
Facility NHSN Test KWC Memorial (ID 24976) is following the BV component.

Add Monthly Reporting Plan

Mandatory fields marked with *

Print PDF Form

Monthly reporting denominators

*Select method for reporting incidents:

Summary data with detailed reporting of high priority incidents

Detailed reporting of all incidents

Save Back

- **On the Monthly Reporting Plan:**
  - Check "Detailed reporting of all incidents"
  - Click "Save"

Hemovigilance Module Incidents Detailed Reporting

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network | NHSN Home | My Info | Contact us | Help | Log Out

- NHSN Home
- Reporting Plan
- Patient
- Incident
  - Add
  - Find
  - Incomplete
- Reaction
- Summary Data
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

Logged into NHSN Test KWC Memorial (ID 24976) as KWC.
Facility NHSN Test KWC Memorial (ID 24976) is following the BV component.

Add Incident

Mandatory fields marked with *
Conditionally required fields marked with ^

*Facility ID: NHSN Test KWC Memorial (ID 24976)
Incident #:
Local Incident # or Log #:

Discovery

*Date of discovery:
*Time of discovery: : (HH:MM)
Time approximate
Time unknown
*Where in the facility was the incident discovered?
*How was the incident first discovered?
*At what point in the process was the incident first discovered?

Occurrence

Complete an Incident form for each incident that occurred during the reporting month.

Hemovigilance Module Incidents Detailed Reporting

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network | NHSN Home | My Info | Contact us | Help | Log Out

- NHSN Home
- Reporting Plan
- Patient
- Incident
  - Add
  - Find
  - Incomplete
- Reaction
- Summary Data
- Analysis
- Surveys
- Users
- Facility

Logged into NHSN Test KWC Memorial (ID 24976) as KWC.
Facility NHSN Test KWC Memorial (ID 24976) is following the BV component.

Add Incident

Mandatory fields marked with *
Conditionally required fields marked with ^

*Facility ID: NHSN Test KWC Memorial (ID 24976)

Incident #:

Local Incident # or Log #: XYZ9876

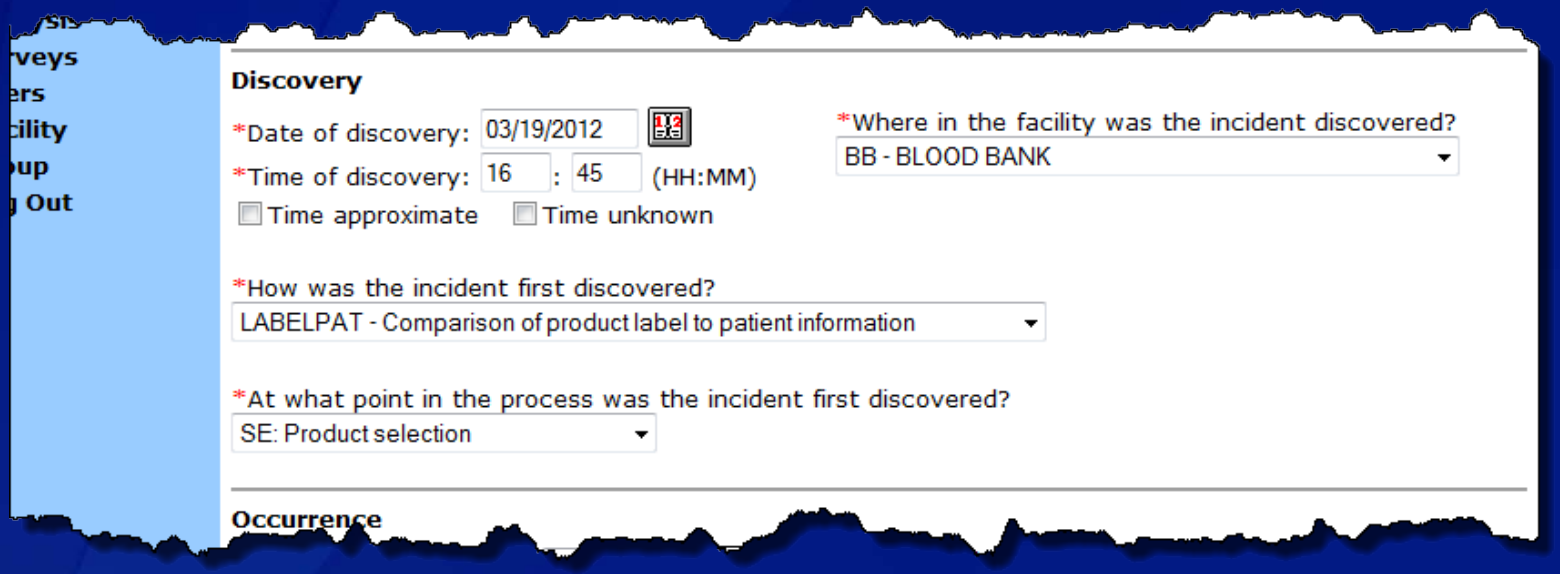
Discovery

*Date of discovery:

*Where in the facility was the incident discovered?

- Select "Incident"
- Click "Add"

Hemovigilance Module Incidents Detailed Reporting



- **Date and time of discovery**
  - Enter the date and time the incident was first noticed by staff.
- **Where in the facility was the incident discovered?**
  - Select a facility-defined NHSN location.
  - This may or may not be the same location where the incident **occurred**.

Hemovigilance Module Incidents Detailed Reporting

- **How was the incident first discovered?**
  - Select the description that most closely describes how the error was *initially* discovered by staff.
  - If "Other" is selected, include a brief description in the space provided.
- **At what point in the process was the incident first discovered?**
  - Use the Incident Categories or Appendix F in the protocol to help select the appropriate process point.

Hemovigilance Module Incidents Detailed Reporting

Occurrence

*Date incident occurred: 03/19/2012

*Time incident occurred: 11 : 30 (HH:MM)

☐ Time approximate ☐ Time unknown

*Where in the facility did the incident occur?
BB - BLOOD BANK

Job function of the worker involved in the incident: MTE - Medical Technologist ☐ Worker unknown

*At what point in the process did the incident **first oc**

- **Date and time the incident occurred**
  - Enter the date and time the incident first **happened**.
- **Where in the facility did the incident <u>occur</u>?**
  - Select the facility-defined NHSN location.
- **Job function of the worker involved in the incident (optional)**
  - Use the CDC occupation codes in Appendix E of the protocol.

Hemovigilance Module Incidents Detailed Reporting

*At what point in the process did the incident **first occur**? SE: Product selection

*Incident code: SE 01 - Incorrect product/component selected

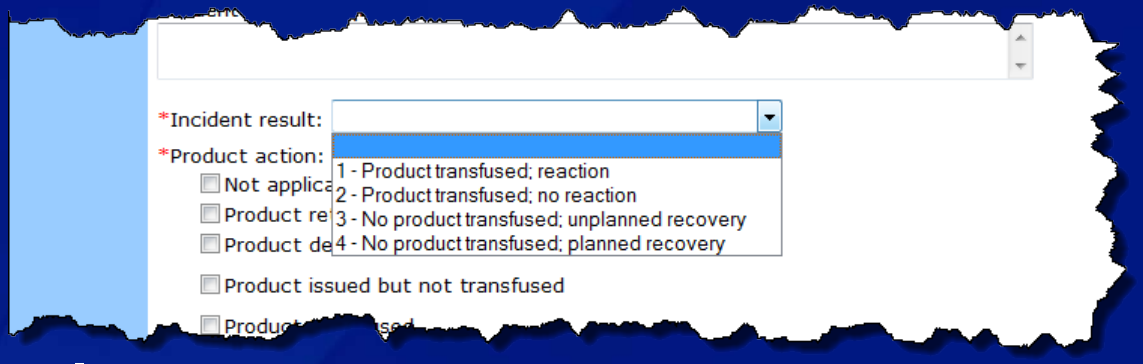
Incident summary: (500 characters max)

Wrong unit selected from the fridge.

- **At what point in the process did the incident <u>first occur</u>?**
  - Select the process point at which the incident **began.**
- **Incident code**
  - See Appendix F of the protocol for a list of incident codes.
- **Incident summary (optional)**
  - Enter a brief, descriptive text of exactly what happened.

Hemovigilance Module Incidents

Detailed Reporting



Incident Results

1 – Product transfused, reaction

A product related to this incident was transfused; the patient experienced an adverse reaction

2 – Product transfused, no reaction

A product related to this incident was transfused; the patient did not experience an adverse reaction

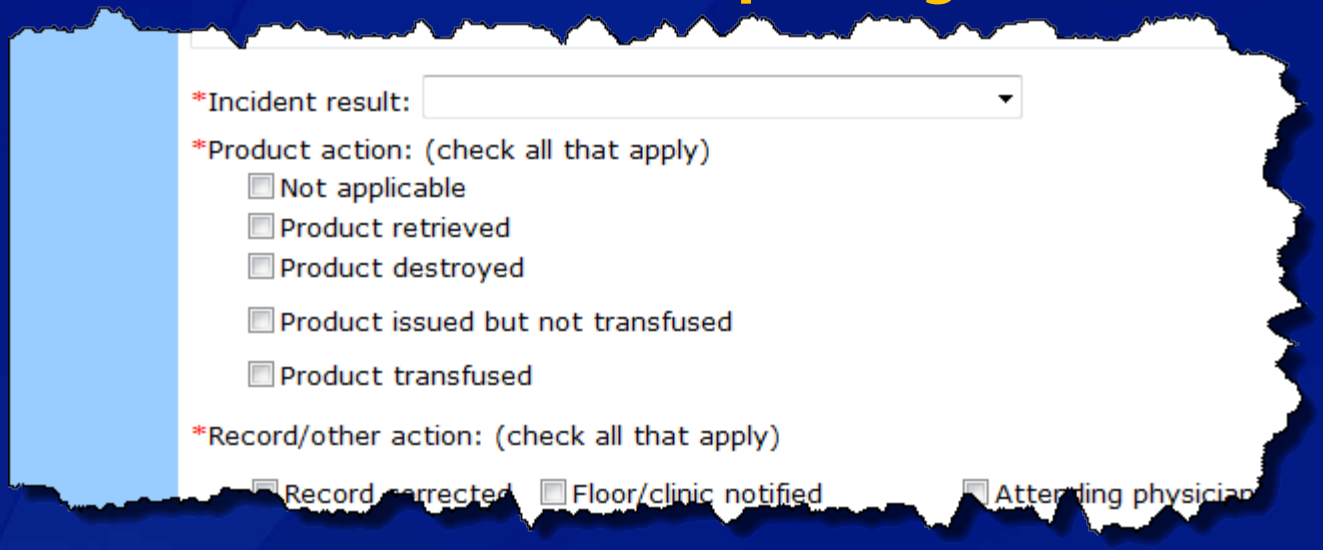
3 – No product transfused, unplanned recovery

No product was transfused; the incident was discovered ad hoc, by accident, by a human lucky catch, etc.

4 – No product transfused, planned recovery

No product was transfused; the incident was discovered through a standardized process or barrier designed to prevent errors

Hemovigilance Module Incidents Detailed Reporting



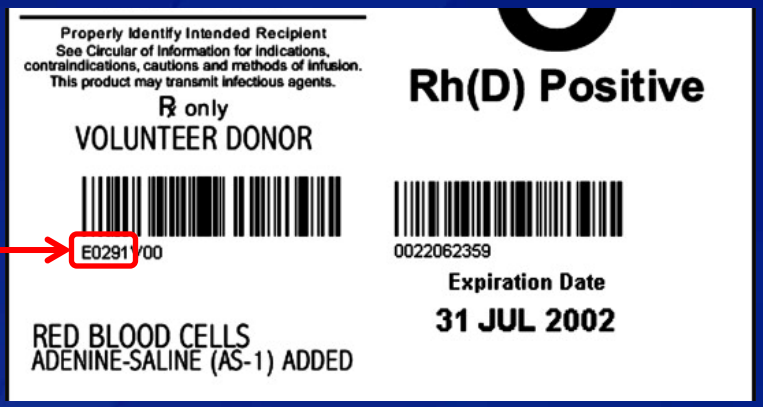
- **Product action**
  - Not applicable – incident was not related to a product, or the incident was discovered before a product was selected for transfusion
  - Product retrieved – product was intercepted or withdrawn and was not transfused

Hemovigilance Module Incidents Detailed Reporting

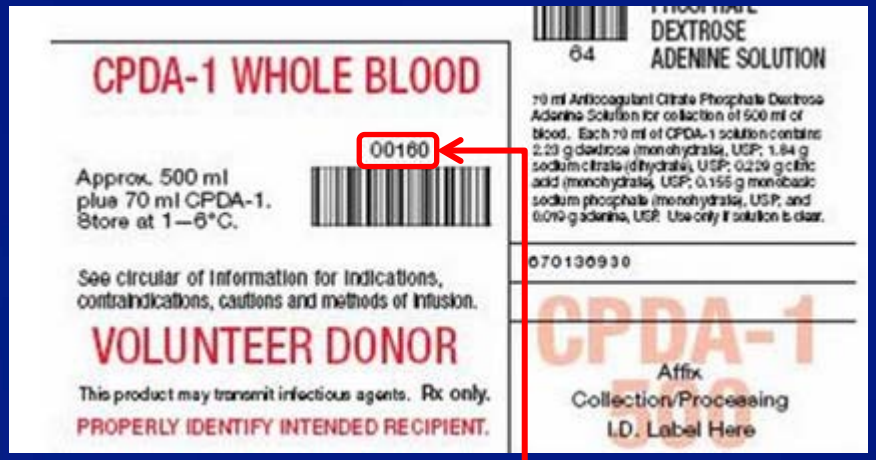
- **Product action (cont.)**
  - Product destroyed – product was destroyed as a result of the incident
    - Single or multiple units destroyed?
    - Code system used (e.g., Codabar, ISBT-128)
  - Product issued but not transfused – product was issued to the patient care area but was not transfused
  - Product transfused – product was transfused
    - Was a patient reaction associated with this incident?
    - Enter the patient ID #(s) of the patient that experienced an adverse reaction
- **Record/other action – follow-up actions that were performed**

Blood Product Codes

- **Two code systems used for blood products:**
  - ISBT-128
  - Codabar
- **The 5-digit code for the blood product entered in NHSN should match the product description generated by the system.**

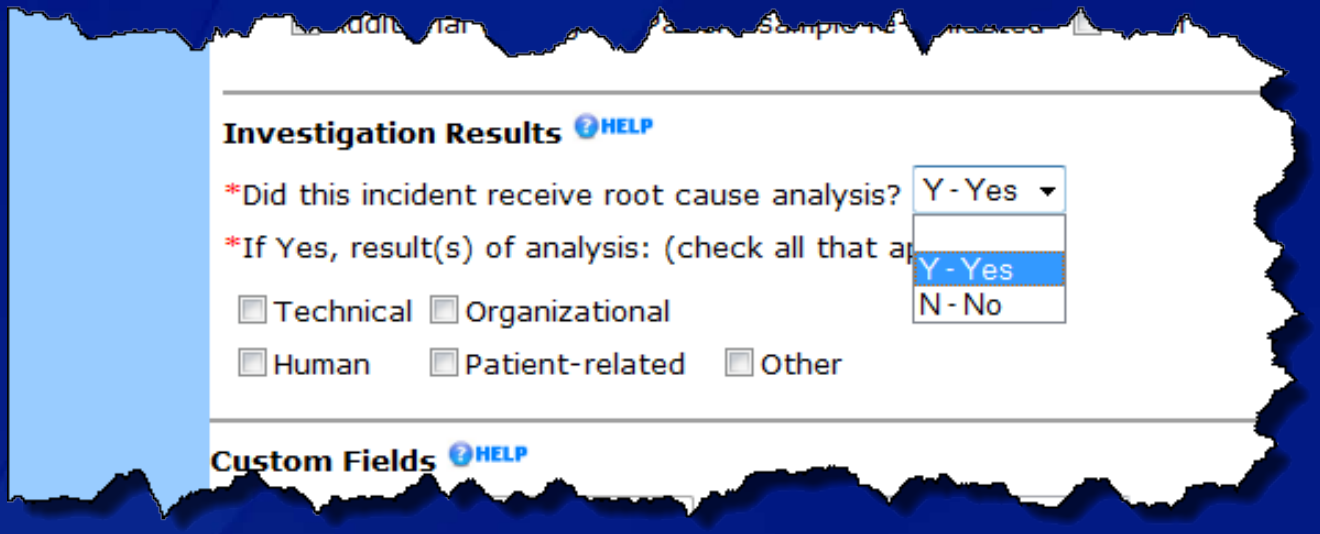


ISBT-128 product code



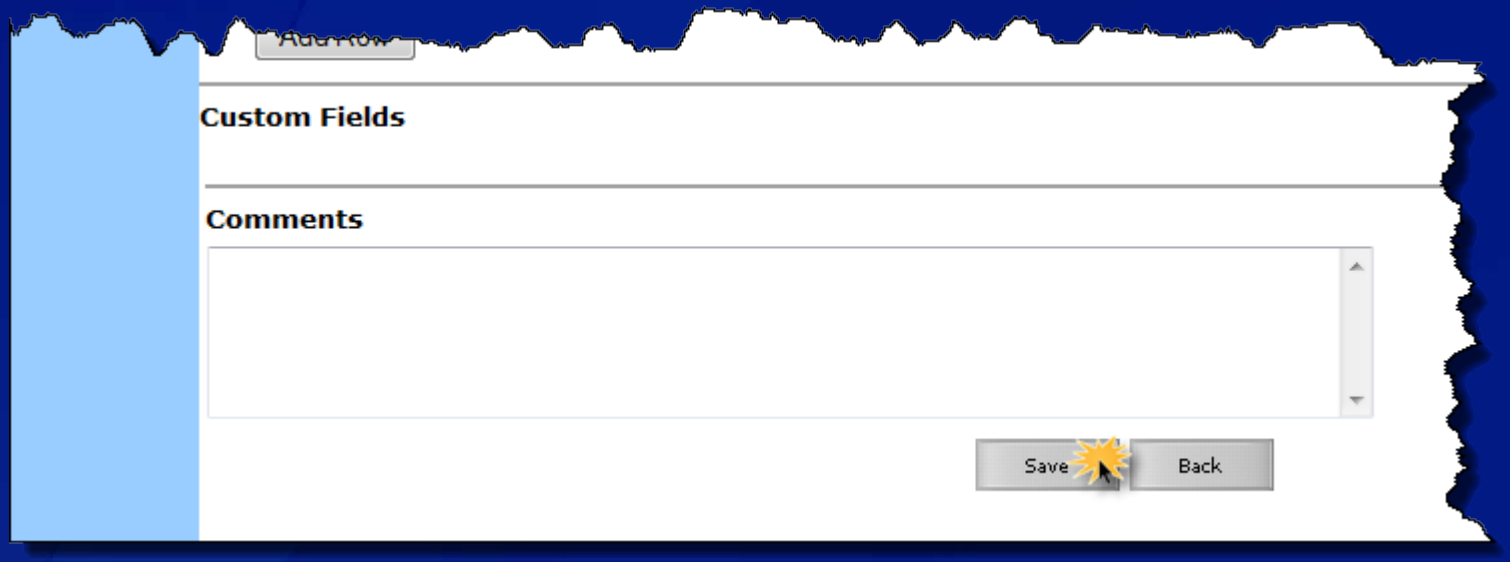
Codabar product code

Hemovigilance Module Incidents Detailed Reporting



- **Root Cause Analysis**
  - A facility may choose to conduct a formal administrative investigation aimed at identifying the problems or causes of an incident.
  - If a root cause analysis is performed, check all results that apply. Detailed definitions of root cause analysis results can be found in Appendix G of the protocol.

Don’t forget to SAVE!



- **Remember to SAVE before leaving the page.**
  - Forms cannot be left unfinished and completed later.
  - Forms cannot be saved unless all required fields are entered.

Topics Covered So Far…

- Key terms in incident reporting in NHSN
- Detailed reporting of incidents

Coming Up Next…

- Summary reporting of incidents
- Incident case studies

Hemovigilance Module Monthly Incident Summary Form and Tables of Instructions

NHSN National Healthcare Safety Network

OMB No. 0920-0666
Exp. Date: 01-31-2015
www.cdc.gov/nhsn

Hemovigilance Module
Monthly Incident Summary

*Required for saving

*Facility ID#: _____ *Month: _____ *Year: _____

All reporting is facility-wide. Include numbers of individual incident reports in the totals.

*Process Code	*Incident Code	*Total Incidents	*Total Adverse Reactions associated with Incidents
PC: Product Check-In (Products received from outside source)	PC 00 Detail not specified		
	PC 01 Data entry incomplete/not performed/incorrect		
	PC 02 Shipment incomplete/incorrect		
	PC 03 Product and paperwork do not match		
	PC 04 Shipped under inappropriate conditions		
	PC 05 Inappropriate return to inventory		
	PC 06 Product confirmation		
	PC 07 Administrative check (2nd check)		
PR: Product/Test Request (Clinical Service)	PR 00 Detail not specified		
	PR 01 Order for wrong patient		
	PR 02 Order incorrectly entered online		
	+ PR 03 Special needs not indicated on order (e.g., CMV negative, auto)		
	PR 04 Order not done/incomplete/incorrect		
	PR 05 Inappropriate/incorrect test ordered		
	PR 06 Inappropriate/incorrect blood product ordered		
SC: Sample Collection (Service collecting the samples)	SC 00 Detail not specified		
	+ SC 01 Sample labeled with incorrect patient name		
	+ SC 02 Not labeled		
	+ SC 03 Wrong patient collected		
	SC 04 Collected in wrong tube type		
	SC 05 Sample QNS		
	SC 06 Sample hemolyzed		
	+ SC 07 Label incomplete/illegible/incorrect (other than patient name)		
	SC 08 Sample collected in error		
	SC 09 Requisition arrived without samples		
	+ SC 10 Wristband incorrect/not available		
	SC 11 Sample contaminated		
SH: Sample Handling (Service collecting the samples)	SH 00 Detail not specified		
	SH 01 Sample arrived without requisition		
	SH 02 Requisition and sample label don't match		
	+ SH 03 Patient ID incorrect/illegible on requisition		
	SH 05 No phlebotomist/witness identification		
	SH 06 Sample arrived with incorrect requisition		
	SH 07 Patient information (other than ID) missing/incorrect on requisition		
	SH 10 Sample transport issue		

+ Indicates high-priority incidents; individual incident report must be completed for each.

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333 ATTN: PRA (0920-0666).

CDC 57.302 Rev. 1, v6.6

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CDC

NHSN Biovigilance Component
Tables of Instruction v1.2
www.cdc.gov/nhsn

Table 3. Hemovigilance Module Monthly Incident Summary (CDC 57.302)

Data Field	Instructions for Form Completion
Facility ID#	The NHSN-assigned Facility ID number will be auto entered by the system.
Month	Required. Indicate the month for the summary being entered.
Year	Required. Indicate the year for the summary being entered.
Process Code	Required. Select Process Code. Only add rows for incidents that occurred during the month.
Incident Code	Required. Select Incident Code. Only add rows for incidents that occurred during the month.
Total Incidents	Required. Enter the total number of incidents that occurred for the incident code selected. Include all detailed incident records entered in your incident totals. *Note: All high-priority incidents must also be reported on a detailed incident form. High-priority incidents are indicated by a plus sign (+) on the paper form and in the incident code list in the protocol.* *Note: Incidents should be reported by their month of occurrence. For example, if a sample collected on April 30 was mislabeled and the error was discovered on May 2, the April summary should be updated to include the incident as well as any associated reaction that may also have occurred. If the month of occurrence is unknown, use the month of discovery for summary reporting.*
Total Adverse Reactions associated with Incidents	Required. Enter the total number of adverse reactions associated with each reported incident code. If no adverse reactions were associated with reported incidents, enter 0. *Note: All incidents associated with an adverse reaction must also be reported on a detailed incident form.* *Note: Enter an associated adverse reaction on the same summary report as the incident, even if it occurred in a later month. For example, if a sample collected and mislabeled on April 30 is associated with a reaction that occurred on May 2, the April summary should be updated to include the associated reaction.*
Total	Required (auto sum). Totals for each column will be auto entered by the system.

Hemovigilance Module Incidents Summary Reporting

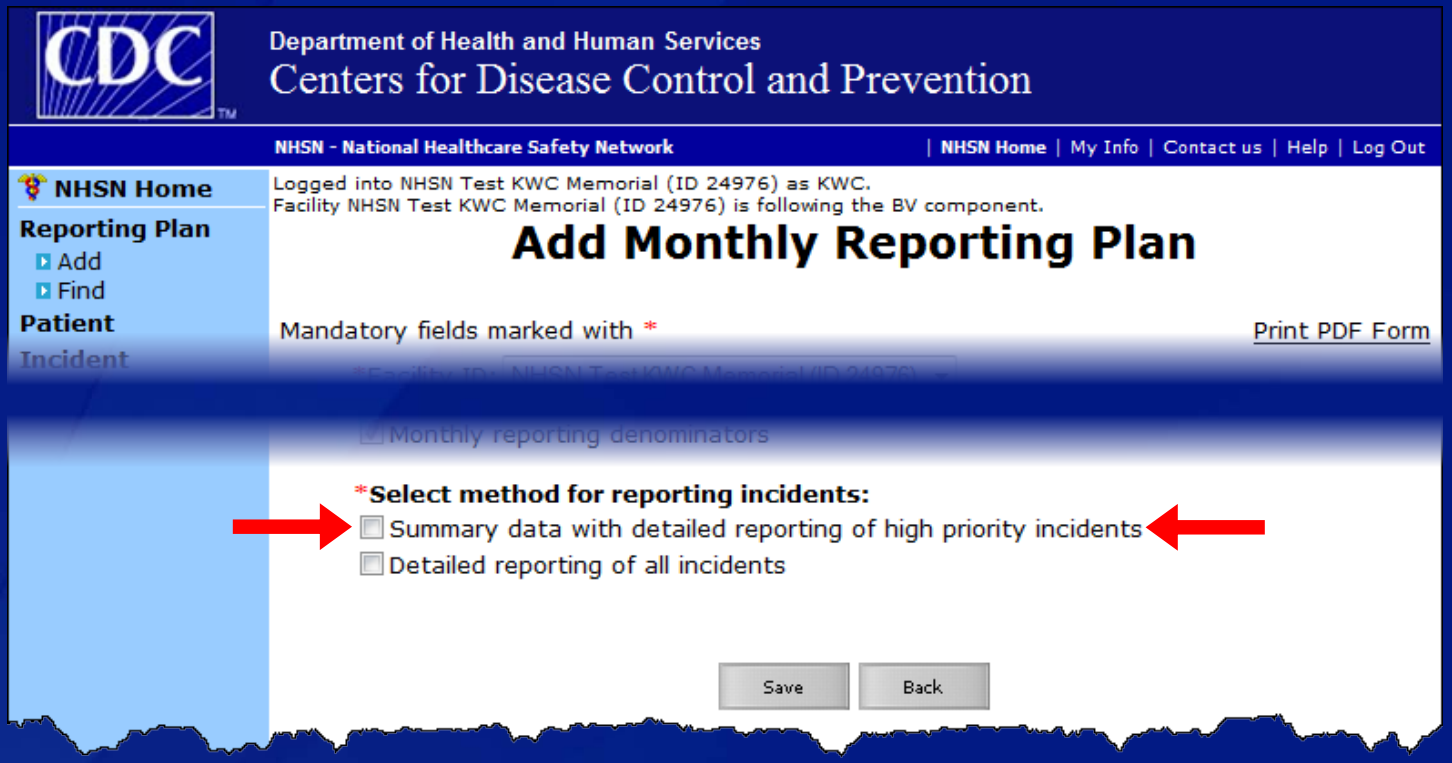
Enter Monthly Reporting Plan

Track incident data throughout the month

Enter Monthly Incident Summary

Enter Monthly Denominators

Hemovigilance Module Incidents Summary Reporting



- **On the Monthly Reporting Plan:**
  - Check "Summary data with detailed reporting of high priority incidents"
  - Click "Save"

Hemovigilance Module Incidents Summary Reporting

Department of Health and Human Services
Centers for Disease Control and Prevention

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- NHSN Home
- Reporting Plan
- Patient
- Incident
- Reaction
- Summary Data
  - Add
  - Find
  - Incomplete
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

Logged into NHSN Test KWC Memorial (ID 24976) as KWC.
Facility NHSN Test KWC Memorial (ID 24976) is following the BV component.

Add Monthly Incident Summary

Mandatory fields marked with *

Print PDF Form

*Facility ID: 24976 (NHSN Test KWC Memorial)
*Month:
*Year:

All reporting is facility-wide. Include numbers of individual incident reports in the totals.

*Process code	*Incident code	*Total Incidents	*Total Adverse Reactions associated with Incidents
Total		0	0

Add Row | Clear All Rows

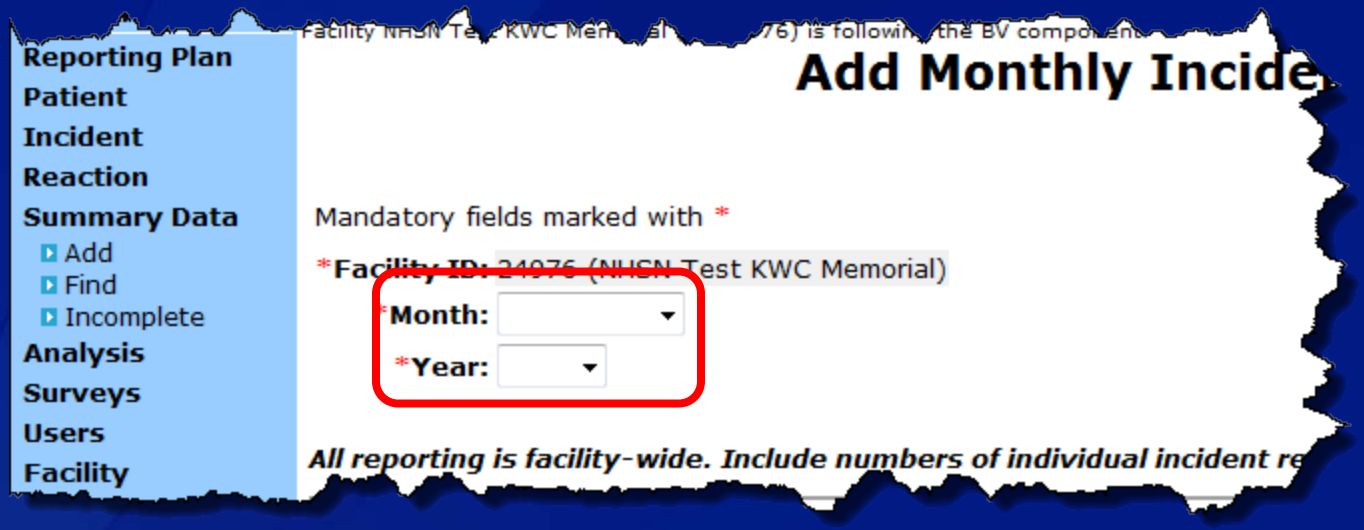
Save | Back

Complete a Monthly Incident Summary form that includes ALL incidents that occurred during the reporting month.

Hemovigilance Module Incidents Summary Reporting

- Select "Summary Data"
- Click "Add"
- Select "Monthly Incident Summary" from the drop-down menu
- Click "Continue"

Hemovigilance Module Incidents Summary Reporting



Select the Month and Year from the drop-down menus.

Hemovigilance Module Incidents Summary Reporting

Users
Facility
Group
Log Out

All reporting is facility-wide. Include numbers of individual incident reports in the totals.

*Process code	*Incident code	*Total Incidents	*Total Adverse Reactions associated with Incidents
Total		0	0

Add Row | Clear All Rows

Save | Back

- **Process and Incident code**
  - Use Appendix F in the protocol to help select the appropriate code(s). Add additional row(s) as needed.
- **Total Incidents and Adverse Reactions associated with Incidents**
  - Enter '0' (zero) if no adverse reactions were associated with the incident.

Important Summary Reporting Reminders

- Complete a Monthly Incident Summary form that includes ALL incidents that occurred during the reporting month.
- Detailed Incident Forms are required for ALL high priority incidents and incidents associated with an adverse reaction.

INCIDENT REPORTING CASE STUDIES

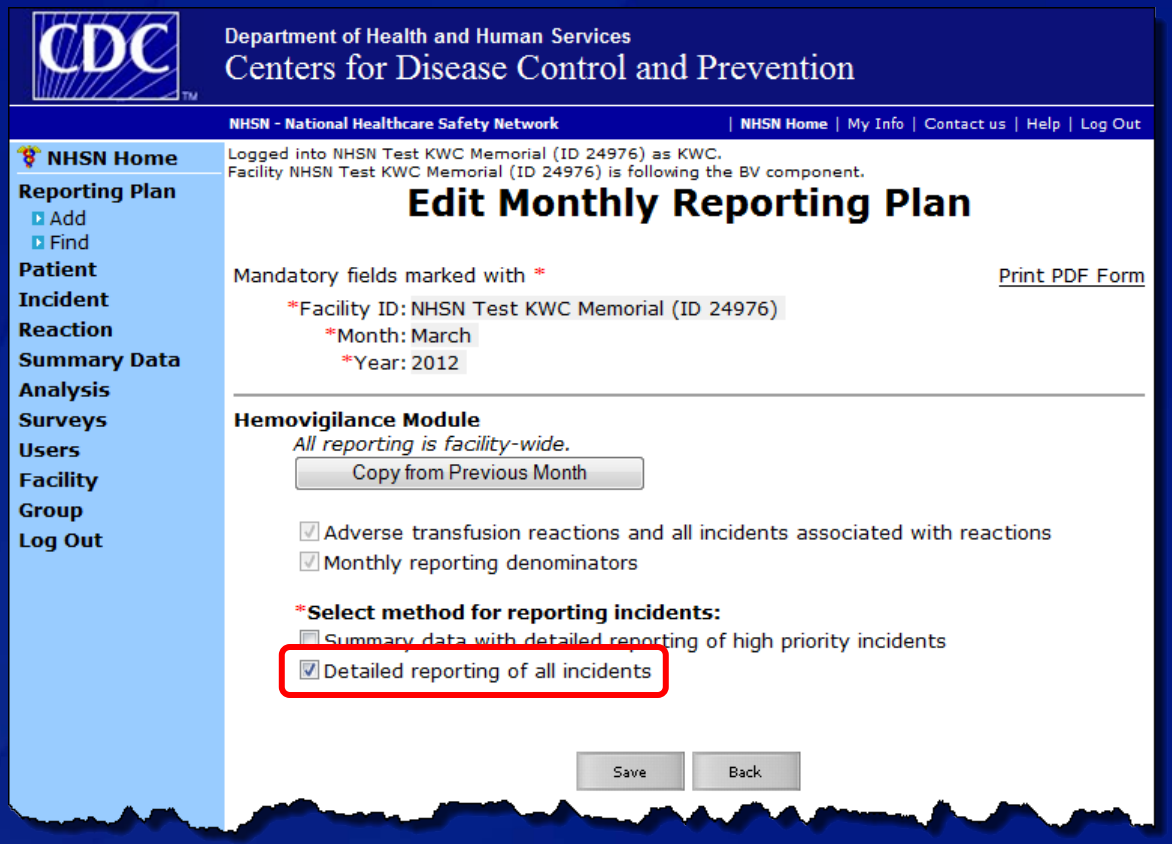
Case Study #1

At 8 a.m. on 3/15/2012, a unit of red cells was being electronically crossmatched for a patient. When entering the unit into the laboratory information system (LIS), the tech noticed that the expiry date in the LIS did not match the date on the unit.

Upon further investigation, it was discovered that the bar code reader had not been used when the product had been checked into inventory three days before (sometime in the morning), resulting in the manual entry of an incorrect expiry date.

The supervisor was notified, and the expiry date of the unit was corrected in the LIS. There was no delay in providing blood for the patient as the tech selected another unit rather than waiting for a correction to be made for the first unit.

Case Study #1



The facility has chosen detailed reporting of all incidents on the Monthly Reporting Plan.

- An Incident form must be completed for all events.

Case Study #1
Incident Form

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network | NHSN Home | My Info | Contact us | Help | Log Out

- NHSN Home
- Reporting Plan
- Patient
- Incident
  - Add
  - Find
  - Incomplete
- Reaction
- Summary Data
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

Logged into NHSN Test KWC Memorial (ID 24976) as KWC.
Facility NHSN Test KWC Memorial (ID 24976) is following the BV component.

Add Incident

Mandatory fields marked with *
Conditionally required fields marked with ^

*Facility ID: NHSN Test KWC Memorial (ID 24976)

Incident #:

Local Incident # or Log #: XYZ9876

Discovery

*Date of discovery: 03/15/2012

*Time of discovery: 08 : 00 (HH:MM)

☐ Time approximate ☐ Time unknown

*Where in the facility was the incident discovered?
BB - BLOOD BANK

*How was the incident first discovered?
OTHER - Other

*Specify
Comparison of product label to LIS

*At what point in the process was the incident first discovered?
ST: Sample testing

Case Study #1
Occurrence

Occurrence

*Date incident occurred: 03/12/2012

*Time incident occurred: 09 : 00 (HH:MM)

☑ Time approximate ☐ Time unknown

*Where in the facility did the incident occur?
BB - BLOOD BANK

Job function of the worker involved in the incident: MLT - Medical Laboratory Technician ☐ Worker unknown

*At what point in the process did the incident **first occur**? PC: Product check-in

*Incident code: PC 01 - Data entry incomplete/not performed/incorrect

Incident summary: (500 characters max)

*Incident result: 4 - No product transfused; planned recovery

*Product action: (check all that apply)

☑ Not applicable

Case Study #1
Investigation Result

*Incident result: 4 - No product transfused; planned recovery

*Product action: (check all that apply)

- [x] Not applicable
- [ ] Product retrieved
- [ ] Product destroyed
- [ ] Product issued but not transfused
- [ ] Product transfused

*Record/other action: (check all that apply)

- [x] Record corrected
- [ ] Floor/clinic notified
- [ ] Attending physician notified
- [ ] Additional testing
- [ ] Patient sample re-collected
- [ ] Other

Investigation Results

*Did this incident receive root cause analysis? N - No

Custom Fields

Comments

Save Back

Case Study #2

At 08:30 a.m. on 3/20/2012, the blood bank discovered that a wrong unit may have been issued to patient B. Thomas. The technologist called the ICU and asked the nurse to check the identification of two units that had been issued for patient B. Thomas . One of the bags issued had the name and hospital number of another patient with the same last name. The patient had already received the incorrect unit starting at 04:55 a.m. that day.

The attending physician and hematologist were notified immediately. At 8:45 a.m. the patient began to experience dyspnea, chest pain, nausea, and developed acute kidney failure with an urine output of 40 mL/hr and a rise in creatinine, LDH, potassium, and bilirubin. The hemoglobin dropped from 10.7 to 8.3.

The patient did not require dialysis, and urine output was normal by the next day. In the days that followed, hydration was maintained at 80 mL/hr and the patient's renal function continued to improve. She was discharged on 3/25/2012.

Case Study #2

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network | NHSN Home | My Info | Contact us | Help | Log Out

NHSN Home
Reporting Plan
Add
Find
Patient
Incident
Reaction
Summary Data
Analysis
Surveys
Users
Facility
Group
Log Out

Logged into NHSN Test KWC Memorial (ID 24976) as KWC.
Facility NHSN Test KWC Memorial (ID 24976) is following the BV component.

Edit Monthly Reporting Plan

Mandatory fields marked with *

Print PDF Form

*Facility ID: NHSN Test KWC Memorial (ID 24976)
*Month: March
*Year: 2012

Hemovigilance Module

All reporting is facility-wide.

Copy from Previous Month

- [x] Adverse transfusion reactions and all incidents associated with reactions
- [x] Monthly reporting denominators

***Select method for reporting incidents:**

- [x] Summary data with detailed reporting of high priority incidents
- [ ] Detailed reporting of all incidents

Save | Back

This facility has chosen summary incident reporting on the Monthly Reporting Plan.

Case Study #2

Incomplete
Analysis
Surveys
Users
Facility
Group
Log Out

*Month: March
*Year: 2012

All reporting is facility-wide. Include numbers of individual incident reports in the totals.

*Process code	*Incident code	*Total Incidents	*Total Adverse Reactions associated with Incidents
PR: Product/test request	PR 05 - Inappropriate/incorrect test ordered	3	0
SR: Sample receipt	SR 04 - Sample incorrectly accessioned (test/product)	3	0
US: Product storage	US 02 - Expired product in stock	8	0
UI: Product issue	UI 09 - Not/incorrect checking of unit and/or patient information	3	1
Total		17	1

Add Row Clear All Rows

Save Back

- At the end of the month, the facility must complete the Monthly Incident Summary form.
- Remember, that detailed Incident forms are required for all high priority incidents and incidents associated with an adverse reaction.

Case Study #2

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network | NHSN Home | My Info | Contact us | Help | Log Out

- NHSN Home
- Reporting Plan
- Patient
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  - Add
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  - Incomplete
- Reaction
- Summary Data
- Analysis
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- Users
- Facility
- Group
- Log Out

Logged into NHSN Test KWC Memorial (ID 24976) as KWC.
Facility NHSN Test KWC Memorial (ID 24976) is following the BV component.

Edit Incident

Mandatory fields marked with *
Conditionally required fields marked with ^

Print PDF Form

*Facility ID: NHSN Test KWC Memorial (ID 24976)

Incident #: 6396

Local Incident # or Log #: XYZ6543

Discovery

*Date of discovery: 03/20/2012

*Time of discovery: 08 : 30 (HH:MM)

☐ Time approximate ☐ Time unknown

*Where in the facility was the incident discovered?
BB - BLOOD BANK

*How was the incident first discovered?
AUDIT - Routine audit or supervisory review

*At what point in the process was the incident first discovered?
RA: Post Transfusion Review/Audit

Occurrence

Case Study #2

Occurrence

*Date incident occurred: 03/20/2012

*Time incident occurred: 03 : 00 (HH:MM)

☑ Time approximate ☐ Time unknown

*Where in the facility did the incident occur? ICU-EAST - EAST WARD ICU

Job function of the worker involved in the incident: MLT - Medical Laboratory Technician ☐ Worker unknown

*At what point in the process did the incident **first occur**? UI: Product issue

*Incident code: UI 09 - Not/incorrect checking of unit and/or patient information

Incident summary: (500 characters max)

Unit labeled with one patient name and medical record issued to another patient with the same last name.

*Incident result: 1 - Product transfused; reaction

*Product action: (check all that apply)

- ☐ Not applicable
- ☐ Product retrieved
- ☐ Product destroyed
- ☐ Product issued but not transfused
- ☑ Product transfused

*Was a patient reaction associated with this incident? Y - Yes

Patients

*Patient ID

BT0123

Add Row

*Record/other action: (check all that apply)

This is the same Patient ID # that will be used when we complete and enter an Adverse Reaction form into NHSN.

Case Study #2

Add Row

*Record/other action: (check all that apply)

- [ ] Record corrected
- [x] Floor/clinic notified
- [ ] Attending physician notified
- [ ] Additional testing
- [ ] Patient sample re-collected
- [ ] Other

Investigation Results

*Did this incident receive root cause analysis? Y - Yes

*If Yes, result(s) of analysis: (check all that apply)

- [ ] Technical
- [ ] Organizational
- [x] Human
- [ ] Patient-related
- [ ] Other

Custom Fields

Comments

Save Back

Remember to SAVE the record before navigating away from any form in NHSN.

Questions or Need Help?
Contact User Support