



Biovigilance Component Hemovigilance Module Incident Reporting

Objectives

- ❑ **Review key terms used in incident reporting.**
- ❑ **Provide instructions for incident reporting.**
 - Required reporting
 - Optional reporting
- ❑ **Review case studies for Incident reporting in the Hemovigilance Module.**

Hemovigilance Module Incident Form and Table of Instructions



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 #:
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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)

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

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Product check-in | <input type="checkbox"/> Sample receipt | <input type="checkbox"/> Product selection | <input type="checkbox"/> Product administration |
| <input type="checkbox"/> Product/test request | <input type="checkbox"/> Sample testing | <input type="checkbox"/> Product manipulation | <input type="checkbox"/> Post-transfusion review/audit |
| <input type="checkbox"/> Sample collection | <input type="checkbox"/> Product storage | <input type="checkbox"/> Request for pick-up | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Sample handling | <input type="checkbox"/> Available for issue | <input type="checkbox"/> Product issue | |

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., MG D-74, Atlanta, GA 30333 ATTN: PRA (0920-0666).



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

Key Terms in Incident Reporting

Incident – Any error or accident that could affect the quality or efficacy of blood, blood components, or patient transfusions. It may or may not result in an adverse reaction in a transfusion recipient.

Near Miss – A subset of incidents that are discovered before the start of a transfusion that *could* have led to a wrongful transfusion or an adverse reaction in a transfusion recipient.

Key Terms in Incident Reporting (cont.)

Incident Results

❑ **Product transfused, reaction**

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

❑ **Product transfused, no reaction**

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

❑ **No product transfused, unplanned recovery**

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

❑ **No product transfused, planned recovery**

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

Incident Codes

There are 100+ Incidents defined in the Hemovigilance Module.



NHSN Biovigilance Component
Hemovigilance Module Surveillance Protocol v2.1.1
www.cdc.gov/nhsn

Incident Codes

Note: Incident codes are based on MERS TM (US) and TESS (Canada) incident classification schemes.

<p>Product Check-In (Products Received from Outside Source)</p> <ul style="list-style-type: none">PC 00 Detail not specifiedPC 01 Data entry incomplete/not performed/incorrectPC 02 Shipment incomplete/incorrectPC 03 Product and paperwork do not matchPC 04 Shipped under inappropriate conditionsPC 05 Inappropriate return to inventoryPC 06 Product confirmationPC 07 Administrative check (2nd check)	<p>Sample Receipt (Transfusion Service)</p> <ul style="list-style-type: none">SR 00 Detail not specifiedSR 01 Sample processed in errorSR 02 Historical review incorrect/not doneSR 03 Demographic review/data entry incorrect/not doneSR 04 Sample incorrectly accessioned (test/product)SR 05 Duplicate sample sent
<p>Product/Test Request (Clinical Service)</p> <ul style="list-style-type: none">PR 00 Detail not specifiedPR 01 Order for wrong patientPR 02 Order incorrectly entered onlinePR 03 Special needs not indicated on order (e.g., CMV negative, auto)PR 04 Order not done/incomplete/incorrect	<p>Sample Testing (Transfusion Service)</p> <ul style="list-style-type: none">ST 00 Detail not specifiedST 01 Data entry incorrect/not performedST 02 Appropriate sample checks not doneST 03 Computer warning overriddenST 05 Sample tube w/incorrect accession labelST 07 Sample tubes mixed upST 09 Test tubes mislabeled (wrong patient)

Process Codes

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**

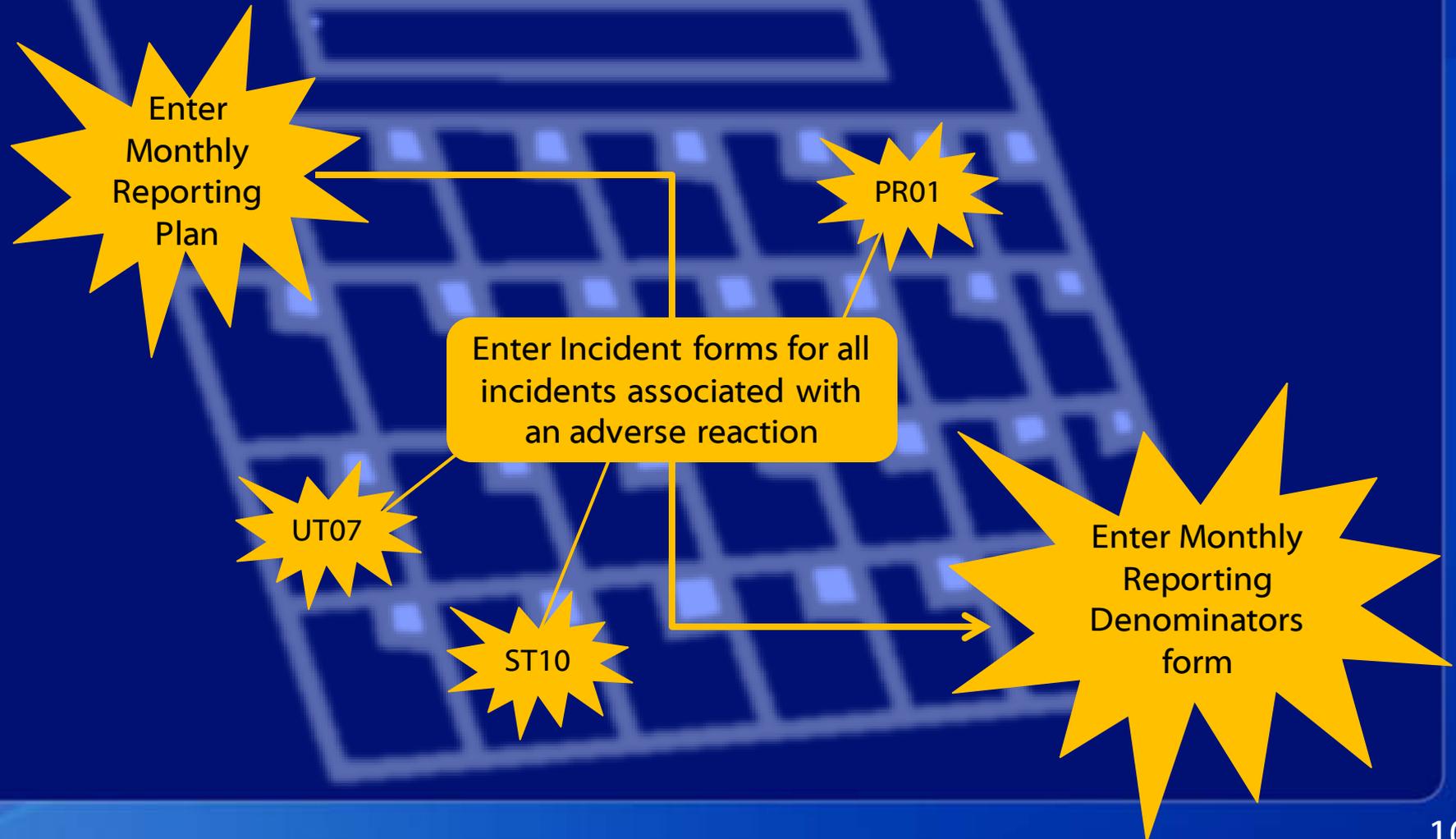
Before Entering Event Forms

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

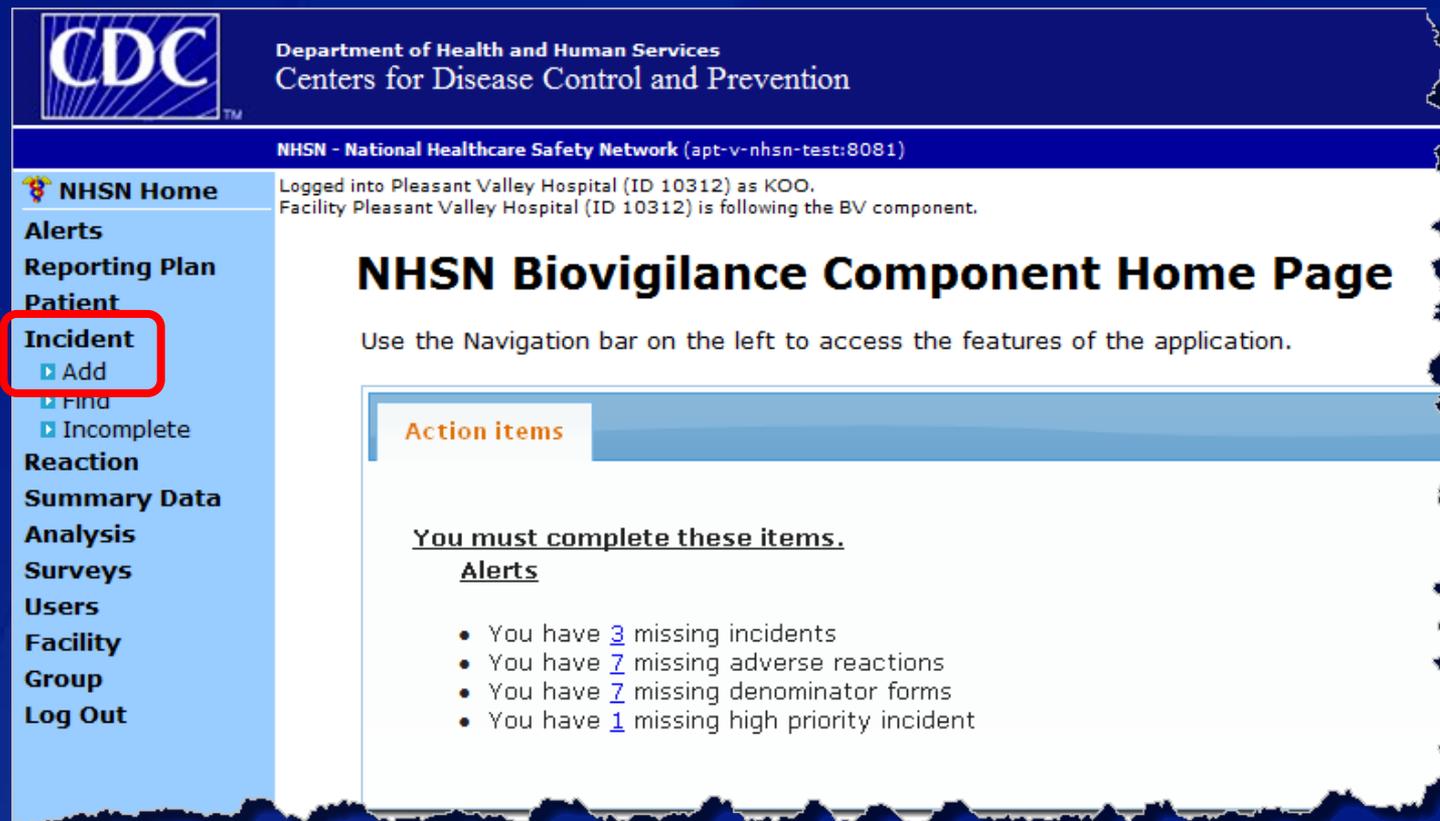
Hemovigilance Module Incidents Required Reporting

- ❑ All incidents (i.e., accidents or errors) that are associated with a reported adverse reaction must be reported using a detailed Incident form.**
- ❑ If multiple incidents occur in association with an adverse reaction, report all of them on separate Incident forms.**
- ❑ Classify incidents using Incident Codes in Section 4 of the protocol.**
- ❑ Detailed instructions on how to complete the form are provided on the Website.**

Hemovigilance Module Incidents Required Reporting



Hemovigilance Module Incidents Required Reporting



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

NHSN - National Healthcare Safety Network (apt-v-nhsn-test:8081)

Logged into Pleasant Valley Hospital (ID 10312) as KOO.
Facility Pleasant Valley Hospital (ID 10312) is following the BV component.

NHSN Biovigilance Component Home Page

Use the Navigation bar on the left to access the features of the application.

Action items

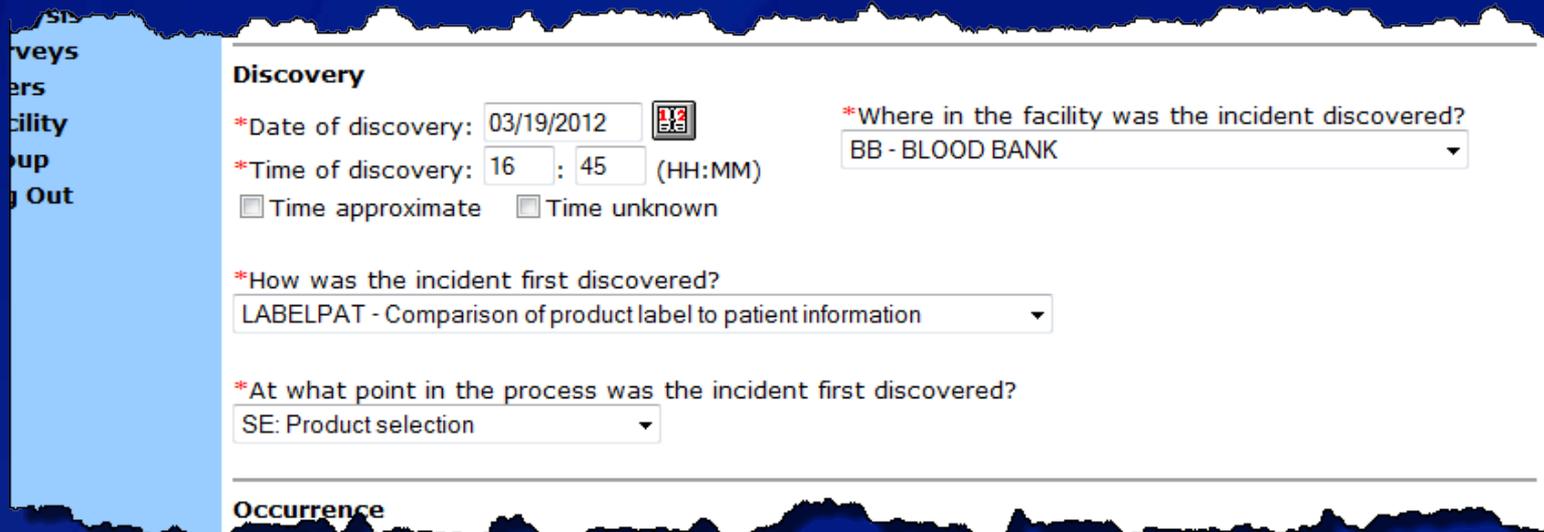
You must complete these items.

Alerts

- You have [3](#) missing incidents
- You have [7](#) missing adverse reactions
- You have [7](#) missing denominator forms
- You have [1](#) missing high priority incident

From the home page, select “Incident” from the left-hand navigation bar and click “Add.”

Hemovigilance Module Incidents Required Reporting



The screenshot shows a web-based form for reporting incidents. The form is titled "Discovery" and contains several fields for data entry. The fields are: "Date of discovery" (03/19/2012), "Time of discovery" (16:45), "Where in the facility was the incident discovered?" (BB - BLOOD BANK), "How was the incident first discovered?" (LABELPAT - Comparison of product label to patient information), and "At what point in the process was the incident first discovered?" (SE: Product selection). There are also checkboxes for "Time approximate" and "Time unknown".

Discovery

*Date of discovery: 03/19/2012 

*Time of discovery: 16 : 45 (HH:MM)

Time approximate Time unknown

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

*How was the incident first discovered?
LABELPAT - Comparison of product label to patient information

*At what point in the process was the incident first discovered?
SE: Product selection

Occurrence

- ❑ **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 Required Reporting

- ❑ **How was the incident first discovered?**
 - Select the description that most closely describes how the incident 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 Process Codes in Section 4 of the protocol.

Hemovigilance Module Incidents Required Reporting

Occurrence

*Date incident occurred: 03/19/2012 

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

Time approximate Time unknown

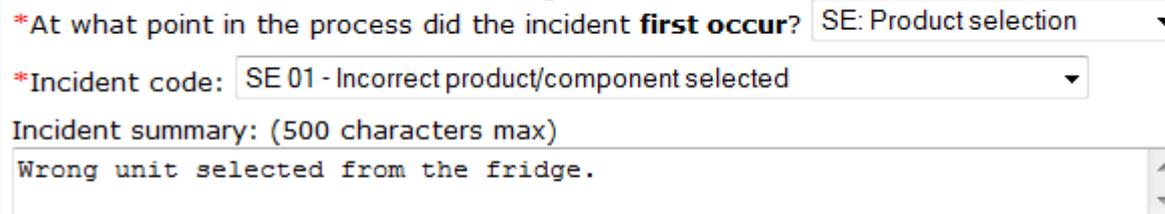
*Where in the facility did the incident occur?
BB - BLOOD BANK

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

*At what point in the process did the incident first occur?

- ❑ **Date and time the incident occurred**
 - Enter the date and time the incident first **happened**.
- ❑ **Where in the facility did the incident occur?**
 - Select the facility-defined NHSN location.
- ❑ **Job function of the worker involved in the incident (optional):**
 - Use the CDC occupation codes in Section 4 of the protocol.

Hemovigilance Module Incidents Required 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 first occur?**
 - Select the process point at which the incident **began**.
- ❑ **Incident code**
 - See Section 4 of the protocol for a list of incident codes.
- ❑ **Incident summary (optional)**
 - Enter a brief, descriptive explanation of exactly what happened.

Hemovigilance Module Incidents Required Reporting

*Incident result: [dropdown menu]

*Product action:

- 1 - Product transfused; reaction
- 2 - Product transfused; no reaction
- 3 - No product transfused; unplanned recovery
- 4 - No product transfused; planned recovery
- Product issued but not transfused
- Product transfused

□ Incident Results

- Select “Product transfused; reaction” for incidents associated with an adverse reaction.
- “Product action” and “Was a patient reaction associated with this incident?” will be auto-completed.

Hemovigilance Module Incidents Required Reporting

*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	<input type="text"/>

Add Row

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

- ❑ Enter the Patient ID of the patient that experienced the adverse reaction associated with the incident.
- ❑ After the incident record is entered, the adverse reaction record must be linked to the incident record.
 - The Patient ID on both forms must match in order to link the records.

Hemovigilance Module Incidents Required Reporting

The screenshot shows a web form titled "Investigation Results" with a "HELP" icon. It contains the following fields:

- A dropdown menu for the question: "*Did this incident receive root cause analysis?" with options "Y - Yes" and "N - No".
- A text field for the question: "*If Yes, result(s) of analysis: (check all that apply)".
- Five checkboxes for analysis results: "Technical", "Organizational", "Human", "Patient-related", and "Other".

Below the form is a section titled "Custom Fields" with a "HELP" icon.

□ 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 Section 4 of the protocol.

Don't forget to **SAVE!**



The image shows a screenshot of a web form with a torn paper effect. At the top, there is a button labeled "Add row". Below it is a section titled "Custom Fields" with a horizontal line underneath. The next section is titled "Comments" and contains a large, empty text area with a vertical scrollbar on the right side. At the bottom right of the form, there are two buttons: "Save" and "Back". A yellow mouse cursor is clicking on the "Save" button.

- ❑ **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
- ❑ Required Incidents reporting

Coming Up Next...

- ❑ Optional Incident reporting
- ❑ Incident case studies

Hemovigilance Module Incidents Optional Reporting

- ❑ Incidents reported optionally are for facility use only and will not be analyzed by CDC.**
- ❑ Facilities that wish to conduct comprehensive incident surveillance can choose from the following reporting methods:**
 - 1. Detailed reporting using Incident forms**
 - 2. Summary reporting using Monthly Incident Summary form**
 - 3. Combination of detailed and summary reporting**

Optional Comprehensive Incident Surveillance Detailed Reporting

The screenshot shows the NHSN 'Add Incident' form. At the top left is the CDC logo. The header identifies the user as logged into Pleasant Valley Hospital (ID 10312) as KOO. The left sidebar contains navigation links: Alerts, Reporting Plan, Patient, Incident (with sub-links for Add, Find, and Incomplete), Reaction, Summary Data, Analysis, Surveys, Users, Facility, Group, and Log Out. The main content area is titled 'Add Incident' and includes instructions: 'Mandatory fields marked with *' and 'Conditionally required fields marked with ^'. A 'HELP' link is provided. The form fields include: '*Facility ID:' with a dropdown menu showing 'Pleasant Valley Hospital (ID 10312)'; 'Incident #:' with a text input field; 'Local Incident # or Log #:' with a text input field; a 'Discovery' section with a 'HELP' link; '*Date of discovery:' with a date picker; '*Time of discovery:' with a time picker (HH:MM) and checkboxes for 'Time approximate' and 'Time unknown'; '*Where in the facility was the incident discovered?' with a dropdown menu; '*How was the incident first discovered?' with a dropdown menu; and '*At what point in the process was the incident first discovered?' with a dropdown menu. At the bottom, the 'Occurrence' section is partially visible with a 'HELP' link.

Any incident NOT associated with an adverse reaction can be optionally reported using a detailed Incident form.

Optional Comprehensive Incident Surveillance Summary Reporting

- ❑ **Monthly Incident Summary forms should be completed for optional summary incidents where only the total number of incidents is reported.**
- ❑ **Optional summary reporting should also include required incident data.**
 - 4 required incidents + 6 optional incidents = 10 total incidents reported on Monthly Incident Summary form
- ❑ **Continue reporting incidents associated with an adverse reaction using Incident forms.**

Hemovigilance Module Monthly Incident Summary Form and Tables of Instructions



OMB No. 0920-0666
Exp. Date: 12-31-2015
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		
PR: Product/Test Request (Clinical Service)	PR 07 Administrative check (2 nd check)		
	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		
SC: Sample Collection (Service collecting the samples)	PR 05 Inappropriate/incorrect test ordered		
	PR 06 Inappropriate/incorrect blood product ordered		
	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		
SH: Sample Handling (Service collecting the samples)	SC 09 Requisition arrived without samples		
	SC 10 Wristband incorrect/not available		
	SC 11 Sample contaminated		
	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			

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. 2, v7.1

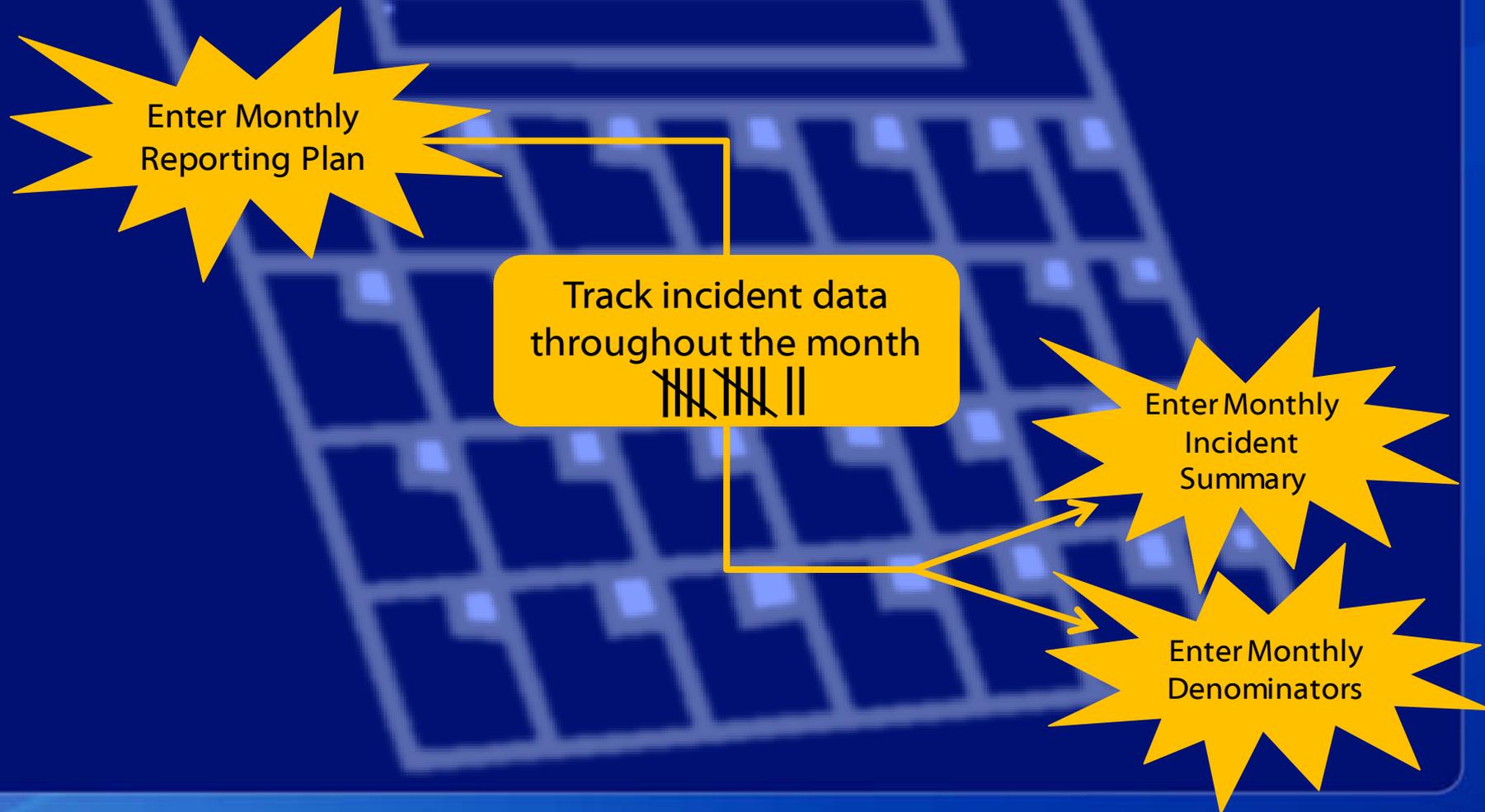


NHSN Biovigilance Component
Tables of Instruction v1.4
www.cdc.gov/nhsn

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. <i>Note: Incidents should be reported by their discovery date. For example, if a sample collected on April 30 was mislabeled and the error was discovered on May 2, the May summary should include the incident as well as any associated reaction that may also have occurred.</i>
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. <i>Note: All incidents associated with an adverse reaction must also be reported on a detailed incident form.</i> <i>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 an incident discovered on August 31 is associated with a reaction that occurred on September 1, the associated reaction should be included in the August summary.</i>
Total	Required (auto sum). Totals for each column will be auto entered by the system.

Hemovigilance Module Incidents Optional Summary Reporting



Hemovigilance Module Incidents Optional Summary Reporting

The screenshot shows the 'Add Monthly Incident Summary' form in the NHSN Hemovigilance Module. The form is part of the CDC Department of Health and Human Services Centers for Disease Control and Prevention interface. The user is logged into Pleasant Valley Hospital (ID 10312) as KOO. The form includes a sidebar with navigation options like Alerts, Reporting Plan, Patient, Incident, Reaction, Summary Data, Analysis, Surveys, Users, Facility Group, and Log Out. The main content area contains the following fields and sections:

- Header:** NHSN - National Healthcare Safety Network (apt-v-nhsn-test:8081) | NHSN Home | My Info | Contact us | Help | Log Out
- Logged in:** Logged into Pleasant Valley Hospital (ID 10312) as KOO. Facility Pleasant Valley Hospital (ID 10312) is following the BV component.
- Title:** Add Monthly Incident Summary
- Print PDF Form:** [Print PDF Form](#)
- Mandatory fields marked with *:**
 - *Facility ID: 10312 (Pleasant Valley Hospital)
 - *Month:
 - *Year:
- Reporting Note:** All reporting is facility-wide. Include numbers of individual incident reports in the totals.
- Table:**

*Process code	*Incident code	*Total Incidents	*Total Adverse Reactions associated with Incidents
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		0	0
- Buttons:** Add Row, Clear All Rows, Save, Back

Complete a Monthly Incident Summary form for all incidents that occur throughout the reporting month.

Hemovigilance Module Incidents Optional Summary Reporting

The screenshot displays the CDC NHSN interface. At the top, it shows the CDC logo and the text 'Department of Health and Human Services, Centers for Disease Control and Prevention'. Below this is the NHSN - National Healthcare Safety Network header with navigation links: NHSN Home, My Info, Contact us, and Help. The user is logged in as KWC at NHSN Test KWC Memorial (ID 24976). The main heading is 'Add Summary Data'. On the left, a navigation menu includes 'NHSN Home', 'Reporting Plan', 'Patient', 'Incident', 'Reaction', 'Summary Data' (highlighted with a red box), 'Add', 'Find', 'Incomplete', 'Analysis', 'Surveys', and 'Users'. The 'Summary Data Type' dropdown menu is open, showing 'Monthly Incident Summary' selected, with red arrows pointing to it from both sides. Below the dropdown are 'Continue' and 'Back' buttons.

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

Hemovigilance Module Incidents Optional Summary Reporting

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

Facility (NHSN Test KWC Memorial) is following the BV component

Add Monthly Incident

Mandatory fields marked with *

* Facility ID: 24076 (NHSN Test KWC Memorial)

* Month:

* Year:

All reporting is facility-wide. Include numbers of individual incident re

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

Hemovigilance Module Incidents

Optional 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text" value="0"/>	<input type="text" value="0"/>

❑ Process and Incident code

- Use Section 4 in the protocol to help select the appropriate code(s). Add additional rows as needed.

❑ Total Incidents and Adverse Reactions associated with Incidents

- Enter '0' (zero) if no adverse reactions were associated with the incident.



INCIDENT REPORTING CASE STUDIES

Case Study #1

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 #1

CDC 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

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 *

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

[Print PDF Form](#)

Hemovigilance Module

All reporting is facility-wide.

Adverse transfusion reactions and all incidents associated with reactions
 Monthly reporting denominators

***Select method for reporting incidents:**

Summary data with detailed reporting of high priority incidents
 Detailed reporting of all incidents

Facilities must choose detailed reporting of all incidents on the Monthly Reporting Plan and complete a detailed Incident form for all incidents associated with an adverse reactions.

Case Study #1



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

NHSN - National Healthcare Safety Network

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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.

Edit Incident

Mandatory fields marked with *
Conditionally required fields marked with ^

[Print PDF Form](#)

*Facility ID:

Incident #:

Local Incident # or Log #:

Discovery

*Date of discovery:

*Where in the facility was the incident discovered?

*Time of discovery: : (HH:MM)

Time approximate Time unknown

*How was the incident first discovered?

*At what point in the process was the incident first discovered?

Occurrence

*When did the incident occur?

Case Study #1

Occurrence

*Date incident occurred: 03/20/2012 

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

Time approximate Time unknown

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

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

*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 must be used when completing an Adverse Reaction form in NHSN.

Case Study #1

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

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

Investigation Results

*Did this incident receive root cause analysis?

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

Technical Organizational
 Human Patient-related Other

Custom Fields

Comments

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

Case Study #2

Optional Incident Reporting

During March 2012, a hospital decided to collect comprehensive incident summary data using the Monthly Incident Summary form. During the month, the hospital recorded 12 incidents, including one incident that was associated with an adverse reaction.

3 units of RBCs were shipped inappropriately, 1 patient was collected by mistake, 7 samples had labels that were either illegible, incorrect, or incomplete. One patient received the wrong product that led to an adverse reaction.

Case Study #2

Optional Incident Reporting

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

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Logged into NHSN Test KWC Memorial (ID 24976) as KWC.
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Edit Monthly Reporting Plan

Mandatory fields marked with *

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

[Print PDF Form](#)

Hemovigilance Module

All reporting is facility-wide.

Adverse transfusion reactions and all incidents associated with reactions
 Monthly reporting denominators

***Select method for reporting incidents:**

Summary data with detailed reporting of high priority incidents
 Detailed reporting of all incidents

Facilities must choose detailed reporting of all incidents on the Monthly Reporting Plan but may enter optional summary data using the Monthly Incident Summary form.

Case Study #2

Optional Incident Reporting



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

NHSN - National Healthcare Safety Network

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NHSN Home

- Alerts
- 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](#)

[HELP](#)

*Facility ID: 24976 (NHSN Test KWC Memorial)

*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
<input type="checkbox"/> PC: Product check-in	PC 04 - Shipped under inappropriate conditions	3	0
<input type="checkbox"/> SC: Sample collection	SC 03 - Wrong patient collected	1	0
<input type="checkbox"/> SC: Sample collection	SC 07 - Label incomplete/illegible/incorrect (other than patient name)	7	0
<input type="checkbox"/> UT: Product administration	UT 02 - Administered wrong product to patient	1	1
Total		12	1

Add Row

Clear All Rows

Save

Back



**Questions or Need Help?
Contact User Support**

