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KK Women's and Children's Hospital
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Prevention of Cord Blood Specimen Mislabelling in Delivery Suite and MOT

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AIM

To prevent incidences of mislabelling of newborn's routine cord blood specimens in Delivery Suite and MOT.

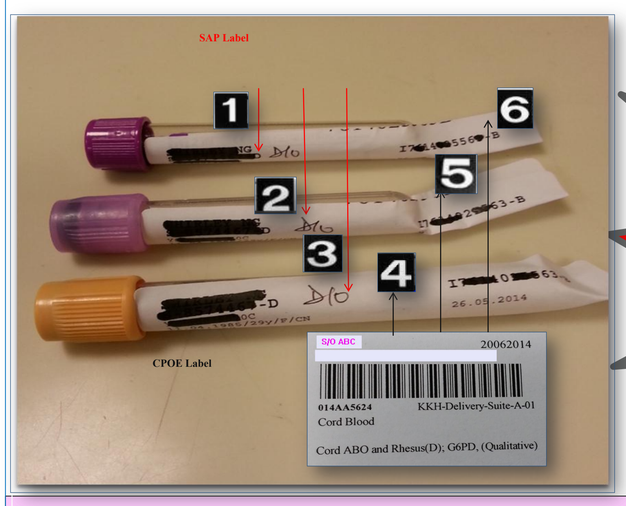
BACKGROUND

Previously, the 3 cord blood specimen tubes from Delivery Suite and MOT to KKH Laboratory were pasted with:

- **2 types of Patient identification labels: SAP and CPOE**

(Computerised Physician Order Entry) :

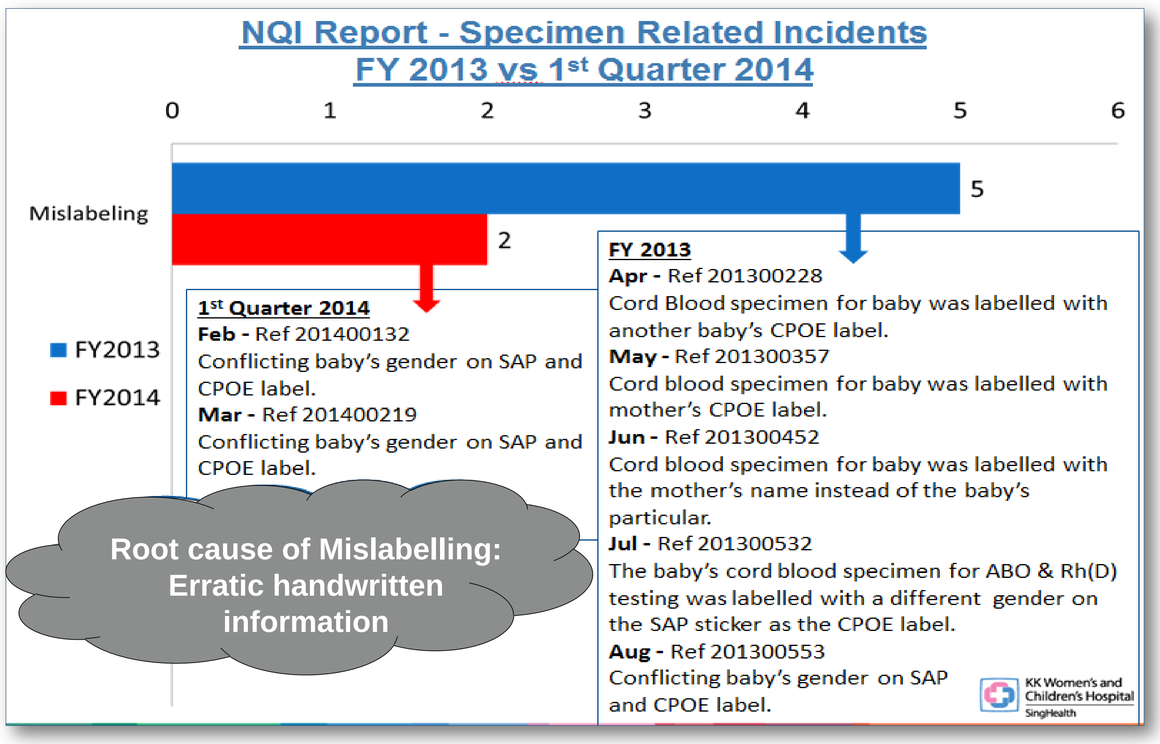
- ✓ *SAP label* : Handwritten of baby's gender by Midwives and Nurses
- ✓ *CPOE label*: Generated by CPOE system of baby's gender



Discrepancies:
Handwritten gender by the staff ≠ CPOE label's.

ISSUES

1. Baby to be re-pricked to obtain another specimen after the mislabelling
2. Parents are unhappy with the errors
3. Incidence to be reported in RMS (Risk Management System) that takes up additional time and effort to conduct root cause analysis.
4. Nursing management to conduct review and counselling for staff who committed the error, who would be depressed and demoralised.
5. Time and efforts spent on communications for clarifications between Delivery Suite/MOT and Laboratory.



METHODOLOGY

Brainstorming sessions:

- Participated by Delivery Suite & MOT nurse, Laboratory staff, and Nursing Informatics.
- Brainstormed on all possible scenarios and solutions
- Pros and Cons are discussed and reviewed

Project team's decision:

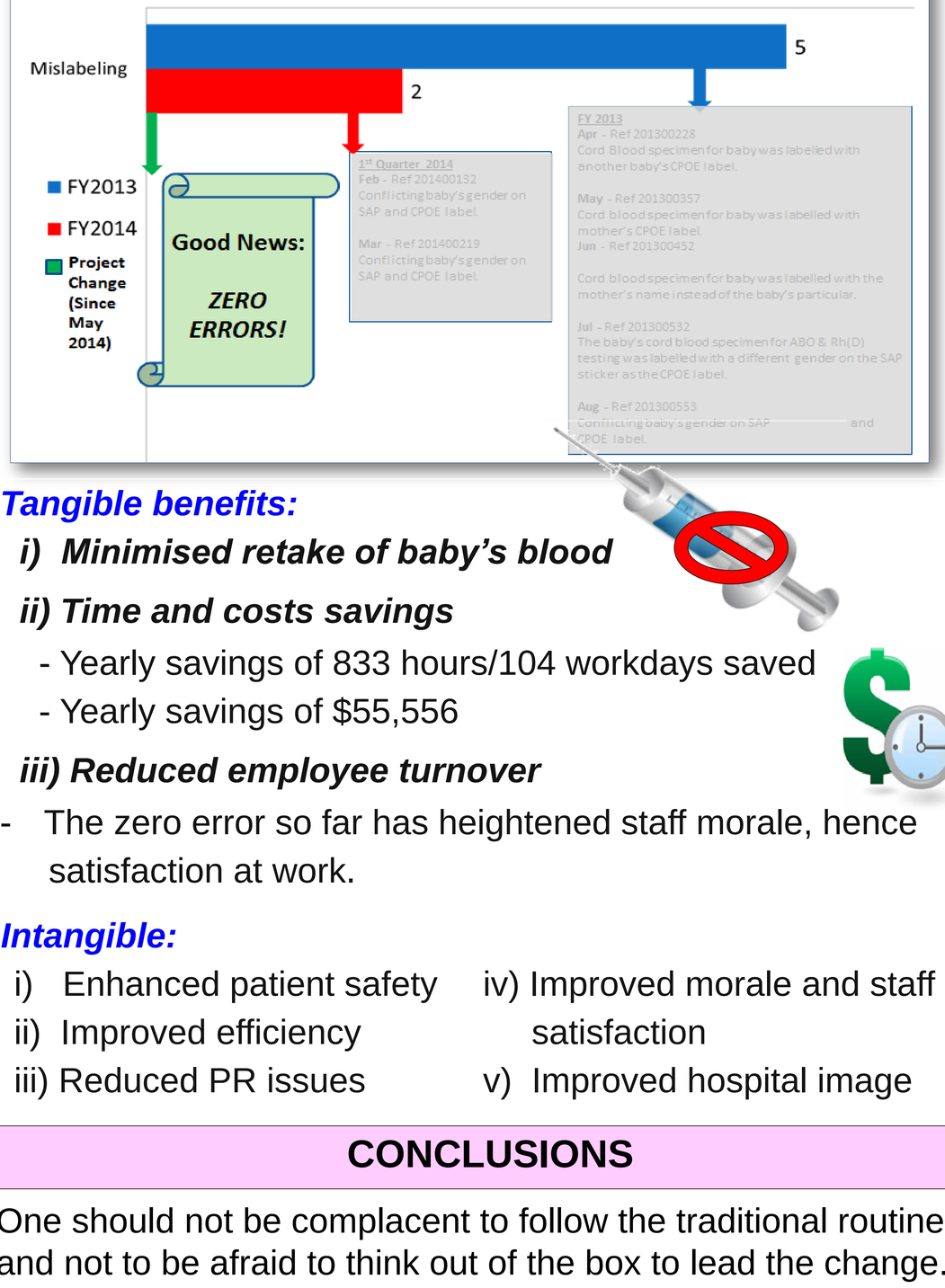
- Enhance CPOE Cord Blood ordering to be intuitive for Midwives and Nurses.
- Use 1 mother's SAP label with handwritten "Baby of", instead of "S/O" or "D/O" to bind the 3 cord blood specimens
- Remove mother's SAP label to tally with baby's CPOE's
- Paste and dispatch the 3 cord blood specimens to Laboratory

Pros:

✓ To minimise confusions
✓ To eliminate erratic handwritten information
✓ To simplify workflow

RESULTS

Since implementation at Delivery Suite/MOT on 5/5/2014:



Tangible benefits:

i) Minimised retake of baby's blood

ii) Time and costs savings

- Yearly savings of 833 hours/104 workdays saved
- Yearly savings of $55,556

iii) Reduced employee turnover

- The zero error so far has heightened staff morale, hence satisfaction at work.

Intangible:

i) Enhanced patient safety
ii) Improved efficiency
iii) Reduced PR issues
iv) Improved morale and staff satisfaction
v) Improved hospital image

CONCLUSIONS

One should not be complacent to follow the traditional routine, and not to be afraid to think out of the box to lead the change. This eventually will bring about clinical quality outcomes and staff satisfaction.

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