

Nonconforming Event (NCE) Report Form

☒

Existing nonconformity

☐

Potential nonconformity

DATE/TIME OF NONCONFORMITY: 22 June 2016/ 0830 **DATE/TIME OF REPORT:** 22 June 2016/ 0845

PERSONNEL REPORTING NONCONFORMITY: Laboratory Specimen Receiving Clerk

PATIENT'S NAME:

(IF APPLICABLE)

PATIENT ID:

(IF APPLICABLE)

PATIENT'S CLINICIAN:

(IF APPLICABLE)

LOCATION OF NONCONFORMITY: Specimen Receiving Area

BRIEF DESCRIPTION OF NONCONFORMITY: I received a call from the ward matron complaining of laboratory's unwillingness to work with the wards when they submit specimens. She initially asked to speak to the supervisor, but you were in a meeting. I told the ward matron that one of her nurses dropped off 10 purple top specimens accompanied by 1 requisition that stated *FBC x10*. I kindly explained to the nurse that she cannot do that because each specimen needs its own request. The nurse told me that she already asked another ward, and they, too, were out of hematological request forms. I told her to keep looking. She angrily yelled back at me that it was laboratory's problem. She shouted loudly enough so that everyone in the waiting room could hear that she is too busy for this; she has more important work to do.

HOW WAS THE NONCONFORMITY DISCOVERED? when I saw the nurse laying 10 purple top specimens with only one request form, then the matron immediately called to complain even though it was her nurse that was unprofessional to me

REMEDIAL (IMMEDIATE) ACTION TAKEN: I took a picture of the mess with my phone because this happens all the time, I wrote this report because we are supposed to log complaints, EVEN WHEN IT IS NOT OUR FAULT! Then, I set the 10 specimens to the side, along with the proper *Accessioning Resolution Form*, until I had a chance to talk to the laboratorian. Tech GG in hematology also yelled at me for accepting the specimens. She angrily grabbed the specimens from me.

Report provided to

Supervisor Name: Phlebotomy Supervisor

Date/Time: 22 June 2016/ 1100

Nonconforming Event (NCE) Investigation and Management Form

Instructions

Tracking Number: NCE-2016-214

- Begin investigation as soon as possible. Determine what, who, when, how, and then why (cause analysis) things went wrong in the process that led to the nonconforming event.
- Classify the event.
- Propose action to correct the problem or mitigate the risks

Supervisor/Manager Investigation (attach pertinent information if required):

I spoke to the Matron of the Ward who explained that her nurse felt humiliated by the way the receptionist yelled at her. The nurse was only trying to do the best she can, especially since the ward requested the proper requisition forms from Central Supply on numerous occasions. The Matron explained that they even called 2 other wards to see if they had forms, but they did not have enough extra forms to share with them. Since the same test was ordered on all 10 specimens, they used the last hematological request form and wrote *times 10* on it. She thought that would be okay since the laboratory returns a print-out from the instrument to the ward as the report anyway.

Name: Phlebotomy Supervisor

Date/Time: 22 June 2016/ 1300

Classification (check all that apply):

Classification (check all that apply):							
Non-laboratory Error	x	Laboratory Error		Laboratory Section: Phlebotomy Section			
Pre-examination	x	LIS problem		Receiving/Delivery		Complaint	X
Examination		Equipment		Waste Management		Safety/Injury	
Post-examination		Purchasing		Environmental Issue/Housekeeping		Reference Lab	

Proposed correction (attach action plan if approved): I spoke to the Hematology Section Supervisor and explained the lack of hematological request forms throughout the hospital. She explained that in the meantime, she will accept scraps of paper with the patient's name, location, date/time of collection, and test until Central Supply can provide the wards with the request forms.

QA Officer Comments: as long as it is okay with the section supervisor

Risk Score: 1 Name: Quality Manager Date/Time: 22 June 2016/ 1330

NCE Management Database Entry:

NCE closed and entered into database Name: Quality Manager Date: 22 June 2016



Cape Clinic Hospital Laboratory
18 Cape Artemis Road
Providence X, Country X
Phone: +254 066-5555 Ext 204/205

Laboratory Hematological Request Form

Patient Name:

Age:

Gender:

Ward: Women's Medical Surgical Ward

Lab No.:

Specimen: blood

Ordering Physician:

Collector:

Collection Date: 22 June 2016

Collection Time: morning rounds

Clinical history of the patient:

Routine Urgent / Timed: _____

Investigations Required:

	Result	Initials	Date/Time
1. <u>Hb</u>			
2. <u>FBC X 10</u>	(see stapled attachment)		
3. <u>Differential Count</u>			
4. <u>ESR</u>			
5. <u>Malaria Smear</u>			
6. <u>Retic</u>			
7. <u>CD4</u>			

Please note: All biological reference intervals are made available in the *Laboratory Handbook for Clients*.

Additional Comments and Interpretation

I/C Laboratory Reviewer

Date/Time

Accessioning Resolution Form

Patient's Name	Test / # of Specimens	Location	Problem	Action Taken	Initials Date/ Time
Mercedes Mothobi	FBC / 1 purple	L & D	<div style="display: flex; justify-content: space-between;"> <div> <div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div> </div> <div> <div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div> </div> </div>	A B C D E F G	LSRC 22 June 2016 / 0730
Alida Bulime	FBC / 1 purple	L & D	<div style="display: flex; justify-content: space-between;"> <div> <div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div> </div> <div> <div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div> </div> </div>	A B C D E F G	LSRC 22 June 2016 / 0730
10 patients: various	FBC / 10 purple	Women's Med/Surg	<div style="display: flex; justify-content: space-between;"> <div> <div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div> </div> <div> <div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div> </div> </div> <p>Submitted form FBC x 10, wrote NCE form</p>	A B C D E F G	LSRC 22 June 2016 / 0845
Lawrence Seems	Lytes / 1 red	Men's Med/Surg	<div style="display: flex; justify-content: space-between;"> <div> <div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div> </div> <div> <div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div> </div> </div> <p>called Melissa 22/6/16 @ 0905 to recollect</p>	A B C D E F G	LSRC 22 June 2016 / 0910
Stanley Mbia	FBC / 1 purple	Men's Med/Surg	<div style="display: flex; justify-content: space-between;"> <div> <div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div> </div> <div> <div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input checked="" type="checkbox"/></div> </div> </div> <p>Called Stephanie 22/6/16 @ 1015 – out of hematology forms on ward</p>	A B C D E F G	TY 22 June 2016 1015

Problems Encountered

Problems Encountered		Action Taken
1	Unlabeled specimen	A Phone < 5 min to resolve
2	Unlabeled form	B Phone > 5 min to resolve
3	No specimen received	C Passed on to laboratory section to further resolution
4	No form received	D Made out form
5	No test on form	E Held a reception for 1 week
6	No location on form	F Discarded immediately
7	No ordering clinician	G Other



Cape Clinic Hospital Laboratory
18 Cape Artemis Road
Providence X, Country X
Phone: +254 066-5555 Ext 204/205

Laboratory Hematological Request Form

Patient Name: _____
Ward: **Women's Medical Surgical Ward** Age: _____ Gender: _____
Specimen: **blood** Lab No.: _____
Ordering Physician: _____
Collector: _____

Collection Time: **morning rounds** Collection Date: **22 June 2016**

Clinical history of the patient: _____

Investigations Required: Routine Urgent / Timed: _____

1. Hb	Result	Initials	Date/Time
2. FBC X 10	(see stapled attachment)		
3. Thank you			
4. ESR			
5. Malaria Smear			
6. Reti			
7. CD4			

Please note: All biological
Additional Copies

