

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):

Non-laboratory Error	<input checked="" type="checkbox"/>	Laboratory Error	<input type="checkbox"/>	Laboratory Section: Phlebotomy Section			
Pre-examination	<input checked="" type="checkbox"/>	LIS problem	<input type="checkbox"/>	Receiving/Delivery	<input type="checkbox"/>	Complaint	<input checked="" type="checkbox"/>
Examination	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Waste Management	<input type="checkbox"/>	Safety/Injury	<input type="checkbox"/>
Post-examination	<input type="checkbox"/>	Purchasing	<input type="checkbox"/>	Environmental Issue/Housekeeping	<input type="checkbox"/>	Reference Lab	<input type="checkbox"/>

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: _____

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*.

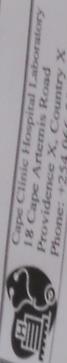
Additional Comments and Interpretation

I/C Laboratory Reviewer _____ Date/Time _____

Accessioning Resolution Form

Patient's Name	Test / # of Specimens	Location	Problem													Action Taken	Initials Date/ Time		
			1	2	3	4	5	6	7	8	9	10	11	12	13				
Mercedes Mothobi	FBC / 1 purple	L & D	<input checked="" type="checkbox"/>	LSRC 22 June 2016 / 0730															
Alida Bulime	FBC / 1 purple	L & D	<input checked="" type="checkbox"/>	LSRC 22 June 2016 / 0730															
10 patients: various	FBC / 10 purple	Women's Med/Surg	<input checked="" type="checkbox"/>	LSRC 22 June 2016 / 0845															
Lawrence Seems	Lytes / 1 red	Men's Med/Surg	<input checked="" type="checkbox"/>	LSRC 22 June 2016 / 0910															
Stanley Mbia	FBC / 1 purple	Men's Med/Surg	<input checked="" type="checkbox"/>	TY 22 June 2016 1015															

Problems Encountered		Action Taken													
1	Unlabeled specimen	A	Phone < 5 min to resolve	B	Phone > 5 min to resolve	C	Passed on to laboratory section to further resolution	D	Made out form	E	Held a reception for 1 week	F	Discarded immediately	G	Other
2	Unlabeled form	8	Insufficient quantity	9	Received broken	10	Wrong tube/ specimen & form differ	11	Name on specimen and form differ	12	Received empty	13	Specimen leaked in transit		
3	No specimen received														
4	No form received														
5	No test on form														
6	No location on form														
7	No ordering clinician														



Cape Clinic Hospital Laboratory
 16 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 Time: morning rounds Collection Date: 22 June 2016
 Clinical history of the patient: _____
 Investigations Required: Routine Urgent / Timed: _____

Initials	Date/Time

1. Hb
2. **FBC X 10**
3. **Thank you**
4. ESR
5. Malaria Smear
6. Retjc
7. CD4

Please note: All biological
 Additional Cop

