

Nonconforming Event (NCE) Report Form



Existing nonconformity
Potential nonconformity

DATE/TIME OF NONCONFORMITY: 3 May 2016/ morning specimens **DATE/TIME OF REPORT:** 3 May 2016/
1300

PERSONNEL REPORTING NONCONFORMITY: Biochemistry Tech DD

PATIENT'S NAME: 5 Pediatric Patients
(IF APPLICABLE)

PATIENT ID:
(IF APPLICABLE)

PATIENT'S CLINICIAN: Dr. Timela
(IF APPLICABLE)

LOCATION OF NONCONFORMITY: Biochemistry section at XYZ analyzer workstation

BRIEF DESCRIPTION OF NONCONFORMITY: The Pediatric ward delivered 5 samples for biochemistry testing this morning. Results for only 1 patient was received from the laboratory for Dr. Timela to review during morning rounds. All requested results were reported except the electrolytes. The 4 patient reports not returned to the ward only had electrolytes ordered.

HOW WAS THE NONCONFORMITY DISCOVERED? Dr. Timela requested the pediatric ward clerk to walk the list of missing results for her patients to the laboratory.

REMEDIAL (IMMEDIATE) ACTION TAKEN: I informed the pediatric ward clerk that the analyzer did not have reagent to perform the electrolyte testing (no reference solution available). I explained that I did not know how long there will be no reagents. She still wanted reports on the missing 4 patients to give to Dr. Timela. I wrote *no reagent* on the reports. I reminded the Technical Supervisor to notify the wards according to a *Delay Notification Procedure*. He said the memo will be sent out later this afternoon.

Report provided to

Supervisor Name: Biochemistry Section Supervisor

Date/Time: 3 May 2016/1315

Supervisor must obtain tracking number within 24 hours of receiving the occurrence; write number on top, right-hand corner.

Nonconforming Event (NCE) Investigation and Management Form

Instructions

Tracking Number: NCE-2016-194

- 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 purchasing department to see how long it will be before we received the reagent. Purchasing thought it might be 1-2 weeks.

I spoke with the Technical Supervisor as to why there was a delay in the memo being sent. He explained that he did not know until I asked him to send this memo. I checked to ensure the Delay Notification Procedure requires the memo to be sent by the Technical Supervisor.

I spoke to Dr Timela to ensure she received the memo. She noted that she did, well after the fact. She explained that she knows there are purchasing issues; the pediatric ward is missing supplies as well. The issue she is frustrated with is that she never knows what is going on with her laboratory requests.

Name: Biochemistry Section Supervisor

Date/Time: 3 May 2016/1400

Classification (check all that apply):

| | | | | | | | |
|----------------------|---|------------------|---|----------------------------------|--|---------------|--|
| Non-laboratory Error | | Laboratory Error | X | Laboratory Section: Biochemistry | | | |
| | | | | | | | |
| Pre-examination | | LIS problem | | Receiving/Delivery | | Complaint | |
| Examination | | Equipment | | Waste Management | | Safety/Injury | |
| Post-examination | X | Purchasing | | Environmental Issue/Housekeeping | | Reference Lab | |

Proposed correction (attach action plan if approved): Send the memo broadcasting no reagents immediately so our customers do not get angry.

QA Officer Comments:

Risk Score: 2 Name: Quality Manager Date/Time: 3 May 2016/1430

NCE Management Database Entry:

NCE closed and entered into database Name: Quality Manager Date: 3 May 2016/1430



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

Laboratory Biochemistry Request Form

Patient Name: Habtamu Age: 2 years Gender: Male
Ward: Pediatric Lab No.: 38 Specimen: capillary blood
Ordering Physician: Dr. Timela
Collector: JD Collection Date: 3 May 2016 Collection Time: 0630
Clinical history of the patient:

Dehydration

Investigations Required:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Glucose 3.8 mmol/L | <input type="checkbox"/> AST |
| <input checked="" type="checkbox"/> Urea 3.2 mmol/L | <input type="checkbox"/> ALT |
| <input checked="" type="checkbox"/> Sodium | <input type="checkbox"/> Alkaline Phosphatase |
| <input checked="" type="checkbox"/> Potassium | <input type="checkbox"/> LDH |
| <input checked="" type="checkbox"/> Chloride | <input type="checkbox"/> GGT |
| <input checked="" type="checkbox"/> CO ₂ | <input type="checkbox"/> CK |
| <input type="checkbox"/> Creatinine | <input type="checkbox"/> Amylase |
| <input type="checkbox"/> Uric Acid | <input type="checkbox"/> Calcium |
| <input type="checkbox"/> Total Protein | <input type="checkbox"/> Phosphorus |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Cholesterol |
| <input type="checkbox"/> Total Bilirubin | <input type="checkbox"/> Triglycerides |
| <input type="checkbox"/> Direct Bilirubin | <input type="checkbox"/> HDL-C |
| <input type="checkbox"/> Lactic Acid | <input type="checkbox"/> LDL-C calculated |
| | <input type="checkbox"/> Other |

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

Additional Comments and Interpretation

Analyst: Biochemistry Tech DD Date/Time 3 May 2016/ 0735

I/C Laboratory Reviewer Biochemistry CLS Date/Time 3 May 2016/ 0815