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To Mitigate the Risk of Wrong Patient Identification of Histological Specimens

*By **Mr Albert LI,** Department Manager, Department of Clinical Pathology, Pamela Youde Nethersole Eastern Hospital*

Laboratory diagnostics is a critical part of clinical decision-making while biopsy can help identifying pathologic conditions. Specimen mishandling during tissue wrapping, embedding, section mounting and so on is one of the most common risks identified in anatomical pathology laboratory and therefore appropriate mitigation measures should be established. Errors of wrong patient identification can result in a number of serious consequences, including specimen contamination, delayed diagnosis, incorrect or unnecessary treatment, patient injury, poor utilization of expensive resources and so on.

In order to analyze the contributing factors, recommend preventive measures and implement improvement or good practices, a sharing forum was held on 6 December 2017 at Pamela Youde Nethersole Eastern Hospital where technical staffs, Senior Medical Technologists and Department Managers from different clusters shared their clinical experience, incident reviews and observations of various scenarios. Below are the findings.

	Contributing factors		Preventive Measures
1	Human	Inappropriate staff attitude	Increase staff attentiveness and awareness
		Lack of communication and understanding	Conduct site visit and sharing forum with specific partners on workflow
		Malpractice of staff and lack of traceability	Enhance documentation system and usage of barcode, PathOS system and GCRS ordering
		Improper workflow and inaccuracy in handling specimen delivery	- AIRS can have deterrent effect - Adopt point-to-point delivery - Use of specimen delivery logbooks by wards or OTs and fresh specimen request record book
2	Procedures	Untidiness and unclearness of working space for embedding	Maintain good housekeeping practices
		Deficiency of IT System and equipment for registration	Enhance manual matching and checking in critical steps
		Specimen contamination due to specimen collection or spillage incident during wrapping process	- Straightly follow "one forcep"–"one dish"–"one specimen" principle - Set up guideline on handling specimen spillage in the SOP - Use security sealed cap for specimen bottles - Change paraffin wax every day - Use of webcam or CCTV surveillance - Place used forceps in liquid filled or one-way opening containers - Dual reading out by two staffs
		Improper labeling	Employ clear labeling

In all healthcare settings, accurate patient identification is crucial for preventing medical errors and providing safe, timely, effective and efficient patient-centered healthcare. There is much to accomplish before errors of wrong patient identification of histological specimen can be eliminated. However, with the appropriate policies, feedback and education, most errors can be prevented. Also, dedicated effort by laboratory professionals together with interdisciplinary cooperation and the use of new technologies can significantly reduce the risk and lessen the adverse impact in the patient care.

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Editorial Comments

Mis-identification of histological specimens could cause serious consequence in the treatment plan for patients. The sharing of risk reduction strategies by different clusters demonstrated a sound and efficient way to benchmark good practices for the risk identification and implementation of preventive measures. We look forward to see other clinical services in sharing their risk reduction strategies among clusters in future.

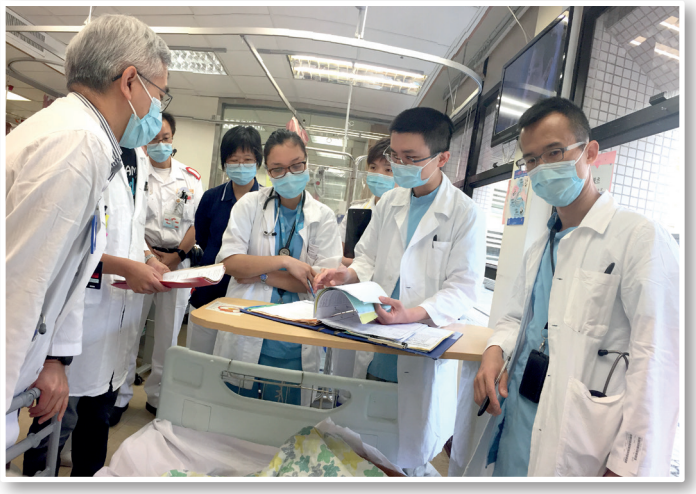
Ms Bonnie WONG,
Cluster Manager
(Quality & Safety), NTWC

Frailty Service in AED QEH - Tailor-made for the Cared-for and the Carers

*By **Ms Jane YAU,** Ward Manager (Accident & Emergency), Queen Elizabeth Hospital*

Frailty service in the Emergency Medicine Ward (EMW) was established in December 2015, when the second EMW was opened under Accident and Emergency (A&E) in Queen Elizabeth Hospital. The service is collaborated by Emergency physicians and nurses, community nurses, experienced occupational therapists and physiotherapists, with the rehabilitation bed support from Geriatric Team of Hong Kong Buddhist Hospital and Kowloon Hospital (KH).

One of the key objectives of the frailty service is to tailor-make the discharge plan for frail patients and their carers, so that they are adequately supported after they are discharged to the community. Target frail patients are those above 60 years old, suffering from symptoms like frequent fall, non-specific dizziness, lower limb weakness, back pain and joint pain, as well as having problems in taking care of themselves or by caretakers.



Discharge plan will be initiated as soon as the patient is admitted to EMW, aiming at discharging the patient home or transferring to convalescence hospitals after 3 days of hospital stay. With the on-site sessional-basis support by geriatrician from KH during the Winter Surge periods in 2017 and 2018, the service was further extended to those suitable patients awaiting hospital beds in the A&E Observation Room. Some patients can even be discharged directly from A&E, or referred to KH Fast Track Clinic to avoid unnecessary admission.

Since implementation, the Frailty service has received appreciation from patients and relatives as well as positive comments from all stake-holders, in terms of appropriate admission, right-sited specialty care, hospital decongestion and safe apposite supported discharge. The Department is committed to continue the service, with fine-tuning of logistic workflow and expertise support from various collaborators.

Editorial Comments

This is a good example of successful multidisciplinary collaboration to provide care of good quality and high safety. With careful assessment and an optimal discharge plan, many admissions can be avoided. Patients and their carers, as well as the wards should welcome this service. Excellent!

Dr C W LAU
Service Director (Quality & Safety), HKEC

Outstanding Achievement in Medication Management

*By **Dr C C SHEK** (Chief of Service), Department of Paediatrics and Adolescent Medicine; **Ms Vivien NG** (Department Manager), Pharmacy Department; **Ms Candic TANG** (Department Operations Manager), Department of Medicine and Geriatrics; **Ms Angel LI** (Pharmacist), Princess Margaret Hospital*

Medication safety plays a significant role in safe and effective medication management and patient outcome. At Princess Margaret Hospital (PMH), there is a strong culture of commitment to medication management across all clinical services as well as a keen focus on risk management in all components of the medication management system to ensure medication safety throughout the whole patient journey.

A multidisciplinary medication safety governance structure is in place and oversees various aspects of medication safety, including review of all relevant guidelines and monitoring the investigation, analysis, trending and follow up of medication incidents and near misses. Working groups are set up by individual clinical departments to review incidents that occur in their areas and to develop specific improvement projects to reduce the potential for reoccurrence. Annual cross department audit in medication management is conducted in all clinical departments with very favorable results.

Implementation of Inpatient Medication Order Entry (IPMOE) system greatly reduces prescribing near misses and overall medication incident rate. Nurses conduct thorough medication checking on wards by active inquiry and comparison of patient's medication history with the list of medications prescribed for current admission, with immediate feedback to doctors for any identified discrepancies.

Clinical pharmacy services are established for high risk patient groups (e.g. neonatal, pediatric, oncology, haematology and infectious diseases patients) to optimize patient care. To bridge the gap during transition of care, medication reconciliation service is provided to elderly home patients on admission and discharge with provision of comprehensive discharge medication summaries to empower care providers in handling medication changes made during hospitalization.

A number of improvement initiatives and risk mitigation strategies are also formulated through continuous risk identification and review. Examples include successful achievement of target one hour door-to-antibiotics administration time for patients with febrile neutropenia, active conversion of free text drug allergy records in Clinical Management System (CMS) to reduce drug allergy medication incidents and implementation of Outpatient Antimicrobial Parenteral Therapy.

The evident practice of continually reviewing processes and outcomes in the pursuit of quality improvement through multidisciplinary collaboration and teamwork demonstrated by PMH was highly recognized by hospital accreditation survey team and PMH was awarded with the top level of "Outstanding Achievement" in medication management in year 2016.

Editorial Comments

The essence of spirit that stands out vividly from the many laudable initiatives and improvement strategies is undoubtedly Multidisciplinary Continuous Quality Improvement. If coupled with empathy, care, passion and professionalism, this is a recipe for Outstanding Achievement that all HA institutions should aspire to foster and possess.

Hon. Assoc. Prof. William C M CHUI
Clinical Stream Coordinator (Pharmacy), HKWC

CLUSTER SHARING

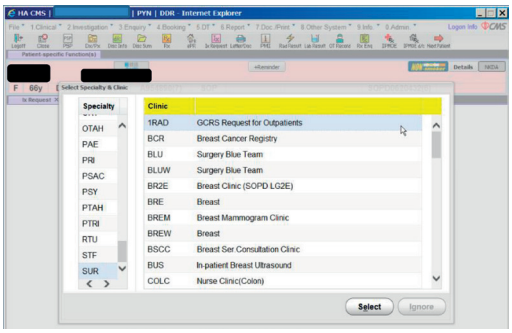
Hong Kong East Cluster

The Pilot of Important Result Reminder (IRR) of Clinical Inbox

*By **Dr K Y PANG**, Deputizing Service Director (Quality & Safety), Hong Kong East Cluster*

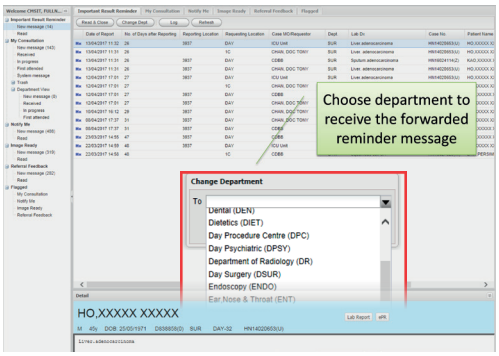
When a positive histopathology result was missed or lost, the end result was inevitably disastrous, not only to the involved patient but also to the hospital and the whole corporate. In order to minimize the risk of missing important results, it was necessary to set up a reminder for clinicians and departments to review and follow up the ordering cases in a timely manner.

On top of the user-specific "Notify Me", a pilot project of the important histopathology report reminder first appeared in the form of hard copy of a weekly summary report, which served as a final "safety net" to draw department's attention to positive results (e.g. malignant diagnosis). However, due to the risk of missing pages and the tremendous effort required to map and assign the printing locations, the weekly summary report was found not practical and suspended for HKEC after a four-week trial.



The next phase of electronic reminder utilizing the important result reminder (IRR) function of clinical inbox in CMS was then rolled out on 3 October 2017. Pamela Youde Nethersole Eastern Hospital (PYNEH) was the first hospital to pilot this electronic reminder. To be eligible of making use of this IRR function, the histopathology request has to be made via the GCRS.

To facilitate the use of GCRS histopathology requests for out-patient cases in Radiology Department, a tab of "1RAD" was created for selected specialties (e.g. SURG_1RAD, MED_1RAD, and ENT_1RAD) in "location". Thus, radiologists could easily choose the correct clinics from a long list of subspecialties under SOPD. IRR messages, subsequently, could be shown on department folders in clinical box after reporting. With the set-up of print queue to the designated printing location, all hard copies of important histopathology reports would also be sent to the relevant clinical departments.



When the IRR was seemingly running smooth, it was found that the radiologist-entered GCRS histopathology reminder messages were "detoured" to Radiology Department's folder instead of the ordering clinical department (i.e. parent team). To overcome this issue, Radiology Department would help to forward the reminder to parent teams by using "change department" button. Our cluster would further communicate with HAHO IT Department to strive for system improvement.

From 3 October 2017 to 28 February 2018, over 97% IRR message was read by department users. The experience of successful pilot of IRR in PYNEH reinstated the value of collaboration among different stakeholders. Yet there is a drawback that the IRR function depends on the use of GCRS in ordering histopathology requests. When these requests were made via manual forms, IRR could not capture these positive histopathology results and perform the final gate-keeping role.

Editorial Comments

Timeliness in reviewing pathology result plays an important role in determination of disease progress and treatment direction. A comprehensive e-system design is a must to ensure efficient communication with the treatment team. With collaborative endeavor among different healthcare parties, this pilot project was able to reduce the risk of missing important pathology results. Further work is needed to make the operation smooth and environment-friendly.

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Comments are welcome

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