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Literature Review Draft

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“Misidentified specimens can result in delayed diagnosis, additional laboratory testing, treatment of the wrong patient for the wrong disease, and severe transfusion reactions (Pennsylvania Safety Authority, 2011).” As a Health Care Provider, it is important to make sure you are giving each patient quality care. One way to ensure this quality of care is to make sure that their specimens are labeled properly. There are numerous ways to prevent mislabeling of specimens, which is why literature review is important in the research process. Literature review is an early step in the research process where you review what others have already found out about your topic (Neuman, 2017). This makes it easier to narrow down your research topic to a less broad topic. Also, it can give you certain ideas on how to present your research and gives you examples on different techniques you can use. In this case, we are going to research the the effects of mislabeling specimens and different ways it can be prevented, Researcher proves that mislabeling of specimens can be prevented if guidelines are followed.

To begin, after a literature review for how to prevent mislabeling of specimens, it came down to selected barriers in the workplace including: technology errors, miscommunication,lack of education, short-staffing, and lack of leadership (PSA, 2011). All of these topics can be experienced in any health care setting, which is why more steps for prevention should be taken. Making sure computer systems are up to date can help prevent any IT mistakes from happening. Also, communication between staff is extremely important, this way everyone is aware of what the plan of action is and no mistakes can be made. Mistakes are bound to happen, but it is important the health care facility does its best to prevent this by making sure each member if the staff is fully educated on how to properly follow protocol and to make sure that there is enough staffing available to eliminate mistakes made by being overworked. These mistakes can be easily made by patient misidentification done at the initial visit, sloppy handwriting done in a hand-written label, accidentally switching labels if more than one specimen is being held.

Second, data collecting can be based off of the ethical considerations. Dunn&Moga (2010) discusses different ways mislabeling can cause harm to patients. “Ensuring accurate specimen labeling is critical because errors resulting from a failure in this step can, at best, provide results of no clinical value and, at worst, lead to the most adverse of patient outcomes (Kahn, 2005).” Some ethical consideration that can be considered is that not properly labeling specimens can lead to a delay in direct care that needs to be done; as well as, treating the wring patient with medications that could harm their health. Both ways, this could cause major setbacks in these patient’s lives if lab error is not caught before treatment is offered. Another reason this has importance of it is because it increases the cost of both the patient and the laboratory, since the patient will then need to reproduce the specimen. These costs will include the cost for recollecting and reanalyzing the specimen, and a cost for the patient appointment that drawing a specimen requires.

Third, statistical analysis reveals that the data collected proves that specimen mislabeling can be prevented. “The first step in reducing specimen labeling errors is to ensure that appropriate specimen collection policies and procedures are developed, implemented and followed (Kahn, 2005).” One research study done by the American Journal of Clinical Pathology (2010) on the rate of incorrectly mislabeled samples per 10,000 accessions concluded that errors became less frequent after implementation of a Positive Patient Identification System (PPID). Before this system was put into place there was an increasing amount of mislabeled or unlabeled specimens being found. These mistakes were increasing an average of 9% per month; however, after the implementation, the labeling error rate started to decrease; this rate decreased over anaverage of 16% per month. This study shows that a well thought out strategy using PPID is effective in decreasing the rate of mislabeled specimens. By using this strategy, health care providers will be able to spot and prevent identification mistakes when labeling specimens.

All in all, after examining all of the literature review, it is safe to say that mislabeling specimens is a serious mistake that is preventable. This is a mistake that can affect the quality care and patient safety. These are two very important values when it comes to delivering health care. Making a mistake of mislabeling or non-labeling can delay urgent treatment to a patient who severely needs it. Also, it can make treatment pushed onto someone who does not need it, which could lead to serious safety and health issues. Besides this, mislabeling can be cost-intensive of the patient and facility that is involved. This is because all of the work has to be redone, making the lab have to use more resources and the patient will have to repay for the visit. After reviewing studies, it has been proven that there is a great decrease in the number of errors being made once facilities started using a Patient Protecting Identification System. If more facilities implemented this system, the amount of errors could decrease everywhere, making patient safety and quality of care on the rise.

Resources

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