Hemovigilance Incident

OMB No. 0920-0666

NHSN National Healthcare Safety Network

Exp. Date:

xx-xx-20xx

* Required for saving

Facility ID #:_____	**Incident #: _____** [system generated] **Local Incident # or Log #: _____**

Discovery

*Date of discovery: __ __/__ __/__ __ __ __ *Time of discovery: __ __:__ __ (HH:MM) ☐ Time approximate ☐ Time unknown	*Where in the facility was the incident discovered? _____

*How was the incident first discovered? (Check one)

☐ Computer system alarm or warning ☐ Comparison of product label to patient information
☐ Comparison of sample and paperwork ☐ Comparison of product label to physician order
☐ Historical record/previous type check ☐ Human 'lucky catch'
☐ Observation by staff of unit/plate/reagent/sample/equipment ☐ Patient transfusion reaction
☐ Repeat or sample re-testing ☐ Routine audit or supervisory review ☐ Visual inventory review
☐ Other (specify)_____

*At what point in the process was the incident first discovered? (Check one)

☐ Product check-in ☐ Product/test request ☐ Sample collection ☐ Sample handling
☐ Sample receipt ☐ Sample testing ☐ Product storage ☐ Available for issue ☐ Product selection
☐ Product manipulation ☐ Request for pick-up ☐ Product issue ☐ Product administration
☐ Post-transfusion review/audit ☐ Other (specify) _____

Occurrence

*Date the incident occurred: __ __/__ __/__ __ __ __	*Time the incident occurred: __ __ :__ __ (HH:MM) ☐ Time approximate ☐ Time unknown	*Where in the facility did the incident occur? _____

Job function of the worker involved in the incident (Use CDC Occupation Type codes on page 5)

___ ___ ___ ☐ If Other (specify) _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

CDC 57.305

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☐ Product check-in ☐ Product/test request ☐ Sample collection ☐ Sample handling
☐ Sample receipt ☐ Sample testing ☐ Product storage ☐ Available for issue
☐ Product selection ☐ Product manipulation ☐ Request for pick-up ☐ Product issue
☐ Product administration ☐ Other (specify) _____

*Enter Incident Code (See Incident Codes on Page 4 of Form): __ __ __ __

OR ☐ Incident detail not specified

Incident summary: _____

_____

*Incident result: (Check one)

☐ 1 = No recovery, harm ☐ 2 = No recovery, no harm
☐ 3 = Near miss, unplanned recovery ☐ 4 = Near miss, planned recovery

*Product action: (Check all that apply)

☐ Product retrieved
☐ Product destroyed

Code system used: (Check one) ☐ ISBT-128 ☐ Codabar

Indicate whether single or multiple units were destroyed:

*Single unit: a. Unit #: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

OR b. Component Code: __ __ __ __ __

*Multiple units: Component Code(s) __ __ __ __ __ # of Units ___

Code __ __ __ __ __ # of Units ___ Code __ __ __ __ __ # of Units ___ (Add add'l)

☐ Product issued but not transfused
☐ Product transfused

If the unit was transfused was a patient reaction associated with this incident?

☐ YES ☐ NO

If YES, Patient ID#: _____ Patient ID#: _____

*Record/other action: (Check all that apply)

☐ Record corrected ☐ Floor/clinic notified ☐ Attending physician notified ☐ Additional testing
☐ Patient sample re-collected ☐ Other (specify)_____

Investigation Results

*Did this incident receive root cause analysis?

☐ YES ☐ NO

If YES, indicate result of analysis: (Check all that apply)

☐ Technical ☐ Organizational ☐ Human ☐ Patient-related
☐ Other (specify) _____

[Future]
Severity Code: (check one)
☐ High ☐ Medium ☐ Low

Custom Fields

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Label		Label	
_____	___/___/___	_____	___/___/___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

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INCIDENT CODES Based on MERS-TM and TESS

☐ **Product Check-In** (Products Received from Outside Source)
PC 01 Data entry incomplete/not performed/incorrect
PC 02 Shipment incomplete/incorrect
PC 03 Product & paperwork do not match
PC 04 Shipped under inappropriate conditions
PC 05 Inappropriate return to inventory
PC 06 Product confirmation
PC 07 Administrative check (2nd check)

☐ **Product/Test Request** (Clinical Service)
PR 01 Order for wrong patient
PR 02 Order incorrectly entered on-line
PR 03 Special needs not indicated on order (e.g., CMV negative, auto)
PR 04 Order not done/incomplete/incorrect
PR 05 Inappropriate/incorrect test ordered
PR 06 Inappropriate/incorrect blood product ordered

☐ **Sample Collection**
SC 01 Sample labeled with incorrect patient name
SC 02 Not labeled
SC 03 Wrong patient collected
SC 04 Collected in wrong tube type
SC 05 Sample QNS
SC 06 Sample hemolyzed
SC 07 Label incomplete/illegible/incorrect (other than patient name)
SC 08 Sample collected in error
SC 09 Requisition arrives without samples
SC 10 Wristband incorrect/not available
SC 11 Sample contaminated

☐ **Sample Handling** (Service Collecting Samples)
SH 01 Sample arrives without requisition
SH 02 Requisition & sample label don't match
SH 03 Patient ID incorrect/illegible on requisition
SH 05 No phlebotomist/witness identification
SH 06 Sample arrives with incorrect requisition
SH 07 Patient information (other than ID) missing/incorrect on requisition
SH10 Sample transport issues

☐ **Sample Receipt** (Transfusion Service)
SR 01 Sample processed in error
SR 02 Historical review incorrect/not done
SR 03 Demographic review/data entry incorrect/ not done
SR 04 Sample incorrectly accessioned (test/product)
SR 05 Duplicate sample sent

☐ **Sample Testing** (Transfusion Service)
ST 01 Data entry incorrect/not performed
ST 02 Appropriate sample checks not done
ST 03 Computer warning overridden
ST 05 Sample tube w/ incorrect accession label
ST 07 Sample tubes mixed up
ST 09 Test tubes mislabeled (wrong patient name/number)
ST 10 Equipment problem
ST 12 Patient testing not performed
ST 13 Incorrect testing method chosen
ST 14 Testing performed incorrectly
ST 15 Test result misinterpreted
ST 16 Inappropriate/expired reagents used
ST 17 ABO/Rh error caught on final check
ST 18 Current & historical ABO/Rh don't match
ST 19 Additional testing not performed
ST 20 Administrative check at time work performed
ST 22 Sample storage incorrect/inappropriate

☐ **Product Storage** (Transfusion Service)
US 01 Incorrect storage of unit in transfusion service
US 02 Expired product in stock
US 03 Inappropriate monitoring of storage device
US 04 Unit stored on incorrect ABO shelf

☐ **Available for Issue** (Transfusion Service)
AV 01 Inventory audits
AV 02 Product status not/incorrectly updated in computer
AV 03 Supplier recall
AV 04 Product ordered incorrectly/not submitted

☐ **Product Selection** (Transfusion Service)
SE 01 Incorrect product/component selected
SE 02 Data entry incomplete/incorrect
SE 03 Not checking/incorrect checking of product and/or patient information
SE 05 Historical file misinterpreted/not checked
SE 07 Special processing needs not checked
SE 09 Special processing needs not understood or misinterpreted

☐ **Product Manipulation** (Transfusion Service)
UM 01 Data entry incomplete/incorrect
UM 02 Record review incomplete/incorrect
UM 03 Wrong component selected
UM 04 Administrative check (at time of manipulation)
UM 05 Labeling incorrect
UM 07 Special processing needs not checked
UM 08 Special processing misunderstood or misinterpreted
UM 09 Special processing not done/incorrectly done

☐ **Request for Pick-up** (Clinical Service)
RP 01 Request for pick-up on wrong patient
RP 02 Incorrect product requested for pick-up
RP 03 Product requested prior to obtaining consent
RP 04 Product requested for pick-up pt not available
RP 05 Product requested for pick-up IV not ready
RP 06 Request for pick-up incomplete
RP 10 Product transport issues

☐ **Product Issue** (Transfusion Service)
UI 01 Data entry incomplete/incorrect
UI 02 Record review incomplete/incorrect
UI 03 Pick-up slip did not match patient information
UI 04 Incorrect unit selected (wrong person or right person wrong order)
UI 05 Issue delayed
UI 06 LIS warning overridden
UI 07 Computer issue not completed
UI 09 Not checking/incorrect checking of unit and/or patient information
UI 11 Unit delivered to incorrect location
UI 19 Wrong product issued
UI 20 Administrative review (self, 2nd check at issue)
UI 22 Issue approval not obtained/documented

☐ **Product Administration** (Clinical Service)
UT 01 Administered product to wrong patient
UT 02 Administered wrong product to patient
UT 03 Product not administered
UT 04 Incorrect storage of product on floor
UT 05 Administrative review (unit/patient at bedside)
UT 06 Administered product w/ incompatible IV fluid
UT 07 Administration delayed
UT 08 Wrong unit chosen from satellite refrigerator
UT 10 Administered components in inappropriate order
UT 11 Appropriate monitoring of patient not done
UT 12 Floor/clinic did not check for existing products in their area
UT 13 Labeling problem on unit
UT 19 Transfusion protocol not followed

	SE 11 Special processing not done	☐ **Other** MS 99

NHSN Occupation Type (Job Function) Codes

Lab

CLT	Clinical lab technician
IVT	IVT Team Staff
PHL	Phlebotomist/IV Team

Nursing Staff

CNA	Nurse Anesthetist
LPN	Licensed Practical Nurse
NMW	Nurse Midwife
NUA	Nursing Assistant
NUP	Nurse Practitioner
RNU	Registered Nurse

Physician

FEL	Fellow
MST	Medical Student
PHY	Physician
RES	Intern/Resident

Technicians

EMT	EMT/Paramedic
HEM	Hemodialysis Technician
ORS	OR/Surgery Technician
PCT	Patient Care Technician

Other Personnel

CLA	Clerical/administrative
TRA	Transport/Messenger/Porter

Additional Occupation Types

ATT	Attendant/orderly	PHA	Pharmacist
CSS	Central Supply	PHW	Public Health Worker
CSW	Counselor/Social Worker	PLT	Physical Therapist
DIT	Dietician	PSY	Psychiatric Technician
DNA	Dental Assistant/Tech	RCH	Researcher
DNH	Dental Hygienist	RDT	Radiologic Technologist
DNO	Other Dental Worker	RTT	Respiratory Therapist/Tech
FOS	Food Service	STU	Other Student
HSK	Housekeeper	VOL	Volunteer
ICP	Infection Control Professional		
LAU	Laundry Staff		
MNT	Maintenance/Engineering		
MOR	Morgue Technician	OTH	Other (Specify)
OAS	Other Ancillary Staff		
OFR	Other First Responder		
OH	Occupational Health Professional		
OMS	Other Medical Staff		

OTT	Other Technician/Therapist