Top 10 Tips for reducing sample rejections and Wrong Blood in Tube (WBIT) incidents

1.	**Positive Patient Identification** *Positive patient identification is arguably the most important step in the sample collection process. Identifying the patient correctly significantly reduces the risk of a WBIT incident occurring.* ***Patient core identifiers are:*** *Last name, first name, date of birth, unique identification number.* ***Positive patient identification****: Whenever possible ask the patient to state their full name and date of birth. For patients who are unable to respond, ID verification should be obtained from a parent or carer (if present).*
2.	**Stand by the patient** *Consider Bedside Technology. Discuss and risk assess the use of bedside blood tracking to allow printed labels to be produced by the patient's bedside to reduce any omissions and transcriptional errors on the sample label.*
3.	**Have an agreed sample labelling and rejection policy** *All organisations must have a sample labelling policy and it is essential that this is adhered to. Any samples received where labelling does not comply with the organisations sample labelling policy should be rejected. Report non-compliance with the policy at the HTC and in the Annual report to the clinical governance committee.*
4.	**Zero Tolerance and 2 sample approach is the gold standard** *A zero tolerance policy states that no changes can be made to a sample label after it has been received by the laboratory. If a zero tolerance policy is implemented it should include all transfusion samples even 'precious samples'. If a mislabelled sample is received it will not be tested, thus no blood or blood component can be issued based on that sample.* *Unless secure electronic patient identification systems are in place, a second sample should be requested for confirmation of the ABO group of a first time patient prior to transfusion, where this does not impede the delivery of urgent blood components.*
5.	**It is up to the sample taker to ensure labelling is correct – ensure they know this** *Responsibility of correct sample labelling is with the person taking it. All samples should be labelled at the patient's bedside from the patient's wristband by the person who took the sample.*
6.	**Ensure the Trust is aware of the frequency of sample rejection and wrong blood in tube incidents** *Datix and report to Serious Hazards Of Transfusion all WBITs. Datix every mis-labelled sample to escalate the problem. Use department league tables on sample rejection to make people aware of the problem and use a 'name and shame' system to prompt a change in practice. Provide financial figures regarding the cost of sample rejection to highlight the problem at Trust level. Photocopy mislabelled samples to build up a library of possible errors which can be used in education sessions to change practice.*
7.	**Take a varied risk-assessed approach to tackle sample labelling problems** *Sample rejections and WBITs in different clinical areas may require different approaches. A solution that worked in Critical Care may not work in A&E or Maternity. Involve the users in understanding and solving the problem.*
8.	**Ensure that the staff taking samples for group and save are trained and competency assessed** *A section on the blood sample request form could prompt the person completing to indicate that they are trained and are solely responsible for the correctness of the sample.*
9.	**Rejection of a patient's sample does not mean that the patient cannot have blood in an emergency – make the users aware of this** *Also make them aware that blood issued will not be group specific or cross matched. Where full patient identification is not available, transfusion of group O blood may be a safer option, but supply of group O is limited and its use should be restricted, with a safe blood group being established as soon as possible.*
10.	**Be tough and keep at it – and celebrate success!** *Stand your ground and practice will change slowly, it takes time to change culture. Share success stories with colleagues in other hospitals.*

Adapted from The London TP Group's Top 10 Tips for improving sample collection and labelling practice.