The consequences of a specimen handling error can be devastating. In one documented case, a hospital pathologist prepared a false slide to cover up for a lost tissue sample. A dilation and curettage had been performed to obtain tissue samples to rule out malignancy. The endocervical tissue sample was submitted but was lost. The pathologist reported that the tissue samples were benign without mentioning the lost endometrial tissue sample; however, a technician reported the order to prepare the false slide. Following an investigation, the physician’s privileges were terminated and the incident was reported to the National Practitioner Data Bank.1

In the case of *Gilbert v R. J. Taylor Memorial Hospital*, a patient underwent a left breast biopsy to test for malignancy. The tissue specimen was lost during transportation. Due to lack of diagnostic information, the patient received cancer therapy that included a lumpectomy, lymph node dissection, and radiation therapy. The hospital admitted negligence in losing the tissue sample.2

Although a literature search resulted in few reported cases, numerous anecdotal reports indicate the occurrence of mishandling of surgical specimens. Colleagues across the country tell stories about problems handling specimens removed during operative or invasive procedures. Several nurses have been involved in root cause analysis processes because of specimen identification, collection, and handling errors.

Anecdotal accounts involve lost specimens, mislabeling, mix-ups, and unique methods of retrieving specimens that have been misplaced (eg, in garbage bins, sent to the wrong laboratory). Specimens and tissue on the field sometimes are stored in towels until they are transferred off the field and may get lost in the laundry. Procedures that result in multiple specimens being handled simultaneously cause difficulty in organizing and identifying tissues on the field before they are transferred to the circulating nurse. Such errors can lead to delayed diagnoses, the necessity of repeating surgical procedures resulting in decreased patient satisfaction, and potential legal action. Procedures are commonly performed to remove tissue, such as skin lesions, for diagnosis and to determine if margins of the specimen are clear of malignancy. Loss of specimen tissue could result in lack of ability to diagnose and treat a critical condition.

**GUIDANCE STATEMENT**

**RESOURCE**

In 2005, the AORN Board of Directors approved the “AORN guidance statement: Safe specimen identification, collection, and handling in perioperative practice settings.” This statement is one of the many projects of the AORN Presidential Commission on Patient Safety. The statement provides guidance regarding quality improvement issues of reducing medical errors specific to preventing misidentification, mislabeling, loss of identifiers, and actual loss of surgical specimens. This resource is valuable for managers who are addressing specimen handling issues at their facilities and working toward quality improvement to correct sentinel events or simplify processes.
The AORN guidance statement recommends that managers develop separate policies and procedures that address processes for specimen handling. The policy should include:

- specimen containment;
- identification, including:
  - patient identification that uses at least two identifiers,
  - tissue and specimen identification, and
  - source identification;
- transferring specimens from the sterile field;
- transferring specimens to the point of use (eg, sterile field, person implanting);
- labeling specimen container(s) on and off the field;
- accurately identifying the chain of custody for the specimen;
- documenting:
  - laboratory requisition(s),
  - in the patient’s record,
  - chain of custody, and
  - verbal/written communication;
- verifying correct information (eg, specimen type, patient information) before transferring the specimen;
- storing and maintaining specimens until transfer;
- transferring or facilitating transfer of the specimen for examination; and
- using risk reduction strategies.2,3(p205)

**Improving Outcomes**

Specimen handling is a multifaceted process that requires attention to communication, minimizing distractions, knowledge of specimen handling requirements, and accuracy. Improving outcomes requires attention to the process and identifying opportunities for error. The process should prevent quick fixes that may not solve a future problem. Asking questions and monitoring activities that might seem to be standard procedures can identify practices that may jeopardize patient safety. Questions to ask include the following.

- Is the policy current, and are practices consistent with the policy?
- Are resource tools available and easy to access?
- Are team members able to easily obtain the correct supplies for specimen handling?
- Are supplies (eg, preservative, fixative) stored and handled in a safe manner?
- Is the documentation streamlined to improve accuracy, or is repetitive documentation interfering with safe practices?
- Are personnel familiar with the tools and processes before they are assigned to handle specimens? Is there adequate emphasis during orientation? Is there a process for communicating practice changes to all team members?
- Are distractions eliminated during specimen identification, collection, and handling?
- Do all team members perform read backs, including patient identification, tissue and specimen identification, and source identification at each step of the process requiring hand off? If not, is there a system of checks and balances to ensure accuracy?
- Are specimens labeled legibly and accurately at each step of the process from the point of removal until transfer to the final destination (eg, on the field, container, laboratory slips, offsite laboratories)?
- Is there a safe, visible location to place specimens on the field until the hand off?
- Are team members consistently and accurately communicating information to prepare for specimen handling procedures and ensure that the specimen...
is dispensed correctly?

• Are couriers or others who handle specimens aware of the critical processes required for this practice?

**Taking Responsibility**

Often, nurses fail to evaluate opportunities for system improvements until they are mandated to focus on a problem. Specimen errors are preventable. It is the responsibility of every perioperative nurse to participate in process improvement efforts that will affect patient safety. Considering the anecdotal reports and variances in specimen handling processes, errors in specimen handling are far more common than is being recognized. Each institution should be an active partner in addressing errors before they occur. This helps to evaluate quality improvement to prevent specimen error that could have a significant effect on a patient, nursing staff members, medical providers, a facility, and a community. One specimen error is too many. Now is the time to be an active participant in patient safety.

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**NOTES**


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**New Information Available on Hospital Care Quality**

Consumers can find out how well their local hospitals are performing by accessing new data available at the Hospital Compare web site, according to a Sept 2, 2005, news release from the Centers for Medicare & Medicaid Services. The consumer-oriented web site now reports on hospitals’ preventative measures for surgical infections and includes information on up to four quarters of data from 2004.

The two new surgical infection prevention measures and a pneumonia measure bring the total number of measures on the Hospital Compare web site to 20. These include 10 clinical measures (ie, starter measures) that short-term, acute-care hospitals must agree to report publicly in order to receive the incentive payments created by the Medicare Modernization Act. There has been an increase in the number of hospitals reporting more than the 10 starter measures as well as in the information that hospitals are now providing. Of the 4,048 participating US hospitals,

- more than 90% are reporting at least the 10 starter measures,
- more than 80% are reporting the new pneumonia measure,
- more than 20% are reporting on the new surgical infection prevention measures, and
- more than 450 critical access hospitals that are not eligible for incentive payments are submitting data.

The 20 measures now available on the Hospital Compare web site fall under the categories of heart attack (ie, acute myocardial infarction), heart failure, pneumonia, and surgical infection prevention. To access the Hospital Compare web site, go to [http://www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov).