



# PATIENT SAFETY

## Bulletin No.6

## Trouble with Transport

Yes, transport. Every department has their own transport issues, and we have compiled a series of events from different departments to help you think about your own service, so that you can reduce the risks of these incidents happening in your institution. There are some themes here about the suitability of transport methods and timing to the clinical pathway, specimen tracking, training, signage and the research interface.

### Stick 'em up

The specimen transport van from one hospital to another was hijacked. Yes, you read it correctly, hijacked. The van was not recovered and neither were the specimens. The specimens included biopsy samples, including at least one liver biopsy, which could not be easily repeated. Unfortunately, a tracking system was not in place at the time and the department did not know exactly what samples were on the van. This incident was not preventable by the department, but the need to know what specimens are being transported is the key learning from this.

### Evacuated

Research specimens of tuberculosis bacteria were being transported from one laboratory to another in a hospital building, but were dropped during the journey, and the container opened. The hospital department was evacuated. Specimen transport rules are well defined by most laboratories, but research environments need to be aware of and compliant with these rules to avoid putting the researchers themselves and the hospitals in which they work at risk. Ensure any research staff working with clinical samples in your buildings or institution are trained in proper procedures and work to the same standards as you would expect in your department. Spot audit is also recommended...

### The missing kidney

No, not an anatomical variant...a kidney with a carcinoma was removed in theatres. A research team wanted a sample of fresh tissue and so offered to take the sample from the resected organ and then take the kidney to the histopathology laboratory. It never arrived. On investigation it became clear that the research assistant involved had no inkling of the clinical significance of the specimen, and thought that their role was just to make sure that there was a tumour sample for the project. Induction of research staff involved in fresh tissue sampling and transport should involve an appreciation of the clinical pathways and diagnostic importance of the tissues being handled.



*Mycobacterium tuberculosis* bacteria

### On the shelf

High volume clinical sampling areas have well-trodden pathways to the lab, but areas where the sample flow is lower, or sporadic, may be overlooked in routine sample collection. Incidents have occurred in relation to interventional radiology, one-off transport of specimens from one hospital to another and off-site clinics. One frozen section was put in the internal mail! This kind of 'non-routine' pathway risk for transport is similar to other lab processes, and should be part of the same quality control surveillance as routine specimens.

### Hot stuff

Extremophile bacteria include those which live in volcanic vents in the ocean floor, as well as those which live in icebergs. Some bacteria can survive for decades without fluid. Unfortunately, however, the conditions and timeliness with which we transport the majority of microbiological samples needs to be controlled. The interaction between laboratory and primary care is particularly important in this context to avoid uninterpretable samples.