

Tip of the Month



An Army of One

Phlebotomists are freedom fighters. As defenders of specimen quality and patient safety, day in and day out, you battle a common enemy that seeks to steal the life, liberty, and longevity of your patients: medical errors. A pervasive foe, medical errors claim the lives of nearly 100,000 hospitalized patients in the U.S. each year.

Because preanalytical errors account for 60% to 70% of all errors that occur throughout the total testing process, facilities need highly skilled and trained phlebotomists on the frontlines in order to win this war. Armed with the standards, the preanalytical realm is the phlebotomist's area of expertise, where you fight against patient and specimen misidentification, and improper collection and processing techniques.

Many of the laboratory errors that can occur are stealth in nature and can only be prevented by an Army of One, the phlebotomist. For example:

- A surgeon can't review a lab report and know the potassium was falsely elevated due to the patient excessively pumping his fist.
- The Micro Lab can't process four filled blood culture bottles and know they were incorrectly collected from a single venipuncture, or that the site wasn't properly cleansed.
- The Stat Lab can't determine the tubes drawn during a flurry of activity in the ED were mislabeled.
- The pediatrician who referred a rambunctious toddler for outpatient lab work isn't aware that prolonged tourniquet application skewed the concentration of proteins, potassium, and packed cell volume reported.
- The Chemistry Lab can't look at a green-top tube and know it was spiked with EDTA that carried over when the Order of Draw wasn't followed.
- The Coag Lab may not know that vibration from some pneumatic tube transport systems can affect blue-top tubes by activating platelets, altering PT and APTT results.
- A hospitalist can't know a venipuncture above an active IV site falsely elevated her inpatient's glucose level.
- The Infection Control Officer may not identify lapses in hand hygiene during patient phlebotomy procedures as a contributor to rising hospital acquired infections.

To those of you who tirelessly promote patient safety, combat specimen collection errors, confront complacency, and lead a crusade for ongoing phlebotomy continuing education, we salute you. When facilities recognize the crucial contributions phlebotomy teams make in the war against preanalytical errors and bravely defend their presence, they free themselves and their patients from many medical errors. In doing so, such bold actions give the phrase "land of the free and the home of the brave" a whole new meaning.