

**SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE**

Subject: System for Detection of Data
Transferring/Transcription Errors
In Laboratory Information System
(LIS)

Prepared by: Dynesdal Wint, MS

Reviewed by: Maria I. Mendez, MA
Alix R. Laguerre, MS

Approved by: Peter J. Howanitz, MD

No: LAB- 8

Page: 1 of 1

Original Issue Date: 1/02

Supersedes: 11/07

Review Date: 1/09

The CAP Standards: _____

Issued by: Pathology

POLICY:

To detect and correct data transferring errors generated from automated instruments and/or data transcription errors from manual workstations in the Laboratory Information System.

PROCEDURE:

1. Periodically, the supervisor or assistant supervisor for each laboratory will review results entered into the Laboratory Information System as defined in the laboratory section policy.
(See each laboratory policy and procedure)
2. The selection of results to be reviewed will be made on a random basis as per laboratory section.
3. The results written on the worksheet for each manual workstation will be reviewed and compared with the results verified in the LIS system for data transcription errors.
4. The results printed from each instrument will be reviewed and compared with the results verified in the LIS system for data transferring errors.
5. The supervisor or assistant supervisor for each laboratory will verify the reviewed results by initiating the worksheets and instrument printouts.
6. Discrepancies will be documented in an Action Report.
7. A copy of all Action Report will be sent to the laboratory QA/PI committee.
8. A new corrected report will be generated and forwarded t the patient's chart immediately.
9. All other areas of reporting will be notified.
10. The patient's cumulative report will show the **corrected** result.
11. The physician in charge will be notified of the corrective action.