Minnesota Hospital Association

Specimen Management in the Operating Room

Gap Analysis

Patient Safety

The Specimen Management in the Operating Room Gap Analysis provides evidence-based recommendations/ standards for hospitals in the development of a comprehensive specimen management program to prevent the loss or damage of specimens in the operating room and during transport to the lab. The gap analysis was developed by the MHA Specimen Management Work Group. This gap analysis reflects published literature and guidelines by relevant professional organizations and regulatory agencies as well as best practices identified by the work group.

We would like to thank the following organizations for sharing their time and expertise which made this gap analysis possible:

- Allina Health, Minneapolis
- Chippewa County-Montevideo Hospital
- District One Hospital, Faribault
- Fairview Health Services, Minneapolis
- CHI St. Joseph's Health, Park Rapids
- Hennepin County Medical Center, Minneapolis
- Mayo Clinic, Rochester
- Regions Hospital, Saint Paul
- Sanford Bemidji Medical Center
- St. Cloud Hospital
- Minnesota Department of Health
- Stratis Health

Specimen Management in the Operating Room — Gap Analysis

Specific Action(s) Gap Analysis Questions	Yes	No	If answered question "No" – identify the specific action plan(s) including persons responsible and timeline to complete.
Pre-Procedure			
1a) Prior to the start of the case (before the Time Out is performed and ideally as part of the briefing process), the surgeon/proceduralist identifies any anticipated specimens, specimen containers, and any special considerations (e.g., research specimen, forensics, patient and family wishes).	☐	☐	
1b) The facility has a process in place to make pathology and/or the laboratory aware of anticipated specimens.	☐	☐	
During Procedure			
Process Flow/Communication			
The organization has a standardized process and clearly assigned responsibilities in place to track specimens procured during the procedure that includes:			
2a) Verbal communication to the team by the surgeon/proceduralist as specimens are procured that includes: type of specimen/anatomic designation, handling instructions, type of testing needed for the specimen, and any special needs (e.g., inked margin examination, research protocol).	☐	☐	
2b) Verbal confirmation (read back) of the specimen and handling instructions by the circulator.	☐	☐	
2c) There is a designated spot in the procedure room for holding specimens during the case that are not immediately sent out to the lab.	☐	☐	
Labels			
2d) The process for generating a specimen label should minimize manual transcription (electronically generated labels with specimen source are preferred).	☐	☐	
2e) The process for generating a specimen label should produce only as many labels as are needed.	☐	☐	
2f) Labels include, at a minimum, two patient identifiers and an anatomic source (if applicable).	☐	☐	
2g) Specimen labels are generated in close proximity to specimen procurement both in relation to physical space (e.g., label printers are in every OR) and time (labels are generated just prior to when they are placed on the specimen container).	☐	☐	
2h) During specimen procurement, specimen containers are labeled as the specimen is placed in the container rather than before specimen is placed in container.	☐	☐	
Containers			
2i) Surgical pathology specimen containers should have visual cues to make them more recognizable in the environment (e.g., all surgical specimens have a colored lid and/or colored specimen label.	☐	☐	

Specific Action(s) Gap Analysis Questions	Yes	No	If answered question "No" – identify the specific action plan(s) including persons responsible and timeline to complete.
2j) The specimen is visualized by two trained clinical professionals (i.e., scrub and circulator) at the time of procurement, labeling and placement in container to ensure: • Label is correct • Label matches patient identification information • Tissue is in container • Correct number of specimens are in container • Correct order has been placed	☐	☐	
End of Case			
3a) The debriefing process includes accounting for all specimens.	☐	☐	
3b) All specimens and orders must be accounted for prior to clearing and cleaning the designated specimen area programs.	☐	☐	
3c) A reconciliation process is in place for any discrepancies noted before, during or after the procedure.	☐	☐	
3d) All extra unused labels and unused labeled containers are discarded prior to next case.	☐	☐	
Transport and Specimen Tracking			
4a) The organization has a process to track and manage clinical and/or research specimens beginning at procurement through delivery of results.	☐	☐	
4b) The organization conducts periodic audits to test their ability to track specimens if a specimen would be reported missing and addresses identified gaps.	☐	☐	
4c) The organization conducts an audit to identify and minimize the number of handoffs between the procuring procedure room and the testing facility and addresses identified gaps.	☐	☐	
Automation/Health Information Technology			
The organization is using automation and health information technology (HIT) within the specimen management process which includes:			
5a) The facility's primary electronic health record (EHR) interfaces with the facility's laboratory information system (LIS).	☐	☐	
5b) The LIS transmits accurate and timely results to the EHR and the specified provider(s).	☐	☐	
5c) The EHR transmits accurate and timely patient and order information to the LIS.	☐	☐	
5d) The EHR generates or electronically transmits a specimen requisition.	☐	☐	
5e) There is an automated labeling system (e.g., bar coding, RFID).	☐	☐	
Patient and Family Engagement			
6a) There is a process in place to document and respond to any special requests of patients and families in specimen handling, testing and disposition.	☐	☐	