

Patient who died got wrong blood

It's the second major medical error of the year at Sarasota Memorial Hospital.

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SARASOTA — A critically ill patient at Sarasota Memorial Hospital died in late June after being infused with the wrong type of blood.

The mistake on June 28 — the hospital's second major medical error this year — happened after Sarasota Memorial gave Suncoast Communities Blood Bank the wrong sample to match when ordering blood for the female patient. Someone at the hospital put the wrong label on the blood sample.

"It was a medical error, but we don't know if it was the cause of death," said Dr. Duncan Finlay, Sarasota Memorial's chief executive.

The patient died the day after getting the transfusion or shortly thereafter, Fin-



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DR. DUNCAN FINLAY,
the hospital's chief executive

lay said. The administrator, who spoke by phone from an out-of-town conference, was unable to pinpoint when she died.

Sarasota Memorial administrators have taken no action against anyone involved in the latest error and it is unclear how long the internal investigation will take, said spokesman Mike Vizvary.

The inquiry comes on the heels of another. In March, a Sarasota Memorial cardiologist performed a cardiac catheterization procedure on the wrong patient. Hospital officials said the man was unharmed by the procedure, which in-

unharmed by the procedure, which involves inserting dye through a catheter into arteries to detect blockages.

Sarasota Memorial is not alone in recent mistakes. Last month, Doctors Hospital of Sarasota did an arthroscopic procedure on the wrong knee.

But when asked about safety at his hospital after two major errors, Finlay said, "We think safety at Sarasota Memorial Hospital will continue to get better. I think it's very good by all standards, and the fact that these two things happened are very unfortunate."

Besides telling the patient's family, the hospital has reported the death to the Agency for Health Care Administration, the Joint Commission on Accreditation of Healthcare Organizations and the credentialing center of the American Nurses Association.

Citing federal privacy laws, the hospital declined to give the patient's age or say why she was hospitalized in the first place. It also refused to dis-

close her blood type or the type and amount of blood given to her in error.

Finlay confirmed that hospital staff realized something was amiss after the patient had a reaction to the blood.

Suncoast Communities Blood Bank double-checks the blood it sends against every specimen, said Mark Magenheimer, that organization's chief executive and medical director.

Hospital protocol requires that when a patient reacts to a transfusion, the procedure is immediately halted and the reaction is addressed, Magenheimer said. The blood is then returned to the blood bank to verify whether it is the right kind.

The blood in this case checked out, and it was established that the hospital had erred.

"It was a labeling error on the part of the hospital," Finlay confirmed.

Magenheimer doesn't recall such a mistake happening locally since he took the blood bank's helm in May 2003.

Being given the wrong blood type isn't always fatal.

"Sixty percent of the time, if a person is given a blood type other than their own, there is no problem that anyone would be aware of," Magenheimer said. "About 20 percent of the time, there is a reaction that the patient would be aware of."

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"Any two different types can have a mild reaction or not."

The chance of a bad reaction increases if the patient is elderly, is seriously ill or has a poor immune system.

"Half of all Americans who receive a transfusion die within 6 months from their medical conditions, not from the transfusions," Magenheimer said. "The fact that they need blood means they are in serious medical condition."

Death from getting the wrong blood type is exceedingly rare, accounting for only a dozen or so deaths each year in the United States, according to the AORN Journal, which is published by the Association of periOperative Registered Nurses.

Also rare is the chance of getting the wrong blood: 1 in 10,000 to 1 in 30,000, said Dr. Kaaron Benson, who directs the blood bank at Tampa's H. Lee Moffitt Cancer Center and Research Institute.

Chances that a transfusion recipient will die from the mismatch are much less frequent, between 1 in 100,000 and 1 in 600,000, Benson said.

"The reason is usually (that) the patient reports some sign or symptom and we stop the transfusion and investigate, and we limit the amount of transfused blood," Benson said. "If it is a patient in the operating room, then there is a much higher risk, because that person is unable to report problems like pain."

How much wrong blood is too much?

"Usually 10 to 15 milliliters (a small syringe-full) of incompatible blood is enough to cause changes that the patient would recognize as abnormal," Benson said.

If the transfusion of wrong blood is stopped at that time, they should be fine.

"There are reports where patients have had a whole unit or two and have survived," she said. "There are other cases where a patient received only half a unit of blood and died."

A likely time for an error to occur is either when the blood sample is collected from the patient for testing, or when the transfusionist prepares to put the blood in the patient. Blood can be drawn from the wrong patient before the transfusion

or simply given to the wrong patient.

Bill Partridge, a Sarasota medical malpractice attorney, said factors such as age and the extent of the patient's critical illness would determine how much the family could recover in damages.

"It would be a negligence case, no question about it, but in terms of damages, it would depend," Partridge said. "If a person is on his death bed and would maybe live three or four days, and you get a mismatched blood that decreases the life expectancy by two days, then it's not a case in which you could recover a great deal of damages."

Sarasota attorney Robert Turffs, agreed that age is important, but pointed to a different reason.

"Under Florida's wrongful death and medical malpractice laws, if you are 65 or older and you don't have a spouse, you have virtually no damages, unless you have a dependent child," he said. "Being a public hospital, there are caps on how much you can get out of a medical malpractice case."

The limit is \$100,000 per claimant and \$200,000 for all claimants in a case involving more than one person.

Blood transfusions

How transfusions work

Blood is collected and stored in sterile bags that are used once and then thrown away. Before a blood transfusion, doctors match the donor's and patient's blood types to make sure no unsafe reactions occur.

Blood is given through a needle or catheter placed in the vein. Temperature, blood pressure, and heart rate are checked many times while the blood is being given.

Receiving the wrong blood type

Haemolytic reaction

If the patient is given the wrong type of blood, the transfused red blood cells are killed off. Symptoms include a feeling of pressure in the chest, back pain and difficulties in breathing. Haemolytic reaction can sometimes be life threatening.

Red blood cells
Travel through your
body delivering
oxygen and
removing
waste.

Transfusion combinations

SAFE

Donor blood type	Patient blood type
AB	→ AB
A	→ AB or A
B	→ AB or B
O	→ AB, A, B, or O

UNSAFE

Donor blood type	Patient blood type
AB	→ A, B, or O
A	→ B or O
B	→ A or O

Conditions that require a blood transfusion include:

- **Blood loss:** severe enough to affect blood volume and circulation.
- **Severe anemia:** the blood can't carry sufficient oxygen to the cells of the body.
- **Thrombocytopenia:** spontaneous bleeding caused by too few platelets or blood clotting factors.
- **Severe infections:** the immune system isn't strong enough to fight off particular diseases.