

# URGENT FIELD SAFETY NOTICE



Date of Letter Deployment

GE HealthCare Ref. # 38015

To: Hospital Administrators / Risk Manager  
Hospital IT Department  
Managers of Anesthesia Departments and Critical Care Departments

RE: **Centricity High Acuity Critical Care (CHA CC) and Centricity High Acuity Anesthesia (CHA A) systems (collectively CHA)**

## Safety Issue

GE HealthCare has become aware of a potential issue within the CHA Order module's Edit Order window. Users may unintentionally reschedule the next administration task to a much later time by inadvertently entering the order 'End time' into the 'Next' fields. This error could lead to delays in medication administration.

There have been no injuries reported related to this issue.

## Actions to be taken by Customer/User

You can continue to use your CHA applications in accordance with the User Manuals.

When 'Edit order' window is opened it is possible to modify order's scheduled frequency ('Timing' – denoted as ① in Figure 1), duration (e.g., 'Until further notice', 'End time' denoted as ② in Figure 1) and next administration time ('Next:' denoted as ③ in Figure 1) for orders with documented administration(s). If the date or time in 'Next:' field is modified, the time interval between previous and next administration task is shown below the arrow icon in 'Administrations' row – denoted as ④ in Figure 1. **If the order 'End time' is inadvertently entered in the 'Next:' field, this interval will show the unintended extended time until the next administration.**

**Ensure that this time interval is consistent with the intended care plan, as shown in Figure 1. If needed, adjust 'Next:' fields so the interval is as intended.**

Figure 1. Picture from CHA application English User Interface

Please ensure all potential users in your facility are made aware of this safety notification and the recommended actions.

Please retain this document for your records.

Please complete and return the attached acknowledgement form to [recall.38015@gehealthcare.com](mailto:recall.38015@gehealthcare.com).

**Affected  
Product  
Details**

**Affected products:**

- Centricity High Acuity Critical Care (CHA CC) versions 5.8.2 through 5.8.4 with the order module feature enabled.
- Centricity High Acuity Anesthesia (CHA A) versions 5.8.2 through 5.8.4 with the order module feature enabled.

**Intended Use:** The CHA system allows trained clinical professional users to retrieve, enter, record, store, transfer, view and trend patient data in an efficient and structured manner as well as to plan for therapy. The documentation managed by CHA, in combination with the physiological information available from the primary diagnosis and monitoring systems, as well as other medical examination results, may be used to influence/support future clinical decision making and treatment.

**Product  
Correction**

GE HealthCare will correct all affected products at no cost to you. A GE HealthCare representative will contact you to arrange for the correction.

**Contact  
Information**

If you have any questions or concerns regarding this notification, please contact GE HealthCare Service or your local Service Representative.

GE HealthCare confirms that this notice has been notified to the appropriate Regulatory Agency.

Please be assured that maintaining a high level of safety and quality is our highest priority. If you have any questions, please contact us per the contact information above.

Sincerely,

Laila Gurney  
Chief Quality & Regulatory Officer  
GE HealthCare

Scott Kelley  
Chief Medical Safety Officer  
GE HealthCare

**FIELD SAFETY NOTICE ACKNOWLEDGEMENT  
RESPONSE REQUIRED**

**Please complete this form and return it to GE HealthCare promptly upon receipt and no later than 30 days from receipt. This will confirm receipt and understanding of the Field Safety Notice.**

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP/Country: \_\_\_\_\_

Customer Email Address: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_

By signing this form, we acknowledge receipt and understanding of the accompanying Field Safety Notification, and that we have informed all potential users and have taken and will take appropriate actions in accordance with that Notification.

**Please provide the name of the individual with responsibility who completed this form.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

**Please return completed form by scanning or taking a photo of the completed form and email to: [recall.38015@gehealthcare.com](mailto:recall.38015@gehealthcare.com)**

