**Managing Incoming Pathology Results**

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# Introduction

## Policy statement

The purpose of this document is to outline the process for the management of incoming pathology results at Sheerwater Health Centre, detailing the responsibilities of staff to ensure every result is acted upon and subsequent actions taken to deliver highly effective patient care.

Failure to follow up test results has been identified as a major problem in primary care settings, therefore, this policy should be read in conjunction with the CQC’s [GP Mythbuster 46: Managing test results and clinical correspondence](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-46-managing-test-results-clinical-correspondence) which provides some useful links to recent reviews into correspondence management. Furthermore, the [Correspondence Management Policy](https://practiceindex.co.uk/gp/forum/resources/correspondence-management-policy.970/) should also be considered when organising the pathology results process.

## Status

This organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have in respect to the individual protected characteristics of those to whom it applies

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## KLOE (England only)

The CQC would expect any primary care organisation to have guidance to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE)[[1]](#footnote-1)

Specifically, Sheerwater Health Centre will need to answer the CQC key questions on “Safe” and “Effective”.

The following is the CQC definition of Safe

*By safe, we mean people are protected from abuse\* and avoidable harm. \*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.*

|  |  |
| --- | --- |
| **CQC KLOE S6** | Are lessons learned and improvements made when things go wrong? |

The following is the CQC definition of Effective:

*By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.*

|  |  |
| --- | --- |
| **CQC KLOE E1** | Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? |

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

Furthermore, it applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).[[2]](#footnote-2)

## Why and how it applies to them

This document sets the standard for both clinical and administrative staff regarding their involvement in the processing of pathology results. This includes clinicians giving patients sufficient, clear information about their test results and follow-up arrangements if applicable.

It is to be read in conjunction with the referenced material and local directives.

# Definition of terms

## Pathology

The study of disease, its causes and progression

## Chemical pathology

The study of chemicals in the blood and other fluids

## Haematology

The study of disorders of the blood

## Histopathology

The study of disease of human tissue

## Medical microbiology

The study of infection

For the purpose of this policy, the term pathology will be used to cover all of the above descriptors.

# Policy

## E-results

Pathology results are received electronically via the pathology links section of the EMIS Web clinical system and all test results are to be logged into the respective patient record. It is the responsibility of the requesting clinician to view and action the results as appropriate using one of the following descriptors:

* Normal – no further action
* Borderline – make appointment for a repeat test/appointment in [x] days’ time
* Abnormal – make routine/urgent appointment to see GP, other appropriate clinician in [x] days or weeks

There is to be no delay in reporting any results that require prompt action.

## Cytology results

All cytology results will be reviewed by the designated clinician who conducted the screening. The results will be commented upon and the [medical administrator] will be tasked to send the appropriate result letter to the patient and attach a copy to the patient’s healthcare record.

The designated clinician will update the recall date on the patient’s record accordingly.

Refer to the [Clinical Guidance Document – Cervical Screening](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-cervical-screening.729/) for detailed guidance on this process.

## Urgent pathology reporting

Occasionally, the receiving pathology department will telephone the practice or referring clinician to report upon an abnormal result that requires either a greater urgency or urgent action.

Upon receipt of any such a call, the referring clinician or duty doctor is to act upon any such clinical action that is deemed appropriate.

[Insert process]

## Staff absences

When clinicians are absent, it is imperative that the results of the pathology tests they have requested are actioned. It is the responsibility of the [designated clinician] to forward the results to an appropriate clinician, as detailed in the table below:

|  |  |
| --- | --- |
| **Clinician** | **Nominated clinician** |
| GP1 | GP2 |
| GP2 | GP1 |
| GP3 | GP4 |
| GP4 | GP3 |
| Designated clinician 1 | Designated clinician 2 |
| Designated clinician 2 | Designated clinician 1 |

[This table is to be amended to reflect organisation staff complement]

## Unmatched results

There may be, on occasion, results received at the practice which do not match any of the patients, nor are they annotated in the specimen log. In such instances, the [designated clinician] is to contact the pathology department at [insert hospital name] on [insert telephone number] advising them of this potential error.

## Tracking requests

A specimen log should be implemented and embedded which will ensure that staff are able to determine which results have been received and those that are outstanding. An example of a specimen log can be found at [Annex A](#_Annex_A_–).

It is the responsibility of the [designated clinician] to ensure that all outstanding results are hastened. This is to be done by telephoning the pathology department at [insert hospital name] on [insert telephone number]. The [designated clinician] is to review the specimen log on a daily basis.

## Communicating results to patients

The organisation adopts a proactive approach in the communication of results. Patients will be informed of their test results even if they are normal. In order to facilitate this, clinicians are to task [insert name/role] asking them to call or text the patient and advise them using the following suggested wording for a voice call:

*“Good morning/afternoon, this is [insert name/role] calling from* *Sheerwater Health Centre. Can I speak with [insert name of patient]? For confidentiality purposes, please can you confirm your name, address and date of birth.”*

Once you are content it is the patient:

*“I am calling regarding your recent tests. The doctor has advised me to inform you that your results are normal. There is no need for another test or you need a follow up in [x] days or weeks.”*

In the case of abnormal or borderline results, the clinician reviewing the result is to send a “task” via the clinical system to the administration team asking them to recall the patient to arrange a follow up test or appointment. This task can be audited to see if the instructions have been carried out.

The following suggested wording may be used:

*“Good morning/afternoon, this is [insert name/role] calling from Sheerwater Health Centre. Can I speak with [insert name of patient]? For confidentiality purposes, please can you confirm your name, address and date of birth.”*

Once you are content it is the patient:

*“I am calling regarding your recent tests. The doctor has advised me to inform you that your results are borderline or abnormal. Please do not worry, the doctor has requested that you book an appointment or book a repeat test. I am unable to discuss any specifics about your test but I can arrange for the doctor/nurse to call you to discuss your results.”*

If, when attempting to contact a patient, an answerphone is reached, staff are to state they are calling from Sheerwater Health Centre and request that the patient call back. Under no circumstances are they to leave a message stating the reason for their call.

Should a patient call and enquire about their results, Sheerwater Health Centre has allocated a specific time for patients to call the practice and enquire about their results. This is [between 13.30 and 15.00 Monday to Friday].

Staff are to use the wording detailed above when discussing results with patients.

A text message for normal results should read:

*Dear xxxxx, following your recent investigation your results have been reviewed and your results are normal.*

*Or*

*Dear xxxxx, the doctor has advised that your results are borderline or abnormal. Please do not worry, the doctor has requested that you book an appointment or book a repeat test. Please call the surgery as soon as you are able to book an appointment.*

## Recording information

All staff must ensure that they record all patients’ pathology results by using the appropriate SNOMED codes[[3]](#footnote-3).

## Auditing pathology correspondence

Regular process audits are required to ensure that pathology correspondence is being managed appropriately. Doing so will help to identify any changes or improvements that may be needed.

## Summary

High quality communication is critical to patient safety. The processing of test results is an important element of communication between the organisation and the patient. Failure to adhere to internal processes will undoubtedly contribute to unsafe patient care leading to sub-optimal outcomes.

Staff must ensure that they adhere to the processes outlined in this policy to ensure that a high standard of patient care is delivered at all times.

# Annex A – Specimen Log

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Patient ID** | **Sample type** | **Tests requested** | **Requesting clinician** | **Collected (by courier)** | **Signature (of driver)** | **Results received (date)** |
| *15/01/22* | *654789* | *Blood* | *TFT* | *Dr Well* | *15/01/22* | *D. River* | *16/01/22* |
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1. [CQC KLOE](https://www.cqc.org.uk/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20FINAL.pdf) [↑](#footnote-ref-1)
2. [Network DES Contract specification 2021/22](https://www.england.nhs.uk/publication/network-contract-des-specification-2021-22/) [↑](#footnote-ref-2)
3. [SNOMED CT Browser](https://termbrowser.nhs.uk) [↑](#footnote-ref-3)