**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, delivering highly effective patient care.

## Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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.

OR (delete as applicable)

This document and any procedures contained within it are contractual and therefore form part of your contract of employment. Employees will be consulted regarding any modifications or change to the document’s status.

## Training and support

The practice 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 practice, other individuals performing functions in relation to the practice, such as agency workers, locums and contractors. (Delete/amend as applicable)

## 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.

The practice 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. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

# 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

clinical system. 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 or nurse in [x] days or weeks

## Cytology results

All cytology results will be reviewed by the practice nurse 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 practice nurse will update the recall date on the patient’s record accordingly.

## 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 [practice nurse] 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 |
| Practice nurse 1 | Practice nurse 2 |
| Practice nurse 2 | Practice nurse 1 |

[This table is to be amended to reflect practice staffing levels]

## 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 [practice nurse] is to contact the pathology department at [insert hospital name] on [insert telephone number] advising them of the 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.

It is the responsibility of the [practice nurse] 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 [practice nurse] is to review the specimen log on a daily basis.

## Communicating results to patients

The practice 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 the patient and advise them using the following **suggested** wording:

“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.

## Recording information

All staff must ensure that they record all patient contact regarding pathology results using the appropriate read codes.

## Summary

High quality communication is critical to patient safety. The processing of test results is an important element of communication between the practice 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.

Further guidance on the tracking, recording and processing of test results can be found at [Nigel's Surgery No 46 - Managing Test Results](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-46-managing-test-results-clinical-correspondence).

## Annex A – Specimen Log

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Patient ID** | **Sample type** | **Tests requested** | **Requesting clinician** | **Collected (by courier)** | **Signature (of driver)** | **Results received (date)** |
| *01/10/17* | *654789* | *Blood* | *TFT* | *Dr Well* | *01/10/17* | *D. River* | *04/10/17* |
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