

St. James's Hospital
Department of Laboratory Medicine (LabMed)

Policy on the Provision of Pathology Laboratory Services to General Practitioners
Registration No: SJH:LabMed(P):002

Ownership: Laboratory Manager	Reviewed by: Laboratory Clinical Director
Approved by Deputy CEO Ms. E. Hardiman	Signature: <i>Ms. E. Hardiman (on file)</i> Deputy CEO
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This policy replaces all existing policies from 1st January 2008 onwards and is due for review on 1st January 2010. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and substantial organisation, professional or academic change.

Distributed to: Local Health Offices (LHO) in the Dublin region, Laboratory Personnel; Deputy CEO of St James's Hospital

1. Policy Aim :

1.1 To define the “catchment” areas within which St James's Hospital Laboratory will provide services to General Practitioners.

1.2 To outline the requirements, which need to be met by General Practitioners, when using the laboratory, in order for the laboratory to provide a safe and effective quality service.

2. Policy Statement:

2.1 Service Catchment Areas

The Laboratory Medicine (LabMed) Directorate of St James's Hospital is committed to the provision of a clinical laboratory service to patients who reside within St. James's Hospital ambulance catchment area. These areas have been identified as Dublin 6,8,10,12,14,16,20,22. St James's Hospital Laboratory will provide services to General Practitioners who practice within these areas and whose patients predominantly come from that area.

Special provision has been agreed between St James's Hospital and the Primary, Community and Continuing Care Services Management Interface Group to include

- GPs operating in Lucan
- GPs who send patients through Baggot Street Hospital
- GPs who are members of the South Inner City Partnership and Dublin South West Partnership
- Samples are accepted from the Well Woman Clinic in Liffey Street. (This provision will be reviewed from time to time).

Gynaecological cytology (Cervical cytology) samples are accepted from all GPs

Other Exceptions can be made, with agreement, between St. James' Hospital Laboratory and General Practitioners who are part of an entity, with a Service Level Agreement (SLA).

2.2 Requirements for Samples

The clinical laboratory service sets out the acceptance criteria for samples received from GPs to ensure a quality and safe service

3 Standards:

3.1 Samples received from GPs outside “Catchments” Area (excluding exceptions listed above):

Samples, which arrive from GPs on patients outside the St James’s catchment areas and do not have a SLA, will be processed and the doctor and LHO office will be advised in writing of the policy. Repeated occurrences will be dealt with through the LHO office and may result in sample rejection. However, any rejection of samples will only ensue following direct contact between the laboratory and the GP. Any further queries should be directed to the LHO manager

3.2 Standards required to be followed by General Practitioners when sending samples to the laboratory for examination:

General Principle: The responsibility of the laboratory staff is to communicate the markedly abnormal test result to the clinical team—either the GP who made the request or to the out of hours provider (e.g. proxy agency). It is the responsibility of the clinical team to act upon the abnormal result in the interests of the patient

General Practitioners who are eligible to avail of the St. James’s Hospital Laboratory Service must comply with the following requirements:

3.2.1 Provision of contact details for reporting of very abnormal results outside normal practice hours:

Emergency contact telephone number must be submitted to the laboratory department for the communication of urgent results, outside normal Practice hours, for example, weekends and Bank Holidays. Where a proxy agency e.g. DubDoc is used by a GP, then arrangements must be made between the relevant stakeholders, to ensure that markedly abnormal results can be telephoned directly to the agency, without complication. This is a critical clinical risk management issue for all parties concerned

N.B. If patient’s contact number (telephone number) is available on the request form, this will minimise clinical risk in reporting abnormal results to proxy agencies, outside normal practice hours, as it enables the GP provider to contact the patient easily. In the event that a proxy agency or the requesting GP is non contactable, then it affords the Consultant Pathologist the opportunity of contacting the patient directly, if deemed appropriate in the circumstances.

• GPs are encouraged to provide this information when requesting laboratory tests

3.2.2 Criteria required for labelling samples:

3.2.2.1 The use of labels is preferred to ensure clarity of information.

3.2.2.2 Blood Samples must be labelled with a minimum dataset of **Full Name, Date of Birth and Date sample taken**. Samples failing to meet these criteria will be rejected for analysis and will not be processed.

3.2.2.3 Non-Blood samples should, in addition to the above, have the sample type or site recorded on the sample container (e.g. MSU, EAR SWAB).

Note: In certain clinics, the laboratory will accept samples with

- Patient Initials,
- DOB
- Unique patient identifier

- Sex.
- Date sample taken, in addition to sample site and type, if not a blood sample.

3.2.3 Criteria required for Request Forms:

3.2.3.1 The Request Form must be legibly written, with a minimum dataset of

- **Full Name of Patient**
- **Sex**
- **Date of Birth**
- **Date sample taken**
- **Test examinations clearly indicated**
- **Requesting Doctor and address, including GP Code number.**
- **Sample type/site recorded on the form (e.g. MSU, Sputum, Ear Swab), if a non blood sample**

In addition, optimal benefit is achieved when the following information is included:

- **Patient's address**
- **Patient's contact telephone number**
- **Clinical details**

Note: Use of a GP practice stamp can ensure clarity, if used on all sheets of the request form.

Note 1: In certain clinics as described above, the laboratory will accept request forms with

- Patient Initials,
- DOB
- Unique patient identifier
- Sex.
- Date sample taken, in addition to sample site and type, if not a blood sample, and other information outlined for Request forms

Note 2: first line of address is a minimum requirement to avail of the Healthlink messaging system, without which, it cannot be transmitted

3.2.4 Specimen Transport:

3.2.4.1 Packaging of samples for transport to the laboratory must be in accordance with current Safety Legislation and in accordance with laboratory policy, which will be on the St James's hospital website. Advice may be sought from the Laboratory

3.2.4.2 Samples should be sent to the laboratory as early as possible to avoid sample deterioration, with subsequent inaccurate and possibly misleading results

3.2.4.3 When an urgent report is required, this should be telephoned to the laboratory and clearly indicated on the Request Form.

3.2.5 GP Order Communications System and Results Reporting:

3.2.5.1 Eligible General Practitioners are encouraged to avail of the State's GP Messaging system "Healthlink" for the receipt of Laboratory Reports from St James's Hospital. Additional information is also available from the Healthlink service. Applications may be made online at www.Healthlink.ie

3.2.5.2 There will be a new facility made available in 2008 to facilitate laboratory test examination requests from the GP Practice (order Communications). This would facilitate both St James's Hospital Laboratory and GPs in ensuring a safe and accurate system for requesting and reporting on laboratory examinations (tests). The laboratory encourages all GPs to avail of this service when it becomes available.

3.2.6 Communications

3.2.6.1 Communication between the St. James' Hospital Laboratory and GPs will continue through the St James's Hospital and HSE Management Interface Committee, comprising representatives of St. James's Hospital, and the Primary, Community and Continuing Care Services and its sub committees. Communication is also available through the website, the laboratory GP Newsletter and by direct contact with the laboratory.

3.2.6.2 Contact on any issue may be made through the Primary Care Manager or directly to Mr John Gibbons, Laboratory Manager at jgibbons@stjames.ie

Bibliography

1. Out of Hours Reporting of markedly abnormal laboratory test results to Primary Care: Advice to Pathologists and those that work in Laboratory Medicine. Royal College of Pathologists (UK), 2007.
2. ISO 15189 (2003): Medical Laboratories-Requirements for Quality and Competence
3. CPA (UK) Ltd. Version 2.0. 2007, Standards for the Medical Laboratory

Document Log			
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Revision	2	1 st January 2008	<ol style="list-style-type: none"> 1. Exceptions to “catchment” areas section to include Lucan 2. Request for GPs to provide emergency contact numbers 3. Criteria for minimum dataset on samples and request forms expanded to include patient initial, DOB and a unique patient identifier