Welcome
This is the first edition of the 2011 Laboratory Medicine newsletter aimed at GP laboratory users. Its purpose is to bring you information on developments in laboratory medicine at St. James’s Hospital. We would be delighted with your feedback on issues you would like us to address in the newsletter. We hope you find it useful. Comments or suggestions can be sent to either e-mail address below:

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Laboratory Medicine Department at St. James’s Hospital is a fully Accredited Laboratory Service
All laboratory services provided on the SJH campus are accredited and have continually retained that status since 2008.

A very important feature of accreditation is meeting the user’s requirements and hence the reason we send out a questionnaire to gauge the user’s satisfaction with the service. This process is very important for the laboratory to plan improvements on a continuous basis.

Developments in IT infrastructure

GP Order Communications (OCM) through Healthlink (ESSENTIAL FOR GP USERS)
This is a priority project for the laboratory to enhance the quality of the service it provides to General Practitioners. Order Communications involves two basic elements:
• Electronic requesting of laboratory examinations/tests
• Receipt of electronic reports

The latter has been available for some time to GPs and the electronic requesting has become available since July 2009. There are currently over 150 GP practices using the system successfully. However there are 450 practices using Healthlink for receiving reports electronically.

The benefits of electronic requesting to the GP include the following:
• Accurate transfer of information to the laboratory and hospital information system of patient data, requesting doctor and tests/examinations requested
• Faster turnaround time for reports
• Elimination of potential transcription errors in the current system, such as, in the entry of tests requested and demographic data. This avoids delays in reports
• Availability of patients results to the consultant in St. James’s if patient is referred
• Need to follow up with telephone enquiries for reports not received will be negligible.

The benefits to the laboratory are the ease, which this system brings to the pre-analytical processing of samples for analyses. It will reduce the risk of errors associated with a manual system. This facilitates the laboratory to continue to deal with all GP work in an efficient manner and substantially enhances the quality and safety of the service provided to GPs. The system can be used by GPs whether or not they have an onsite phlebotomy service.
The next step is to encourage more GP practices to take up the electronic ordering facility. Healthlink is working on linking the system with the GP’s practice management systems to facilitate ordering directly as that has been given by GPs as a major reason for the poor uptake. It is expected this facility will be available by the 3rd quarter of this year.

St James’s Hospital laboratory wishes to have all their GPs, currently using Healthlink, to be availing of the electronic ordering facility by the end of 2011. It intends to discontinue using the manual request forms at the end of this year. GP users, who do not use Healthlink at all, need to get set up and connected by the end of this year to continue to avail of laboratory services from St. James’s Hospital.

The future of provision of laboratory medicine services to GPs is in the electronic receipt of requests and reports through Healthlink. Therefore, GPs need to take the appropriate action to ensure they are electronically connected via Healthlink before the end of 2011.

Service Developments

Biochemistry

Single Specimen Type

As part of the automated core laboratory facility, the laboratory is discontinuing the use of the green (Lithium Heparin) tube and is to be replaced by the current red capped tube. GPs are asked to return their stocks of green tubes and replace them with the red capped tubes.

Development of a Consolidated Automated Core Laboratory Facility

In 2009, the laboratory management embarked on an ambitious programme to develop a consolidated core automated laboratory facility combining the disciplines of haematology, biochemistry and some Immunology investigations. This facility is annexed to a central reception area where there is receiving, sorting, labeling and data entry of sample requests into LIMS.

The purpose of developing such a facility is to allow the processing of large volumes of routine samples in an efficient manner and utilising the staff members more effectively.

This facility was completed in 2010 and is now fully operational.
Laboratory User Website

The Laboratory updated its section of the St. James’s website in July of this year (www.stjames.ie/labmed) and now includes information on all aspects of the test/examination repertoire carried out in each department. In addition, it has information on contact numbers for advice, and links to other relevant websites also. Information on post mortems/autopsies is also accessible from the hospital website at www.stjames.ie.

Extended Working Day

The laboratory extended its working day Monday to Friday from 8am-8pm from the 1st of March 2011. Laboratory Staff have been the first group in the health services to formally agree the modernisation programme under the Public Services Agreement 2011-2015 (Croke Park Agreement). This means that on call does not start until 8pm and work is processed routinely up to that time.

Departmental Updates

Biochemistry

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Irish Mycobacteria Reference Laboratory (IMRL)

The IMRL is providing a molecular typing service for Mycobacterium tuberculosis complex isolates. The method employed, 24 MIRU-VNTR typing, has recently been adopted by the ECDC (European Centre for Disease Prevention and Control) and is now the international standardised molecular typing method for Mycobacterium tuberculosis complex isolates. MIRU-VNTR results are displayed as a 24 digit number that can be used to compare isolates for similarity or difference. This method is also useful in providing the Lineage of isolates, e.g. Beijing Strain. Molecular typing is crucial in assisting epidemiological investigations in outbreak scenarios and in cases of suspected laboratory cross-contamination.

Biobanking Update

The SJH Cancer Biobank, supported by Biobank Ireland and St. James’s Hospital, continues to make progress. Over 1,600 samples from 250 patients have been biobanked for use in future patient-focused research with the potential for new diagnostics and better treatments. Quality control for DNA, RNA and proteins has been carried out by Blanaid Mee, and Kevin O’Flynn has joined the biobank to facilitate this. Active preparation is underway to have Cork and Galway join Biobank Ireland’s Irish Biobank Network. Three patient groups visited the SJH Biobank in 2010. Biobank Ireland won a commendation for Best Hospital Project at the Irish Healthcare Awards in October 2010. The Health Research Group (SFI, HRB, IDA, EI, HEA) now charged with implementing and funding biobanking nationally, heard a formal presentation by Professor Eoin Gaffney on growing and sustaining the Biobank Network. A government funding commitment will be essential for sustaining Ireland’s biobank network, as in 20 other countries.

Haematology Notice to GP Users

Haematology workload statistics show that there has been an increase of 30% in GP requesting for Haematins tests (vitamin B12, Folate and Ferritin) in 2010 compared to the previous year and this increased demand has been maintained in 2011. It is difficult to accept that there is any increased clinical need for these specialised, expensive tests, given that the patient population remains stable. There are very specific indications for haematinics testing and frequency available, which are well known and we would ask that you adhere to them or if you need advice about them, that...
you contact the haematology laboratory on 4162067 or on 4162012. We are not in a position to offer an expanding service in haematinics testing, with no defined increase in clinical need at a time when laboratory budgets are being reduced. We would therefore request all users to request these investigations appropriately; otherwise we will have to consider reducing availability of these tests to fit in with pre-determined indications.

Editorial Committee: Dr. Brian O’Connell, Mr. John Gibbons, Mr. Brian Kelleher