

## Improving LTHT Pathology Requesting Initiative

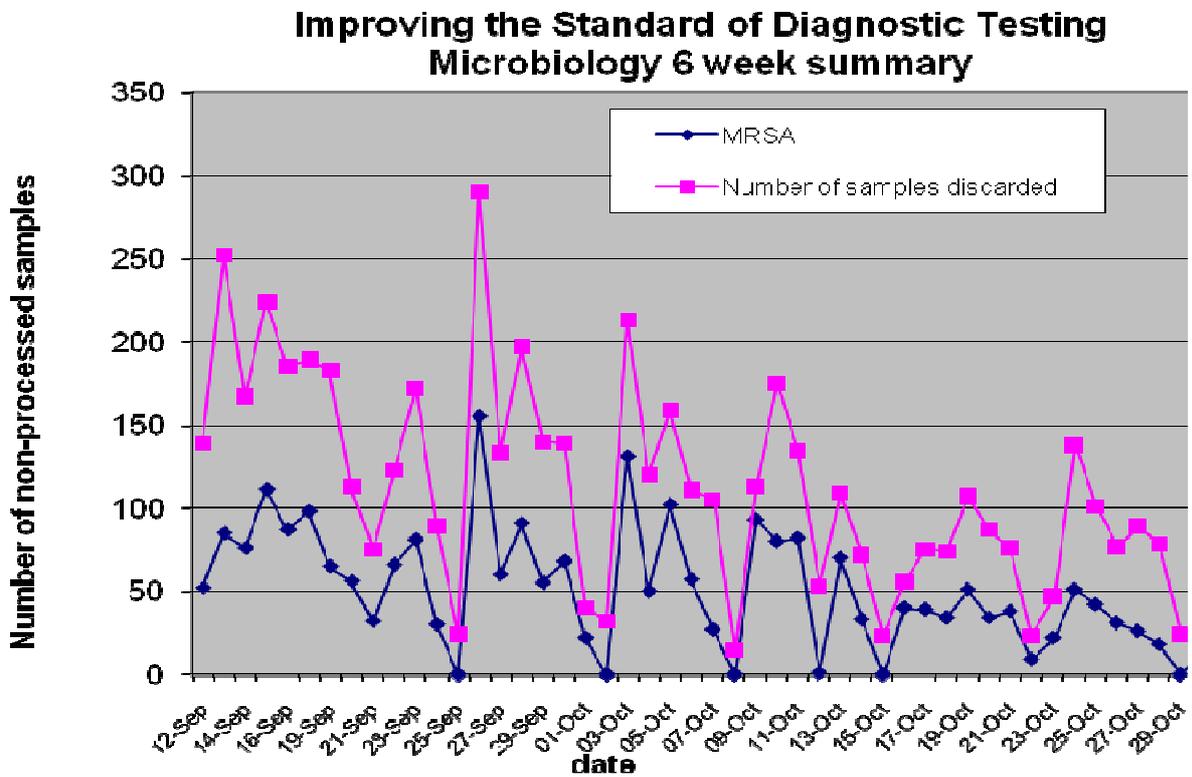
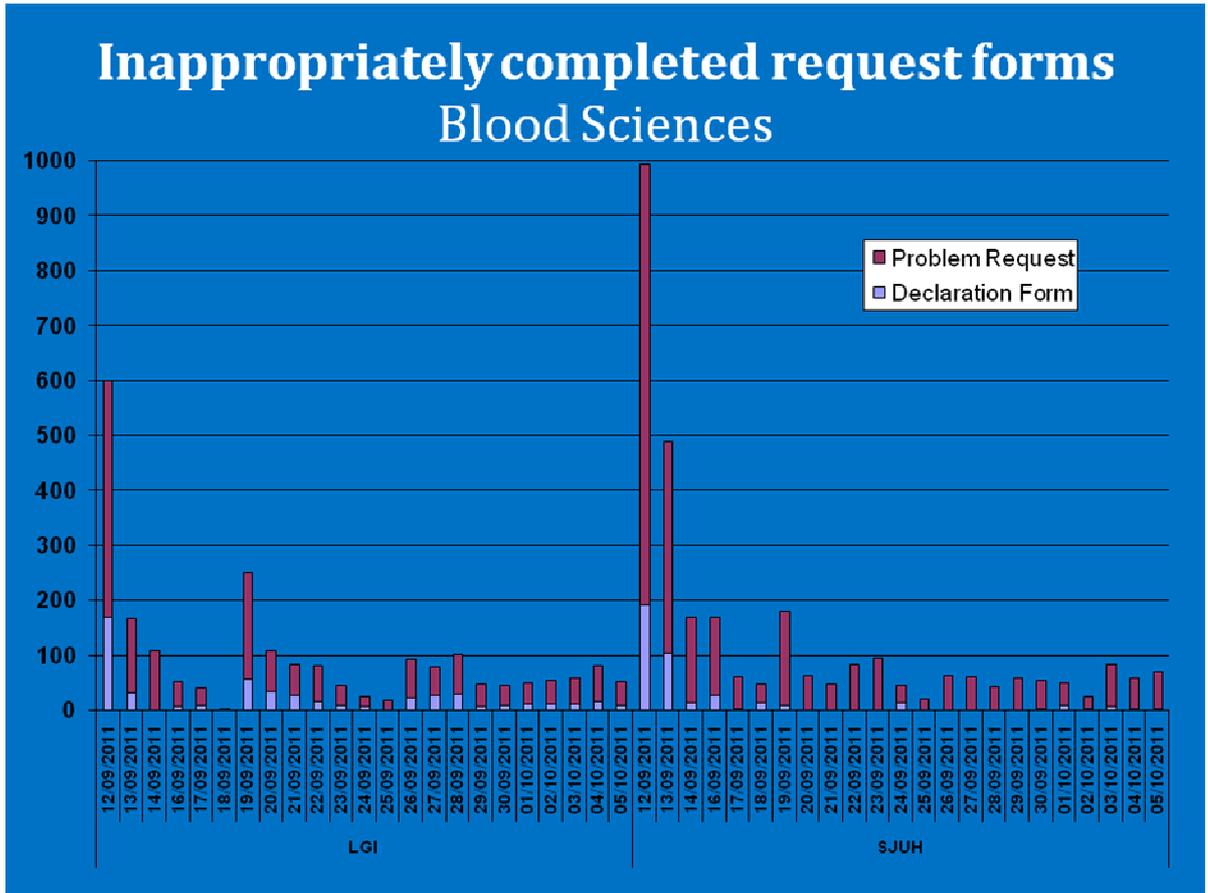
**We are aiming to ensure that the right result on the right patient goes to the right doctor at the right time; that all results for any given patient are available by a single look up; and that inappropriate repeat testing is minimised.**

### Background

- Pathology receives approximately 120 000 requests per month.
- In July 2010 20% (24 000) of all LTHT requests had no consultant stated; 7% had no consultant and no location. So, ~8400 reports could not be delivered.
- 50-60% of results on the Results Server are never viewed.
- The median time to telephone a critical laboratory result is approximately five minutes (Valenstein P. *Arch Pathol Lab Med* 2008). Clearly, it takes much longer if full contact details are not included on the request form.
- A recent study found that moderate to severe hospital-acquired anaemia (HAA) developed in 20% of patients. For every 50 mL of blood collected the risk of moderate to severe HAA increased by 18%. Blood loss from greater use of pathology testing is independently associated with the development of HAA (Salisbury *et al. Arch Intern Med* 2011).
- One of the reasons that patients have multiple entries on the Results Server is because of request forms that have not been completed fully. Patients with multiple 'identities' represent a clinical risk.
- In April 2011 a minimum data set requirement for Pathology requests was agreed and circulated within LTHT.
- This minimum data set requirement had no discernable effect on the level of completeness of Pathology requests. For example, depending on Pathology department and site, 30-70% of request forms remained incomplete.
- We therefore reissued (on 12/09/11) the need to comply with a minimum data set requirement for Pathology requests.

### Effect of Improving Pathology Requesting Initiative

- There was a large surge in number of rejected samples (Figures), which then decreased.
- The total number of rejected samples is now only moderately raised above the level occurring before September 2011.
- We have continued to reassess the practicalities surrounding the implementation of this initiative e.g. flexible approach for out-patient requests where forms were issued to patients pre-implementation.
- Pathology requests & reports are part of patients' medical records. All medical record entries require a legible name and signature. We therefore continue to require that request forms are signed (to verify that the details are correct and that the test is required) and have a legible name (for follow up). Who signs/whose is the legible name (i.e. doctor/doctor, doctor/nurse, nurse/nurse, etc) can reasonably vary from setting.



## Lessons learned

- We recognise that the initiative caused considerable extra work and thank all staff for their support. Front line staff worked well during the implementation and resolved problems quickly.
- It is possible to achieve much greater levels of compliance with minimum data set requirements for Pathology requests.
- Communication (both within Pathology and across LTHT) about the initiative could certainly have been better.
- It is likely that Orders Comms will not be implemented trust wide until late 2012.
- Given the evidence we had about the poor quality of request form completion and the associated risks, we believe that it was appropriate to implement the initiative now, and this was agreed with Divisional Medical Managers.
- We anticipate that the initiative will mean that the implementation of Order Comms will be a smoother and less risk-associated process.
- Whilst Pathology will continue to risk assess the Improving Requesting Initiative, the responsibility for ensuring that safe requesting/testing takes place lies with the requestor.
- Requestors often do not check to see if results are available until several days after the request was made. This is often too late for them to complete a declaration form should they wish the request to be processed. It is the requestors responsibility to check that results are available within the expected turnaround time i.e. within 24 hours for most routine blood tests.

## The future

- We will clarify and reinforce what we are doing, and why we are doing it. This will include using the LTHT Pathology website.
- We will feedback within Pathology and across LTHT the performance data, including location specific results.
- We will investigate why Pathology workload is changing.
- We will continue to determine if some testing is inappropriate (e.g. in terms of inappropriate methodology/tests/timing/frequency).

**The most up to date version of the Improving LTHT Pathology Requesting flow chart is shown on the next page. Please ensure that all other versions are replaced with this one.**

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