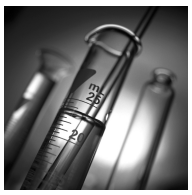
pathlab



*July 2017*

# Consultation document: Making clinical details pre-requisite for all microbiology samples

CLINICAL UPDATE

This is a consultation document designed to obtain feedback on the proposed policy as above. The quality of any laboratory result produced is dependent on multiple steps/processes from when the sample is taken and the request form is completed, until the result is released to the clinicians. It is often the "pre-analytical" phase of laboratory testing that is the most difficult to control and standardise.

## In which areas are clinical details already pre-requisite?

We have implemented pre-requisite clinical details for some sample types already. Stool samples for enteric processing and vaginal swabs already require the presence of appropriate clinical details in order for processing to take place. In addition infectious serology testing at Pathlab also mandates the provision of clinical details.

We believe that by extending this approach to all microbiology samples, it will both optimise the result quality and make the process more straightforward for laboratory requestors.

## Why are clinical details for microbiology samples so important?

Microbiology processing is very dependent on the clinical context of requesting. Clinical details can (and often does) affect the following steps in the bacteriology culture process:

- Whether additional tests in addition to culture are indicated.
- Whether a Gram stain/microscopy is performed.
- What incubation conditions are used (aerobic/CO2/anaerobic) for the culture plates.
- Which culture media is set up on the sample.
- Ascertaining the relative significance of different culture isolates.
- Whether susceptibility testing should be performed, and what antimicrobials to test against.
- Which culture isolates should be reported to the requestor.
- Which antimicrobial susceptibilities are released to the requestor.
- Whether an interpretative comment is added to the report.

## Would such a policy involve microbiology samples from both the hospital and the community setting?

Yes, it is envisaged that such a policy would apply to microbiology samples from both hospital and community settings, and throughout all the regions that Pathlab covers (Waikato, Bay of Plenty, Lakes).

## Which samples would be covered by this policy?

It is anticipated that this policy would be extended to apply to the following samples.

- Wound swabs (including ear, nose and throat swabs)
- Sputum samples
- Urines

Such a policy would not be appropriate for "difficult to obtain", or "critical" specimens, e.g. theatre samples (including minor surgery), blood cultures, cerebrospinal fluid (CSF) and other sterile site fluids. Ironically, these are samples for which clinical details are of the greatest importance.

## Are there any potential downsides to having clinical details as a pre-requisite for testing?

- **Delay in results:** If clinical details are not provided initially, then the time taken for the laboratory to receive appropriate clinical details may cause a delay in the test result being produced. It should be noted however, that if clinical details are not provided, a comment requesting these will go immediately back to the requestor from registration. The sample will then be stored for a short period, the duration of which will be dependent on the sample type.

- **Extra work for requestors/clinicians:** It is appreciated how tight the time frames are that clinicians need to work to, particularly for patient consultations in the clinic setting. However we believe that the 20-30 seconds needed to provide useful clinical context to the laboratory is entirely justifiable in terms of optimising the quality of the result.

## Would such a policy apply to both electronic and manual request forms?

Pre-requisite clinical details for all microbiology samples would apply for request forms received in both the manual and electronic formats. For electronic request forms it is envisaged that the clinical details field on the request would be mandatory. I.e. the electronic request could not be completed until clinical details are provided. Electronic requesting has the potential to facilitate a pre-requisite clinical details policy, as the gatekeeping can be performed before the sample reaches the laboratory.

## How appropriate & detailed do clinical details need to be?

It is accepted that the appropriateness and extent of clinical details is a very subjective area. Therefore such a policy would be implemented with a strong degree of leniency as to what is acceptable with regards to clinical details. A brief summary of the clinical reason for testing is paramount. Current antibiotics, allergies, and immunocompromising conditions should be included, along with any other key information that would be useful to the laboratory dependent on the clinical situation. Examples might be travel or occupational history, pets, history of trauma, history of multi drug resistant organisms (MDROs), co-morbid conditions, etc.

## Who will be consulted on this proposed policy?

This consultation document will be circulated to all laboratory requestors, microbiology staff members, the Laboratory/Clinical governance committees for the BOP, Waikato and Lakes DHBs, PHO chairs, and the Pathlab directors.

## Conclusion

It is believed that this proposed move is an important step in optimising the provision of high quality microbiology results from the laboratory. It would also seek to optimise the links and communication between clinicians and the laboratory, an area we are constantly working on.

It is very important that any laboratory result is interpreted in the clinical context that the request was made. When electronic requesting becomes fully established, it is our vision to present the provided clinical details as an integral part of the result report so that result interpretation can be expedited and optimised.

Such policies always take a bit of getting used to in the initiation period but we believe the end result will be beneficial to the laboratory, the clinician, and most importantly the patient.

All your feedback is welcome, positive or negative. Please direct such feedback by **31st August 2017**to ClinicalMicrobiology@pathlab.co.nz**.**

A further document will be produced summarising the results of any clinical feedback received, along with a decision as to whether to proceed.

Please ensure **all** members of your institution receive a copy of this clinical update.

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