APPENDIX 1. A “safe test and results” checklist

Consider using this checklist of best practice statements to assess “where your Practice is” and what could be improved.

Remember that a total redesign of the Practices system may ***not*** be advisable. A 'little steps' approach may work just as well and may be more manageable for Practices - who already have many pressures to improve in clinical and non-clinical fields. Having said that, how many of the boxes below can your practice tick off?

Commitment to a system approach, and improving the Practice’s safety culture

- □ The Practice has a formal written results handling protocol
- □ The “Practice culture” encourages all staff to freely raise potential safety risks and other quality of care issues
- □ The Practice audits their results handling protocol regularly
- □ The Practice anticipates new or complex problems
- □ The Practice is aware that they alone are accountable for this area of patient care

Commitment to staff training, and raising awareness of roles & responsibilities

- □ New clinical and admin staff - including locums - are trained (as relevant to their job role) in results handling
- □ Clinical and admin staff are aware of the roles and responsibilities of ALL other individuals as part of the system
- □ All staff are trained to use an agreed set of practice-wide terms and abbreviations related to results handling
- □ Training should include communicating test results to anxious patients

Ordering tests

- □ Clinicians should use the computer software (where available) to detail tests rather than enter Freetext
- □ Where Freetext is the only option, then clinicians should use unambiguous wording and abbreviations
- □ Patients should be informed about the reason for a test, and the importance of making a follow-up appointment
- □ The Practice should have a process for identifying patients who do ***not*** make appointments for tests or follow-up
- □ Document the type of test during the patient encounter (including “small veins” or “difficult sample” if relevant)
- □ Everyone should know the pickup times for samples to be taken to the lab (and schedule test times to suit)
- □ Tests ordered by locum/sessional GPs should be reconciled with a named doctor when they return

Obtaining samples

- □ Ensure informed consent is obtained for taking a sample
- □ Staff taking samples should check date of birth, full name and current address with the patient
- □ Ensure up-to-date patient contact details are confirmed
- □ Use visual prompts (e.g. wall charts) outlining sample tubes to be used for each type of test
- □ Use-by dates on sample tubes are checked weekly and the oldest stock is used up first
- □ Staff should have been trained to undertake venepuncture
- □ Provide written information to patients (taking account of language differences) about accessing their test results

Transportation and tracking of samples and results

- □ Ensure reception staff have a robust system for handling samples to avoid infection of staff
- □ Put samples in a specially labelled storage box/bag in a nominated secure location
- □ Specify who is responsible for checking all refrigerators and storage locations before the pick-up time
- □ A process exists for tracking all samples sent to the lab and reconciling results received back
- □ Community nurses should be encouraged to hand samples into the practice for “logging” onto the system

Managing results returned to the practice

- ☐ Use an electronic system for receiving results from the lab where this is possible
- ☐ In paper-based systems, request the lab to separate out your individual practice's paper results before posting
- ☐ Request that the lab always notify the Practice when samples have been discarded without being tested
- ☐ Set aside quiet protected time to scan paper results and/or workflow results to clinicians without interruptions
- ☐ Work-flow results direct from the lab to the appropriate clinician (to remove the need for a paper based process)
- ☐ Conduct small-scale 4-weekly tracking audits of random samples to check the tracking and review of results
- ☐ Have a robust process for actioning emergency test results communicated to you by the lab

Clinicians review results

- ☐ Work-flow lab results to the clinician who ordered them (or a nominated other e.g. operate a 'buddy' system)
- ☐ Use standard office stamps, codes or tickboxes to provide highlighted information to the "action" person
- ☐ Every action should contain clear information and specific free-text words (avoiding medical jargon)
- ☐ Agree on the nature of wording used to communicate test results to patients by the action person (e.g. comments such as 'no action' or 'normal' are often not of assistance to administrative staff)
- ☐ Non-clinical staff should NOT enter into discussion about the results but simply read out the clinicians comments
- ☐ When a patient has been informed of the result, this should be recorded in the patient's notes
- ☐ Ensure that no result can be filed without being clinically reviewed
- ☐ Reviewing results within clinically appropriate timescales agreed within the practice
- ☐ The Practice protocol should have a section for dealing with multiple test results not yet returned to the practice (i.e. this is to avoid a situation where a number of tests have been carried out and the patient is told that the result is normal, when other test results are still to be returned)

Results are actioned or filed

- ☐ Give patients a card explaining how/when to telephone for results (i.e. define the patients' responsibilities)
- ☐ Check the authenticity of the person receiving the result by phone (the patient may have provided written consent to divulge results to other nominated individuals)
- ☐ Consider the timing of when to provide results to patients (e.g. avoiding late on a Friday afternoon) if they are likely to worry about the results or cause undue danger (e.g. altering warfarin doses)
- ☐ Decide what to do about answer machines (e.g. what level of information should be communicated, if any)
- ☐ Ensure there is a robust process for dealing with urgent actions for abnormal results
- ☐ Double check the date of birth, name and address of all patients when filing normal results
- ☐ Consider the different methods used (e.g. telephone calls, letters, text messages, emails, face-to-face…) so that patients are informed correctly and by the most appropriate team member
- ☐ Standard letter templates should be considered to which can then be augmented by the clinician

Follow-up

- ☐ Ensure patients understand the importance of following-up on actions communicated to them
- ☐ Create a tracking system to avoid patients being lost in the system, who require clinical follow up
- ☐ Agree a sufficient number of attempts made by staff to get the patient to attend for follow-up

Adapted from:, Final consensus document (Pilot Version) Safe Laboratory Test Ordering and Results Management Systems in Primary Care, NHS Education for Scotland and the Medical Protection Society.

Original Document Available at : http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/patient-safety-and-clinical-skills/safe-results/our-outputs.aspx Under Draft 'Safe Practice' Guidance