Pathology Newsletter

December 2016

Pathology : the building blocks of life

December 2016 – Newsletter Contents

Management changes
Laboratory Handbook
New request forms – Acute and non-ICE users
Completing ICE/GP request forms
ICE paper
ICE ordering access for administrative staff
Celebrate Science 2016
Chemical Pathologist retirement
Health Service Journal Award 2016
Progesterone reporting limit
Non-HDL cholesterol
UKAS accreditation Success
D-Dimer: Telephoning results
Microbiology user survey
Tryptase Testing
Blood Gas Analysers
Audit Feedback – ICE relabelling audit
Management Changes
This week Pathology says goodbye to Carol McIver, Pathology Manager, as she retires from the NHS after 34 years. Carol has embraced the career opportunities offered throughout the years and has led Pathology through very challenging times. The department wishes Carol a wonderful retirement and thank her for her hard work and dedication to the department.

Below Carol reflects on her time within the NHS -

‘Looking back it is easy to see life through rose coloured glasses and in some respects this holds true. When I first started my career in 1982 at Sunderland as a junior MLSO, life was fairly easy-going, it felt more like a social occasion meeting up with friends rather than going to work. It was almost mandatory to be in the fantasy football league! After 16 years I left Sunderland to join what would eventually become CDDFT. It was from this point that my career really took off and I have to thank my former colleagues (now retired!) who encouraged and supported me to stretch myself and embrace the opportunities that came along. Working in the NHS is challenging yet what has kept me going is the dedication and hard work I see on a daily basis from staff who regularly go the extra mile for patients. I consider myself very lucky to have been part of that team and it has been an honour to be the representative as Head of Pathology. CDDFT Pathology has a lot to offer and I wish everyone well for the future.’

Following Carol’s retirement, Chris Hunton has been appointed as Interim Pathology Manager. Chris has worked in Pathology for over 30 years at several hospitals nationally. The staff in Pathology welcome Chris to CDDFT and he can be contacted at Christopher.hunton@nhs.net

The department has also appointed two new Service Managers. Nicola Sherriff has been appointed as the Cellular Sciences Service Manager which includes Immunology, Microbiology, Histopathology, Cytology, Mortuary and Bereavement services. Nicola can be contacted via email – Nicola.sherriff@nhs.net

John Fletcher has been appointed as the Blood Sciences Service Manager which covers Biochemistry, Haematology and Blood Transfusion, Specimen Reception, Point of Care Testing and Phlebotomy. John can be contacted via email – john.fletcher7@nhs.net

Laboratory Handbook

We are working with Trust Communication team to get the Pathology Handbook published to GP users as soon as possible. We apologise for any inconvenience and please contact the laboratory with any queries.
New request forms – Acute and non-ICE users

From the 12th December 2016 the Blood Sciences Department, are introducing a new request form for Biochemistry and Haematology investigations and a separate Immunology request form for Immunology Investigations.

The new ‘Green’ form is to be used for Biochemistry and Haematology investigations only.

The new ‘Yellow’ request form is to be used for Immunology investigations only. Service users are reminded that a separate sample is required for Immunology, as per current arrangements.

As there will be a number of existing request forms still in circulation these can still be accepted. The new forms will be distributed to service users on demand.

Service users should also note that information relating to the urgency of tests has changed. Testing is now either urgent or routine. Urgent turnaround time is <1 hour and routine is <4 hours from receipt of sample into the laboratory. Urgent requests should be reserved for those results that are urgently needed for patient management. Please be mindful that abuse of this service will impact on turnaround time of genuinely urgent work. Note that discharge is not a clinically valid reason for urgent processing.

Completing GP/ICE request forms
Please complete all information sections detailed on request forms including the requestor and location details. There has been an increase in the number of safeguards regarding incomplete information.

Practice Managers have also been sent a bulletin regarding an increasing number of Bio/Haem ICE request forms where the dates on the forms and samples have either appeared to be old or no date/time at all. Each request placed on ICE generates a unique sample number on the form and sample bottles – and this sample number generates the electronic message which contains all the patient demographics/tests/requester and dates which is “zapped” into the Laboratory system upon receipt – therefore if the date is old or missing we have no means of confirming the age of the sample, and therefore the accuracy of patient results/care is compromised. Our policy when this occurs is to cancel the request.

ICE Paper
Each financial year the trust provides Pathology a budget for GP stock. This includes ICE paper. The budget is based on the number of requests we received from the GPs the previous financial year. This figure is then used to calculate the stock for the coming year.

The Trust does not consider the number of rooms each surgery has, or how many rooms are used to request samples. We have had a number of surgeries ordering more paper than required due to the number of printers they have. The Trust only has 3 deliveries per year and so over ordering has left surgeries being without access to stock. Please only order what is required for your workload.
ICE ordering access for admin staff
It has been brought to our attention that there is a demand for some administrative staff in surgeries to have access in ICE ordering functionality on behalf of clinicians in the practice. The exact scope of these proxy activities needs to be covered by local policy within the practice but we are happy to extend ordering privileges to Admin staff on request (effectively they can have the same access as HCA staff, enabling them to order on behalf of a clinician in ICE).

If this extension to ICE role is required for any admin staff in your practice please let Lesley Richards know by identifying the staff involved either via e-mail from the practice manager - Lesley.richards1@nhs.net

Celebrate Science 2016
Organs and organelles were the themes of this year’s activities on the Pathology stand at the 7th annual Durham University’s 3 day Celebrate Science Fair. Volunteers from all disciplines and grades at the CDDFT supported the event. Visitors were invited to discover how heavy their organs actually weighed and how small intracellular organelles were. Over 3 days more than 400 petri-dish/playdough cells were made by little hands and some big one too, which were proudly taken away on completion. Images of their masterpieces were also captured to produce a collage. The organ activity again was a very versatile activity which allow young visitors to explore their organs and different systems in addition to guessing that a can of baked beans weighed the same as a lung.

Comments included:
"My favourite thing was making a cell"
"I learned that all cells are different"
"Pathology was very interesting - thank you!"

Biochemistry

Chemical Pathologist Retirement
The Clinical Biochemistry Department would like to announce that Dr Stuart Smellie has left the Trust following his retirement last month. The lipid service will continued to be provided in the Trust by the Endocrinology Department until a replacement is found. As a consequence the email lipid advisory service will no longer be available for use and clinicians wanting advice should contact the endocrinology department in the first instance.

Health Service Journal Award 2016
Dr Tim Lang, Consultant Clinical Scientist in Clinical Biochemistry was shortlisted in the Rising Star Category at this year’s Health Service Journal Awards that were held in London, last month. Tim joined other colleagues and services from the Trust were shortlisted in no less than FIVE categories in this year’s Health Service Journal awards, which were announced last month.

Changes to reporting limit for progesterone
Please note that the lower limit of reporting progesterone is now <2.5nmol/L.

Non-HDL cholesterol
The department is now reporting non-HDL cholesterol as requested by GP users. This is in response to the recent NICE guidance.
**Haematology**

**UKAS accreditation success**
Congratulations to our Haematology Department who have been awarded UKAS accreditation. UKAS is recognised by government, to assess organisations against internationally agreed standards. Accreditation by UKAS demonstrates the competence, impartiality and performance capability of the laboratory and ensures that users receive a high quality service.

**D-Dimer: Telephoning results**
Currently we have not been phoning through the D-Dimer results for patients on DVT Pathway. As we have found out recently, you have expected us to phone you through the D-Dimer results for a small cohort of low risk patients with Low Wells score as this will help you make further management plans.

As there are many D-Dimer requests on a single day, please provide us with information whether you would want us to phone you through the abnormal D-Dimer results on low risk patients. Please contact Dr Sudalaiyandi, Consultant Haematologist via email with any questions - ulaganathan.sudalaiyandi@nhs.net

**Microbiology**

**Microbiology Service User Survey**
Microbiology would like to know you views and comments on the service we provide to you. Please could you take a couple of minutes to complete the short user survey via the link below; this will be used to focus our quality improvements.

https://www.surveymonkey.co.uk/r/7YQ2F2C

**Immunology**

**Tryptase Testing**
All tryptase testing is now performed in-house by the immunology department at UHND.

Please note the following changes to reports and sample requirements.
- Reports – An IgG level will no longer be issued as part of a tryptase result.
- Sample requirements – **Labelled SERUM samples only**

For suspected anaphylaxis: The first sample should be taken within three hours of the reaction. A second sample will be requested only if the initial sample is positive. Sample request forms MUST have the reaction time stated on them to aid clinical interpretation.

For mastocytosis: a single serum sample is required.
**Point of Care Testing**

**Blood Gas Analysers**

There have been several recent incidences of Blood Gas Analysers being out of action due to there not being a spare reagent pack (PAK) available when the on-board pack has either run to completion or been ejected due to a technical problem.

**This is entirely avoidable, but requires each department to keep adequate stocks.**

The company, and the POC Co-ordinator, recommend that you keep *at least two spares* over and above the one on board, as this is the only way to protect against an out-of-box failure. All packs have a shelf-life of at least six months, so there is no danger of them being wasted, and we receive full refunds for any packs which do not perform as designed.
Audit Feedback – GP users

ICE relabelling Audit – Results

The department recently performed an audit on the number of GP samples that required to be relabelled by laboratory staff. Please see the results below. If anyone has any questions please contact Mike Walker, Senior Biomedical Scientist – mwalker20@nhs.net

Introduction

Relabelling ICE labels on samples because they are unreadable by the barcode readers of the Biochemistry systems takes up an unacceptable amount of Biochemistry staff time and can potentially lead to samples being mislabelled during the relabeling process or to being rejected altogether should the label be so illegible that Patient ID cannot be confidently established.

Aim

The aim of the audit was to assess the percentage of GP samples needing relabelled by the laboratory and offer guidance and education to those GP’s who were sending in a high percentage of samples that require relabeling.

Reasons why barcodes are unreadable

The reasons for unacceptable barcode labels fall into two broad categories: printer-related and handling.

Printer-related issues include:

- **Too faint, or blurred** – lack of toner/ink in the printer means the barcode readers cannot differentiate between the black and white lines adequately. This is by far the most common issue. Also, we have noted some printers produce black lines with wavy or fuzzy edges – unless these edges are sharp and well-defined they cannot be read, and the printer should be substituted with another one.
- **Too dark** – conversely (but more rarely) the black lines can be too heavy, again causing problems in differentiation between black and white lines by the barcode readers.
- **White space above or below barcode too narrow** – barcode readers need to ‘see’ a white space at both ends of a barcode to tell them when to start and stop reading. If the white space is too narrow (roughly less than 5mm), the barcode cannot be read. This normally occurs if the labels are not correctly aligned in the printer.

Handling issues include:

- **Torn barcodes** – a torn barcode cannot be successfully re-affixed, as the tear interrupts the barcode – please reprint if possible.
- **Smudging** – over handling can easily smudge the barcode, making it unreadable – try to avoid touching the barcode itself.
- **Wrong (or No) Suffix** – hidden within the barcode is a letter suffix which indicates to the lab barcode readers what the sample type is, this is important as certain tests can only be done on specific sample types, e.g. S for Serum, G for Glucose samples. ICE labels clearly state the cap colour (YELLOW, GREY, LILAC etc.) – affixing a GREY label to a yellow top tube for instance risks the wrong tests being done on that sample type.
• **Positional** – ICE labels should be applied as vertically as possible, our barcode readers cannot read a barcode wrapped around a tube in a spiral, or horizontally. Also, if the ICE label is positioned too far down the tube (i.e. away from the cap) it can be partially obscured (and therefore be unreadable) by the pucks which transport the sample around the Biochemistry sample track.

**Results**

Labels which are faint or blurred made up over 90% of the total samples that required relabeling. 94.2% can be put down to printer problems (faint, blurred, too dark, white space above or below barcode too narrow). Readability can also be compromised by less than careful handling, as the ink on ICE labels is easily smudged.

Out of 36 surgeries within the DMH catchment area, 19 had over 5% of their samples needing relabeling; of these, 11 had over 10%, with 6 surgeries needing between 20% and 32% of their samples relabelled. Overall, from a total of 4406 samples, 411 (or 9.3%) had to be relabelled.
Examples of practice

Too dark

Faint

Blurred

Positional

Samples in the laboratory are placed into pucks. The barcodes need to be clearly above the top of the puck. Barcodes must be near the top of the tube.