The Laboratory Services Reform Programme

ADVICE NOTE

Access to Laboratory Services provided by HSE and HSE affiliated Agencies

General recommendations for managing access to HSE and HSE funded Laboratory Services

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Clinical Practice Guidance Document Cover Sheet

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The Laboratory Services Reform Programme makes the following recommendations to **HSE and HSE funded clinical laboratories**:

The term “laboratories” is used in this document to refer to these HSE and HSE funded clinical laboratories.

This is general guidance. It should be considered and applied in the context of what is practical at a given time in the individual laboratory setting and consultation with laboratory users.

1.1 Who is eligible to access services?

Within the limits specified by the service, eligible healthcare practitioners registered to practice in Ireland[Note 1] may access services in the laboratory that serves their area subject to the requirements in this document.

1.2 What services are provided?

As per the “Scope of the Public Hospital Medical Testing Laboratory Network” 2019 “The pathologist plays a key role in diagnostic stewardship, which includes determining what tests should be done in what clinical scenarios and how they should be interpreted.”

1.3 Requirements for Laboratory Users

1. General Practitioners and other registered healthcare practitioners who practice outside of the HSE and HSE affiliated facilities and who are entitled to use HSE laboratory facilities should provide the laboratory with a contact number(s) so that they, or an appropriately qualified deputy, can be contacted 24 hours per day 7 days per week. This is required to allow the laboratory to alert a person able to take responsibility for care of the patient in the event that sample analysis generates a potentially critical result including when these results are obtained outside normal practice hours.
2. The laboratory user requesting services is responsible for ensuring that the correct samples for testing are collected and stored appropriately and for verifying that the patient from whom the samples are taken are correctly and comprehensively identified on the sample and accompanying request (paper or electronic).
3. Test requests should be related to the scope of practice and expertise of the laboratory user.
4. Laboratory user requests should normally be made on the basis of a hospital or practice protocol, their own professional judgement, on behalf of the healthcare team within which they practice or within the context of a collaborative care arrangement with a HSE or HSE affiliated facility

5. Laboratory users should not normally act as proxies for healthcare practitioners practising independently of HSE or a HSE affiliated facility, including those who are providing remote consultation, by collecting samples and making requests on their behalf. Independent healthcare services are expected to provide their own laboratory services or enter into service level agreements with HSE laboratories if required.
6. The laboratory user should use the form of request (electronic or paper form) specified by the laboratory as required and complete all required fields.
7. Requests for laboratory services must provide all relevant patient details and clinical details as required by the laboratory. Providing a phone number for the patient may facilitate management of unexpected critical results if the healthcare practitioner cannot be contacted promptly.
8. Requests for laboratory services must clearly indicate the family name and registration number of the healthcare practitioner making the request.
9. Laboratory users are responsible for timely review of laboratory results and for acting on the result in in a timely manner or bringing the result to the attention of a team member who can act on the result in a timely manner.
10. In relation to testing of healthy people with no specific clinical indication for testing, HSE laboratory services should be used only in accordance with recommended national guidance on screening for disease. HSE laboratory services should not be used to support testing of healthy people for disease based on recommendations or opinion other than authoritative national guidance on screening. They should not be used to support employer's "screening" requirements outside of recommended national guidance from the Department of Health or the HSE.
11. Requests for laboratory services to support research projects require advance agreement with the laboratory and are subject to ethical approval.

1.4 Advice for Laboratories.

1. Laboratories should define as clearly as is reasonably practical their catchment area in terms of hospitals and other clinical services, including doctors engaged in General Practice. In defining this catchment, laboratories must collaborate to ensure that all doctors engaged in General Practice have access to a laboratory service.
2. Laboratories should implement a process to ensure, in so far as practical, that requests for clinical laboratory tests are accepted only from healthcare practitioners eligible to use services (as outlined above).
3. For healthcare practitioners practicing outside of HSE or HSE affiliated services the laboratory should maintain a record of practice, specialty and contact details for all those for whom it provides services. This primarily relates to doctors engaged in General Practice. Non HSE affiliated healthcare services other than General Practice should normally have their own arrangements in place to provide laboratory services.
4. Laboratories may decline to provide services to users who are not able to meet requirements in particular related to obligations to accept and manage critical results at whatever time these may be generated.

5. Electronic systems for requesting tests should be implemented where practical to do so as they are an efficient way to limit requests to those authorised to access the electronic requesting system. They also support submission of the correct sample, clarity regarding the test requested and provision of relevant clinical details. As electronic systems for requesting are not currently available to many laboratories, laboratories should continue to adapt and refine paper based alternatives to achieve the objectives to the greatest degree practical.

6. In the absence of order communications laboratories should require that paper based requests include a clearly legible family name of the requesting healthcare practitioner and their registration number (Medical Council, NMBI, CORU or other).

7. To make provision for healthcare practitioners within HSE and associated services who do not have a registration number because there is no register for their profession, the laboratory should maintain a record of those non-registered healthcare practitioners eligible to access services.

8. Samples accompanied by request forms that do not have a clearly identifiable healthcare practitioner should generally be discarded without processing (rejected). This is applicable to samples from within as well as from outside of HSE and HSE associated facilities. Exceptions are appropriate if there is reason to believe that there is urgency in processing the sample or because the sample is likely to be difficult to replace (for examples blood samples from small children, tissue samples and certain body fluids). Laboratories should have a standard operating procedure for specimen acceptance and rejection including specification of who is authorised to reject samples.

9. As diagnostic stewardship is an important function of laboratory services, laboratories should decline to perform specific requested tests on correctly identified samples where the requests are not adequately supported by necessary clinical details as specified in the laboratory's user manual.

10. When samples are rejected or when specific test requests are declined the laboratory should issue a report in a timely manner with a comment to the effect that the sample was not processed/test was not performed and the reason for this decision. Where practical to do so the sample should be stored for a period of time to allow the requestor to contact the laboratory to discuss the declined request.

11. If samples that are likely to be difficult or impossible to replace are not processed they should be stored appropriately and a report issued in a timely manner with a comment to the effect that the sample was not processed and the reason it was not processed. The report should indicate that the sample has been stored for a period of time and may be processed if the required information is provided. If the sample is not processed because the requesting practitioner is not identifiable the report may be generated and may be accessible but it may not be possible to direct it to the relevant practitioner.

12. It is appropriate that healthcare practitioners who work within laboratory services modify or add to requests for services within their scope of expertise and in accordance with the laboratory Standard Operating Procedures.

2. Background

The Health Service Executive and HSE associated agencies provide an extensive range of clinical laboratory services from more than 40 clinical laboratories throughout Ireland. These services are very valuable in providing support to healthcare practitioners in delivering care to people.

The HSE has a responsibility to ensure that access to these services is appropriately managed for a number of reasons. The primary reason to control access to services is that laboratory test results must be interpreted and applied by healthcare practitioners in the context of other relevant clinical information therefore laboratory tests should be requested by qualified personnel for a specific purpose. Inappropriate use of testing services can result in unnecessary venepuncture or other sample collection and generate anxiety about minor variation in the value of measured parameters. Testing outside the correct clinical context or authorised national screening guidance can also lead directly to clinically irrelevant results, initiation of an inappropriate diagnostic cascade, increased healthcare utilisation and inappropriate onward referral. Inappropriate testing also impedes the laboratory from efficient processing of necessary testing and generates significant avoidable waste and CO_2 emissions.

General consideration on the provision of laboratory services are addressed in the document "Scope of the Public Hospital Medical Testing Laboratory Network" included as part of the Laboratory Handbook (2019). Laboratories are intended to provide services primarily to HSE and HSE affiliated health and social care services in hospital and community and to doctors engaged in General Practice in Ireland. Services are also provided under service level agreements to certain other healthcare providers. In recent years some laboratories have received requests from other sources including healthcare practitioners providing specialist services other than General Practice in a private capacity, from alternative healthcare providers and from healthcare practitioners based outside of Ireland and engaging remotely with patients in Ireland. This document is intended to provide clearer definition regarding who can access HSE and HSE funded laboratory services and to define key terms that apply to those accessing those services. Some laboratory services may not be accessible to all laboratory users. Access to certain services may be limited to healthcare practitioners with specific expertise or they may require that specific additional details are provided or that the cases is discussed with a pathologist. The laboratory should make information on sample type and other requirements available to laboratory users.

NOTE 1: Services to healthcare practitioners who are not registered to practice in Ireland should be provided to healthcare practitioners in disciplines for which registration is not available when they are working in the HSE or HSE affiliated organisations.

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The "Scope of the Public Hospital Medical Testing Laboratory Network" document is available at https://www.hse.ie/eng/about/who/cspd/ncps/pathology/resources/scope-of-the-public-hospital-laboratory-network.pdf

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