PAPERLESS LABORATORY RESULTS GOOD PRACTICE GUIDELINES FOR USERS OF HEALTHLINK IN THE MID-WESTERN AREA

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0 INTRODUCTION

This document describes good practice guidance for users of Healthlink to support the implementation of safe and reliable "laboratory results reporting" using the online messaging service called Healthlink. These guidelines should be read in conjunction with the Healthlink documentation and training materials made available by the Healthlink team (see www.healthlink.ie).
Healthlink started in the Mid Western area in 2002.

These guidelines are applicable to GPs and private practices (hereafter to be referred to collectively as practice[s]), using the Healthlink system operating in the HSE West Mid-Western Area in counties Limerick, Clare and North Tipperary.

0.1. Benefits

The benefits of paperless reporting include:

- Faster and more effective patient care due to shorter waiting times for test results and the commencement of appropriate treatments.
- Affords practice staff more time to deal directly with patients and there is less time spent chasing and clarifying status of results.
- Reduction in time and effort transcribing results into practice management systems.
- Eliminating the potential of transcription errors at the practice.
- Reduction in phone calls to the laboratories.
- Higher level of satisfaction by providers and users of the service.

0.2. Need for Good Practice Guidelines

As in the case of paper-based results reporting, it is imperative that patient results are reviewed by a clinician at the practice and the appropriate action performed. To make best use of electronic results reporting, practices should review and update the procedures used to review results. Furthermore, the practice needs to put appropriate monitoring procedures in place to ensure all results are received and reviewed.

1 MESSAGING ADMINISTRATOR

1.1. The introduction of electronic messaging into a practice involves some additional work. Each practice should identify an individual who will ensure all aspects of the electronic messaging are functioning, as they should be.

1.2. This includes:

- Training new members of staff in the use of the system or organising for that training to take place.
- Ensuring that messages are being received as expected and processed accordingly.
- Troubleshooting when problems arise.
- Dealing with the laboratory if any discrepancies occur.
- Dealing with the practice computer system and internet service providers.

1.3. Practices will often be able to readily identify the person who will be the practice's electronic messaging administrator. Typically, this will be a practice manager, another administrative support person, or one of the Clinicians.

1.4. The messaging administrator must ensure:

- Everybody in the practice receives the training they require.
- Regular checks of the electronic service take place
- A designee (i.e. somebody else in the practice) can perform these checks when the administrator is absent.
- Validation of the integration of the Practice Management System with Healthlink is accurate, complete and maintained.

2 REGISTERING WITH HEALTHLINK

2.1. Registering for Healthlink

2.1.1. Clinicians wishing to receive results electronically must first register an application with the Healthlink team. Application forms (online or in paper form) can be made through the Healthlink website www.healthlink.ie.

2.1.2. Once the application process is complete the practice will be contacted by Healthlink to arrange training. Meanwhile Healthlink will arrange for the relevant laboratory service to configure the practice for electronic laboratory messages.

2.1.3. Once training is complete the practice will be enabled to receive laboratory messages electronically.

2.2. Providing Updates to Practice Changes

2.2.1. Electronic laboratory results are linked to the practice through the use of a special 'practice code' which identifies each practice and each Clinician working at that practice. Therefore, it is crucial that any changes to Clinicians working at a practice must be notified to the laboratory service. Furthermore, any changes to practice address must be notified to the laboratory also.

2.2.2. Any changes of personnel at the practice (Clinicians, nurses or support staff) must also be notified to the Healthlink team and the laboratory so that user accounts can be modified accordingly.

2.3. Practice Management System Changes

2.3.1. It is the responsibility of the clinical practice to ensure that the impact of any changes to the practice management system with respect to the integration of laboratory results is verified with the supplier of the system and communicated to Healthlink as appropriate.

2.3.2. If necessary or on a recommendation from the supplier, the practice should request an audit of the change in practice system with the laboratory.

3 ACCURATE ORDERING

3.1. Ordering Tests – Use Registered Practice Details Only

3.1.1. Electronic laboratory results for a practice are linked through a Clinician Code. Use of barcode labels provided by the laboratory incorporates Clinician name and address.

3.1.2. **Note:** Practice Barcode Labels can be obtained from the laboratory as outlined in the laboratory user manual (referenced below). It is recommended that these are used on all sample request forms completed by the requesting Clinician.

3.1.3. Results for requests written using an old / incorrect address stamp may not be available electronically.

3.2. Patient Identification

3.2.1. At all times orders must be accompanied by the patient's full name, sex (at birth), date of birth, address and test requests. Labelling of specimen tubes and completion of laboratory sample request forms should comply with the current Pathology Policy on Request Form Completion and Specimen Labelling per the current edition of the Laboratory User Manual available online on the following link:

HSE Mid West Laboratory User Manual and Guidance Documents - HSE.ie

4 ENSURING ALL ORDERS ARE FULFILLED

4.1.1. Robust monitoring procedures in the practice are critical to the overall effective functioning of the system.

4.1.2. There are a range of situations in which a practice may not receive results for a laboratory order including:

- The sample or order form may be lost in transit to the laboratory
- The requesting documentation may be inaccurate (for example using an old practice address) or incomplete (for example missing or illegible Date of Birth for the patient)
- Inaccurate order entry on the laboratory computer system
- A technical malfunction of the system

- Issues encountered by the practice support staff when downloading and integrating results from the Healthlink website.
- Practice management system problems.

4.2. Monitoring Procedures

4.2.1. There are a range of mechanisms currently being operated by practices to ensure that all tests requests are fulfilled, including:

- Manual reconciliation of orders sent and results received
- Use of Practice Management System features to reconcile orders, results and turnaround times.
- Reviewing results on next patient consultation

4.2.2. The only place where the loop of requests and returns can be effectively closed is at the clinical practice.

4.3. Recommended Monitoring Procedures

4.3.1. Each practice should adopt an approach to monitoring orders made and results received thereby ensuring any discrepancies are uncovered and resolved at the earliest opportunity. It is strongly recommended that the monitoring system be based on the features of the practice management system.

4.4. Managing Erroneous Receipt of Results for Patients

4.4.1. If an electronic report for a patient not under the care of the Practice, at the time of receipt of the report is received:

- The Practice should send a printed copy of the Healthlink report to the reporting laboratory with an accompanying note stating that this patient does not attend this practice.

- The Practice should delete the Healthlink Record at this stage.

4.4.2. If it is verified that the report has been sent to the incorrect location by the Laboratory, the Laboratory will make the necessary arrangements to ensure that the report is sent to the correct location.

4.4.3. If it is verified that the report had been sent to the correct location by the Laboratory, the Laboratory will:

(a) Re-issue the report electronically and

(b) Return the Healthlink report to the practice with a copy of the original request form.

5 REVISION AMENDMENT (CHANGE) TABLE

Document Revision History		
Ed. No.	**Change Request No.**	**Description of Change**
04	CRL29165	Removed designation 'SLA' from the filename of this general policy document.
04	CRL29166 CRL31558	Minor editorial changes as follows: Header updated to reflect HSE Mid West replacing ULHG. Scope of document updated to include private practice users of Healthlink Title change **from**: '*Paperless Laboratory Results Good Practice Guidelines For General Practice Users In The Mid-Western Area'*. **To:** Paperless Laboratory Results Good Practice Guidelines for Users of Healthlink in the Mid-Western Area Removed line 'The total number of GPs currently receiving Laboratory results electronically is 171. **Line 2.3.1 changed from** *'The impact of any changes to the practice management system with respect to the integration of laboratory results should be verified by the GP / designee with the supplier of the system and communicated to Healthlink*.' **To read:** 2.3.1. It is the responsibility of the clinical practice to ensure that the impact of any changes to the practice management system with respect to the integration of laboratory results is verified with the supplier of the system and communicated to Healthlink as appropriate. **Section 3 text changed from** *'Note: Practice Barcode Labels can be obtained from the laboratory in the MWRHL and it is recommended that these are used on all sample request forms completed by the requesting GP*.' **To:** Note: Practice Barcode Labels are obtained from the laboratory as outlined in the laboratory user manual. It is recommended that these are used on all sample request forms completed by the requesting Clinician'. Changed section 4.3 heading **from** '*Receipt of Results for Patients Not in GP Practice / Under Care of GP Practice at time of receipt of report'* **To:** Managing Erroneous Receipt of Results for Patients
Review Interval		2 years