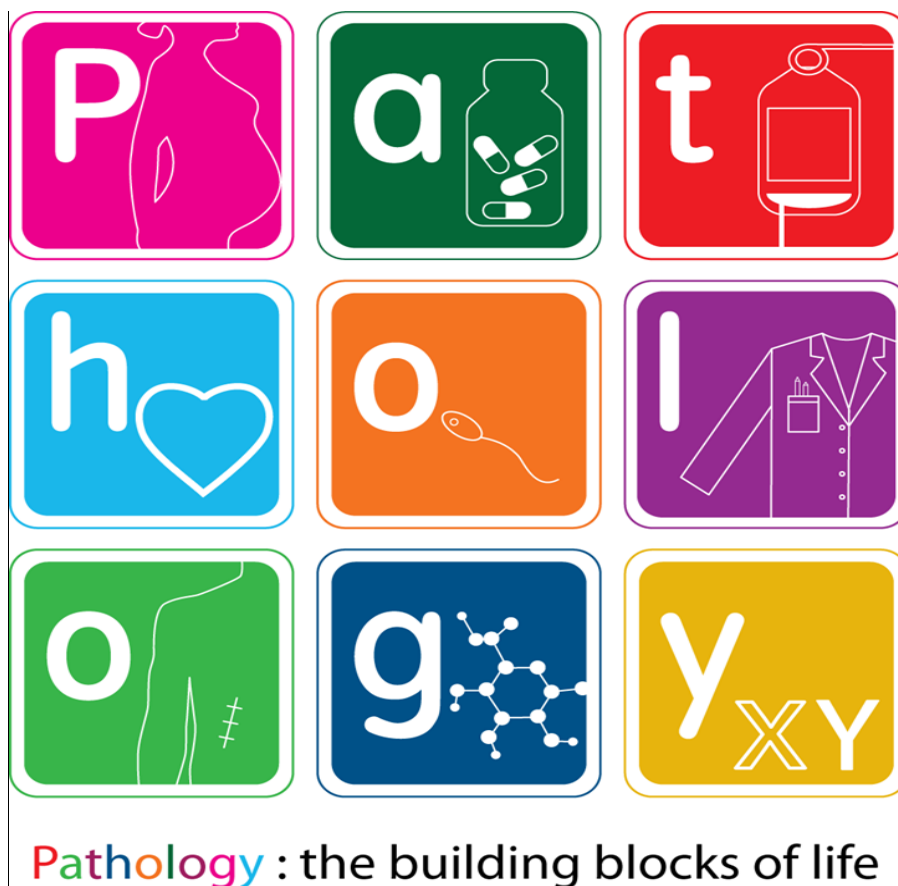


April 2023 – Newsletter



Welcome  
EPR  
Biochemistry updates  
Haematology updates  
POCT Supplies  
Accreditation  
Handbook  
Transport of samples

*April 2023*

## Welcome

Welcome to the pathology newsletter for County Durham and Darlington Trust. This newsletter aims to provide communication to all users of our laboratories on a number of topics from daily laboratory life, new service developments and changes in practice and staff news and announcement. As the newsletter develops it is hoped that every specialty will contribute with special features on individual laboratories plan.



## All Departments

### *Pathology requests via EPR*

As CDDFT staff are getting used to using the EPR system, Pathology staff continue to monitor issues relating to pathology requests and reports. We are working closely within a multi-disciplinary task and finish group to log and resolve a range of issues seen across all of our Pathology services, in order to support users to be able to request pathology tests and access results with ease and accuracy. We would like to encourage all users to make use of the online training materials and to highlight the following practices that would improve pathology requesting practice:

#### **When samples are collected – you must mark them as collected in EPR.**

This is essential to allow system messages from EPR to LIMS to be sent, to send the patient and request details to our lab system. If this is not completed the laboratory has to manually register the request and while we are working on getting ward location on the sample label, it is not there at present, and so we do not know where your patient is, in the event we have to phone abnormal critical results.

#### **When collecting samples – you must label samples at the patient's bedside.**

We are working with the digital matrons and IT to identify equipment on wards and patient areas to ensure there is equipment available to enable this to happen, as this is an essential practice to ensure samples are labelled with the correct patient details. If you have problems with equipment, please ensure the issues are logged appropriately to resolve your problem.

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## Biochemistry

### Results not fitting clinical picture

Please can we ask that if a result doesn't fit the clinical picture, can you contact the laboratory to share your concerns so that we can investigate any analytical errors as soon as possible whilst also potentially still having the sample in question to re-analyse. Despite thorough quality control procedures, technical errors still occur and it is beneficial to both teams if we can identify errors quickly. Use the biochemistry email [cdda-tr.biochemistry@nhs.net](mailto:cdda-tr.biochemistry@nhs.net) or contact the duty biochemist through switch board.

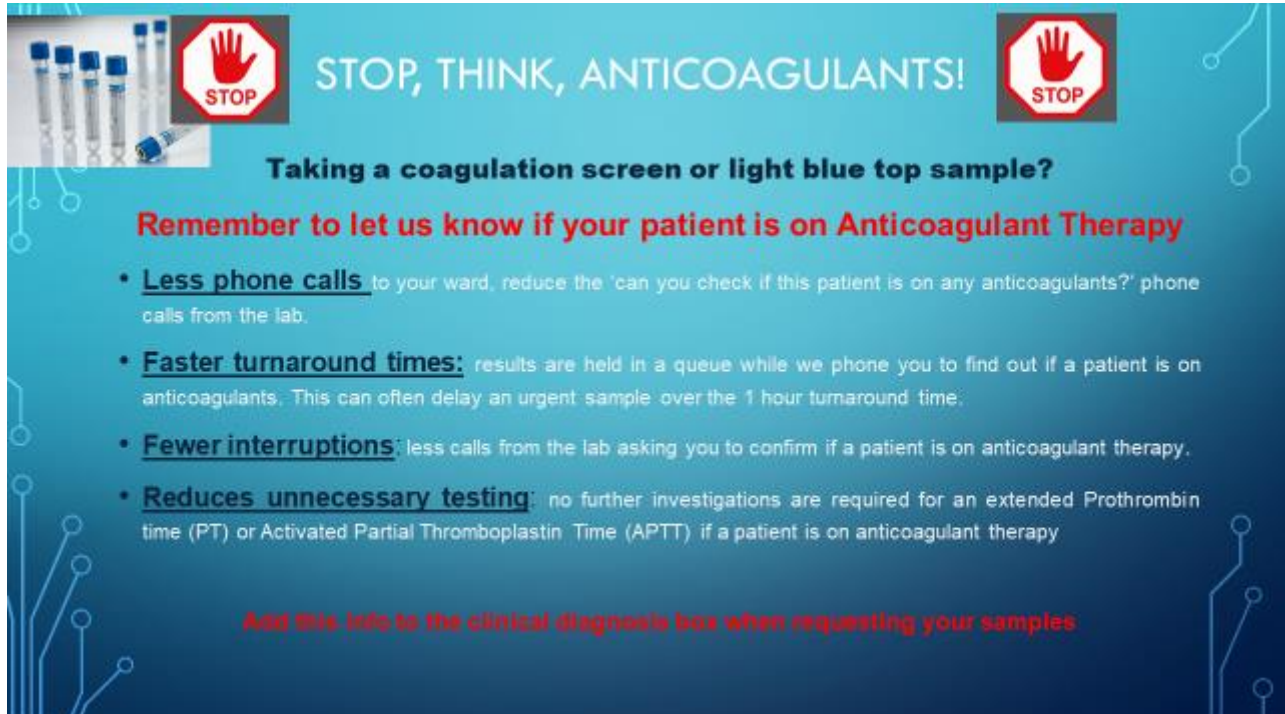
### New methods for Immunoglobulins

Please note that new methods for Immunoglobulins A, G and M went live from the 11th of April. There is no change to reference intervals.

### Sample requirement queries:

There is an increasing number of calls for sample requirements. Please can I take this opportunity to remind teams that sample requirements can be found on the Pathology Handbook - [County Durham and Darlington - Pathology \(cddft.nhs.uk\)](http://County Durham and Darlington - Pathology (cddft.nhs.uk))

## Haematology/Transfusion



**STOP, THINK, ANTICOAGULANTS!**

**Taking a coagulation screen or light blue top sample?**

**Remember to let us know if your patient is on Anticoagulant Therapy**

- **Less phone calls** to your ward, reduce the 'can you check if this patient is on any anticoagulants?' phone calls from the lab.
- **Faster turnaround times:** results are held in a queue while we phone you to find out if a patient is on anticoagulants. This can often delay an urgent sample over the 1 hour turnaround time.
- **Fewer interruptions:** less calls from the lab asking you to confirm if a patient is on anticoagulant therapy.
- **Reduces unnecessary testing:** no further investigations are required for an extended Prothrombin time (PT) or Activated Partial Thromboplastin Time (APTT) if a patient is on anticoagulant therapy

**Add this info to the clinical diagnosis box when requesting your samples**

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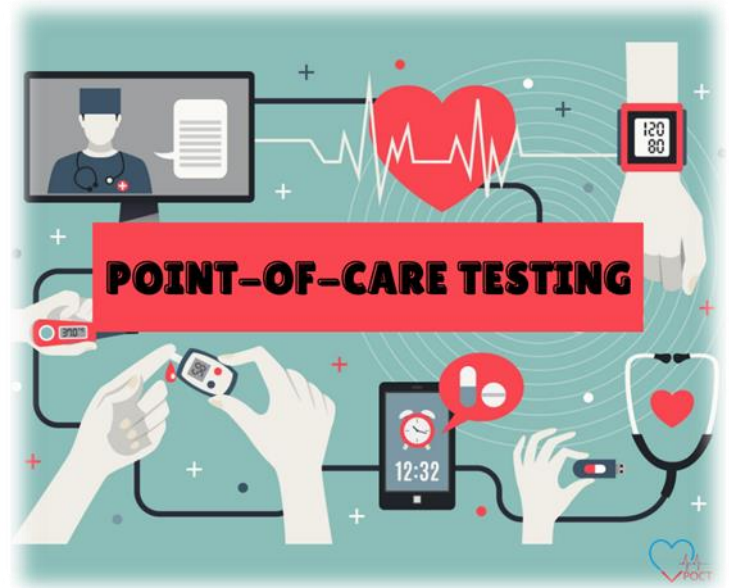
## Cost Centre Codes for Pathology POC Supplies

As you know, it is now necessary for you to provide a cost centre code when receiving POC supplies from Pathology.

This has been going quite well, but there have still been a few instances when people have turned up without a code, causing frustration.

Could I therefore please request that you ensure everyone coming to the lab for supplies knows the code before they get here?

An easy way to do this would be to write your own cost centre code onto the appropriate stock list (e-mailed to wards earlier) and then use this as a pro forma for all future requests.



## Accreditation

CDDFT Pathology Laboratories are mainly accredited to ISO 15189:2012, however due to the nature of the way in which UKAS grants accreditation, it is the test that is accredited and not the laboratory.

UKAS maintains a register of laboratories that are accredited to ISO 15189:2012, which can be accessed via the UKAS website (<https://www.ukas.com/search-accredited-organisations/>). The UKAS website holds a schedule of accreditation for the laboratory that lists the individual tests for which the laboratory are currently accredited for. Other tests may be awaiting completion of Extension to Scope (i.e. new test that is in the process of being added to the schedule of accreditation) and / or transitioning from CPA accreditation to UKAS. Therefore pathology reports may contain a combination of accredited and unaccredited tests.

Please be assured that it is normal practice for laboratories to be accredited for a number of tests; however there could be a number of tests that are unaccredited. This does not necessarily indicate that these tests are of inferior quality, the tests have the same level of internal and external quality assurance associated with them, and they are just yet to be officially accredited by UKAS.

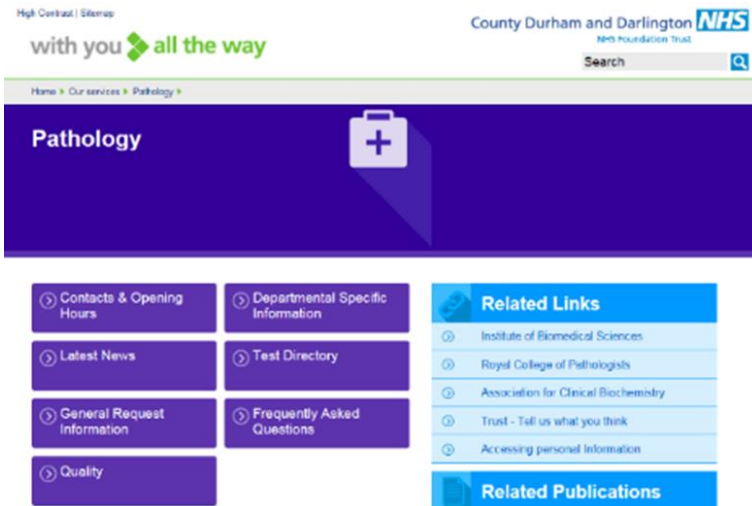
Users of the CDDFT pathology service may wish to be certain that all tests they are sending for analysis are accredited by UKAS. This information can be obtained using the link above to the UKAS website. After viewing the UKAS Schedule of Accreditation, if you would like to discuss the accreditation status of any of our tests please contact the Pathology Quality Manager initially to discuss, and if further assurance or information is required (i.e. how we assure quality results for the test) this information can be provided upon request from the departmental lead.

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## Pathology Handbook

The Pathology Handbook is a great tool for all users to access information regarding all services available through pathology. The handbook page can be accessed through the trust internet site and also the link below. We would welcome any feedback regarding this function of our service, to help improve the quality of the service given to users. All enquiries should be forwarded to the Pathology Quality Manager

[Rebecca.sedman@nhs.net](mailto:Rebecca.sedman@nhs.net)



[Please Click Here to Access the Pathology Handbook](#)

## Transport of Samples

The pathology department would like to remind all service users of the requirements for transport of samples.

### **Acute Trust users**

Wards and departments using the pneumatic tube transport:

**Please do not send risk of TB, blood culture or precious unrepeatable samples such as CSF, tissue, joint fluid, ascitic fluid, pleural fluids via the POD under any circumstances.**

### **High Risk Samples – Acute Users**

There have been a number of recent incidents where requests for phlebotomy to take bloods from 'high risk' patients have been insufficiently labelled. This is a Trust requirement to ensure everyone dealing with the samples can take the required precautions.

Medical staff requesting blood samples must ensure relevant information is available and that requests are marked as high risk or labelled with a high risk sticker. Samples do not require to be double bagged.



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## **GP/ External Users**

UN3373 regulations for the transport of biological substances are set through the P650 packaging instructions which state:

The packaging shall consist of at least three components:

- (a) A primary receptacle (sample container)
- (b) A secondary packaging (sample bag)
- (c) An outer packaging (transport carrier)

Either the secondary or the outer packaging must be rigid. All samples should be transported in carrier boxes which all pathology drivers are supplied with.

Samples travelling by taxi should be sent using an outer container that is rigid and concealed so that no patient identifiable information can be seen to ensure confidentiality and information governance.

## **General Enquiries**

### **Working with Us**

We are always keen to hear from our user's especially on aspects of our service that either you appreciate or where you feel we could do better. With this in mind we would like to arrange Innovation and Service User Feedback sessions. If this is something you would be interested in taking part in please contact: [cddft.pathologyquality@nhs.net](mailto:cddft.pathologyquality@nhs.net)

Pathology Quality Manager  
Rebecca Sedman  
Tel: 0191 332116  
Email: [Rebecca.sedman@nhs.net](mailto:Rebecca.sedman@nhs.net)

## **Feedback Survey**

We Welcome Your Feedback, if you would like to complete our survey please click [here](#)