Communication of Pathology Results
Institute of Biomedical Science Policy

on

Communication of Pathology Results

As the UK professional body for biomedical science the Institute has established the following policy for those communicating pathology results and for those responsible for the delivery of clinical laboratory services. It is expected that all pathology providers will have systems in place to both identify and communicate results. This is an explicit requirement of ISO 15189:2012, clause 5.9.1.

The UK health departments have put patient care and safety at the heart of healthcare provision. It is the responsibility of the respective providers and all those involved in the delivery of service and care to deliver safe and high quality patient care. It is the responsibility of the professions themselves to establish those standards of best practice relative to their own professions.

What this policy does

This policy provides guidance on telephone, fax procedures and electronic results reporting, to help ensure accuracy of transmission and reception, whilst maintaining patient confidentiality.

What this policy does not

This policy does not attempt to be prescriptive for every situation. Where there are specific requirements these should be referred to in local policy and procedure documents.

The Institute of Biomedical Science has produced this professional guidance document to help biomedical scientists and support staff maintain high standards of practice and patient safety by ensuring that stringent minimum criteria are in place for the receipt and identification of samples.

It is the responsibility of each departmental manager to ensure that the implementation and maintenance procedures are applied in their area, and that any changes are drawn to the attention of the quality manager and staff. Each manager should also be responsible for ensuring that staff are suitably trained, competent and authorised in communicating results. A record of their training and competency should be maintained.

If there is any doubt or problem about giving results, or where results are outside agreed critical limits, a senior member of staff should assume responsibility as outlined in local operating procedures.
The preferred method for issuing or giving results is via secure electronic networks such as laboratory to hospital, laboratory to GP or laboratory to laboratory, which allow secure reports. The Institute views alternative means of transmission of results as a potential risk to breach of data protection that needs careful management.

In the context of this document the use of the terms non-validated, validated and authorised results are applied as follows:

- Non-validated - raw test result/data.
- Validated - manual or automated validation or results where QC/assay performance is acceptable.
- Authorised or signed - where results has been reviewed with the clinical context and manually or automatically reported.

**General guidelines for communication of results**

1. It is the responsibility of the requesting clinician, in charge of the care of the patient, to follow up on all pathology results. The laboratory should make reasonable attempts to communicate results verbally where it is clinically important to do so, however, this should not be at the expense of patient safety in terms of the clear reporting of a result.

2. All the principles should be agreed by the Director of Pathology, accountable officer, or trust or other management authority.

3. The standard operating procedure (SOP) should include a list of the types of results that may be released ahead of or in addition to the standard secure electronic result system and specify the circumstances and grades of staff that may give each type of result. Registered biomedical scientists, specifically designated associate healthcare scientists and secretarial and administrative staff should only provide patient results to a senior medical officer or general practitioner or a nominated individual.

4. Only suitably trained, competent and authorised staff should provide any results on the telephone.

5. Staff should be courteous and professional in handling queries, while ensuring that any telephone enquiry is from a legitimate source. A system of passwords or identity codes for wards, surgeries (e.g. GPs' NHS surgery numbers), consultants, etc. may be useful.

6. Results should not be given to patients or their relatives or any other unauthorised person except in pre-defined and agreed circumstances (e.g. anti-coagulation and diabetes clinics).

7. A record of results given should be retained for audit purposes. The recorded data should include:
• nature of the communication – email, phone, fax etc
• name and status of the person giving the result;
• name and status of the person to whom the results were given;
• date and time of the communication;
• patient’s name and identity number or date of birth;
• an indication of the result given;
• an indication of the reason for the call (this would not apply if the record is on the laboratory information system.

8. If there is any doubt about the caller’s reasons for requesting results, the call should be passed to a senior member of staff.

9. It is the responsibility of the laboratory to ensure that adequate local arrangements are in place to handle the reporting of abnormal test results outside of core hours. (Ref. The communication of critical and unexpected pathology results 2017, Royal College of Pathologists)

10. A system should be in place to ensure that the results have been received and recorded correctly.

11. If there is doubt about the competence of the person asking to receive the results, laboratory staff should ask to be referred to a clinically qualified colleague, ideally the requesting clinician.

12. Care should be taken to ensure that results of a significant clinical nature, e.g. a diagnosis of cancer, are given only to the requesting clinical team.

13. With results of a significant clinical nature, the use of a call back system to a recognised location is essential to ensure results are given to the appropriate person.

Specific guidelines for communication of results

1. Verbal reporting

The verbal transmission of results is a potential patient safety issue, due to the possibility of misinterpretation or transcription errors and the potential that verbal reports are either not read or filed in the relevant patient’s record. However, it is recognised that there are instances when verbal transmission of results is either desirable or the only possible option available. These include:

• frozen section results;
• unexpected results indicative of the presence of serious disease or that require urgent therapeutic intervention
• results of self-managed chronic disease monitoring;
• results of pregnancy tests.
In order to minimise the potential for errors when verbally transmitting results, particular attention must be given to the following:

- the identification of the individual receiving the results and that of the patient;
- quality checks;
- follow-up reports

**Requests for results**

There should be an SOP for the handling of verbal requests and transmission of results, either in response to a query or for reporting an abnormal result. As a minimum it should contain the following instructions:

1. The patient must be accurately identified by the enquirer utilising the local minimum identification dataset for result enquiries.

2. All identification data should be checked against the information held on the laboratory information system (LIMS) or against the electronic patient record (EPR). If necessary, additional supporting information should be requested from the enquirer, i.e. name, date of birth and/or address.

3. If supporting information is incorrect do not communicate the results.

4. Ask the enquirer to repeat results back to ensure that information has been received correctly.

5. Results from unauthorised reports should not normally be given over the telephone. However, the profile of validated results that may be verbally transmitted is discipline specific and determined locally. (See discipline specific comments below).

**Result transmission**

1. Verbal results may only be communicated by those individuals either authorised or trained in this procedure. These individuals may refuse to communicate results if there are doubts over the understanding shown by the individual receiving them. A system of patient and recipient identity checks must be in place.

2. The individual relaying the result first needs to assess the seriousness and urgency of the results findings and ensure they speak directly to a member of the patient’s medical team.

3. Patients must be accurately identified using agreed local procedures, including any anonymity codes as appropriate and the individual receiving the result must be authorised to do so and must understand medical or scientific terminology.
4. In the case of general practitioners the department can give a personalised authorisation code to the surgery and results only provided if the correct code is given.

**Follow-up reports**

All verbal results must be supplemented by a follow-up report that acknowledges and confirms the results communicated verbally, which must then become part of the patient record. This follow-up report must include the identity of the person who transmitted the result and the identity of the person who received the result, together with the date and time of the conversation. Where this capability is not available within the primary record (i.e. the LIMS or EPR) an alternative electronic auditable system should be used.

In some cases an electronic or paper result may already have been issued but a verbal result may be requested in advance of reviewing the formal reported result. A follow-up report for the result given verbally must be carefully completed to avoid confusion with the already issued result. The patient’s notes must carry records of both reports.

**Telephone complaints**

Telephone complaints should normally be referred to a senior member of staff.

A written record should be made of the complaint including name, role and contact details of the complainant and an investigation according to local policy.

**2. Faxed reports**

The faxing of reports has the potential to be a patient safety and a governance issue due to the possibility of sensitive patient information being transmitted to a public or inappropriate location. However, there are instances when the faxing of results is the only option available. In order to minimise the potential for errors, particular attention must be given to the following:

- the identification of the patient or patient’s header sheets;
- fax secure destinations
- programming of recipient fax numbers;
- the use of call back system to ensure result has arrived safely at intended destination.

**Patient identification and header sheets**

All faxes must be preceded by an official header sheet that includes the sender’s name and contact details, the recipient’s name and contact details, the number of sheets being transmitted (including the header sheet), a request that the sender be informed immediately if the stated number of sheets are not received, and a disclaimer requiring unauthorised recipients to contact the sender immediately if a fax is received in error.
Fax destination

Faxed reports should only be sent to known secure destinations. If this is not possible an appropriate recipient must be contacted by an authorising individual to ensure they are present to receive the fax immediately. They must also immediately confirm receipt of the fax with the correct number of sheets.

3. Email reports

Where it is not practicable for the requestor to access results via an electronic link or hardcopy report an alternative mechanism is by email reporting.

As with faxed and verbal reports there is a potential patient safety and governance issue due to the possibility of sensitive patient information being transmitted to the incorrect individual. However, the advantage of an electronic report is an auditable trail.

In order to minimise the potential for errors, particular attention must be given to the use of a suitably encrypted and secure end-to-end transmission of the report. Examples include:

- NHS Mail (nhs.net). This is the only system that should be used for sending person identifiable data to other NHS organisations.
- Local email systems within an organisation. These should typically only be used for transferring person identifiable data within the same organisation if deemed suitably secure by the host organisations IT department.
- Central and Local Government e-mail. To provide integrated safe care for patients, it may be required to share data with other organisations such as social care, MoD etc. NHS mail is securely routed over the Government Secure Intranet Convergence Framework to allow transmission of person identifiable data to the following email domains:

  @cjsm.net (Criminal and Justice)
  @gcsx.gov.uk (Local Government/Social Services)
  @gse.gov.uk (Central Government)
  @gsi.gov.uk (Central Government including Department of Health)
  @gsx.gov.uk (Central Government)
  @hscic.gov.uk (The Health and Social Care Information Centre)
  @mod.uk (Military)
  @nhs.net (NHSmail)
  @pnn.police.uk (Police)
  @scn.gov.uk (Criminal and Justice)

  Whilst confidential information can be sent to these addresses from nhs.net addresses, they need to be tested first and verified with the recipient.

Ideally results should be sent as an electronic copy of the report from the laboratory information management system (or other such system) to ensure inclusion of all necessary patient details, reference ranges, and interpretative comments and to remove the risk of a
result transcription error. Where results are typed there should be sufficient patient details (e.g. minimum 3 points of ID) provided to allow for accurate identification of the patient by the receipting party. There should also be the inclusion of any reference ranges and suitable interpretive comments where applicable. Care should be taken to check for transcription errors.

All emailing of patient identifiable information should be conducted within the requirements of respective organisations email and data protection policies.

Legal framework

The verbal, facsimile and email transmission of patient results is governed by a legal framework that includes:

- EU General Data Protection Regulation [GDPR], and the 2018 Data Protection Act
- The Caldicott Principles - in particular Principle 4;
- Guidance on the use of facsimile transmissions for the transmissions of personal health information within the NHS in Scotland; the Scottish Office NHS MEL (1997) 45
  http://www.sehd.scot.nhs.uk/mels/97_45.html;

Discipline Specific Guidance

Biomedical scientists should refer to local protocols for giving results in specific disciplines.

The following information is intended primarily as guidance for the development of local SOPs.

Blood Transfusion

Certain results may be regarded as important for clinical management of the patient and therefore require urgent transmission.

These include:
- results of direct antiglobulin tests;
- results influencing the need for anti-D immunoglobulin;
- specified locally defined and documented results.

Clinical Chemistry

All validated results, including abnormal results, may be given by appropriately trained and competent staff.
Cytology

The following results should be given by appropriately trained and competent medical staff or, when in relation to cervical cytology, by an appropriately qualified and competent biomedical scientist:

- unsigned or interim reports;
- rapid FNA results, e.g. breast clinic;
- any results that may require a clinical opinion.

The following may be given by appropriately trained and competent staff:

- results on synovial fluids where the presence of crystals is important;
- assessments of the amount and quality of material from FNAs so that repeat samples may be obtained;
- signed reports or cervical screening tests that have passed quality control checks.

Haematology

Dependant on case mix and locally agreed protocols, certain categories of results may be classified as grossly abnormal and should be telephoned direct to the requesting clinician. This can apply to non-validated results, which have been assessed by an appropriately qualified member of staff.

Categories may include:

- haemoglobins of less than 80g/L
- platelet counts of less than 20x10⁹/L
- newly presented leukaemias
- newly presented *Plasmodium falciparum* infection
- positive sickle haemoglobin screen in patients about to undergo anaesthesia

Authorised laboratory assistants and secretarial/administrative staff may give validated results.

Histopathology

The following results should be given by medical staff:

- unauthorised, unsigned or interim reports;
- frozen section reports;
- any result that requires a clinical opinion.

The following results may be given by appropriately trained and competent biomedical scientists or nominated authorised clerical staff:

- all authorised reports, i.e. signed reports
Immunology

Any suitably trained member of staff may give out validated results, including laboratory support staff and secretarial/administrative staff.

Grossly abnormal results, which are telephoned proactively, and non-validated results may only be signed out by appropriately trained and competent biomedical scientists or medical/scientific staff.

Senior biomedical scientist staff may make certain comments on results. For example:

- general clinical significance of the results;
- the significance of antibody titres;
- whether further tests or repeat tests are indicated.

Comments on the specific clinical significance of results on a particular patient may only be given by medical or senior scientific staff.

Some departments may have specific guidance for certain tests, e.g. cellular tests or CSF oligoclonal bands.

Medical microbiology including virology

Clinical interpretation or advice should only be given by appropriately trained and qualified clinical or scientific staff.

The following results may be given by biomedical scientists and specifically authorised associate healthcare scientists and secretarial and administrative staff in accordance with local policies and procedures:

- all validated results
- non-validated results as agreed by local procedures
References and Documents

https://www.ukas.com/services/accreditation-services/medical-laboratory-accreditation-iso-15189/

Caldicott Report on the Review of Patient-Identifiable information  

Data Protection Act 2018  

EU General Data Protection Regulation (GDPR) enforceable from 25th May 2018  

Human Rights Act 1998  

Guidance on the use of facsimile transmissions for the transmissions of personal health information within the NHS in Scotland; the Scottish Office NHS MEL (1997) 45  
http://www.sehd.scot.nhs.uk/mels/97_45.html

The communication of critical and unexpected pathology results 2017, Royal College of Pathologists  
Further information

IBMS guidance and standards publications

The Institute’s BenchMark series of professional policies and guidance are available to download at www.ibms.org/resources/professional-guidance/

Articles, resources and further information on the biomedical science profession and getting involved in promoting the profession are available at www.ibms.org/getinvolved/

Information on the Institute’s Continuing Professional Scheme is available at www.ibms.org/cpd/

About this version

Document title: IBMS Policy on the Communication of Pathology Results

Produced by: Education and Professional Standards Committee

Contact: Education Department

T: + 44 (0)20 7713 0214, E: education@ibms.org

Version: Version 2 (replaces Version 1 Guidelines for Giving Results over the Phone)

Active date: June 2018

Review date: April 2021

Copyright and disclaimer

This document and its contents including the IBMS logo are the property and trademarks of the Institute of Biomedical Science. The copyright on this material is owned by the IBMS (unless otherwise explicitly stated). This document or no part of it may be copied, reproduced, republished, downloaded or transmitted in any way, other than for your own personal, non-commercial use. Prior written permission must be obtained from the IBMS, using the contact details above, for any other use of this material. All rights are reserved.

copyright © Institute of Biomedical Science 2018