Australian Laboratories compliance with NPAAC requirements for Send Away Tests

Stephanie Gay [1] and Tony Badrick[1]

[1] The Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP), St Leonards, Sydney, Australia

Introduction

NPAAC and IANZ have clearly laid the responsibility for ensuring the quality, timeliness and reporting of Send Away tests with the referring laboratory[1,2]. The requirements that should be addressed by the quality system can be summarized as:

a. quality assurance of the logistics process

b. documentation of handover(s)

c. specimen integrity

d. specimen traceability

e. accreditation status of the destination Medical Pathology Service

f. turnaround times

g. receipt of the report by the referring Medical Pathology Service

h. receipt of the report by the referring medical practitioner

i. the notification of high risk (critical) results.

The Key Incident Monitoring and Management Systems (KIMMS) group at RCPAQAP conducted an audit to investigate how well Australian Laboratories met these conditions.

Method

83 Australian organisations received a copy of the nineteen -question audit via Survey Monkey. The audit was split into 2 sections, one for referring laboratories (sending samples away to be tested) and one for referral laboratories (receiving samples to be tested).

Results

15 responses were received from referring laboratories and 11 from referral laboratories. All the referral laboratories where also referring laboratories e.g. they all referred some tests away as well as accepting tests from other laboratories.

Determining laboratories as suitable for providing testing is well controlled and does not appear to be an area of concern (table 1). Monitoring Turn around Times of send-away requests only happens in 66% of case (10/15 laboratories)

Table 1. Choosing and monitoring referral laboratories

Process for choosing referral laboratory	Number of laboratories
Have a list of referral laboratories (register)	15
Register includes which test to send where	13
Mechanism to ensure referral laboratory accredited	15
Written protocol to determine which laboratories to use as referral laboratory	14
Periodic review of referral laboratories	15

Notifications between referring and referral laboratories with regards to receipt and suitability of samples is not as compliant (table 2). Both report notification of sample received and result is delayed only happens two-thirds of the time. Expected sample not received, sample unsuitable and notification of critical results is always done according referral laboratories, but only done between 75 and 87 percent of the time according to referring laboratories.

Table 2. Notifications received by referring vs sent by referral laboratories

	Number of referring laboratories	% of referring laboratories	Number of referral laboratories	% of referral laboratories
Sample received	10	66	7	64
Expected sample not received	12	80	11	100
Sample received unsuitable for testing	13	87	11	100
Notification of critical results	11	73	11	100
Results delayed (for any reason)	8	53	7	64

The mode of notification of results is not consistent, as reported by both referring and referral laboratories. Each mode of notification would require a different process to send the report onto the referring practitioner and to acknowledge receipt of the report. This adds complexity to this requirement.

Table 3. Notifications received by referring vs sent by referral laboratories

Method report received/sent	Number of referring laboratories(total 15)	Number of referral laboratories (total 11)
Uploaded directly into LIS	13	8
Emailed	11	4
Faxed	14	11
Hard copies	13	11

11 of the referring laboratories (73%) expect the referral laboratory to send the report directly to the requesting practitioner, however, only 5 (33%) get confirmation that the practitioner has received the report. 5 (45%) referral laboratories report that they send results directly to the referring practitioner, but only 3 (27%) state they get confirmation that the reports have been received

Conclusion

Referring laboratories have procedures in place to ensure that accredited laboratories are used as referral laboratories, but only 66% monitor TAT of send away tests. There are mechanisms in place to ensure specimens not received when expected or those that are unsuitable for testing are notified, however, this does not occur 100% of the time.

The process for notifying samples received and delays in results is poorly handled with this identified as a problem by both referring and referral laboratories. There is confusion as to whether referral laboratories send results directly to the referring practitioner with 73% of referring laboratories say this happens, while only 45 % of referral laboratories say they do this. This is a high-risk area in pathology and should have 100 % compliance. Confirmation that reports have been received is even less compliant and is another high-risk area in pathology: 33% of referring laboratories and 27% of referral laboratories get confirmation that the referring practitioner has received the result.

Organisations need to develop better processes for ensuring requesting practitioners receive all referred results in a timely manner.

References

1. NPAAC Requirements for Medical Pathology Services second 2018; Clauses S43.5, SC8.2, Section 9 and Appendix A Risk Assessment-Risk Points (Normative), point 12
2. IANZ Specific Criteria for accreditation: Medical testing (2019) AS Lab C7, Section 4.5