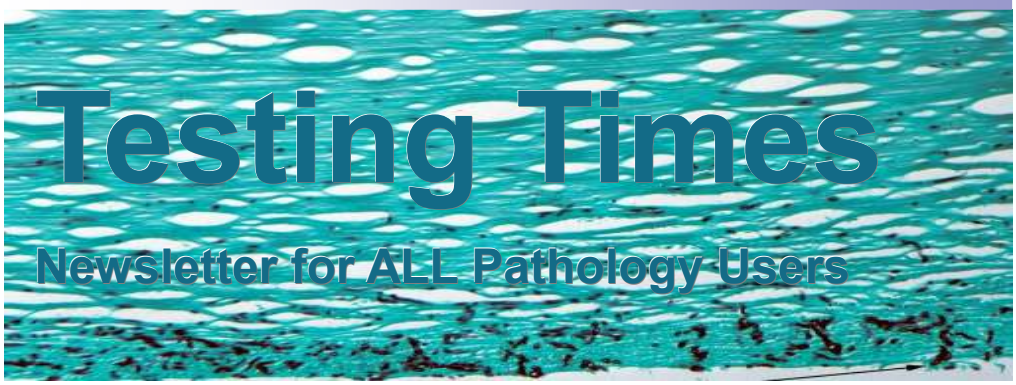
North Devon Pathology Department

June 2009

Edition No. 3



Pathology Department

North Devon District Hospital

Raleigh Park

Barnstaple

Devon

EX31 4JB

Northern Devon Healthcare NHS

NHS Trust

NICE Results: eGFR and HbA1c

Inside this issue:

How to Access Pathology on Tarkanet

Most NDHT PCs have a link to Tarkanet on the desktop. Also, clicking on the internet explorer icon should open Tarkanet. NDHT I.T. Services Dept (01271 322697) tell us that all GP Practices should also have a link to Tarkanet—please contact them if this is not the case.

From the Tarkanet home page:

Click the blue 'Documentation' Tab.

Click on the word 'Manuals' in the list shown.

Click on the word 'Pathology Handbook' from the list of manuals.

To comply with the National Institute for Clinical Excellence (NICE) guidelines, the Biochemistry department has made some changes to the way some tests are reported and have recently introduced some new tests.

Urine Total Protein to Creatinine Ratio is now available to be requested. It will also be performed automatically on any request for Urine Albumin to Creatinine ratio when the urinary Albumin is greater than 250 mg/l.

Estimated Glomerular Filtration Rate (eGFR) is now being reported on all requests for Urea and Electrolytes when the patient is over 18 years of age. The Laboratory Comment which details caveats on interpretation of the results are very important and must be read. Since the Laboratory does not know the ethnicity of the Patients, results for both Afro-Caribbean Patients and for non-Afro-Caribbean Patients are quoted. The requester must determine which is the appropriate figure to use.

Low Density Lipoprotein (LDL) Calculation has been re-introduced. When a full lipid profile has been requested on a fasting patient, the LDL calculation will be added automatically. The Freidewald formula for this calculation breaks down when the serum Triglyceride is greater than 4.5 mmol/l and no result will be generated in this case.

Glycated HbA1c results are now reported against both the Diabetes Control and Complications Trial (DCCT) and the International Federation of Clinical Chemistry (IFCC) standardisations. This dual reporting will run for two years after which time only the IFCC result will be issued.

What is eGFR?

eGFR (estimated glomerular filtration rate) are simple indices to detect early changes in kidney function. A normal result means that kidney disease is less likely while a low value suggests that some kidney damage has occurred. Creatinine Clearance results are usually evaluated in the same way.

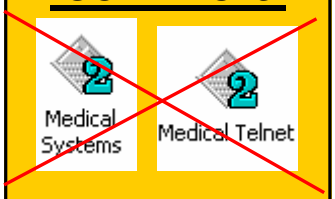
Pathology Reports - Some Going Nowhere?

The majority of pathology reports are correctly sent to the requesting practitioner at the correct location. However, there are a significant number where the requesting practitioner or location information is not recorded on the request form. Unfortunately, we do not have an automatic computer link to the hospital PAS system or national database which tells us where to send these results. We also do not have the resources to look-up the locations to send the 20-40 reports a day where this happens, as a result, these reports are not issued on paper.

Where results are significantly abnormal, an attempt is made to ascertain who the requesting practitioner is and where to send the results.

All results are available on the pathology computer and can be resent to any location upon request. Please ensure the requester and location is present on request forms to ensure results are delivered to the correct location.

Icon Alert!



Accessing the pathology computer system

Users who login to the pathology computer to access patient results can no longer use the icons shown above. Instead, the icon shown below must be used.

If you do not have this icon, contact I.T. Services on ext. 2697

"...it appears that the early cases were receiving what microbiologists consider to be inadequate doses of oral antibiotic therapy... "

Specimen Acceptance Policy

Specimens must be labelled with 2 key patient identifiers (transfusion specimens need 3)

Request Forms must be labelled with 3 key identifiers

Key patient identifiers are:

Full name (not initials or preferred names), DOB, and unique number (hospital, NHS, A/E, FP or GUM)

Specimen and request form information must match and be correct. Transfusion forms must be signed.

For more details or a copy of the full policy, contact the Pathology Quality Manager—see back cover for contact number.

Antibiotic Therapy for Cellulitis

A cellulitis pathway has been developed by a clinical working group as part of the 're-designing emergency care' project. Its purpose is to standardise the assessment and treatment of cellulitis throughout North Devon and prevent the unnecessary admission of patients to hospital. This pathway has been ratified by both Devon PCT Prescribing Interface Group (North Devon) and Northern Devon Healthcare NHS Trust Drug and Therapeutics Group. The pathway has been distributed to all general practitioners via practice managers and is hyperlinked to the GP formulary. http://www.northdevonhealth.nhs.uk/ndht/departments/clinical_support/pharmacy/FORMULARIES/HF%20-%20ch5%20-%20Cellulitis%20Pathway.pdf

(Copy and paste –or type-link into your browser address bar if it does not work)

The pathway is for those patients whose cellulitis has not responded to first line oral therapy and may require hospital assessment.

Approximately twenty patients have been managed to date using the pathway and although the cases have not been formally audited, it appears that the early cases were receiving what microbiologists consider to be inadequate doses of oral antibiotic therapy.

The guidance on appropriate antibiotic therapy was reviewed earlier this year and updated in the GP formulary.

Cellulitis is most commonly caused by Staphylococcus aureus and/ or haemolytic streptococci (A, C and G groups). The formulary recommends Flucloxacillin 500 mg four times daily for patients not allergic to penicillin for a period of 7 – 10 days. Increased doses of Flucloxacillin, 1 gram four times a day, although unlicensed for the treatment of cellulitis, is a recognized treatment for cellulitis and has been common practice amongst microbiologists for many years so to this end is supported by a robust body of evidence. Flucloxacillin up to 8 grams daily in three to four divided doses is licensed for osteomyelitis and endocarditis whereas the licensed dose for the treatment of cellulitis is Flucloxacillin 500 mg four times daily. This is considered to be the lowest effective dose by local microbiologists and depending on clinical presentation and weight of patient it may be appropriate to give a higher dose.

If you wish to discuss any aspect of the cellulitis pathway or you require advice on microbiological aspects of individual cases, please do not hesitate to contact either Dr Gail Speirs or Dr David Richards via the Microbiology Department (01271 349199).

If you feel your patient requires assessment please contact Nigel Warner, Charge Nurse—MAU Clinic, on bleep 187 via switchboard.

Cellulitis of the lower extremities

Rejected Pathology Specimens

In the last quarter (January - March 2009) figures show that 181 (0.34%) pathology requests were rejected from NDHT locations and 406 (0.54%) from PCT locations. More detailed figures are circulated to NDHT and PCT governance managers.

The most common causes of rejections are missing hospital or NHS numbers, completely unlabelled specimens, badly printed or aligned patient ID labels and ID labels for one patient stuck onto a different patient's specimens.

With the holiday season in full swing we would like to remind GP practices to ensure **T/R** is visible on request forms from **temporary residents**. This will avoid specimen rejection, where an NHS number is unavailable in these cases.

The department reviews rejected specimens on a regular basis to spot trends which can then be addressed.

Immediate Issue of Blood ("At last", I hear you say)

Maggi Webb, Blood Transfusion Manager

The Blood Transfusion Laboratory is to introduce immediate issue of blood from July 1st. This means that most patients will not have a cross-match performed and blood will be immediately available upon request. There are certain conditions which need to be fulfilled:

There must be a current Group and Save sample in the laboratory (i.e. less than 7 days old)

The patient must have a confirmed blood group, i.e. the patient has been grouped twice on two separate samples (This can include the current G&S sample as above)

The patient must not have any irregular antibodies either currently or historically.

The patient must not have had a solid organ transplant within the previous 3 months.

The patient must not have had an allogeneic bone marrow transplant.

The patient must not have auto-immune haemolytic anaemia.

Provided all the above criteria are fulfilled then the blood will be immediately available. We anticipate that cross-matching will be reduced to 20% of the current level.

It is important that patients for elective surgery are bled both at pre-op assessment clinic and again on admission to ensure that we have a confirmed group and a current sample. This will mean there will be no need to have blood on stand-by for any patients.

For medical day case patients, best practice will be to have the Group and Save sample taken by the GP practice the day before.

May I take this opportunity to remind everyone concerned of the strict requirements for labelling a sample for blood transfusion? The sample must be labelled by hand (no sticky labels) immediately after phlebotomy at the patient's side confirming the details with the patient. The sample must be labelled with the Surname, Forename, Date of Birth and Patient ID number. The person undertaking phlebotomy should sign and date both the sample and the request form thus confirming that they have followed procedure.

Samples which do not conform to these specifications will be rejected with an inevitable delay in the provision of blood.

Thank you for your co-operation.

Control Freaks?

To ensure the automated results we report are of high quality and reflect the true value, the blood science departments frequently test control specimens of known values. If a control test result is greater than two standard deviations from the mean value, analysis is halted whilst corrective actions are carried out. In addition to daily internal control checks, the laboratory is sent external control specimens from accredited sources (NEQAS, WEQAS, Heath Control etc). We analyse these samples regularly and our anonymised results are compared against all other participants in the scheme. Any anomalies or deviations can then be addressed.

Together, this helps to ensure the automated results you receive are both precise. and accurate.

Point of Care Testing (PoCT) News

The Trust has made Blood Glucose Monitoring training mandatory, as it is one of the core skills. This training can be booked via Development and Learning department on 01271 322396 (internal extension 2396), and is provided in both the community and at NDDH.

Please contact the PoCT team for help and advice when looking at new/reviewing ward based Pathology testing equipment. (The contact details for the PoCT team are on page 4.)

NDHT policy is such that all new purchases of PoCT equipment, including from charitable funds, must involve the PoCT team.

Point of Care Testing Equipment

Cover Photograph

The photograph under the 'Testing Times' title is of a Grocott silver stain for fungal elements. The stain has been performed on a paraffin section of skin. The fungal elements appear as long filaments (when seen in longitudinal section) or as small buds in cross section. This type of fungus is known as Candida albicans and can be found in 40 to 80% of normal human beings, for example, in athletes foot infections.

"blood will be immediately available upon request."

Immediate issue of blood

Phlebotomy—Where is it in the N.D.D.H?

A number of patients still turn up at the Pathology department looking for the Phlebotomy Service. Many years ago it was located next to Pathology, but it can now be found on Level 2 within the OPD. Please inform patients of the location if they ask as currently, Phlebotomy is not included on the blue signs in the hospital foyer.

North Devon Pathology Department
Contact Details

General Manager, Diagnostic Directorate:

Mr. Neil Schofield	*Tel: 2761 (322761)*

Biochemistry Department

Dr John O'Connor, Consultant Clinical Biochemist	*Tel: 01392 402944*
Mr Philip Parker, Head Biomedical Scientist	*Tel: 2345 (322345)*
General Biochemistry Laboratory Enquiries	*Tel 2345 (322345)*

Haematology & Blood Transfusion Department

Duty Consultant Haematologist	*Tel: 3198 (349198)*
Mrs. Sally Williams, Haematology Secretary	*Tel: 3198 (349198)*
Melanie Bowyer, Haematology CNS	*Tel: 3198 (349198)*
Mr. Tim Watts, Head Biomedical Scientist	*Tel: 3232 (370232)*
Mrs. Maggi Webb, Blood Transfusion Manager	*Tel: 2327 (322327)*
Kathleen Wedgeworth I.V. Fluids/Transfusion CNS	*Tel: 2440 (322440)*
General Haematology Laboratory Enquiries	*Tel 2329 (322329)*
General Transfusion Laboratory Enquiries	*Tel 2327 (322327)*

Microbiology Department

Dr Gail Speirs, Consultant Microbiologist	*Tel: 2798 (322798)*
Dr David Richards Consultant Microbiologist	*Tel: 2320 (322320)*
Angela Mills, Microbiology Secretary	*Tel: 3199 (349199)*
Mr. Colin Parkin, Head Biomedical Scientist	*Tel: 3278 (370278)*
General Microbiology Laboratory Enquiries	*Tel 2347 (322347)*

Cellular Pathology Department

Dr Nicolas Ward, Consultant Histopathologist	*Tel: 3197 (349197)*
Dr Jason Davies, Consultant Histopathologist	*Tel: 3197 (349197)*
Dr Andrew Bull, Consultant Histopathologist	*Tel: 3197 (349197)*
Nicola Martin, Histopathology Secretary	*Tel: 3197 (349197)*
Mr. Lee Luscombe, Head Biomedical Scientist	*Tel: 3754 (311754)*
General Cell. Path. Laboratory Enquiries	*Tel 2340 (322340)*
Mr. Michael Elton, Mortuary Manager	*Tel: 2302 (322302)*
Bereavement Support Office	*Tel: 2404 (322404)*

Pathology Computer Manager

Mr. Julian Bishop	*Tel 2324 (322324)*

Pathology Quality Manager

Mr. Bruce Seymour	*Tel 2324 (322324)*

Point of Care Manager

Mr. David O'Neill	*Tel : 3114 (349114)*

Pathology Office Manager

Mrs. Ruth Teague	*Tel: 2796 (322796)*

Pathology Supplies/Consumables

Debbie Martinelli & Marcus Milton	*Tel: 2342 (322342)*

N.D.D.H. Switchboard ***Tel 0 (322577)***

Full contact details are available on the 'Contact Us' page of the Pathology Handbook on Tarkanet.
Internal telephone extensions are shown above. Numbers in brackets are the direct dial numbers from outside the hospital. Barnstaple area code is 01271.

Laboratory Opening Times

The laboratory is fully staffed from 09:00 to 17:30 Monday to Friday and on Saturday between 09:00 and 12:30 for all departments except:-

Cellular Pathology—08:30 to 17:00 Mon-Fri only

Mortuary/Bereavement—08:30 to 16:00 Mon-Fri only

Outside of these times there is an on-call service in operation for Biochemistry, Haematology, Microbiology and the Mortuary departments. Contact the on-call staff via the N.D.D.H. Switchboard on ext. 0 (or 01271 322577 externally) - see below for more details on how to contact the on-call biomedical team.

There is also a doorbell outside the main Pathology entrance .

'How do I get Clinical or General Advice 'Out of Hours?'

CLINICAL ADVICE:-

Biochemistry & Haematology & Microbiology

Clinical Advice from a Pathology Consultant can be obtained outside of normal hours by contacting the N.D.D.H. switchboard—dial 0 from inside the hospital or 01271 322577 and ask for the consultant you require.

GENERAL ADVICE

There are three on-call biomedical scientists (one each for the biochemistry, haematology and microbiology departments) .

The on-call staff request that you do not directly phone the laboratory during on-call periods as they are frequently unable to take calls due to being in other parts of the laboratory, collecting specimens for example.

However, on-call staff can be contacted as follows:

Biochemistry & Haematology: By bleep, either directly (see below), or asking switchboard to bleep the biomedical staff required.

Microbiology:

Through Switchboard only.

How To Contact a Pathology Bleep Holder

Haematology Bleep: 045

Biochemistry Bleep: 031

1. Obtain a dialing tone

2. Dial 74 and the 3 digit bleep number (above)

3. Input the extension number you wish the bleep holder to contact

4. Wait for the confirmation tone (series of long beeps) and replace/switch off the handset/phone

For example, to contact bleep 045 dial 74 045 (your ext. no.) and wait for the confirmatory tone before hanging up.

We hope that you have found this newsletter interesting and helpful. If you would like to see information on a specific topic in the next newsletter, please contact the Pathology Quality Manager, Mr. Bruce Seymour on ext. 2324 (or 01271 322324), email bruce.seymour@ndevon.swest.nhs.uk with any requests.