Worcestershire Acute Hospitals NHS Trust NHS Pathology

Document controlled using Passport™ Quality Management System

Title: Telephoning Results Policy and Procedure

Document Category:	Laboratory Procedure (LP)
Department:	Chemistry
Section:	Chemistry Automation - ALEX, Chemistry Automation - W Chemistry, Redditch, and Semi-Automation, WAHT
Informative filename:	LP-U-CHM-Telephoning results
Version:	2.12
Document Status:	Authorised
Authors:	Michael Cornes and Stephen Martin
Authorised By:	Adedoja Adeseye
Authorised on:	22-Jul-2024
Review On:	15-Jul-2026
Copy Number:	N/A
Location Of Copy:	unknown

Procedure Amendments

	Date	Page	Amendment	Authorised by
1	23/08/2022	3 (3.2.1)	Addition of ensuring results to Worcs GP OOH and when to phone NHS 111	MZ
2	31.1.2023	6	Trop T changed to Trop I. Xanthochromia scans - changed from phone all to phone all abnormal	MZ
3	31.1.2023	2	Telephone numbers now in Biochemistry telephone directory, not automated section daily procedure	MZ
4	08/03/2023	3 (3.2.1)	Addition of requirement to attempt to phone the OOH service at least three times before calling the NHS 111 service	CI
5	08/03/2023	5	Wording change for creatinine phoning requirements (as per SOP change request)	CI
6	08/03/2023	6	Now a requirement for all Xanthochromia scans to be phoned.	CI
7	09/03/2023	4 3 3	Add in emailing results Add in three times over one hour before calling 111 Add in senior staff to contact OOH if any problems getting through	LH
8	15/06/2023	3 6/7	Detail on types Added type column to appendix plus update to bilirubin to phone neonates regardless of location	MC
9	Jun 2023	4	Add in to only email nhs.net accounts and link to GP email address list	LH
10	Nov 2023	3 (3.8)	Details of information to log when phoned (name, location etc).	MZ
11	June 24	3	Added Call failure steps	MC

TELEPHONING RESULTS LABORATORY POLICY

1.0 Purpose and Scope

1.1 To define the categories of results which require telephoning.

1.2 To define the categories of staff both giving and receiving results over the telephone.

1.3 To define the mechanism for giving results over the telephone.

1.4 To ensure that results are both given and received accurately.

1.5 To ensure that computer records are kept when results are telephoned.

2.0 Responsibility

Authorized results may be given out by clinical scientists, qualified BMS staff and also MLA's, secretarial and clerical staff who have been deemed competent by the Laboratory Manager.

3.0 Procedure

3.1 Results which require telephoning:

3.1.1 Results where urgent phoning has been requested by a doctor in advance of the analysis.

3.1.2 Grossly abnormal results which exceed 'critical cutoff' limits for designated analytes, or where a result is considered clinically to be sufficiently abnormal to be reported urgently to a doctor:

3.1.3 A request is received for results to be phoned where they have not yet been received on the ward or GP surgery electronically or by paper, or are needed at an Out Patient clinic.

For result telephone limits: see appendix 1.
For telephone numbers see document 'Biochemistry Telephone Directory' on iPassport.

3.2 Communication Type

A = rapid communication within 2 hours,
B = if out of hours (OOHs) then communication within 24 hours to GP/GP OOHs service.

3.3 Personnel.

3.3.1 Results that need to be phoned out of hours (OOH) should be phoned through to Worcestershire GP OOH on 0330 1230 942 in the first instance.

3.3.2 If staff are unable to phone results through to this number, it must be documented in the phone log on Winpath.

If staff have attempted to call the Worcestershire GP OOH three times over an hour without success, then the NHS 111 service may be phoned with results. Always document on the phone log in Winpath if you are unable to get through to GP OOH and have had to phone NHS 111 as a result. Also inform senior staff in person or via the handover. Senior staff should then inform out of hours of any problems getting through by emailing worcestershire.oohservice@nhs.net the next working day.

3.3.3 Results to GP surgeries or OOH should be given to the requesting doctor, the practice nurse, the receptionist, or operator with the necessary responsibility.

3.3.3.1 For OOH please ensure you have the information detailed in appendix 2 prior to calling. Note Appendix 2 is just for guidance to the information required. There is no obligation to complete it.

3.3.4 If the request is from outpatients the results should be phoned to the requesting consultant or the medical representative on call for that department via switchboard.
3.3.4.1 The on call clinician should then be provided with the OOH phone number so they can contact the OOH team if they require their assistance.

3.3.5 On the wards, results are received over the telephone by a member of staff deemed competent to do so by the Ward Manager.

3.4 Call Failure Process

3.4.1 Refusal
3.4.1.1 If the correct clinical member of staff or correct ward is contacted but then refuses to take responsibility for the result this should be logged in the call history and a DATIX raised at the earliest opportunity. Inform the duty biochemist if in core hours. Outside of core hours consider calling in the morning unless clinically concerned or unsure, in which case phone the on-call consultant biochemist.

3.4.2 No answer
3.4.2.1 Every effort must be made to communicate results. As a minimum there should be 3 attempts over a 1.5hr period and if possible different numbers attempted e.g. different line or to secretary. All failed calls must be recorded in the audit trail. If, after this there is still no response inform the duty biochemist if in core hours. Outside of core hours consider calling in the morning unless clinically concerned or unsure, in which case phone the on-call consultant biochemist.

3.5 When asked for results over the phone always check who is enquiring to ensure that results are only given to relevant personnel. Ask the name of the person to whom the results are being given to. **We should never give results to patients or their relatives**.
It is suggested that the worksheet 'Automated Section Worksheet is filled out.

3.6 Always check the date of the results including the year to ensure results relevant to the enquiry are given out

3.7 Check the patient identification carefully before giving out results. Patients' full name, date of birth and hospital number/NHS number should be used.

3.8 Read out results carefully and get the recipient to repeat them back to you to ensure accurate transmission and transcription of results has taken place. Ask for the full name (and job title ideally) of the person who you are giving the results to, and give them yours. Also note down the location of where the result has been phoned to.

3.9 Log in Winpath that the results have been telephoned. Note: you must include Name of the person taking the result, location and ideally job title.

- Click on the red telephone icon on the top of the result entry screen. A box will appear on screen.
- Tick the relevant tests that have been telephoned.
- Click on the 'telephoned to' box and type in the location and the name of the person who took the results then save.
  Telephoned information saved will appear on the screen, click ok then save

3.10 OOH results on children (Patients <16 years of age): Do not phone the OOH, please contact the on – call paediatrician on Bleep 676 or via Switchboard.

3.11 It is advisable to check the Winpath 'phone queue' and ensure that the results that should be telephoned have been telephoned appropriately. It is accessed via the 'patient' drop down menu in Winpath.

3.12 Phoning Queue.
Results that are abnormal that may have not been highlighted by the middleware (such as AKI alerts) appear on the phone queue.

- Results that should be checked will have 'Ready to Phone in the Status'
- Double-click on the listing to bring up the results and phone queue record details.
- Many Wards/Practices will have the relevant telephone number in the details.
- If the results require telephoning as per guidelines in **Appendix 1**, then telephone the results as per the above guidelines.
- Midwives: if a midwife has not given their contact telephone number on the request card or there is no answer or the midwife is unable to take the call then phone WRH Maternity Triage on 30771. Midwife telephone numbers can be found in the Associated document:
  AS-U-CHM-Midwife telephone numbers.

If there is any doubt about whether to telephone a result or not then contact a Senior member of staff, or on-call Clinical Scientist for advice.

4.0 Emailing abnormal results

Between 9am and 1pm, if it is difficult to phone results to GP surgeries it may be possible to email these instead – please confirm with duty biochemist and note this on phone queue. If confirmed as

OK duty biochemist may email results or delegate to appropriate member of staff (staff in lab are not expected to email the result). Results should only be emailed to @nhs.net email addresses. A list of GP surgery email addresses is in AD-U-GEN GP Practice phone and email address.

4.1 Email format

For emailing results please use format below:

- Message indicated as “high importance”
- Email address from “AD-U-GEN GP Practice phone and email addresses”
- Subject “Abnormal biochemistry result please action – {Patient NHS number}”
- Message:

“Hello

I would like to highlight an abnormal result on your patient {Full name, DoB, NHS number} on sample taken {sample collection date}, as we have been unable to get through by phone.

{Details of abnormal result – full test name, result, units, reference range or screenshot from WinPath of result e.g.:

aA	Sodium	135	mmol/L	(133 - 146)
aA	Potassium	4.4	mmol/L	(3.5 - 5.3)
nA	Potassium Comment:	Result expected today		
aA	Urea	* 8.3	mmol/L	(2.5 - 7.8)
aA	Creatinine	* 641	umol/L	(64 - 104)

Please confirm receipt of this email

{Name, job title and contact number}”

- Please indicate on phone queue that results have been emailed

We would expect a reply within 1 hour to confirm results have been received – please also indicate when this is received on phone queue

Appendix 1. Abnormal results for telephoning

OOH results on children (Patients <16 years of age): Do not phone the OOH, please contact the on – call paediatrician on Bleep 676 or via Switchboard.

The table below provides guidance on the levels at which individual test results will be telephoned to the requesting physician/OOH, along with further guidance to reduce unnecessary phoning of results.
Type A = rapid communication within 2 hours,
Type B = if out of hours (OOHs) then communication within 24 hours to GP/GP OOHs service.
If in doubt contact a Clinical Chemist for advice.

Test	unit	low	high	Phone to	Type		sig change
					Prim Care	Sec Care	
Alcohol	mg/dl		≥400	ALL	A	A	
ALT (pregnancy)	iu/L		≥35	IP - Significant change or new finding only. All GP/OP	A	A	Doubling
ALT	iu/L		≥600	IP - Significant change or new finding only. All GP/OP	A	A	Doubling
Ammonia	umol/L		≥100	ALL	A	A	
Amylase	iu/L		≥500	New finding only	A	A	
AST	iu/L		≥600	New finding only	A	A	
Bile Acids	umol/L		≥14	In pregnancy only phone new findings or significant change	B	A	Doubling
Conjugated Bilirubin	umol/L		≥25	Neonatal Only	B	A	
Bilirubin	umol/L		≥200	Neonatal Only	A	A	
Bilirubin Outpatient	umol/L		≥350	GP and OP Only	A	A	
Adjusted Calcium	mmol/L	≤1.8	≥3	IP - Significant change or new finding only. All GP/OP	B/A[a]	A	0.3
Cortisol	nmol/L	≤100		Not if due to suppression test. Contact clinical biochemist if in doubt.	B	A	
CK	iu/L		≥3000	IP - Significant change or new finding only. All GP/OP	A	A	Doubling
Creatinine	umol/L		≥250	Not for known dialysis patients or renal inpatients. IP/GP/OP - Significant change or new finding only.	A	A	Doubling
Creatinine <16yrs	umol/L		≥200	IP - Significant change or new finding only. All GP/OP. Not if known renal patient	A	A	Doubling
AKI			2 or 3	level 2 phone in 24 hrs, level 3 phone urgently. New finding only	A	A	
CRP	mg/L		≥300	GP /OP only	A	-	
CSF Protein		All abnormal		ALL	A	A	
Glucose	mmol/L	≤2.5	≥25	**GP/OP** Phone all high GP/OP glucoses within 2 hours. For GP/OP low glucoses should be phoned within 2 hours during core hours but can wait till the next morning if out of hours.	A	A	
Glucose <16yrs	mmol/L	≤2.5	≥15		A	A	

				IP For IP once initial high glucose phoned only phone if worsens by >5. Phone all low glucoses			
Iron	umol/L		≥45	ALL	B	A	
Magnesium	mmol/L	≤0.4		IP - Significant change or new finding only. All GP/OP	A	A	Halving
Lactate	mmol/L		≥5	ALL	A	A	
Lithium	mmol/L		≥1.5	ALL	B	A	
Paracetamol	mg/l	detectable		ALL	A	A	
Phosphate	mmol/L	≤0.3		IP - Significant change or new finding only. All GP/OP	B	A	Halving
Potassium	mmol/L	≤2.5	≥6.5	Follow decision flowchart for hyperkalaemia	A	A	
Salicylate	mg/l	detectable		ALL	A	A	
Sodium	mmol/L	≤120	≥155	Phone all GP/OP. For IP phone new findings then only phone if worsens by >5mmol/L.	A	A	
Sodium <18yrs	Mmol/L	≤130	≥155	Phone all GP/OP. For IP phone new findings then only phone if worsens by >5mmol/L.	A	A	
Triglycerides	mmol/L		≥10	IP, GP,OP - Significant change or new finding only. Not OOHs	B	A	Doubling
Urea	mmol/L		≥30	Not for known renal pts. IP - Significant change or new finding only. All GP/OP	A	A	Doubling
Urea <16yrs	mmol/L		≥10	ALL	A	A	Doubling
Digoxin	ug/l		≥2.5	ALL	B	A	
Phenytoin	mg/l		≥25	ALL	B	A	
Theophylline	mg/l		≥25	ALL	B	A	
Carbamazapine	mg/l		≥15	ALL	B	A	
valproate	mg/l		≥100	ALL	B	A	
Troponin I	pg/ml		≥20	**GP and OP only. Not IP**	A	-	
Xanthochromia scans				All results must be phoned	-	A	
Vancomycin	mg/L		≥20	ALL	A	A	
Tobramycin	mg/L		≥1	ALL	A	A	
PCT	ng/ml		>10	New Finding	A	A	

a – Greater than 3.5mmol/L phone as type A otherwise B

Appendix 2. Desirable information prior to contacting OOH service

The document below details all the information you should have at hand before contacting the OOH service.

Out of Hours Urgent Abnormal Blood Test Results

Name of Patient	
Date of Birth	
NHS Number	
Address	
Telephone Number	

Abnormal test result

Name of test	Date Test Taken	Time Test Taken	Time Test Processed	Result	Reference Range

Previous Results

Name of Test	Result	Date

Clinical History (from request form and hospital records if available)

Guidance from Laboratory Technician or Consultant for OOH Clinician to Manage Result

Name of Lab Technician conveying result: _____
Time called: ___:___ Time taken to answer: ___:___
Name of person receiving result: _____