

# Shropshire Community Health

NHS Trust

## Policies, Procedures, Guidelines and Protocols

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<b>Title</b>	Policy on Management of Diagnostic Testing and Screening Procedures	
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Local Ref (optional)		
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Who is the document aimed at?	All staff employed by Shropshire Community Health NHS Trust responsible for diagnostic testing and/ or clinical screening on behalf of the organisation.	
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3	V3 June 2015	Review, simplification and update
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## 1. Introduction

This document acknowledges the risks associated with the process of diagnostic testing and screening procedures and describes Shropshire Community Health NHS Trust (SCHT) wide process for the development of Service Specific Local Procedure /Standard Operating Procedures (SOPs) to manage these risks and improve the quality of care.

Inadequate referral information, poor communication of test results to the requester and inadequate arrangements for the follow up by requesters are all acknowledged as national patient safety issues.

This document provides robust organisation-wide guidance on how to develop specific guidance to support local processes of requesting, undertaking, verifying and communicating the results of all diagnostic tests and screening procedures.

## 2. Purpose

The purpose of this policy is to enable staff to ensure that all diagnostic tests and screening procedures undertaken within the organisation are managed to minimise the risk to patients and to improve patient outcome and quality of care.

This policy will assist individual services in developing their own Service Specific Local Procedure /Standard Operating Procedures (SOPs) to inform and direct staff on the duties and procedures required when involved in any stage of diagnostic testing and screening procedures.

## 3. Definitions

<b>Diagnostic Tests</b>	A test or investigation such as pathological tests, imaging and endoscopy performed to determine diagnoses; monitor patients during treatments and to inform future treatment options.
<b>Screening Procedures</b>	Screening is a process of identifying apparently healthy people who may be at increased risk of a disease of condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and /or any complications arising from the disease of condition.
<b>Service Specific Local Procedure /Standard Operating Procedures (SOPs)</b>	A clear, step-by-step instruction of how to carry out agreed actions that promote uniformity to help clarify and augment processes. SOPs document the way activities are to be performed to facilitate consistent conformance to requirements and to support data quality. SOPs provide individuals with the information needed to perform a job properly and consistently.
<b>Non Invasive Procedures</b>	A procedure that does not penetrate the body, for example ultra sound and X-Ray
<b>Minimally Invasive Procedures</b>	A procedure (surgical or otherwise) that is less invasive than open surgery, for example taking blood for screening tests.
<b>Invasive Procedures</b>	A procedure requiring insertion of an instrument, device or substance (like a contrast medium) into the body through the skin or a body orifice.

## 4. Duties

### 4.1 Duties within the Organisation

#### Director of Nursing and Operations

The Director of Nursing and Operations is responsible for ensuring SCHT has an overarching policy to manage the risks associated with Diagnostic Testing and Screening Procedures.

#### Locality Clinical Managers

Locality managers are responsible for ensuring the development of Service Specific Local Procedures /Standard Operating Procedures (SOPs) and ensuring monitoring and compliance with these documents and learning from annual audit and significant events.

#### Service Managers

Service managers are responsible for the development and review of Service Specific Local Procedure /Standard Operating Procedures (SOPs) for diagnostic testing and screening, ensuring all equipment utilised for diagnostic testing and screening is maintained in line with guidance and that appropriate training is provided for staff where necessary.

It is the responsibility of Service Managers to review policy and procedural documents relating to diagnostic testing and screening procedures used within their service and if appropriate develop local procedures (SOPs) to meet service need.

#### Health Care Professionals

All clinical staff involved in diagnostic testing and screening procedures must adhere to guidance in this policy and follow local procedures (SOPs) where available. All clinical staff have a responsibility for their own professional standards, to attend training or awareness sessions when made available and to maintain their own competency.

### 4.2 Committees and Groups with overarching responsibilities

#### Trust Board

The chief executive and the nominated directors will gain assurance that this document is being implemented within the organisation through reporting of the monitoring and compliance via the Director of Nursing and Operations.

#### Reporting Committee

The trust Quality and Safety Committee will be responsible for oversight of the agreed standards of diagnostic testing and screening procedures and adherence to organisational and local standards. Local procedures (SOPs) for diagnostic tests and screening procedures will be managed in accordance with the Trust Policy on Procedural Documents.

### 4.3 Duties external to the Organisation

#### Accredited Laboratories

Accredited Laboratories used will be expected to meet the appropriate professional standards.

## 5. Management of Diagnostic Testing and Screening Procedures

Diagnostic tests can be used to determine what conditions, diseases or syndromes a patient may currently have or is likely to develop. These tests can be used in a variety of ways including screening, monitoring chronic conditions, suggesting diagnoses, ruling out or confirming suspected diagnoses, monitoring patients following treatment for side effects or recurrence, and predicting future events. Because of the variety of tests employed and the range of professional review and subsequent actions that may occur as a result of testing, there is an absolute need for clear pathways that identify how, when and to whom the results should be communicated.

### 5.1 Development and Content of Guidance for Specific Diagnostic Tests and Screening Procedures

A baseline assessment of the diagnostic tests and screening procedures carried out by the organisation, and the risks associated with these tests and procedures, was undertaken by consultation with clinical and service leads. This is reviewed at each policy review.

Appendix 1 '*Risk Assessment for managing Diagnostic Tests and Screening Procedures*' summarises diagnostic tests and screening procedures undertaken and categorises the agreed level of risk as high, medium or low risk.

Appendix 2 '*SCHT Guidance for managing Diagnostics Tests and Screening Procedures*' summarises agreed appropriate timescales for responses.

### 5.2 Specific Guidance for Management of Diagnostic Tests and Screening Procedures

Specific Guidance for diagnostic tests and screening procedures have been developed for Clinical Pathology, Radiology and Near Patient testing (see Appendices 3,4, and 5). They include direction regarding;

- a) adherence to Service Specific Local Procedures/ SOPs or equivalent protocols;
- b) ensuring all eligible populations are identified and offered screening;
- c) ensuring that all diagnostic tests and screening procedures are undertaken by authorised healthcare staff following specified training where necessary;
- d) where use of laboratory service is required that the information includes:
  - the recording of the correct patient details;
  - the request for the correct test or screening procedure;
  - the details of the healthcare staff member for return of the result and subsequent action;
  - failsafe procedures if a sample is incorrectly labelled or insufficient, inappropriate or contaminated samples are received.
- e) where a test does not require pathological analysis the procedural undertaking and outcome of this activity should be documented in the clinical record;
- f) the process for recording the receipt of the screening result, the interpretation and the subsequent management plan in the clinical record;

- g) how results are communicated to the patient and other identified healthcare providers;
- h) ensuring that identified actions are taken and documented, and that the method of communication is recorded, face to face contact, phone call, letter, email, fax, etc;
- i) ensuring that robust systems are in place which involve the receipt and filing/ uploading to RiO of paper held results; and
- j) continuous performance management and monitoring of the diagnostic tests and screening procedures ordered and the management of results.

### **5.3 Development of Service Specific Local Procedures/ SOPs for managing Diagnostic Tests and Screening Procedures**

Each service must identify the staff involved and the local procedure for requesting, handling and sharing results for diagnostic tests and screening procedures undertaken in their service area, to the standards outlined in this policy and in the specific guidance.

The responsibility for developing Service Specific Local Procedures/ SOPs lies with the service manager using the template provided in Appendix 6 and in accordance with the Trust Policy on Procedural Documents. It must be reviewed annually.

## **6. Consultation**

This policy has been developed in consultation with and circulated via email in draft for comments to the following stakeholders.

Steve Gregory, Director of Nursing and Operations  
 Dr Jane Povey, Medical Director  
 Stanley Mukwenya, Head of Governance and Risk  
 Susan Watkins, Chief Pharmacist  
 Liz Watkins, Head of Infection Prevention & Control  
 Dr Karen Stringer, Associate Medical Director for Strategy  
 Dr Louise Warburton, Clinical Lead for TEMs and Associate Medical Director  
 Dr Pat Staite, Lead GP for Prisons and Associate Medical Director  
 Dr M Ganesh, Consultant Paediatrician and Clinical Lead  
 Tom Seager, Dental Surgeon and Clinical Director Community Dental Services  
 Angela Cook, Corporate Head of Nursing & Professional Practice  
 Alan Ferguson, Clinical Documentation Lead  
 Phil Atkins, Clinical Lead MIUs  
 Wendy Sweeney, Clinical Services manager, Prisons  
 Jo Gregory, Head of Nursing and Quality  
 Debbie Jones, School Nurse Co-ordinator and Clinical Lead  
 Georgina English, Clinical Lead for Community Nursing  
 Narinder Kular, Nurse Consultant Children with Complex Care  
 Kate Hidden, Team Leader, Children's Occupational Therapy  
 Cath Molineux, Nurse Consultant and EOL Lead  
 Mande Worrall, Adult Services Delivery Group Manager

## 7. Dissemination and Implementation

### 7.1 Dissemination

This policy will be published on the staff intranet and disseminated through clinical policy alert via DATIX to all clinical leads and managers for action and cascading to all clinical staff.

### 7.2 Implementation

Many diagnostic test and screening procedures will require only existing skills and professional competencies of health professionals, and up to date mandatory training requirements. Some specific diagnostic test and screening procedures may require specific competencies and training, for example cervical screening, venepuncture and Non-Medical Referral for radiology investigation.

#### Identifying Training Needs

Clinical leads and Line Managers should consider any specific training or competency issues arising from diagnostic tests and screening procedures. Where appropriate, development of staff in diagnostic testing or screening procedures should be supported by the Trusts Learning and Development Policy and outlined and included in the Trust Training Needs Analysis which clearly defines the expected competencies of staff groups, training requirements, frequency of training and method of assessment of competency.

## 8. Monitoring Compliance

This document will be reviewed every 3 years, or as change in best practice standards, guidance or legislation occurs.

Compliance will be monitored through the Quality and Safety Delivery group and the annual clinical documentation audit.

Any recommendations and lessons learned as part of the monitoring or audit processes will be disseminated to relevant leads and clinical staff.

## 9. References

UK National Screening Committee annual report

<https://www.gov.uk/government/publications/uk-national-screening-committee-recommendations-annual-report>

Current UK screening programs [complete list of UK NSC recommendations](#).

NHS Right Care <https://www.england.nhs.uk/rightcare/>

British Medical Association: *Acting upon electronic test results*

<https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/primary-and-secondary-care/acting-upon-electronic-test-results>

HSE: *Transport of Infectious Substances: Best practice guidance for microbiology laboratories*

<https://www.hse.gov.uk/biosafety/blood-borne-viruses/transportation-of-infectious-substances.htm>

World Health Organisation: *Guidance on regulations for the Transport of Infectious Substances*

<https://www.who.int/ihr/publications/WHO-WHE-CPI-2019.20/en/>

Mental Capacity Act (2005) <https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/> Jan21

## 10. Associated Documents

Learning and Development Policy and Training Needs Analysis

Infection Prevention and Control Policies

Consent to Examination and Treatment Policy

Medical Devices Policy

Information Governance Policy

Incident Reporting Policy

Patient Information Policy

Specimen packaging, handling and delivery of laboratory specimens Policy

## 11. Appendices

1. Risk Assessment for managing Diagnostic Tests and Screening Procedures
2. Guidance for managing Diagnostic Tests and Screening Procedures
3. Specific Guidance for Management of Clinical Pathology Diagnostic Tests and Screening Procedures
4. Specific Guidance for Management of Radiology Diagnostic Tests and Screening Procedures
5. Specific Guidance for Management of Near Patient Diagnostic Tests and Screening Procedures
6. Template for Service Specific Local Procedure for handling Diagnostic Tests and Screening Procedures



## Appendix 1

## SCHT Risk Assessment for managing Diagnostics Tests and Screening Procedures

<b>Diagnostic Test (D) or Screening Procedure (S)</b>	<b>High Risk</b> where an adverse result is likely to lead to a serious condition, or fatality for the patient	<b>Medium Risk</b> where an adverse result is possible but unlikely to lead to a serious condition or fatality for the patient	<b>Low Risk</b> where an adverse result would be very unlikely to lead to a serious condition, or fatality for the patient
<b>Clinical Pathology</b>			
Haematology- FBC, ESR, Coag/ INR, blood film	INR High result risk (D)	Medium result risk (D)	Low procedure risk (D&S)
Biochemistry- U&E, LFTs, Bone, thyroid, ferritin, D Dimer, Troponin	U&E, D Dimer, Troponin high result risk (D)	Medium result risk (D)	Low procedure risk (D&S) Low result risk (S)
Microbiology- Urine (including MSU and CSU), stool, sputum, swabs, serology	Covid PCR, Clostridium difficile, MRSA	Medium result risk (D&S)	Low procedure risk (D&S)
Histology- Cervical smears, biopsies, aspirates		Medium procedure risk (D&S) Medium result risk (D&S)	
MRSA screening		Medium result risk	Low procedure risk
Urine for Albumin/Creatinine Ratio			Low procedure risk (D&S) Low result risk (D&S)
Urine Drug Screen		Medium result risk (D&S)	Low procedure risk (D&S)
Vaginal Culture		Medium result risk (D&S)	Low procedure risk (D)
Blood Testing for syphilis, hepatitis and HIV	High result risk (D&S)		Low procedure risk(D&S)
<b>Near Patient testing</b>			
Blood pressure			Low procedure risk (D&S) Low result risk (D&S)
Temperature		Medium result risk (D&S)	Low procedure risk (D)
ECG		Medium result risk (D&S)	Low procedure risk (D&S)
Near patient International Normalised Ratio (INR) testing	High result risk (D&S)	Medium procedure risk (D&S)	
Continuous Glucose Monitoring System (CGMS)		Medium procedure risk (D&S) Medium result risk (D&S)	

<b>Diagnostic Test (D) or Screening Procedure (S)</b>	<b>High Risk</b> where an adverse result is likely to lead to a serious condition, or fatality for the patient	<b>Medium Risk</b> where an adverse result is possible but unlikely to lead to a serious condition or fatality for the patient	<b>Low Risk</b> where an adverse result would be very unlikely to lead to a serious condition, or fatality for the patient
Blood Glucose Testing		Medium result risk (D&S)	Low procedure risk (D&S)
Blood Ketone Testing		Medium result risk (D&S)	Low procedure risk (D&S)
Urinalysis			Low procedure risk (D&S) Low result risk (D&S)
Pregnancy testing		Medium result risk (D&S)	Low procedure risk (D&S)
Pulse Oximetry		Medium result risk (D&S)	Low procedure risk (D&S)
Spirometry			Low procedure risk (D&S) Low result risk (D&S)
Blood gas analysis		Medium procedure risk (D&S) Medium result risk (D&S)	
Doppler testing		Medium result risk (D&S)	Low procedure risk (D&S)
Bladder scanning		Medium result risk (D&S)	Low procedure risk (D&S)
Carbon monoxide testing		Medium result risk (D&S)	Low procedure risk (D&S)
Height/ weight/ body mass index			Low procedure risk (D&S) Low result risk (D&S)
Alcohol screening			Low procedure risk (D&S) Low result risk (D&S)
Lateral Flow test (Covid)		Medium result risk (D&S)	Low procedure risk (D&S)
<b>Imaging</b>			
Echocardiography		Medium result risk (D&S)	Low procedure risk (D&S)
XRay		Medium result risk (D&S)	Low procedure risk (D&S)
Ultrasound (USS)	Vascular USS high result risk (D)	Medium result risk (D&S)	Low procedure risk (D&S)
Computer Tomography (CT)	High result risk (D&S)		Low procedure risk (D&S)
Magnetic Resonance Imaging (MRI)	High result risk (D&S)		Low procedure risk (D&S)
Bone age		Medium result risk (D&S)	Low procedure risk (D&S)
DVD Fluoroscopy		Medium result risk (D&S)	Low procedure risk (D&S)
<b>Cardio respiratory</b>			
Lung Function		Medium result risk (D&S)	Low procedure risk (D&S)

<b>Diagnostic Test (D) or Screening Procedure (S)</b>	<b>High Risk</b> where an adverse result is likely to lead to a serious condition, or fatality for the patient	<b>Medium Risk</b> where an adverse result is possible but unlikely to lead to a serious condition or fatality for the patient	<b>Low Risk</b> where an adverse result would be very unlikely to lead to a serious condition, or fatality for the patient
TILT test		Medium result risk (D&S)	Low procedure risk (D&S)
24 hour ECG		Medium result risk (D&S)	Low procedure risk (D&S)
<b>Paediatric</b>			
Height/ weight measurement		Medium result risk (D&S)	Low procedure risk (D&S)
Head circumference measurement		Medium result risk (D&S)	Low procedure risk (D&S)
Developmental screening/ diagnostic tool assessments		Medium result risk (D&S)	Low procedure risk (D&S)
Investigations for developmental impairment		Medium result risk (D&S)	Low procedure risk (D&S)
Genetic testing (microarray/ karyotype etc)		Medium result risk (D&S)	Low procedure risk (D&S)
Continuous Glucose Monitoring System (CGMS)		Medium procedure risk (D&S) Medium result risk (D&S)	
Blood borne virus screen	High result risk (D&S)		Low procedure risk(D&S)
EEG (Electroencepholgraphy)		Medium result risk (D&S)	Low procedure risk (D&S)
Coeliac screen		Medium result risk (D&S)	Low procedure risk (D&S)
School entry audiology screening		Medium result risk (D&S)	Low procedure risk (D&S)
Sleep study		Medium result risk (D&S)	Low procedure risk (D&S)
Allergy Testing		Medium procedure risk (D&S) Medium result risk (D&S)	

## Appendix 2

## SCHT Guidance for managing Diagnostics Tests and Screening Procedures

Diagnostic Test or Screening Procedure	How is test requested	Timescales (working days) for clinician to receive result	Timescales (working days) for informing patient
<b>Pathology Tests/ Phlebotomy</b>			
Haematology- FBC, ESR, Coag/ INR, blood film	Clinical pathology, SaTH T Quest electronic request system or referral form	1-3 days	Urgent response required- action within 1-2 days
Biochemistry- U&E, LFTs, Bone, thyroid, ferritin			
Microbiology- Urine (MSSU and CSU), stool, sputum, swabs, serology/ PCR		3-5 days	Routine response 7-14 days
Histology- Cervical smears, biopsies, aspirates		7-14 days	
MRSA screening		3-5 days	
Urine for Albumin/Creatinine Ratio		3-5 days	
Urine drug screen		3-5 days	
<b>Near Patient testing</b>			
Blood pressure	Near patient testing carried out by Community Trust staff May be done on request of Patients GP	Immediately available  If requested by Patients GP the results passed on to referring GP within 1-3 days	Shared with patient at time of test
Temperature			
ECG			
Blood Glucose Testing			
Blood Ketone Testing			
Urinalysis			
Pregnancy testing			
Pulse Oximetry			
Spirometry			
Blood gas analysis			

Diagnostic Test or Screening Procedure	How is test requested	Timescales (working days) for clinician to receive result	Timescales (working days) for informing patient
Doppler testing	Near patient testing carried out by Community Trust staff May be done on request of Patients GP	Immediately available  If requested by Patients GP the results passed on to referring GP within 1-3 days	Shared with patient at time of test
Bladder scanning			
Carbon monoxide testing			
Height/weight/body mass index			
Alcohol screening			
Lateral Flow test (Covid)			
<b>Imaging</b>			
Echocardiography	Radiology, SaTH or RJAH Referral forms	5-10 days	Urgent response required- action within 1-2 days  Routine response 7-14 days
XR			
USS			
Computer Tomography (CT)			
Magnetic Resonance Imaging (MRI)			
Bone age			
DVD Fluoroscopy			
<b>Cardio respiratory</b>			
Lung Function	Cardiorespiratory Dept, SaTH Referral form	5-10 days	Urgent response required- action within 1-2 days Routine response 7- 14 days
TILT test			
24 hour ECG			
<b>Paediatric</b>			
Newborn hearing tests	Near patient testing undertaken by Community Trust staff	Immediately available	Shared with patient at time of test
School entry audiology screening			
Child development screening tests			
Mantoux Test	Near patient testing undertaken by Community Trust staff	Reviewed at 72 hours and result immediately available	Results shared with patient at review and actioned
Allergy Testing	Near patient testing undertaken by Community Trust staff	Skin prick discussed immediately, RAST results available 2-4 weeks	Skin prick test shared with patient immediately , RAST results actioned within 14 days

Diagnostic Test or Screening Procedure	How is test requested	Timescales (working days)for clinician to receive result	Timescales (working days) for informing patient
Height/ weight measurement	As part of routine school entry or NCMP screening or pt/parent referral	Immediately available	Routine – Child Health inform parents within 4 – 6 weeks If referral required– immediate response
Chromosome testing/ Fragile x	Clinical Pathology, SaTH, referral form	Up to 7 months	Within 14 days of receipt of result
Continuous Glucose Monitoring System (CGMS)	Via Diabetes Specialist Nurse or SaTH clinician	5-7 days (as patient wears for this period of time)	7-14 days
Vaginal Culture	Clinical pathology, SaTH T Quest electronic request system or referral form	4 (>95% in 2 days)	<10 working days from tests taken
Blood Testing for syphilis, hepatitis and HIV		5(unless referral needed for HepB or SEIA confirmation at ref lab) (>90% in <5days)	<10 working days from tests taken
Cervical Cytology		<10 working days from tests taken	<10 working days from tests taken

## **Appendix 3 - Specific Guidance for the Management of Clinical Pathology Diagnostic Tests and Screening Procedures**

### **1. Introduction and Purpose**

Clinical pathology diagnostic tests and screening procedures include some of the high risk investigations undertaken in Shropshire Community Health (SCHT). Clear guidance can help address and minimise these risks to improve patient safety and the quality of our services, and provide clear parameters to monitor compliance against.

### **2. Explanation of Terms**

#### **Clinical Pathology**

Pathology is a core specialty area involved in the diagnosis and treatment of disease in a number of areas including diagnostic test and screening procedures in : Clinical Biochemistry, Clinical Microbiology, Haematology & Blood Transfusion, Histopathology, Cytology, Immunology and Forensic Pathology.

### **3. Duties**

#### **Senior Clinical Staff ( Medical and Senior Nursing Staff)**

Are responsible for requesting diagnostic test and screening procedures for patients and documenting requests, results and actions in the appropriate patient records. Including assessment of risks versus benefits for the individual and informed consent, and undertaking training as required and agreed.

#### **Clinical staff**

Are responsible for performing venepuncture, ensuring samples are taken according to Service Specific Local Procedures and equivalent protocols, delivered to the laboratories in a timely fashion, and undertaking training as required and agreed.

#### **Administrative Staff**

Are responsible for handling results, ensuring timely review of results by the ordering senior clinician, facilitating the response to the patient from clinicians, and undertaking training as required and agreed.

### **4. Requesting the Diagnostic Test or Screening Procedure**

Clinical Pathology test can be requested by senior clinical staff from Shrewsbury and Telford Hospitals (SaTH) clinical pathology laboratories using TQUEST electronic requesting system or using official forms. Essential patient information, requester details, date and time, and clinical details must be included, following informed consent and full documentation of the process in the patient records.

### **5. Performing the Test or Screening Procedure**

Samples should be taken by appropriately trained clinical staff according to their Service Specific Local Procedure following confirmation of patient consent, and documented fully in the patient records.

### **6. Communication of Diagnostic Test or Screening Procedure Results**

Paper results should be date stamped on arrival to the referrer's service area by administrative staff within timescales outlined in Appendix 2 of the Policy on Management of Diagnostic Testing and Screening Procedures, and brought to the attention of the referring clinician, or other senior clinician, if the referrer is unavailable within timescales outlined.

The referring clinician should record their interpretation of the result and how the results will be shared with the patient; by face to face discussion, telephone or letter;

giving due consideration to confidentiality, sensitivity of results and the specific needs of the patient, within the timescales outlined in Appendix 2 of the Policy on Management of Diagnostic Testing and Screening Procedures.

#### **7. Taking Action on Diagnostic Test or Screening Procedure Results**

Actions taken by the referring clinician, including treatments, referral and follow up should be recorded in the patient records and communicated to the patient, patient GP and other involved clinicians as appropriate within timescales agreed in Appendix 2 of the Policy on Management of Diagnostic Testing and Screening Procedures.



## **Appendix 4 - Specific Guidance for the Management of Radiology Diagnostic Tests and Screening Procedures**

### **1. Introduction and Purpose**

Radiology diagnostic tests and screening procedures include some of the high risk investigations undertaken in Shropshire Community Health (SCHT). Clear guidance can help address and minimise these risks to improve patient safety and the quality of our services, and provide clear parameters to monitor compliance against.

### **2. Explanation of Terms**

#### **Radiology**

Radiology is a core specialty area involved in the diagnosis and treatment of disease in a number of areas and diagnostic test and screening procedures include : X-Ray (XR), Computer Tomography (CT), Magnetic Resonance Imaging (MRI), Echocardiography, Ultrasonography (USS), Bone age, and DVD Fluoroscopy.

### **3. Duties**

#### **Senior Clinical Staff ( Medical and Senior Nursing Staff)**

Are responsible for requesting diagnostic test and screening procedures for patients and documenting requests, results and actions in the appropriate patient records. Including assessment of risks versus benefits for the individual and informed consent, and undertaking training as required and agreed.

#### **Clinical staff**

Are responsible for ensuring requests are delivered to the radiology department in a timely fashion, and undertaking training as required and agreed.

#### **Administrative Staff**

Are responsible for handling results, ensuring timely review of results by the ordering senior clinician, facilitating the response to the patient from clinicians, and undertaking training as required and agreed.

### **4. Requesting the Diagnostic Test or Screening Procedure**

Radiology tests can be requested by senior clinical staff from Shrewsbury and Telford Hospitals (SaTH) or Robert Jones and Agnes Hunt Hospitals (RJAH) Radiology Departments using official forms. Essential patient information, requester details, date and time, and clinical details must be included, following informed consent and full documentation of the process in the patient records.

### **5. Performing the Test or Screening Procedure**

Radiology tests will be performed by appropriately trained SaTH or RJAH clinical staff according to their Service Specific Local Procedure following confirmation of patient consent, and documented fully in the patient records.

### **6. Communication of Diagnostic Test or Screening Procedure Results**

Paper results should be date stamped on arrival to the referrers service area by administrative staff within timescales outlined in Appendix 2 of the Policy on Management of Diagnostic Testing and Screening Procedures, and brought to the attention of the referring clinician, or other senior clinician, if the referrer is unavailable within timescales outlined.

The referring clinician should record their interpretation of the result and how the results will be shared with the patient; by face to face discussion, telephone or letter; giving due consideration to confidentiality, sensitivity of results and the specific needs

of the patient, within the timescales outlined in Appendix 2 of the Policy on Management of Diagnostic Testing and Screening Procedures.

#### **7. Taking Action on Diagnostic Test or Screening Procedure Results**

Actions taken by the referring clinician, including treatments, referral and follow up should be recorded in the patient records and communicated to the patient, patient GP and other involved clinicians as appropriate within timescales agreed in Appendix 2 of the Policy on Management of Diagnostic Testing and Screening Procedures.

## **Appendix 5 - Specific Guidance for the Management of near patient Diagnostic Tests and Screening Procedures**

### **1. Introduction and Purpose**

Near patient diagnostic tests and screening procedures include some of the high risk investigations undertaken in Shropshire Community Health (SCHT). Clear guidance can help address and minimise these risks to improve patient safety and the quality of our services, and provide clear parameters to monitor compliance against.

### **2. Explanation of Terms**

#### **Near Patient Tests**

Near patient test include many tests involved in the diagnosis and treatment of disease and include diagnostic test and screening procedures such as; Blood pressure, Temperature, ECG, finger or ear prick blood Testing, Urinalysis, Pregnancy testing, Pulse Oximetry, Spirometry, Doppler testing, Bladder scanning, Height/weight/body mass index, Alcohol screening.

### **3. Duties**

#### **Senior Clinical Staff ( Medical and Senior Nursing Staff)**

Are responsible for requesting diagnostic test and screening procedures for patients and documenting requests, results and actions in the appropriate patient records. Including assessment of risks versus benefits for the individual and informed consent, and undertaking training as required and agreed.

#### **Clinical staff**

Are responsible for undertaking near patient diagnostic test and screening procedures in a timely fashion and documenting procedures, results and actions in the appropriate patient record and undertaking training as required and agreed.

#### **Administrative Staff**

Are responsible for handling results, ensuring timely review of results by the ordering senior clinician, facilitating the response to the patient from clinicians, and undertaking training as required and agreed.

### **4. Requesting the Diagnostic Test or Screening Procedure**

Near patient tests can be requested by SCHT clinical staff following informed consent and full documentation of the process in the patient records.

### **5. Performing the Test or Screening Procedure**

Near patient tests will be performed by appropriately trained SCHT clinical staff according to their Service Specific Local Procedure following confirmation of patient consent, and documented fully in the patient records.

### **6. Communication of Diagnostic Test or Screening Procedure Results**

Paper results should be date stamped on arrival to the referrers service area by administrative staff within timescales outlined in Appendix 2 of the Policy on Management of Diagnostic Testing and Screening Procedures, and brought to the attention of the referring clinician, or other senior clinician, if the referrer is unavailable within timescales outlined.

The referring clinician should record their interpretation of the result and how the results will be shared with the patient; by face to face discussion, telephone or letter; giving due consideration to confidentiality, sensitivity of results and the specific needs of the patient, within the timescales outlined in Appendix 2 of the Policy on Management of Diagnostic Testing and Screening Procedures.

## **7. Taking Action on Diagnostic Test or Screening Procedure Results**

Actions taken by the referring clinician, including treatments, referral and follow up should be recorded in the patient records and communicated to the patient, patient GP and other involved clinicians as appropriate within timescales agreed in Appendix 2 of the Policy on Management of Diagnostic Testing and Screening Procedures.

## Appendix 6 - Template for Service Specific Local Procedure (SOP) for managing Diagnostic Tests and Screening Procedures

< Insert Service Area >

< Insert date >

< Insert Service Manager name and role >

This document is to be used in conjunction with the

- Policy on Diagnostic Tests and Screening Procedures which define the risks associated with, and the timescales involved in managing diagnostic tests and screening procedures
- Specific guidance documents for Management of Specific Diagnostic Tests and Screening Procedures

These policy documents can be found on the SCHAT staff intranet.

<b>Regarding Service Staff</b>		
Staff Group	Staff Names and Roles	Responsibilities
Senior Clinical Staff authorised to undertake requests for diagnostic test and screening		
Clinical staff undertaking near patient diagnostic test and screening procedures		
Administrative staff receiving and handling results to service area		
<b>Regarding managing results</b>		
Process	Staff	Responsibilities
How results are brought to the attention of referring clinician		
How referring clinician reviews results		
How referring clinician actions results		
How referring clinician records result		
How patient is informed of result		
How any referrals or follow up are arranged		
How results and patient records are filed		