Queensland Health

Guideline for allied health professionals requesting pathology tests

Office of the Chief Allied Health Officer
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Introduction

The ability to request pathology tests is consistent with the assessment and clinical reasoning functions of allied health practitioners and is within the full scope of practice for these professionals. Allied health pathology requesting can contribute to:

- reduced delays in appropriate client management
- enhanced patient flow and improved continuity and coordination of care
- standardisation of patient care within an appropriate clinical governance framework
- increased patient satisfaction
- reduced number of unnecessary pathology tests with a subsequent reduction in pathology costs
- reduced high workloads of some medical and nursing staff
- improved interprofessional relationships.

Purpose

Pathology Queensland has developed the *Pathology Queensland specific protocol for pathology requests by allied health professionals: Overarching Protocol* (Appendix 1) which provides the minimum clinical governance arrangements to support the requesting of pathology tests by allied health professionals.

The aim of this guideline is to ensure appropriate pathology requesting practices for allied health professionals and appropriate clinical governance arrangements are in place within Queensland Health facilities to support high quality patient care.

Requirements

To meet the conditions outlined in the *Pathology Queensland specific protocol for pathology requests by allied health professionals: Overarching Protocol* allied health professionals requesting pathology tests are required to comply with the following:

- allied health professionals work within their scope of practice
- have an Agreement (Appendix 1) or Protocol (Appendix 2) detailing the medical supervision arrangements and clinical governance for the requesting of tests and actioning of results
- request pathology only via Pathology Queensland which means:
  - pathology requests can only be made for PUBLIC patients (inpatients or outpatients)
  - allied health professionals may request pathology testing on patients, either in the ED, or on the ward on the same day as an ED presentation when pathology requests are made for outpatients, the allied health professional may need to provide a paper copy of the pathology request to the patient (check local procedures) and needs to inform the patient to attend a Pathology Queensland collection centre only (i.e. not a private provider otherwise the results will not be returned to the requesting clinician and the patient may have to pay for the tests)
- complete pathology requests in accordance with Pathology Queensland instructions
- undertake a positive patient identification process in line with local policy, including the listing of a minimum of three (3) identifiers on each pathology request form:
  - the patient's full name (surname and given name) and
  - date of birth and
  - address OR medical records (UR) number OR Medicare number

– review and action the results of requested pathology including escalation of results as agreed and documented in the agreement.

In Practice

Establishing clear and consistent processes will support appropriate pathology requesting practices by allied health professionals.

Considerations

Consideration should be given to the following:

- pathology requests must be appropriate to the presenting condition or interim diagnosis with the expectation that the results will provide relevant information relating to the care of the patient
- ordering of tests are aligned with best practice guidelines
- the cost of the pathology testing will be billed to the Hospital and Health Service (HHS), so the financial implications are to be considered as part of the decision-making process, specifically the need, appropriateness and cost of the test/s requested
- allied health professionals should refer to the Better Care Everywhere principles which aim to improve the quality of healthcare by eliminating unnecessary and sometimes harmful tests, treatments, and procedures
- governance around results endorsement is critical – allied health professionals are responsible for reviewing and actioning the results of tests they request, also having a plan in place for results to be reviewed in their absence. This includes escalation of results as agreed and documented in the agreement.

Access to Pathology Information

Pathology requesting processes and access to systems differ by HHS. Allied health professionals requesting pathology should be familiar with and refer to HHS-specific workflows for requesting pathology.

For non-ieMR sites, AUSLAB is the statewide laboratory information system used across Queensland Health for pathology, clinical measurements, forensics, and public health laboratories. Pathology results can be accessed through AUSLAB or AUSCARE. To obtain AUSLAB access for ordering pathology tests, allied health professionals must submit a request to the Clinical Information Systems Support Unit (CISSU) using the AUSLAB / AUSCARE Allied Health Professional (AHP) user access and configuration request.

For ieMR sites, pathology requests and result reviews should be completed within the ieMR in line with local workflows. This is commonly carried out using a ‘Physician Indicator’ or ‘Allied Health Initiated – No Co-Sign’ pathway, with processes defined at the HHS level. HHS reference guides are available to support these processes (e.g. Metro South HHS quick reference guides). Access AUSLAB / AUSCARE may also be required in ieMR sites where results are not available within the ieMR.

Clinical Governance

Appropriate clinical governance arrangements need to be in place for allied health professionals to request pathology tests and view/action results to maintain the highest levels of patient safety, quality and prudent use of laboratory services. Clinical governance will be assured through processes including use of Pathology Queensland protocols, ongoing supervision and quality assurance processes.

Governance Arrangements

Hospital and Health Services should implement a local agreement that clearly defines the roles, responsibilities, and processes underpinning allied health pathology requesting.

For services involving a limited number of clinicians operating under a single medical supervisor, this may be established through an **Individual Pathology Agreement** (template included in Appendix 1). This agreement can cover one or more individual clinicians where supervision and governance arrangements are straightforward and consistent.

For services that span multiple clinical areas, involve multiple supervisors, or operate within more complex service delivery models, a broader **Health Service Pathology Protocol** (template included in Appendix 2) should instead be developed. In these circumstances, the protocol provides a more appropriate mechanism to define overarching medical supervision and clinical governance arrangements and may be used as an alternative to individual agreements.

Local governance arrangements should incorporate the following elements:

1. Identification of the allied health professional or group of professionals authorised to request pathology tests for defined patient cohorts
2. Pathology requesting arrangements aligned with the scope of practice of the allied health professional(s)
3. Clearly defined responsibilities of allied health professional(s), including the review, communication, and escalation of pathology results within scope of practice
4. Processes for the escalation of significant and/or high-risk results
5. Medical supervision arrangements, including defined roles and responsibilities of supervising medical officers
6. Training and competency requirements
7. A defined review schedule, including appropriate quality assurance processes (e.g. clinical audit – see Appendix 3 for sample clinical audit template) relevant to service needs and maturity.

A record of the requesting framework must be maintained in accordance with the HHS records management policies.

Roles and Responsibilities

The following considerations relating to roles and responsibilities should inform the development of an allied health requesting framework and may be tailored to suit the service model, clinical context, and level of experience.

Role	Responsibility
Allied health professional	The allied health professional is responsible for reviewing and acting on the results of the requested pathology. Where the action required is outside their scope of practice, the allied health professional is responsible for ensuring the results are escalated to the supervising medical officer or treating team for review and action within a clinically appropriate timeframe.
Treating Team	The treating team has overall accountability for the patient's care. Based on service requirements, they may be required to provide supervision to the allied health professional requesting pathology.

Role	Responsibility
Supervising Medical Officer	The supervising medical officer has the overall responsibility for clinical incident review and monitoring, and quality assurance monitoring. The supervising medical officer may vary depending on the service model, clinical need, and experience.

Training

Training supports upskilling and aims to build confidence to order pathology tests and, in the synthesis, and interpretation of clinical and investigative findings leading to diagnosis and differential diagnosis. Training is not a pre-requisite or required for allied health professionals to order pathology tests.

To promote safe, appropriate and consistent pathology requesting practices HHS may consider:

- orientation to relevant Pathology Queensland protocols, policies and local HHS procedures
- education on appropriate test selection aligned with scope of practice and clinical guidelines
- interpretation of common pathology tests relevant allied health professionals' scope of practice and patient cohort
- understanding of pre-analytical, analytical, and post-analytical factors that may influence results
- processes for reviewing, documenting, communicating and escalating results
- use of relevant clinical information systems (e.g. ieMR, AUSLAB, AUSCARE) for requesting and result review
- applying principles to support judicious use of pathology.

HHSs should ensure that training and competency requirements meet service delivery needs and are appropriate for the allied health professional's scope of practice.

HHS should utilise a combination of nationally recognised and locally available education resources to support safe and appropriate pathology requesting practices. Refer to Appendix 4 for Suggested Training Resources.

Appendices

Appendix 1 Overarching Protocol and Agreement template

Appendix 2 Health Service Protocol template

Appendix 3 Sample clinical audit template

Appendix 4 Training resources

Appendix 1 Overarching Protocol and Agreement Template

Queensland Health

pathology queensland

Pathology Queensland specific protocol for pathology requests by allied health professionals: Overarching protocol

CONTEXT

The ability to request pathology tests is consistent with the assessment and clinical reasoning functions of first contact practitioners.

This overarching protocol provides the minimum clinical governance arrangements to support the requesting of pathology results by allied health professionals. Requesting by allied health professionals will occur in collaboration with a supervising medical officer to enable the delivery of quality health services within a team environment.

RATIONALE

Allied health pathology requesting can contribute to:

- reduced delays in appropriate client management
- enhanced patient flow and improved continuity and coordination of care
- standardisation of patient care within an appropriate clinical governance framework
- increased patient satisfaction
- reduced number of unnecessary pathology tests with a subsequent reduction in pathology cost
- reduced high workloads of some medical and nursing staff
- improved interprofessional relationships.

PROCESS

Under the conditions outlined below, patients may have their pathology tests requested by an authorised allied health professional.

Pathology requisitions are submitted using handwritten order forms or electronically in the integrated electronic medical record (ieMR). Regardless of the mode of submission, allied health professionals requesting pathology tests will comply with the following:

- work within their scope of practice
- have an agreement with a supervising medical officer detailing the clinical governance arrangements for the requesting of tests and actioning of results
- request pathology only on PUBLIC patients (inpatient and outpatient)
- undertake a positive patient identification process verifying a minimum of three approved identifiers e.g., ask the patient to recite their full name and date of birth and address OR

medical records (UR) number of Medicare Number. Refer QHEPS- Labelling Pathology specimens and QIS 36120.
- complete and sign the Pathology Request Form in accordance with Pathology Queensland instructions or sign and enter the Pathology Order in ieMR
- review and action the results of requested pathology including escalation of results to supervising medical officer where required.

The supervising medical officer has overall accountability for the patient's care. The allied health professional, however, is responsible for reviewing and actioning the results of the requested pathology or where the action is outside their scope of practice is responsible for ensuring that the results are escalated to the supervising medical officer (or treating medical team) for review and action in accordance with the agreement.

CLINICAL GOVERNANCE

An agreement will document the clinical governance arrangements for the requesting of pathology tests by the allied health professional.

The agreement will:
- detail the patient group/s the allied health professional will request tests for
- outline the agreed responsibilities that the allied health professional will take to action and escalate pathology results
- detail the supervision arrangements between the allied health professional and supervising medical officer
- detail the schedule of regular clinical audits organised by the allied health professional for review by the supervising medical officer
- include signatures from both the allied health professional/sand supervising medical officer.

1.1 Agreement for pathology requesting by allied health professionals

1.1.1 Purpose

In accordance with the QIS 38472 *Pathology Queensland specific protocol for pathology requests by allied health professionals: Overarching Protocol*, this agreement details the clinical governance arrangements required for the requesting of pathology tests and actioning of results by the nominated allied health professionals.

1.1.2 Scope

This agreement applies to:

< name of allied health professional > or < group of allied health professionals >

who will request pathology tests for patients within

< enter patient groups >, < name of service or facility >

1.1.3 Context

Allied health professionals require access to a wide range of clinical information to facilitate clinical reasoning and support the formulation of a differential diagnosis. Requesting by allied health professionals will occur in collaboration with a supervising medical officer to enable the delivery of quality health services within a team environment.

1.1.4 Conditions

The allied health professional/s requesting pathology tests will comply with the following conditions as agreed by Pathology Queensland:

- have organisational approval to request pathology
- work within their scope of practice
- request pathology only on PUBLIC patients (inpatient or outpatient)
- undertake a positive patient identification process verifying a minimum of three approved identifiers e.g., ask the patient to recite their full name and date of birth and address OR medical records (UR) number of Medicare Number. Refer QHEPS-Labelling Pathology specimens and QIS 36120.
- complete and sign the Pathology Request Form in accordance with Pathology Queensland instructions or sign and enter the Pathology Order in the integrated electronic medical record (ieMR)
- review and action the results of requested pathology, including escalation of results as detailed below.

1.1.5 Clinical governance arrangements

1. Outline the agreed responsibilities that the allied health professional/s and supervising medical officer will take to ensure the action and escalation of pathology results occurs within a clinically appropriate timeframe:

   < detail responsibilities to action results >

   < detail responsibilities to escalate results >

2. Detail the supervision arrangements between the nominated allied health professional/s and supervising medical officer, as appropriate to the clinical need/experience:

   < enter details >

3. Detail the schedule of review for this agreement including any quality assurance processes such as clinical audits as appropriate to service need and individual experience:

   < enter date/s >

1.1.6 Supervision Agreement

Allied health professionals (add additional lines to reflect all allied health professionals covered by this agreement)

Name:

Profession:

Signature:

Date:

Name:

Profession:

Signature:

Date:

< add additional lines to reflect all allied health professionals covered by this agreement >

Supervising medical officer

Name:

Signature:

Date:

The Overarching Agreement (including the editable agreement) may be downloaded from this link.

Appendix 2 Health Service Pathology Protocol Template

Health service protocol for allied health professionals requesting pathology tests

Protocol number	
Effective date	
Review date	

Purpose

This protocol establishes the clinical governance framework for allied health professionals requesting pathology tests within [HHS name] in accordance with the *Pathology Queensland specific protocol for pathology requests by allied health professionals: Overarching Protocol*. It outlines the testing requirements, medical supervision arrangements, and responsibilities for reviewing and acting on results

Scope

This protocol applies to identified allied health professionals and clinical areas who are requesting pathology testing through Pathology Queensland.

Protocol

This protocol authorises specified allied health professionals to request defined pathology tests within their scope of practice, subject to documented competency and supervision arrangements.

Testing Requirements

The allied health professional/s requesting pathology tests must comply with the following conditions as agreed by Pathology Queensland:

- Request only tests approved under this protocol
- Work within their defined scope of practice
- Request pathology only for PUBLIC patients (inpatient or outpatient)
- undertake a positive patient identification process in line with local policy, including the listing of a minimum of three (3) identifiers on each pathology request form:
  - the patient's full name (surname and given name) and
  - date of birth and
  - address OR medical records (UR) number OR Medicare number
- Complete all pathology requests in accordance with Pathology Queensland requirements (paper or ieMR)
- Review and act on all results within an appropriate timeframe
- Escalate abnormal or critical results in line with this protocol

Testing requirements for each identified allied health professional group are outlined within the table below:

Profession, subgroup	Clinical areas / Services	Approved Test Groups / Panels	Clinical Indications / Inclusion Criteria	Training Requirements
[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
E.g., Pharmacists authorised under a Collaborative Prescribing Protocol	*Medical Wards and Medical Assessment and Planning Units*	*Biochemistry profile (CHEM20)* *Full blood count* *Coagulation studies* *Therapeutic Drug Monitoring (Vancomycin, Gentamicin, Digoxin, Tacrolimus)*	*Medication management*	*Must be authorised under a relevant Collaborative prescribing protocol*
E.g., Podiatrists	*Health service wide*	*Specimens from Superficial Sites for Bacterial Culture - includes Gram stain and culture (wound swab)*	*Suspected infected wound*	*Levine technique competency*

Clinical Governance Arrangements

The agreed responsibilities of the allied health professional(s) and supervising medical officer to ensure timely action and escalation of pathology results, as well as the supervision arrangements, are outlined below.

Professional group	Communication and escalation pathway	Supervision arrangements and responsible person
[Insert]	[Insert]	[Insert]
E.g., Pharmacists authorised under a Collaborative Prescribing Protocol	*Approved tests requested through ieMR with physician indicator enabled.* *Results are sent to the requesting pharmacists message centre and a nominated supervising medical officer.* *The requesting pharmacist is responsible for action and documentation of results, including escalation as per pathway below. Where they are unavailable to act on results, these are handed over to another pharmacist to action or escalated to the supervising medical officer.*	*The Director of Medicine (or delegate), based on the treating team, maintain overall accountability for patient care.* *Results are visible via the message centre to the supervising medical team.* *After hours results are escalated to the on-call medical officer for the service.*

Professional group	Communication and escalation pathway	Supervision arrangements and responsible person
E.g., Podiatrists	*Approved tests requested through ieMR via no cosign arrangements.* *Results are sent to the Podiatry ESM location pool and are visible to all clinicians within this pool. Unactioned results in the message pool are reviewed daily.* *The requesting podiatrist is responsible for reviewing, acting on, and documenting results, including escalation in accordance with the agreed clinical pathway. Where the requesting podiatrist is unavailable, results are escalated to the supervising medical officer.*	*The Director of the relevant specialty responsible for the patient's referral or admitted care, retains overall accountability for patient care.* *The podiatrist is required to advise the supervising medical officer/team where a swab has been performed. A copy of the results will be sent to the nominated supervising medical officer.* *After-hours results are escalated to the on-call medical officer for the relevant service.*

Escalation pathway

Allied health professionals must ensure that high risk pathology results are reviewed and escalated in an appropriate timeframe within the timeframes outlined below. Where the pathology results fall outside the allied health professional's capacity to safely manage, it must be escalated to the supervising medical officer or treating team.

Result Type	Definition	Required Action
Critical	Results indicating an immediate risk to patient safety requiring urgent action	
Significant	Results indicating a moderate to high clinical risk requiring timely review	
Abnormal	Results outside normal reference ranges that require follow-up but are not urgent	
After-hours results	Results identified outside standard working hours	

Documentation

Clear documentation of all actions taken following review of pathology results, including escalation and communication with the treating team, must be recorded in the patient's medical record.

Monitoring

Monitoring of this protocol will occur in accordance with the defined review schedule below and will include quality assurance activities to support safe and appropriate practice.

[Outline the review schedule]

Monitoring activities for this protocol include:

[Insert quality assurance activities]

Appendix 3 Sample clinical audit template

Case	UR Number	Request form completed fully and accurately	Requested tests clearly identified	Requested tests appropriate	Report acted on in timely manner	Report acted on appropriately	Comments	Signature of medical officer
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
13)								
14)								
15)								
16)								
17)								
18)								
19)								
20)								

Appendix 4 Training resources

Category	Available resources	Access link
Queensland Health	Clinical Information Systems Support Unit (CISSU) training (e.g. AUSLAB, AUSCARE access and use)	https://qheps.health.qld.gov.au/ehealth/about/our-branches/digital-health/systems/auslab
	Pathology Queensland resources, including test directories and requesting protocol	https://hsqapps.hsq.health.qld.gov.au/testlistPQ/default.aspx
	ieMR training and quick reference guides relevant to pathology ordering and results review	Refer to local ieMR guidance (e.g., https://qheps.health.qld.gov.au/tville/iemr/end-user-guides)
Australian Pathology Education Resources	Pathology Tests Explained (PTEx) Evidence-based resource supporting appropriate test selection and interpretation for a wide range of pathology tests	https://ptex.au/
	Royal College of Pathologists of Australasia (RCPA) Manual Guidance on appropriate test ordering and interpretation of pathology results	https://www.rcpa.edu.au/Manuals/RCPA-Manual
Guidelines and Governance Resources	NSQHS Standards, including the Better Care Everywhere initiative (formerly Choosing Wisely Australia)	https://www.safetyandquality.gov.au/about-us/our-key-areas/healthcare-variation/better-care-everywhere-initiative
	Therapeutic Guidelines – clinical decision support	https://tgldcdp.tg.org.au/etgAccess