Guidelines for allied health professionals requesting pathology tests

Allied Health Professions Office of Queensland
Queensland Department of Health
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Revised April 2013
1. Introduction

Allied health professionals (AHP) require access to a wide range of clinical information to facilitate clinical reasoning and support the formation of a differential diagnosis. This is especially the case where the AHP is working in a first contact role or a role aimed at improving patient flows. Pathology testing, coupled with high level clinical decision making and/or the requesting of plain film radiography where appropriate, clarify a patient’s clinical presentation and guide early intervention.

Within the Queensland public health system medical practitioners, dentists and nurse practitioners are permitted to request pathology tests. For nurse practitioners the authorisation is limited to the defined practice scope of their position. Other clinical staff may also be eligible to request pathology if there is a local agreement in place between the director of the relevant clinical unit and Pathology Queensland. The decision is not determined by legislation but based on ensuring quality patient care.

The practice of sharing management of pathology results between medical, nursing and at times allied health staff reflects collaborative working arrangements between clinical staff which shortens turn around times, shares the management of patient workloads and provides the best care possible for patients.

Some AHPs already have access to pathology testing where relationships have been established with medical officers and local laboratories, but this is an ad hoc arrangement. There is no overarching or consistent approach to how this is applied or who is eligible to make such requests.

These guidelines outline the essential criteria, endorsements and processes that need to be applied in order for an AHP to request pathology tests within a QH setting. The aim is to ensure appropriate clinical governance arrangements are in place and that there is consistent pathology requesting practice state-wide to support high quality patient care.

In essence this is an additional task that would only be used where there are clear indications that it will improve patient flow, decrease steps in the patient journey, facilitate access to treatment or more generally make sense to the efficiency of a service. It is not intended that this additional task would be introduced in isolation – it needs to be a process that the treating medical officer and other team members agree would improve patient care.

2. Criteria for requesting pathology tests

The decision to request pathology tests must be considered in the context of quality patient care, avoiding unnecessary pathology requests and efficient use of available resources. Prior to making a request the following criteria must be applied:

i. Formal access to the specified pathology test(s) request will positively impact on patient flow and access whilst minimising repeated inter-professional communication for requests to be written and/or submitted;
ii. 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;

iii. A copy of the results must be reviewed by a professional qualified to deal with the results and take action;¹

iv. The financial implications need to be considered as part of the decision-making process specifically the need and appropriateness of the test(s) requested.

3. Governance

Clinical governance is critical to obtaining pathology test authorisation. The Queensland public health system needs to be confident that there is adequate oversight that ensures patient safety and prudent use of laboratory services.

The AHP may be responsible for some or all aspects of the pathology request including which tests to order and, when appropriate, what clinical actions to instigate on receipt of the results. This depends on the nature and intent of the AHP role, whether the action falls in or outside their professional scope of practice and the agreed arrangements made with the patient’s medical officer.

Clinical governance will be assured through:

- Pathology Queensland Protocols
- Quality use of pathology
- Credentialing
- Supervision
- Clinical audits

Pathology Protocol

A Pathology Queensland Protocol provides the overarching policy agreement to allow appropriately credentialed AHPs to request pathology tests (see Attachment 1). This protocol is specific for AHPs and outlines the agreed process, tests and rationale for an AHP to be permitted to make a request. Each AHP must then complete an individual Pathology Protocol (Attachment 2) as part of the credentialing process with their health facility.

Pathology Queensland has identified a discrete battery of pathology tests considered appropriate and acceptable for an AHP to request; these are documented in the Pathology Protocol. The individual AHP will then specify a subset of the tests that are relevant to their role as part of the credentialing process. Tests may be requested that fall outside the approved list, but these additional tests must be under agreement with the treating medical officer and detailed in the individual AHP protocol.

Approved pathology tests include:

- Full blood count (FBC)

• Electrolyte profiles - Sodium, potassium, urea, creatinine, anion gap
• Electrolytes (E) and liver function tests (LFT)
• Erythrocyte sedimentation rate (ESR)
• Urine, wound swab and sputum microscopy, culture and sensitivity
• Activated partial thromboplastin time (aPPT)
• Prothrombin time (PT)
• Coagulation profile
• Lipase
• Human chorionic gonadotropin (hCG)
• Thyroid function tests (TFT)
• Vitamin B12 and folate
• Vitamin D
• C-reactive protein (hs-CRP)
• Creatine kinase (CK)
• Magnesium (Mg)
• N-terminal pro b-type natriuretic peptide (NT-proBNP) and BNP
• International Normalised Ratio (INR)

Quality Use of Pathology

Requesting and reporting of pathology is a current workplan priority for the Department of Health and Ageing through the Quality Use of Pathology Program. Until this work is complete the *Chain of Information Custody for Pathology Request – Test – Report Cycle in Australia* serves as the guide underpinning best practice for pathology requests. Accordingly the AHP must have systems in place to ensure that:

i. informed cooperation and consent of the patient is obtained by informing the patient about the tests required and what the tests broadly involve, their foreseeable risks and benefits, and the implications of declining treatment. The information should be tailored to the patient’s needs;
ii. requests are properly initiated by fully and accurately completing a hard copy or electronic request form with the relevant patient, clinical and test information;
iii. requested tests and investigations are identified using generally accepted names or acronyms;
iv. overdue reports are identified and followed up with minimum delay;
v. pathology reports are acted on appropriately and in a timely manner.

Credentialing

The credentialing process verifies that the AHP is appropriately qualified to provide safe and high quality care and defines the approved practice scope. As requesting pathology tests is outside the current scope of practice for most allied health professions, the health facility must approve an individual AHP to request specific pathology tests.

To ensure reports from pathology requests are actioned without delay or risk of duplication, an agreement must be reached between the treating medical officer and the AHP as to who will take responsibility for any necessary clinical action. This will depend on the role and clinical setting of the AHP and whether the expected action is within the AHP’s scope of practice. The agreed arrangement will be documented as part of the credentialing process.

The AHP will need to include the name of the supervising medical officer, details about what tests they propose to request as a subset of the approved lists, the process and responsibilities for managing the pathology request through to actioning the subsequent report and what auditing will be in place to monitor clinical practice.

Credentialing will follow the processes set out in the Queensland Department of Health Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health. Credentialing and re-credentialing is a health facility decision and must comply with the Policy. An individual Pathology Queensland Specific Protocols for Pathology Requests by AHPs must be completed as part of this process (see Attachment 2).

**Supervision**

The supervisor will be identified in the individual protocol which forms part of the credentialing process.

Given that requesting pathology tests is a new task to most AHPs there will need to be adequate mentoring from a nominated medical supervisor until such time as the AHP is considered competent and confident to request and, where appropriate, action pathology reports. The period of time for the trial will vary based on when the AHP is considered competent to request autonomously under arrangement with the treating medical officer.

The AHP will maintain a log book during the trial phase. The log will include copies of the overarching QH Pathology Protocol and the individual AHP’s signed protocol.

The treating medical officer has overall accountability for the patient’s care and will continue to maintain responsibility for the pathology results and any subsequent action needed, or make an arrangement with the AHP to take action dependent on their scope of practice. This will form the basis of the ongoing professional relationship between the AHP and the treating medical officer where the medical officer is nominated as the supervisor for pathology requesting.

**Clinical Audits**

AHPs approved to request pathology tests must ensure the accuracy, quality and cost effectiveness of their requests. Clinical audits form part of the credentialing agreement and must take place on a regular basis (at least quarterly). This will be arranged with the supervisor.
4. Training and Education

AHPs requesting pathology tests must have a qualification that includes human anatomy, physiology or pathology units or alternatively receive specific approval from the Senior Director Pathology Queensland.

Education and training to support the AHP to request pathology must equip the AHP to:

- Demonstrate ability and confidence to order pathology tests within a clearly defined AHP scope of practice;
- Develop a high level of competence in clinical decision making that incorporates judicious ordering, interpreting of pathology tests and referral mechanisms in accordance within the AHP scope of practice;
- Demonstrate a sound scientific knowledge base for clinical decision making in allied health practice;
- Demonstrate ability and confidence in the synthesis and interpretation of clinical and investigative findings leading to diagnosis and differential diagnosis;
- Demonstrate knowledge of specific pathology tests included in the Pathology Protocol;
- Demonstrates sound knowledge and understanding of normal range of these pathology tests and action limits.

Education and training options will depend on the nature and intent of a service delivery model that includes AHPs requesting pathology tests. The expectation may be that the AHP requests pathology testing as a task associated with a triage role and any actions will remain the role of the treating medical officer.
Alternatively the AHP may request pathology and also action the results where it falls inside their scope of practice, or refers on where outside scope of practice. The critical issues to be considered are:

i. What are the responsibilities that will be assumed with this additional task?
ii. Are the responsibilities linked to pre-determined protocols? If so no additional education and training may be required.
iii. Do the responsibilities fall inside or outside the AHP’s scope of practice?
iv. If outside does the AHP have the skills to undertake the responsibilities associated with requesting, reviewing and actioning pathology test?
v. Identify education and training

The extent of the required education and training will be dependent on the service delivery model and scope of practice of the AHP. In some instances (eg linked to protocols) no additional training may be necessary. In the short term, where training needs are identified, this will be addressed on an ad hoc basis in consultation with local medical supervisors, Allied Health Workforce Advisory and Coordination Unit and Pathology Queensland. It is anticipated that a national online competency-based training package will be available in the longer term.

5. Monitoring

Clinical audits will form the base of regular monitoring. Where pathology is requested and reported through Pathology Queensland reporting will take place on
a quarterly basis including: patient presentation and types of tests requested, action taken from the reports. Where pathology is requested and reported through the private sector reporting will take place on a quarterly basis but the data collected will vary according the information available. In either case the supervisor will review the appropriateness and accuracy of the audited cases.

In order to evaluate the effectiveness of this additional task there are a number of questions that need to be considered including:

i. Has the role impacted on the number of times a patient needs to see various members of a clinical team?
ii. Have the numbers of requests for pathology changed?
iii. Have the types of pathology requests changed?
iv. Is there any indication of cost benefit to the introduced role?

These questions are samples to indicate what data may need to be collected – but in each case this will depend on the intent of introducing the additional task and what data is practical to collect and interpret.

6. Implementation

These guidelines outline the essential elements that need to be in place for an AHP to be capable and authorised to safely request pathology tests. Essential steps in the process include:

- Need or opportunity identified by treating AHP, medical officer and team
- New patient flow and protocols, where appropriate, are agreed by all clinical team
- An appropriate health practitioner, who may be an AHP, is identified from within the team to undertake the additional role
- Training identified and undertaken
- Suitably committed medical supervisor identified – this will generally be the treating medical officer or consultant
- Apply through health facility for credentialing following the processes set out in the *Queensland Department of Health Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health Policy* and using the *Pathology Queensland Specific Protocol for Pathology Requests by an AHP* (Attachment 2)
- Apply through LISS for AUSLAB and AUSCARE access
- Clinical audits undertaken and reported though Medical Director

Some examples of where this might be useful include: clinics or clinical services that currently use or are well suited to protocol driven care; podiatrists working in the community and in high risk foot clinics; dietitians working in specialised acute care roles, podiatrists and dietitians working in endocrinology clinics and first contact physiotherapists in Emergency Department.

7. Conclusion

It is anticipated that these guidelines will serve as a tool to guide the decision as to whether an AHP who is authorised to request pathology would add value to clinical care, and if so, what needs to be in place and considered prior to implementation.
### Attachments

<table>
<thead>
<tr>
<th>Attachment 1</th>
<th>Pathology Queensland Specific Protocol for Pathology Requests by an AHP – Overarching agreement</th>
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<tbody>
<tr>
<td>Attachment 2</td>
<td>Pathology Queensland Specific Protocol for Pathology Requests by an AHP – Individual AHP agreement</td>
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</table>
**PROPOSAL**

The opportunity exists to develop and initiate pathology protocols, which can be utilised by Allied Health Professionals (AHP) in collaboration with the managing Medical Specialist to provide streamlined care for a patient. The implementation of such a process will enhance current patient flow and other initiatives utilised by Health Service Districts/Local Health and Hospital Networks.

This proposal represents an overarching protocol agreement by Pathology Queensland to allow specific pathology requests from credentialed AHPs.

**PROCESS**

Under the conditions outlined below, specific patients may have their pathology tests ordered by a credentialed AHP and collected by an authorised individual who has been accredited as competent in venesection and intravenous cannulation (where possible Pathology Queensland phlebotomists should be used to collect blood samples).

This process will comply with the following:

1. Undertake a positive patient identification process to ensure the patient and paperwork match.
2. Complete the Pathology Request Form in accordance with Pathology Queensland Instructions
3. Identify tests (as per Table 1) to be conducted.
4. Will only request pathology on PUBLIC patients
5. Request the Pathology on behalf of the Supervising Medical Officer (ie the Consultant) who will take final responsibility for the result produced and any subsequent action needed or make an arrangement with the AHP to take action dependent on their scope of practice.
6. Sign and print their name and designation legibly at relevant section on Requesting Practitioner pathology form
7. Where relevant place the request form in specified area for phlebotomist to collect

**Table 1:** Tests available to be requested by an Allied Health Professional

<table>
<thead>
<tr>
<th>Test</th>
<th>Request Form</th>
<th>Bayesian</th>
<th>FBC</th>
<th>Vit D</th>
<th>COAG</th>
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<tbody>
<tr>
<td>ELFT</td>
<td>MC&amp;S for urine, sputum &amp; wound swab</td>
<td>Mg</td>
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<td></td>
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<tr>
<td>TFT</td>
<td>hsCRP</td>
<td>U&amp;Es</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ESR</td>
<td>CK</td>
<td>Lipase</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Vit B12/RCF</td>
<td>INR</td>
<td>Bhcg if female</td>
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<tr>
<td>aPPT</td>
<td>PT</td>
<td>BNP &amp; NT-proBNP</td>
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An individual document for each Allied Health Professional commencing under this general protocol will:
• Detail all tests allowed from the above list (with inapplicable tests deleted)
• Detail any additional tests being requested by the AHP in agreement with the consultant.
• Outline the agreed responsibilities that the AHP and admitting MO/consultant will take to action pathology results.
• Include AHP and supervising medical officer’s signature to acknowledge agreement.

As part of the clinical governance the AHP will ensure that clinical audits are undertaken and reviewed by the supervising medical officer.

**RATIONALE**

This process will contribute to:

- reducing delays in appropriate client management;
- enhancing patient flow; improve continuity and coordination of care.
- alleviating high workloads of some medical and nursing staff;
- standardisation of patient care within an appropriate clinical governance framework
- reducing the number of unnecessary pathology tests and a subsequent reduction in pathology costs;
- increasing patient satisfaction and improving inter-professional relationships;

The ability to request a limited battery of common tests is consistent with the assessment and processing function of first contact practitioners.

**APPROVAL**

DATE: / /  

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Dr Michael Whiley  
Senior Director  
Pathology Queensland
INTRODUCTION
The opportunity exists to develop and initiate pathology protocols, which can be utilised by Allied Health Professionals (AHP) in collaboration with the managing Medical Specialist to provide streamlined care for a patient. The implementation of such a process will enhance current patient flow and other initiatives utilised by the Health Service District/Local Health and Hospital Network.

PROCESS
Under the conditions outlined below, specific patients may have their pathology tests ordered by an AHP who has been assessed as competent by Pathology Queensland in the following:

1. Undertakes a positive patient identification process to ensure the patient and paperwork match.
2. Completes the Pathology Request Form in accordance with Pathology Queensland Instructions
3. Identifies tests (as per Table 1) to be conducted
4. Provides details of any additional tests, outside the approved tests below that have been agreed by the consultant for the AHP to request.
5. Will only request pathology on PUBLIC patients
6. Requests the Pathology on behalf of the Supervising Medical Officer (ie the Consultant) who will take final responsibility for the result produced and any subsequent action needed or makes an arrangement with the AHP to take action dependent on their scope of practice.
7. May request a copy of the results for themselves to assist in patient care and for any other nominated Medical Personnel as required.
8. Signs and prints their name and designation legibly at relevant section on Requesting Practitioner pathology form

The Allied Health Professional will apply through LISS for access to AUSLAB and AUSCARE to allow access and sign off of pathology results.

<table>
<thead>
<tr>
<th>LOCATION:</th>
<th>APPROVED TEST REQUESTS:</th>
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<tbody>
<tr>
<td></td>
<td>(Delete inapplicable tests)</td>
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<tr>
<td>FBC; ESR; aPPT; PT; INR; Coagulation profile; Electrolytes; E/LFT; Lipase; hCG; TFT; Vitamin B12 and folate; Vitamin D; C-reactive protein; Creatine kinase; Magnesium; BNP and NT-proBNP; M/C/S for urine, sputum and wound</td>
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ADDITIONAL TESTS (where applicable)

ARRANGEMENT FOR ACTIONING PATHOLOGY TEST RESULTS:

This list is reviewable every 12 months and may be modified by mutual agreement to ensure maximum benefit for the patient accessing services through the AHP. This agreement forms part of the credentialing application.

A clinical audit will be organised on an agreed regular basis and reviewed by the supervising medical officer.

**APPROVAL**

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NAME:  

NAME:  

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ALLIED HEALTH PROFESSIONAL  SUPERVISING MEDICAL OFFICER

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UNIT: