Section 7.3 – Audit

The following poster has been presented at a Congress Pathcape in 2018 as a result of this audit. It also summarizes the work that has been done.

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Overcoming Incomplete Laboratory Request Forms – Pathcape 2018 pdf PosterDownload

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Laboratory Audit

Overcoming incomplete laboratory request forms:

Is an updatable online database of clinician contact details the answer?

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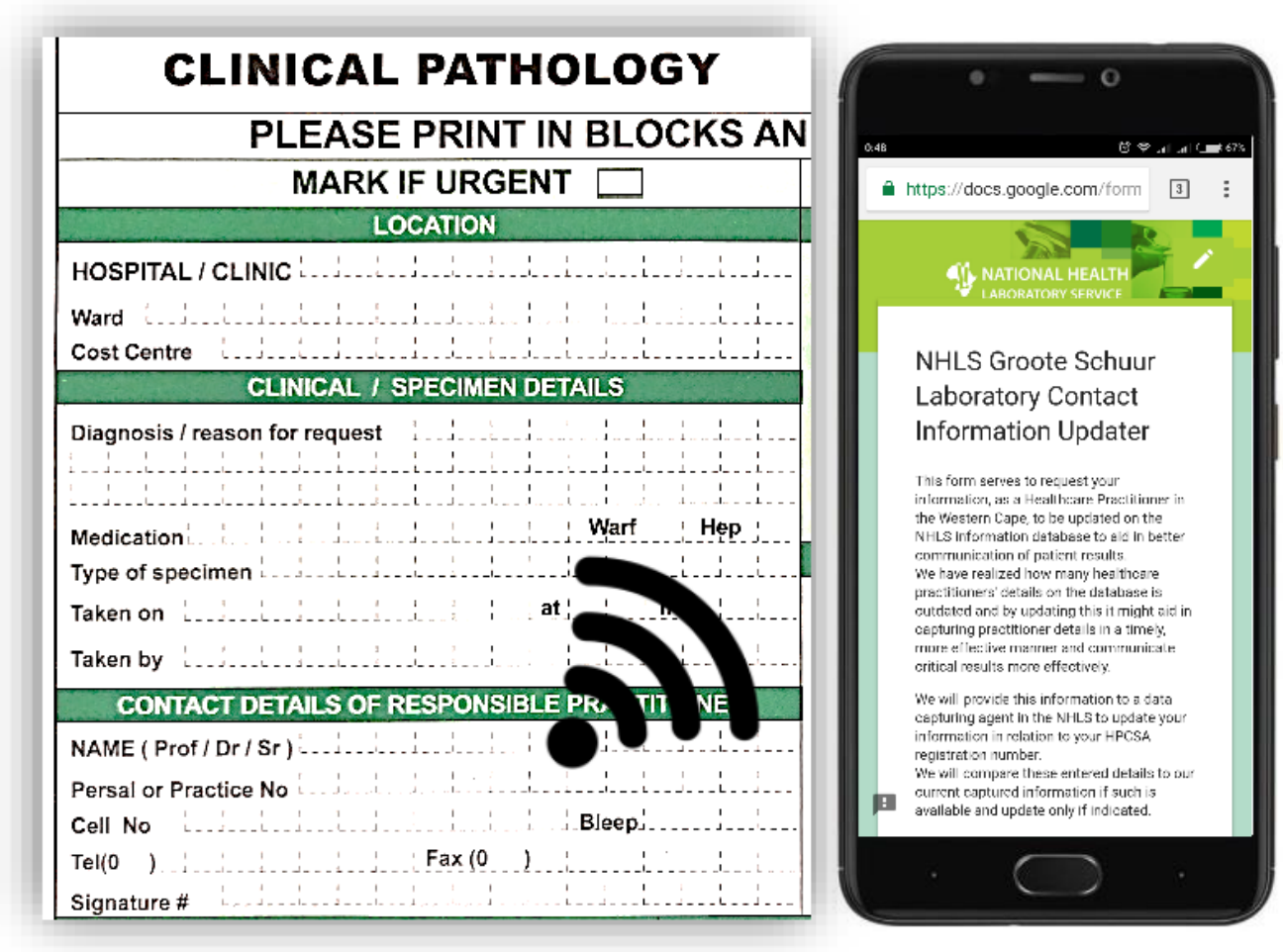
Background

As a result of omission of contact details on laboratory request forms, laboratory personnel frequently spend excessive time attempting to reach responsible clinicians regarding patient results. Poor completion of request forms was previously established in our laboratory as well as at the nearby Tygerberg Hospital NHLS.1 An online web form was created in our laboratory that allows clinicians to update the contact details linked to their professional registration number

Objective

This audit is intended as a proof of concept that the proportion of clinicians that are readily contactable would significantly increase should a system that links professional registration numbers with valid contact details be implemented.



Method

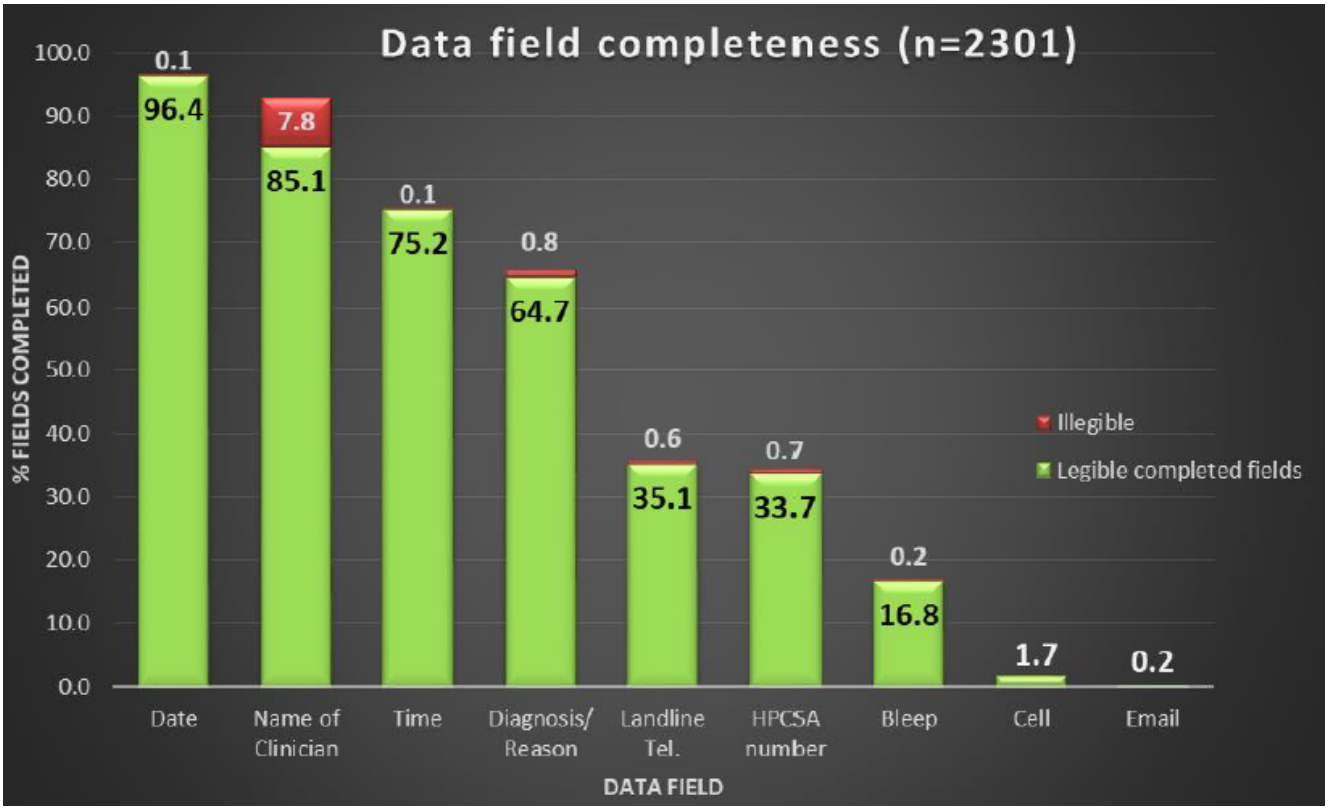
All request forms for the Core Laboratory of Groote Schuur Hospital (encompassing chemistry, haematology, immunology and virology) over a two-day period were scrutinised to determine the proportion of clinicians that provided their contact details and HPCSA registration numbers. The completeness of other clinically and analytically relevant fields was also recorded. Request forms received from all hospitals and

clinics in our catchment zone were included.

Results

A total of 2301 forms were analysed.

- Personal contact – and pager numbers were absent on 81.6% of forms.
- The ward or clinic contact number was absent on 64.3% of forms.
- Of the 34.4% of forms which exhibited an HPCSA registration number, 41.1% lacked a personal contact number and pager number.
- Of all forms from local clinics, 46% provided no contact number.
- Specimen collection time was absent in 24.7% of forms.
- Collection date was absent in 3.5% of forms
- Clinical details was absent in 34.5% of forms.



Conclusions

The vast majority of clinicians do not provide personal contact details for the communication of critical laboratory results. This audit illustrates that a significant improvement may be made were clinicians able to maintain their contact details on an online form that links these details with their professional registration number. Such a form has been created and awaits approval by the NHLS executive. Should it be approved, it will be made available to clinicians in the Western Cape who are served by the NHLS. After sufficient time has elapsed, an audit can be undertaken to monitor the effect of this intervention.

References

1. Nutt L, Zemlin AE, Erasmus RT. Incomplete laboratory request forms: the extent and impact on critical results at a tertiary hospital in South Africa. Annals of clinical biochemistry. 2008 Sep;45(5):463-6.