



# CLINICAL UPDATE - IMPORTANT INFORMATION

1 December 2015

This information may also be found on the website [www.wellingtonscl.co.nz](http://www.wellingtonscl.co.nz)



**Dr Peter Gootjes, SCL CEO**



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Wellington SCL General Manager**

## ***One month into our new service:***

On 1 November Wellington SCL commenced operations across four testing laboratories and 28 collection centres in the Capital & Coast, Hutt and Wairarapa DHB regions. This was a significant undertaking, involving the construction of a new regional laboratory on the Wellington Hospital site. This new laboratory now does all the community referred tests previously done at Aotea Pathology in addition to the Wellington Hospital patient testing. Across the region there are also still the previous laboratories based in Hutt, Wairarapa and Kenepuru Hospitals.

In the new laboratory we have a workforce which has been merged from previous Aotea Pathology and Wellington Hospital Laboratory staff. These staff have all been fully trained but are still getting used to working together, getting used to the new analytical equipment, becoming familiar with the new computer system and the new phone system, and also the new work processes including both community and hospital referred tests. This has been achieved while seeing 4,500 patients per day and performing 18,000 tests per day. We believe these staff have done a fantastic job in what has been the biggest laboratory integration project ever seen in New Zealand. There has been an excellent effort by all. Everyone is working extremely hard to ensure this major change happens as smoothly as possible. The laboratory service across the region has over 400 staff working in the four sites.

However, we acknowledge there have been some challenges with our new service, and we have detailed the issues reported to us below along with the steps taken to remedy these. We are making every effort to address these and other issues as quickly as possible.

We appreciate the patience and support shown while we work through refinements to our new system and processes. Thank you to those who have provided feedback and examples of issues. These greatly assist in rectifying many of the issues we are addressing. Please continue to let us know of any service issues you are experiencing by emailing [contact@wellingtonscl.co.nz](mailto:contact@wellingtonscl.co.nz)

## ***Issues we are working hard to fix***

### 1. The Referrer or Doctor Database

We have in excess of 20,000 referrer entries in the doctor database. Some of these were present in the hospital database previously. Many more have been added manually by copying from the Aotea doctor database. Manual entry of the doctor database of all community referrers created the opportunity for errors in report delivery and contact details.

In addition we have found combining hospital and community referrers in the database means in many cases there are multiple entries for a single referrer. This makes selection of the correct referrer code by the data entry operators often very challenging. We are confident that by 4 December the doctor database will be fully audited and any errors corrected, and that very soon the data entry operators will become more familiar with the correct codes to use.

### 2. Copy Doctors

Copying results to other referrers – it was identified very early on the name of the person receiving a “copy to” result was not being displayed on the requesting doctor’s report. This has caused confusion for lab report recipients. Our IT vendor expects this issue will be resolved by 4 December. We apologise for the inconvenience this has caused.

### 3. Urgent Results

Delay in receiving urgent results for community patients. The new computer system was developed using the previous hospital computer system, and we have found that aspects of this system were not suited to the way community referrers are notified of urgent or critical results using phone and fax options. This explains why you may not have received some of these results when requested. A solution has been identified and we hope this will in use by the end of this week (4 December).

### 4. INR results

We understand there have been inconsistencies with the faxing of INR results and this has caused difficulties in your practices. We believe the issue has been resolved and would be keen to hear if this is not so.

### 5. Call Centre at Wellington Hospital

Our Call Centre has experienced high traffic as would be expected of a new service. We understand this is frustrating to callers but we are making changes to the call attendant system and have rostered additional operators at peak times.

### 6. Waiting Times at some collection centres

New collection centre IT processes and lack of staff familiarity have contributed to bottlenecks and longer than acceptable waiting times in some collection centres. Software changes have been made to reduce data input time and additional staff have been rostered in the larger collection centres. This seems to be improving the waiting times.

## Information about changes in the new service.

Below are a number of test and service changes we wish to advise you of:

BIOCHEMISTRY	TEST INFORMATION CHANGES
<b>Bicarbonate test - change to green top tube</b>	Bicarbonate tests are now analysed in whole blood which requires green top lithium heparin tubes rather than yellow top SST tubes. This change to green topped tubes will maintain specimen integrity and reduce the need for recollections.
<b>Parathyroid hormone (PTH) test</b>	A reminder that the parathyroid hormone test (PTH) requires an EDTA (mauve top tube) sample of its own (ie. a dedicated tube just for this test). The PTH tube cannot be shared with other tests also requiring a mauve top.
<b>Thyroid Function Tests</b>	When thyroid function tests are requested the results you receive will be for a TSH and T4 – if you require a T3 test you will need to request this separately. All serial patients with thyroid function tests will have TSH and T4 tests performed.
<b>Urine albumin creatinine ratio</b>	The lower detection limit of urine albumin is 3 mg/L. For those sample with urine albumin below the detection limit, the albumin creatinine ratio cannot be calculated. A relevant comment will be provided in the report.
HAEMATOLOGY	TEST INFORMATION CHANGES
<b>INR under/over filling of tubes or haemolysis</b>	<p>Coagulation (INR) tubes (blue tops) need to be filled to the minimum fill line on the tube to ensure specimen suitability for analysis and prevent the need for specimen recollection.</p> <p>If you have a persistent issue with INR tube underfilling /overfilling or haemolysis please contact one of our Haematologists to discuss <a href="mailto:pathologist@wellingtonscl.co.nz">pathologist@wellingtonscl.co.nz</a></p>
MOLECULAR BIOLOGY	REPORT FORMAT CHANGES ; PREFERRED SPECIMEN TYPE CHANGES
<b>Report format changes to Chlamydia and Gonorrhoea reports</b>	<p>The format of Chlamydia and Gonorrhoea reports has changed since November 1st. The main differences are listed below:</p> <ol style="list-style-type: none"> <li>1) Specimen type. There is an additional field on the report which will display the type of specimen received, e.g, urine, vaginal, cervical, rectal, throat. Each specimen type will have a separate test report issued.</li> <li>2) Results. A positive result will now be displayed on the report as "Detected", previously Aotea Pathology reported a positive result as "Positive". A negative result will still be displayed as "Not Detected" so there is no change in format for a negative result.</li> <li>3) A generic comment now displays on all reports detailing the test method used in the laboratory, e.g., Chlamydia trachomatis &amp; Neisseria gonorrhoeae testing was performed using the APTIMA Combo 2 Assay on the PANTHER System (GEN-PROBE).</li> </ol>
<b>Vulvovaginal swab is the preferred specimen for Chlamydia / Gonorrhoea testing in women</b>	<p>The preferred sample for Chlamydia/Gonorrhoea testing in women is a <b>vulvovaginal</b> sample.</p> <ul style="list-style-type: none"> <li>• This sample may be patient-collected or clinician collected.</li> <li>• It is the best sample even if doing a speculum exam – take the vulvovaginal swab before inserting the speculum.</li> <li>• To take the sample - wipe the swab around the vagina entrance, then insert the swab 4cm (thumbs depth) into the vagina, count slowly to 5 and replace swab in the container.</li> <li>• Please do not send “routine” screens in low risk women when doing a smear.</li> </ul>

<b>COLLECTION CENTRE CHANGES</b>	<b>COURTENAY PLACE COLLECTION CENTRE RELOCATION</b>
	<p>On Saturday 12 December our Courtenay Place collection centre will relocate to the Symes de Silva building, level 2, 97 Courtenay Place. This is two doors down from the current collection centre. We will continue to operate between the hours of 7am-5.30pm Monday to Friday however we will no longer be open at this site on a Saturday morning. Saturday morning service for Wellington central will be provided at our collection rooms at level 4, 256 Lambton Quay between the hours of 8.30am and 12 noon.</p>
<b>ACCESS TO REGIONAL LAB RESULTS DATA REPOSITORY (Éclair)</b>	<p><b>Access to the regional lab results data repository is expected to be available within the next 3 weeks. We are currently piloting this with selected surgeries.</b></p>
<b>REPORT FORMAT</b>	<p>You will have noticed that the format of the results you receive is not always consistent. This is because each episode can only have a single report format, that of the primary requestor. For example, if a hospital clinician has requested the tests and copied a community doctor, the format for results will be the hospital format as the preference of the primary referrer, which is different than when the tests have been requested by a community referrer.</p>