

## **Launch of 'Communication of Critical Results for Patients in the Community'**

I am delighted to be here on behalf of the Academy of Clinical Science and Laboratory Medicine to see this collaborative project brought to fruition.

Thank you to Mary Keogan, Clinical Lead for the Pathology Clinical Programme, Project Managers Anne and Joan McCormack and the Working Group of which I was part of along with nine fellow medical scientists.

Appropriate Communication of results back to the patient is essential to patient care and safety and could arguably be seen as the most important step in the pathway when a patient has a sample taken for laboratory analysis or 'tests'.

The lack or delayed communication of critical values has been clearly recognised as a source of significant harm to patients, since these test results may lead to treatment modification in as many as 98% of patients admitted to surgical wards and up to 91% of those admitted to medical departments (Piva et al., 2014).

As one of 2,500 medical scientists we may be the first to become aware of a potential medical emergency before the requesting clinician is aware of the urgency of the situation. We know the importance of fast tracking the unexpected critical result.

Critical values communication is an integral part of our quality management systems audited to the ISO 15189 standard and under CORU statutory registration we are required to ensure we have the competencies in place to ensure appropriate communication of results in a way that can be understood by the service user and others. This includes diagnosis, prognosis, monitoring and treatment options.

The colleges providing our accredited programmes are required to ensure that its graduates meet these standards of proficiency.

Timely notification of critical values has also been endorsed as one of the leading quality indicators of the post-analytical phase by the Working Group "Laboratory Errors and Patient Safety" (WG-LEPS) of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) in 2016.

There are many guidelines and papers on communication of critical results but what this guideline does is, it builds on international best practice recommendations and also gives us clear guidance on the pathways and stakeholders particular to Ireland and thus standardising the pathway.

As we move forward to the implementation phase, we will formalise the communication process between laboratory medicine and primary care, this could be regarded as a paradigm shift even though primary care are already one of the biggest users of laboratory services. Sláintecare serves to only strengthen this relationship.

The next critical step in implementation will be, to put in place the appropriate clinical governance structures between laboratories or hospitals and primary care.

I would urge that this guideline is followed through to the implementation phase, it is essential that the HSE led by Mr. Paul Reid adequately resources this both during normal working hours and out of hours to provide this essential service to the community,

I am sure this guideline will have an auditable impact across many clinical programmes but also Sláintecare and ultimately leading to what we all want better patient outcomes.