Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Office of the Chief Clinical Officer
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Memo re Laboratory Samples

To: All Clinical Directors; Laboratory Managers.
From Dr Colm Henry, Chief Clinical Officer, HSE

May 25th, 2021

Dear Colleagues,
As you are aware the cyberattack has had a major impact on laboratory capacity. Without IT systems, clinical laboratory capacity has been reduced to as little as 10% of normal in some cases.

One of the particular challenges for laboratories is that in many cases there is an accumulation of samples submitted in the days before and immediately after May 14th. In many cases these samples are no longer suitable for processing.

As we recover, we will need to be able to process urgent samples and recently submitted samples which are most relevant to patient management. A key part of planning for recovery is to plan how these aged and often deteriorated samples will be managed.

I advise that each laboratory should assess the scale of the problem and prepare a plan to manage this situation taking account of the following options. These are general options. Laboratories may develop local solutions that take account of the general principles outlined and document the assessment that has necessitated the decision to use a non-preferred option where this is necessary.

Options

1. Preferred Option

The normal process for specimen rejection, as described in the National Laboratory Handbook[(1),] is as follows:
Laboratories should record all tests requested for a particular patient, but, if choosing not to perform a particular test, should issue a report to the requesting clinician indicating that the test is not provided in general, not provided to that source of referral, or not clinically indicated in that clinical setting.

Laboratories with a small number of samples which are too aged to be analysed may be able to follow standard procedures, and register receipt and rejection of samples when the laboratory IT system is recovered.

2. Option 2

If laboratories are not able to deliver the preferred option laboratories may maintain a record of request forms received (either paper or electronic) and filed in so far as practical by date or receipt /alphabetical and then return those forms or copies of those forms to requesting clinicians with a covering note and/or a stamp on each form that the sample has not been processed. This will ensure that clinicians are aware of tests which may need to be repeated and that the laboratory has an accessible record of receipt of the request form and a record that it has been sent back to the requestor.

3. Option 3

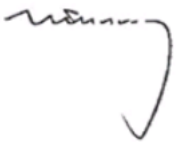
If a laboratory assesses that it is not able to apply the preferred option or option 2 they should seek to sort the request forms by submitting source and return the request forms with an indication that the accompanying samples have not been processed to each requesting clinician. This will ensure that clinicians are aware of tests which may need to be repeated although the laboratory does not have an accessible record of receipt of the request form.

4. Option 4

If a laboratory assesses that it is not able to apply the preferred option or option 2 or 3 they should at a minimum advise users that samples received during a defined period have not been processed and will not be processed. This will ensure that clinicians have at least an indication of the time frame during which samples have not been processed.

1. National Laboratory Handbook: Scope of the Public Hospital Medical Testing Laboratory Network
https://www.hse.ie/eng/about/who/cspd/ncps/pathology/resources/scope-of-the-public-hospital-laboratory-network.pdf

Yours Sincerely,



Dr Colm Henry
Chief Clinical Officer