Clinical Assistant Delegation Framework

Please note – all practices utilizing this resource need to ensure that it has been reviewed and agreed upon within the practice context. This has been written with Wellington based laboratory limits and was last fully reviewed in August 2021.

Please ensure you have read the Clinical Assistant Delegation Policy – this outlines the responsibilities of the clinical assistant, the clinician and the employer in relation to using the below delegation protocol

NOTE: Improving the ability of the clinical assistant to help with test results is reliant on clinical documentation at the point of ordering tests.

The clinical assistant can only file normal results if there is a clear comment in the notes 'no follow up of normal results required'
If results are normal but this comment has not been made, the result will be annotated normal and left in the inbox for review by clinician.

If the clinical assistant is being delegated to file normal results as above, any required safety netting and instructions around review or follow up must be done at the time of the consultation and should be documented in the clinical record.

Patient notification of results: Practices will need to provide the clinical assistant with their results notification policy/protocol and ensure the clinical assistant is aware of how and when the practice wants them to notify patients of results.

If at any point the clinical assistant is unsure of whether to file a result, or next step to take, the result should be left in the inbox for the clinician to review.

Where the delegation framework states that a result needs to be escalated to the duty clinician, the expectation is that the duty clinician is notified as soon as practicable eg between patients, and that this handover of the result is documented by the clinical assistant. Once the clinician has been notified, they assume responsibility for actioning the abnormal result from that point onward.

All results actioned, annotated or filed by clinical assistant should have Cl Assist at end of comment field to ensure it is clear who has done this. Can be set as keyword. Not to use initials or CA as difficult to track later.	
This delegation framework applies to people aged 18years or older. It cannot be used for children and young adolescents.	
Result Type	
Cervical Screening 'No abnormal cells repeat in three years'	**Action:** • Annotate in comments **normal, rpt in 3 years.** • Update recall • Notify patient as per practice policy • If clinical notes document no follow up of normal result required, can file
Cervical Screening 'No abnormal cells, repeat in 12 months due to previous abnormality'	**Action:** • Annotate in comments **normal, rpt 1 year.** • Update recall • Notify patient as per practice policy • Clinician to review result prior to filing OR forward to nominated practice clinician if practice policy in place as needs consideration of HPV testing
Cervical Screening Abnormality or any result not fitting above two categories	**Action:** • Annotate in comments with result, clinician to review result OR forward to nominated person in practice to review
Chlamydia/gonorrhoea swab **Both negative**	**Action:** • Notify patient as per practice protocol • If clinical notes state no follow up of normal results required, can file • Do not state that the test was an STI check if texting the patient
Chlamydia/gonorrhoea swab **Gonorrhoea positive**	**Action:** • Discuss with duty/acute nurse – if they are able to treat with standing order, make note in daily record 'positive gonorrhoea test, discussed with [name] who will arrange treatment and follow up • If duty/acute nurse not able to treat, annotate 'positive gonorrhoea', leave in inbox for clinician • Send task to requesting clinician that notification to medical officer of health required.

Chlamydia/gonorrhoea swab **Chlamydia positive**	**Action:** • Discuss with duty/acute nurse – if they are able to treat with standing order, make note in daily record ‘positive chalmydia test, discussed with [name] who will arrange treatment and follow up • If duty/acute nurse not able to treat, annotate ‘positive chlamydia’, leave in inbox for clinician
Coeliac screen Anti TTG IgA <20 CU = negative AND IgA within normal range (0.8-4.0)	**Action:** • Annotate comment with ‘normal coeliac screen’ • If clinical notes state no follow up of normal results required, can file • Notify patient as per practice policy
Coeliac screen Anti TTG IgA <20 CU AND IgA outside normal range <0.8 or >4.0	**Action:** • Annotate IgA low/elevated • Requesting clinician to review result
Coeliac screen Anti TTG IgA 20-100 CU = weak positive	**Action:** • Annotate ‘weak positive’ • Requesting clinician to review result
Coeliac screen Anti TTG IgA > 100 = positive	Action: • Annotate ‘positive’ • Requesting clinician to review result
Covid-19 PCR Swab Negative	**Action:** • Notify patient via text message as per practice policy or following wording *‘Your Covid-19 test result was negative. This means it did NOT show Covid-19. Please remain at home until your symptoms have been gone for 2 days. If you feel worse, please contact the medical centre or healthline 0800 358 5453’* • Negative results for Covid-19 can be filed by clinical assistant after patient notification sent
Covid-19 Swab Positive	**Action:** Refer to practice and Ministry of Health guidance

<table>
<tr><td colspan="2">Creatinine and eGFR
<u>Any egfr drop of >10ml/min since most recent prior result, do not file, needs clinician review</u>

<u>Acute drop to egfr <60, follow escalation protocol and notify clinician of acute renal impairment.</u>

Creatinine normal range varies depending on age. eGFR is calculated from the creatinine, age of patient and sex of patient.
Acute renal impairment – rapid (eg hours to days) drop in renal function causing elevated creatinine and reduced eGFR. Out of scope for this protocol
Chronic renal impairment - can be stable or progressive
Stable – egfr change <5ml/min over past 12 months
Progressive egfr decreased by >5ml/min over past 12 months</td></tr>
<tr><td>Creatinine and eGFR
egfr >90ml/min</td><td>Action:
Annotate with Cr [xx], egfr [xx], normal</td></tr>
<tr><td>Creatinine and eGFR
eGFR 60 – 89
AND
Prior result egfr >90</td><td>Annotate ‘Cr [xx], egfr [xx], new renal impairment’
Requesting clinician to review result, not for clinical assistant filing</td></tr>
<tr><td>Creatinine and eGFR
eGFR 60 – 89
AND
Prior egfr within 5ml/min of current result</td><td>Annotate with Cr [xx], egfr [xx] stable
Check if has a classification of chronic kidney disease (CKD) stage 2 – if not, add
Request CVRA bloods, urine ACR and BP check if not done in past 12 months
Set task to self to ensure above happens, inform requesting clinician when it is available ? review needed
Requesting clinician to review result – not for clinical assistant filing as chronic renal impairment is often associated with other medical conditions that require consideration.</td></tr>
<tr><td>Creatinine and eGFR
eGFR 60 – 89
AND
current result >5ml/min reduction compared to previous egfr result</td><td>Action:
Annotate with Cr [xx] and egfr [xx], progressive impairment
Task requesting clinician to inform of deterioration, ask if would like BP, CVRA bloods and Urine ACR if not done in past 12 months (purpose of task is safety net in case this is acute or unexpected deterioration)
Requesting clinician to review result, not for clinical assistant filing</td></tr>
</table>

Creatinine and eGFR
eGFR 45 – 59
AND
Prior egfr ≥ 60
AND
Urine ACR ≤3.5 or PCR <15
	Action:
	• if no ACR available, and egfr 45-59, action as per this section, but also arrange urine test as may need closer monitoring depending on result.
	  o Clinical assistant to task self to follow up that urine test gets done.
	  o If not able to contact patient, task clinician to inform them 'Chronic kidney disease on bloods, not able to risk stratify as no urine acr result'
	• Annotate 'cr [xx] gfr [xx] ckd – now stage 3a,'
	• Update classification with comment 'stage 3a CKD [date]'
	• Send task to clinician 'CKD stage 3a – please review medications'
	• Add recall for creatinine every three months and CVRA/HbA1c bloods and urine albumin:creatinine ratio (ACR) and MSU for haematuria annually
	• Requesting clinician to review result, not for clinical assistant filing

Creatinine and eGFR **eGFR 45 – 59** **AND** **ACR 3.6-29 or PCR 15-49**	**Action:** • Annotate 'cr [xx] gfr [xx] • Ensure has classification of CKD stage 3a • Clinical assessment recommended 6 monthly – if patient not seen for >6months, task clinician asking if they would like appointment arranged. • Update recalls to: 6montly urine ACR, 6monthly Creatinine, Na/K (electrolytes), urea, CBC, calcium, phosphate and annual MSU for haematuria. Hba1c recall annually if no diabetes as per diabetes plan if >50. • If any of the above recalls overdue, request those tests and notify patient as per practice protocol • Requesting clinician to review result, not for clinical assistant filing
Creatinine and eGFR **eGFR 30 – 44**	**Action:** • Annotate 'cr [xx] gfr [xx] • Ensure has classification of CKD stage 3b • Clinical assessment recommended 6 monthly – if patient not seen for >6months, task clinician asking if they would like appointment arranged • Update recalls to: 6montly urine ACR, 6monthly Creatinine, Na/K (electrolytes), urea, CBC, calcium, phosphate and annual MSU for haematuria. Hba1c recall annually if no diabetes as per diabetes plan if >50.

	• Task clinician to check if primary care doing these, or if patient is under renal clinic. If under renal clinic leave recalls in place but annotate that under renal clinic • If any of the above recalls overdue, request those tests and notify patient as per practice protocol • Requesting clinician to review result, not for clinical assistant filing
Creatinine and eGFR eGFR 15-29 AND within 5ml/min of previous eGFR	Action: • If not seen in past 4 months by primary care or renal clinic (check inbox for renal clinic outpatient letter), task clinician to see if needs review appointment booked • Ensure classification of CKD stage 4 present • Requesting clinician to review result, not for clinical assistant filing Note: this group should have regular monitoring of bloods/ urine and in place, however the parameters of this are variable depending on clinical scenario and therefore out of scope of this protocol. Needs decision by requesting clinician.
CVRA: Hba1c, Lipids and Creatinine will come through together in results	Action: • Annotate lipid result with "ratio [value], LDL [value] CVRA [value]%" • Follow instructions in Creatinine and eGFR for the creatinine result • Follow instructions in the Glycated Haemoglobin section for Hba1c • Check notes for a BP in past 3 months – if not present organise BP check – could be in practice (RN, PCPA) or offsite eg pharmacy and result communicated to clinical assistant and entered into notes • Check practice protocol for who actions CVRA results – follow protocol regarding who is notified • If no clear protocol then remains in inbox for requesting clinician Calculating CVRA results depends on a number of clinical factors and requires assessment and interpretation which should be undertaken by someone with clinical training. Therefore it is not included in the clinical assistant role.
Faecal Helicobacter Ag Negative	**Action:** • Annotate 'negative' • If clinical notes document no follow up of normal result required, can file • Notify patient as per practice policy
Faecal Helicobacter Ag Positive	**Action:** • Annotate 'positive' • Requesting clinician to review result, not for clinical assistant filing

Faecal PCR: Will include result for campylobacter, salmonella, shigella, yersinia, giardia, cryptosporidium and shiga toxin producing e. coli
Categories for urgent/non urgent notification below are from the Regional Public Health website, covering the greater Wellington region
Notifiable diseases | RPH
listofdiseases-urgent-nonurgentnotification.pdf (rph.org.nz)
health-practitioner-notice-of-notifiable-disease.pdf (rph.org.nz)

Result	Action
Faecal PCR: **Negative result for all categories**	**Action:** • If clinical notes document no follow up of normal result required, can file
Faecal PCR: positive for Shiga toxin producing e.coli or shigella	**Action:** • Escalate to duty clinician for clinical decision about treatment/review and as needs urgent notification to regional public health or on-call medical officer of health • Make note in clinical record 'positive [.....} test, discussed with [name] who will arrange notification, treatment and follow up'
Faecal PCR: positive for campylobacter, cryptosporidium, giardia, salmonella, yersinia	**Action:** • Clinical Assistant to download notification form from regional public health and complete and fax. • Requesting clinician to review result to decide regarding treatment, follow up and whether requires urgent notification as per Acute gastroenteritis criteria Acute gastroenteritis is notifiable urgently if linked to common source, or if patient is food worker, caregiver or chemical/bacterial or toxic food poisoning. Clinician to make this decision when views inbox record.

Full blood count
Critical Limits – escalate to duty clinician and document who it was discussed with

	<	>
Hb g/L	80	200
HCT (female)		0.56
HCT (male)		0.6
Platelets x10^9 (pregnant)	80	1000
Platelets x10^9	20	1000

Neutrophils x10^9	0.5	15

NB: neutrophils in this protocol set at lower limit than SCL to increase sensitivity of escalation protocol in scenario of sepsis/infection. Note no abnormal FBC will be filed by clinical assistant, and so abnormal FBC will still be seen by requesting clinician, but a more sensitive trigger for escalation is a safety net in scenario of busy clinic/part time staff where clinical assistant may have seen result before requesting clinician.

Full blood count Parameters all normal	**Action:** • If clinical notes document no follow up of normal result required, can file • If no instructions in clinical notes, annotate as 'normal' but do not file.
Full blood count Parameters out of normal range but **NOT** critical (see above table)	**Action:** • Annotate comment field with name and value of the abnormal parameter • e.g. hb 102 or platelets 135 • Requesting clinician to review result
Full blood count Parameter breaches a critical limit	**Action:** • Escalate to duty clinician for urgent review • Make note in clinical record 'full blood count with abnormal result outside critical limit, discussed with [name] at [time]'
Glycated haemoglobin HbA1c <40	**Action:** • Annotate comment field [value of hba1c] • Check daily record for filing/follow up instructions. If no clear plan, leave in inbox • If part of CVRA (came in batch with lipids and renal function, leave in inbox as per CVRA section) Check classifications for **gestational diabetes mellitus**: if present requires recall for annual hba1c. **Action:** • If has classification gestational diabetes mellitus but no recall: add annual hba1c recall • Has recall for annual hba1c -> reset recall for 12months from date of current hba1c result.

<table>
<tr><td>Glycated haemoglobin
HbA1c 40-49</td><td>Action:
Annotate comment field [value of hba1c]
Add classification ‘pre-diabetes’ if not present
Add recall for annual HbA1c. If already present, reset this for 12 months from date of current hba1c result
If part of CVRA (came in batch with lipids and renal function, leave in inbox as per CVRA section)</td></tr>
<tr><td>Glycated haemoglobin
Hba1c >50
(in patient with no diagnosis diabetes)</td><td>Action:
Annotate [value of hba1c]
Check if CVRA and urine ACR have been done in the past 12 months. If not, arrange.
Clinician to review result and make follow up plan</td></tr>
<tr><td>Glycated Haemoglobin
Hba1c >50 and classification Type I Diabetes Mellitus</td><td>Action:
Annotate [value of hba1c]
Check that CVRA and urine ACR have been done in the past 12 months. If not, arrange.
Clinician to review result prior to filing</td></tr>
<tr><td>Glycated Haemoglobin
Hba1c >50 and classification Type II Diabetes Mellitus</td><td>Action:
Annotate [value]
Check that CVRA and urine ACR have been done in the past 12 months. If not, arrange.
Requesting clinician to review result prior to filing OR forward to nominated practice clinician if practice policy in place.</td></tr>
<tr><td colspan="2">Critical limits for Liver function tests – these must be escalated to the duty clinician
Bilirubin > 400umol/L, ALT >1000, AST >1000</td></tr>
<tr><td>Liver function tests
All parameters normal</td><td>Action:
If clinical notes document no follow up of normal result required, can file
If no instructions in clinical notes, annotate as ‘normal’ but do not file.</td></tr>
<tr><td>Liver function tests
Abnormal value below critical limit</td><td>Action:
Annotate comment field with name and value of the abnormal parameter, eg ALT 135 or GGT 74
Requesting clinician to review result
Potential after pilot period to develop wording around filing of stable values – wait for pilot to and discuss</td></tr>
<tr><td>Mammogram
Normal
AND
No classification or recall for high risk family history or annual mammogram</td><td>Action:
Reset recall for two years
Annotate in comments normal, next due [mth/yr], recall set for [….]
Requesting clinician to review result prior to filing (safety net)</td></tr>
</table>

Mammogram Normal **AND** Has classification or recall for high risk family history or annual mammogram	• If present then annotate result 'normal, high risk history/annual mammogram recall' **Action:** • Requesting clinician to review result and process for ordering next mammogram
Mammogram Abnormality detected or further investigation required	**Action:** • Requesting clinician to review
Sodium (Na) and Potassium (K) **Na 135-145** **AND** **K 3.6-5.2**	**Action:** • Annotate 'normal' • If clinical notes state no follow up of normal results required, can file
Sodium (Na) and Potassium (K) **Na 126-135 or 135-154** **OR** **K 5.2-5.5**	**Action:** • Annotate Sodium [high/low] or Potassium high • Requesting clinician to review – leave in inbox
Sodium and Potassium Critical limits **Na ≤125 or ≥ 155** **K ≤3.5 or ≥5.6**	**Action:** • Escalate to duty clinician for review • Record 'electrolytes outside critical limit, discussed with [name] at [time]'
Renal function **- See Sodium and Potassium AND Creatinine/eGFR sections**	
Trichomomas PCR **Negative**	**Action:** • Notify patient as per practice protocol • If clinical notes state no follow up of normal results required, can file • If no instructions in notes, annotate 'trichomomas negative' and requesting clinician to review • Do not include that the test was an STI check if texting the patient

Trichomomas PCR Positive	**Action:** • Discuss with duty/acute nurse – if they are able to treat with standing order, make note in daily record 'positive trichomomas test, discussed with [name] who will arrange treatment and follow up • If duty/acute nurse not able to treat, annotate 'positive trichomomas', leave in inbox for clinician
Thyroid function tests TSH 0.4-3.8 Non pregnant	**Action:** • If clinical notes state no follow up of normal results required, can file • If no instructions in clinical notes, annotate 'normal TSH' and requesting clinician to review • If patient is pregnant (check if mentioned in recent clinical record, or if result is batched with first antenatal bloods), requesting clinician to review result before filing
Thyroid function tests TSH <0.4 or >3.8	**Action:** • Annotate 'TSH [value] • Requesting clinician to review result
Uric Acid Female: 0.15-0.36 Male: 0.20-0.36	**Action:** • Annotate [value], normal • If clinical notes state no follow up of normal results required, can file NB: top of lab normal for men is 0.42, however as gout target is 0.36 have set this as the trigger for this protocol
Uric acid > 0.36	**Action:** • Annotate [value], elevated • Requesting clinician to review before filing

Clinical Documents

Referral Received or Waitlist letter	Letter from department acknowledging the referral, sometimes with an accompanying comment regarding expected time to appointment **Action:** • Annotate either 'referral received [department] OR '[department] accepted, waitlist [xx], task set • (This point to be discussed with practice, decision around this point will be practice/clinician dependent) Set task to requesting clinician to follow up referral 4 weeks after expected waitlist time ie. 'follow up ortho referral, expected to be seen in [x] timeframe' and date task is due is 4 weeks after this time • Requesting clinician to review before filing in case referral was urgent or needs escalating etc
Clinic or specialist letters	Letters from a health care professional outside the practice **Action:** • Read letter • Identify any diagnoses made and add to classifications • Identify if any medication changes – add comment to annotation • Identify any tests the practice has been asked to follow up – send a task to the requesting clinician with the name of the tests, and the timeframe they have been requested in. ○ Leave this task as due immediately so it is seen by clinician, however they can then alter the timing to suit when they wish to action. • Identify if the practice has been asked to see the patient and in what time frame, book this appointment with the appropriate clinician • Annotate '[speciality] letter – actioned as per clinical record' or '[speciality] letter – meds update needed, otherwise actioned as per clinical record'– document any actions made from the above list in clinical record – eg classification updated, test recall added, follow up booked • A clinical assistant (unregistered healthcare workforce) can not update medications in the medication list. • Requesting clinician to review before filing, responsibility lies with the requesting clinician to ensure that all necessary tasks and actions have been generated.
Discharge letter	Summary of care or admission done at the time the patient is discharged – could be from after hours, emergency department or hospital speciality **Action:** • Read letter • Identify any diagnoses made and add to classifications • Identify if any medication changes – add comment to annotation

	• Identify if any procedure done eg incision and drainage, sutures, or wound dressing – these are likely to need follow up • Identify if a surgery was done and add operation name to classifications • Identify if vaccination eg tetanus booster was given – if so, enter into vaccination record • Identify any tests the practice has been asked to follow up – send a task to the requesting clinician with the name of the tests, and the timeframe they have been requested in. ○ Leave this task as due immediately so it is seen by clinician, however they can then alter the timing to suit when they wish to action. • Identify if the practice has been asked to see the patient and in what time frame, annotate in comment field and filing clinician to notify clinical assistant via task if they would like this booked. • Annotate 'discharge [speciality/ED/afterhours] – actioned as per clinical record' or 'discharge [speciality/ED/afterhours] – meds update needed, otherwise actioned as per clinical record'– document any actions made from the above list in clinical record – eg classification updated, test recall added, vaccination entered, follow up booked • A clinical assistant (unregistered healthcare workforce) can not update medications in the medication list. • Requesting clinician to review before filing, responsibility lies with the requesting clinician to ensure that all necessary tasks and actions have been generated and to update any medication changes

References – all accessed June 2021

Health Professional Guides and Calculators (kidney.health.nz)

Type 2 Diabetes Management Guidance - New Zealand Society for the Study of Diabetes (nzssd.org.nz)

Prediabetes - New Zealand Society for the Study of Diabetes (nzssd.org.nz)

Guidance on Infectious Disease Management under the Health Act 1956

Kidney_Health_CKD_Summary_Guide_.pdf

Chronic Kidney Disease (CKD) in Adults - Community HealthPathways 3D (Lower North Island)