

Pathology Hospital User Survey 2019 - Response to Survey Comments

COMMENT	
Sample Transport Issues	Pathology Response
<p>Need a proper system for when the pods are not working - put out a tray/collection area and times of collection given.</p> <p>Air tube system is better than other hospitals but sometimes does not go through. Portering can be slow.</p> <p>POD - good when it works...</p> <p>Portering contingency - collection frequency seems to vary depending on porter...</p> <p>We are fortunate to have such a fantastic pathology service in a DGH</p> <p>Air tube system seems unreliable, not unusual for it to be broken.</p> <p>Portering is not always as quick as we sometimes need them to be & can get annoyed at our recurrent requests on particularly busy days with sick patients having urgent bloods requested at differing times of the day.</p> <p>Overcome by our own staff taking bloods up to the lab themselves, at times.</p> <p>Communication when down or repaired poor</p> <p>The POD system in ED seems to break down on a fairly regular basis. Replacement portering to collect samples every half hour does not happen every half hour causing significant delays to obtaining blood results.</p>	<p><i>All pods are returned by pathology unless a problem occurs with the return station pods are also taken out of action when the Velcro is worn away as this causes pod tube errors. These are placed back into the system once fixed. Such issues should be raised via Datix and reporting to Progress Health/Medirect at PCH or Facilites at HH. This feedback will be communicated back.</i></p> <p><i>When the POD system is down the pod contingency plan is put in place. This feedback will be communicated back to medirect/ Brookfield PCH and Facilities at HH.</i></p> <p>Communications are sent through the Division when the POD is down.</p> <p>Issues with portering please contact or complete a Datix for Progress Health/Medirect at PCH or Facilites at HH.</p>



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<p>General</p> <p>When you contact the Consultants they are excellent. difficult to get clinical advice or to know who to contact. need more visibility. People are usually keen to help whenever I've called previously. Microbiology advice good</p> <p>Biochemistry and haematology harder to get advice Very helpful when required. lab staff are generally helpful Good <u>Service review</u></p> <p>Absolutely first rate</p> <p>We would prefer printing labels rather than writing on blood bottles to avoid writing errors and handwriting issues. Most hospitals have that advanced options. Need better advice or conclusions attached to some reports</p>	<p>Pathology Response</p> <p>Comments have been fed back to the clinical team. Please contact the laboratory via the Pathology website where you can log issues and complaints.</p> <p>Contact details for the consultants and there admin teams can be found on the Pathology wesite.</p> <p>Our policy across both sites is that we do not accept printed labels due to the number of errors this was causing.</p> <p>Please send specific comment/conclusion issues to the issue and complaints log on the Pathology website.</p>



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COMMENT	Pathology Response
Cellular Pathology	
Some times the histopathological diagnosis is amended verbally during MDT after the report has been issued. No explanation given as to why the reported diagnosis is not totally accurate.	The purpose of the MDT is to review cases and correlate the finding with the clinical and radiological information. AS a result, from time to time, additional information may be provided which influences the interpretation of the histology and therefore the diagnosis may be refined. Histological assessment is also a subjective interpretation and therefore it is normal for there to be a range of opinions which may be proffered on an individual case, this is therefore entirely acceptable practice at the MDT.



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Clinical Chemistry	Pathology Response
<p>The labs at both Hinchingsbrooke and PCH need to provide urea and creatinine for all emergency patients. If this is not done, then morbidity and mortality scoring for surgical patients cannot be completed.</p> <p>This does not happen at Hinchingsbrooke and compromises both patient discussions for the very ill surgical patients as well as the national mandatory reporting we must do for them all.</p> <p>Better split bilirubins</p> <p>reporting early when split bilirubin is not possible</p> <p>In house galactosaemia testing would be beneficial in neonates, although are numbers are small the delay in results can be >1 week using Addies. Split bilirubins are still stupidly sensitive to haemolysis which never used to be an issue and means we frequently have to bleed babies multiple times.</p> <p>Complete U&E profile including Urea and creatinine at HInchingbrooke please</p>	<p><i>The PCH lab is currently validating an alternative direct bilirubin method with reduced haemolysis interference</i></p> <p><i>The technology for Galactose-1-phosphate uridylyltransferase deficiency screening is not available within the Trust and is centralised to specialist centres (e.g. CUH). (See above for details of split bilirubins)</i></p>



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<p>Immunology</p> <p>Please give details of when consultants are available to discuss difficult results on report</p> <p>More clearly stated turn around time</p>	<p>The working pattern and contact details for the Consultant Immunologist are as follows:</p> <p><u>Working days:</u></p> <p>Monday – Addenbrookes</p> <p>Tuesday – Peterborough City Hospital</p> <p>Wednesday – Peterborough City Hospital</p> <p>Thursday – Stamford/Peterborough City Hospital</p> <p><u>Contact telephone numbers:</u></p> <table border="0"> <tr> <td>Direct line at Peterborough City Hospital</td> <td>01773 678126</td> </tr> <tr> <td>Pathology Secretary at Peterborough City Hospital</td> <td>01773 678436</td> </tr> <tr> <td>Secretary/Clinic Co-ordinator at Addenbrookes</td> <td>01223 257183</td> </tr> </table> <p>Turn-around times for all assays performed in Immunology are available on the departmental test repertoire page on our website at the following link:</p> <p>http://www.pch-pathlab.com/cms/?q=node/366</p>	Direct line at Peterborough City Hospital	01773 678126	Pathology Secretary at Peterborough City Hospital	01773 678436	Secretary/Clinic Co-ordinator at Addenbrookes	01223 257183
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Haematology	Pathology Response
Not always clear if blood films looked at	All blood films that are reviewed by a Scientist and/or Clinical Consultant will have a comment attached, even if the morphology has no specific features. If there are no comments attached to the report, a blood film has not required review.



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<p>Microbiology</p> <p>Microbiology needs to give us information according to the information we put on our request forms, ie if patient is already on antibiotics then we need to know sensitivity to those antibiotics not just routine options. Also we need more info re follow up of "superbugs" - as GPs we are often informed after the patient has been discharged from hospital and do not know who ordered the test, sometimes what was tested and whether the patient is symptomatic or not. This causes a huge amount of angst all round and is quite time-consuming.</p> <p>Start incubating samples when taken not the next morning so that 36 hour negative results are available sooner - Watford have a system whereby porters take the samples and put into the machine. Need GBS PCR availability on CSF. CSF viral PCR should include parecho virus routinely</p> <p>Please list sensitivities to antibiotics stated on request forms and more details re management of "superbugs"</p>	<p>Where possible, appropriate antibiotics results are provided. Which antibiotics are released is governed by the consultants who base it upon the antibiotic prescribing guidelines and which antibiotics are the most appropriate for treatment of specific infections.</p> <p>I am uncertain of what is meant by the comment about follow-up of superbugs – does it meant advice on how to follow up on them or provision of more details on the report. If the latter, it would be a copy of the report that gets sent which will have the requestor, clinical details, etc. on.</p> <p>It is not possible to start incubation when the sample is taken with the current system. Blood culture bottles are loaded onto the system as soon as possible, and there is work ongoing to look at making this a more regular process 24/7.</p> <p>At this time, the department does not offer GBS PCR in house but can send samples away for testing if deemed clinically relevant by the Consultant Microbiologist. This is due to the lack of demand for the test making it impractical to repatriate – however, the department does continually monitor demands for tests to determine how services can be improved.</p> <p>The CSF viral PCR is currently outsourced to PHE Addenbrookes who run their own panels. The department here is in the process of validating a test for use in-house which includes Parechovirus – work on this has been delayed due to COVID-19 testing.</p> <p>Please see responses to the first microbiology point, above.</p>



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COMMENT POCT	Pathology Response
<p>Good in day. Rather more limited out of hours. Excellent response to issues and clear communication over timescales and solutions. Discussion about service needs regularly. Drs don't have log in or training for glucose POC Weekends no support. Last week critical care n theatre blood gas machine was broken with no support to trouble shoot. Staff shortage on ward and difficult to run to ED resus all the time. And if we have 6 to 8 patients who need ABG the time taken for it. Once trained on ABG, should have access to ALL machines withdrawing the Hb measurement from theatre seems to be done without much consultation POC testing is limited in this Trust Training not well organised If we could innovate having labels on blood bottles to avoid errors and handwriting issues. Time required.</p>	<p><i>Refresh of all 8 PCH Roche cobas b221 blood gas analysers has greatly reduced analyser downtime, which is now within the agreed KPI of >98% uptime for each analyser per month.</i></p> <p><i>As a result of user feedback POCT team has started to train doctors in use of POCT glucometers and ketone meters in addition to blood gas analysis.</i></p> <p><i>POCT BCP has been updated to clarify the system down procedure when multiple blood gas analysers break down at weekends; OOH cover has always been available in these circumstances; new version of BCP makes the weekend breakdown escalation pathway clearer.</i></p> <p><i>All trained users already have access to 7 BGAs at PCH; access to the CCU BGA is deliberately restricted to CCU staff only to prevent delays to CCU patient management and also to reduce breakdowns of the CCU analyser. This policy was agreed at consultant level and will remain in place.</i></p> <p><i>The Hemocue Hb meter in theatres was withdrawn from use (for reasons of poor reliability) AFTER the new blood gas analyser (which includes Hb measurement) went live in theatres. At no point did theatres have no means of measuring Hb by POCT.</i></p> <p><i>POC testing repertoire is determined by evidence-based evaluation of clinical need and cost; where a viable laboratory service offers the same or better quality testing and it cannot be demonstrated that clinical outcomes or</i></p>



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	<p><i>patient journeys are improved by POCT, then POCT will not be made available.</i></p> <p><i>Training sessions are organised on a regular, weekly schedule in the learning and development centre. Sessions are publicised by poster at all clinical locations that use POCT. In addition, link trainers at multiple clinical locations are authorised by POCT to give location based POCT training.</i></p>
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COMMENT	Pathology Response
<p>Phlebotomy</p> <p>Would be good to extend the age range down to accommodate more children particularly at Stamford Hospital.</p> <p>We use our own paediatric service at PCH. At Stamford I send children to the phlebotomy service however they only do children over 10s, this might be somewhere we could expand the service?</p>	<p>This has been previously reviewed and one of the issues highlighted during the review was the learning and maintaining of skills that is required when taking venepuncture samples from younger children. Following discussions with the phlebotomy team at Stamford, it was generally felt that not all the phlebotomists had the experience and requisite skills or felt comfortable enough to undertake venepuncture samples on younger children due to the infrequency of the requests, phlebotomists working part time, and phlebotomists working cross sites from Peterborough and Stamford hospital. In addition, small children are unable to sit still during the procedure and have to rely on the parent to restrain the child, causing distress to parent and child, additionally there is no qualified play assistant available to distract the child when having bloods taken.</p>



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	<p>Due to the aforementioned points and with the view of harmonising procedures across the three sites it is felt that children under the age of 10 years should have their bloods taken by a more suitably skilled and experienced member of the paediatric team in an appropriate child friendly environment which aims to make the phlebotomy procedure less stressful for both parent and child alike.</p>
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