

Pathology User Survey 2017-18

Respondents:

Dr Karen Mitchell- Clinical Director of Pathology
 Hayley Baker- Blood Sciences Manager
 Dr Sahar MUSAAD- Clinical lead - Microbiology Department
 John Hardy- Microbiology Manager
 Jill Haigh- Cellular Pathology Manager
 Dr Richard Knights- Clinical Lead- Cellular Pathology
 Sarah Ramsden- Pathology General Manager
 Alison Milner- Pathology Quality Manager
 Jonathan Bray- Pathology IT Manager
 Judith Roberts- Phlebotomy Manager



Please see below responses to the comments made as part of the survey. We have endeavoured to respond fully in all cases but as the comments are generally anonymised it is not always easy to understand the full context. We encourage all users to feedback any concerns or comments about the service provided at any time and to any of the people listed above. We will respond directly to you
 Thank-you

| Number | Department | Respondent | User Comment | Response |
|---------|----------------|---------------|---|--|
| COM-544 | Blood Sciences | Baker, Hayley | When certain blood requests are made by GP- these bloods are often out sourced to another hospital, eg nuclear antibodies. There often is along delay in getting these reports back. | We aim to monitor the turnaround times for all referred tests and investigate delays. A piece of work is currently underway to look at the turnaround times for referred tests and challenge the service providers where applicable. |
| COM-545 | Blood Sciences | Baker, Hayley | Improved out of hours support/access | The blood sciences department is open 24/7, and results are available via the IT system 24 hours a day. Abnormal results are telephoned according to the telephone policy and clinician advice is available during core hours. Please let us know of any particular instances where access to advice has not been readily available and we will look into each situation to see if there are any areas for improvement. |
| COM-546 | Blood Sciences | Baker, Hayley | There seems to be a new issue of samples being discarded and lost and no reports issued | The lab have not changed practice that would result in samples being lost or discarded. However, since the implementation of EPR there are a number of samples being requested on the same barcode number, unfortunately the department is unable to process these samples, and a new request is required. The problem has been recognised by the Trust and there is a huge amount of work going on currently to ensure correct use of the system and thereby reduce the number of rejected samples. It is always useful to have realexamples of lost samples so that we can investigate in detail- please continue to let us know of any such occurrences by contacting one of the team listed above. |
| COM-549 | Blood Sciences | Baker, Hayley | Links to reputable sources for interpreting results may be useful | Contact information for all clinicians are available together with telephone numbers and contact details for our referral centres e.g. Leeds. Should there be any concern our consultants are at hand during core hours for advice. The lab is further developing IGNAZ website to provide access to information for our users. We would like to continually develop this site and add any relevant information required by our users. |
| COM-550 | Blood Sciences | Baker, Hayley | Avoiding falsely high potassium results, can this be improved by doing U&E sooner after the blood is taken, or using lithium heparin bottles? | Samples are received into the department in a timely manner as to not affect the results due to prolonged storage on cells. We have regular pick ups from GP surgeries and also accept samples being dropped off into the department 24/7 to prevent any unnecessary delay. On arrival into the department the samples are treated with priority to ensure they have been made safe prior to analysis, should any delay be anticipated samples will be centrifuged prior to off line storage. Li-hep is not a possibility as it has adverse affects on a number of assays. |
| COM-551 | Blood Sciences | Baker, Hayley | More consistent update of abnormal results | All patient results are available via our IT links, some paper reports are still being sent, and any abnormal result that falls within the telephone policy should be telephoned to the relevant clinician. If there are any instances that this does not happen please let one of the team know and we will undertake an investigation and plan to prevent recurrence |
| COM-553 | Blood Sciences | Baker, Hayley | Need more trained staff. Staffing levels has been deteriorating especially for senior members (BMS) | All vacancies have now either been advertised or the positions have been filled. The adequacy of staffing levels and skill-mix remain high on the Pathology agenda. |
| COM-554 | Blood Sciences | Baker, Hayley | Inform the clinical area as soon as a problem is identified. E.g if a clotting sample is underfilled, the clinical area need to be made aware immediately rather than when they call to find out why there is a delay in getting the result. It is more important to the clinical team to know an INR is significantly high than to know the exact value. Reasons for delay in issuing a report have included "we were waiting for the blood to clot" | A new telephone policy has been put into place to ensure wards / departments are informed asap if a sample is found to be under filled or clotted to ensure the sample can be repeated in a timely manner. Please let us know of any situations where this does not happen and we will investigate. |
| COM-572 | Immunology | Baker, Hayley | Better explanation for available tests and indications | All information regarding the tests available are shown on the intranet / Ignaz site (pathology handbook), the department no longer has an immunology service on site. The experts in Leeds are more than happy to take any clinical question / query about a test / results |
| COM-573 | Immunology | Baker, Hayley | Immunology tests-ore advice on ICE for reasons for tests and better search facility | Immunology investigations are no longer performed at CHFT, we refer all samples to Leeds for processing, should any further information be required, the technical expertise is on hand at Leeds to answer any questions. The amount of information available on ICE is very limited as immunology investigations are not routinely available, some information is available on the Ignaz page (pathology handbook). |
| COM-574 | Immunology | Baker, Hayley | Since Coeliac testing moved to Leeds, it takes twice as long! | We are currently monitoring turnaround times of referred tests and will be discussing any issues with any referral lab not meeting agreed performance targets. |

| Number | Department | Respondent | User Comment | Response |
|---------|---------------------------|----------------|---|--|
| COM-593 | Blood Sciences | Baker, Hayley | more information on results and normal versus abnormal results eg lft - for abnormal, can have liver profile set | Reference ranges are shown and available for analytical investigations, abnormal results should be highlighted. Should any further information be required our clinical teams are always available to answer any queries. |
| COM-594 | Blood Sciences | Baker, Hayley | some abnormal tests seem to be not phoned through eg very high CRP or potassium of 6.2, very high glucose. However this is rare but the occasional highly abnormal result is not phoned through. If D dimer could be checked sooner if would avoid a high value being phoned through to the OOH services after surgeries have closed. | All abnormal results that fit within the telephone policy are called no matter what the time of day unless the patient has had a previously abnormal result. Unfortunately due to the time the GP samples arrive within the department and the length of time they take to process and validate, some abnormal results will need to be telephoned to the OOH team. We monitor our turnaround times continually to ensure we are not introducing any delays to notifying users of abnormal results. Please let us know the details of any specific incidences where results have not been phoned through and we will investigate fully. |
| COM-598 | Blood Sciences | Baker, Hayley | If grossly abnormal results- telephone Consultant or team member-not E-Mail-as may not check for several days. At present rely on checking results on EPR-May not check with present timetable for 3 days or so | Results cannot emailed to clinicians, however any abnormal result would firstly be telephoned to the requesting clinician / consultant, followed by another doctor and finally a qualified nurse. results may also be telephoned to the consultants secretary if an OP and the consultant was not available at that time. |
| COM-603 | Blood Sciences | Ramsden, Sarah | It would be useful if you could liaise with the CCG on point of care testing for CRP as this would be useful for GP's. | The Pathology department has a Point of Care Testing team, supported by technical advice from each of the disciplines. Our team would be willing to provide technical advice and guidance to assist in procuring any such POCT devices and could provide ongoing support for training and quality assurance schemes for a wide range of POCT devices. |
| COM-602 | Pan Pathology | Baker, Hayley | single helpline ? | Unfortunately there are numerous disciplines within blood sciences, and no single person has the knowledge on every test / investigation so calls are often diverted to central services who will then direct to the most appropriate individual e.g. chemistry consultant etc. We have a number of new starters within the general reception area and as training progresses and they develop their knowledge of the wider pathology department, their ability to quickly and appropriately direct calls should improve. |
| COM-608 | Central Services Combined | Baker, Hayley | the only issue we sometimes have with the service is the provision ancillary items (bottles/blood bags etc) the orders are not always sent and when we chase them up the contact (DJ) is usually unhelpful | The pathology stores manager has been told to ensure he raises any issues regarding back logs of sending items to external locations, to ensure we send them out in a timely manner. Extra support will be sourced to ensure the stores manager is able support during periods of leave. |
| COM-591 | Andrology | Bray, Jonathan | Problems linking with electronic patient record EPR | This was a known issue that should now be resolved |
| COM-592 | IT | Bray, Jonathan | Sometimes results do not get sent or seen on ICE but when phone for result miraculously appear in a few day.ICE is a really useful resource to check what has been done by hospital consultants and avoids us repeating unnecessary blood test - would be a real loss if all results were not to go onto ICE still. | All results will continue to post to ICE. We would need examples of results missing from ICE in order to undertake a full investigation.Please contact the lab directly. Thank-you |
| COM-595 | IT | Bray, Jonathan | The ICE links with SystemOne doesn't always match to the clinician who requested it. The Lab sometimes simply puts 'GP' or Path Request meaning manual allocated has to happen several times per day. | This can happen for various reasons:- Clinicians not identifiable from handwritten request form. Clinicians not known to laboratory system (These need to be logged with THIS). Clinicians not mapped correctly between systems. (PMEP is only designed to support GP requesting, not nurse requesting. This can be resolved by mapping in S1 directly) Please contact THIS for support if any of these are applicable in your areas. |
| COM-600 | IT | Bray, Jonathan | Need to resolve the issue of results delivery into EPR; either results not appearing at all, or the results from patients of other clinicians arriving in my inbox for approval. I know this is a known problem, but means we have to have parallel paper tracking systems so patients' results don't get lost. | Please can we ask that this is logged with The Health Informatics Service for investigation and correction. |
| COM-611 | IT | Bray, Jonathan | The new blood forms sent from the hospital should say what colour bottles to use for each test." | The forms should state this . This is a recognised issue and being reviewed by THIS |
| COM-564 | Cellular Pathology | Haigh, Jill | Reported on in Leeds. Making Leeds ICE access, accessible to all staff who have CHFT ICE access. | The Trust have a link via 'ICE OpenNet' to facilitate the viewing of CHFT patient's results from both the Leeds and Mid Yorks ICE systems. Thus removing the requirement for direct ICE access to either non-CHFT ICE system. For more information on ICE OpenNet functionality please contact The Health Informatics Service. |
| COM-565 | Cellular Pathology | Haigh, Jill | Quicker turnaround | TAT are consistently well within diagnostic target timescales. |
| COM-568 | Cellular Pathology | Haigh, Jill | Stop rejecting samples | Samples are only rejected if they do not meet the minimum data set for reception. The minimum dataset is a carefully considered set of rules put in place to ensure patient safety and also consistency of approach when receiving samples that do not have the appropriate level of information. Full details are available on the intranet. |
| COM-570 | Cellular Pathology | Haigh, Jill | Would help if they came out to help suggest ways of improving the yield from certain procedures (like ERCPs - my speciality) | BMS staff are not trained in assessing yield. An audit of the reports could be performed to determine the inadequacy rate.Please contact the laboratory directly to arrange. |
| COM-559 | Microbiology | Milner, Alison | Sample takers being more careful not to loose samples drivers as well being aware to drop off all samples and not loose any" | The laboratory is currently working closely with the transport team to ensure samples are collected through appropriate collection methods. Drivers are asked to collect samples from designated areas in each practice or clinic. It is essential that samples are presented for collection in this place and that all samples are contained within the sample bags (Blue, green or red) and that bags are sealed before they are presented for collection. The bags are then placed into the designated sample transport containers in the vans and delivered to each laboratory locations. Please report any instances of lost or missing samples directly to the laboratory so that we can investigate possible causes in a timely manner. |
| COM-601 | Pan Pathology | Milner, Alison | not clear who to speak to for advice when you ring the lab. | The laboratory have produced an electronic handbook for users in the form of the Ignaz website. The link is available in the CHFT internet site under the Pathology heading. We welcome feedback to continually improve the site and information provided |
| COM-555 | Microbiology | Musaad, Sahar | Examples- HVS- not clear on infection present & treatment required. On MSUs sometimes although infection detected recommended treatment not stated on report. This then results in T/C with hospital , hanging on for On call microbiologist to advise. They are often rude & seem frustrated in speaking to us. Time consuming on both behalves. | Apologies from us if we sound frustrated. Very sorry if we were rude (there are no excuses) There is usually a comment below the form stating that "may represent colonisation" as in microbiology, 90% of the time it has to be taken in context of clinical presentation |

| Number | Department | Respondent | User Comment | Response |
|---------|---------------------|-----------------|--|--|
| COM-561 | Microbiology | Musaad, Sahar | Links to prescribing guidelines may be useful | The Clinical Microbiology team input to the GP guidelines Additionally CHFT intranet guidelines should be readily accessible. As the IGNAZ site develops we will also include information within that site. |
| COM-556 | Microbiology | Musaad, Sahar | More accessible advice | We have daytime laboratory phoneline, and a 24/7 clinical line. Due to high call volume you may need to leave a message. Please let us know of any instances where you have had problems accessing us so that we can investigate for any further actions we can take to improve. |
| COM-557 | Microbiology | Musaad, Sahar | Production of fact sheet of volumes of requests and local sensitivity patterns | The clinical team currently provide information on antimicrobial consumption and local sensitivities at the Health boards, GPST teaching & GP training days. We will also now look to implement an annual report on key organisms, their sensitivities and any other related antimicrobial issues and issue to the GP practices. |
| COM-558 | Microbiology | Musaad, Sahar | More sensitivities printed on results as clearly done as when phone lab they know more than the result we receive. Highlight results that fit with formulary as recommended antibiotic. | We release sensitivities based on local epidemiology and clinical details. This is a mainstay of antimicrobial stewardship, since releasing antibiotic sensitivities has been proven, with the best of intentions, to increase prescribing. |
| COM-575 | Pan Pathology | Ramsden, Sarah | AM & PM collections Later collections from GP surgeries afternoon collection to allow later sampling? | The transport runs are commissioned and paid for by the CCG. The laboratory is guided by the requirements of the CCG and work closely to resolve any issues or changes to service delivery. |
| COM-576 | Phlebotomy Combined | Roberts, Judith | "We currently have poor phlebotomy and a lot of our practice resource is taken up with taking bloods - other practices have the option of sending patients to the lab but we are 7 miles away" "at our practice some service picking up from branch site in longwood on certain days" "access to hospital services on weekends and evenings for working people" " Phlebotomy service to practice to visit both sites once a week as opposed to 1 site twice a week would be better." " Some surgeries have a trust phlebotomy service in house others don't, is there a fairer way of making these appts available to all patients and advertised as such - giving pts the choice." "Phlebotomy is unable to be conducted in afternoons. Evening and weekends are unavailable too." | We are aware that the current community phlebotomy service provision is inequitable and inefficient in the use of resources. The Pathology department is currently working with the Primary Secondary Care interface group and stakeholders from each CCG to reconfigure our community and outpatient phlebotomy service, with the aim of providing a more efficient service at a small number of hub locations, which would be accessible to all patients, irrespective of registered practice. |
| COM-578 | Phlebotomy | Roberts, Judith | Change in children's phlebotomy service without consultation, has now been hopefully resolved through LMC/trust liaison group | Paediatric phlebotomy is the responsibility of the paediatric OPD service |
| COM-585 | Phlebotomy | Roberts, Judith | Long wait for phlebotomy at CRH at times | The issues with waiting times for patients attending OPD phlebotomy units at both sites is well recognised and plans to try and alleviate these problems have been made. At CRH this includes the opening of new clinics at Broad street plaza which will hopefully reduce the number of patients attending CRH OPD substantially |
| COM-587 | Phlebotomy | Roberts, Judith | Unable to always contact phlebotomists in normal service hours | There are telephone numbers for the 2 main sites (CRH and HRI) on the internet and intranet and are manned 8.00-17.00 Monday -Friday. This should allow you access to the people co-ordinating the service on a day to day basis. Please use these numbers and problems persist contact us directly for us to investigate any specific issues. |
| COM-588 | Phlebotomy | Roberts, Judith | Many issues with phlebotomists not getting message re blood tests due to EPR, | The implementation of the EPR system did not go as smoothly as had been hoped and there have been a lot of mis-communications as to how the phlebotomy service works within it. Much work is ongoing around re-educating users of EPR in its appropriate functionality |
| COM-589 | Phlebotomy | Roberts, Judith | More reliable service on a weekend its very hit and miss. We are never informed if there is no service and therefore patients miss vital bloods thus delaying treatment | The current weekend phlebotomy provision is modelled historically on a five day service with a reduced weekend cover for urgent bloods only. The pathology department is currently working closely with the patient flow team to establish different models for delivering our current service and closer collaboration with the hospital out of hours programme to develop a multi-skilled team who can deliver a better patient experience across the Trust. |
| COM-590 | Phlebotomy | Roberts, Judith | More paediatric availability | Paediatric phlebotomy is the responsibility of the paediatric OPD service, however as they have got a backlog of requests at present the main Phlebotomy service has agreed to take patients from the age of 10 (the previous cut of age limit was 12) to support them |