

Notes from the Pathology User Group Meeting

Date of meeting: 18 th April 2013 @ 13:30hrs.	
Held at: Pathology Meeting Room 1, Royal Berkshire NHS Foundation Trust (RBFT)	
Present: Michelle Jennings, Manager, Brookside; Jo Spicer, Pathology Liaison, Wallingford Medical Practice; Dave Asplin (DA), Quality Manager, RBFT; Ann Halford (AH), Central Services Manager; RBFT; Maria Harris, Phlebotomist, Chapel Row Surgery; Richard Rogers (RR), Principal BMS, Haematology, RBFT; Mark Sleeman (MS), Clinical Biochemist, RBFT; Angela Slattery, Eastfield Surgery; Andy Button, Practice Manager, Swallowfield Surgery; Carole Jenner, Practice Nurse, Chapel Row/ Newbury PBC; Phillip Haynes, Partner, Brookside; Claire De, Inpatient Lead, Circle; Antti Kivimmki, Lead Nurse, Circle.	
Apologies: Geoff Lester (GL), CSUD, RBFT.	
Notes	Action
The notes from the last meeting were agreed.	
Consumable Orders Being actively and on list of projects for IT	AH/ MS
Results to wrong place With introduction of ICE electronic requesting this has improved significantly..	
Folates guidelines Red cell folate measurement has been withdrawn from the laboratory repertoire as the test has been shown to have no advantages (but some significant disadvantages) compared to serum folate in the diagnosis of folate deficiency. RR summarised the information sent out regarding this at the meeting.	RR
Guidance on GTT This has been issued and circulated. Complete.	
Private patient charges This was discussed and costs are available on request..	
X-Rays on ICE This is complete and operational.	
Paper smear results A request made as to whether RBFT could turn off paper smear results. Unfortunately, this is not possible with the present IT system. Completed action.	
Topic of the Day <u>Service Improvements – GP electronic order comms</u> ICE rolled out and working well. There were a few teething problems which have been resolved. Any issues please contact Mark Sleeman, Dave Asplin or Ann Halford.	

<p>Clinical Governance</p> <p>No trends or major changes in unlabelled/ mislabelled samples from surgeries.</p> <p>The error rate at Specimen Reception has dropped from 0.16% to 0.08% which could be related to the introduction of ICE.</p> <p>Any clinical governance issues that arise, please pass to Dave Asplin, Quality Manager to resolve.</p> <p>It was noted that there are occasionally more than one entry per patient appears on ICE. This is generally down to duplicate entries arising either from incomplete information or patient changes of circumstance not picked up. This is being worked on and ensuring sufficient ID will help prevent further issues. If you come across an instance, please select the entry with the best demographics and report details to Mark Sleeman.</p> <p>No other clinical governance issues were raised.</p>	<p>All to note</p>
<p>Quality & Service issues</p> <p>A small number of results were received with a stated receipt date of 5/5/13. Our IT to investigate.</p> <p>With the stricter enforcement of required ID, we are happy to accept the information written anywhere on the sample label. Also, with standard blood tests (i.e. not time dependent such as GTT), we do not require the date and time of collection on the sample. This is then only required on the request form.</p> <p>N.B. the above does not apply to samples for blood grouping / antibody screening etc, which must meet national blood transfusion labelling requirements.</p> <p>Please note that we still require a paper copy of the request with either the sample or the patient presenting for phlebotomy, in order to process the request as the order number is on this.</p> <p>The “postponed” form generated from some surgery IT systems is not required and does not have the necessary information for us to process. We are aware that some of these systems can only state sample taken and that surgeries are pushing the IT vendors to resolve.</p> <p>Default EMIS web, surgeries need to get updated to ICE.</p> <p>Please note that the “fasting” box must be completed when the sample is taken to ensure correct tests are performed.</p> <p>We have had requests for fasting lipids and random glucose on the same patient.</p> <p>We are aware of the diabetes and non-fasting issue on ICE. MS investigating.</p> <p>Also please note that, in general, any tests not available on ICE are because they are not offered and a better clinical alternative is available. For example IPA (a historical test for hospital admissions which is not generally useful for assessment of GP patients) and renal profile (originally for the renal unit, suggest use U&E instead) & bone profile (suggest use calcium profile).</p> <p>Handwriting changes to electronic requests cannot be actioned as such changes are</p>	<p>DT/ DA</p> <p>Surgeries please note</p> <p>Surgeries please note</p> <p>MS</p>

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<p>not part of the electronic order. Please follow correct protocols.</p> <p>ICE is best viewed on a screen with a resolution set to 1280 X 1024. The search button should then be in the best place.</p> <p>We occasionally receive 3 or 4 ICE forms for one request. In these cases, we merge and make a note on the report. Please check if there are requests in the system which have not yet been received by the laboratory when making a new request (area below the tick boxes). These can then be edited rather than creating a new request.</p> <p>RR advised that, since the change to reporting units for Hb and MCHC results (reported in g/L instead of g/dL in compliance with national guidelines), the results presently given to one decimal place will be changed to drop this decimal place as not relevant.</p> <p>Reticulocytes. We are planning to change from reporting the result as a percentage to an absolute value which is more clinically useful.</p> <p>Oral anticoagulant patients. Please note that, in order to provide the best clinical service to warfarin patients, we need as many samples as possible on the first delivery (for those with two deliveries). At present 10% of samples arrive after the Clinic has closed meaning that oral anticoagulant doses are not available until the next morning, thereby delaying the postal return of dosage advice back to the patient. It was suggested that a note/ reminder to patients on their dose advice letter requesting early blood test appointments would be beneficial. Making district nurses more aware might also help..</p>	All
<p>Any other business</p> <ol style="list-style-type: none"> 1. Car parking at the hospital has changed. For the next meeting DA to see if he can get some reserved places. 2. Vitamin C is now tested in-house providing a better clinical service. 3. You can contact the issue room (for consumables) via e-mail as well as fax/ phone. The address is issue.room@royalberkshire.nhs.uk . 	<p style="text-align: center;">DA</p> <p style="text-align: center;">All to note</p>
<p>Date of next meeting</p> <p>TBA. DA to send out possible dates for the next meeting and go with the majority vote.</p>	DA

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