

PCH Pathology Hospital User Survey 2022 - Response to Survey Comments

COMMENT	
Phlebotomy	Pathology Response
<p>Q-Do you have any specific comments about phlebotomy services?</p> <p>1-my patients attend general outpatients, so attend blood room here.</p> <p>2-Do not use their services</p> <p>3-Quick testing helpful staff when you can get through with a query</p> <p>4-Need more phlebotomists!</p> <p>5-Not adequate staffing leads to failing to complete for all the patients particularly over the weekend</p> <p>6-Could do with more people at the weekend</p> <p>7-outpatient clinic service is excellent, though sometimes there are long queues. I have less in patient work, but there have been times when there has been a very poor phlebotomy service to inpatients, especially over the pandemic. This has really strained the junior doctors.</p> <p>8-Staff are excellent; however the service is under-staffed causing the wards to pick up the gaps, adding further pressure.</p> <p>9-My patients usually attend phlebotomy at Main Outpatients. I haven't had any feedback from the patients. I do occasionally get a report back saying that the required sample has not been received.</p> <p>10-Numbers of staff</p> <p>11-We are at Doddington and Ely and don't have a phlebotomy service.</p> <p>12-Short staffed & often leave bloods not taken</p>	<p>Pathology does not manage the outpatient phlebotomy services at PCH. Please contact Anne Askew with any queries/comments on the PCH phlebotomy outpatient service.</p> <p>Phlebotomy recognises that there is increasing demand on the service and looking to increase staffing level however this requires an approval of a business case to enable funding of the extra staff.</p>



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Sample Transport Issues	Pathology Response
<p>Q-How do you rate the facilities for transport of your specimen? [Air tube System (POD)] [Portering - Contingency when POD not operational]</p> <p>1-Air tube System (POD) when it works it is good but seems to break down most of the time</p> <p>2-Pod system is constantly not working pods not returning quickly enough due to a shortage of pods</p> <p>3-When the pod is functioning it's great but it's all too often broken. The porters do an amazing job but it does make the service significantly more inefficient</p> <p>4-need clear instructions when pod down as where and when to leave specimens</p> <p>5-it has sometimes taken days for covid swabs to get from the patient to the lab. Samples get lost. Getting the samples across from hinchingbrooke for covid antibody testing has also been very hit and miss. So many samples have simply been 'lost'</p> <p>6- SBS transport our samples. We don't have many missing results so they appear to be delivered ok</p> <p>7-samples can go missing-portering often not reliable</p>	<p>When the POD system is down the pod contingency plan is put in place. This feedback will be communicated back to medirect/ Brookfield PCH. More pods can be requested directly from Multiplex.</p> <p>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. This feedback will be communicated back.</p> <p>Communications are sent through the Division when the POD is down.</p> <p>Please ensure that a datix is completed for any 'lost' samples so that this can be investigated by HH pathology.</p> <p>Issues with portering please contact or complete a Datix for Progress Health/Medirect at PCH.</p>



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COMMENT	
General	Pathology Response
<p>Q-Pathology currently provides consumables to wards and outpatient departments how would you rate this service?</p> <p>1-Some of the staff are helpful others are not Sometimes we are informed samples have not been received in the lab after a delay of about 3 hours waiting for results. Magically after taking the samples again the 2 results appear on ICE. Very frustrating sometimes.</p> <p>2- Sometimes there are no "baby" sample bottles available - this has a very big impact as it is very tricky to estimate 1ml in the larger bottles, when bleeding tiny babies - sometimes it leads to repeat venepunctures that may not have been necessary, just to ensure we do have enough sample (e.g. can't measure 0.5ml in a 3.4 ml bottle)</p> <p>3-Some speciality consumables not available on time</p> <p>4- Often have to chase up deliveries. Would be useful to have specific unit of order as we often ask for 'one box' and get a large box of ten small boxes</p>	<p>The laboratory aims to maintain turnaround times for all of our test repertoire that are appropriate to the test requested and the prioritisation of the request.</p> <p>Samples for urgent analysis should be clearly marked on the request form as such, this may be done by marking the top of a request form 'URGENT' (for manual request forms) or by selecting 'Urgent' prioritisation on Sunquest ICE software.</p> <p>Turnaround times for 'Routine' requests vary depending on the test and are detailed in the individual test pages of this handbook. They are based on clinical need and also contractual agreements with users.</p> <p>Sample requirements for paediatric samples are not strictly defined as there is a wide variety of sample collection implications for patients across the age ranges.</p> <p>Pathology consumables for all the clinical areas are available to order using the Order form on the Pathology page on the Intranet http://connect/divisions/division-fiss/clinical-support/pathology/ or by clicking on the following link http://connect/EasySiteWeb/GatewayLink.aspx?allId=9342</p> <p>Orders placed and sent to pathology via the POD system or hand delivered to specimen reception will be processed routinely, If you require the consumables to be delivered urgently then please contact the laboratory on (01733) 678468 to discuss.</p> <p>Stock management of pathology consumables is down to the individual departments, generally we have regular stock off all the consumables so regular ordering and stock rotation should be implemented. There are occasions we have a shortage and this is primarily down to shortage with the suppliers or long lead times.</p>



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	If you are have any additional requirements or changes then please contact pathology on (01733) 678468.
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COMMENT	
Clinical advisory services (all disciplines)	Pathology Response
<p>Q-How do you rate the availability of clinical advice provided to you (this may include - assistance with test selection, result interpretation or suggestions for further testing)?</p> <p>1-Good if you speak to a lead or consultant; info can vary from lab staff who initially handle query 2-This is being completed by nurses who rarely need this advice 3-Excellent</p>	



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COMMENT	
Non clinical advice	Pathology Response
<p>Q-How do you rate the availability of non-clinical advice provided to you (this may include - laboratory related queries)?</p> <p>1-When you can get through 2-Staffs are always helpful</p>	

COMMENT	
Pathology website	Pathology Response
<p>Q-Is there any other pathology-type information you would like on the Pathology Website?</p> <p>1-No - the information I'm looking for has always been there when I'm after it 2-guide sample volumes for paed. I know it is tricky when not sure how much serum will be in the sample, but an approximate guide would help 3-Does not give sample size information for children. Lab often say "get as much as you can", which is not helpful</p>	<p>Sample requirements for paediatric samples are not strictly defined as there is a wide variety of sample collection implications for patients across the age ranges.</p>



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COMMENT	Pathology Response
<p>Out of hours service</p> <p>Q-How do you rate the Out of Hours Service Provided?</p> <p>1-We need more staff to help answer calls if the results are delayed</p> <p>2-Virology service very poor</p>	<p>Although staffing levels are lower during the out-of-hours period our data shows that turnaround times during this period are equivalent to the turnaround times seen during the routine day (specifically for the repertoire of urgent tests provided). We are happy to investigate if there are any cases where delayed turnaround times have been experienced either within the routine day or OOH.</p> <p>Only a limited virology service is provided out-of-hours due to available staffing and resources. The out-of-hours service is primarily for COVID-19 and Flu PCR testing. When the department is informed of urgent samples for these tests, the samples are dealt with on arrival and results issued within departmental turnaround times.</p>

COMMENT	Pathology Response
<p>Pathology services in general</p> <p>Q-Overall, how do you rate the pathology services offered to you?</p> <p>1-Sometimes there is no answer at reception when you ring. Very frustrating sometimes</p> <p>2-Results reporting is a huge governance issue. There is no culture of filing results on ICE, It is absolutely terrifying to work in the organisation. I have to keep a list of patients on whom I've requested results - there is no safety net. I am astounded I have not had more missed cancers as I have no idea</p>	<p>Specimen reception is fully staffed: however we are unable to track the number of calls on any particular occasion.</p> <p>The issue of result filing and the governance around Diagnostic result management is also being picked up via the Pathology clinical team for</p>



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what has been requested in my name.	escalation. Training on ICE to support with result filing can be provided via the Information Services team if required.
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COMMENT POCT	Pathology Response
<p>Q-How do you rate the support provided to you by the Point of Care Testing (POCT) Department?</p> <p>1-The only one I have access to is the Glucometer</p> <p>2-I would like to see POCT for Hb and Ferritin access available in ACU for Haemochromatosis patients</p> <p>3-Blood gas machines are OK but I feel there should be one either in paediatrics or access to the ones in ED or NICU should be made easier. Often paediatric samples have clotted by the time they've made it to the machines & local staff have been negotiated with</p> <p>4-Out at Doddington and Ely we have problems with internet connection due to our distance from PCH</p>	<p>New POCT services can be requested by contacting the POCT coordinator, who will then discuss your clinical needs and provide a new service request form that should be submitted for consideration.</p> <p>As part of a business case currently under consideration we are attempting to obtain an additional blood gas analyser for ED which will make access easier (the current machine is in Resus which can be extremely busy and cramped). Users from outside of NICU are discouraged from using their machine because of the risk of blockages disabling the analyser, which would impact on the care of acutely unwell neonates.</p> <p>The distance between PCH and Doddington/Ely hospitals does make networked communication with the glucometers more of a challenge. Infrequent use of the meters for patient measurements also contributes to the communication issues that we experience with these meters, and this has been a particular problem during the covid pandemic as staff have been redeployed and clinics cancelled. The POCT team are available via telephone to provide remote support for these meters and also visit in person when required.</p>

COMMENT Biochemistry	Pathology Response
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<p>Q- Any Suggestions on how to improve the whole Laboratory service- Biochemistry department comments-</p> <p>1-They take too long in releasing results. They should try to be helpful to those who work in the OPD and have to finish at a specific time</p> <p>2-some send away tests take a very long time for results to appear locally when are ready within a couple of days at the processing centre</p> <p>3-A much quicker turnaround time for fructosamine assay or better still do in house</p> <p>4-If the requester gets a notification ? through email for abnormal results will be useful</p> <p>5-Hinch results need to be available on ICE</p>	<ol style="list-style-type: none"> 1. Turnaround times for laboratories at both PCH and HH are consistent with national targets, and are closely monitored, with any adverse performance investigated. If there is a particular subset of results (e.g. an Outpatients area) where there are delays which are causing issues please contact us on peh-tr.chemimm@nhs.net with details and we will look to investigate and support. 2. The delays in reporting of results from referral laboratories are because the laboratory requires a copy of the report to arrive in the laboratory (which for some laboratories is still via post), which is then entered into our system manually then double-checked for transcription before reporting. In the last 18 months we have extended the use of 'NPEX', an automated mechanism for referrals which has improved our turnaround times. 3. In the next few weeks we plan to change the referral laboratory for fructosamine to both address the turnaround time issues and also use 'NPEX', an automated referral process which will reduce the time take for results to be returned. 4. Critical results are currently communicated via telephone to ensure that action is taken in a timely manner, if further email communication would be valuable please contact us (peh-tr.chemimm@nhs.net) to discuss. Please also note that the 'ICEmail' option is available to support alerts in ICE order comms. 5. Clinisys ICE Order Comms is currently planned to be implemented at the HH site in late 2023 as part of the role out of a new cross-site Laboratory Information Management System (LIMS).
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COMMENT	Pathology Response
<p>Haematology</p> <p>Q- Any Suggestions on how to improve the whole Laboratory service- Haematology department comments-</p> <p>1-They are good and very helpful</p> <p>2-Hinch results need to be available on ICE</p>	<p>Clinisys ICE Order Comms is currently planned to be implemented at the HH site in late 2023 as part of the role out of a new cross-site Laboratory Information Management System (LIMS).</p>

COMMENT	Pathology Response
<p>Transfusion</p> <p>Q- Any Suggestions on how to improve the whole Laboratory service- Transfusion department comments-</p> <p>1-They are good and very helpful</p> <p>2-the need for second sample with the precise labelling is annoying especially as hinchbrooke samples are not accepted so patient may have 4-5 bleeds to get a valid G&S</p> <p>3- Hinch results need to be available on ICE</p>	<p>Currently aligning LIMS system: however two samples are required for a valid G&S to meet BSQR (2005) requirements for blood transfusion. The sample needs to physically checked before blood products can be issued.</p> <p>Clinisys ICE Order Comms is currently planned to be implemented at the HH site in late 2023 as part of the role out of a new cross-site Laboratory Information Management System (LIMS).</p>



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COMMENT	Pathology Response
<p>Immunology</p> <p>Q- Any Suggestions on how to improve the whole Laboratory service-immunology department comments-</p> <p>1-Quantiferon gold results taking too long</p> <p>2- Need to have Zn 8 and Ia2 antibodies available on ICE</p> <p>3- Hinch results need to be available on ICE</p>	<p>Our current turnaround time for Quantiferon Gold is 14 days and from April 2022- November 2022 we have consistently reported 95% of requests within this turnaround time. If results are required within a quicker turnaround due to clinical pathways we are happy to discuss further. Please contact Faye Sims (f.sims@nhs.net)</p> <p>These tests (Zn 8 and Ia2 antibodies) are currently not part of our repertoire and not funded, but we are happy to discuss this further. Please contact Faye Sims (f.sims@nhs.net)</p> <p>Clinisys ICE Order Comms is currently planned to be implemented at the HH site in late 2023 as part of the roll out of a new cross-site Laboratory Information Management System (LIMS).</p>

COMMENT	Pathology Response
<p>Microbiology</p> <p>Q- Any Suggestions on how to improve the whole Laboratory service-microbiology department comments-</p> <p>1-They are very helpful</p> <p>2- Need more virology support/ faster turn around</p> <p>3- PCRs take a very long time to be reported locally when are already available at the centre where they are processed</p>	<p>Virology/molecular testing are generally within the departmental TAT targets for testing and reporting. There have been issues in recent months due to supply issues and equipment breakdown, which are beyond our control. Where there have been delays, the department has work hard to ensure that these tests are acted upon as soon as possible to minimise any delay experienced by the service user.</p>



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4- would be good if we could do in house viral PCRs on CSF as the turnaround time for samples sent to CUH is very long when the clinical question is encephalitis. Would also be good if we could do mumps serology in house as part of screening for immunotherapies

5- Hinch results need to be available on ICE

6- I wish the TB culture turn over time is improved

Send-away tests are reported when the reports are returned to the department. Printed or pdf copies are required for final reports to be issued. There are occasions where there have been delays in receipt of these as well as delaying in reporting due to staffing issues within the department.

The department is evaluating kits to be able to provide in-house viral PCR testing on CSF samples – there was a service in the past but the supplier withdrew the kits. The service will not be restarted until the department and consultants are confident with the quality and reliability of results produced from alternative kits.

At present, the demand of mumps serology is too low to be able to provide an effective in-house service. The department does monitor test workload and actively explores opportunities to repatriate tests to improve clinical service without significant increase in cost to the Trust. Should the number of requests for this test rise to a more significant level, the department will certainly be investigating the potential for repatriation.

Clinisys ICE Order Comms is currently planned to be implemented at the HH site in late 2023 as part of the roll out of a new cross-site Laboratory Information Management System (LIMS).

TB culture is based in the national guidelines from UKHSA and NICE, and the turnaround time reflect this. Mycobacterial species are often very slow growing and so incubation of cultures and to take this into account. Positive results are issued when mycobacterial growth is confirmed but negative cultures cannot be reported until the full incubation period ends.



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COMMENT	Pathology Response
<p>Histology</p> <p>Q- Any Suggestions on how to improve the whole Laboratory service- Histology department comments-</p> <p>1-Hinch results need to be available on ICE</p> <p>2- From Head and Neck Perspective- no need for any improvement</p>	<p>Clinisys ICE Order Comms is currently planned to be implemented at the HH site in late 2023 as part of the roll out of a new cross-site Laboratory Information Management System (LIMS).</p>

COMMENT	Pathology Response
<p>Non-Gynae cytology</p> <p>Q- Any Suggestions on how to improve the whole Laboratory service- Non Gynae cytology department comments-</p> <p>1-Hinch results need to be available on ICE</p> <p>2- From Head and Neck Perspective- no need for any improvement</p>	<p>Clinisys ICE Order Comms is currently planned to be implemented at the HH site in late 2023 as part of the roll out of a new cross-site Laboratory Information Management System (LIMS).</p>

COMMENT	Pathology Response
<p>Whole laboratory service at PCH</p> <p>Q- Any Suggestions on how to improve the whole Laboratory service- whole laboratory service at PCH comments-</p> <p>1-please merge pch and hinch results so we can access results easily</p>	



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<p>2-We need more staff at the reception to sort out the samples. The phone in reception be answered on time so that we don't disturb the other staff doing the test</p> <p>3-When sample is sent to another hospital it should be logged and put on ICE with sampel sent and how long for turnaround</p> <p>4-must integrate hinchbrooke with pch on one system</p> <p>5-The whole system needs changing so that consultants can see results requested in their name. THE SYSTEM IS COMPLETELY UNSAFE.</p> <p>6-Hinch results need to be available on ICE</p> <p>7-Delivery of supplies often delayed, could this be looked at? Sometimes samples are 'not received' but we know they have been sent as they are in the same transport bag as other samples that have been processed</p> <p>8-same cross site, make searches easier and reduce the multiple same test options</p> <p>9-Is using stickers instead of hand writing on samples to be introduced soon?</p>	<p>1/4/6. Clinisys ICE Order Comms is currently planned to be implemented at the HH site in late 2023 as part of the roll out of a new cross-site Laboratory Information Management System (LIMS). This will enable results reported at PCH and HH to be viewed in the same record</p> <p>Specimen reception is currently fully staffed, however we do not track the number of telephone calls and so are unable to comment on peak times.</p> <p>Results are generally not available on ICE until they are reported (issuing interim reports without results can cause issues). The laboratory does, however, keep a record of date of dispatch of referred work and monitors turnaround times.</p> <p>The issue of management of results has been picked up by the Pathology clinical team for escalation</p> <p>Should samples not be 'received' please raise a datix so that PCH pathology are able to investigate.</p> <p>Stock management of pathology consumables is down to the individual departments, generally we have regular stock off all the consumables so regular ordering and stock rotation should be implemented. There are occasions we have a shortage and this is primarily down to shortage with the suppliers or long lead times.</p> <p>If you have any additional requirements or changes then please contact pathology on (01733) 678468.</p> <p>Our policy across HH, PCH and SGH sites is that we do not accept printed labels due to the known patient safety risks of using pre-printed labels. Options for bedside label printing which can be linked to a positive patient identification process are currently being explored.</p>
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