

Northern Devon Healthcare



NHS Trust



North Devon District Hospital

Pathology Department

Users' Survey Results

Report to Pathology Users
(Updated 19th April 2010)

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The Pathology Department would like to acknowledge the help and support given by the following people in producing this survey.

Kate McDonnell – Clinical Audit Dept.

Belinda Walker – PA to the Medical Director.

Nicola Martin – Histopathology Secretary.

Pathology Clerks – Pathology Department.

And all staff who took the time to complete the survey.

1 INTRODUCTION

The purpose of the survey was to assess how satisfied all users of the North Devon Pathology service were with the quality of the service and to evaluate the level of awareness and usefulness of the information that the laboratory provides.

Recipients of the survey were invited to include additional comments and/or suggestions with questions 1, 2 and 3 and also general comments on any aspect of the service – question 9.

The information gained through this exercise will enable the laboratory management team to look at what services we provide and how to improve them to meet the needs and requirements of our users, as part of our commitment to continually improve the quality of the pathology service.

2 STANDARDS

The Pathology Department complies with the 'Standards for the Medical Laboratory' issued by Clinical Pathology Accreditation Ltd.

The standard H2 sets a requirement that the laboratory management shall assess the level of user satisfaction and any complaints which have been received, on a regular basis. This survey has been performed to comply with standard H2, and in doing so, will bring to the attention of laboratory management areas where we could improve the pathology service.

3 METHOD

A questionnaire was designed to elicit the views of service users (Appendix 1). The questionnaire was published on Tarkanet and also distributed via the mail to staff in clinical areas in primary and secondary care as well as nursing homes and other community services. From, approximately, 700 questionnaires sent out, 230 completed questionnaires were returned (approximately 33%) and the data were collated and analysed using a Microsoft Excel spreadsheet.

4 FINDINGS

The completed questionnaires were returned from sources as follows:

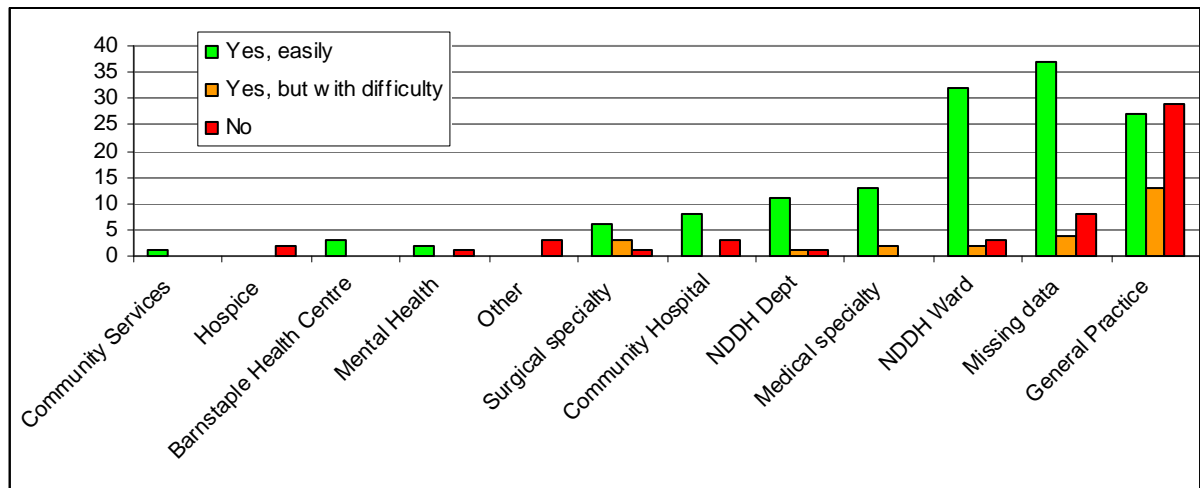
Source	Number	%
General Practice	73	32
NDDH Ward	39	17
NDDH Department	14	6
Medical Specialty	17	7
Surgical Specialty	12	5
Community Hospital	11	5
Barnstaple Health Centre	4	2
Hospice	2	1
Mental Health	3	1
Other	4	2
Missing data	51	22

Profession	Number	%
General Practitioners	46	20
Nurses and midwives	33	14
Consultants and Staff Grades	24	10
Other doctors	18	8
Allied Health Professionals	9	4
Administrators	2	1
Others	6	3
Missing data	92	40

Data will be shown by source area in this report because these data are the most complete.

Responses to questionnaire

4.1 Question 1. A Pathology handbook is available on Tarkanet. Are you able to access it?



Many respondents who do not access the handbook on Tarkanet are in primary care. 72 respondents added comments as follows:

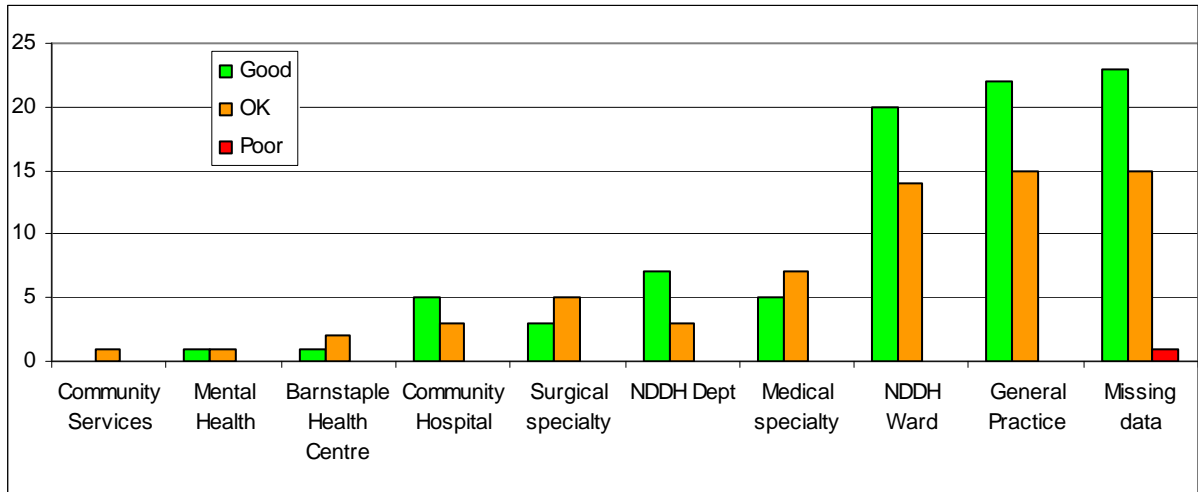
Didn't know about it	14
Never used	11
Technical problems	14
Very long address to type in	4

Lack access to computer	2
No access to Tarkanet	14
Website not user friendly	5
Trouble finding	3

Also one person prefers hard copy, one lacks time to look at website and one needs training in how to use it.

Two respondents had problems with the website address having an underscored space which is not obvious when the URL is underlined.

4.2 Question 2. If you can access the Pathology handbook, is the information it contains:

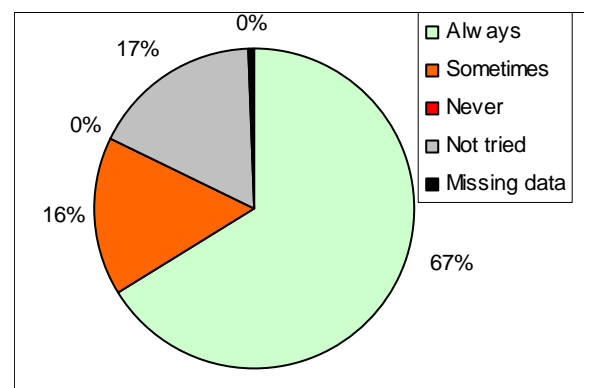


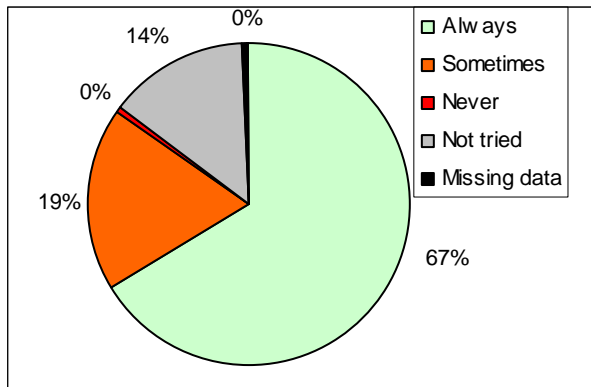
- Several respondents said they would like a list of tests with the bottles colour coded, labelling requirements etc. Preferably searchable.
- Five respondents commented here that the layout is not particularly user-friendly.
- The respondent who felt the information is poor did not add any comments.

4.3 Question 3. If you require clinical advice from a pathology doctor or general advice from laboratory staff is it easy to get help?

The very small number of respondents who have answered “Never” to any of these ten questions have been identified by the area in which they work and their profession where this is known. In no case do the negative responses represent more than 1% of the answers given.

Clinical advice - Biochemistry





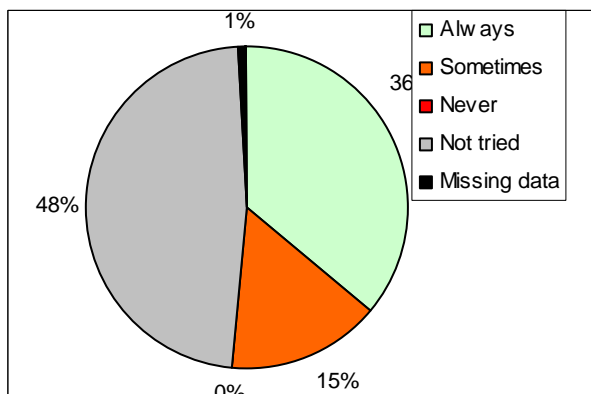
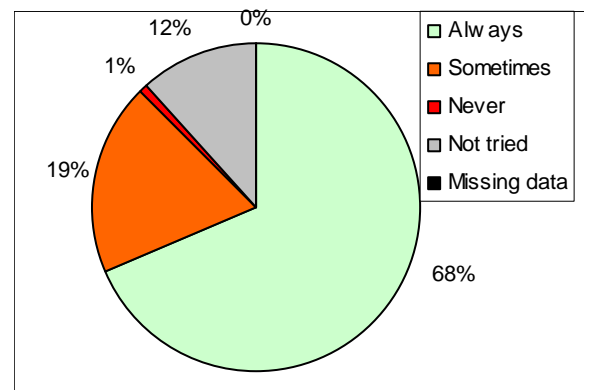
Clinical advice – Haematology/transfusion

The respondent who said “Never” was a junior doctor on an Orthopaedic Ward

Clinical advice – Microbiology

Two respondents said “Never”:

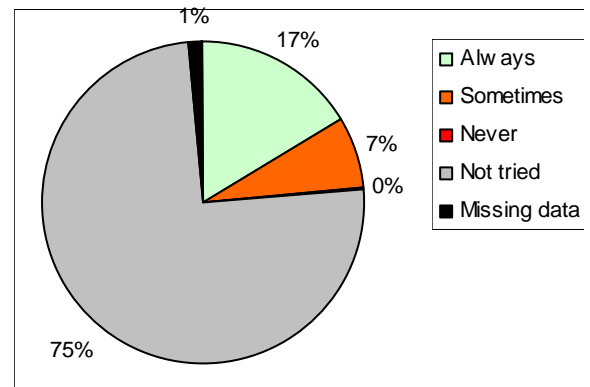
- one from a medical specialty who had problems finding a Microbiologist
- one who said they found the Microbiologist obstructive but did not identify their profession or place or work

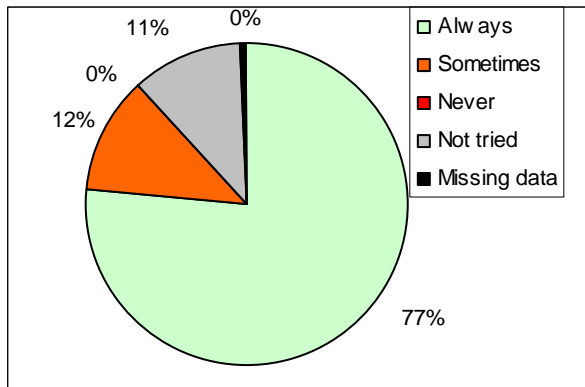


Clinical advice – Mortuary

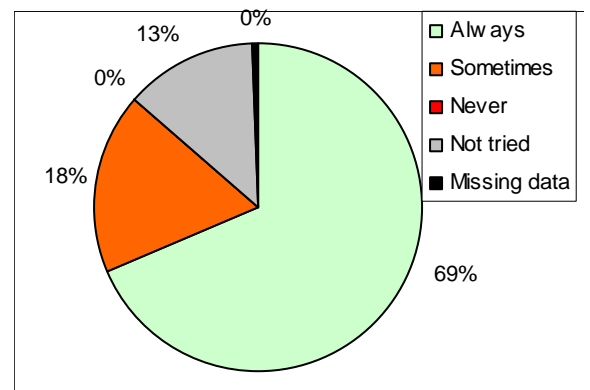
- one respondent from an Orthopaedic ward (profession unknown) who could get no reply from the Mortuary when they needed it

Clinical advice – Histology/cytology

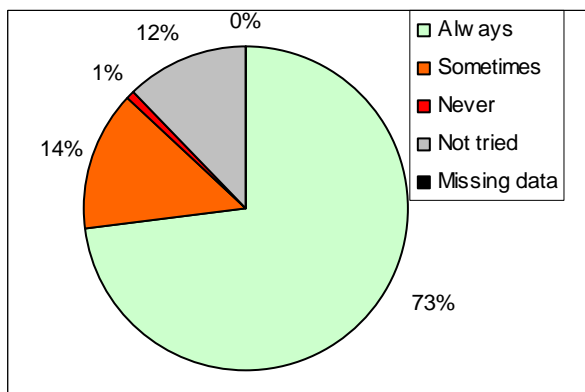




General advice - Biochemistry



General advice – Haematology/transfusion



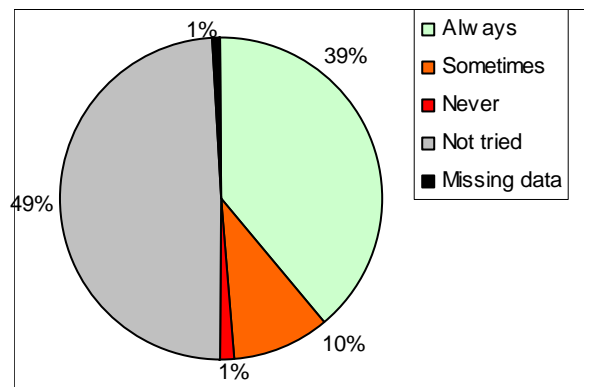
General advice – Microbiology

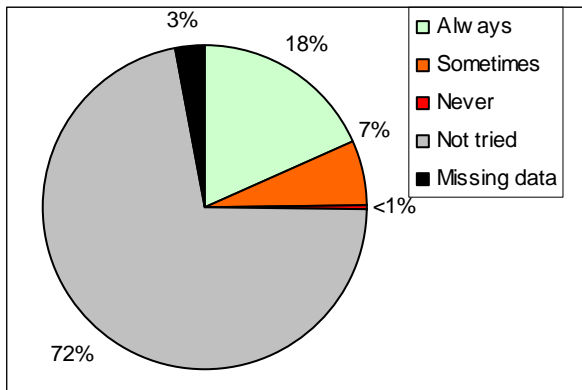
Two respondents said “Never”

- one junior Orthopaedic doctor as above who also encountered difficulty accessing Haematology advice
- one from medical specialty who also identified difficulty finding a Microbiologist on site.

General advice – Histology/cytology

- Once again the same junior doctor as above who cites being passed around three people before getting an answer to an Histology enquiry





General advice – Mortuary/bereavement service

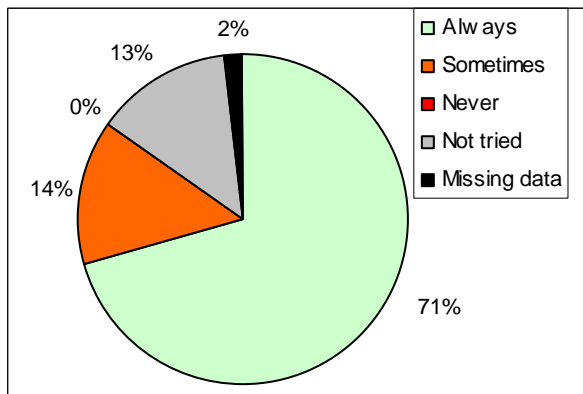
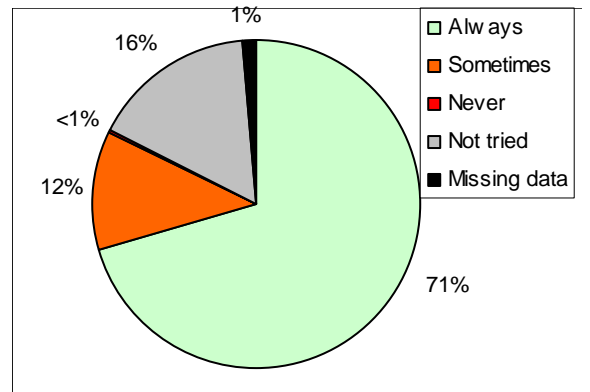
- The same respondent as above who could get no reply

4.4 Question 4. Is clinical advice from a pathology doctor and general advice from laboratory staff given in a courteous way?

These data are presented in the same way as above.

Clinical advice – Biochemistry

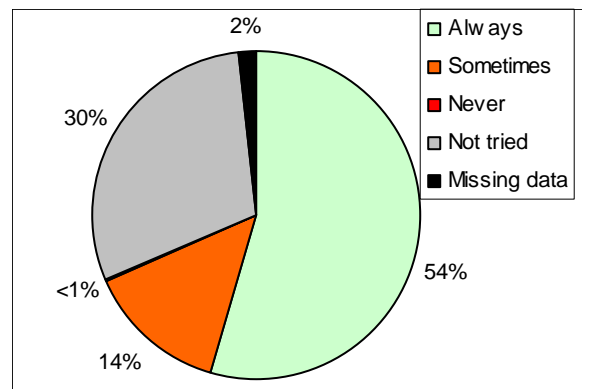
- One respondent location and profession unknown, no comments

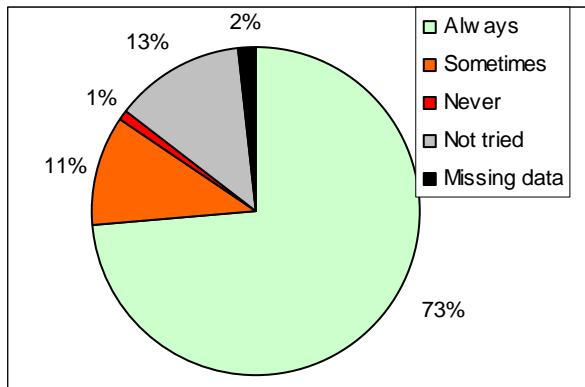


Clinical advice - Haematology

Clinical advice – Blood transfusion

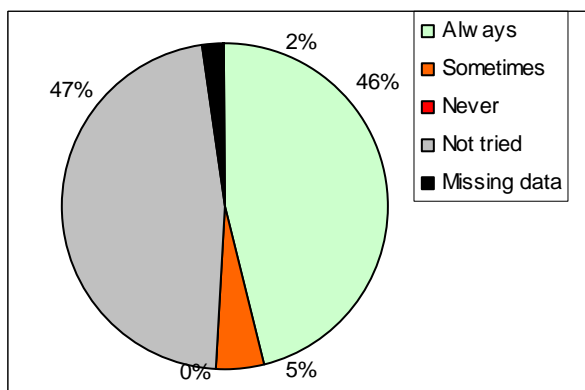
- One respondent, no location or profession, no comments





Clinical advice – Microbiology

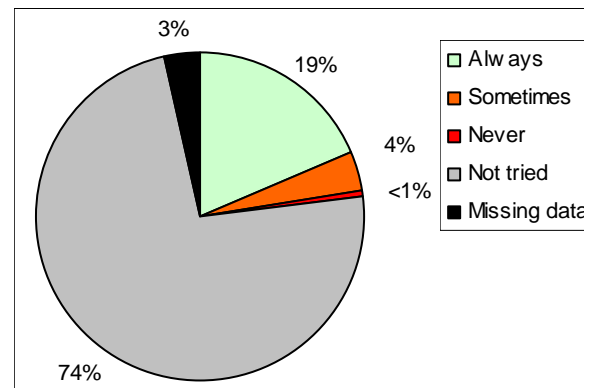
- One respondent from a Medical specialty, profession unknown who said : *“More Microbiology Consultant availability would be helpful”*.
- Two respondents location and profession unknown including the one above



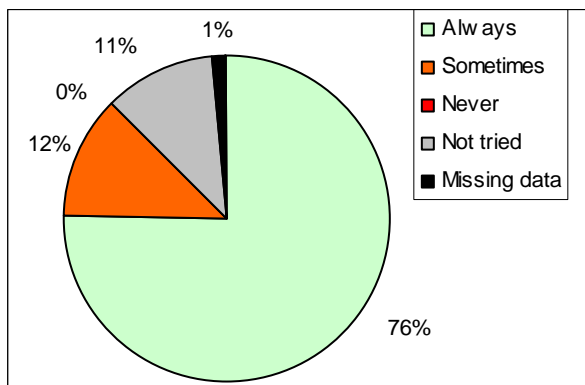
Clinical advice - Histology/Cytology

Clinical advice – Mortuary

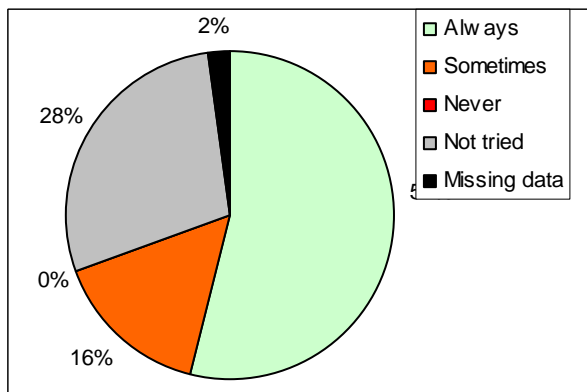
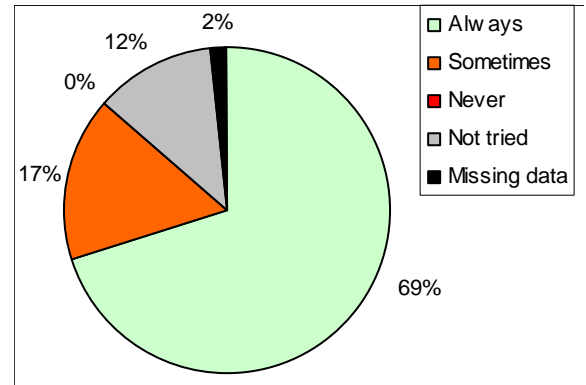
- One respondent, RGN from NDDH ward



General advice - Biochemistry

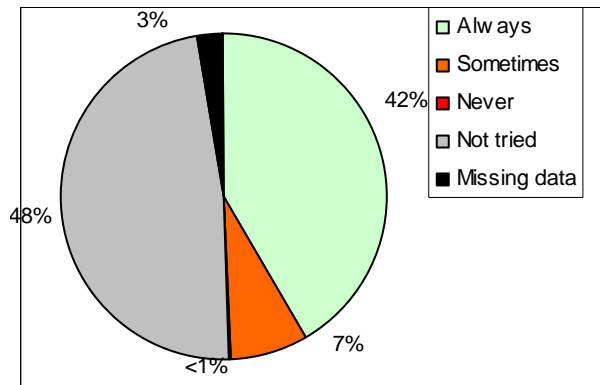
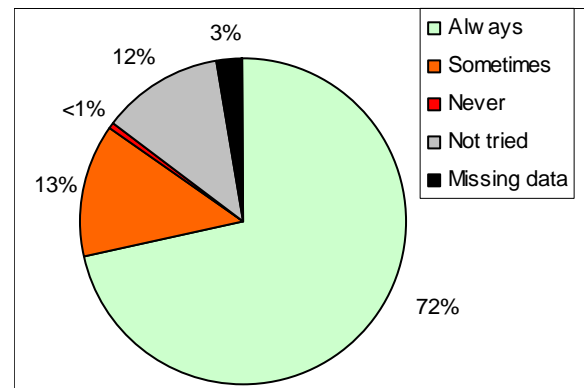


General advice - haematology



General advice – Blood transfusion

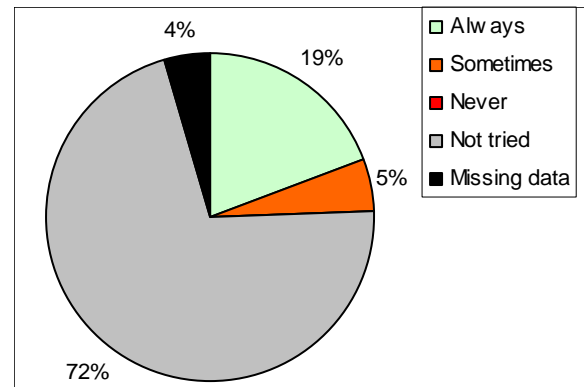
General advice – Microbiology



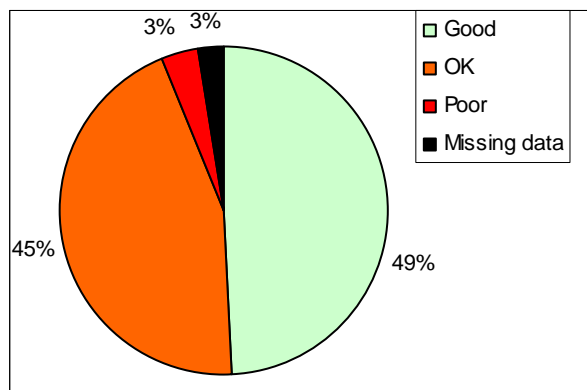
General advice – Histology/Cytology

- One respondent ST2 Orthopaedics, NDDH ward (See free text comments)

General advice – Mortuary/Bereavement Service



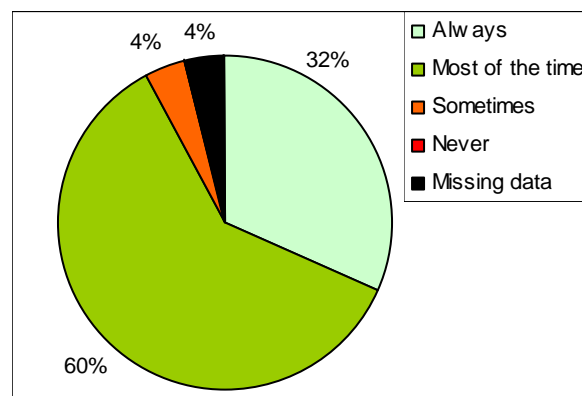
4.5 Question 5. How do you rate the arrangements for the collection of specimens and their transportation to the laboratory?



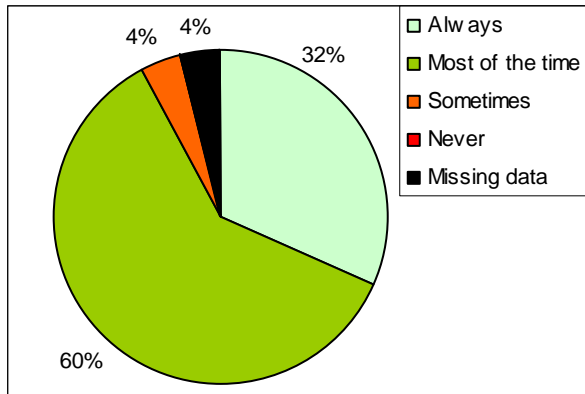
- Collecting specimens - I came from a hospital where we used a Pod system, initially it was expensive but it stopped the need of using Porters - the specimens "go missing" during transport or seem to take a long time to get to the lab. (Delivery Suite)
- Collecting specimens - shoot system would be more efficient (A&E)
- The only single problem is that specimens are often not collected from this department. (Paeds OP)

- Be nice if Chulmleigh would have two collections so urgent blood results are available before 5pm (GP Practice)
- One particular courier is still unpleasant to staff and the times of the collection are very tight for a surgery as far away as ours. Most of the couriers however are pleasant and helpful. (GP Practice)
- We have extremely poor specimen pick up at 2.40(ish) in the afternoon with blood not reaching the lab until near 6pm. This is our only pick up. It makes INR results received in the very difficult to deal with and glucose samples taken am are often elevated in the summer as they are in a hot van and arrive late at the lab. These have led to numerous CRITICAL EVENTS. We do not feel we have an adequate or equitable transportation of samples to the lab. We feel this is unsafe. (GP Practice)
- The time of arrival of the internal mail van here is variable. (Community MH)

- Turnaround times often seem very slow which can create problems in terms of clinical decisions and discharging pts. (NDDH ward)
- From an emergency medicine point of view (meeting 4hr target etc) one of the major frustrations is the turnaround times out of hours. Obviously this often happens when we (and therefore you) are at our busiest. Equally obviously our patients wait longer for us and we wait for results in our turn! Is there a solution? (A&E)
- Turnaround times sometimes vary considerably among a batch leaving the ward together. Occasionally requested samples are not obtained. There are variables in when or whether a ward is notified. If eg INR is not available warfarin is delayed and dosing records need chasing later. (NDDH ward)



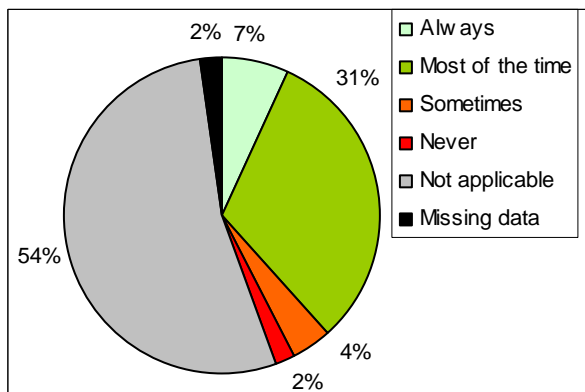
4.6 Question 6. Are the turnaround times for the majority of Pathology results acceptable; during the day and throughout the on-call periods?



Mon-Fri daytime

- Turnaround times often seem very slow which can create problems in terms of clinical decisions and discharging pts. (NDDH medical ward)
- From an emergency medicine point of view (meeting 4hr target etc) one of the major frustrations is the turnaround times out of hours. Obviously this often happens when we (and therefore you) are at our busiest. Equally obviously our patients wait longer for us and we wait for results in our turn! Is there a solution? (A&E)

- Turnaround times excellent via path links. Main (only) complaint I have is re: results requested urgently during day. Even when lab is rung and for clearly marked as urgent if the results are in normal range then invariably they do not get rung back before the labs are close. Presumably the fact that they are normal means that the technician lab staff do not feel it needs to be returned urgently. However these requests are usually done to aid a decision (eg to admit or not or to commence certain medication etc) and I am actually waiting for them to let the patient know what to do!!!! Hope thats a helpful comment. ?Review system for phoning back urgent (but not just abnormal results)?

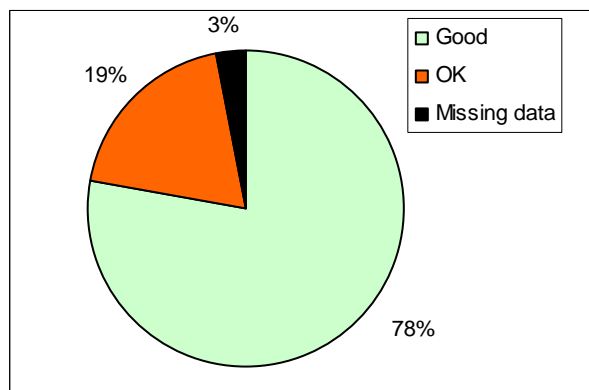


On-call

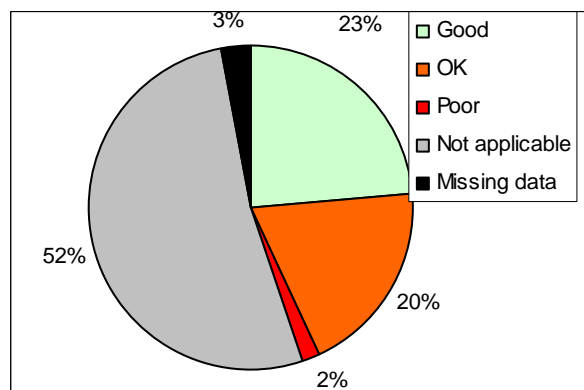
- Turnaround times sometimes vary considerably among a batch leaving the ward together. Occasionally requested samples are not obtained. There are variables in when or whether a ward is notified. If eg INR is not available warfarin is delayed and dosing records need chasing later.

How would you rate:

4.7 Question 7. The daytime Pathology Service?



4.8 Question 8. The on-call Pathology Service?



- Turnaround times - results can take between 15 minutes and 70minutes. Pathology on-call service - annoying to bleep and wait reply out of hours. Pathology computer access - most staff's access has expired. System is not user friendly or easy to use. Collecting specimens - shoot system would be more efficient (A&E)
- Turnaround times as above

4.9 Question 9. Collated comments and suggestions for improvement

38 respondents praised the service, the staff or the speed of turnaround. Other expressions of satisfaction included: the handbook; ease of contacting staff, and reliable delivery of supplies.

Problems identified were as follows:

- Problems with collection of specimens
- Computer difficulties
- Lack of education regarding Pathology functions/tests etc
- Problems around labelling and preparation of specimens
- Poor staff attitude
- Slow turnaround
- No electronic forms available
- Misdirected reports
- Lack of clarity concerning when to expect phoned reports
- Difficulties contacting staff members
- Lack of information
- Queries about paperwork
- Ordering/receiving supplies

Number of
comments

Respondents would like:

- Access to website
- A dedicated advice/results help line
- Results to be available on line

2
2
2

Other suggestions included:

- Information to give to patients about directions, opening times etc;
- feedback about practice's service use for education purposes;
- more Microbiology cover;
- access to Exeter Lab results;
- better specimen bags;
- the Pathology Department to be open at 8.30 when clinics start;
- an earlier delivery of supplies

5 PATHOLOGY RESPONSE TO THE FINDINGS

We received hundreds of comments in addition to the tick-box answers – thank you. Comments have been grouped together and responses given. If you feel that you would like a response to a specific comment you made, which is not shown, please contact the Pathology Quality Manager on 01271 322324 or email bruce.seymour@ndevon.swest.nhs.uk

The Laboratory Management Team has responded to the findings of the survey as shown below. Text shown in blue indicates an action to be taken to improve the service, text shown in green shows actions which we have already taken and are in place. Text shown in violet was added on April 19th 2010 showing updated information to the outstanding issues.

5.1 Pathology Handbook & Information

From the additional comments received, users noted that they:-

- Did not know a Pathology Handbook existed
- Knew about it but have never accessed it
- Could not access it or had difficulty in accessing it
- Found it was not user friendly

Pathology Response:-

We agree that at the time that this survey was issued (November 2007), the Pathology Handbook on the NDHT intranet (Tarkanet) was out of date, hard to find and certainly not very user friendly when trying to find specific information.

Awareness of the Handbook

The act of completing the User Survey in itself has raised awareness amongst users that the Pathology Handbook exists, e.g. one comment received said, "This questionnaire has made me look at your website. Thanks."

Difficulty in Accessing the Handbook on Tarkanet

We agree that not everybody will have access to NDHT Tarkanet or will find it difficult to access. All PCs in the NDHT can access Tarkanet and NDHT I.T. Services

dept tell us that all north Devon GP practices should have a link to Tarkanet. If you do not think you can access Tarkanet, please contact them for advice on 01271 322697.

However, we are in the process of creating a hardcopy of the Handbook which will include most of the information contained on Tarkanet. Where information is not in the hardcopy (e.g. long lists of Trust policies) we will include contact details to enable you to obtain this information, should you require it. We aim for this to be ready in January 2009 and it will be sent (electronically where possible, hardcopy where not) to all non-N.D.D.H. Pathology users to ensure you have access to the Handbook.

Update: 19/04/10 - Hardcopy of handbook abandoned. Instead the NDHT Tarkanet Officer is in the process of transferring the electronic Pathology Handbook from the intranet site to the NDHT public (Trust's) website, where anybody should be able to access it from any internet enabled computer. Status: In Progress, awaiting completion.

To access the Pathology Handbook, from the main Tarkanet page

- Click the blue 'Documentation' tab towards the top of the screen.*
- Click on the word 'Manuals' in the list shown*
- Click on the word 'Pathology' from the list of manuals*

User Friendliness of the Pathology Handbook

During December 2007 we undertook a review of all the information in the handbook and updated it so that content is now current, and aim to check the accuracy of the handbook at least once a year.

During this review process, we worked with the Tarkanet Support Officer to redesign the look of the Pathology Handbook and improve the Contents Menu which now appears on the left hand side of all Handbook pages and has more menu items hopefully making it easier to find information.

We believe that the Pathology Handbook has improved since the time of the survey, but there is still much room for improvement and we are considering the possibility of implementing some of the other suggestions you have made such as an A-Z of all Pathology Tests and Investigations.

Update: 19/04/10 - No further action taken due to lack of resources. Status: Closed - no action taken.

5.2 Clinical and General Advice

Many comments were received praising the helpful, professional and friendly way that advice was given when users contacted the laboratory, e.g.:-

“Having worked in 5 hospitals I would like to say this is the BEST service I have experienced - MOST helpful at all times. Results are believable (previous experience very different) - proving accuracy of documentation within your department. Efficient. Thank you so much to you all!”

However, some users noted that they:-

- Unsure who to contact for clinical Biochemistry advice
- Sometimes found it difficult to contact a Consultant Haematologist
- Sometimes found it difficult to contact a Consultant Microbiologist
- Sometimes find it difficult to obtain advice out of hours
- Sometimes found the attitude of Pathology staff was poor
- Found it difficult to contact the laboratory early in the mornings (08:00 to 09:00) when many hospital departments and GP practices are already open.

Pathology Response:-

Obtaining Clinical Advice from a Consultant

Over the past year we have experienced significant changes with the Consultant staff in the Biochemistry and Haematology departments.

Biochemistry

The unexpected retirement of Clinical Biochemist, Richard Seddon, due to ill health left the department with a vacancy which has proved impossible to fill at the same grade, due to lack of available and suitable applicants. The Trust management team have re-evaluated the post in partnership with the Consultant Biochemist from the Royal Devon & Exeter Hospital (RD+E) and a way forward has been agreed.

The laboratory will advertise (December 2008) for a full time, Principal Clinical Biochemist to join the N.D.D.H. Biochemistry Department and this post will be supplemented by a weekly on-site visit by Dr. John O'Connor, Consultant Clinical Biochemist (RD+E), who will be Head of the Department.

Update: 19/04/10 - Full time Principal Clinical Biochemist is now in post (Mr Andrew Lansdell), with support from Dr. John O'Connor, Consultant Clinical Biochemist - RD+E Hospital, Exeter. Status: Closed - action completed.

Haematology

The departure of Dr Rebecca Frewin, Consultant Haematologist left Dr Brian Attock as the sole Consultant Haematologist at N.D.D.H. The Trust agreed to relieve the burden of 24/7 on-call from Brian by arranging on-call cover from the duty Consultant

Haematologist at the RD+E. Initially this may have led to some confusion over how and whom to contact for advice out of hours despite this information being published.

Since the retirement of Brian Attock this year, an agreement has been made with the RD+E to provide Consultant Haematologists sessions at N.D.D.H. which cover all clinics and out of hours advice. Currently there are four visiting Consultant Haematologists lead by Dr Richard Lee, with a further consultant due to commence work early in 2009. The Haematology Consultant team is based in the Pathology Department.

Microbiology

The department's complement of two Consultant Microbiologists includes Dr Gail Speirs and Dr David Richards. A proportion of Dr Richards' time is taken up with Infection Control work, as he is the Infection Prevention and Control Consultant for the Trust. Along with annual leave and clinical duties away from the laboratory, this has sometimes led to short delays in speaking directly to a Consultant, although a messaging service is always available. To contact a Consultant Microbiologist during office hours, bleep 193 or telephone Dr David Richards on 2320 (01271 322320) or Dr Gail Speirs on 2798 (01271 322798). Alternatively, contact NDHT switchboard on 01271 32577 and ask for the Duty Consultant Microbiologist.

The findings of the survey have highlighted the need for more cover and the Trust has approved our request to increase the number of Microbiology Consultants to three. The Laboratory Management Team have advertised the post and will work towards employing the third consultant as soon as possible. We hope that the new consultant will be in post in the first half of 2009.

Update: 19/04/10 - Dr Tom Lewis started work as the third consultant microbiologist in February 2010. Status: Closed - action completed.

Obtaining Clinical Advice Out of Hours

Biochemistry & Haematology & Microbiology

To obtain clinical advice outside of 'office' hours it is advisable in the first instance, to contact the on-call Biomedical Scientist (BMS), via the NDHT switchboard (01271 322577). The on-call BMS will be able to advise on which Consultant is covering and how to contact them. Alternatively, you can directly ask the switchboard operator for the consultant you require.

Cellular Pathology

It is rare that advice is needed out of hours from the Consultant Histopathologists, however, contact N.D.D.H. switchboard, as above.

Attitude of Pathology Staff

We take seriously the comments made about poor staff attitude and laboratory managers have re-iterated to all Pathology staff that calls should be taken in a polite, professional manner - many comments received suggest that most of the time this is the case.

We have also investigated the possibility of implementing a system which allows calls to the laboratory to be recorded to help identify any problems. Unfortunately we have been told by the Trust's Telephone/Switchboard Department that the technology is not capable of this at present.

Staff who are on-call will frequently work for periods of 24 hours, which will invariably mean they may not always be as alert and cheerful towards the end of their shift which finishes at 09:00. We are aware that this length of time on-duty is unacceptable and it also breaches the European Working Time Directive. The department is in the process of reviewing the provision of Pathology services during the bank holidays, weekends and nights to allow staff the proper rest and recuperation periods they are entitled to.

Update: 19/04/10 - New Pathology out of hours working arrangements are scheduled to start on 1st June 2010. All staff have signed the agreement. Status: Closed - action completed.

Should you experience an incident involving poor staff attitude we suggest that both parties ascertain the name of the person to whom they are speaking and complete an incident form detailing the event. This will enable us to investigate and respond.

Obtaining Advice from the Laboratory between 08:00 and 09:00

As mentioned above, there are on-call Biomedical Scientists on duty until the day staff arrive at 09:00. On-call staff are contactable via N.D.D.H. switchboard 01271 322577 and can offer advice.

The review of the out of hours pathology service (mentioned above) will look at current working patterns and consider shift work and/or extended opening times. This is a major project for Pathology and we envisage it will take approximately 12 months to complete. The comments received from this survey will be taken into consideration during the review process.

Update: 19/04/10 - The newly agreed out of hours pathology agreement will allow for a slightly extended working day to ensure that the on-call staff do not exceed the European Working Time Directive maximum allowed number of hours worked in a session. See the next (July) edition of the Pathology Newsletter - 'Testing Times' for laboratory opening times. Status: Closed - action completed.

5.3 Specimen Collection & Transportation

Many comments were received regarding the transporting of specimens to the laboratory from within the NDHT and from the PCT sites.

The laboratory does not have direct control over transport arrangements for Pathology specimens, relying on the courier service provided by Sodexo. Being a resource restricted service in a large geographical area, we have to prioritise where money is spent, taking into consideration a huge number of factors.

N.D.D.H. & community hospital users noted that:-

- An internal air tube (pod) system would improve transport times and that most hospitals have this system in place.
- Portering staff often have multiple tasks to do whilst transporting specimens to the laboratory e.g. transferring patients or oxygen cylinders from one location to another which introduces a delay in transport times and turnaround times (TATs) of results.
- Portering staff may prioritise other tasks at particular times of the day e.g. patient mealtimes at the expense of collecting and delivering specimens to the laboratory.
- They were unsure how to get pathology specimens to the N.D.D.H. at weekends.

Pathology Response:-

Air Tube (Pod) System

An air tube specimen transport system has been included for consideration as part of the redevelopment plans, not only for pathology, but also as part of the new 'Emergency Hub' project. This hospital is one of the few without such a system and the Trust Management Team are acutely aware of the benefit this would bring to the way specimens are transported to the laboratory as well as improving result TATs.

The Laboratory Management Team will continue to work towards gaining approval for an air tube specimen transport system.

Update: 19/04/10 - Divisional General Manager for Diagnostics - Mr Neil Scofield, is still pursuing this goal. Status: Open - not yet completed.

Portering Staff

Porters duties are managed by Sodexo and the laboratory has no direct control over their priorities. However the Laboratory Management Team do discuss with Sodexo management any recurring issues to try and improve the service.

If you have any particular recurring issues relating to collection/transport of specimens within the N.D.D.H. Please contact Neil Schofield, General Manager (Diagnostics Directorate) on 01271 322761.

Transporting Specimens to N.D.D.H. from Community Hospitals at the Weekends
Sodexo drivers collect Pathology Specimens from the following locations during Saturday mornings:

- *Bideford Community Hospital*
- *North Devon Satellite Kidney Unit*
- *South Molton Community Hospital*
- *Ifracombe (Tyrrell) Community Hospital*

For urgent specimens to be collected at other times at the weekend we suggest arranging a contract with a courier service e.g. TNT (Same Day Service). This company is compliant with all regulations regarding transporting of biological and (potentially infectious) material.

Please note that it is NOT acceptable to transport Pathology specimens by any form of public transport or taxi due the strict legislation regarding specimen transport.

For advice on how to arrange a contract with TNT for urgent transport of specimens, contact Colin Parkin, on ext. 3278 (01271 370278)

Primary Care Trust users noted that:-

- The collection of specimens from some GP practices are not frequent enough with a second, later collection being requested.
- The times of specimen collection are not always appropriate to GP practice opening times - patients sometimes have to go without a blood test in the afternoon and make another appointment as the specimen collection has already been made.

Specimen Collections from GP Practices

We received more responses on this topic than any other and it is clear to us that you feel improvements could be made.

As a result of the responses given, we feel that we need to find out more about the type of specimen collection service you would like and how any improvements to the current system should be funded.

The Pathology Quality Manager will produce a further, short questionnaire with the sole aim of collecting detailed information relating to specimen transport from GP practices. When this information has been collated, in conjunction with Sodexo, we will look at the options available for improving the service. We aim to have distributed the questionnaire by January 2009.

Update: 19/04/10 - Survey issued and returned. Report to Users has been published on Tarkanet in the Pathology Handbook section. Status: Closed - action completed.

5.4 Pathology Turnaround Times

Many comments were received praising the fast turn around times of routine test results, particularly citing the electronic reporting of results to GPs where they are almost always returned by the next day and instant printing of results in A/E as soon as they are authorised in the laboratory. Indeed, in the recent external assessment of the laboratory, assessors commented on the 'envious' TATs we achieved, despite suffering staff shortages at the time of the assessments.

Conversely, some users noted that:-

- TATs seem very slow (*examples not given*) creating problems with making clinical decisions
- There was a perception that slow Pathology TATs for some patients in the A/E dept occasionally led to 'breaches' of the four hour waiting target.
- C. Diff. TATs were very long.

Pathology Response:-

Slow Turnaround Times

92% of users thought that the TATs were acceptable all of the time or most of the time during the working day.

Turnaround times are affected by many factors, some of which are outside the direct control of this laboratory e.g. collection and transport of specimens and tests which we send to other laboratories for analysis. We record our result TATs from the time specimens are received in the laboratory until the time the results are made available on the pathology computer system.

We audit TATs regularly and publish a selection of the more common test TATs in the Pathology Handbook. If you would like to know the TAT for specific tests not published, we would encourage you to contact the laboratory for this information.

Tests which are referred to other laboratories for analysis are also monitored for TAT but there are a vast number of different tests which are sent to laboratories all over the country, and the TAT for each will vary. If you are concerned about the length of time taken for a result to be available, please contact the laboratory and we will check on its progress.

When we are informed about an urgent blood specimen during the day, this information is relayed to the porters. Upon arrival in the laboratory it is fast-tracked, often with results being available in under an hour from the time of receipt. Blood tests requests from A/E, MAU, ICU, FAU, SCBU and the Chemotherapy Unit are routinely treated as urgent. For urgent requests from other departments, please contact the laboratory on ext. 2326 so we can fast track the specimen through the laboratory.

It must be realised that the majority of specimens are not 'urgent'. Non-urgent requests are processed and results generally available according to the published TATs.

Results from GP practices are sent electronically at 09:00, 13:00 and 21:00 seven days a week with most routine, in-house blood test and negative urine microscopy results being returned back to practices within 24 hrs of the sample being collected from the patient.

Slow TATs Leading to A/E 'Breaches'

To try and improve the TATs out of hours, we have implemented a system where the on-call staff check for the arrival of specimens at least every hour between 17:30 and 00:00 Monday to Friday and between 09:00 and 00:00 Saturdays, Sundays and Bank Holidays. This means that specimens are constantly being processed without the on-call staff having to be bleeped. Specimens which have not been received are outside the control of the laboratory and cannot be analysed.

From 00:00 to 09:00 the on-call staff must be contacted, via switchboard, if there are specimens for analysis. If there are very urgent specimens the laboratory should always be contacted regardless of the time of day or night.

We have been pleased to hear from Dr. Mike Roberts, lead Consultant in Emergency Medicine, that there have been no patients' breaching the four hour target due to waiting for Pathology results.

Poor Clostridium Difficile (C. Diff.) TATs

At the time of the survey requests for C. Diff. were sent to another laboratory for analysis which inevitably increased the TAT for these results. As a result of feedback from users we are now processing C. Diff. specimens in Barnstaple, with an associated improvement in TATs.

5.5 Pathology Computer System

The second highest number of comments received related to users having issues with accessing pathology results using the pathology computer, although many praised the ability to look up results electronically, "The service is good – excellent to have results available on computer."

Users noted that:-

- Junior medical staff were not able to get instant access to the pathology system from the day they start.
- Passwords of most staff have expired in the A/E dept.

- The pathology computer system was not user friendly.
- They don't always have time to access the computer for results.
- There are not always enough PCs in the location where they work to enable them to look up results.
- GPs would like access to hospital laboratory results.
- No access to pathology results processed in other hospitals e.g. Exeter or Plymouth.

Pathology Response:-

Instant Access to Pathology Results for New Members of Junior Medical Staff

We agree that the current system is not as efficient as we, or you would like, but there are a number of issues which, over the years, we have found difficult to overcome:-

- *Up to sixty new medical staff can start work on the same day. This makes it logistically difficult if not impossible for all such staff to be trained on day one.*
- *New medical staff are not given enough time to attend training in the use of the pathology system when they first start work and often have to start clinical duties on day one.*
- *Not all new medical staff have completed the form required to allow access to the pathology computer - this leads to delays in training and password access.*

These problems are not specific to Pathology - other services such as Radiology also encounter this problem. Gaining access to the Trust computer network is another area which if not done quickly, can delay pathology computer access and training.

The Pathology Computer Manager is currently involved in a Trust-level review of the process of getting new staff quick access to essential clinical systems. The other members of the review team include the Dr Mike Roberts, Dr Guy Rousseau and I. T. Services Managers. The review aims to streamline the process of granting access and allowing enough time for staff to be given access and training in the use of the pathology computer before starting work.

Update: 19/04/10 - Review completed and new system implemented. When new medical staff started in August 2009 the new system proved very successful. Staff were e-mailed their login and password and were given almost instant access to the pathology system without the need to attend a classroom training session. Training was provided in the form of a self tutored course, with a classroom based training session available for those who felt it necessary. This system will be in place for 2010. Status: Closed - action completed.

We have worked with the Medical Human Resources Dept so that the relevant pathology form is now sent to new medical staff before they start at NDDH, in a hope that they will be returned and processed ready for day one.

Pathology Computer Access and Training

At the time of the survey, the person who delivered most of the pathology results training to staff, enabling them to look up results, left to take on another role within the laboratory. Training of staff all but ceased causing a backlog of staff waiting for access.

We have implemented a new, more robust training programme, delivered by the Learning and Development Department. These training courses are available weekly and last for approximately one hour. Please contact Julian Bishop 01271 322324 for the form required to be included on the course.

Expired or Forgotten Passwords

Passwords can be reset easily in a couple of minutes. Contact Julian Bishop (01271 322324 or internal ext. 2324) for this or any other problem you may encounter when looking up pathology results..

Pathology System - User Friendliness

It is not easy to change the way pathology results are displayed or accessed, but the training course offered (see above) covers all aspects of using the system. Top-up training can be arranged by contacting the Learning and Development Department on 2396 (01271 322396).

It was hoped that the Trust would, by now, have a new Electronic Patient Record system in place (Cerner Millennium) with systems like pathology linking into it, displaying pathology results in a familiar, easy to use 'Windows' environment and avoiding the need to log into the current pathology computer. This has not happened, and we are therefore, looking at changing the current pathology system to a Windows based, easier to use, pathology system which, incidentally, is being implemented in other hospitals in the south west. This would also make it easier when looking up results which have been processed in other hospital laboratories, e.g. Exeter.

Another option we are investigating is buying a 'Web Browser' for our current pathology system. If purchased, this would allow NDHT and PCT users access to all pathology results in a user-friendly, Windows format - however, this has a large cost implication and is being carefully considered along with other options.

Update: 19/04/10 - The other hospitals in the south west have suffered many problems with the implementation of the windows based pathology system (called Winpath). This department is monitoring the situation to see how these problems are resolved before committing to purchasing the system for North Devon. However, with the next few years likely to be very financially challenging, we may not be granted

funding to replace the pathology computer system at all. Status: Open - not yet completed.

The web browser option has been investigated, but there would be a significant cost involved which would be wasted should the Winpath computer system be installed. Currently no funds have been assigned for this project. Status: Open - not yet completed.

Staff do not Always Have Time to Access Results

Results are available on the pathology computer and are sent out on paper (excluding most results to GP practices which are in electronic format). With almost 4 million tests a year to process, it would be unrealistic to expect us to phone all results and the risk of transcription errors must be taken into consideration.

We do phone

- Unexpected, clinically significant results to all locations.*
- Results for urgent specimens to GP practices (where we have been telephoned prior to receiving the specimens).*

Not Enough PCs Available to Access Pathology Results

Please contact I. T. Services (NDHT staff) on ext. 2697 to enquire about buying and installing more PCs.

GPs Accessing Hospital Pathology Results

See above regarding the possible purchase of a Web Browser.

Accessing Pathology Results Processed in other Hospital Laboratories

See above regarding possible purchase of a new, south west peninsular wide pathology system. Some users can be given access to Exeter pathology results, by logging on to the Exeter Pathology computer. Please contact Julian Bishop 01271 322324, to discuss this service.

5.6 Other Comments and Suggestions not Previously Answered

- On call - would be good to be able to make requests for e.g. Ca/TFTs*

Biochemistry Response:

Calcium has always been available during on-call periods. Assaying TFT on acutely ill patients is not always appropriate.

- Would appreciate a phone call for grossly abnormal results.

Pathology Response:

Unexpected, grossly abnormal results should always be phoned back to the source. If you have any examples where this is not the case, please inform us so we can investigate.

- MRSA screening results can take a while to come back occasionally the patient has been in for their operation before the results have arrived.

Microbiology Response:

A recent change of procedure now means that:

(i) a negative report is issued at 48 hours after receipt

(ii) a positive result will be issued at 72 hours

Occasionally delays may be experienced due to I.T. or technical issues. Please contact the Microbiology department on ext 2347 (01271 322347) if you are experience a longer delay.

- Fracture Clinic does not have a collection service for specimens they have to be taken to A&E
- The only single problem is that specimens are often not collected from this department.[Children's OPD]

Sodexo Response:

Fracture Clinic and Children's OPD are included on the porter's specimen collection run at approximately 11am and 3pm, Mon-Fri. It is also possible to contact the porters any time on ext. 2496 (01271 232496) to arrange for specimens to be collected.

- I think a lot of my colleagues are a little reserved about ringing for advice on general matters from the labs. Perhaps a specific "results advice help desk number" would help them to feel they are not disturbing anybody.

Pathology Response:

Clinical advice is available as detailed on page 19. General advice from Biomedical Scientists is available 24/7 by (i) during office hours: contacting the relevant laboratory telephone number as found on the pathology request forms, (ii) out of office hours: contacting the on-call staff via the NDHT switchboard on 01271 322325 (or internal ext. 0). Results are generally available on the computer system but for PCT staff who cannot access the Pathology computer, please contact the laboratory as above for results. We are also hoping to redevelop the front end of the Pathology Department to include an improved specimen reception / office area. Update: 19/04/10 Re-development of the front end of Pathology is still part of the overall Trust re-development project which has not yet begun. Status: Open - not yet completed.

Your idea for a single contact number/help desk has been included for discussion in the (early stage) plans.

- If the plastic bags that the bloods travel in could be different the samples would not fall out, as sometimes not sealed properly and they could be slightly larger.

Pathology Response:

Whatever type of bags or containers are used will involve them being sealed properly to avoid spillage and leakage incidents. Bags must be sealed properly to avoid specimens falling out and potentially causing an infection risk to other staff and patients by breaking. Larger bags (e.g. for multiple microbiology specimens) are available form Pathology Supplies on ext. 2342 (01271 322342)

- It would help if the Anti D could arrive earlier in the day so the women could have it before discharge. This would save the community midwife having to collect it. Why do the microbiology forms have 3 sheets of paper - haematology/biochemistry only have 2?

Blood Transfusion Response – Anti-D:

This problem has become more acute with more and more ladies opting for early discharge. We cannot issue anti-D until the blood tests have been done to determine the dose required. These tests are done routinely upon receipt of the samples during normal working hours.

We have, previously, suggested that if samples from overnight deliveries are sent when available then we would be able to perform the tests when we start routine work at 0900hrs.

It must be emphasized however that the provision of cross-matched blood must take priority over non-urgent testing.

Microbiology Response – Request forms:

Microbiology request forms have a third copy as a contingency against a major computer failure. In this event, the form would be used as a laboratory work sheet for that specimen (recording results and work carried out) until the return of the computer system.

- Please ring A&E if a sample is no good! We wait for results → haemolysed → repeat → patient breaches!

Biochemistry Response:

Haemolysed specimens may still analysed as many results are still valid from a haemolysed specimen. A paper report (indicating that some tests e.g. potassium & Troponin T are not available) is printed on the printer in A/E as soon as the problem has been identified or analysis is complete, which is the agreed process. Unlabelled or rejected specimens are generally reported instantly as no analysis time is needed.

Haemolysed specimens (the majority come from A/E), are a large and continuing problem which the laboratory has no direct control over. We are able to advise on phlebotomy technique should this be required, although we understand that the condition of some A/E patients can make phlebotomy difficult.

- ?? Need for paper results as reported on computer.

Pathology Response:

Unfortunately the NDHT medical records system is still paper based and many doctors rely on the paper case notes and the paper results that are contained in them. Until this system is replaced by a fully integrated electronic patient record, we are obliged to send pathology results on paper.

- Let us put sticky labels on sample tubes!

Pathology Response:

Where specimens have to be centrifuged, bulky hospital PAS labels cause specimens to jam in the centrifuges and the labels have to be removed leading to specimen identification problems. It is also important that the size, level or quantity of the specimen is visible through the container wall to allow for correct processing techniques, particularly for analysers - labels may preclude this. Also hand labelling of tubes usually results in fewer patient identification errors.

Blood Transfusion Response:

Guidelines¹ from the British Committee for Standards in Haematology (BCSH) say that blood samples must be labelled at the patient's side immediately after phlebotomy and using the wristband (or asking them, if they are not an inpatient in hospital) to confirm the patient's identity.

Only printed labels which are generated at the time of phlebotomy using scanners to read bar-coded wristbands may be used to label transfusion samples.

The Blood Transfusion Department has for some time been trying to obtain funding to purchase an additional phase to our Blood Audit and Release System (BARS). This additional phase incorporates a phlebotomy module which allows suitable labels to be generated.

1. *BCSH guidelines for compatibility procedures in blood transfusion laboratories. Transfusion Medicine 2004, 14, 59-73*

- We've previously tried without success to have band cell counts done ROUTINELY on all babies in SCBU.

Pathology Response:

Band cell counts may be of some value in suspected cases of sepsis. Screening on all neonates routinely does not seem to be of value.

- Main (only) complaint I have is re: results requested urgently during day. Even when lab is rung and for clearly marked as urgent if the results are in normal range then invariably they do not get rung back before the labs close. Presumably the fact that they are normal means that the technician/lab staff do not feel it needs to be returned urgently. However these requests are usually done to aid a decision (e.g. to admit or not or to commence certain medication etc) and I am actually waiting for them to let the patient know what to do!!!! Hope that's a helpful comment. ?Review system for phoning back urgent (but not just abnormal results)?

Pathology Response:

We have a procedure in place which allows for the results for urgent requests from GP practices and some NDDH locations to be telephoned back to the requesting location, as we appreciate that results on the pathology computer are not able to be accessed by everybody. The requesting practitioner should contact the laboratory and give the name of the patient and contact details. The results should then be phoned back. Unexpected abnormal results are also telephoned back to the source. If you have examples where this procedure has failed, please contact Bruce Seymour, Pathology Quality Manager on 01271 322324.

Biochemistry and Haematology do not really 'close' and the on-call staff will attempt to contact requesters with results, into the evening, according to the above procedure. However we often encounter problems when phoning results back to GP Practices after 6pm as the Practice phones are frequently set to answer phone informing that the Practice is closed. In this instance we will still contact the Devon Doctors with unexpected abnormal results.

- Streamline telephone calls so you get through to right person - too many extensions to choose from not clear always which is required.

Pathology Response:

A list of staff and their contact details is available in the Pathology Handbook, and is printed on the pathology request forms. From inside the hospital, when using the telephone system (Contact Portal), speaking the name of the person you require should put you through to the correct person or department. Alternatively ask switchboard (01271 322577) for the person or department you require.

- Computerised forms would be best?
- It would be extremely useful to have a computer friendly means of printing pathology request forms/labels integrated to clinical software.
- We are trying to arrange electronic printing of Path forms.
- By far most important thing for me as a GP is to be able to fill out the form using our computer clinical system and do away with hand written forms. We have tried to do this but have been resisted all the way by the pathology department - this is a great shame

Pathology Response:

The introduction of the Label Trace label printing system has greatly improved the quality of data received in the laboratory and we prefer this method of labelling request forms and specimens.

We have worked with a small number of GP practices and supplied them with the request form templates enabling the practice to incorporate it into their clinical systems and allow printing of request forms at the point of care. We are happy to work with all GP practices to this end.

With approximately 2000 pathology request forms being received each day, it is essential that the format is consistent to enable accurate (manual) data entry into the pathology computer system by the 9 data entry clerks we employ (each clerk can enter up to 200 requests into the computer per day). We have found that when we receive request forms which have been printed in GP practices this has led to problems with data entry in pathology. The information is more legible than handwritten forms but problems we have encountered are:-

- Black and white forms are harder to read after reading a large batch of green or blue forms - There is a loss of visual consistency, slowing down data entry.
- The font size of patient I.D. (e.g. names, DOBs & NHS numbers) can be very small.
- We often receive photocopies of the 'back of form' information (reference ranges etc)

clipped to the printed request form. This information is for your use, and there is no need to send it back to us. This slows down the data entry process.

To discuss this issue further, please contact Mr Philip Parker, Head Biomedical Scientist (Biochemistry) on 01271 322345

- *Running battle with path lab supplies 14,000 pt 300 bloods per week always have to grovel for forms/bags/bottles.*
- *Sometimes difficult to contact Pathology Supplies for advice.*
- *Ordering supplies - we are aware of the costs of pathology equipment etc but sometimes orders are not fulfilled. We are doing around 50-60 tests per day at our practice so are using a lot of stock. We try not to stockpile so that equipment does not expire so it would help if requests were honoured*
- *Ordering of supplies is often limited to a number which is inappropriate for our surgery. We require a large supply of forms and are often denied the appropriate number and accused of "over using"?*
- *Ordering supplies can be a bit hit + miss. ??*

Pathology Response:

Historically, limits were set for the amount of consumables issued and we accept that these need to be amended or removed. The limits were originally set to attempt to cut down on the large amount of stock returned to us which had passed the use-by date and was therefore wasted. We will review the limits set for Pathology consumables and subsequently monitor the amount of any wasted stock which may be returned. Update: 19/04/10 -Review completed and a revised Pathology Supplies Order Form is now in use. Status: Closed - action completed.

- *Pathology "teaching" sessions with separate practice would be very welcome either topic based clinical areas or update of new tests etc. Many practices have educational sessions to facilitate this. Good area to have educational session on - i.e. we can do better/do less/should do more etc*
- *Would like pathology teaching on what all the tests are for not just the routine bloods. And help to understand all the different parts of test which we see when results come through*
- *Hold lunchtime quarterly meetings at GP surgeries to provide updates/Tips.*
- *More pathology teaching would be really useful FAQ style.*

Pathology Response:

At the recent Pathology Annual Review meeting (20/11/08) we agreed in principle to on-site teaching/discussion sessions for those users who would like it. We have highly experienced members of scientific staff with teaching qualifications who are willing to consider any requests. If you would like a teaching/discussion session on any aspect of Pathology, in the first instance please contact Mr. Andrew Lansdell, Senior Biomedical Scientist on ext. 2419 (01271 322419) who will discuss your requirements.

Blood Transfusion study days are available 2-3 times each year according to demand. These are open to all staff and are widely advertised.

For more information please contact the Learning and Development Department on ext 2396 (01271 322396)

- Feedback relating to our use of Path resources would be useful
- Audit of use/results/benchmarking always useful to practice - especially if commissioning starts

Pathology Response:

We are able to extract data from the pathology computer system to show the numbers of tests requested from a particular GP practice over a period of time, even down to a particular requesting practitioner. Whilst there is limited use for comparing one GP practice against another (size of patient list varies dramatically), if it would be useful for you to have this information, we are happy to supply it.

Please contact the Pathology Computer Manager, Mr Julian Bishop on 01271 322324 to discuss the format and type of information you would like.

- Some electronic path results do go missing.

Pathology Response:

We send out thousands of electronic pathology results each day, and occasionally a small number do not reach their intended destination, there are a number of reasons for this:-

- *The location and requester has not been entered on the request form.*
- *The location or requester has been entered incorrectly in the laboratory.*
- *When filed in the patients notes (in the GP clinical system) not all results and laboratory comments are easily viewable. It may be that the users have to click on a particular 'tab' or view the page in a different format to see some results and comments again. (Please note that the pathology department is not able to help with queries relating to the GP practice clinical computer systems.)*
- *Locum practitioners move to a different practice causing confusion with which practice to send the results*
- *Temporary residents results are often 'rejected' by the GP computer systems as they are not registered with a particular doctor*
- *Devon Doctors pathology requests are often not clearly labelled with the place to send the results, often only with the Devon Doctor's name who is not the patient's GP*

Despite this, we are able to re-send electronic pathology results to any north Devon GP practice and Stratton Medical Centre. Please contact the Pathology Application Manager, Mr Julian Bishop on 01271 322324, who can arrange to re-send electronic pathology reports.

- Specimen without labels insufficient information etc - agreed that this is not correct/good but sometimes the information is more important than you think and in the community you can't always just get another sample.

Pathology Response:

Correct and unequivocal identification of the patient is essential, and forms the basis of the correct treatment of the patient. Indeed, the labelling of specimens for blood transfusion analysis is governed by law and we would like to see this extended to all types of specimens. We are aware that whilst the recent implementation of the NDHT Specimen Acceptance Policy initially caused an increase in the number of specimens which were rejected, we have since seen a dramatic increase in the quality of specimen and request form labelling and only 0.4% of all pathology specimens are still currently rejected.

If you have any queries relating to problems with the labelling of specimens and request forms, please contact the Pathology Quality Manager, Bruce Seymour on 01271 322324.

- Would be nice to have HBA1c at 90 days not 120 days!

Pathology Response:

We have already instituted the recommendations by Dr O'Connor and learned opinion concerning frequency of HbA1c assays which are now only rejected within 30 days of a previous result. This has been in place for the past 18 months.

- I wonder why I cannot have the option to change my password when I elect to in addition to the obligatory 3 monthly change.

Pathology Response:

At present, there is no facility for you yourself to change your password on the pathology computer, however if you contact the Pathology Computer Manager, Mr Julian Bishop, on 01271 322324 he can arrange for it to be changed in a couple of minutes.

- IT access to results should be improved. It is an old and idiosyncratic system that is hard to navigate around and does not contain all results e.g. histology, microbiology.

Pathology Response:

Although the pathology computer is not user friendly (see previous response) all pathology results on tests and examinations performed 'in-house' are available to view. This includes microbiology and histology results. Results which are not on the computer are serology results, Down's results and a few other specialist tests analysed elsewhere. Results analysed in other laboratories are not generally transcribed onto our computer system due to the risk of transcription errors. Such results are sent out as hard copy reports on stationary from the analysing laboratory.

If you experience difficulty viewing microbiology of histology results, please contact the Pathology Application Manager, Mr Julian Bishop, on 01271 322324.