

Summer 2016 Pathology User Satisfaction Survey

User Feedback Update @April 2018

Dear Colleagues

In Spring 2017 we provided feedback to you on the 2016 Pathology User Satisfaction Survey. We wanted to update you on our progress on the areas we could progress.

The second part of the survey was free text about suggested improvements in the individual disciplines or service areas. We reviewed, actioned (where possible) and responded to the main issues raised in each discipline. Please see the updates on our progress, which has been added to the discipline specific tables.

Blood Sciences

Your Comment	Updated Rating for resolving	Update on our feedback – March 2018	Our feedback – March 2017
<p>1. Add on tests – make system simpler with ability to phone to add or automatic system. Prevent re-bleeds for add ons</p>		<p><u>All Users:</u></p> <ul style="list-style-type: none"> • Millennium has gone live for Trust users, after a period of settling we will go live with add ons using the Millennium system – May 2018. Currently Trust users are still to use ICEMAIL. GPs add on requests remain with ICEMAIL. • Not all GPs have had training for ICEMAIL. ICEMAIL user support documents to be updated and distributed to users shortly. • Consider implementing a ‘desk’ to answer incoming calls to support verbal requests. 	<p>With the move to Millennium Ordercomms in October 2017 we are hoping to resolve this issue in consultation with you, as Users of the service.</p>
<p>2. Improve Turnaround time (TAT) especially abnormal results</p>	<p>.....<i>Watch this space!</i></p> 	<p><u>All Users:</u></p> <ul style="list-style-type: none"> • The position for biochemistry ED TAT has not been resolved fully but is currently 87% compliant (with a target of 90%) for Biochemistry but we are still working on complying with this fully. • Unfortunately, ED were unable to complete an improvement programme with us to improve delivery time of specimens to the lab. This is currently averaging 27 mins, which is half the TAT target time. • User Quality Dashboard is in use. 	<p>Currently, FBCs are meeting the TAT target of 60mins (for acute areas) from receipt in the lab, but Biochemistry is just missing it. We are working to improve this and meet the target as a priority. As a further improvement programme we are working with ED to try and meet the pilot RCPATH target of 60mins from sample collection for ED – so watch this space. So you are aware of our performance against our TAT targets, we are designing a user dashboard for the Pathology section of the website – available shortly.</p>

<p>3. Communication with lab – put in 1 central number and transfers between Depts.</p>	<p>.....<i>Watch this space!</i></p> 	<p><u>All Users:</u></p> <ul style="list-style-type: none"> • Trust users now look for results using Millennium (or ICE for historical results) • This is a delayed project but the phone sorter technology is now available to Pathology and so we are hopeful to be able to progress this request shortly. 	<p>There is already one number for our results service 01225 82 4700 and Specimen Reception 01225 82 4740, both Mon- Fri, 9-5. You can bleep via switchboard (01225 428331) out of hours. You can also look for results using ICE and the Pathology website also gives you lots of information about taking samples, sample requirements, etc. The current switchboard prevents us having a single number and transferring calls, but this is due to be upgraded shortly and we will then look at this again.</p>
<p>4. Improve lab support for point of care (POCT) or near patient testing.</p>	<p>On – going...</p>	<p><u>All Users :</u></p> <ul style="list-style-type: none"> • POCT support remains a Trust objective and responsibility. • Funding for a Trust POCT Co-ordinator for 12 months agreed and is currently being advertised. • The Committee have met regularly under the leadership of Jo Hodson. It welcomes greater participation from Trust POCT users and representatives. 	<p>The Trust is responsible for POCT within the Trust and Pathology provides professional guidance for its safe and effective use by the Trust. This is done within the existing staffing establishment. A lot of Trusts have a POCT Co-ordinator but the RUH does not have this post. Pathology is currently writing a business case for a POCT Co-ordinator. The Trust are re-initiating the POCT Management & Governance Committee; the first meeting was held on Thurs, 16/2/17, chaired by Jo Hodson, Advanced Neonatal Nurse Practitioner.</p>

Cellular Pathology

Your Comment	Rating for resolving	Update on our feedback – March 2018	Our feedback – March 2017
1. ICE for Histology	.....<i>Watch this space!</i> 	<p><u>Trust Users:</u></p> <ul style="list-style-type: none"> Millennium has gone live, after a period of settling we will go live. This is envisaged to be later 2018. 	ICE will be available to you through the Millennium Ordercomms project, which is due to go live in October 2017.

Genetics

RUH Pathology acts as a “post box” for Genetics samples as we do not complete testing on site with most samples referred on to Wessex Regional Genetics Laboratory and Bristol Genetics Laboratory. From comments the three areas for improvement appear to be:

Your Comment	Rating for resolving	Update on our feedback – March 2018	Our feedback – March 2017
1. To have results on ICE	<i>Completed!</i> 	<p><u>All Users:</u></p> <ul style="list-style-type: none"> No further action required. 	We do put them on ICE when we get them back; sometimes they go directly to the consultant and not via the labs. We do make every effort to make sure they are reported to users. If there are any specific examples please contact the lab on 01225 82 4700 .
2. Guidance on testing, especially for GPs	<i>Completed!</i> 	<p><u>GP Users:</u></p> <ul style="list-style-type: none"> In place! Please let us have your comments – has this met your requirements? 	To help provide you with support we are going to add a Genetics webpage to our Pathology website with information on who the Consultant Geneticists are, how to contact them and the testing provided. This will be complete by Summer 2017 and hopefully help resolve some of the current issues.
3. Opportunity to meet Clinical Geneticists	.....<i>Watch this space!</i> 	<p><u>All Users:</u></p> <ul style="list-style-type: none"> The updated web-site is quite new, so we will leave this to run for 3 months and then check with you whether you feel it has worked. 	This is harder to arrange, as they are not RUH staff. If a web-page with more information (see item 2 above) doesn't work can you let us know and we will explore this further. Please email Pathology Quality Manager (Lesley.Shipway@nhs.net).

Microbiology

Your Comment	Rating for resolving	Update on our feedback – March 2018	Our feedback – March 2017
1. Centralised service for improved TAT	On – going...	<p><u>All Users:</u></p> <ul style="list-style-type: none"> Recently, this has been implemented on site testing for Flu, Noro and C diff by PCR (Cepheid testing). Work on going to improve TAT for the majority of the work by reviewing KPIs and services with PHE. 	Review of how we can improve some service TAT by centralising services is being reviewed as part of the STP process. Watch this space.
2. Final report – not many interim reports	Completed! 	<p><u>All Users:</u></p> <ul style="list-style-type: none"> The number of reports has decreased with the implementation of Millennium and ICE OrderComms. 	This is set by our microbiology providers PHE and North Bristol Trust. We are in discussion with them about improving reporting mechanisms for the benefit of users, i.e. decrease the number of reports received. We are unable to give a timeframe for this.
3. Ensure blood culture results on ICE, e.g. positive ones when phoned	Completed! 		Often the Consultant Medical Microbiologist (CMM) will liaise with laboratory staff regarding blood culture results before the result becomes generally available on the ICE system – if necessary the CMM may act on or communicate these results immediately. In these cases results will follow on ICE as soon as the Laboratory can update the system. The CMM is ‘giving the results out early’ on the premise that computerised results are ‘to follow.’ This is standard practice in all Micro labs. Any results that do not follow within a reasonable timeframe should be queried with the Microbiology Laboratory x4747.
4. Email prompt when culture results updated	On – going...	<p><u>Trust Users:</u></p> <ul style="list-style-type: none"> We are still discussing this with PHE. 	This is part of on-going discussions with PHE about improving reporting mechanisms for the benefit of users. We are unable to give a timeframe for this.

<p>5. Improved access to Microbiology clinical advice</p>	<p><i>Completed!</i></p> 	<p><u>All Users:</u></p> <ul style="list-style-type: none"> • Dr. Emma Boldock has now started and CMM's have reviewed the working day to ensure more access to clinical advice and ward rounds. 	<p>We are pleased to announce that we have just interviewed for a 4th Microbiology Consultant and are hopeful to return to establishment soon. When we are there we will review access and update you.</p>
<p>6. Flag abnormal results</p>		<p><u>All Users:</u></p> <ul style="list-style-type: none"> • Unfortunately, this has not been possible as the PHE lab computer system does not have the capacity and discipline issue with using flags. This is the same for Hospital users. Sorry not to have been able to enact this as wished. 	<p>This is set by PHE and we are in discussion with them about improving it for users, the results are sent over to the RUH as text report, this makes it difficult to flag those that are abnormal unlike numeric reports. We are looking at ways to improve this service.</p>
<p>7. Stop use of Boric acid containers</p>		<p><u>All Users:</u></p> <ul style="list-style-type: none"> • Boric acid still in use, this is preferred samples to preserve clinically significant organisms and reduce over growth of contamination flora. 	<p>We can understand your frustration with using the boric acid containers and that this takes longer your end. This was set up by PHE to reduce the number of false positives, and therefore repeats. We will keep this under review and if the benefits of reduced false positives and repeats is less than the frustration of having to use boric acid containers will ask PHE to change back.</p>

Immunology

Your Comment	Rating for resolving	Update on our feedback – March 2018	Our feedback – March 2017
1. Guidance on testing	.....<i>Watch this space!</i> 	<u>All Users:</u> • There were no enquiries received for this – is this still required. Please email contact listed.	The Immunology section of the Pathology website already contains guidance on autoimmune testing (updated July 2016). We are discussing the requesting pathway on ICE with IT but suspect it is too complex for it. Dr. Sarah Johnston (Consultant Immunologist) has also offered to complete a teaching session – please email Pathology Quality Manager (Lesley.Shipway@nhs.net) to express an interest. As Dr Johnston is on site on Wednesdays this would be the easiest day to arrange this for. Currently no take up for teaching
2. More on site Consultant presence	.....<i>Watch this space!</i> 	<u>All Users:</u> • With current agenda the earliest start date would be later in 2018.	This is being reviewed through the STP process with Salisbury District Hospital and Great Western Hospital. At the moment there are no set plans and timescales but we will update you when we know more.
3. More narrative with results	.....<i>Watch this space!</i> 	<u>All Users:</u> • Report formats are currently being reviewed, following our update our internal computer system.	We continue to look at the report format for all reports. We will look further at the information given in the Immunology reports.

Phlebotomy

Your Comment	Rating for resolving	Update on our feedback – March 2018	Our feedback – March 2017
1. Improve communication about not being able to bleed patients		<ul style="list-style-type: none"> • Trust users: Innovation money was given to junior doctors to devise a system: A system of yellow boxes/pouches has been put in place where patient to bleed stickers are placed on a Mon-Sun basis. Patient stickers who have not been bled are returned to the relevant days pouch for the ward to check and organise local venepuncture. This system will change with go live for Millennium. 	Phlebotomy as a service continues to be under strain due to the increased numbers of patients. The phlebotomists try to leave stickers with wards if they are not able to bleed patients. If a ward has a specific method they wish to employ for these patients please can they contact Mandy Silburn, Phlebotomy Manager x5504.
2. Greater cover – weekends, bank holidays, OPD clinics		<ul style="list-style-type: none"> • Trust Users: Weekend and Bank Holiday cover is now in place for ward urgent samples (this has been available for over a year). The extended service does not cover OPD as funding for this will need to be sourced by OPD. • 	Unfortunately, we are unable to proceed with this request as it requires extra funding which is not available. Can you think of any workarounds that helps meet your needs at no extra cost? If so, please email NigelRoberts@nhs.net .
3. Electronic requesting for Phlebo service	<p>.....<i>Watch this space!</i></p> 	<ul style="list-style-type: none"> • Trust Users: Millennium has gone live for Trust users, after a period of settling we will go live with add ons using the Millennium system – May 2018. 	This will be reviewed with the implementation of Millennium Ordercomms, which is scheduled for completion in November 2017. We will update you when we know more from RUH IT.

Specimen Transport

Your Comment	Rating for resolving	Update on our feedback – March 2018	Our feedback – March 2017
1. Later GP pick ups, i.e. modernise with traceable/tracking system	On – going...	<p><u>GP Users:</u></p> <ul style="list-style-type: none"> • Currently there is no new finance but we are hopeful that this can be reviewed during the refresh of our equipment services (as an add on) which is due for 2021 	There is also going to be a change in our service provider as parts of Sirona's services are being taken over by Virgin Healthcare. We will look at what options there are for later pickups, but this dependent on finding new finance.
2. Improve Pod system – keeps breaking down, not enough pods available	On – going...	<p><u>Trust Users:</u></p> <ul style="list-style-type: none"> • More PODS to be sourced –Estates have been emailed about this. 	Pathology is not in charge of the pod system, but the Estates & Facilities Department. We, like you, are affected by it breaking down. We are going to monitor its downtime (<i>Who is doing this?</i>) and publish this through a User Dashboard on the Pathology website. Similarly, any issues with the GP transport.
3. Improve Pathology sorting bag availability to GPs	<p>.....<i>Watch this space!</i></p> 	<p><u>GP Users:</u></p> <ul style="list-style-type: none"> • No emails received – is this still required. Please email contact listed 	When we moved into the new build we lost some of our storage space, as space is a premium for all of us. As a result, our ability to store Pathology consumables has been reduced. We would recommend that you kept enough stock to cover a re-order of averagely 2 weeks. Please let us know if you continue to have problems by emailing Pathology Quality Manager (Lesley.Shipway@nhs.net).

Advice service and result delivery

Your Comment	Rating for resolving	Update on our feedback – March 2018	Our feedback – March 2017
1. GP profiles – ME/QOF based		<u>GP Users:</u> • No emails received – is this still required. Please email contact listed	We will happily do this for you – please let us know what profiles you would like by emailing ClinicalComms ruh-tr.ClinicalComms@nhs.net
2. Cross – referencing for searching of profiles on ICE		<u>All Users:</u> • No emails received – is this still required. Please email contact listed	We will happily do this for you – please let us have some examples by emailing ClinicalComms ruh-tr.ClinicalComms@nhs.net
3. How to look at sample flow – whether sample receipted, being processed, etc.	.....<i>Watch this space!</i> 	<u>Trust Users:</u> • The status is updated in the orders part of ICE and Millennium	ICE does not do this but Millennium will, which is due to be rolled out in October 2017.



News from Pathology!

- We are delighted to inform you that all Departments are now UKAS accredited – hence why we can now use the symbol (top LHS). This is a really positive outcome and demonstrates the high quality of service provided by the labs.
- There have been a number of changes, including staff changes, and innovations. Our Speciality Lead, Sarah Wexler is going to write a User Newsletter shortly so we will update you at this time.
- Our most recent survey was completed last summer. We compiled the results and received similar comments to our 2016 survey. The following few pages give you a summary of the results.

We hope you had a lovely Easter and look forward to hearing from you. Please remember that you can provide us with feedback at any time by using the [feedback boxes](#) on the RUH Pathology Website.

Lesley Shipway
Pathology Quality Manager
April 2018
Lesley.Shipway@nhs.net



Summer 2017 RUH Pathology User Satisfaction Survey

User Feedback

Dear Colleagues,

We would like to thank you for providing feedback again and provide a brief over-view of the results generated and the next steps.

The survey was completed in the same way – on line, with pre-set questions that led to a score and ranking with other labs. The ranking was out of 81. There was also an opportunity to provide free text comments. It was completed between July and October 2017 and analysed independently by the RCPATH.

Reponses: response rate dropped from 152 to 49, and may reflect “Survey fatigue.” Out of those 49 we had a much higher proportion of non-medic responses (44%) to previous years. These were received from Primary care, as were the greater majority of Medic responses (28%). Are response rate from the Trust was low (15%). We would still welcome any feedback.

Performance of individual questions:

Question:	Your score*	Rank:	Out of:
“I can trust the laboratory to provide results/reports when I need them”	3.76	10	81
“I am satisfied with the quality of professional advice that I receive from the laboratory”	3.68	39	81
“Professional advice is readily available from the laboratory when needed”	3.41	62	81
“I am confident that urgent/unexpected results will be promptly communicated to me or my cover”	3.45	31	81
“Local systems to collect and transport specimens work well”	2.89	1	81
“The level of out of hours service meets my needs”	2.75	67	81
“I am very satisfied with the phlebotomy services available to my patients”	2.93	28	81
“Point of care testing is well supported by the laboratory”	2.45	69	81
	% 'Yes'		
“Would you recommend this laboratory service to a colleague?”	91.43	53	81

*1 = Disagree strongly to 5 Agree strongly

Common free text comments: we received similar comments to the 2016 survey (see below), so please consider the updated feedback above, from April 2018, on these agreed actions. Again, the responses received relate to both GP and Trust users.

Blood Sciences:

1. Add on tests – make system simpler with ability to phone to add or automatic system. Prevent re-bleeds for add ons.
2. Better alert of abnormal results or electronic download (?as previous) of results. Improve reporting and access to results.
3. Improve TAT especially abnormal results, especially AKIs and phoning abnormal these results promptly.
4. Improve lab support for POCT.

Cellular Pathology:

2. ICE for Histology

Microbiology:

1. Centralised service for improved TAT.
2. Weekend service.

Immunology:

1. Guidance on test ordering.
2. More narrative with results.

Phlebotomy

1. Greater cover – weekends, bank holidays, OPD clinics, etc.

Specimen Transport

1. Later GP pickups, i.e. modernise with traceable/tracking system.
2. Two GP pickups.
3. Improve Pod system – keeps breaking down, not enough pods available.

Advice service and result delivery

1. Greater success to advice and guidance, incl. on which test ordering.

Useful tips on using the Service: it was clear from the responses that we could give you guidance on using our service in some areas:

1. **Why do the labs discard unlabelled samples?** Mostly, when we receive completely unlabelled samples, e.g. blood samples we have to discard them and cannot let you re-label them. This is because we receive a number of unlabelled samples and no-one can be sure who the sample was bled from. It would be too risky to allow you to label it based on who you thought the sample was from. There are some exceptions to this, e.g. Histology samples, but this is the exception and under certain circumstances. We do appreciate how difficult it is to get samples and that they are precious.

2. Where is there information on how to use the service? You also asked for a Lab Handbook. All of our user information is on our web-site. This acts as our Lab Handbook, replacing any hard copy handbooks, and can be found at: <http://www.ruh.nhs.uk/pathology/index.asp?intranet=y>

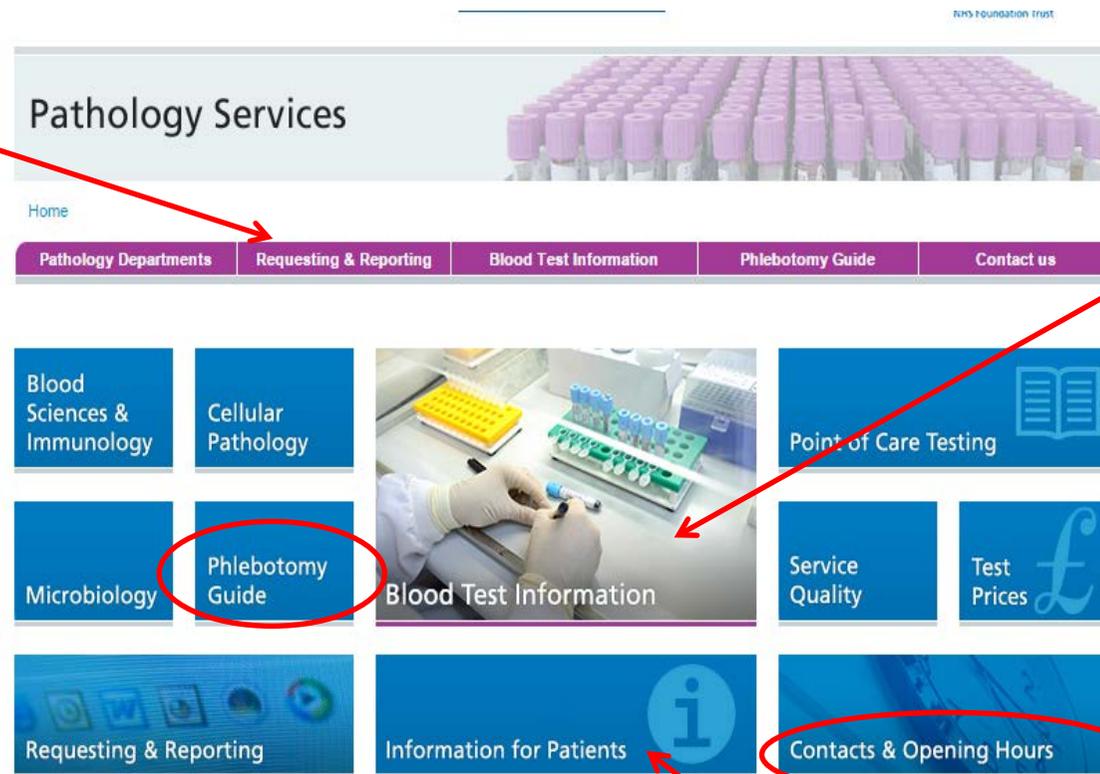
Information for all users on how to label specimen, our Acceptance Policy, including when ICE and Millennium are down (forms, etc. to print).

How to transport samples

How urgent requests are dealt with

How to add on tests

How to get results



Searchable, easy to use database with information on tests completed, bottle type required, turnaround time, special precautions, where tested, interpretation and application, aka, reference range, etc.

There is also information on clinical application of test through Lab Tests Online, which is under "Information for Patients."

There is information for patients, including "how to collect samples" information sheets and the background to tests and conditions through Lab Tests On line.

We are developing this aspect and happy to receive feedback and suggestions to Lesley.Shipway@nhs.net or through our feedback boxes (on each page).

For clinical advice on testing and interpretation of results, etc.