POCT Sub Group Committee Meeting

Minutes of Meeting held on 10th September 2013

Present

Name	Title	Initials
Amanda Speed (Chair + Minutes)	BMS Biochemistry	AS
Helen Witham	BMS Biochemistry	HW
Christine Williams	BMS Haematology	CW

		Action
1.	**Apologies**	
	Beverley Harris, Kirsten Pass, Mary Stubberfield, Matt Brindley, Lesley Shipway, Bettina Deacon, Rebecca Day.	
2.	**Minutes of Previous Meeting**	
	No corrections	
3.	**Matters Arising**	
	a) **POCT Questionnaire:** Summary of responses circulated with minutes from July 2013. A corrective action (CAPA) has been raised in the Pathology Document Management System (QPulse) by HW/LS to record any further actions required. (CAPA/USER/13) The responses received (approx. 60% return rate): i) confirmed areas that have no POCT equipment. ii) Areas with Pathology support are more compliant with training and competency expectations. iii) Results are usually transcribed into patient notes, but more reinforcement required for initialing results and annotating that results were obtained from POCT equipment. HW to discuss the way forward on this with LS eg using ICE front page iv) Some responses received were inaccurate and incomplete A short discussion ensued on whether there is a more useful way of gathering information on POCT equipment and practice that also fulfils CPA requirements. To be discussed at Haem/Bio local POCT meeting (October 2013) b) **Linked Haemocues:** No viable option on this at the moment c) **Urinalysis EQA Dip stick readers:** The 6 POCT dipstick readers sited outside of Pathology will be EQA'd via NEQAS scheme used for routine automated urine chemistries.	HW

	NB Should PHE (formerly HPA) make the decision to move to Boric Acid preservative in the universals, this will interfere with dipstick analysis d) A section of the **Operational Governance Minutes July 2013** are circulated with these minutes. These relate to the presentation given by Beverley Harris (BMH) in support of a more structured approach to POCT management by staff outside of Pathology. AS was also present at this meeting. NB There is no responsible member of staff nominated against proposition to create business case for extra staff to manage POCT BMH emailed Carol Peden last week (Chair of Operational Governance Committee) to ask if she will be chairing an reformatted POCT committee. No response to date. AS has contacted Assistant Director of Nursing (Jo Miller) who offered to do a POCT audit on ITU to highlight areas of concern relating to POCT. No response to date. e) **Pregnancy Strip update:** No progress with business case for dipstick readers. AS to contact areas that use pregnancy sticks to inform re necessity for EQA and to arrange purchase of said EQA. AS to contact rep re dates available for demonstration of pregnancy reader, and invite current users of pregnancy sticks to see if there is any interest in users attending a demo. Increased cost of meter read pregnancy sticks will be the main issue with transfer from manually read method. However, quality benefits should outweigh cost issues. f) **Community Hospital Xceed glucose meters:** Since RUH site transferred to linked PXP meters, community hospitals are more or less unsupported by Biochemistry with their Xceed meters i.e. no longer covered by contract. Biochemistry offering what support they can but do not have ready supply of consumables etc Users are advised to contact Abbott Diagnostics directly with issues that Biochemistry cannot resolve. AS to discuss with Richard Headford a communication that can be sent to Xceed users clarifying the support offered by RUH Biochemistry. This may include some GPs who currently receive EQA samples and iQC. g) CW has emailed M.Redwood (Theatres) who wishes to retain **Day surgery Haemocue** for Hb concentration estimation. h) **Urology PXP:** PXP meter has been issued by Biochemistry and installed with appropriate guidance on use.	AS AS

	i) **BGA incidents on MAU & NICU:** due to clots introduced into analyzer. Possible lack of training issue/sharing of access bar codes. Bar code access has now been removed and staff use individual access codes. j) **PXP meter on Gynae ward;** still awaiting business case from ward. AS to discuss progress of business case with ward. k) **E-learning package** for POCT no progress. Remove from minutes.	
4.	**Trust Policy & Clinical Governance/Risk Management** Non return of EQA from PXP meters: some non returns related to areas with more than one PXP only analyzing sample on one of the meters. Next distribution of EQA (October) will be sent for each meter. The meter serial number will be put onto each individual set of result paperwork. Last distribution there were 17 non-return of results (33%) based on meters. Persistent non returners CANNOT have their meter removed without the agreement of the clinical lead for the area. An email will be sent to all ward managers and link trainers informing on distribution of EQA for analysis. ICE front page may used to inform of glucose EQA distribution.	HW
5.	**Current Equipment Issues** No issues that are not minuted elsewhere	
6.	**New Equipment requests** None	
7.	**Adverse Errors and Incidents** None	
8.	**Compliments and Complaints/H&S etc** Nothing to report	
9.	**Health and Safety** Nothing to report	
10.	**Training** Training 5/9/13 of NICU new start doctors (11 Drs) Haemocue training for Theatres done by Haemocue 27/8/13 (approx 12 staff).	

11.	**IQC/EQA**	
	No problems. Preg EQA all good for July distribution. DCA 1 patient result from comparison study 9% high. All instrument checks OK and EQA running well.	
12.	**Audit findings**	
	Audit of co-oximeter in cardiac centre raised several issues. Main problem the age of the instrument. The co-oximeter would need to be sent back to the manufacturer if a fault/break-down occurred resulting in possible cancellation of theatre list for cardiac catheterization for patient with pulmonary hypertension. This has been recorded as a CAPA in QPulse for AS to address. NB the current co-oximeter still reports Hb in g/dL as the units cannot be changed.	AS
13.	**AOB**	
	a) Abbott attended lab Friday 6/9/13 to discuss PXP meters post implementation. b) John Penny (Abbott Diagnostics) to visit laboratory 16/9/13 to discuss possible removal of glucose EQA and support for Xceed meters as no longer under contract (see above). c) ACB forum has highlighted DKA investigation guidelines that were issued in 2010. Discussions included not using glucose meters for DKA in cases of possible circulatory insufficiency. RUH DKA policy appears to be acceptable. HG aware of discussions.	

Date and time of next meeting: Monday 4th November 10am