

Point of Care Testing Committee Meeting

Minutes of Meeting held on 16th February 2017

Present

Name	Title	Initials
Jo Hodson	ANNP/ Lead Nurse Neonates	JH
Lesley Shipway	Pathology Quality Manager	LS
Rob MacKenzie Ross	Consultant Respiratory Physician	RMR
Sarah Goodwin	Neonatal Practice Development Sister	SG
Amanda Speed	Biomedical Scientist	AS
Mitch Reed	Microbiology Manager	MR

		Action
1.	Apologies Mariann (Critical Care), Di Dorrington, Erica Apps, Carly Giddings	
2.	Terms of Reference and Definition of PoCT Both agreed	
3.	Procurement It was agreed that as much as possible we would maintain a standardisation with equipment throughout different departments, which allows for maximum lab support, staff to use each other's equipment when they have a failure and keep costs of consumables down. Committee requested a list of all PoCT equipment AS to provide Roche blood gas analysers have another 4 and half years left on their contract. Blood sugar monitors are due for renewal this year but we can extend this for another 2 years but the issue needs to be resolved regarding staff's confusion with results that are >28 and <1.3 following coroners court case when a high level had been misinterpreted and the patient did not receive the correct treatment. Abnormal results should always be checked in the lab and currently this is not being done. An audit showed this only happened 5% of the time. It was decided that another staff education was needed. If this problem is resolved then it was felt we could extend this contract as overall there had been few complaints about this product.	
4.	Staff Training Staff training is the responsibility of the ward manager that all her staff are compliant. Bar codes for gas machine are now issued from the labs but they do not necessarily need collecting in	
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	person the ward clerk or another member of staff may go	
5.	Accreditation The issue around the labs gaining accreditation was discussed as this is recognised as giving assurance to the labs and the trust regarding the services provided. This will be discussed further at future meetings	
6.	Incidence There has been a recent fail on the EQA for pregnancy testing strips. The blood glucose analyser and the coroners court as discussed earlier	
7.	Audit As discussed earlier the failure of staff to confirm blood glucose levels take on PXP monitor and confirming with lab.	
8.	PoCT Co-ordinator AS is writing a business plan for a co-ordinator, it was felt by the committee it would be good to have one of these as currently it is difficult for ward staff to know a single approach for support regarding PoCT. It was felt the post would promote audit, governance and training of PoCT	AS
9	Policy Due for reviewing JH will review initially and then pass to AS	JH/ AS
10	Invite to Future Meeting Someone from theatres Bettina Deacon when equipment is being discussed Someone from pharmacy when they are ordering PoCT equipment so that we are aware of what has been ordered	JH

Date and time of next meeting: 13th June 2017 at 1.30pm
12th October 2017