

Pathology POCT Meeting

Notes of Meeting held on 1/8/17

All actions to be completed by next meeting unless otherwise stated

Present

Name	Title	Initials
Amanda Speed	Laboratory Manager	AS
Sarah Street	BMS3 (Haem)	SS
Lesley Shipway	Quality Manager	LS
Annette Hall	BMS3 (Bio)	AH

		Action
1.	Apologies HW, EM, NHo	
2.	Matters arising Discussion on meeting records; governance issues with the Trust for POCT issues causes concern wrt Biochemistry recording ongoing POCT meetings. Meetings since the last QPulse record/minutes (recorded as 2014) have been recorded as notes circulated as emails and not recorded in QPulse. There have been 2 POCT committee meetings within the Trust within the last year, chaired by JHo. Post meeting note: the most recent minutes from the Trust POCT committee are not yet available on the RUH intranet. JHo has forwarded them to Tim Kraft (Medical Director) and will request they are put onto the intranet.	
3.	Previous Minutes No corrections. See also above noting concerns on the records for these meetings.	
4.	Actions <ul style="list-style-type: none"> AS has presented POCT BC to surgical board. Further meeting with LM has resulted in suggestion of a 12 month trial post. This position would sit within MEMS. This is not acceptable in terms of the responsibilities of this post and the input that would be necessary from Pathology. MO is taking this forward with LM. The issues with poor performance of K+ on the respiratory gas analyser were discussed at Trust POCT committee (Minutes not yet available, see above). CRP meter for Children's unit discussed at Trust POCT 	

	<p>committee. Support for this is not available from Pathology without additional staff time (eg POCT Co-ordinator)</p> <ul style="list-style-type: none"> Blood ketones went live on PXP/FPP meters for Parry, MAU and ED from this week. This has been co-ordinated by Ainslie Lang (Diabetes specialist nurse). Children's ward have been using blood ketone sticks since the Abbott contract started. Abbott Precision web server has been successfully upgraded to UniPoCT. This was co-ordinated by RUH IT dept. and IT at Abbott. Information relating to the Roche poor response to laboratory gas analyser issues ongoing. (This is not a POCT analyser and therefore this item will be removed from this agenda). 	
<p>5.</p>	<p>Budget</p> <p>BGA cross charging (consumables) has been discussed with PW (Finance) and he is checking correct arrangements are in place. AS has meeting with PW tomorrow so will follow up on this. Post meeting note: these monies are cross charged at the start of the financial year</p>	
<p>6.</p>	<p>Operational Performance</p> <ul style="list-style-type: none"> Trust POCT policy has been updated by AS and JHo, currently undergoing ratification. This will be discussed at POCT sub-committee meeting 13/6/17 (See Pt 2 below – Developments) Poor K⁺ on respiratory BGA. EQA poor. DATIX raised for every poor distribution. JHo has contacted Respiratory to try and ensure the potassium results are not used for patient care pathways/treatment. To be raised at tomorrow's POCT sub-committee meeting. NHo to check if this Datix has been closed. Trust POCT Policy still needs to go through the ratification process. JHo to progress this (AS has emailed JHo about this). XNL FBC analyser is to be placed in phlebotomy room in A12. This will include the table which supports it. The aim is to improve patient TAT. Results will be authorised remotely by Haematology staff within the laboratory. Phlebotomy staff will be trained by Haematology BMS staff to run iQC, run the sample etc. The issue of traceability of results (which analyser was a sample run on) and notification that this analyser was outside the scope of the recent UKAS inspection need to be addressed. 	<p>AS</p> <p>NHo</p> <p>SS/NR</p>

	<ul style="list-style-type: none"> POCT audits were discussed: Quality audits have not been performed since 2014. These have been scheduled and started. (Gap due to governance issues with POCT). Haem audits: CoaguChek audits from Dec 2016 and Feb 2017 need to be closed. 2 Haematology BMS staff are to be audit trained to support audits and support clearing overdue audits. Audit: include 'reactive' in the title of audits scheduled in response to other audit findings. This is a positive indicator of review and action. 	<p>AS/AH</p> <p>SS</p>
7.	<p>Developments and Organisational Change</p> <ol style="list-style-type: none"> Request for CRP POCT meter by email (Children's Assessment Unit, Lynn Diskin) AS responded advising of basic protocols and MEC pathways and possible additional costs. To be taken to POCT sub-committee 13.06.17. Discussion on access to POCT sub-committee minutes - ?save a copy of QP under POCT minutes. These should be saved on POCT website/RUH intranet AS to discuss with JHo Blood ketones: AS reviewed the minutes from ketone meeting (08.03.17). See minutes and pathway attached. Pathway has been amended by Pathology (AS & BMH). AS to locate second set of Ketone minutes and attach to these minutes. HW has raised some urgent CRs against the ketone competency. LS to look at these asap. Has EQA been set up for the meters doing ketone analysis? HW/NHo to check. Server upgrade to Unipoc scheduled for 3-5 July 2017. POCT section is not currently transferring to ISO standards as RUH Trust is currently not working towards ISO POCT accreditation in a scheduled way. NICE guidance on using dipsticks for CKD for ACR not required as the lab provides this service. (See attached email). 	<p>AS</p> <p>AS</p> <p>AS</p> <p>LS HW/NHo</p>
8.	<p>Clinical Governance & Risk Management</p> <ul style="list-style-type: none"> AS has reviewed all outstanding DATIX actions relating to 	

	<p>poor EQA performance or non-submission of results prior to April 2017. (see attached)</p> <p>AS has clarified with Risk Management that it is OK to close those DATIXs relating to EQA 'poor performance', non-returns etc as these are not going to be actioned by Datix Manager so long post event.</p> <ul style="list-style-type: none"> • ITU DATIX submitted 12.06.17 highlighted low glucose levels on ITU BGA (Radiometer) 0.6 mMol/L not being communicated within the ITU team. The concern was about how low reliable Radiometer BGA glucose measurements are. Please note: Biochemistry were not involved in the validation of the Radiometer BGA outside of advising on how many results would be required for comparison of old and new equipment etc • Use of emergency numbers on glucose meters re-audited; SOP to be checked and outcome of audit to be raised at POCT sub-committee (13.06.17). INTAUD/POCT/132. • Scanning of wristband patient ID to be investigated. This is related to the above item and should improve patient traceability of results by allowing consistency of patient ID within the Precision web server. Currently mainly inaccuracies with patient ID or it not being used. 	
9.	<p>Complaints</p> <p>Laboratory complaint to Roche re: poor response to A&E BGA downtime. Roche have responded and an investigation is ongoing within Roche.</p>	
10.	<p>AOB</p>	
	<p>Abbott have sent an invitation for next business review meeting (29/9/17)</p> <p>Date of next Trust POCT committee October 2017</p> <p>The UKAS scope could be extended to include the new FBC analyser under laboratory accreditation if required. (Does this move this equipment from the POCT directory)?</p>	

Date and time of next meeting: To be arranged (LS)