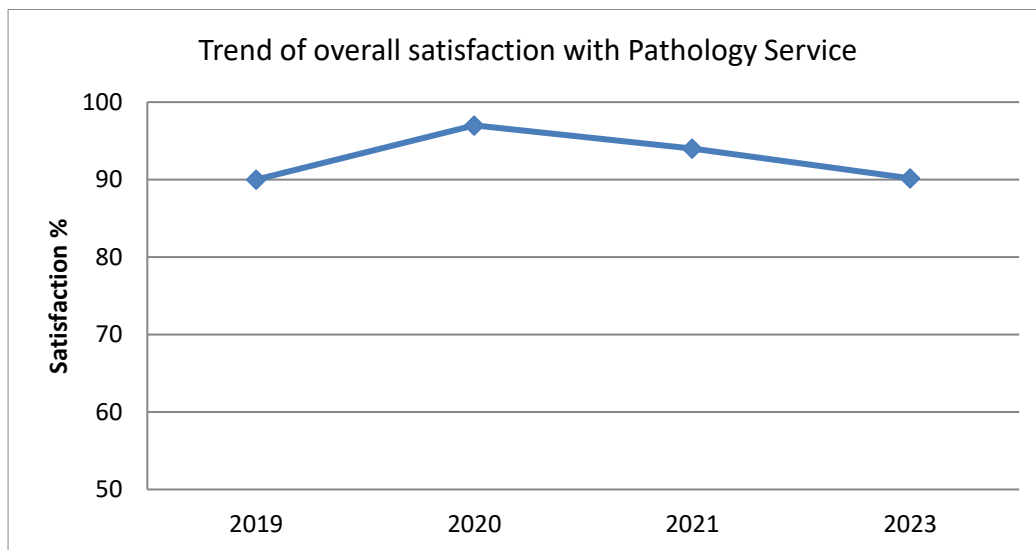


PATHOLOGY USER SATISFACTION SURVEY 2023

This year's (2023) user survey was distributed in March 2023 to both Primary and Secondary care users. The return rate was much higher than the previous year's user survey. One hundred and thirteen responses were received, of which 39 were received from primary and 74 from secondary care.

The survey has shown that there has been a decrease in the percentage of users who are satisfied with specific aspects of the pathology service provided. The overall satisfaction percentage (93%) is however comparable to the satisfaction percentage calculated in previous years.



The overall satisfaction percentage for Pathology services provided is calculated from combining the responses for 'exceeded expectations' and 'met expectations' which were 30% and 63% respectively

Areas for improvement as rated by our users

Twelve (16%) Secondary Care service users stated that the pathology service was below their expectations. This is in contrast to Primary Care responders who stated that the service either met or exceed their expectations.

Forty one percent (n=24) of Secondary Care respondents' comments related to the lack of, or requirement for reintroducing, the add-on service.

Improvements requested by Primary Care service users were more diverse than those requested by Secondary Care. No obvious trends can be identified from the responses received.

In an attempt to meet the needs of our service users, we may contact individual respondents for further information regarding their suggestions of service improvements.

All Pathology departments regularly monitor their urgent work turnaround times as a key performance indicator (KPI) and often these meet the Royal College of Pathologists Lab KPIs and the KPI targets set out in the National Pathology Quality Assurance Dashboard (PQAD).

Survey Questions Asked

The survey questions are designed to fit areas which we feel are most important to our users. The questions asked for this survey were:

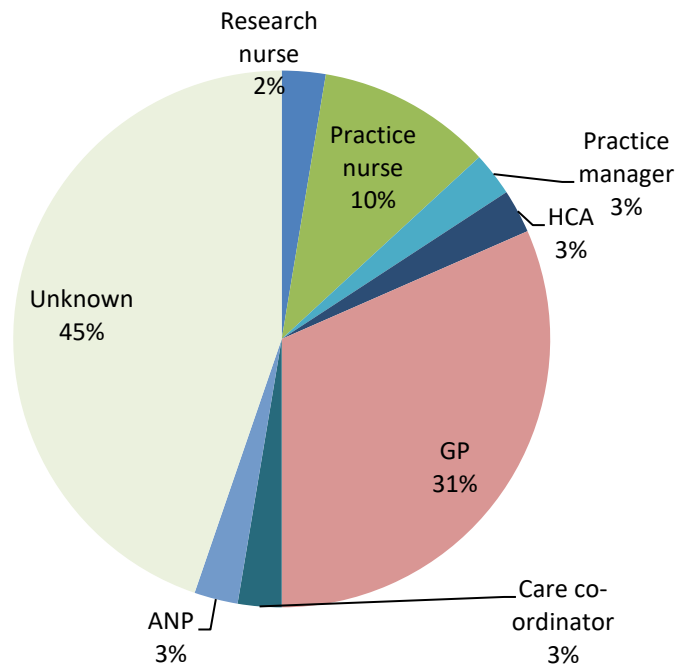
- How satisfied are you with the range of in-house tests available?
- How satisfied are you with the availability of information relating to the requesting of tests?
- How satisfied are you with the turnaround time for urgent/critical results?
- How satisfied are you with the out-of-hours service, including: on-call; weekends; and evenings?
- How satisfied are you with the availability and content of clinical advice?
- How would you rate Pathology services overall?
- Are there any improvements that you would like to see in the service provided?

Author: W. Vietri	Q-Pulse Reference number: USER/28 (CAPA Module)
Approver(s): Pathology Management Group	Page 2 of 18

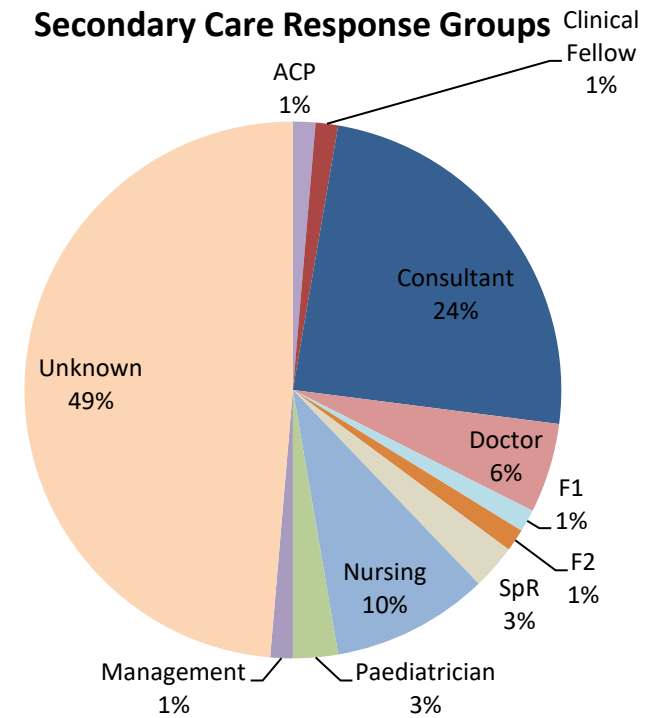
2023 Response Groups

The respondents self-identified as working in the following staffing groups (charts below). The improved engagement with the survey this year demonstrates a good cross-section of staff groups providing feedback.

**2023 Pathology User Survey -
Primary Care Response Groups**



**2023 Pathology User Survey -
Secondary Care Response Groups**

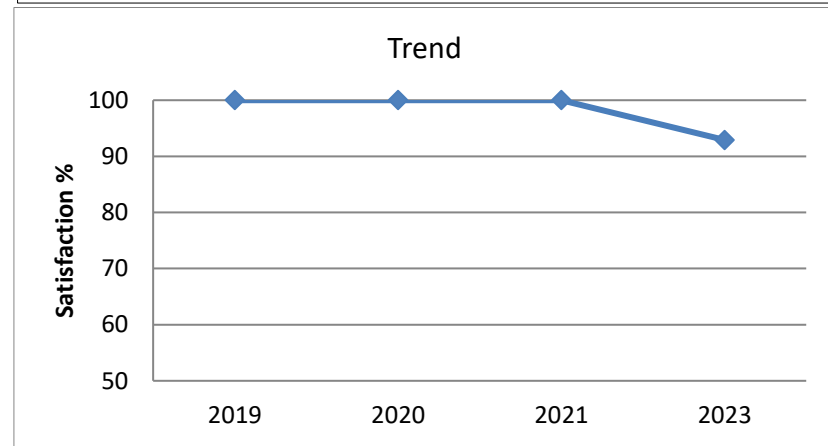
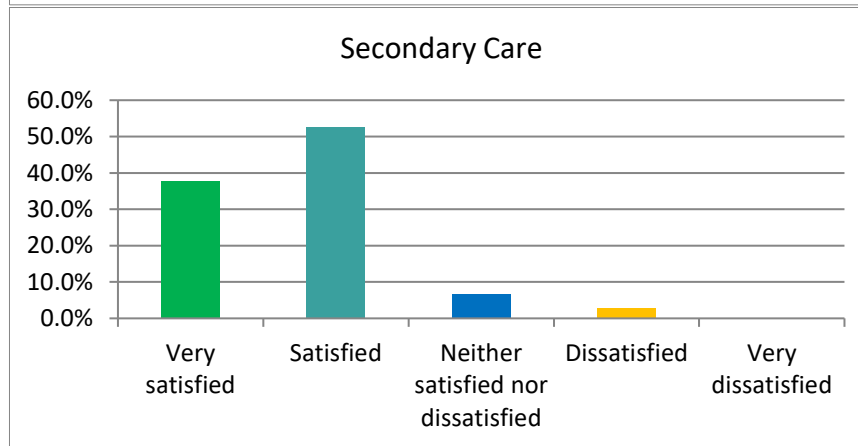
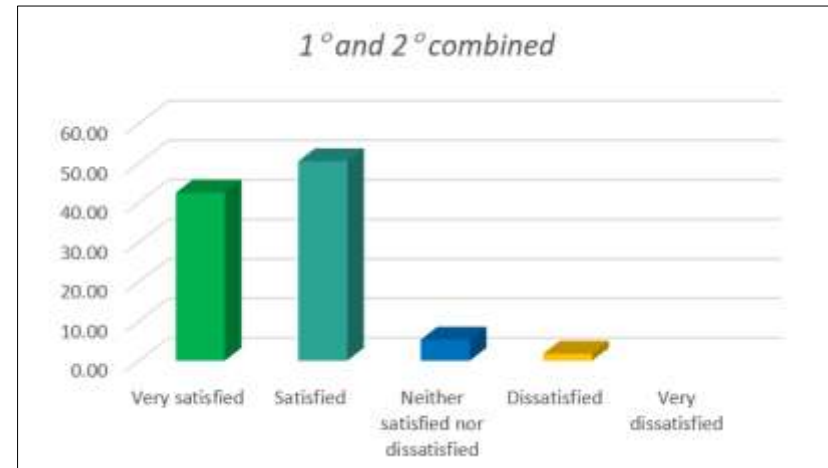
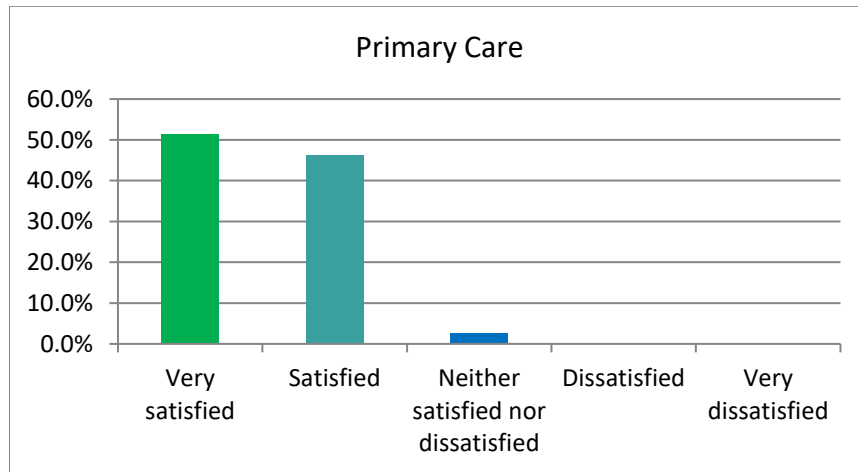


2023 Survey questions and Results

The performances on individual questions for this 2022/3 User Satisfaction Survey are detailed below, trended against those responses received in 2021/2. This enables Pathology to benchmark performance against the previous year, and identify trends over time.

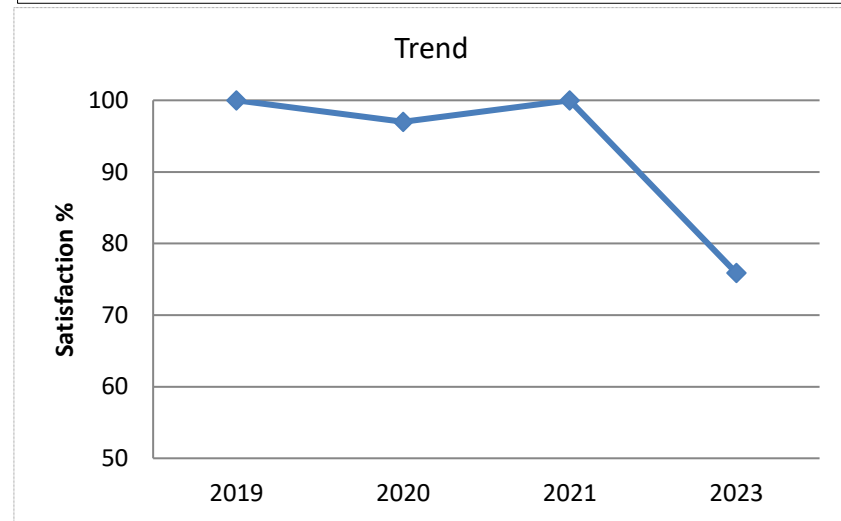
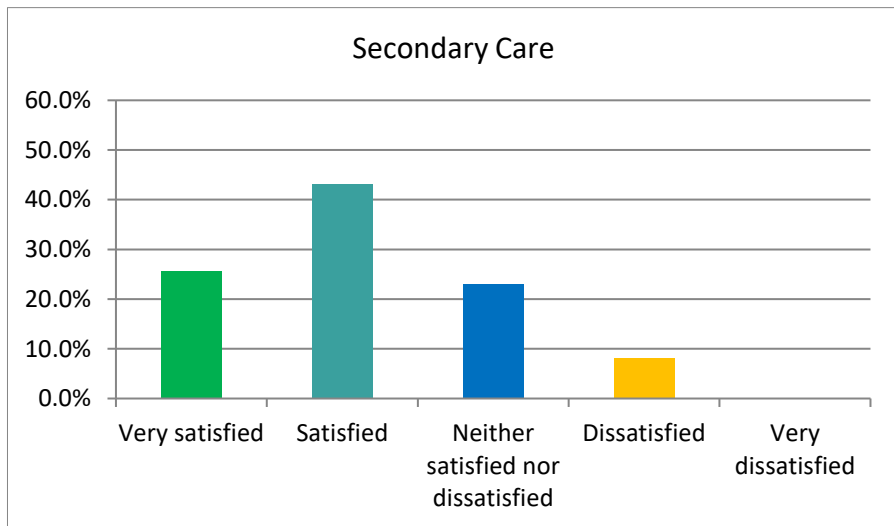
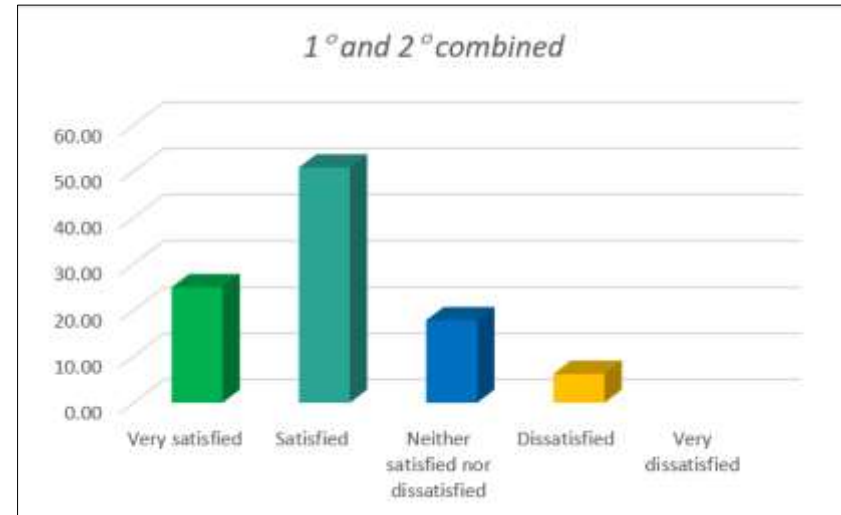
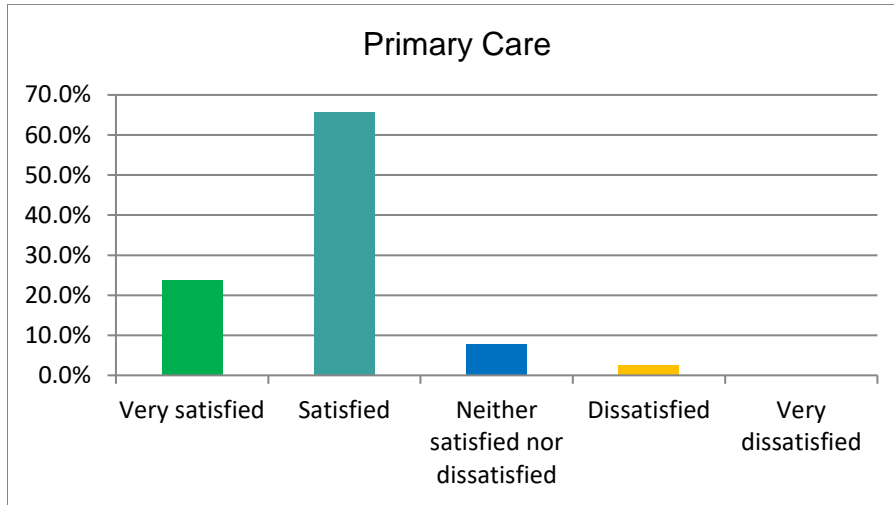
Question 1

How satisfied are you with the range of in-house tests available?



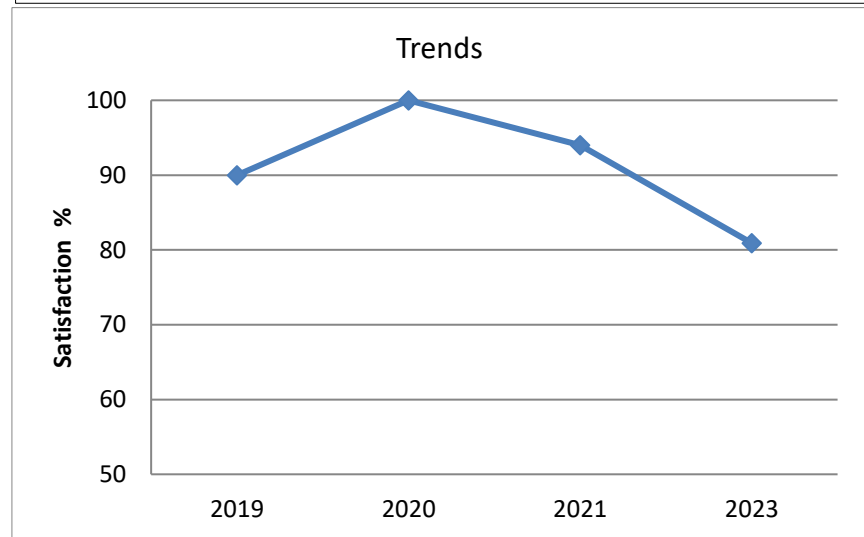
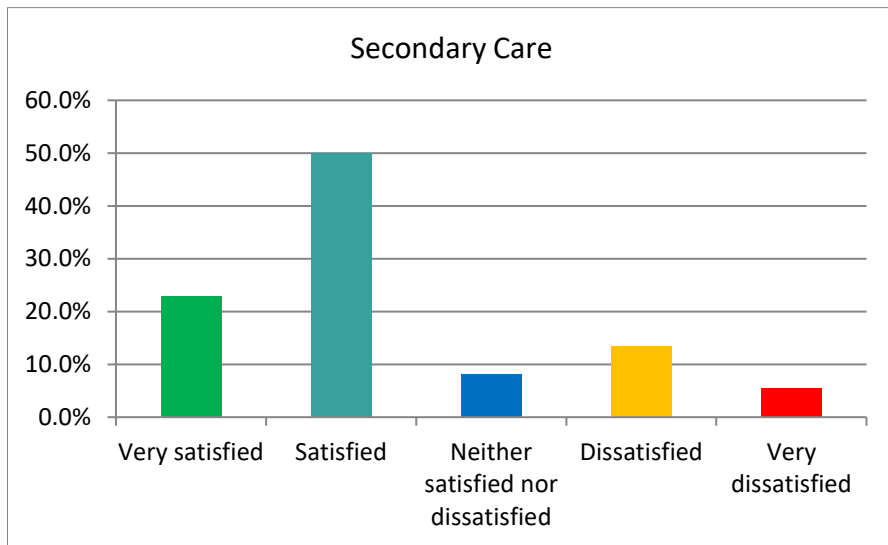
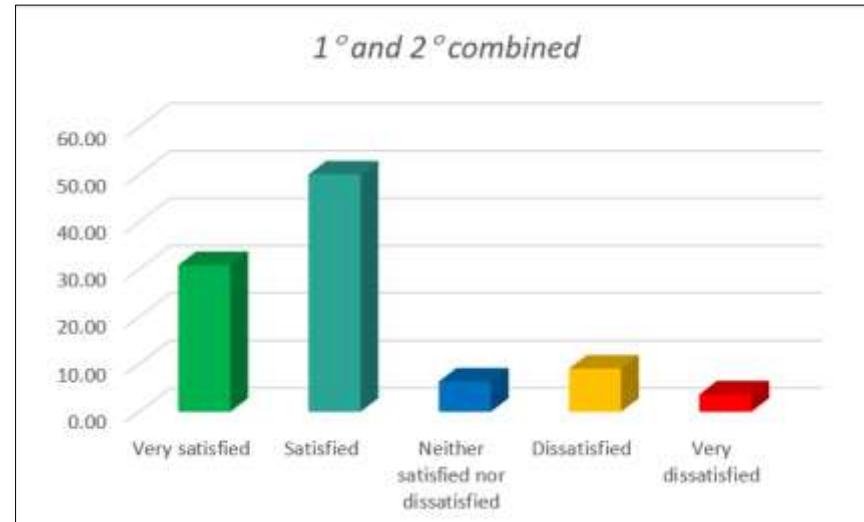
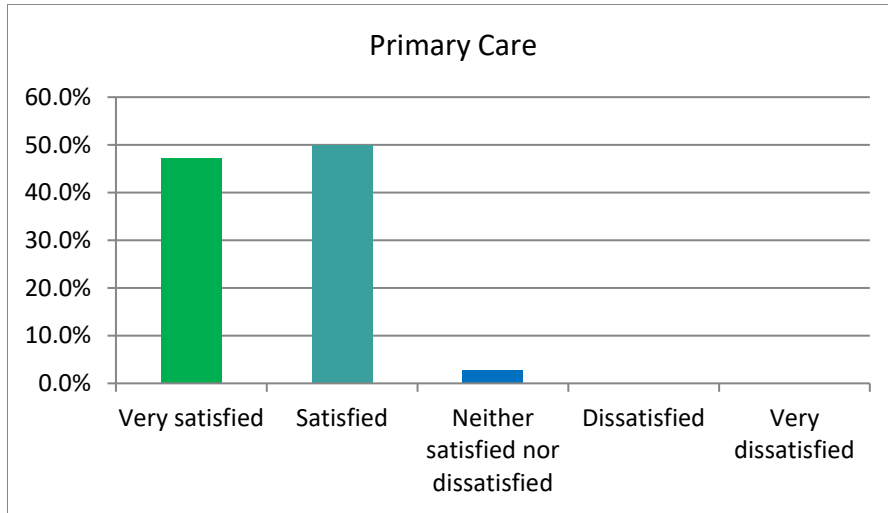
Question 2

How satisfied are you with the availability of information relating to the requesting of tests?



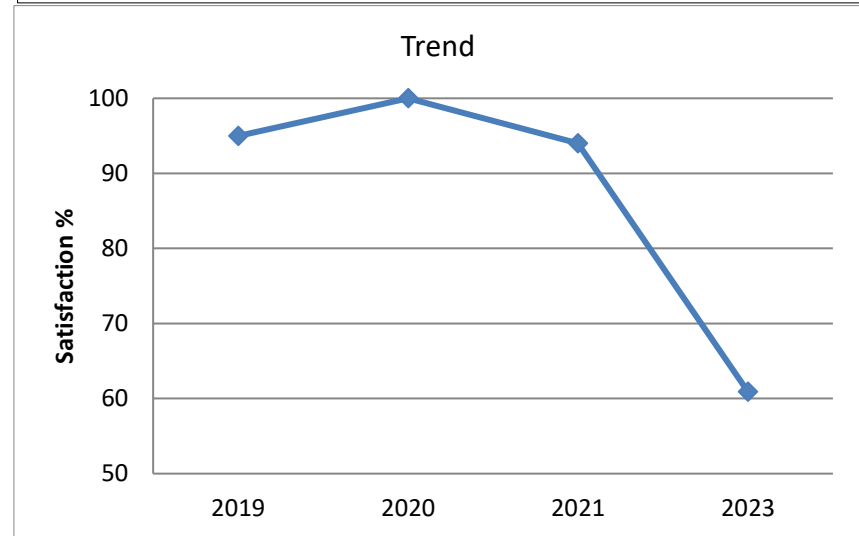
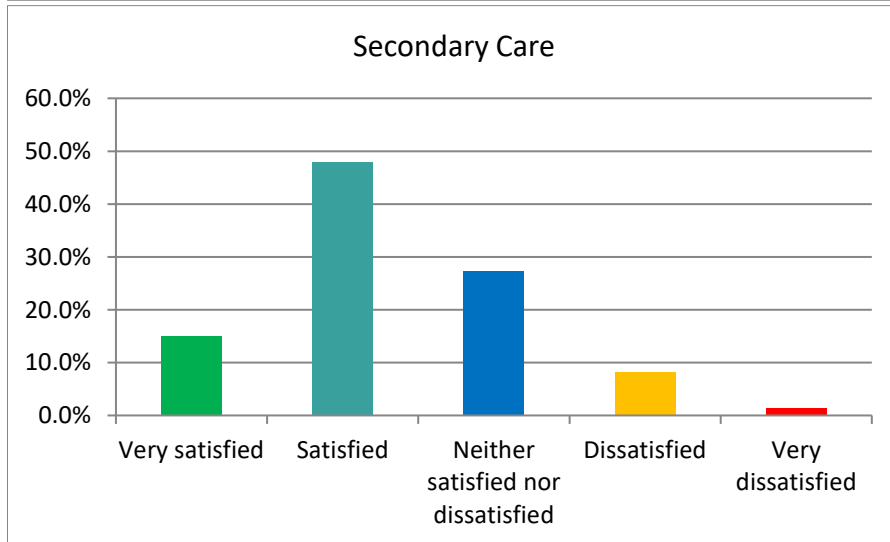
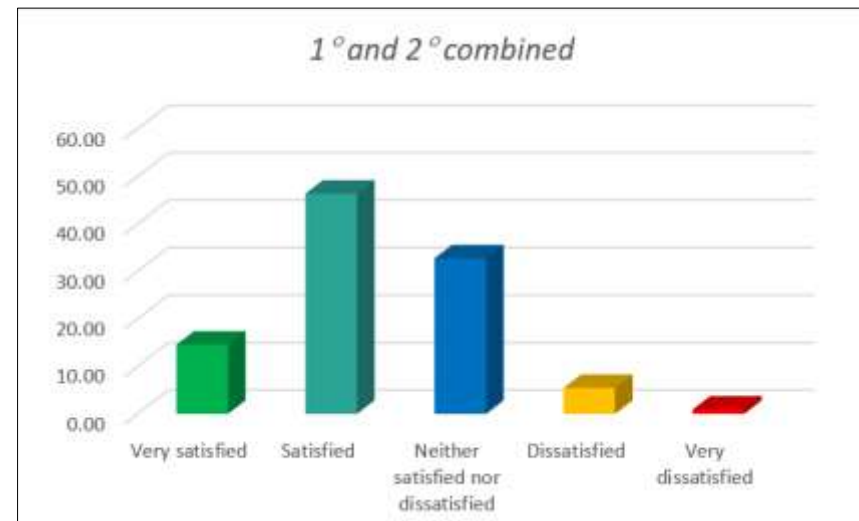
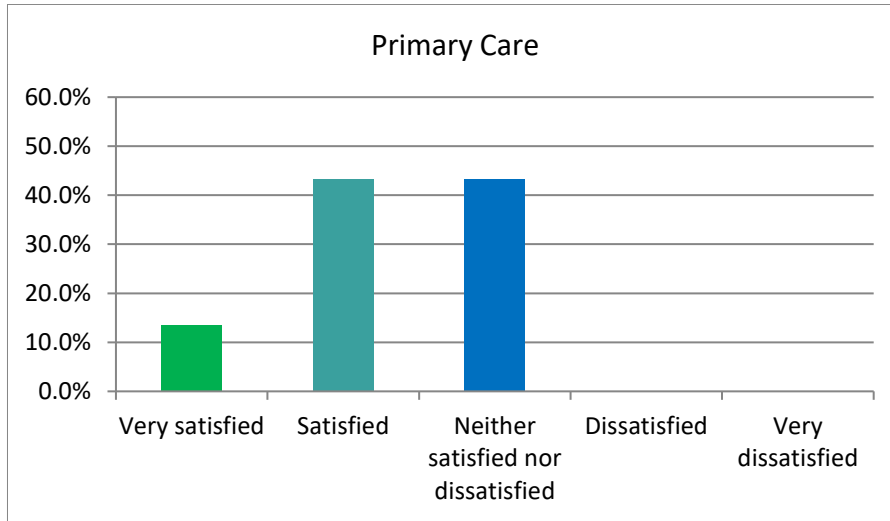
Question 3

How satisfied are you with the turnaround time for urgent/critical results?



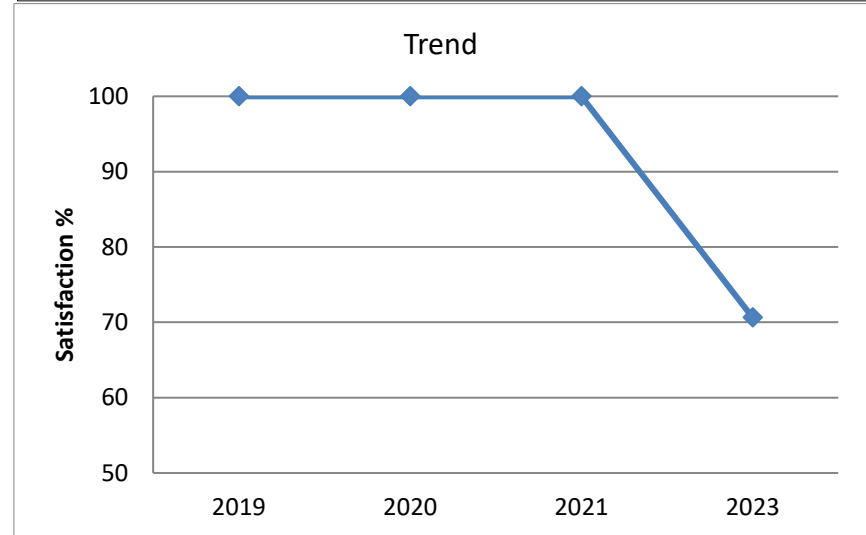
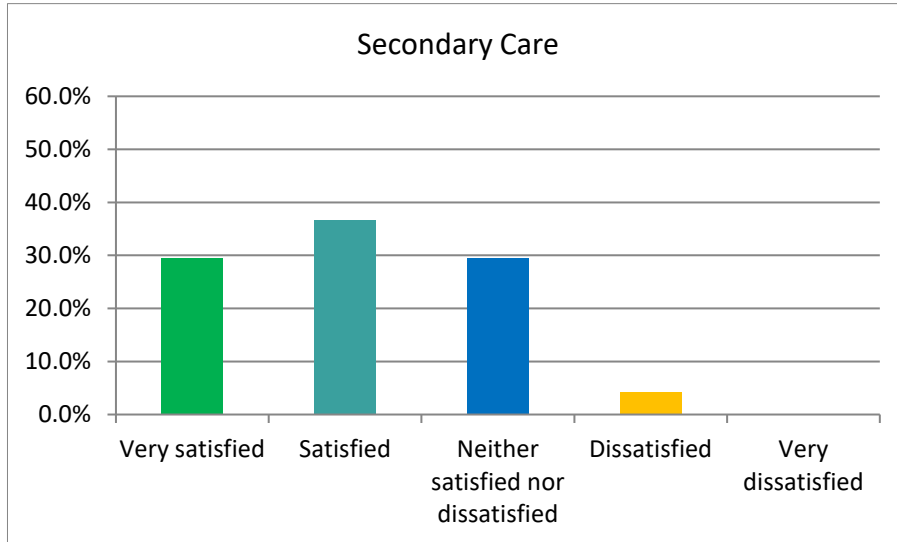
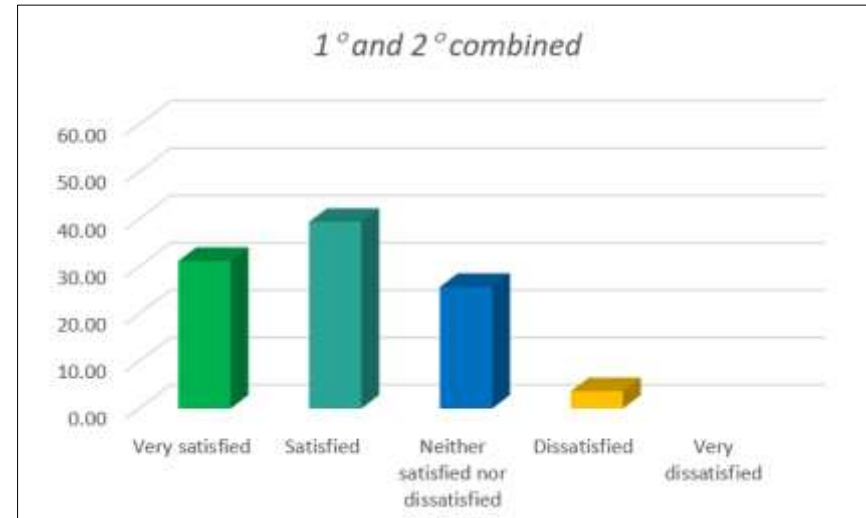
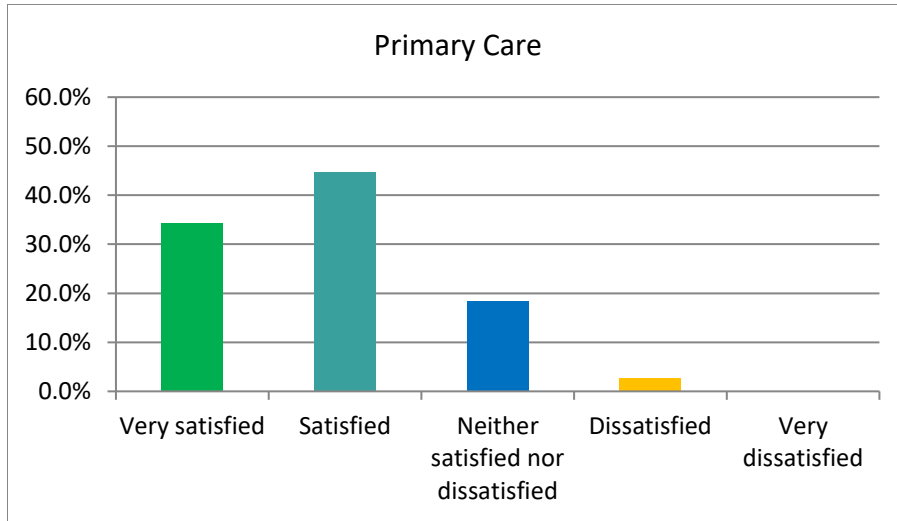
Question 4

How satisfied are you with the out of hours service including on call, weekends and evenings?



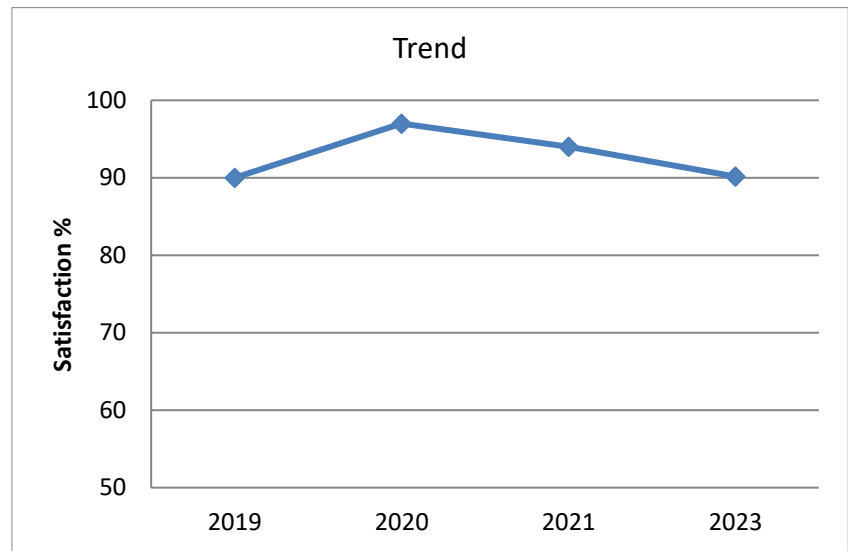
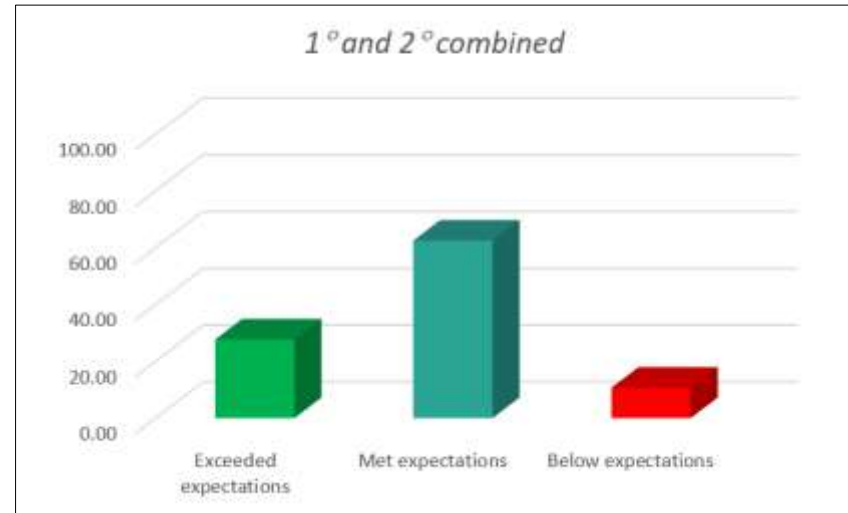
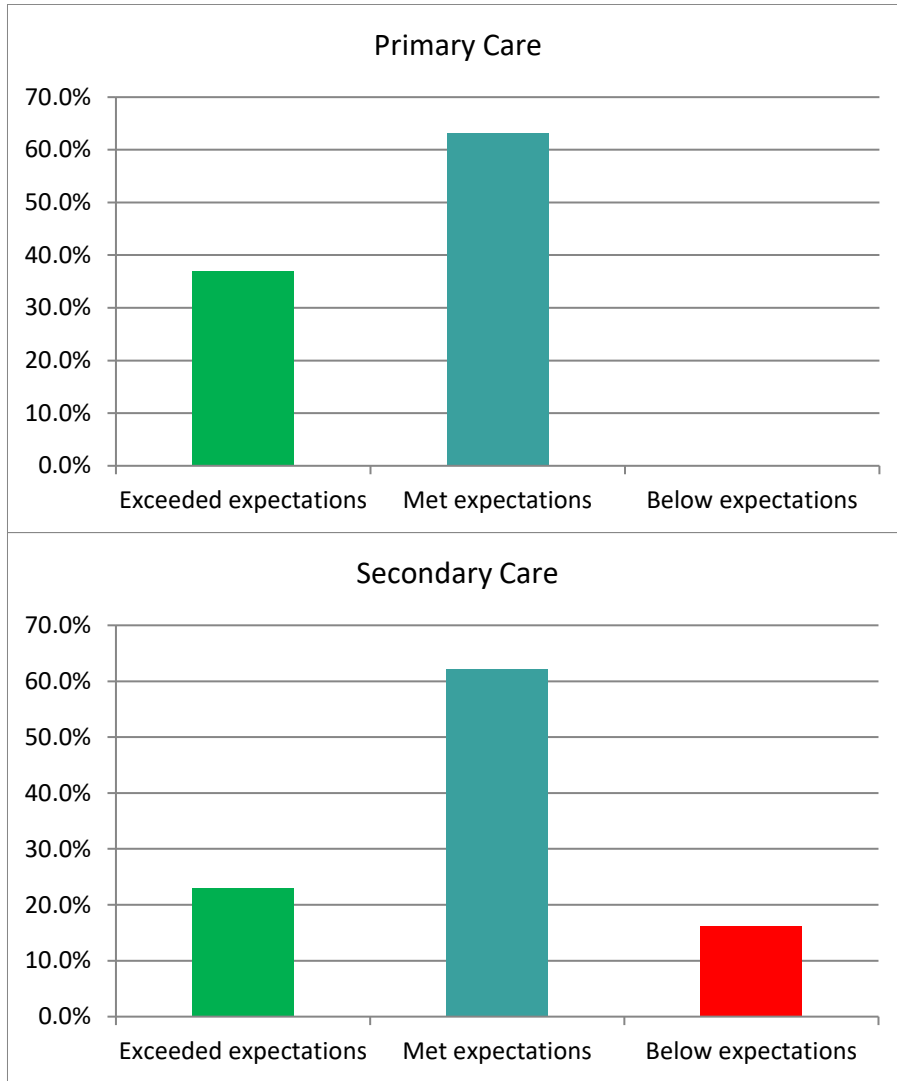
Question 5

How satisfied are you with the availability and content of clinical advice?



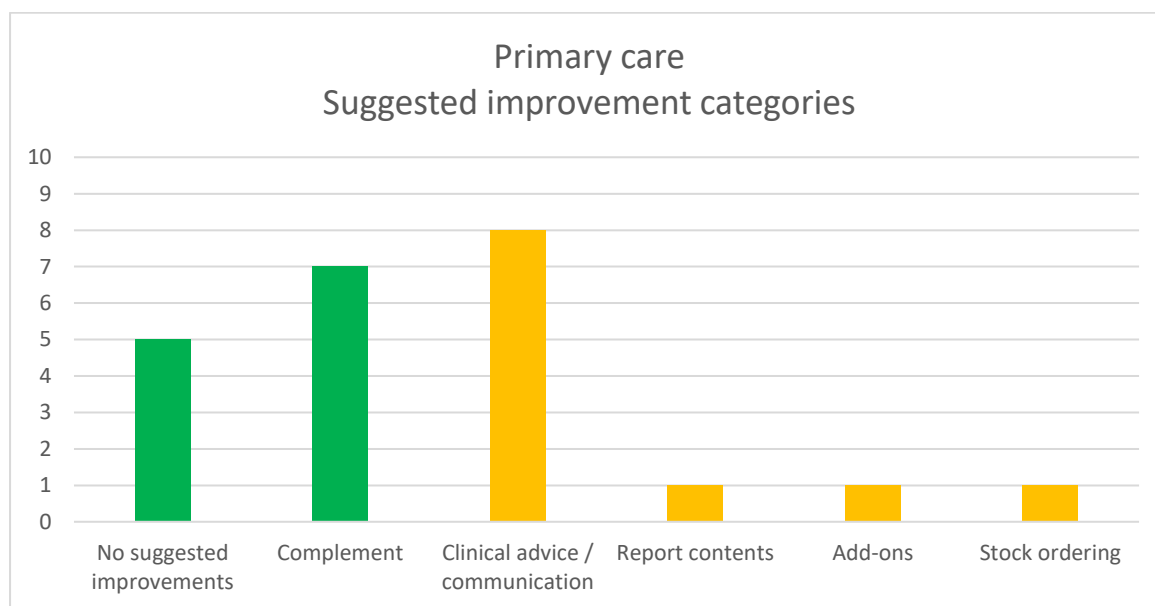
Question 6

How would you rate Pathology services overall?



Question 7

The final part of the survey, **question 7**, relates to suggested improvements within individual disciplines or service areas. This question captured free-text answers of areas you would like us to improve, which are summarised below. Individual comments and responses can be found within the appendix.



The majority of respondents to this question identified areas where communication / clinical advice provided by the laboratory can be improved. This includes the communication of results and advice provided by clinical staff. It is worth mentioning that the Clinical Biochemistry Team were complimented for their availability and support. Users felt that the support provided by Haematology was not as good as Biochemistry, with one user requesting more readily available Haematology advice.

Suggestion / Requirement	Action taken / Comments
Communication / Clinical advice	The laboratory has a documented Telephone Policy stipulating which urgent/abnormal results require telephoning. Telephone limits are set in accordance with the communication of critical & unexpected pathology results guidelines of the Royal College of Pathologists. The communication of critical results are regularly audited and performance monitored.

	<p>On average 98% of critical Haematology and 100% of critical Biochemistry results were telephoned within 2 hours during 2022/3.</p> <p>The Pathology Management Team are aware that the Pathology Website requires a review of the format and information available. The aim is to have this complete by the end of 2023.</p> <p>The existing website contains departmental and clinical staff contact details. How to obtain clinical advice is to be made available and easily accessible on the current website.</p>
ICE profiles	<p>All comments relating to the increased availability and suitability have been forwarded on to the Pathology IT team. Following assessment, appropriate updates will be actioned.</p>
Stock Ordering – Failure to notify service users of stock shortages or orders not being actioned.	<p>In the event the laboratory is unable to fulfil an order due to stock shortages an 'Out of Stock' notice should accompany the remainder of the order which has been fulfilled.</p> <p>Orders are processed in date order and level of priority. In the event an urgent order is required, please place the order on ICE and email ruh-tr.ClinicalComms@nhs.net clearly listing your requirements and urgency of the request.</p> <p>The laboratory will investigate an alternative means of communicating supply shortages and/or delays.</p>

Compliments - Primary care

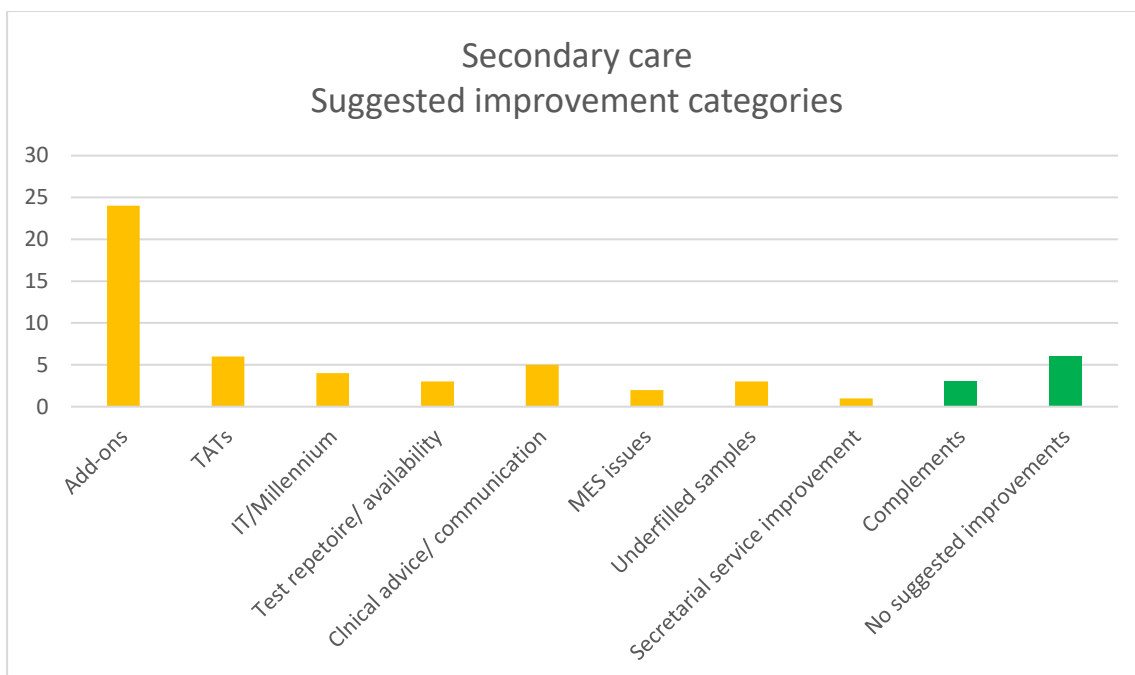
Excellent Biochemistry support, Haematology support less good.

Communication much improved. Issues with stock and ordering, but this has also improved.

Open communication and willingness to respond to changing practices ongoing. It is good working with you as a team to benefit the patients

None at all. All doing a fantastic job.

Every time i have rung up to speak to someone to query a test the advice/help has always been prompt, friendly and excellent.



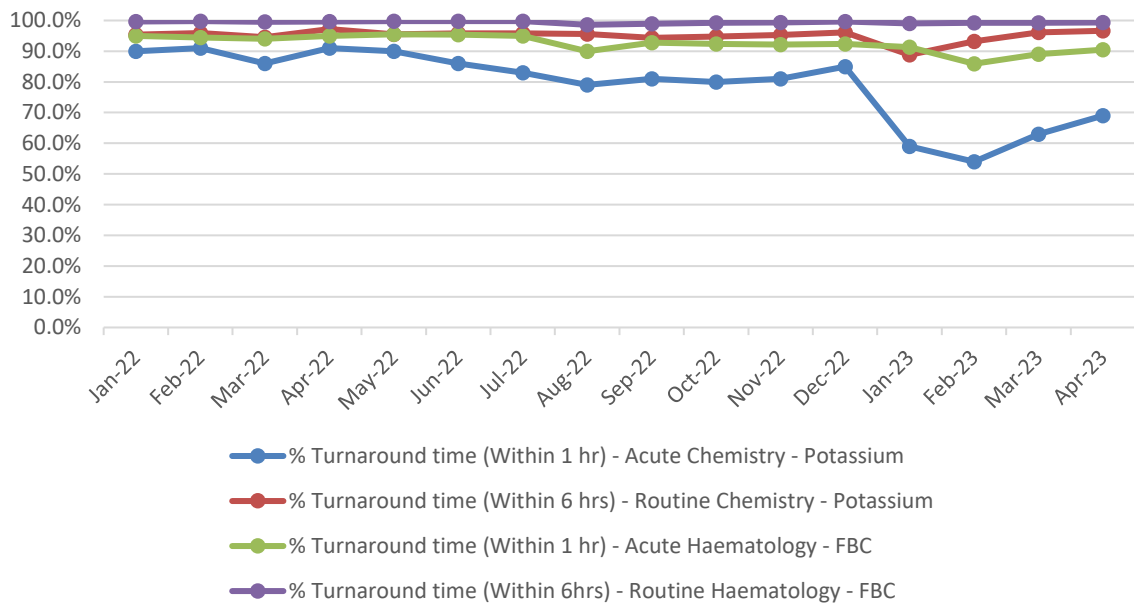
The majority of respondents to this question indicated the need for the re-introduction of the assay add-on service. This service was suspended during the implementation of the Biochemistry MES equipment. The service was re-introduced on 9 May.

<u>Suggestion / Requirement</u>	<u>Action taken / Comments</u>
Re-introduction of the add-on service	Ability to add on tests re-introduced on 9 May
Access & availability of clinical advice	<p>The Pathology Management Team are aware that the Pathology Website requires a review of the format and information available. The aim is to have this complete by the end of 2023.</p> <p>The existing website contains departmental and clinical staff contact details. Instructions on how to obtain clinical advice to be made available and easily accessible on the current website.</p>
Improved Turn Around Times	<p>Turnaround times (TAT) for assays are regularly audited.</p> <p>Haematology reduced urgent TAT performance following MES equipment go-live (Aug-22) with a downward trend Aug-22 to Feb-23.</p> <p>Biochemistry reduced TAT performance following MES equipment go-live (Jan-23).</p> <p>Persistent IT server instability has been a contributing factor to reduced TAT performance. Server replaced Mar-23.</p>

Positive trends seen in both Haematology & Biochemistry Mar-23 - Apr-23. Likely due to increasing experience in working with new analytical equipment and IT server improvement

Significant positive impact expected following the installation of the Blood Sciences track, installation due Q3 2023. System should then meet Tender Specification and KPIs.

Turn around times
Blood Sciences



Complements – Secondary care

I think the speed with which histology samples are turned around in this trust is exceptional - the best compared to all other trusts.

No improvements. You are brilliant!

Just to say that the clinical advice is excellent - particularly micro (including weekends) and biochemistry.

Closing Remarks

Thank you for taking your much valued time to complete our survey. We realise how important your feedback is to our continued improvement and success. We hope to have your engagement in further surveys as they are used to help shape our service to meet your needs.

We welcome you to leave feedback about our service delivery at any time – to do this, please visit:

https://www.ruh.nhs.uk/pathology/quality/tell_us_what_you_think/form.asp?menu_id=2

If you have general feedback about Pathology services please email: wayne.vietri@nhs.net

Author: W.Vietri	Q-Pulse Reference number: USER/28
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Appendix

RUH Pathology User Survey Comments & Responses

<u>Summary of comment</u>	<u>Laboratory response</u>
Inability to add-on tests	Add on service re-instated 09 May 2023.
Consider how PCR for IPC could be provided overnight	Pathology Services Manager contacted respondent seeking clarification of what assay is required.
Emergency department disappointed in the Turn-around times (TAT) for Troponins together with an increase in coagulation samples being rejected as underfilled.	Laboratory Director held a meeting with the respondent. Respondent now happy with TAT. There may have been some early problems with the implementation of the new laboratory analysers.
<ul style="list-style-type: none"> - It is not always clear what time a sample was taken. - Ordering and issues with results on Millennium still not great 	<p>Not clear the time the test was taken: probably relates to the person taking the sample not marking it as collected – this is an ongoing issue that has been raised as a Trust Risk. It would be easier searching for a test, but do not have this option in Millennium. Laboratory Director requested that ICE gets re-instated for Pathology tests. Order sets to be setup if ICE is not re-instated.</p> <p>The laboratory plans to improve staff knowledge of Millennium and plans to setup more order sets – if ICE is not re-instated.</p> <p>Information to be added as risk on Risk Register.</p>
<ul style="list-style-type: none"> - Easier to get through to someone on the phone - Uncertain on how best to obtain advice from our service. User tends to go via switch board. Suggested that if there is a better way we should raise awareness. - Not always sure where results will be found on Millennium - Suggest reference ranges could have more details. 	<p>A pathology Quality Objective this year is to make improvements to the Pathology website. The Laboratory Director has updated the induction app that junior doctors use. The laboratory is to consider Cinapsis again and implementing a help desk/answer phone.</p> <p>Pathology Services Manager has already made enquiries about a new telephone answering system. The laboratory is also considering a pathology app. This is to followed-up through the Pathology Management Group</p>

- **Suggest abnormal results could be linked to intranet resources**

Following assay changes in January there has been an increase in the unavailability of assays due to jaundice.

Laboratory Director followed up with respondent

More help minimising blood loss in preterm babies

Laboratory Director followed up with respondent. An improvement project is already underway.

- **Histology results do not getting reported electronically to Millennium account. Concern whether urgent results can be overlooked/missed until paper copy arrives.**
- **Could Histology requests be made via Millennium so that results are automatically uploaded to a user's Millennium account?**

All histology reports get uploaded to the patient record on Millennium. Results however do not currently go to the endorsing system because orders are not created on Millennium.

A project for ordering histology on Millennium is due to commence with a target go-live date before January 2024.

CCP and HLA B27 results could come back faster

Anti-CCP is not an urgent test and the turn-around time as stated on our website is 14 days. Immunology currently run this assay once per week

The HLA-B27 assay is sent away to the H&I laboratory at the NHSBT in Filton. There is a 21 day turnaround time for this assay as stated on the pathology website. There has, until recently, been a single point of failure within the RUH lab with regards to result validation, which has previously resulted in delays. To mitigate this risk there was an additional member of staff trained to perform the validation, and the aim is to increase the number of trained staff further within the next few months.

Communication from the labs if samples are destroyed or unusable especially when not a general practice error.

This has been discussed and will be actioned via Clinical Governance. Pathology Operations Manager to do an A3 at a later date.

Request to make OPAU/OPRAA the same priority as ED, MAU and other admitting/assessment areas

Samples from these locations are processed as urgent. Change requests to standard operating procedure logged within quality management system.

Ordering and issues with results on Millennium are still not great. A greater understanding by Pathology staff of how results appear to clinicians on Millennium may help.

Laboratory Director followed up with respondent

Ongoing issues with citrate samples being either under or overfilled resulting in re-bleeding of patients sometimes up to 4 times. Is there any information on how to take a good sample for citrate as either too full or underfilled?

We are assessing data to determine whether our laboratory is an outlier within our Pathology network

- It would be useful to have microbiology advice directly documented on Millennium.
- There is concern that Microbiology requests at weekends get lost between the RUH and Bristol.
- Virology advice is often difficult to obtain

Having microbiology results documented on Millennium was something that was in progress but has been suspended due to the lead moving Trusts. This will get followed up.

The reported losing of samples at weekends and difficulty in obtaining Virology advice will be followed up through Clinical Governance

Primary Care Pathology User Survey Comments & Responses

Summary of comment

Laboratory response

Excellent Biochemistry support, but Haematology support less good

- Biochemistry support excellent – thanks
- Haematology support not so good – Staff shortages have played a role in the support the department is able to offer. The Laboratory Lead Consultant is writing guidelines and removing mean platelet volume from the Full Blood Count report. She has done an educational seminar for GP focus to help them understand why we can't change or remove all the indices reported. We will continue to monitor through GP interface group and will discuss, as a network, what else can be done.

Occasionally very abnormal results not phoned through to the surgery. Significant number of abnormal B12s recently.

Telephone limits are set using RCPATH guidance and we have 100% compliance with this. Occasionally GPs are not aware of the

criteria we use and may expect to be phoned below the thresholds.

Failure to notify when stock is not being sent, can go weeks without delivery of pathology stores.

This will be assigned as a quality improvement project for the new Deputy Blood Sciences Manager.

Request for lipid results to include non-HDL reduction percentages. Reporting of FIB4 or NAFLD also requested.

- Non-HDL % reduction – discussed with Biochemistry IT leads.
- FIB4 calculation – put on hold due to complexity.

Delay in very abnormal U&E results being sent through to primary care. It seems the sample is probably sent off for verification, and we may get a telephone call but it can take two days before the result is available and visible on ICE in primary care.

- Delays in abnormal results being sent out – Yes, abnormal results go for clinical validation. There is a risk v. benefit evaluation here and the benefit of not receiving incorrect results and benefit of interpretation is felt to be worth it. The overall turn-around time complies with RCPATH target of 24 hours. If there is a specific worry please contact the laboratory so that we can investigate.
- Quality Manager responded by email to respondent .

- **More guidance when reference ranges change. There are suddenly a lot of patients with abnormal results and it is unclear how to manage them when a few weeks previous their results were considered normal.**
- **ICEmail is not a simple process; add on tests should have a better pathway.**

- Extensive communication was sent out with all changes and guidelines were changed online at the same time.

Search function – there are often hidden items that are not easy to search for if you are a new and inexperienced user e.g. T3, T4 and a few more

In search there are parameters that are hidden. This is intentional as a mechanism of demand management. FT3 and FT4 are automatically requested where clinically required, we don't want GPs to decide to order these outside of the correct situation