

RUH Trust PoCT Committee

12th October 2017 3pm NICU Seminar Room

Present

Name	Title	Initials
Jo Hodson (Chair)	ANNP/Lead Nurse Neonates	JHo
Amanda Speed (Minutes)	Biochemistry Laboratory Manager	AS
Annette Hall	Chief Biomedical Scientist Biochemistry	AH
Rachel Coleman	Professional Development Midwife	RC

		Action
1.	Apologies Lesley Shipway (Pathology), Sarah Godwin (Practice development sister), Di Dorrington (Midwife Matron), Erica Apps (ITU)	
2.	Corrections to Minutes 13/6/17: Dr Rob McKenzie-Ross (minuted as Dan) Di Dorrington Midwife matron (minuted as practice development nurse)	
3.	Matters Arising & actions: Respiratory gas analyser: JHo has spoken to Geraldine (Respiratory Ward) about concerns relating to poor performance of the Respiratory gas analyser. Since the analyser has been relocated to a different area in the Respiratory ward, performance appears to have improved. Biochemistry to check recent EQA to confirm improved performance. This is probably due to better temperature control in the area to which the analyser has been relocated. Electronic transmission of results: this is not available on older types of PoCT equipment. Should be a priority consideration for new equipment purchased by the Trust to allow electronic transmission of results to the Trust Millennium/patient record system. This will probably	BIOCHEMISTRY

<p>require some additional 'middleware' software between systems.</p> <p>Upgrade to FPP glucose meters (from PXP): All PXP meters have now been replaced with FPP meters, and the Precision Web server associated with these meters has been upgraded to UniPoCT.</p> <p>Competency sheets for the FPP meters will soon have replaced the PXP meters competencies on the RUH web page for PoCT, and these also include a section on ketone competency (only for the wards that are trained for ketone analysis, A&E, Children's ward, MAU and Parry). Biochemistry are awaiting a clinical policy from Diabetes to be put on the web site which is referenced in the new competency.</p> <p>Glucose meter link trainers have been informed that only the new competency training sheets will now be accepted for sign off and issuing of bar codes. Biochemistry are currently still receiving many 'old' style competency sheets.</p> <p>The FPP meters have the capacity to be wireless (not docked), but this function is currently not being used. To be discussed at the Abbott Diagnostics review meeting wb 16/10/17 (Pathology, Diabetes and Abbott).</p> <p>PoCT Coordinator post & UKAS accreditation: JHo is to meet with LMcD later this year to discuss the need for this post/role across the RUH Trust. AS went to the Surgical Board meeting 28/6/17 – outline document attached. The risks of the current status of PoCT governance has been highlighted to the Trust in the Pathology PoCT risk assessment which is on the Trust risk register.</p> <p>Business case for automated reader for pregnancy sticks: AS has located the previously rejected BC for the readers. This will be transcribed into the new BC format and sent to JHo/RC for progression through either Surgery or Medicine (or both). AS to contact Pharmacy for current figures relating to the use of pregnancy sticks across the Trust. (Done, post meeting).</p> <p>PoCT Policy: this has been updated. JHo to discuss ratification with TC. The updated version will need to be installed on the Trust website.</p> <p>Electronic competency testing/Electronic company training: AS contacted Amanda Gunning in the education centre to discuss whether ESR could be linked to any of this available information. Please see attached response.</p>	<p>DIABETES TEAM</p> <p>AS</p> <p>AS</p> <p>JHo</p>
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	<p>There are some suggestions to progress this. This will be followed up as time allows. Remain on agenda for next meeting. NHo/HW (Biochemistry) to discuss at business review meeting with Abbott next week. (Abbott Diagnostics, providers of the FPP glucose meters, have some very good electronic training materials that may be useful to RUH staff who use these meters).</p> <p>Outstanding action – not discussed: Biochemistry to discuss allowing the use of names on glucose meters and gas analysers where MRN numbers are not available/not known. This is to reduce the number of ‘emergency’ numbers used in this equipment allowing better results trails for patients. Post meeting note: names cannot be entered on glucose meters (in current set up).</p> <p>Storage of transcutaneous bilirubin results (NICU): There is no electronic storage of these results once the instrument data base is full (approx. 250 results). There is a risk these results could be lost if they have not been transcribed into patient files. RG is currently electronically scanning all paper copies of results sheets as part of the quality feedback required for the instrument business case. This could be a permanent process to satisfy result storage and traceability.</p>	<p>BIOCHEM.</p> <p>BIOCHEM</p>
4.	<p>Audit</p> <p>Attached audit report from Biochemistry was reviewed/discussed.</p> <p>Access to clinical areas and wards was discussed. Biochemistry will always contact an area prior to visiting for an audit to check it is OK to go. Feedback should always be given to the area audited.</p>	
5.	<p>Equipment register (Pathology on QPulse)</p> <p>The PoCT equipment register is held in Pathology on the QPulse quality system. All equipment Pathology is aware of is listed, not all the equipment listed is supported by Pathology staff. There is only 1 entry on this register for glucose meters. The full list of available glucose meters is kept on the UniPoCT server in Biochemistry (approx. 90)</p>	
6.	<p>Datix reports</p> <p>See attached report, mainly relate to poor or incorrect performance on EQA schemes.</p>	

7.	<p>Discussion of glucose measurements on blood gas analysers or glucose meters</p> <p>Clarification is needed on the suitability of BGA or glucose meters to measure hypoglycaemic glucose levels in neonates (<3mMol/L). Recent literature is advising the use of BGA biosensors, but is not specific on which instrument they are advising should be used.</p> <p>Biochemistry guidance to be sent to JHo. Current advice is to confirm hypoglycaemia with a laboratory result, but this is often difficult because of sample size requirements and the turnaround time of urgent laboratory results</p>	
8.	<p>Please note: this meeting was not quorate. Those present agreed to discuss the agenda items and previous minutes.</p>	

Date and time of next meeting:

22nd February 2018 2-3pm , Neonatal Seminar Room