

POCT Committee Meeting

Minutes of Meeting held on 6 January 2020 Pathology Seminar Room

Present

Name	Title	Initials
Joanne Hodson (Chair)	Consultant Neonatal Nurse	JH
Julie Hall	Nurse Practitioner	JuH
Katy Lomas	Microbiology Laboratory Manager	KL
Kyle Day	Quality Manager	KD
Nicola Hodges	POCT Co-ordinator	NH
Rachel Pegler	Biochemistry Medical Secretary	RP
Susan Ware (Minutes)	Quality Administrator	SJW

		Action
1.	Apologies	
	Leon Massey, Rob Mackenzie-Ross, Karen Bradshaw	
2.	Actions from previous meeting	
	<p>JH suggested an action tracker be introduced for future meetings.</p> <ol style="list-style-type: none"> <u>To investigate audit ID 'cheats'</u>. NH to continue to monitor progress. <u>Investigate production of learning guide/bulletin.</u> No change. Important communications can be posted to the staff newsletter, 'intheweek', on an <i>ad hoc</i> basis. <u>Presentation of iQC/EQA performance trends.</u> NH continues to provide EQA trend analysis of BGAs on a monthly basis. This gives an indication of analyser performance as well as user performance. Problem areas are highlighted and followed up by the lab. (TEG not yet reported on.) iQC is carried out on a daily basis and, therefore, includes a vast amount of data. This is monitored closely by the lab but is not yet available in a performance trend format for this meeting. Information as recorded in these presentation tables will be useful towards achieving ISO accreditation in the future. <u>Blood glucose monitoring to be included in induction training.</u> See below 	<p>NH</p> <p>NH - ongoing</p>

3.	<p>Operational performance</p> <ul style="list-style-type: none"> POCT Co-ordinator: NH was appointed to substantive post in November 2019. Ambulatory care and UTC merger: Situation is not yet clear. JuH to investigate and report back. Mineral hospital location: NH to visit to ascertain further information, e.g. location of analysers. 	<p>JuH NH</p>
4.	<p>Developments & organisational change</p> <ul style="list-style-type: none"> DDIM on MAU: Facility for D-dimer testing has been requested on MAU. NH has been looking into possible equipment/kits. All new equipment purchases should be discussed at POCT meetings to evaluate cost, benefit, accuracy etc. Key concern of MAU is turnaround time - to enable speedy treatment and/or discharge of patients. Current lab TAT is 90% within 60mins; however, standalone kits can take just as long and may not be as reliable, e.g. can have a higher rate of false negatives, so this may not be an improvement. Also kits are expensive and can vary in price up to ~£15k. NH to continue to investigate in light of number of tests required by MAU. Blood gas analyser now available on Children's ward. New urinalysis meters and software to be installed this month following a recent trial with the manufacturer. Only charge is for monthly support. Existing meters/software will be replaced. Ketone meters requested (especially by Haygarth ward). Tests can cost £2.50 per strip + £5 for QC; therefore, this is more expensive than using dipsticks. NH to discuss with Leon, Diabetes Lead. Managed equipment service (MES) tender: POCT will no longer be included in the local group (Bristol, C&G, W-S-M) tender as the manufacturer has withdrawn. It is intended that equipment will be reapplied for in 2021 as MES facilitates huge discounts through bulk purchases. E-learning: package requested for BGA/glucose testing. Now on ESR and to be launched with new induction training in April. NH to discuss with FM and KD regarding sign-off of competency as an ISO requirement. Bar codes to be issued from lab. New barcodes will be valid for 30 days only (witness of competency is not always available). This period can be extended once QC has been completed/achieved. Use of barcodes will be reviewed in 6 months' time. A copy of the ISO standard will be emailed to relevant staff. 	<p>NH NH NH, FM, KD NH</p>
5.	<p>Quality</p> <ul style="list-style-type: none"> Recent errors and incidents and trends (inc. Datix) There have been problems with BGAs over the Christmas period, especially MAU and ED, with clots getting through. A Datix was also raised for the NICU BGA as it had become clogged due to overuse by other departments. 	

	<ul style="list-style-type: none"> Recent audit findings: NH is continuing to audit the use of emergency ID numbers. The most up-to-date table was discussed and a copy will be distributed to relevant staff. JH to escalate as a Clinical Governance issue and to establish a reason for incorrect use. Current iQC/EQA performance trending – pregnancy testing EQA (Nov) Not discussed at this meeting. Complaints and compliments: No complaints received. Children’s ward very pleased with new BGA. Feedback from improvement/change projects: Not discussed at this meeting. 	
6.	<p>Training</p> <ul style="list-style-type: none"> Competency and training compliance New training and competency sheet for blood gas analysers. A new BGA training sheet has been produced which covers training, knowledge and witness evidence. These will be scanned and saved to provide a record of evidence. (A copy can be obtained for portfolios if required.) NH and JH to discuss provision of an electronic version of the training sheet. The onus will be on the wards to complete and update when necessary. NB: new analysers will be in place from 2021. These will be web-based with e-learning packages included. Corporate use of QPulse was suggested but this would require ~2,000 extra licences so this may not be feasible. To be discussed outside meeting. POCT to eventually be integrated into QPulse. 	NH, JH
7.	<p>AOB</p> <ul style="list-style-type: none"> Nil to report 	

Date and time of next meeting: 8 April 2020, 12:30 – 13:30