

### POCT Committee Meeting

21<sup>st</sup> October 2020 at 13:30 – 14:30

Zoom

#### Present

Name	Title	Initials
Joanne Hodson (Chair)	Consultant Neonatal Nurse	JH
Sandra Jameson	Critical care sister	SJ
Leon Massey	Lead Inpatient Diabetes Specialist Nurse	LM
Kyle Day	Quality Manager	KD
Nicola Hodges	POCT Co-ordinator	NH
Rob Ross Mackenzie	Consultant Respiratory physician	RRM
Imogen Fowler	Paediatric Diabetes Senior Healthcare Assistant	IF
Beverley Boyd	Clinical Manager	BB

		Action
1.	<b>Apologies</b> Caroline Lock, Bindu Baiju, Ian Kerslake, Karen Bradshaw, Alessandra Bartlet, Julie Hall,	
2.	<b>Actions from previous meeting</b>  See attached action list tracker – to be reviewed at each meeting.	
3.	<b>Operational performance</b> <ul style="list-style-type: none"> <li>The management structure in pathology and POCT has changed, Dave Fisher is now Blood Sciences &amp; Pathology Operations Manager and Katy Lomas is deputy operations manager including Microbiology, specimen reception and POCT.</li> <li>A new band 4 POCT MLA post is currently out to advert.</li> <li></li> </ul>	
4.	<b>Developments &amp; organisational change</b> <ul style="list-style-type: none"> <li>New DNANudge analysers arriving on the 26<sup>th</sup> October we have yet to have agreed where these will be located. A further 9 will be arriving upto January.</li> <li>POCcelerator is required for these analysers to be used the finance for this has been approved by the trust and the process for installation has started.</li> <li>New Urinalysis meters and Software – originally planned for the start of this year, discussions have started again and it is possible to connect these to the new POCcelerator once installed. Departments with Uryxxon urinalysis readers will require a network port to connect, readers will be updated but will require a small switch box to support the data transfere.</li> </ul>	NH

	<ul style="list-style-type: none"> <li>• DDIM on MAU – Roche had started the documentation to provide us with a loan analyser to evaluate need to revisit with MAU.</li> <li>• TEG manager is now live in the trust – Issues re Roche deliveries have stalled the validation and set up of all users to be complete by the end of November.</li> <li>• Ketone activation requests – continue to be reviewed with LM the department should request this first through the diabetes team who will contact POCT to convert the meter. Current activated meters to ketone (extra to normal practice) are:             <ul style="list-style-type: none"> <li>◦ ACEOPU, BBC, CCU, Haygarth, MSS, Pierce, Pulteney, Respiratory, SAU</li> </ul> <p>To remind wards to only run ketone iQC if there is a patient needed ketone tests.</p> </li> <li>• MES – no further information, POCT still not part of the pathology tender – this has had delays due to COVID. POCT contracts will see us through to the end of next year. – REMOVE FROM AGENDA UNTIL NEW INFORMATION RECIEVED</li> </ul>	<p>NH</p> <p>NH, LM</p> <p>NH</p>
5.	<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• Recent errors and incidents and trends (inc. Datix) – Not discussed but datix table attached.</li> <li>• Recent audit findings: NH is continuing to audit the use of emergency ID numbers. – Discussion of high use areas, noted that an area only doing few numbers of tests with high % probably are using emergency numbers correctly. This is taken into consideration and the actual numbers viewed for each high user. – See spread sheet attached.</li> <li>• Current iQC/EQA performance trending – Discussion around the BGA EQA poor performances being a reflection of quality of sample or pre-analytical preparation the route cause. NH to closely monitor BGA EQA this distribution – NH to feed back in January – spread sheet attached and distribute to all areas that use BGA</li> <li>• Complaints and compliments: No complaints received.</li> <li>• Feedback from improvement/change projects: – Suggested by NH to remove as change and improvement covered by most topics in section 4.</li> <li>• Suggested to add 'risk management' to the POCT committee mtg agenda by KD. A risk report produced for this meeting of the risks discussed at the department POCT meeting.</li> </ul>	<p>NH</p> <p>KD</p>
6.	<p><b>Training</b></p> <p>Competency and training compliance</p> <ul style="list-style-type: none"> <li>• Suggested that video training useful and would like to see more of these especially with COVID on the rise.</li> <li>• <b>College of TEG E-learning available and being used –</b></li> </ul>	

	<p>There are several modules to do including TEG manager - See link attached with minutes, completion certificate (copy of) to be forwarded to Dr Johnathon Price (ITU) for record.</p> <p><b>Competency and Training compliance-</b> Not discussed</p>	NH
7.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>Update committee on the Roche distribution issues. The September blood gas stock delivery did not arrive, by the following week 4 analysers were taken out of use to preserve QC stock to run 4 analysers for as long as possible. Were days away from no Roche blood gas service throughout the trust. Minimal stock arrived to see us through 2 weeks. A couple of deliveries arrived with non critical consumables, Monday 19<sup>th</sup> iQC arrived and bulk solution so BGA service will be normal for several weeks to see us past our scheduled delivery at the start of Nov (that may or may not arrive).</li> <li>NH – highlighted issue with blood glucose EQA results being returned, not time to cover now but to bring up for January meeting.</li> </ul>	NH

**Date and time of next meeting:** October 2020