

POCT COMMITTEE MEETING

18th October 2022 2pm (Teams Meeting)

Present

Name	Title	Initials
Joanne Hodson (Chair)	Consultant Neonatal Nurse	JH
Nicola Hodges	POCT Co-ordinator	NH
Fran Robinson	Principal Clinical Biochemist	FR
Bindu Baiju	Senior Theatre Practitioner	BB
Katy Lomas	Microbiology Lab Manager	KL
Bev Harris	Consultant Clinical Biochemist	BH
Leon Massey	Diabetes Specialist Nurse	LM
Tracey Hope (Notetaker)	NICU Data Clerk	TH

		Action
1.	Apologies	
	Julie Hall, Rob McKenzie-Ross, Mary Hastie, Elsie Tate	
2.	Minutes of Last Meeting & Action List	
	<ul style="list-style-type: none"> Urinalysis meters now in all maternity units except for Paulton. Poor attendance still at POCT committee meeting – JH raised at Clinical Governance meeting & to take forward with Richard Graham (interim Medical Director). See attached action list tracker – some actions closed & new actions added - reviewed at each meeting. 	NH JH NH
3.	Operational performance	
	<ul style="list-style-type: none"> Tender for blood gas analysers down to two suppliers, decision to award by end of October. Roll out to Trust in early 2023. Ward support needed with training. 	NH
4.	Projects – Current & Applications	
	<ul style="list-style-type: none"> Glucose analyser to link into EPR – BH will take this over in FR absence 	BH
5.	Quality	
	<ul style="list-style-type: none"> Datix & adverse incidents – cascade trainers to ED, Doctors only in for a short time may be easier to use F2's Audit findings – reviewed urinalysis meter in maternity, used poorly, SOP's not being followed stepped up training, monitored monthly & improving. Urinalysis competency streamlined. Glucose meters – 10% cut off for use of emergency numbers. 	NH JH LM

	<p>Tested for 1 month & lots don't meet the 10%. Need to tackle repeat offenders – mostly in Outpatients. LM – OP wouldn't really need glucose monitoring – are these just tests? LM to look into. RAG rate quarterly? Link in to Unipoc education; highlight in staff news. Take forward with Toni Lynch & Richard Graham Because of going to EPR & analysers are attached to it.</p> <ul style="list-style-type: none"> • EQA/IQC – poor performance. NICU blood gas analyser had negative bias for a while; the MSS chamber was changed; EQA delay in running samples. Work done in the interim has given big improvements. • No compliments/complaints 	
6.	<p>Departmental Report & Training</p> <ul style="list-style-type: none"> • Locations for blood gas analyser training worked well but two target areas have still not taken up the training. 	
7.	<p>Clinical Governance & Risks</p> <ul style="list-style-type: none"> • Children's centre still on risk register for pregnancies. No errors with current testing. 	
8.	<p>AOB</p> <ul style="list-style-type: none"> • Radiology results – waiting times are too long & GP's refusing to do repeat bloods. Project to connect to EPR too costly – issue that may come back. • NH & BB to discuss ordering of Hemocue, delivery & training, catch up Nov/Dec • 	NH BB

Date and time of next meeting: January 2023 (Teams) - tba