**Department of Pathology User Survey Acute Trust 2019**

The Pathology User Survey 2019 was released on 10th December 2019, and over 5 weeks received a total of 40 responses from within the trust. Comments and suggestions were collated, and our responses are documented in the table at the end of this report. **Thank you to everyone that participated in this survey**

**Question 1 – What is your job role?**

|  |  |  |
| --- | --- | --- |
| Medical | 22 | 55% |
| Nursing or Midwifery | 16 | 40% |
| Healthcare Assistant | 1 | 2.5% |
| Other | 1 | 2.5% |

**Question 2 – Please tell us how you rate the service you receive from the following pathology departments**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very Satisfied | | Satisfied | | Dissatisfied | | Very Dissatisfied | | N/A | |
| Biochemistry | 14 | 35% | 15 | 37% | 6 | 15% | 0 | 0% | 5 | 13% |
| Haematology | 12 | 30% | 16 | 40% | 6 | 15% | 0 | 0% | 6 | 15% |
| Immunology | 4 | 10% | 14 | 30% | 0 | 0% | 1 | 2% | 23 | 58% |
| Transfusion | 11 | 27% | 18 | 45% | 0 | 0% | 0 | 0% | 11 | 28% |
| Microbiology | 12 | 30% | 22 | 55% | 3 | 7% | 0 | 0% | 3 | 8% |
| Cell Path | 11 | 27% | 8 | 20% | 1 | 3% | 0 | 0% | 20 | 50% |
| Mortuary | 8 | 20% | 9 | 22% | 0 | 0% | 0 | 0% | 23 | 58% |
| PSU | 12 | 30% | 14 | 35% | 1 | 2% | 0 | 0% | 13 | 33% |

After removing the N/A responses, the percentage of respondents who were either satisfied or very satisfied with the services were;

* Biochemistry 83%
* Haematology 82%
* Immunology 94%
* Transfusion 100%
* Microbiology 92%
* Cell Path 95%
* Mortuary 100%
* PSU 96%
* 6% were very dissatisfied with immunology. This was a single respondent, who commented ‘*The haematology sometimes takes long for the results to be released. Immunology- the specific IgE for allergy tests are sent to Sheffield and results need to be approved by immunologist from Oxford. this takes 4-8 weeks which is not ideal*.’ Please see our response in the table at the end of this report

Further comments received for this question

|  |
| --- |
| Blood results take too long and delay patient care. Need more point of care tests in A&E like in Oxford. |
| Results take longer - have to phone most of the time. |
| Some sick patients who require urgent Immunology tests can have these tests cancelled or not sent on. |
| The consultant microbiologist phones DoCC to talk to the doctors about patients but if the doctors are unavailable the microbiologist consultants seem reluctant or incapable of bleeping the relevant doctors. |
| Bloods are often very slow to come back and often are not put on the system until someone has rung up the labs, told that they are "already on eCARE and I don't know why you can't see them" and then 5 minutes later they appear. |
| I previously worked in Oxford and never had biochemistry samples rejected when (slightly) haemolysed as often the case with capillary samples from neonates; it seems samples are rejected on a very regular basis at MKUH; I even had a free flowing venous sample rejected as haemolysed, which I found hard to believe unless transport by chute or drop of sample along the way happened? With regards to microbiology samples, it seems many specimens get lost or results aren’t available for a very long period |
| Always there is a delay in releasing results especially in an ambulatory emergency setting. Several Datix has been raised but no/ still awaiting feedback or outcome. |
| Often a delay in turnaround times. |

**Question 3 – Please tell us how you feel in general about your communications with staff in the Pathology Department**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Always | | Mostly | | Sometimes | | Never | | N/A | |
| Staff are helpful when assistance is required | 23 | 57% | 11 | 27% | 5 | 13% | 0 | 0% | 1 | 3% |
| Staff are courteous and professional | 24 | 60% | 14 | 35% | 1 | 2% | 0 | 0% | 1 | 3% |
| Staff are knowledgeable about tests and results | 17 | 42% | 15 | 38% | 4 | 10% | 0 | 0% | 4 | 10% |
| Telephone enquiries are answered promptly | 19 | 47% | 12 | 30% | 6 | 15% | 0 | 0% | 3 | 8% |
| Clinical advice is available when I need it | 17 | 42% | 15 | 37% | 1 | 3% | 0 | 0% | 7 | 18% |

After removing the N/A responses;

* 87% of respondents felt that staff are always or mostly helpful
* 61% of respondents felt that staff are always helpful, with a total of 97% always or mostly
* 89% of respondents felt that staff are knowledgeable about the tests we offer, and results produced.
* Over half (51%) of respondents felt that telephone enquiries are always answered promptly. However, 16% (almost one fifth) felt that we are only sometimes prompt with our response to telephone enquiries.
* 97% of respondents feel that they can obtain clinical advice when they need it.

**One respondent who answered ‘always’ for everything stated, *‘One of the best Histopathology departments I have worked in the last 25 years!*’**

Further Comments received for this question

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| --- |
| On occasion getting in touch with microbiology on call consultant is hard. |
| Sometimes it can be difficult to find the person you need to speak to, and you are passed around a few numbers particularly for microbiology as people in the lab are unclear who is on call |
| Generally, advice is forthcoming. It can occasionally be difficult to get microbiology advice, but this is understandable give the on-call nature of the service. |
| I rarely phone but whenever I have the person has been very helpful and if they don't know the answer, they find someone who does. |
| Redirection to appropriate people to answer the query is sometimes not dealt properly. |

**Question 4 – Please tell us how you rate the accessibility of results**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | | Very Good | | Good | | Poor | | Very Poor | | N/A | |
| Paper Reports | 6 | 15% | 4 | 10% | 5 | 13% | 1 | 3% | 0 | 0% | 23 | 59% |
| ICE Desktop | 13 | 33% | 8 | 20% | 7 | 18% | 1 | 3% | 0 | 0% | 10 | 26% |
| eCARE | 8 | 20% | 7 | 17% | 17 | 43% | 4 | 10% | 0 | 0% | 4 | 10% |

For this question, there were only 39 responses for paper reports and ICE Desktop, and 40 for eCARE.

After removing the N/A responses;

* Less than half (42%) of respondents felt that accessibility of results on eCARE was either very good or excellent with 11% calling it poor. One comment regarding eCARE was related to speed, where the respondent stated ‘*Updating of eCARE with urgent results slow. Have to access ice or phone if extremely urgent’*.
* 59% of respondents selected N/A for paper reports. This is expected as we gradually move away from bulk printing reports for acute locations. After removing the N/A responses, 63% of those still receiving paper reports felt they were either excellent or very good.
* 73% or respondents felt that the accessibly or results on the ICE desktop was either excellent or very good.

Further comments received for this question

|  |
| --- |
| ICE: very easy to see when tests were ordered and processed especially if multiple tests done so progression can be reviewed. IT all comes on one page and is much more readable. eCare: if the time has not been inputted correctly when test ordered then much confusion can be created. Not as easy to read. Have to clinic into normal values unless endorsing them. Have to view twice to endorse - waste of time. IF tests pre-ordered, often drop off and cannot go back to see if they are still in the wanting to be processed bit. |
| I do not access results. |
| It’s the system but there is a gap when sent before it goes onto the system which can be confusing. |
| cannot seem to access ice |
| some results appear on ice only even if it was requested on eCARE |
| It can be confusing on eCARE that all recent results dates get jumbled up in one column. It can lead to mistakes. |
| The paper results arrive later, and I tend to use eCARE and ICE |
| Easily available and searchable results. ECARE does not get excellent only because it does no store the older results, requiring an additional log in to ICE |
| Issues with Endorsing some results MSU, MRSA G&S. |
| not accessible at the right, reasonable time that you have expected. Often times, have to ring lab to get the results by phone which is not ideal. This happens especially from 5 pm onwards. |
| Some results missing on eCARE that are available on ICE. Much easier to read reports on ICE compared to eCARE specially when patients have multiple reports. |
| We in pre-op do not receive MSU, G and S report on eCARE result in communication centre have to check each pt. individually. |

**Question 5 – Does the range of tests offered meet your clinical needs?**

|  |  |
| --- | --- |
| Yes | 35 |
| No | 5 |

13% of respondents said that their clinical needs were not met by the range of tests offered. Two of the four comments left on this question were requesting that we allow TFT requesting in A&E;

* *‘TfTs should be allowed in A&E. Creates unnecessary extra workload for GPs’.*
* *‘The emergency department should be allowed to request thyroid function tests in the case of overdoses of thyroid medications to determine whether a patient needs to be admitted’.*

Further comments received for this question

|  |
| --- |
| There is no provision for full HIV testing, incl. HIV viral load, HSV viral load, etc. |
| Only ticked no because there was not an N/A box. question not relevant to me. |

**Question 6 – Does the turnaround time offered meet your clinical needs?**

|  |  |
| --- | --- |
| Always | 5 |
| Most of the Time | 24 |
| Some if the Time | 7 |
| Never | 0 |
| N/A | 4 |

After removing the N/A responses;

* 81% of responders felt that the turn around times met their clinical needs always or most of the time.
* One respondent who selected ‘some of the time’ commented further, ‘*Almost never’*.

Further comments received for this question

|  |
| --- |
| HCV RNA and Genotyping |
| The HER-2 results in breast can take time to be available |
| Sickle results before surgery take time MSU -- not certain sometimes if the result is confirmed or not - confusing on eCARE. |

**Question 7 – How satisfied are you with the service offered out of routine hours?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very Satisfied | | Satisfied | | Dissatisfied | | Very Dissatisfied | | N/A | |
| Haematology | 8 | 20% | 17 | 42% | 2 | 5% | 0 | 0% | 13 | 33% |
| Transfusion | 9 | 22% | 17 | 43% | 0 | 0% | 0 | 0% | 14 | 35% |
| Chemistry | 9 | 22% | 16 | 40% | 2 | 5% | 0 | 0% | 13 | 33% |
| Microbiology | 8 | 20% | 18 | 45% | 2 | 5% | 0 | 0% | 12 | 30% |

After removing the N/A responses, the percentage of respondents who were either satisfied or very satisfied with the out of hours services were;

* Biochemistry 92%
* Haematology 93%
* Transfusion 100%
* Microbiology 93%

Of the 6 responses received which expressed dissatisfaction, only one comment was left, *‘It has been a repeated problem that the Bedford consultant microbiologists refuse to speak to anyone other than the registrar at the weekend. This is unacceptable and fails to recognise the pressure placed on the medical registrar who is a safety net /filter for too many services. It also fails to recognise the way hospitals work at the weekend with fewer doctors looking after large numbers of patients.’*.

There were no further comments received for this question.

**Question 8 – The Pathology Department produces a Service Users Handbook that publishes the tests available and the turnaround time you can expect. Do you know how to access this handbook?**

|  |  |
| --- | --- |
| Yes | 9 |
| No | 31 |

**Questions 9 & 10**

Question 9 (What could we do to improve our service to you?) and question 10 (Do you have any other comments, questions, concerns or suggestions relating to the pathology service?) invited respondents to address any issues they felt they had, or offer any suggestions of things they felt would improve the service we offer. There were 17 responses to question 9 and 12 responses to question 10. The suggestions from these two questions, along with suggestions collected from comments made on questions 1-8 are presented below, along with responses and any actions from the Pathology Department.

Question 11 invited respondents to leave contact details if they wished to enable us to address specific requests or concerns. Of 40 respondents, 11 people chose to leave their details.

| Your Comment | | Our Response |
| --- | --- | --- |
| Service delivery | | |
| 1 | Blood results take too long and delay patient care. Need more point of care tests in A&E like in Oxford. | Plans to expand Point of care testing are continuously under review and are increased following agreement with the Trust Point of Care Committee and identification of suitable funding.  Placement of Point of Care equipment follows review of suitability of equipment based on reliability, accuracy of results, availability of supplies, availability of Quality Assurance schemes as well as medical need and value for money.  Currently we have devices placed in agreed locations across the trust and this includes equipment to measure Blood Gas and Electrolytes, Urea and Creatinine, Glucose / Ketone, HbA1c, Urinalysis, CRP, Bilirubin, D Dimers, INR, CRP, FBC with more equipment coming on line rapidly.  If you have suggestions for additional equipment the Point of Care Committee will be happy to review these suggestions and move them forward where possible. |
| 2 | Blood results always take too long and delay patient care. Need more point of care tests in A&E like in oxford. | See comments above |
| 3 | Results take longer and have to phone most of the time. | Thank you for your comments. We would need specific examples in order to investigate. Please contact the Pathology Quality Manager on ext. 85823 |
| 4 | Some sick patients who require urgent Immunology tests can have these tests cancelled or not sent on. | There are some gating processes in place that have been agreed with the Immunology Consultant. Each time a test is not performed there is a comment inviting the requester to contact the lab should the test be considered appropriate for referral. In most cases, tests are not performed as the requester is not made clear and this can be resolved by a phone call. The samples are made safe and held in the department pending further contact |
| 5 | The consultant microbiologist phones DoCC to talk to the doctors about patients but if the doctors are unavailable the microbiologist consultants seem reluctant or incapable of bleeping the relevant doctors. | There are a limited number of Consultant Microbiologists available (2.5 WTE) who provide advice across the hospital on a 24/7 basis as part of their extensive clinical responsibilities. It is difficult to match immediate Microbiology Consultant availability with the specific availability of ward-based staff.  Consultant staff contact appropriate medical staff based on the information provided on the patient request / patient record. Where specific medical staff are not immediately available it is sometimes necessary for information to be passed to alternative responsible staff.  If there are specific examples where there has been a breakdown in communication, please report this using Datix and a full investigation will be conducted |
| 6 | Bloods are often very slow to come back and often are not put on the system until someone has rung up the labs, told that they are "already on eCARE and I don't know why you can't see them" and then 5 minutes later they appear. | We are happy to investigate any issues but will need specific examples (please note message logs in the TIE are only kept for 10 days). Any delays that are reported via Datix are investigated.  There will be no delay in what the lab staff can see on eCare compared to ward staff.  There is sometimes a small delay in authorised results from the lab system to eCare in busy periods due to the high volume of results being processed by interfaces.  Please contact the Pathology Systems Manager if you have specific examples [pirran.salter @mkuh.nhs.uk](mailto:pirran.salter@mkuh.nhs.uk) |
| 7 | I previously worked in Oxford and never had biochemistry samples rejected when (slightly) haemolysed as often the case with capillary samples from neonates; it seems samples are rejected on a very regular basis at MKUH; I even had a free flowing venous sample rejected as haemolysed, which I found hard to believe unless transport by chute or drop of sample along the way happened?  With regards to microbiology samples, it seems many specimens get lost or results aren’t available for a very long period | Capillary samples are very rarely received in the laboratory as the POCT gas machine coverage in the Trust includes most areas which would produce gas samples.  Regarding haemolysed samples, each laboratory has slightly different limits where an interference is considered critical based upon the methods / platforms in use. OUH use different analysers to MKUH and so would have different limits in place. Some laboratories will release results which are affected by interferents but with the caveat that the results are to be interpreted with caution and fewer “rejects” would be apparent. I cannot speak for OUH limits or their policy on releasing results. At MKUH those tests which are subject to specific levels of interference will not generate results as they may produce a misleading clinical picture. For more advice on this I would advise contacting the Consultant Biochemist.  Please provide us with examples so that this issue can be properly investigated. Contact the Pathology Quality Manager ext. 85823 |
| 8 | The haematology department sometimes takes long for the results to be released.  Immunology- the specific IgE for allergy tests are sent to Sheffield and results need to be approved by immunologist from Oxford. this takes 4-8 weeks which is not ideal.’ | We are working very hard to establish links with referral labs using the National Pathology Exchange (NPEx) and have made good progress linking MKUH and OUH – once complete we will begin work with other laboratories e.g. Sheffield  Responsibility for authorisation of test results lies with the Consultant Immunologist who is not based at MKUH so there is an inherent delay with this process, in addition some of the rarer IgE’s take longer to be processed as our referral labs do not run these every day.  It would be very helpful if you could provide the laboratory with specific examples so that this can be fully investigated and improved if possible.  Please contact the Pathology Quality Manager on ext. 85823 with examples |
| 9 | Often a delay in turnaround times. | Thank you for your comment. We would need specific examples to investigate. Please contact the Pathology Quality Manager on ext. 85823 with examples |
| Communications | | |
| 10 | Sometimes it can be difficult to find the person you need to speak to, and you are passed around a few numbers particularly for microbiology as people in the lab are unclear who is on call | Consultant Rotas are displayed in the lab, staff will be reminded where to look for these. It is, however, sometimes difficult to put calls through immediately as the Consultants are often on the phone dealing with other callers. |
| 11 | Redirection to appropriate people to answer the query is sometimes not dealt properly. | We would need specific examples to investigate fully.  It should be noted that the laboratory is divided into 5 specialist disciplines. Multi-faceted enquiries may mean a discussion with more than one member of staff is required |
| Accessibility of results | | |
| 12 | ICE: very easy to see when tests were ordered and processed especially if multiple tests done so progression can be reviewed. IT all comes on one page and is much more readable. eCare: if the time has not been inputted correctly when test ordered then much confusion can be created. Not as easy to read. Have to clinic into normal values unless endorsing them. Have to view twice to endorse - waste of time. IF tests pre-ordered, often drop off and cannot go back to see if they are still in the wanting to be processed bit. | An example or two would be very helpful to investigate.  We are aware that if a sample is not marked as collected then the time does not get entered into our LIMS system, unfortunately we have no solutions for this other than encouraging our ward-based colleagues to follow the correct procedure.  Please contact the Pathology Systems Manager if you have specific examples [pirran.salter @mkuh.nhs.uk](mailto:pirran.salter@mkuh.nhs.uk)  For endorsing and pre-ordered tests issues, please raise ticket with the IT service desk, as it is not within the ability of Pathology to investigate those issues. |
| 13 | It’s the system but there is a gap when sent before it goes onto the system which can be confusing. | Please could you clarify what gap there is please?  Contact [pirran.salter @mkuh.nhs.uk](mailto:pirran.salter@mkuh.nhs.uk) |
| 14 | cannot seem to access ice | eCare should be used, if you feel ICE access is needed, please raise a ticket with the IT service desk |
| 15 | some results appear on ice only even if it was requested on eCARE | All results should appear in eCare, please send through an example so we can investigate.  Contact [pirran.salter @mkuh.nhs.uk](mailto:pirran.salter@mkuh.nhs.uk) |
| 16 | It can be confusing on eCARE that all recent results dates get jumbled up in one column. It can lead to mistakes. | Results will be separated into the collected times, so long as they have been marked as collected.  Please provide an example so this can be investigated. |
| 17 | Issues with Endorsing some results MSU, MRSA G&S. | It would be useful to have specific examples to investigate. Please contact the Pathology Quality Manager on ext. 85823 |
| 18 | Results not accessible at the right, reasonable time that you have expected. Often times, have to ring lab to get the results by phone which is not ideal. This happens especially from 5 pm onwards. | The Pathology Department operates a 24/7 service with reduced staff numbers after 5pm, if samples are extremely urgent it is advisable to telephone / bleep and inform the lab that the sample is being sent. |
| 19 | Some results missing on eCARE that are available on ICE. Much easier to read reports on ICE compared to eCARE specially when patients have multiple reports. | Please provide an example so this can be investigated. |
| 20 | We in pre-op do not receive MSU, G and S report on eCARE result in communication centre have to check each pt. individually. | Please raise a ticket with the IT service desk, as this will be investigated by IT |
| Test availability | | |
| 21 | There is no provision for full HIV testing, incl. HIV viral load, HSV viral load, etc. | These tests are available on eCARE. HIV test is “HIV 1 and HIV 2 Ag and Ab” Further HIV tests will be carried out only if this initial screen is positive; they are requested by the Microbiology Department and performed by PHE.  HIV viral load should only be requested by BBV clinic, but is available on eCARE, test is called “HIV Viral Load”.  HSV viral load is not normally tested, HSV PCR is available by requesting “Herpes Simplex Virus DNA Screen” |
| TATs | | |
| 22 | HCV RNA and Genotyping | Microbiology have been working together with Oxford and eCARE team to resolve issues with TAT for this test. |
| 23 | The HER-2 results in breast can take time to be available | Breast cancer Her2 testing is currently performed at the John Radcliffe Hospital, Oxford. The tissue sample is sent to Oxford as soon as the Immunohistochemistry (IHC) for ER and PR has been performed. The average turnaround time (TAT) for this test is 6 calendar days (day sent to day report is received).  65% of Her2 results are obtained from IHC tests with an average TAT of 5 days and 93% of the results being available within 7 days.  Equivocal IHC results (2+) require further In-Situ Hybridisation (ISH) testing. The average turnaround time of these cases is 10 days with 92% available within 14 days.  The department is looking into the feasibility of bringing the Her2 IHC testing in-house meaning that the results of IHC Her2 tests would be available at the same time as the ER/PR results. |
| 24 | Sickle results before surgery take time MSU -- not certain sometimes if the result is confirmed or not - confusing on eCARE. | Patient requiring urgent operations cannot be foreseen and sickle tests can be performed in the lab within an hour. Any other surgery that is pre planned should have a sickle test (or haemoglobinopathy screen) performed at the preop appointment.  MSU - Please give specific example for investigation. |
| Out of hours | | |
| 25 | On occasion getting in touch with microbiology on call consultant is hard. | At present the Microbiology Consultant service is managed by 2.5 Consultants who cover the on-call rota in addition to their routine hours. Arrangements were in place with Microbiology Consultants at Bedford hospital to support the on-call rota on both sites at weekends. These arrangements have now come to an end and alternative support has been agreed with Great Western Hospital. If there are specific incidents where patient care has been compromised, I would encourage you to raise this via Datix where appropriate investigations can be made. |
| 26 | ‘It has been a repeated problem that the Bedford consultant microbiologists refuse to speak to anyone other than the registrar at the weekend. This is unacceptable and fails to recognise the pressure placed on the medical registrar who is a safety net /filter for too many services. It also fails to recognise the way hospitals work at the weekend with fewer doctors looking after large numbers of patients.’. | Please see comments above |
| Other | | |
| 27 | For neonatal biochemistry: often urea and other samples come back as icteric. It requires additional phone calls to get the results re-run and processed. As 60-70% of babies become clinically jaundiced, that is a fair number of results that we need to additionally phone for - we don't have the time to do so. It would be very nice if this could be automatically processed without us needing to phone and request. | We are currently completing a validation of the Urea method with regards to dilutions to determine if the cut off value for icterus is appropriate.  If this work shows that the method performs within acceptable limits above the designated icterus cut off a modified approach will be discussed with the Consultant Chemical Pathologist with a view to releasing results without dilutions and therefore removing this issue. |
| 28 | Try to process the blood samples as soon as you receive them. | Blood tests are processed as rapidly as possible and the laboratory operates 24/7. Urgent requests are prioritised in accordance with clinical need |
| 29 | Make the pathology service user or indeed any information about the tests more available; be it on e-care or hospital website. The trust docs are completely impenetrable, and the search engine is just not showing anything useful. | The Pathology User Handbook is available on the Trust Intranet along with other supporting information. The Pathology User Handbook can be found by following the link <https://intranet.mkuh.nhs.uk/pathology>  Further Pathology Policies and Procedures can be found within the Pathology Pages of Trust Documentation. |
| 30 | Phone very urgent / abnormal results to ensure that they are acted upon. | The laboratory has a policy whereby grossly abnormal results are telephoned to the patient area as soon as they are known.  The laboratory handles many urgent samples across the hospital and in the community and has limited capacity for telephoning normal results that are considered by the requester to be urgent, however urgent specimens are always prioritised and results are made available electronically as soon as these are authorised.  The responsibility to act on results must remain with the requester. |
| 31 | Have a quicker turnaround on send away tests. | Tests that cannot be processed on site are referred to alternative providers. Speed of testing is one consideration when selecting the best supplier and tests turnarounds times are monitored and any delays are followed up.  If you have a specific example please contact the Pathology Quality Manager on ext 85823 so that this can be fully investigated. |
| 32 | Earlier availability of HER-2 would be helpful. | Breast cancer Her2 testing is currently performed at the John Radcliffe Hospital, Oxford. The tissue sample is sent to Oxford as soon as the Immunohistochemistry (IHC) for ER and PR has been performed. The average turnaround time (TAT) for this test is 6 calendar days (day sent to day report is received).  65% of Her2 results are obtained from IHC tests with an average TAT of 5 days and 93% of the results being available within 7 days.  Equivocal IHC results (2+) require further In-Situ Hybridisation (ISH) testing. The average turnaround time of these cases is 10 days with 92% available within 14 days.  The department is looking into the feasibility of bringing the Her2 IHC testing in-house meaning that the results of IHC Her2 tests would be available at the same time as the ER/PR results. |
| 33 | Please do not reject samples from small babies when slightly haemolysed- this is difficult to avoid when spillway samples are taken. | Haematology: we do not reject haemolysed samples unless they are grossly haemolysed citrate samples. These samples are rarely received in small babies  Chemistry: Samples from neonates are rarely rejected outright due to haemolysis. Individual biochemistry tests such as potassium are very easily affected by haemolysis and so would not generate a result. Unless the sample was grossly haemolysed most biochemistry tests can be performed.  Please contact the Pathology Quality Manager on ext. 85823 with examples of which tests are being rejected would help us to identify patterns in reject comments. |
| 34 | Simplify the reporting of some results so it is understood. | Thank you for your comments.  The Pathology User Handbook available on the Trust intranet will give guidance on results interpretation e.g. normal ranges. <https://intranet.mkuh.nhs.uk/pathology>  Please do not hesitate to contact the laboratory for further guidance |
| 35 | Need feedback from Datix investigations which relates to our dept. | All Datix investigations involving Pathology are complete. Feedback is automatic via the Datix system. If there is a specific incident you feel has not been sufficiently investigated, please contact the Pathology Quality Manager on ext. 85823 |
| 36 | Always there is a delay in releasing results especially in an ambulatory emergency setting. Several Datix has been raised but no/ still awaiting feedback or outcome. | See comments above |
| 37 | I am based in Ward 24 which is an elective ward and has a quick turnover of patients. I think having the phlebotomist take their rounds early would expedite timely discharge for patients requiring bloods before a discharge is decided. | Most of our phlebotomists start work at 9am and we have several wards that are classified as urgent. Given the limited number of phlebotomy staff available we are unable get to all the urgent wards at the same time, however ward 24 is a ward that we do prioritise.  We are currently looking at the possibility of expanding our phlebotomy team numbers. |
| 38 | Be useful if we could have Service Users Handbook emailed to users if there is electronic version of it. | The Service Users handbook is available on the Trust Intranet. This ensures that only the most recent version of the handbook is available <https://intranet.mkuh.nhs.uk/pathology> |
| 39 | A histology card with larger space for clinical description would be better. | The original blue Histo/Cytopathology request cards are being replaced with user generated request forms printed (together with pot labels) when requests are made on eCare. When using the old blue request card or a printed eCare request form, and it has not been possible to fit the clinical information into the space provided, then the clinician may continue on the back of the card/form.  All clinical information will be transcribed from the card/form into the laboratory LIMS and will be included in the final report. |
| 40 | The emergency department should be allowed to request thyroid function tests in the case of overdoses of thyroid medications to determine whether a patient needs to be admitted. | The existing agreement not to test was made between emergency department and chemistry department consultant based on the rationale that a TSH test takes over an hour to perform and results are authorised by the Consultant Chemical Pathologist daily, consequently abnormal results would not meet the required TAT.  These arrangements will be reviewed considering these comments, particularly with reference to toxicosis. |
| 41 | TFTs should be allowed in A&E. Creates unnecessary extra workload for GPs. | See comments above |
| 42 | Faster turnaround of bloods. | Turnaround times are monitored, and target turnaround times are published in the Pathology Service Users Handbook. If there are specific examples of tests that do not meet the turnaround time required to support clinical need please contact the Pathology Quality Manager on ext. 85823 to discuss |

**And the Compliments – Thank you**

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| --- |
| Pretty good keep up the good work. |
| I think everyone in pathology should be very proud of the service that they offer which is excellent. |
| keep good work |
| Good job team. |
| So far, micro staff have been helpful whenever we ring. |
| The reception staff are very helpful in trying to track down information for you. |
| They do a good job. Happy Christmas. |
| Mortuary staff are always accessible and helpful. |
| One of the best Histopathology departments I have worked in the last 25 years! |
| I rarely phone but whenever I have the person has been very helpful and if they don't know the answer, they find someone who does. |
| No major improvement needed form my point of view. |
| Nothing, we work really well with the Mortuary team. |

**We appreciate your feedback and the opportunity to improve our service.**

**Of you have any further suggestions please get in touch with the Pathology team**