Laboratory Medicine User Survey

2023

Contents

Introduction

The 2023 Laboratory Medicine (LM) user survey was designed using the new Trust online tool SMART survey. The survey questionnaire was approved by LM senior management team in conjunction with the Lead quality and risk manager. The survey link was distributed by the trust communications team via snapcomms and screensavers. Large posters were place on several notice boards across pathology. Flyers and posters were left at the nursing stations. Survey was also communicated to users via MDTs and emails.

The survey was opened on 16th July and closed at the end of October. This longer duration was due to poor engagement during the summer holidays. Overall, there were 31 responses which was less than 50% of the previous survey.

This document provides the response data and identifies actions to help improve the LM services. These actions are not exhaustive and can be developed to ensure a culture of continual improvement. Comments from users have been included on this report and where required would be specifically addressed.

Analysis

Q1. Please tick your role
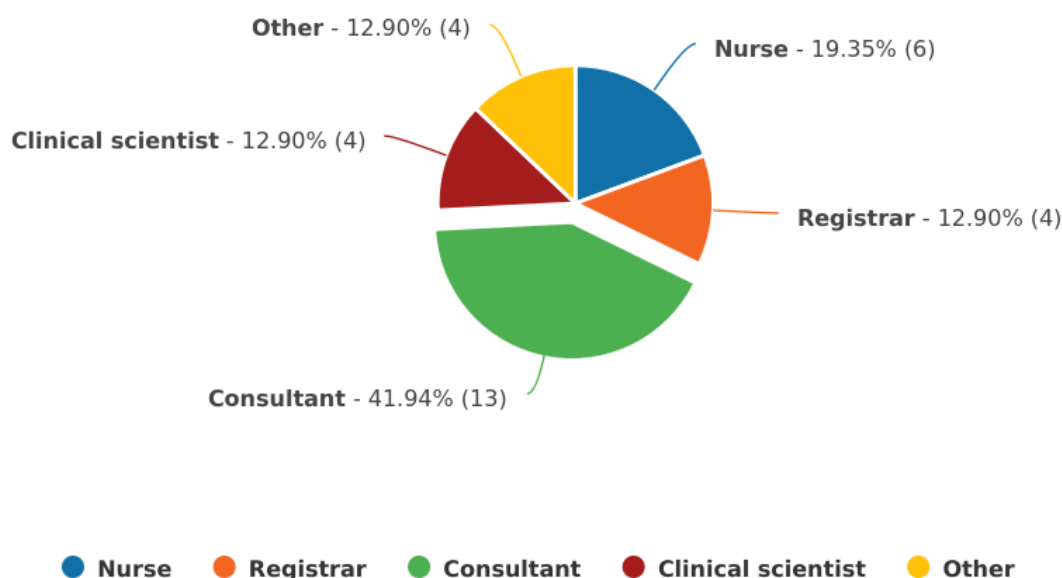
Q.2 Please rate each of the below aspects of the service provided by Haematology & Blood Transfusion.

User comments

1. Extremely skilled and helpful team. Would benefit from infrastructure to enable integrated reporting, which would in turn improve the quality of the haematology MDTs.
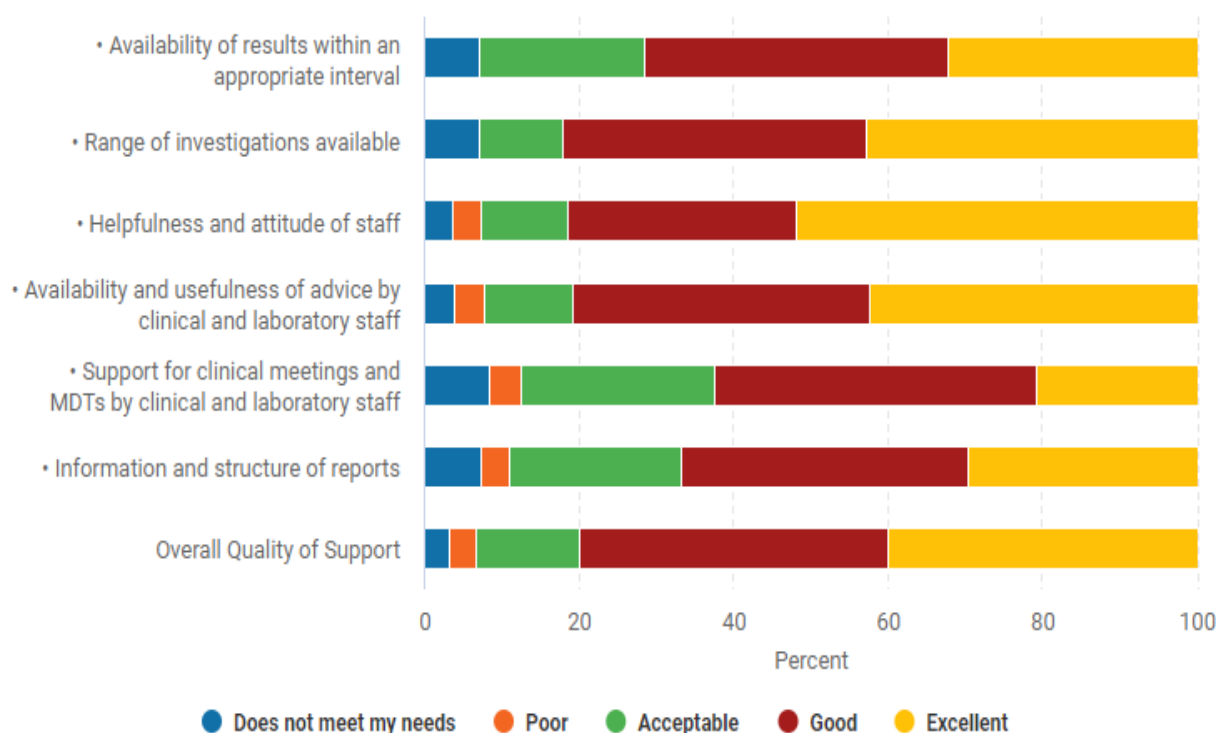2. The EPIC screen which tells you order of draw and minimum blood levels is too late on in the user journey for it to be useful. It would be more helpful if this was at the point of ordering and easier to see before having to go through all the screens (can it even be printed on the label?)
3. Labs don't often call to tell of any issues, report lost sample, unfilled etc.

LM response/actions:

o The Haematology service is working with the EPIC team to establish integrated reporting. There is currently an interim solution which has been implemented in the last few weeks. Users are being encouraged to integrate their report to ensure they have appropriate data to improve the quality of MDTs.
o Department has the responsibility to communicate with user when things go wrong during analysis. This is an area the laboratory can improve on by training staff to communicate appropriately with user.

Q3. Please rate each of the below aspects of the service provided by Chemical Pathology
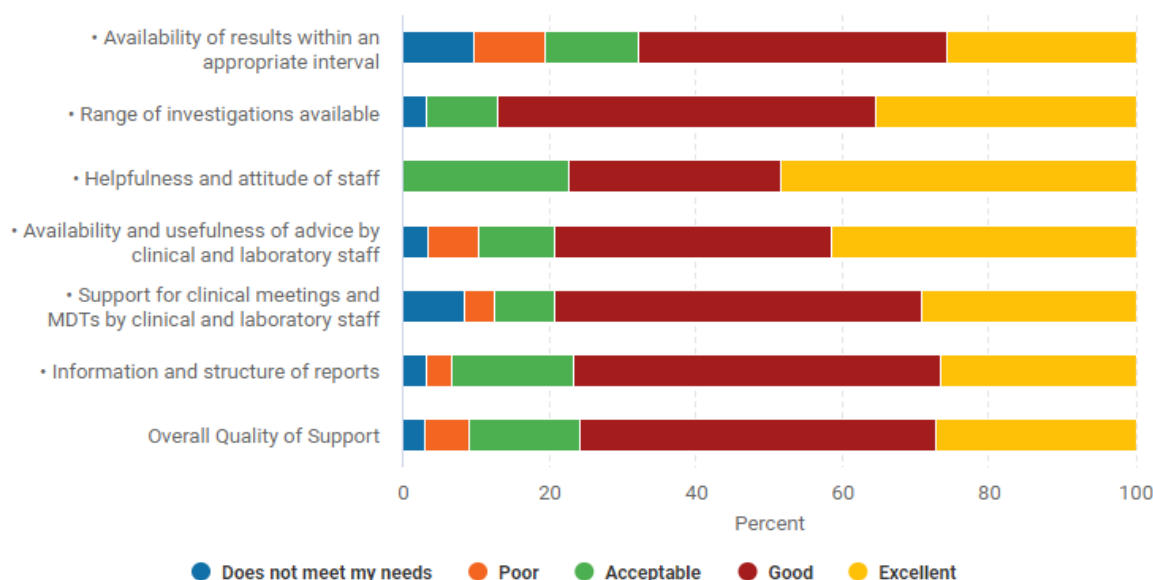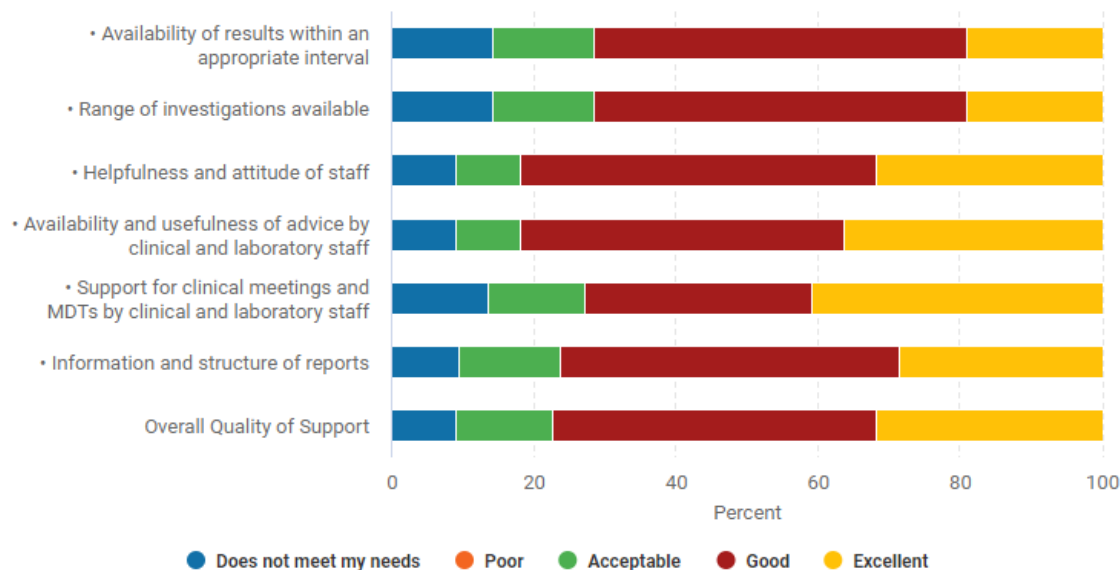

User Comments:

1. Lab is underfunded and under resourced meaning the turnaround times are not acceptable for a leading laboratory. as individuals they are highly helpful and skilled but the resources, they are given for vital services are dangerous. A clinical incident will occur unless these are brought down. Despite the best efforts of the lab urgent tests which at most in other comparable clinical centres take a day also take too long. There is sadly little capacity for development and refinement of next generational tests on mass spectrometry which will lead to a further decline of the laboratory as a national let alone international resource.
2. Turnaround time is the major short fall - it is a very longstanding problem which seems not to improve despite major efforts of team members involved.
3. Exceptionally dedicated and approachable biomedical scientist team. There have been occasions with complex patients when I would have expected earlier escalation of aberrant results/difficulty with assays to the consultant clinical biochemists. Perhaps geographical separation within the building was a factor. All members of the team were very helpful when contacted directly.
4. We often need to run split bilirubin even if the total is normal for clinical trial reporting - even though we comment on the Epic order this is not always done.
5. It would be nice if AST was included within usual LFT's or an easier way to add on - currently we must request as a separate test.
6. Extremely long TAT on some tests. results portal is poor with not all results available and unable to see what are outstanding.
7. Would it be possible to put an ETA on EPIC for extended pending results such as metabolic Ix
8. Often very lengthy TATs. The results portal system is often wrong with missing or incorrect samples booked in.

LM response/actions:

o User comment 1 was made by a known Consultants. This user has previously raised these concerns with the relevant section of the laboratory (specialised). We will endeavour to address the concerns directly with them via further discussion and work prioritisation. Development of specialist services requires instrumentation and staff time, and both have not been, or are not, available to allow advancement of services. We are in the process of assessing staff and instrumentation requirements to address these concerns.

o There were several user comments on turnaround times being an issue however 80% responses gave 'the availability of results within an appropriate interval' as being acceptable, good, or excellent so this comment is likely to be regarding a small number of tests. There were turnaround times breaches for some of the more specialised tests during the period that the user survey was open due to staffing difficulties. However recent data shows improvements for key tests. We will always prioritise clinically urgent work when contacted. There are some lines of assay modernisation that will hopefully allow evolution of other services throughout the department either because of the use of more modern equipment, or more efficient workflows. These works are in in progress, and we hope to see improvements in the short-to-medium term.

o User comment 4: If there are special test requirements for clinical trials (such as split bilirubin results when total bilirubin is normal), specific trial test sets can be built on EPIC. Comments made on EPIC are not always visible/obvious to Pathology staff. Please contact us.

o User comment 5: Generally, ALT is preferred over AST in the basic liver function test panel. There would be significant cost implications if AST was added to the basic LFT panel. There is a test set/panel on EPIC called 'LFT (incl. AST)' negating the need to request LFT and AST separately.

o Two comments on the results portal. For results/outstanding work to be visible, the correct user/submitter code needs to be inputted. It would help us if the name of the referring laboratory/hospital is clearly stated on the request form so that we select the correct user/submitter code during data entry.

**4. Please rate each of the below aspects of the service provided by Histopathology (Including Mortuary)**

User Comments:

1. Unable to comment as have had minimal dealings with this laboratory. Any dealings with skin biopsies have been very helpfully dealt with in a prompt time.
2. Need longer times for the delivery of specimen from theatres to match length of theatre lists.
3. Extremely helpful histopath presence in the haem MDTs. The team invariably brings very high quality images to present to the team that help contextualise and integrate results and meaningfully aid decision making. Would benefit from integrated reporting infrastructure.
4. MDTs to review histologies must continue, just reading a report provides in my opinion substandard care if abnormal and must be discussed in a MDT.
5. I have found Histopathology happier to help over the last year in support of our research studies. They are very clearly a stretched department and we are often asking for things with a short turnaround.

LM response/actions:

o Histopathology is one of only two LM departments without a single 'Poor' rating across all aspects surveyed. Improvements made by the department have been highlighted by users in technical / laboratory areas and reporting / MDTs, in both clinical work and research support. This is proof of effectiveness of our quality improvement initiatives and of our efforts to integrate our research workflow into routine practice. Three opportunities for further development have been identified for the Histopathology service. These opportunities would be explored, developed and implimenet in the coming years.

Q5. Please rate each of the below aspects of the service provided by Immunology
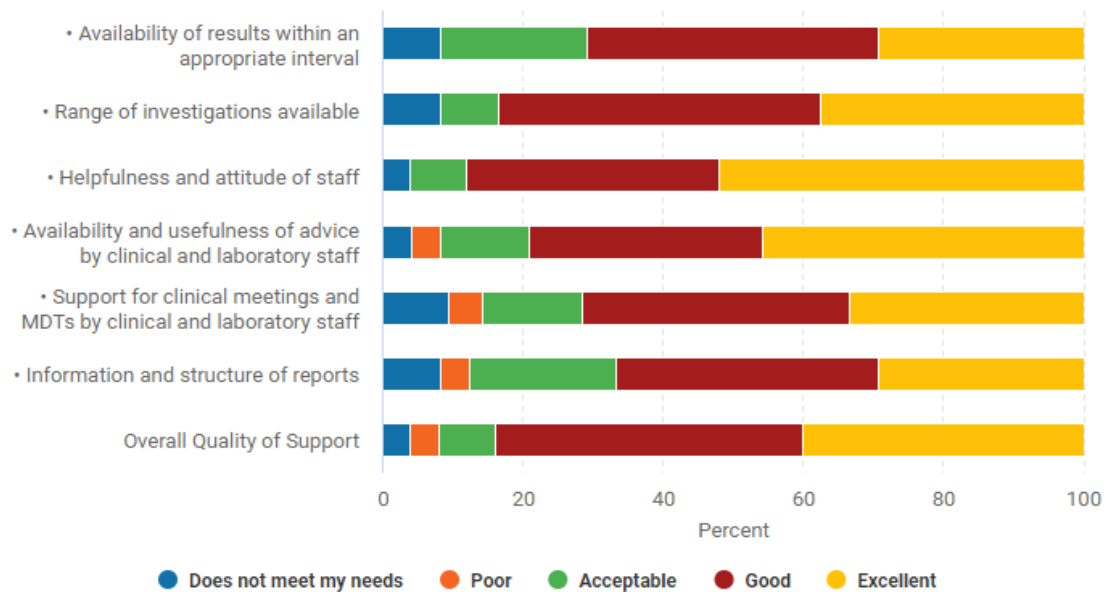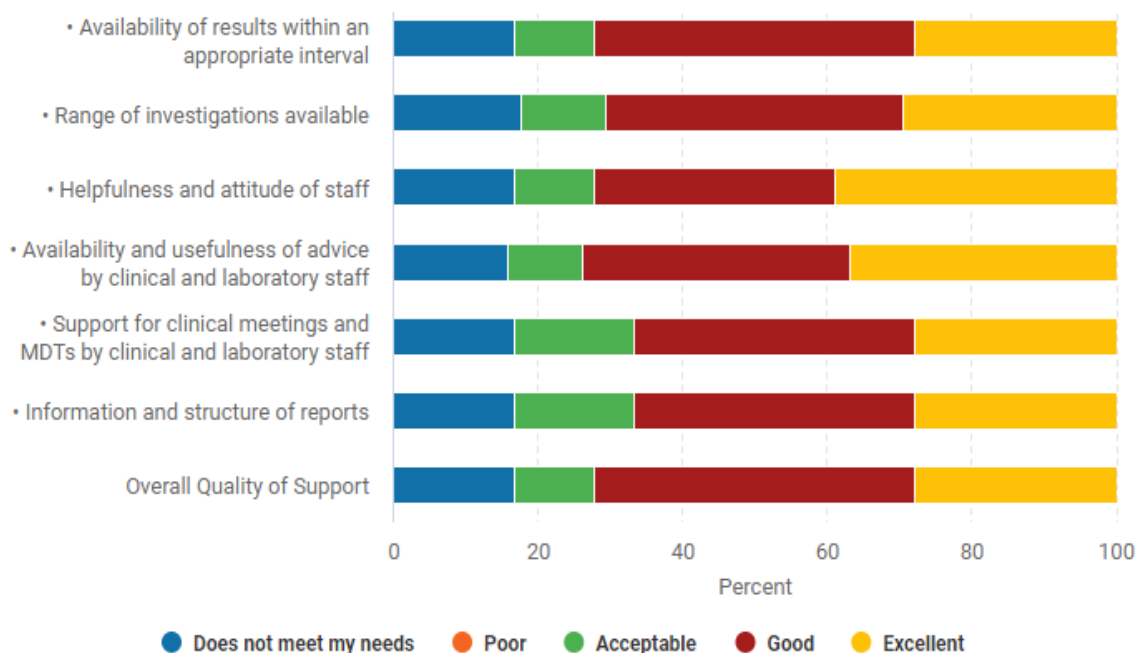

User comments:

1. Results for faecal calprotectin and drug levels for IBD medication (Azathioprine, Infliximab, Adalimumab, Ustekinumab, Vedolizumab), should be available within max 5 working days, FCs ideally within 24 hours. The turnover of genetics results should also be improved from months to weeks. ASCA not available. TPMT levels should be entered as a number and not scanned as a document.
2. Immunology support some of our clinical research studies and the staff are incredibly responsive and friendly - it is a real pleasure working with this lab team:)
3. Would it be possible to put an ETA on EPIC for extended pending results such as metabolic Ix

LM response/actions:

o Currently, Immunology is unable to provide a maximum 5 working day TAT for faecal calprotectin as these samples are batched tested on the DS2 instrument. The current TAT is set to 14 days but in the last 2 months these have been run where possible on a weekly basis as soon as a full batch is available. If results are required within 24 hours, then a change in methodology and full verification will be required in conjunction with the Rapid Response lab.

o Drug levels for IBD medication (Azathioprine, Infliximab, Adalimumab, Ustekinumab, Vedolizumab) are sent to a referral laboratory who set their own turnaround times. The Immunology laboratory are in process of evaluating an instrument for adalimumab and infliximab levels.   These levels are entered on EPIC as a number. Other immunosuppressive drug monitoring is done by chemistry. Please liaise with them as required.

o The clinical utility of ASCA is unclear and has not been established as an ISO15189 accredited assay. Metabolic lx and genetic results are not under Immunology.

Q6. Please rate each of the below aspects of the service provided by Cell Therapy Lab
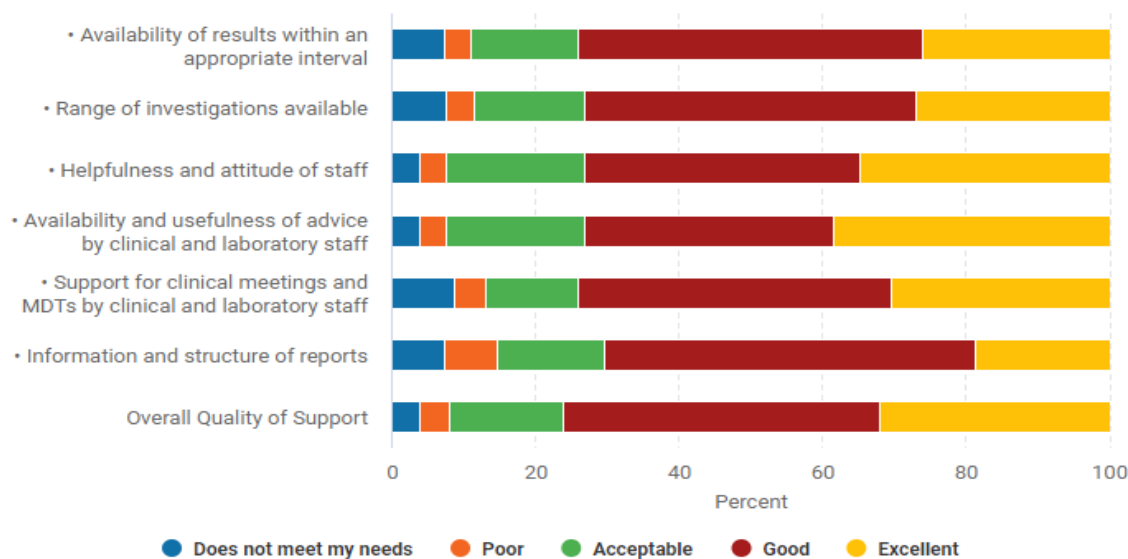

User comments:

1. I haven't had to work with this team for patient care yet - however we are setting up a clinical research trial and the staff have been responsive and very helpful in assisting us to set this up

LM response/actions:

o None

Q7. Please rate each of the below aspects of the service provided by Microbiology (Including Virology)
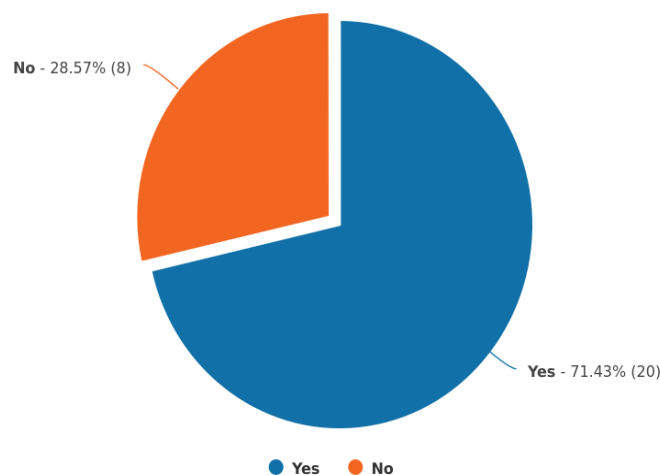
User comments

1. Exceptional microbiology team.
2. I think the service is overall good. I find the results from MC&S difficult to decipher as it comes through my inbox. There seems to be a lot of extra 'filler' information and I can't work out which test date it is for, this gets complicated because we have weekly/2 weekly visits for the patients where we complete the same tests (CSF protein, glucose, and MC&S).
3. I wish it was easier to know what tests to order and what comes within each test, we often have to request a range of tests stipulated by a research protocol which often leads to errors because our tests don't measure the same as what they would like e.g. liver function. Is there a full list of test names and what each thing includes?
4. The EPIC screen which tells you order of draw and minimum blood levels is too late on in the user journey for it to be useful. It would be more helpful if this was at the point of ordering and easier to see before having to go through all the screens (can it even be printed on the label?)
5. Sensitivity testing results could be clearer

LM response/actions:

o Department agrees that the results format on EPIC may be far too busy compared to the previous OMNI format which could pose a challenge to users.
o The "Procedure Catalogue" to be includes in EPIC training. At least one question that covers "Procedure Catalogue" to be included on the EPIC Induction exam for new staff to ensure they know how to find it.
o Department to work with ICT to improve the visibility of the of the laboratory user manuals which is currently very difficult to find.

Q8. Are you contacted about abnormal results within an appropriate interval?

No - 28.57% (8)

Yes - 71.43% (20)

● Yes ● No

User comments

1. With few exceptions that were appropriately dealt with.
2. Only via epic
3. Rarely, they come into EPIC inbox if requested by me

4. A bit hit and miss. overall ok

LM response/actions:

o Laboratory medicine has policies and SOPs in place to ensure abnormal results critical to the clinical management of patients are communicated to the requesting doctor or relevant medical teams. LM would seek to audit abnormal results that have not been phoned and put action in place to improve feedback from users.

Q9. Are you contacted about samples that do not meet acceptance criteria and are subsequently rejected?

No - 36.00% (9)

Yes - 64.00% (16)

● Yes ● No
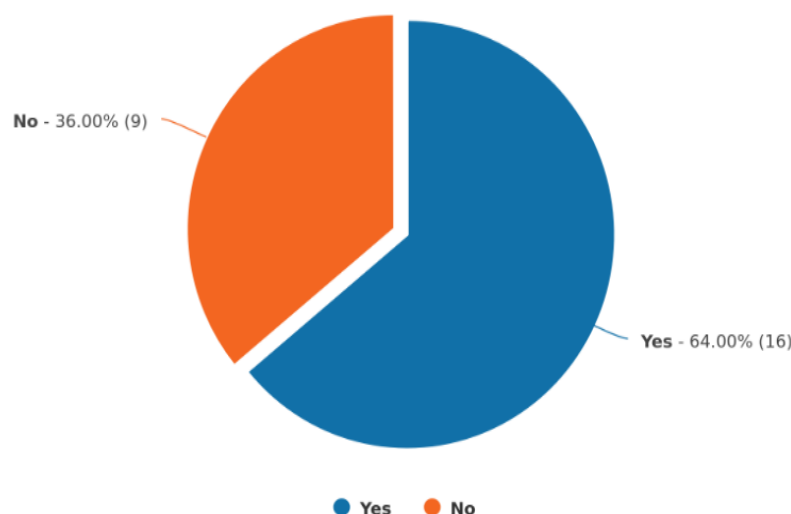
User comments

1. There has been an incident where Epic had determined that the wrong sample was taken for a particular test which required retesting and apologies to the family.
2. We have had valuable tumour specimen being forwarded to micro when they are intended for histo only. please call the surgeon via switchboard in future if uncertain.
3. Rarely
4. Rarely
5. Not always

LM response/actions:

o Laboratory medicine has policies and SOPs in place to ensure requesters are contacted in instances where sample criteria have not been met. There is a pre-analytical policy in place to identify and monitor error during the pre-analytical phase of testing. This data is continually reviewed, monitored, and analysed to inform management of training needs for requestors. There is the need to improve on this are as requestors are not receiving the necessary feedback.

Q10. Do you find the laboratory services appropriate for the different days and times of the week?
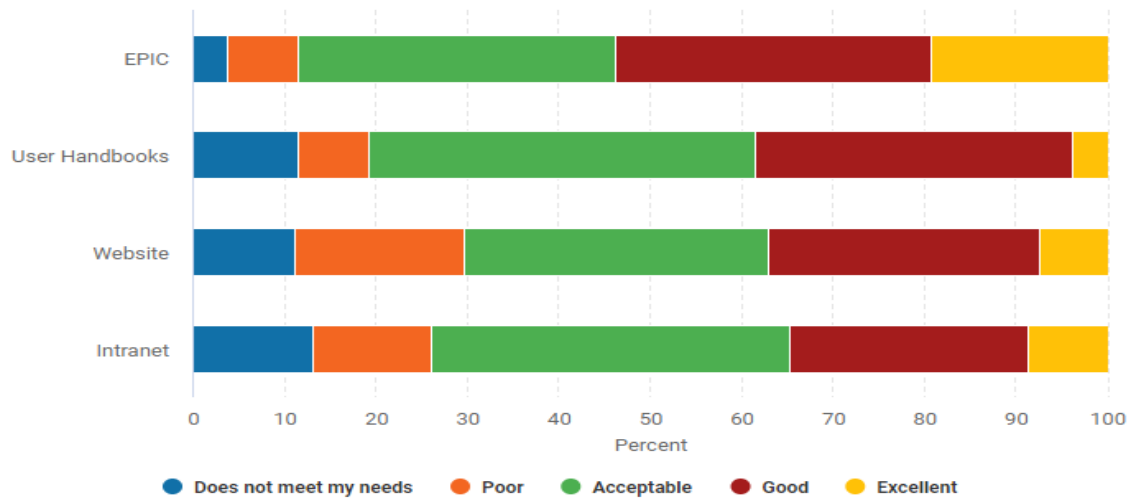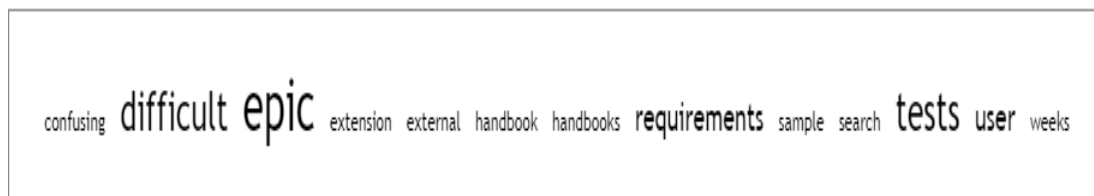

LM response/actions:

o Laboratory website project when completed will improve user interaction and experience on the webpage.

11. What improvements could be made regarding available user Information

Text analysis

1. More links on external webpage
2. Current service meets my needs
3. Better structured repository
4. Cannot find anything on the new GOSH website - does not appear to have been constructed for clinical users.
5. The correct extension for results and not the extension for the specific lab if results are available.
6. Opening results from external lab without having to click multiple times.
7. EPIC is not configured to enable integrated reporting nor text search for specific results. This significantly impacts the quality of the MDT. User handbooks are generally good. Resources tend to be very difficult to locate in a timely manner as Q-Pulse, intranet, and various documents in the O/K/H drives can be difficult to find and sometimes contain conflicting/out of date information. Centralisation on a single, readily searchable database would be ideal.

8. More info on epic
9. Better test directory with sample requirements. V difficult to find sample requirements for obscure tests, e.g. immunology functional tests.
10. Very difficult to find tests on EPIC at times, including if searched using the exact full name. Therefore, support with finding requests on EPIC would be helpful.
11. I didn't know there were user handbooks.
12. Link to user handbook on EPIC
13. labelling of tests performed by SIHMDS is confusing in general, and could be simplified, in cytogenetics is v confusing in particular.
14. Transparency about TAT and when assays will be done- not "in next 2 weeks" and then months later it's still "in next 2 weeks".
15. Handbook of test interpretation, especially for therapeutic levels like digoxin
16. Notification when results available.
17. better search parameters on EPIC and ability to see all samples we send when they are received.
18. Test information could be clearer, i.e. specimen and transport requirements.

LM response/actions:

o   There is ongoing project to improve the LM website for internal and external users. The first task is to develop a test database with the support of the individual services which can be uploaded onto the website. This will make the search for assays and additional details easy to find.

Q12. Are there any tests not currently provided that you would like to be available?

Pie chart:
- If Yes. Which one? - 34.78% (8)
- No - 65.22% (15)

Legend: ● No   ● If Yes. Which one?
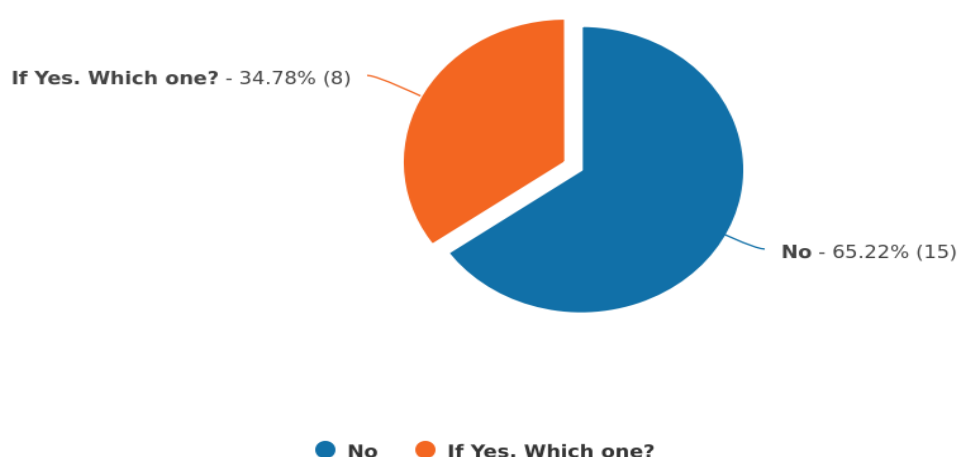
User Comments:

1. Multiple metabolites for inborn errors of metabolism - PPCS, lyso spingomylien, oligosacahride anlysis, no reducing end for MPSs. I could go on - the real risk is falling behind and no longer being an attractive centre for research and clinical trials

2. ApoCIII electrophoresis
3. CSF Albumin
4. ASCA
5. Fanconi chromosome breakage test/ Bone Marrow Failure panel/
6. Chylomicrons,

LM response/actions:

o User comment 1: - will discuss further with user who made the comment.
o User comment 2: - will discuss further with the metabolic team.
o User comment 3: - this test is available in the Neuro-Immunology Dept, NHNN. It is currently rarely requested, and the test set has not been built on EPIC. Please contact the clinical leads to discuss your requirements.
o User comment 6: Chylomicrons - currently rarely requested and is only available as a qualitative test (presence or absence) and the test set has not been built on EPIC. Please contact the clinical leads to discuss your requirements.

Q13. If you have recently raised any concerns or complaints, do you feel we adequately dealt with them?
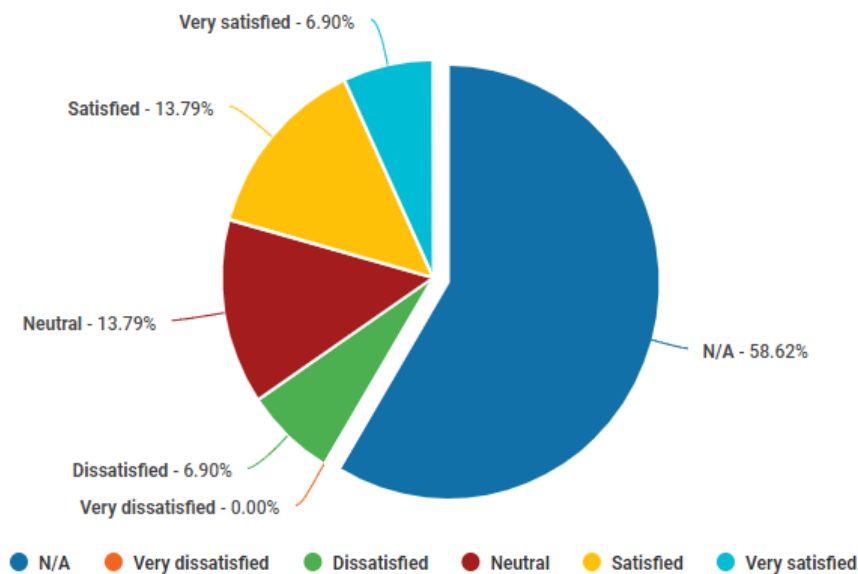
LM response/actions:

Q14. Are reports - including comments and clinical interpretations, easy to understand?

Report easy to understand survey

Response	Percentage
Yes	82.0%
N/A	7.4%
Not always	3.7%
Sometimes	3.7%
No	3.7%
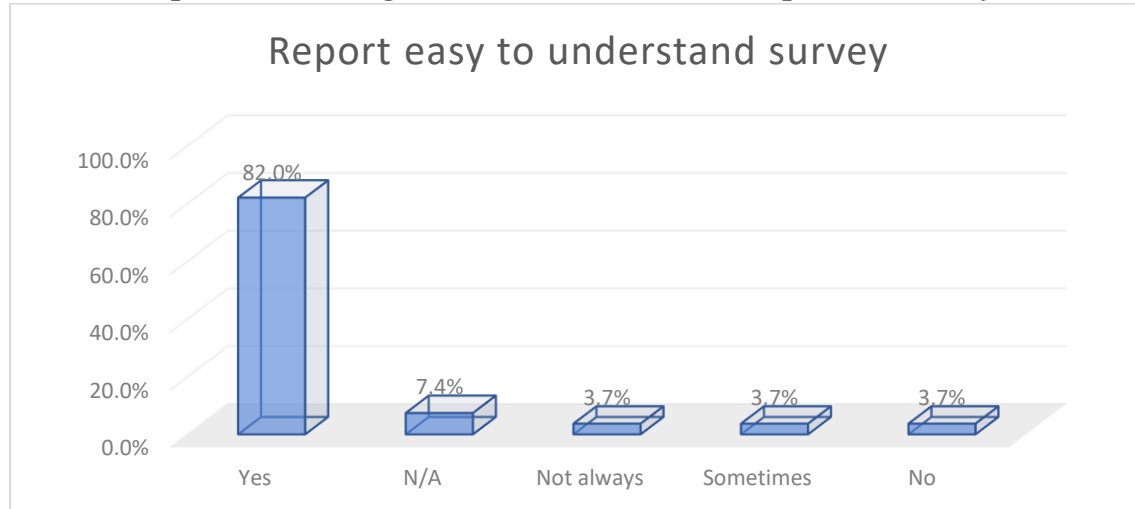
User comments:

1. *Depends on ones knowledge of the area, so good for my level but may not be for less experienced staff*
2. *Recent genetics reports are not easy to read: technical information provided rather than clinically relevant. It can be very difficult to decipher complete bone marrow biopsy reports from Epic..*
3. *Generally yes, and further advice is readily accessible*
4. *Yes, if sometimes lengthy.*
5. *No - This is the way EPIC is laid out*
6. *Itemisation and labelling of tests for SIHMDS cytogenetics is v confusing and leads to concerns that key results will get missed*
7. *yes, if not the best reports I've seen*
8. *Yes, but copying comments from reports to our LIMS is sometimes difficult.*

LM response/actions:

Q15. If you have any further comments or suggestions, please provide them below

User comments:

1. No-generally great service.
2. Invest in the lab- people as well as equipment or risk losing highly specialized services to other centres.
3. As it is impossible to find anything on the new GOSH website, please consider posters in clinic areas with contact details.
4. Layout of this survey is not great either.

LM response/actions:

o There is an ongoing project on developing the LM webpage to make it more interactive.
o Posters and hard copies are not sustainable approach and are discouraged.

Conclusion

We were pleased to see that most users rated our service 'Excellent' or 'Good' for all aspects of our services. The user comments were very useful as they would allow Laboratory Medicine to focus on making improvements to specific areas.

An action plan has been formulated to address some of the specific issues raised by our users. We recognise resolve these issues which are mainly IT related will help improve user experience with our service.

Action Log

No	Details	Owner	Completion date
1	Department to explore the possibility of creating an extended BMS shift in specimen reception to directly meet user needs. As this would impact the on-call rota, the changes are still being discussed with the reporting Consultants. There is also a possibility to introduce half day Saturday work, which would greatly improve turn-around-times and reduce workload pressures at the start of the week.	Histology - LC	End of 2024
2	Currently, all neuropathology tumour cases have molecular and histopathology integrated reporting. The integration of histopathology, immunophenotyping, and molecular reports for patients with haematological cancers is still pending implementation (Risk 3805 on the LM risk register). Although NICE Guidance on Integrated Reporting of Haematological Cancers NICE guidance [Quality Standard QS150] published in June 2017 indicates that the integrated report should be produced by a specialist integrated haematological malignancy diagnostic service (SIHMDS), the Histopathology department is open to aid implementation.	Histology - LC	Ongoing
3	In recognition of the work pressures experienced by staff over the past couple of years, the department is continuously exploring different funding options for staffing. Department exploring funding options for equipment that would improve capacity and reduce the amount of user interactions (e.g., automation of manual techniques such as special stains and tissue snap freezing method).	Histology - LC	End of 2024
4	To lead discussions on the whether there is there are benefits in the provision of faecal calprotectin results within 24h	Immunology - KG	End of 2024
5	LM to engage with EPIC team to improve the display of results on EPIC for users	EPIC team	End of 2024
6	The "Procedure Catalogue" to be includes in EPIC training. At least one question that covers "Procedure Catalogue" to be included on the EPIC Induction exam for new staff to ensure they know how to find it.	EPIC team	End of 2024
7	LM to work with ICT to improve the visibility of the of the laboratory user manuals which is currently very difficult to find.	AP	End of 2024
8	LM would seek to audit abnormal results that have not been phoned and put action in place to improve feedback from users.	EPIC team	End of 2024
9	Audit rejected samples data to identify when requestors have not been contacted in a timely manner	ML	End of 2024
10	Discuss Chem Path user comment 1with the Clinician.	AH	End of 2024
11	Discuss the requirement for apoClll with Metabolic Consultants	AH	End of 2024
12	Creating a test database for LM website.	AP	End of 2024