

Point of Care Testing User Survey - 2021

Summary

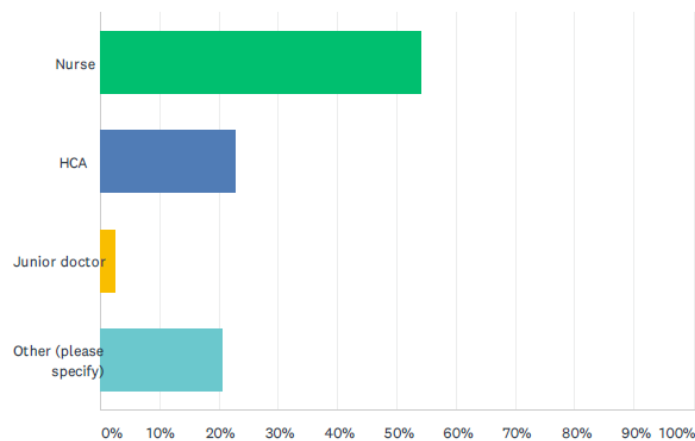
We received 367 responses from a variety of nurses, midwives, HCAs, junior doctors, assistant practitioners, and consultants mostly working within Southmead Hospital.

Responses were very favourable, within only a few comments suggesting some areas for improvement.

What is your current role?

The majority of staff replying to the survey were Nurses followed by HCAs, this is understandable given that our POCT user base is majoritively made up of these two staff groups.

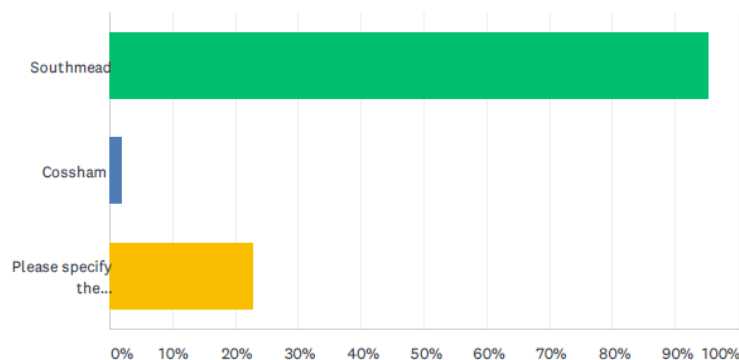
Answered: 367 Skipped: 0



What is your main area of work

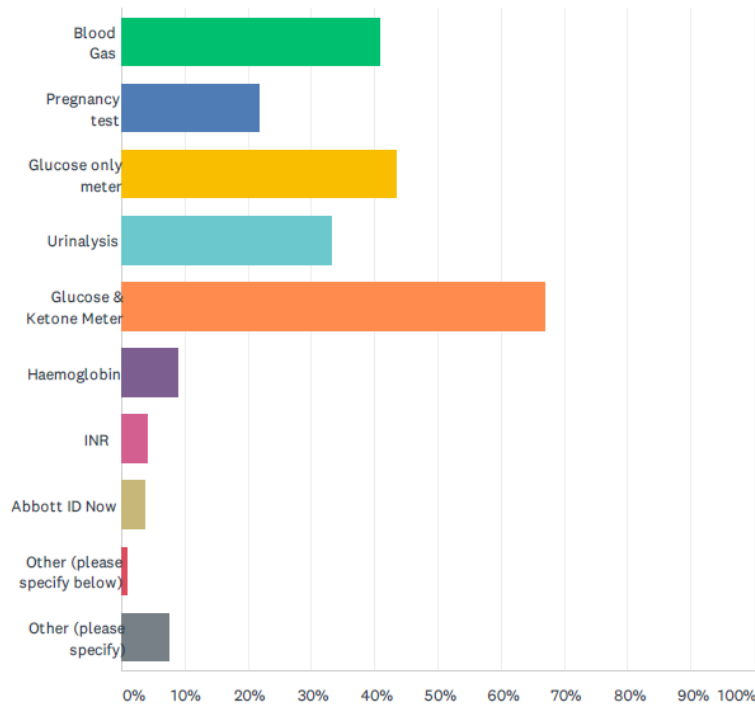
Most responses were from staff based at Southmead Hospital.

Answered: 367 Skipped: 0



Which devices do you routinely use in your area of work?

Answered: 367 Skipped: 0



We asked you whether you agreed or disagreed with the following statements. 300 of you responded.

I feel I have had sufficient training.

Nearly 90% of you agreed with this statement which is fantastic with less than 3% disagreeing

Reassessment on MLE is easy to use

69% of you agreed that MLE is easy to use and only 3% disagreed.

I know where to access resources such as SOPs

Almost 60% agreed although 13% disagreed. All of our SOPs are available through the POCT area of LINK: link.nbt.nhs.uk/go/POCT

I understand what the red triangle on devices signifies

We had a 74%/14% split on this question with 12% neutral.

The red triangle indicates a device you should only use if you have received specific training. This includes all of the POCT devices.

Do you have any POCT training requirements?

93.3% of you stated that you didn't have any training requirements, which is fantastic!



We then asked you the following yes/no/don't know questions:

I perform Quality Control (QC) Testing

85% of you perform QC testing with 5% of you saying that they don't. QC lockout is enabled on all glucose & ketone meters so all staff using these will need to do this at some point. The Blood Gas analysers has an internal QC system so only EQA needs to be undertaken separately on these.

I find QC testing easy to do

A similar percentage agreed with the above question which is good.

I think QC is important

Almost 90% of you agreed with this statement with 7% not sure and only 3% disagreeing. QC checks the measuring accuracy of each POCT device to ensure we only give accurate results to patients so it vitally important that this is done with a frequency tailored to the usage of each device.

I perform External Quality Assessment (EQA) Testing

EQA is more of a bespoke quality check so fewer of you will have undertaken this, as evidenced by the 19% of 300 users who said they had done this. EQA is a type of quality assurance which allows for a comparison against other POCT device users within the UK.

Please rate the quality of contact with the Point of Care Team.

Ease of contact

73% rated us good to excellent, 14% rated ease of contact as average and 2% gave a poor rating. Obviously we want to improve this. POCT is listed under Pathology on LINK and the contact details are accessible from here.

✉ Email: POCT@nbt.nhs.uk

☎ Phone: 0117 4148422 (manned Monday to Friday 9am to 5pm)

🌐 LINK: link.nbt.nhs.uk/go/POCT

Information available

Similar percentages to those for 'ease of contact'. Again, we have a lot of information available on the POCT area of LINK, and the POCT Team will send out important information via the operational bulletins or email.

Resolution of problems

Similar numbers again, although without more detail we are unable to investigate instances of where users felt our performance was below average. If you want to discuss any issues with us, please feel free to contact POCT on the above email address or telephone number.

Are you aware that you should report incidents involving POCT devices which potentially harm a patient as a trust incident report (Datix)?

We had a great response to this question with 95% of you recognising that you raise a trust incident report where use of a POCT device has potentially harmed a patient.

Are you aware that sharing your POCT ID badge with another member of staff is against NBT Trust policy?

Almost 100% of you are aware that you must not share your POCT ID badge with another member of staff. This is to protect both you and the patient.



What specific ways do you think POCT benefits patient care at NBT?

Monitoring blood sugars accurately & quickly so hypos/hypers can be treated quickly & efficiently

Instant results to help guide care. Essential in informing real time care decisions in speciality

Patient satisfaction

Good accurate results

Maintains quality care

Precise, immediate results

Do you have any other comments or any suggestions for improvement of the POCT service?

Keep being great

No, you can't improve a perfect service

Lovely team

I think it is a great service and everyone is very helpful, thank you team.



Comments we received indicating areas for improvement:

Yes, let's have speedier glucose machine please, it takes ages

Unfortunately, we cannot make the devices any quicker. QC lockout is vital and they need time to connect to the Wi-fi before use
- (the two little arrows ⇌ need to stop moving)

Please add POCT training into new nurse induction

We already cover urinalysis and blood glucose meter training at induction. There are lots of opportunities to do other training after this. Contact POCT for info.

Please can we have FLU POCT tests

There is a formal process for requesting new POCT tests/devices

Difficult to find POCT info on intranet (recently changed)

Our LINK address is as follows:
link.nbt.nhs.uk/go/POCT
Or you can find us via Teams>Core Clinical>Pathology

Impromptu knowledge/competency checks

We do audit use of POCT devices annually, but we will consider how we could resource this.

