**Introduction**

The Clinical Biochemistry and Haematology Department complies with ISO 15189:2012 “*Medical laboratories: Requirements for quality and competence*”. Standard 4.14.3 “*Assessment of user feedback*” states that the laboratory shall seek information relating to user perception as to whether the service has met the needs and requirements of users. This survey has been performed to comply with these standards, and in doing so, will bring to the attention of laboratory management areas where we could improve the Haematology and Clinical Biochemistry service.

The Hospital User Satisfaction survey was carried out by the Blood Sciences laboratory of University Hospitals Bristol and Weston NHS Foundation Trust (BRI Site) between 25th September 2020 and 20th October 2020.

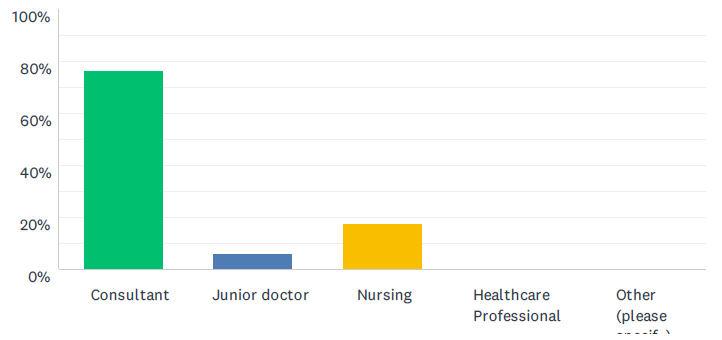
**Objectives**

The purpose of the survey was to assess the level of satisfaction of the Hospital users with the overall laboratory service by responding to specific questions and statements. The information gained through this exercise enabled the laboratory management team to look at the service we provide and decide how to improve it to meet the needs and requirements of our users, as part of our commitment to continually improve quality.

**Response to the Survey**

This survey was designed by the Head of Department for Clinical Biochemistry and the Quality Manager’s for Haematology and Clinical Biochemistry to elicit hospital users’ views about the laboratory service at the BRI site of University Hospitals Bristol and Weston NHSFT. Users of University Hospitals Bristol and Weston NHSFT laboratory services at the BRI site were encouraged to complete the online User Survey using Survey Monkey. The link to the survey was advertised within Newsbeat.

17 responses were received in total, self-identified as coming from the following groups:



|  |  |
| --- | --- |
| **Role** | **Responses** |
| Consultants | 13 |
| Junior Doctors | 1 |
| Nursing | 3 |
| Healthcare Professional | 0 |
| Other | 0 |

**Method Used**

The questionnaire was comprised of the following:

1. Users were asked to rate (from strongly agree to strongly disagree) the following statements about the service:

* “I can trust the laboratory to provide results/reports when I need them”
* “I am satisfied with the quality of professional advice that I receive from the laboratory”
* “Professional advice is readily available from the laboratory when needed”
* “I am confident that urgent/unexpected results will be promptly communicated”
* “Point of care testing is well supported by the laboratory”
* “The level of out of hours service meets my needs”
* “I would recommend the laboratory service to a colleague”

1. Users were asked to respond to the following questions:

* How might the Biochemistry service be improved?
* How might the Haematology and Blood Transfusion service be improved?
* How might the Results Delivery service be improved?
* How might the provision of advice on test use and interpretation be improved?

1. The closing statement to users asked for any other comments they wish to make about the service provided by Laboratory Medicine at the BRI site. (This was an optional question).

The laboratory target for user satisfaction is that for each statement a satisfactory response of > 90% must be achieved. We have defined a satisfactory response as either Strongly Agree, Agree, or Neither Agree nor Disagree. Any results falling outside of this limit will require further investigation to see what appropriate actions are required to improve that aspect of the service

**Results**

The following graphs illustrate the results of the responses for each of the statements:

Answered: 17. Skipped: 0.

Answered: 17. Skipped: 0.

Answered: 17. Skipped: 0.

Answered: 17. Skipped: 0.

Answered: 17. Skipped: 0.

Answered: 17. Skipped: 0.

Answered: 17. Skipped: 0.

**Summary Table of Percentage User Satisfaction**

The laboratory target for user satisfaction is that for each statement a satisfactory response of >90% must be achieved.

|  |  |  |  |
| --- | --- | --- | --- |
| Statement | Percentage Satisfied (Strongly Agree to Neither Agree nor Disagree) | Percentage Dissatisfied  (Disagree to Strongly Disagree) | Assessment against Satisfaction Target |
| “I can trust the laboratory to provide results/reports when I need them” | 82.35% | 17.65% | FAILED |
| “I am satisfied with the quality of professional advice that I receive from the laboratory” | 100% | 0.0% | ACHIEVED |
| “Professional advice is readily available from the laboratory when needed” | 100% | 0.0% | ACHIEVED |
| “I am confident that urgent/unexpected results will be promptly communicated” | 94.12% | 5.88% | ACHIEVED |
| “Point of care testing is well supported by the laboratory” | 87.5% | 12.5% | FAILED |
| “The level of out of hours service meets my needs” | 82.36% | 17.64% | FAILED |
| “I would recommend the laboratory service to a colleague” | 93.75% | 6.25% | ACHIEVED |

Users responded to the questions as follows:

**How might the Biochemistry service be improved?**

9 Skipped.

8 Responses:

1. We are in discussion about improving the turnaround time of some specialist tests such as renin
2. Some reports take too long to be processed/published on ICE eg faecal calprotectin, drug levels for biologics, faecal elastase, Zn, Manganese, Selenium, copper. I understand that some tests are sent away but I think the process could be improved and more efficient. Where tests take a long time, the impetus is on the clinician to remember to chase them but I think this could be managed better eg maybe a report gets emailed to the consultant? Icemail doesn't work as so many tests get ordered in the wrong name where patients move wards or consultants come off wards. Need a better system to report delayed results. I have a fear of things being missed as a result. Some tests are not run regularly/OOH eg xanthochromia, drug levels - which affects patient flow, patient care and ability to discharge or arrange other tests.
3. Priority for admission areas (e.g. STAU, AMU) on the same terms as ED
4. It would be helpful if as individual clinicians or as a department we could create profiles readily that are pertinent to our patients
5. I think it is good, I have no particular suggestions. Wider availability of request label printers would be good but I assume this is not your responsibility.
6. Turn around time for some results eg procollagen 3 peptide seems slow
7. Resources and staffing, probably. See also comments below
8. Some form of COMMS if lower staff numbers so we are aware some things may take a bit longer

**How might the Haematology and Blood Transfusion service be improved?**

12 Skipped.

5 Responses:

1. Would be nice to automatically get a blood film where indices are obviously abnormal. Eg severe anaemia or a significantly elevated WCC
2. As above
3. I think a SPE should be automatically performed on results with significantly raised immunoglobulins. On several occasions I have checked the results and seen e.g. a raised IgA and it is too late to add-on SPE. I have had to get the patient to come back or attend the GP to get this performed. If there was an automatic threshold for Ig levels which would trigger SPE without the need for a separate request I think this would be both safer and also prevent the need for unnecessary extra venepuncture.
4. see above and comments below
5. NA

**How might the Results Delivery service be improved?**

10 Skipped.

7 Responses:

1. As above
2. See above
3. As above
4. The AKI alert emails are pointless and usually refer to patients I have never met, or met once on-call.
5. see above - it's all about rapid turn around time
6. Unfortunately I think that at times the labs are swamped with urgent requests and trying to pull out the ones that are super urgent is all the more difficult. Some of the problem is that tests that a far out of range are re-run prior to giving a result adding extra delays.
7. Could there be some kind of pop up to ensure staff see results in a timely fashion

**How might the provision of advice on test use and interpretation be improved?**

9 Skipped.

8 Responses:

1. We already have an excellent link with the paediatric biochemistry/metabolic team
2. No issues which I have noticed
3. I am not aware of any advice provision
4. Potentially a link to a page on DMS for interpretation of more specialist tests would be handy e.g. SST results
5. More detail useful and maybe who to contact (and how) for advice
6. Attach guidance on reports or links to guidance.
7. could include slightly more guidance on ICE on when to use more niche tests/links to other resources to improve education/junior Dr knowledge generally
8. Not sure

**Any other comments you wish to make about the service provided by Laboratory Medicine at the BRI site?**

10 Skipped.

7 Responses:

1. I am so pleased to have access to such excellent laboratory services / advice. It makes the care of my patients easier and safer. Thanks!
2. See above
3. I am not sure how results that need to be identified urgently will be highlighted is this directly to the department and if unable to contact anyone via GP and medical team?
4. As above - the main thing for me would be to perform SPE automatically on results with raised Ig
5. The service is good overall and the staff are generally really helpful and responsive. Like most areas, it usually falls down due to demand/pressures. It has been discussed before but it would be really good to see some 'nudge' type actions to reduce unnecessary tests (such as £ signs or R/A/G ratings on costs; more alerts noting when tests have been done recently and checking still required; flags on tests like clotting as to when and when not appropriate etc)
6. A valuable service and dedicated team
7. Frequent completely unacceptable delays in processing samples.

**Laboratory Responses and Suggested Actions**

**How might the Biochemistry service be improved?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| We are in discussion about improving the turn around time of some specialist tests such as renin | We will shortly switch to a new single provider of specialist tests including renin to enable implementation of lab to lab electronic results reporting, which will significantly reduce turnaround times. |
| Some reports take too long to be processed/published on ICE eg faecal calprotectin, drug levels for biologics, faecal elastase, Zn, Manganese, Selenium, copper. I understand that some tests are sent away but I think the process could be improved and more efficient. Where tests take a long time, the impetus is on the clinician to remember to chase them but I think this could be managed better eg maybe a report gets emailed to the consultant? Icemail doesn't work as so many tests get ordered in the wrong name where patients move wards or consultants come off wards. Need a better system to report delayed results. I have a fear of things being missed as a result. Some tests are not run regularly/OOH eg xanthochromia, drug levels - which affects patient flow, patient care and ability to discharge or arrange other tests. | Zn, Manganese, Selenium, copper are referred to NBT daily and results are automatically transferred to ICE as soon as results are available.  Faecal elastase is referred to NBT daily and results are automatically transferred to ICE as soon as results are available. The only time there is a small delay is when the sample also requires calprotectin analysis.  Faecal calprotectin is a time-consuming manual assay and we currently report >99% within a target time of 14 days, with the majority of samples being reported within seven working days of receipt.  Electronic reporting of infliximab & adalimumab (biologics) by the referral laboratory is under development and should reduce the turnaround time by one week.  Electronic lab to lab reporting will remove the most significant source of delay in reporting referred tests. Use of ICE remains the safest way of providing results to requestors. Further development in clinical reporting systems (e.g. Medway) are outside of our direct control.  We set clinically-driven target turnaround times for all assays and monitor on a monthly basis. Resource limitations may preclude shorter turnaround times or 24/7 availability of tests, but please let us know if we do not meet your clinical requirements for a specific test. |
| Priority for admission areas (e.g. STAU, AMU) on the same terms as ED | The same priority is given to admission areas as ED. |
| It would be helpful if as individual clinicians or as a department we could create profiles readily that are pertinent to our patients | This is a function of the ICE system and changes can be requested via the ICE IM&T helpdesk. |
| I think it is good, I have no particular suggestions. Wider availability of request label printers would be good but I assume this is not your responsibility. | Thank you. Provision of hardware is not within our area of responsibility but printers can be ordered via IM&T helpdesk. |
| Turn around time for some results eg procollagen 3 peptide seems slow | We will shortly switch to a new single provider of specialist tests including procollagen 3 peptide to enable implementation of lab to lab electronic results reporting, which will significantly reduce turnaround times. |
| Resources and staffing, probably. See also comments below | N/A |
| Some form of COMMS if lower staff numbers so we are aware some things may take a bit longer | We aim to maintain published turnaround times even at times of staff shortage, but would inform users if a significant delay is anticipated. |

**How might the Haematology and Blood Transfusion service be improved?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| Would be nice to automatically get a blood film where indices are obviously abnormal. Eg severe anaemia or a significantly elevated WCC | The Haematology laboratory has a clinically approved procedure for requesting blood films based on full blood count results. Unfortunately we are unable to automate this process due to the nature of the hospitals who use our services, as this would lead to unrealistically high numbers of blood films to review. |
| I think a SPE should be automatically performed on results with significantly raised immunoglobulins. On several occasions I have checked the results and seen e.g. a raised IgA and it is too late to add-on SPE. I have had to get the patient to come back or attend the GP to get this performed. If there was an automatic threshold for Ig levels which would trigger SPE without the need for a separate request I think this would be both safer and also prevent the need for unnecessary extra venepuncture. | There is already a protocol in place to add SPE to abnormal immunoglobulins (adults). We also add SPE to TTG samples that have a raised IgA >6 g/L |

**How might the Results Delivery service be improved?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| The AKI alert emails are pointless and usually refer to patients I have never met, or met once on-call. | The current AKI alert system was developed at Trust level, where it was agreed that AKI 2 and 3 emails should be sent to the named consultant who has clinical responsibility for the patient when the request was made. |
| see above - it's all about rapid turn around time |  |
| Unfortunately I think that at times the labs are swamped with urgent requests and trying to pull out the ones that are super urgent is all the more difficult. Some of the problem is that tests that a far out of range are re-run prior to giving a result adding extra delays. | This is correct. We have limited resource, but do aim to report all urgent requests received in the laboratory within one hour. Some far out of range tests have to be re-run before we can produce an accurate result. |
| Could there be some kind of pop up to ensure staff see results in a timely fashion | The ICE system does enable users to see the most recently released results, and critically abnormal results are phoned. The development of electronic tools such as pop-ups in clinical systems is outside our area of control. |

**How might the provision of advice on test use and interpretation be improved?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| We already have an excellent link with the paediatric biochemistry/metabolic team |  |
| No issues which I have noticed |  |
| I am not aware of any advice provision | We provide both a Duty Biochemist and a Paediatric Duty Biochemist telephone advice service throughout the working day and an on call consultant is available by switchboard at all other times. |
| Potentially a link to a page on DMS for interpretation of more specialist tests would be handy e.g. SST results | Thank you. ICE provides limited functionality to enable this but we will aim to develop this idea further where possible. |
| More detail useful and maybe who to contact (and how) for advice | We are currently overhauling our intranet and internet presence with a view to making this information much more prominent. |
| Attach guidance on reports or links to guidance. | Thank you. ICE provides limited functionality to enable this but we will aim to develop this idea further where possible. |
| could include slightly more guidance on ICE on when to use more niche tests/links to other resources to improve education/junior Dr knowledge generally | Thank you. ICE provides limited functionality to enable this but we will aim to develop this idea further where possible. |

**Any other comments you wish to make about the service provided by Laboratory Medicine at the BRI site?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| I am so pleased to have access to such excellent laboratory services / advice. It makes the care of my patients easier and safer. Thanks! | Thank you. |
| I am not sure how results that need to be identified urgently will be highlighted is this directly to the department and if unable to contact anyone via GP and medical team? | Our policy for phoning critically abnormal results is to phone the ward for in-patients and the requesting clinical team for outpatients. This may devolve to the relevant on call team out of hours, and for hospital requests we would only contact the GP or community out of hours service in exceptional circumstances. The detailed policy can be provided upon request. |
| As above - the main thing for me would be to perform SPE automatically on results with raised Ig | We have a protocol in place to add SPE to abnormal immunoglobulins (adults). We also add SPE to TTG samples that have a raised IgA >6 g/L. |
| The service is good overall and the staff are generally really helpful and responsive. Like most areas, it usually falls down due to demand/pressures. It has been discussed before but it would be really good to see some 'nudge' type actions to reduce unnecessary tests (such as £ signs or R/A/G ratings on costs; more alerts noting when tests have been done recently and checking still required; flags on tests like clotting as to when and when not appropriate etc) | Thank you. The ‘£££’ system has already been deployed for primary care requesting, but may be too complex for secondary care. We continue to develop demand management tools, including minimum repeat frequency, within the functionality provided by the ICE system. Ideally such initiatives should have joint ownership with clinical teams and we would be happy to collaborate over specific tests. |
| A valuable service and dedicated team | Thank you. |
| Frequent completely unacceptable delays in processing samples. | Like all other departments in the Trust, we aim to provide a high quality and responsive service within the human and financial resources available. Please contact us to discuss circumstances where you encounter ‘completely unacceptable delays’. |

**Conclusion and Summary**

This hospital user survey reflects the high quality service provided by the Clinical Biochemistry and Haematology laboratories at the BRI site of University Hospitals Bristol and Weston NHS Foundation Trust.

We achieved our user satisfaction target for four of the seven statements, and narrowly missed out on achieving the other three. We are committed to continually improving our services and value the feedback that has been provided. This feedback will be used to guide future improvement measures.

**Acknowledgements**

We appreciate the time taken by our users to complete the survey. We continue to seek other means of feedback where possible. We are continually reviewing the service we provide to our users and continually seeking to improve wherever possible, despite the growing financial challenge. We will take the feedback we have gained from this survey and use it to focus our efforts.

We are grateful to all those who took the time to respond to our user survey and we hope that we will be able to address the issues you have raised so that filling in the questionnaire was time well spent. We will be repeating the Hospital User survey in 2022, to re-assess our performance and monitor any improvement.

If you want to feedback on the action plan, or you did not get an opportunity to complete the user survey and want to provide feedback regarding our services please contact our Quality Management Team, Carolyn Perry [Carolyn.Perry@uhbw.nhs.uk](mailto:Carolyn.Perry@uhbw.nhs.uk) and Mark Nicholas [Mark.Nicholas@uhbw.nhs.uk](mailto:Mark.Nicholas@uhbw.nhs.uk)

[who will be happy to respond to any feedback.](mailto:Sharif.Goolam-Hossen@UHBristol.nhs.uk who will be happy to respond to any feedback.)

If you prefer please contact the Head of Service Elizabeth Worsam [Elizabeth.Worsam@uhbw.nhs.uk](mailto:Elizabeth.Worsam@uhbw.nhs.uk)