

# Providing POCT Services at the NHS Nightingale Hospital London



**Barts Health**  
NHS Trust

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## The NHS Nightingale Hospital London

The Nightingale hospital was set-up in March 2020 by NHS England, in response to the COVID-19 pandemic to provide critical care capacity for up to 4000 patients. Barts Health NHS Trust was asked to provide pathology services for the hospital and support point of care testing (POCT).



## Equipment

NHS England ordered the following POCT devices:

- 6 Radiometer ABL800 blood gas analysers (BGAs)
- 200 Abbott i-STAT Alinities (CG4+/Chem8+ cartridges)
- 14 Nova StatStrip glucose meters

Two ABL800s were installed and verified first to facilitate opening of the hospital, further devices were verified at a later date to increase capacity and resilience of the service.

## Timeline



This gave us just five days to achieve the following:

- Assemble a POCT team to maintain and troubleshoot devices
- Perform verification of POCT devices
- Develop and implement user training

## Device Verification and Implementation

### Radiometer ABL800 Blood Gas Analysers

3 BGAs initially available, 2 were put on the ward and 1 was kept for training. An abbreviated verification procedure was performed, comprising of:

- Imprecision (4 levels IQC over 7 days)
- Bias (using EQA samples)



### Abbott iSTAT Alinity



An abbreviated verification, including imprecision and bias, was performed on a designated 'master' device.

Implementation checklists were completed on individual devices when they were required, this included:

- running IQC
- checking units and user access settings.

### Nova StatStrip Glucose Meter



The meters were required on the ward urgently so an abbreviated 1 day verification was performed on a designated 'master' device. Implementation checklists were completed for every device and this included:

- running IQC
- checking measurement units

## Training

- Delivered in 10-15 minute sessions at induction
- 35-40 staff were trained per day, to scale up to 100 staff per day
- Staff broadly grouped by previous experience
- 1-page device user guides were designed and placed on the ward

Providing training was challenging due to limited time, variation in staff experience and the large numbers of staff to train. A second training session was introduced, held the day before staffs' first shift, which helped reinforce induction training points.

## POCT support

- Daily maintenance, stock checks and troubleshooting of equipment
- Weekly IQC for iSTAT devices
- Ad-hoc training as required
- Non-POCT scientists trained to carry out daily glucose meter IQC
- On-call remote support provided out of hours

## Conclusions

Providing POCT services to NHS Nightingale London was challenging, and highlighted to us the importance of:

- Pathology input in the procurement and implementation of POCT
- Training and good communication between all stakeholders
- Striking a balance between thorough verification and meeting the clinical need

