

2025 Laboratory Clinician's Survey: Laboratory response

Kia ora,

The Laboratory Service of Health New Zealand | Te Whatu Ora Waikato recently conducted our annual Clinician's Survey, which was distributed to the clinical users of our service. The survey is an annual requirement as part of our accreditation process, with the objective of identifying areas of improvement, and determining what it is that we do well.

We wish to thank everyone who participated in the survey.

Key areas identified as opportunities for improvement, along with the laboratory's response, are as follows.

1. *Contacting the laboratory can sometimes be difficult, with calls frequently dropping or not being answered. Often first point of contact doesn't know the answer to what is asked of them, resulting in having to repeat the question to another laboratory staff member.*

The laboratory has an incoming call system which includes a cascade. Often the first point of contact is to someone who triages calls and forwards them on to the relevant person.

Some phones do not have the ability to transfer calls, so we are looking at replacing these ones for phones that better suit our needs. We shall also be implementing training for our staff for call transfers, how to use the online directory, and associated phone etiquette. Additionally, we shall refresh and update the laboratory phone lists.

2. *The laboratory does not always communicate changes to assays and services in a timely manner.*

Laboratory Department Managers have been reminded to ensure changes or delays are escalated for appropriate communication, per laboratory policy. Significant delays or disruptions to service are communicated through the DNM and via the intranet.

3. *Labelling requirements are too rigorously enforced.*

This is a Health New Zealand | Te Whatu Ora Waikato policy, which the laboratory must abide by to ensure patient safety. We apologise that this can be an inconvenience, and will sometimes result in delayed test results.

4. *Registering samples can take extended periods of time.*

The laboratory receives hundreds of samples daily, with thousands of tests requested. We prioritise the registration of samples received from high priority areas of the hospitals, which can adversely affect the time of registration for samples that arrive from non-priority areas. Please contact the laboratory if your request needs to be given higher priority.

5. *The online test manual can be difficult to navigate at times. Wording in the search engine has to be very specific in order to access test information.*

We acknowledge that the laboratory test manual needs some refinement, particularly in terms of search synonyms. We will seek advice, with a focus on improving the analytics for top searches.

6. *Turnaround times for urgent tests can take longer than expected.*

The laboratory has been actively working on reducing urgent turnaround times, including improving workflows through the laboratory, working on how work is prioritised through Specimen Reception, and trialling the use of phlebotomists in ED. This is a continuing work in progress, and is a priority action.

7. *Histology turnaround times can be delayed for extended periods of time.*

Timeframes for processing histology samples can vary according to clinical urgency, specimen type, and work up required. Pathologist resource continues to be a limiting factor. Recruitment is ongoing with at least one vacancy expected to be filled by end of 2025. On boarding new pathologists should improve turnaround times. Please provide clinical details for prioritisation and continue to raise issues with the department where there are concerns over delays. In the interim, work is being prioritised and can be expedited by calling the Duty Pathologist.

8. *Information provided to patients around the Return to Patient process is not readily available, and a better, more accessible point for collection would be beneficial.*

We rely on clinical areas to provide information to patients who wish to have tissue returned to them. Staff can refer to Return of Tissue Policy 0131. We are also reviewing the content and wording of information leaflets to patients.

Our Anatomical Pathology department is responsible for return of tissue to patients. The mortuary is part of that service and is more accessible than the laboratory for families collecting tissue. It has better access to short term parking nearby and drive up access if needed. We are actively reviewing other spaces within the main hospital for collection of tissue.

The Laboratory Service strives for continual improvement, with a focus on patient safety and care. The implementation of the improvement opportunities derived from the annual Clinician's Survey is one of many ways that we use to provide a quality service to all of our users.

Once again, we thank you for your participation in this survey.

Mauri ora,

HNZ | Te Whatu Ora Waikato Laboratory Management Team

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