

National *Salmonella*, *Shigella* and *Listeria* Reference Laboratory Questionnaire Results 2011

	Hospital Labs				Food/Vet labs				Public Health bodies			
Questionnaires returned	18/34				9/10				5/12			
Response	Poor	Ok	Good	n/a	Poor	Ok	Good	n/a	Poor	OK	Good	n/a
Request forms	0	4	14	0	0	0	9	0	0	0	0	5
Turnaround times	0	3	14	1	1	1	7	0	0	0	1	4
Notification procedure for unsatisfactory samples	0	3	13	2	0	1	8	0	0	0	0	5
Reporting procedure/ Clarity of reports	0	4	13	1	0	1	8	0	0	0	2	3
Telephone enquiries	0	0	17	1	0	0	9	0	0	0	5	0
Availability of advice	0	3	12	3	0	1	8	0	0	0	5	0
Scope of service provided	0	4	13	1	0	0	9	0	0	0	3	2
Usefulness of website	0	3	11	4	0	1	7	1	0	0	4	1

Client suggestions and/or issues raised:

- a) Layout of request form could be improved.
Overall there was good satisfaction with the request form so we do not plan to alter it at this stage.
- b) Electronic reporting, e.g. via EPN link, would be useful.
This would be very useful and we have investigated it with our IT department but currently it is not technically feasible with our LIMS. However all isolates of *Salmonella*, *Shigella* and *Listeria monocytogenes* from human sources referred to the NSSLRL are uploaded to the Computerised Infectious Disease Reporting information system. Where there is a clear indication of urgency we phone the referring laboratory with the result.
- c) Is there an on-call service for outbreaks?
Out of hours work is performed at the discretion of the consultant microbiologist or the laboratory scientific staff on urgent samples, e.g. during an outbreak investigation.
- d) Report printed as F32111 instead of F321/11.
Initially we entered all referring laboratory numbers as they appeared on the request form. However there were a few incidents where these numbers matched previous numbers in the LIMS system. Because of this we now enter NSSLRL numbers in a simplified format with no \, /, - or other symbols.
- e) Turnaround times can be long.
Some *Salmonella* isolates can prove technically difficult to type due to a variety of reasons, e.g. they may express only 1 flagellar or “H” antigen, unusual phage type may require testing alongside a control, isolate may require detailed biochemical or molecular typing. Delays with these isolates are unavoidable.
The NSSLRL aimed for a TAT of 95% of isolates being reported within 10 days. However it has not been possible to meet this due primarily to staffing shortages. We now batch test isolates twice a week. Regrettably we will have to increase our planned TAT to 95% of

isolates being reported within 15 days. We will obviously aim to report results as quickly as possible but this may not always be feasible. However we plan to streamline our LIMS system to cut down on unnecessary delays.

- f) Different questionnaire for non-laboratory bodies.
Some bodies did not complete the questionnaire as they did not feel the questions were relevant to them. This will be examined when compiling the questionnaire in 2014.