

QUALITY MATTERS

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Couriers cannot deliver

We are struggling to find a good courier company. Some years ago we moved to our present courier because of cost benefits, i.e. they were cheaper than anyone else. The service was never as good as our previous courier, so we moved back – to find that they were now as bad as the present mob! The problem seems to be widespread.

Please continue to tell us of courier problems, such as delayed deliveries, hot samples and so on. Remember that we have performed stability studies on our material and know how long each kit will last out of the fridge, so you may be told to continue testing as it will be OK. But whatever you do, don't bother to send "hot" kits back to us, as that doubles the problem. Should it be necessary to replace a kit, please simply destroy the kit being replaced.

Maputo seminar

We did our first non-South African seminar last month in Maputo. The seminar was well attended and we will do another session in this beautiful city soon. The comments received indicated many things, such as Jim needs to learn Portuguese – some would say he should start with English first – to reach his audience better. In general, the major criticism was that the seminar was too short, which is very encouraging.

Siemens blood gas

Please let us know which mode you use to measure our samples on these blood gas analysers. Email or fax us with details or write your mode onto the results form.

In case you don't know, your choices are either QC or Patient mode.

Diff stats

The front page of the Diff EQA report has raised a few questions. The EXPECTED RESULT is the diff result we received from the lab supplying the slide. You may or may not agree with it – but remember this is partly an educational programme. The supplying lab is always an excellent quality academic lab, so you would be well advised to re-review the slide after you receive the report. The SEEN BY tells you the number of labs who said they found that cell type. The MEAN is just that, the mean of all the results we received, followed by 2 SD RANGE (%) which gives you the range of 95% of the results we received, modified by making sure that the lower figure is never less than zero. We do not suggest that this is in anyway the correct range. Rather this shows the wide discrepancy our participants found with that particular slide. Again, use the slide as a valuable educational tool after you receive the report.

Now, we are trying to improve the Diff Slide EQA. We want to sort out – again – the problems of what is a correct diagnosis for a branch lab with a Clin Path Tech, and what is the definitive diagnosis for haematologists. We would like help though, so if you feel you can assist us with this – helping remove duplicate diagnoses, check spelling of morphology, and help redesign the form layout, PLEASE send us your name and email address. You will instantly belong to this electronic committee.

Bouncing PDFs

We are unable to add more than 2 e-mail addresses per PDF report, because when we do they bounce right back to us or they do not bounce back at all, but the laboratories do not receive the e-mails. This clearly presents a big problem, so we need your understanding that we will need to stagger our emails and only permit 2 e-mail addresses to be added to any PDF report.

Personally, I wonder where they go when they do not bounce back. Is there some parcel shelf somewhere in the ether that is literally bulging with lost mail? My first job on leaving school was as a postman and I can well recall the mess of returned letters and parcels – and the "care" with which we kicked them all over the post office.

Hemopure

We enclose a letter from this company with this QM in the hope that it helps address some important patient testing issues.

By Dr Jim McCulloch

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PROFICIENCY
TESTING

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