

QUALITY MATTERS

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DigitalPT – the visit



Daniel (seated left) and Fouad (seated right) from DigitalPT in Vancouver, Canada came to visit Thistle QA. They are shown above, along with Jim and Debbie Moosa, our new Quality Manager. Finally, we have decided that none of our EQAs will be dropped for any from Digital. Rather, Thistle will produce 2 catalogues each year. One will cover the traditional EQAs offered by Thistle, while the other will be an all-new, singing and dancing set of PTs from DigitalPT. If you have yet to receive the catalogue with about 170 new programmes, contact us.

eGFR

Most of you will know that an estimate of Glomerular Filtration Rate (e-GFR) is an excellent predictor of renal function or renal failure. It is based on creatinine measurement along with some other factors such as mass, weight, age etc. But the entire calculation rests on several standard assumptions AND a very good laboratory measurement of serum creatinine levels. The relationship between creatinine and e-GFR is not linear and so small changes in serum creatinine will have large major effects on the e-GFR. Thistle QA are hoping to launch a creatinine standardisation programme from DigitalPT in 2009. It has already been launched in British Columbia in Canada and has saved the health care system millions that would have been spent later in looking after end stage renal failure patients, aside from preventing the distress this causes. This was published in the Journal of the American Society of Nephrology earlier this year, volume 19, 164-169. More information on this programme will follow once the details are finalised.

RDW

We are doing an evaluation of the range of RDW results in our Haematology EQA samples. IF the range is wide enough – we don't want you being able to predict results, now, do we? – then we will consider introducing it if enough of you wish to have it included as an analyte. Please let us know if in your opinion this should be added to the list of analytes.

Hematocrit

We have decided to “correct” hematocrit results within Thistle QA. At a future date, when we've taken the factors out of our programme, all results will be entered as %, whether they are sent to us as L/L or not. There, problem solved.

LATE RESULTS

Please note that we have extended the time for non-acceptance of late results to July 2009. We have some issues to solve first, like what do we do if a lab orders the box of samples late? SOPs will be developed to cover this and other issues. Time is running out!

Trop T

The AdCom decision on what to do with the acceptable range for Trop T was – we're not sure! The problem was that no one agreed with anyone else. Thanks guys!

For those unaware, the problem is that at low levels, i.e. <0.1 , the results are skewed and normal statistics makes everything look good, while most labs are classified as Poor. For example, a sample with a mean of 0.081 had an 2SD range of 0.105, while 2 labs were acceptable and 61 (yes, 61!) were told their performance was poor. So, our reports will carry a health warning as soon as possible, stating that: The percentage acceptable range that we use for Poor or Acceptable classification is unreliable at results <0.1 .

This happens on average once per cycle, so is not a major problem, but the health warning “This Trop T result might be harmful to your lab's health” should cover it.

Get off Hospital Waiting Lists

I heard on the EuroNews this morning that up to 50 patients die daily while on waiting lists for organ transplants. The message is clear: hospital waiting lists should carry a health warning.

By Dr Jim McCulloch