

Canterbury DHB

District Health Board

T e P o a r i H a u o r a o W a i t a h a

Meeting Minutes

Subject: Community Éclair Results Repository Haematology Meeting

Location: Seminar Room, Canterbury Health Laboratories

Meeting Date 05/12/2007

Attending:

Ruth Spearing (RS)	Haematologist	CHL
John Moodie (JM)	LIS Co-ordinator	CHL
Rebecca Clayton (RC)	Business System Analyst	CHL
Kevin Taylor (KT)	Operations Manager	CHL
Ken Beechey (KB)	Haem Section Head	CHL
Dr John Pettit (JP)	Haematologist	MLS
Liz Pugh (LP)	Medical Lab Scientist	MLS
Dr Russell O'Neill (RO)	Haematologist	SCL
Robert Allan (RA)	Medical Lab Scientist	SCL

Apologies:

Minute No	Minutes	Action
1)	<p><u>Welcome</u></p> <p>RS welcomed everyone to the meeting and thanked attendees for taking time out of their schedules to come along.</p>	
2)	<p><u>Background and Current Status</u></p> <p>JM provided a brief background to the project noting that the focus of this stream of work is to look at the comparability of results and ranges from CHL, SCL and MLS and identifying what is and what isn't comparable. JM also noted that there are three additional streams of work that need to be completed for the results repository to become a reality.</p> <p>JM stated that in an initial discussion around comparability RS suggested that Haematology would be a good discipline to start with as work had already been done looking at the standardisation of some ranges etc. A request was subsequently sent out to the three laboratories to ask for Haematology tests and ranges reported from each laboratory. Once received this information was collated into a central spreadsheet.</p> <p>At this point in the project a further request has been sent out laboratories to ask for the Biochemistry tests and ranges reported from each laboratory.</p>	

Minute No	Minutes	Action
3)	<p><u>Current Haematology Status:</u></p> <p>The information received from each laboratory has been collated into a single spreadsheet that can be filtered in different ways to display information.</p> <p>JM noted that the aim of this meeting was to start looking at this spreadsheet and review the information.</p>	RC
4)	<p><u>Haematology Spreadsheet Review:</u></p> <p>KT stated he would like to start by looking at Thrombin Times. The reason being the three laboratories used different methods and it would be difficult to cumulate this information. If we could come to an agreement on how this information might be displayed in Éclair, it could be used as a way forward when looking at biochemistry tests where some tests would be difficult to cumulate.</p> <p>KT noted that he had a suggested solution which was – when looking in Éclair at results from a particular laboratory, results would cumulate. Where a test had been performed by a different laboratory an asterisk (or agreed symbol) would appear. You could click on this symbol to view the results / ranges from the other laboratory. This way Clinicians would know all tests that had been performed.</p> <p>It was generally agreed by all that this sounds like a possible solution for those tests that weren't comparable.</p> <p>Action: RC to confirm if KT's suggestion is Technically possible within the Éclair application</p> <p>A question was raised about whether it was Éclair that determined whether a result was abnormal or whether it was determined by the sending laboratory. RC noted that it is the sending laboratory that determines whether a result is abnormal or not.</p> <p>It was asked if Blood Film comments also come across into Éclair. RC confirmed that they did.</p> <p>RS noted that she was conscious of people's time and suggested we start looking at the different Haematology tests and ranges.</p>	
5)	<p><u>HAEMOGLOBIN</u></p> <p>It was agreed that the three laboratories would adopt the NORTHQAG range. The Adult Male range for Haemoglobin would be: 130 – 175 The Adult Female range for Haemoglobin would be: 115 – 155</p> <p>The Antenatal Haemoglobin range would remain the same for SCL and MLS who both have the range of 100 – 150. CHL would use a default comment.</p> <p>It was agreed that we would find out from NORTHQAG where their adult range starts from and each laboratory would adopt this.</p> <p>RO asked how NORTHQAG group established their ranges. KT noted that the information came mainly from databases in the north island (DML and one from</p>	

Minute No	Minutes	Action
	<p>Waikato).</p> <p>Action: Find out where the adult age range starts for Male and Female Haemoglobins.</p> <p><u>Paediatric Haemoglobin Range</u> LP from MLS noted that their Paediatric Ranges were out of date and they were happy to adopt whatever the group consensus was.</p> <p>It was noted that a significant amount of reference material was reviewed to identify and develop the paediatric ranges that were used by SCL.</p> <p>It was agreed by all that the SCL paediatric ranges should be adopted.</p>	JM
6)	<p><u>Packed Cell Volume (PCV)</u></p> <p>It was agreed by all that the name for PCV should be standardised by the three laboratories to Haematocrit (Hct).</p> <p>It was agreed that the three laboratories would adopt the NORTHQAG range. The Adult Male range for Haematocrit would be: 0.40 – 0.52 The Adult Female range for Haematocrit would be: 0.35 – 0.46</p> <p>Action: Find out where the adult age range starts for Male and Female Haematocrits.</p> <p>The Antenatal Haematocrit range would remain the same for SCL and MLS who both have the range of 0.31 – 0.47. CHL's would use be covered by the use of the default comment.</p> <p>It was agreed by all that the SCL paediatric ranges should be adopted.</p>	JM
7)	<p><u>Mean Cell Volume (MCV)</u></p> <p>It was agreed that the three laboratories would adopt the NORTHQAG range. The Adult Male / Female range for MCV would be: 80 – 99</p> <p>Action: Find out where the adult age range starts for Male and Female MCV's.</p>	JM
8)	<p><u>Red Blood Cell Count (RBC)</u></p> <p>It was agreed that RBC's would not be reported by laboratories. There should not be a place in Éclair for the result to feature.</p>	
9)	<p><u>Mean Cell Haemoglobin Concentration (MCHC)</u></p> <p>It was agreed that MCHC's would not be reported by laboratories. There should not be a place in Éclair for the result to feature.</p>	

Minute No	Minutes	Action
10)	<p><u>Mean Cell Haemoglobin</u></p> <p>It was agreed that MCH's would not be reported by laboratories. There should not be a place in Éclair for the result to feature.</p>	
11)	<p><u>Platelets</u></p> <p>It was agreed that the three laboratories would adopt the CHL range. The Adult Male / Female range for Platelets would be: 150 – 450</p> <p>It was agreed that the platelet range for Antenatal patients should also be 150 – 450.</p> <p>It was agreed that that because the paediatric ranges are so close, all laboratories would adopt the SCL paediatric range up till the age of four. After four years of age, the adult range would apply.</p>	
12)	<p><u>Mean Platelet Volume (MPV)</u></p> <p>It was agreed that MPV's would not be reported by laboratories. There should not be a place in Éclair for the result to feature.</p>	
13)	<p><u>Reticulocytes</u></p> <p>It was asked what the NORTHQAG range for Retics was. RA noted that NORTHQAG are still working on it and it is likely to be agreed by their next meeting on the 7th February.</p> <p>Having reviewed the ranges across the three laboratories, KT suggested we should look at a range of 20-100.</p> <p>It was agreed that the three laboratories would adopt KT suggested range. The Adult Male / Female range for Retics would be: 20 – 100</p>	
14)	<p><u>Red Cell Distribution Width (RDW)</u></p> <p>Discussion was had over the value of this particular indice. It was agreed that it would be favourable if it could be dropped.</p> <p>It was agreed that RDW's would not be reported by laboratories. There should not be a place in Éclair for the result to feature.</p>	
15)	<p><u>White Blood Cell Count (WBC)</u></p> <p>It was agreed that the three laboratories would adopt the NORTHQAG range. The Adult Male / Female range for WBC would be: 4.0 – 11.0</p> <p>The Antenatal WBC range would remain the same for SCL and MLS who both have the range of 4.0 – 15.0. CHL's would use be covered by the use of the default comment.</p> <p>It was agreed by all that the SCL paediatric ranges should be adopted.</p>	

Minute No	Minutes	Action
16)	<u>Neutrophils</u> It was agreed that the three laboratories would adopt the NORTHQAG range. The Adult Male / Female range for Neutrophils would be: 1.9 – 7.5 The Antenatal Neutrophil range would change for SCL and MLS to 1.9 – 10.5 CHL's would use be covered by the use of the default comment.	RS
17)	<u>Lymphocytes</u> It was agreed that the three laboratories would adopt the NORTHQAG range. The Adult Male / Female range for Lymphocytes would be:1.0 – 4.0 Discussion was had over the change in range once patients were greater than 50 years of age. The SCL range changed to 0.7-4.0. It was thought that there might be benefit to having this change in range for the older population. Action: RS to discuss the relevancy of Lymphopenia's with JP prior to agreeing change.	
18)	<u>Monocytes</u> It was agreed that the three laboratories would adopt the NORTHQAG range. The Adult Male / Female range for Monocytes would be:0.2 – 1.0 The Antenatal Monocyte range would change for SCL and MLS to 0.2 – 1.2 CHL's would use be covered by the use of the default comment.	
19)	<u>Eosinophils</u> It was agreed that the three laboratories would adopt the NORTHQAG range. The Adult Male / Female range for Eosinophils would be:0.0 – 0.5	
20)	<u>Basophils</u> It was agreed that the three laboratories would adopt the NORTHQAG range. The Adult Male / Female range for Basophils would be:0.0 – 0.2	
21)	<u>Immature White Cells / Others</u> Discussion was had regarding immature white cells and how they are reported and what the normal ranges for these are. KT noted that CHL count Metamyelocytes and Myelocytes together. Nelson on the other hand count bands under the header of "Others" Another example is where Smear Cells get counted as Lymphocytes and then a comment is noted to highlight the fact the Smear Cells were seen. Further discussion will need to take place regarding these ranges and the way in which immature cells are reported.	

Minute No	Minutes	Action								
22)	<p><u>Erythrocyte Sedimentation Rate (ESR)</u></p> <p>It was noted that ESR's are a test that is on the decline. KT noted that it might be difficult for CHL to adopt the way in which SCL / MLS report their result utilising a calculation.</p> <p>It was agreed at the three laboratories would adopt the CHL range.</p> <table border="0"> <tr> <td>Adult Male / Female range 1-30yrs</td> <td>1-10mm/hr</td> </tr> <tr> <td>Adult Male / Female range 31-50yrs</td> <td>1-15mm/hr</td> </tr> <tr> <td>Adult Male / Female range 51-70yrs</td> <td>1-20mm/hr</td> </tr> <tr> <td>Adult Male / Female range 71+</td> <td>1-30mm/hr</td> </tr> </table>	Adult Male / Female range 1-30yrs	1-10mm/hr	Adult Male / Female range 31-50yrs	1-15mm/hr	Adult Male / Female range 51-70yrs	1-20mm/hr	Adult Male / Female range 71+	1-30mm/hr	
Adult Male / Female range 1-30yrs	1-10mm/hr									
Adult Male / Female range 31-50yrs	1-15mm/hr									
Adult Male / Female range 51-70yrs	1-20mm/hr									
Adult Male / Female range 71+	1-30mm/hr									
23)	<p><u>Coagulation Tests</u></p> <p>It was agreed that because different laboratories use different methods, the majority of coagulation tests would not be able to be cumulated.</p> <p><u>INR</u> All three laboratories already have a range that agrees; The Adult Male / Female range for INR would be: 0.8 – 1.2 This range is only for patients not on anticoagulant therapy. The ranges for anticoagulated patients would be included in the hardcoded comment if that option is possible (see below)</p> <p>Action: RS to discuss the upper limits with JP</p> <p>KB asked if the cumulative Éclair page that displays the INR results could have a standard comment hardcoded into the set-up. This would negate the need for each laboratory to send a comment through. Just the result would need to be sent down.</p> <p>Action: RC to confirm if a comment could be hardcoded into the Éclair system.</p> <p>The group agreed that it would be helpful if a result outside the therapeutic range could be flagged up as a different colour.</p> <p><u>Prothrombin Ratio</u></p> <p>It was agreed that Prothrombin Ratio's would not be reported by laboratories. There should not be a place in Éclair for the result to feature.</p> <p><u>Fibrinogen</u></p> <p>It was agreed that the three laboratories would adopt the consensus range. The Adult Male / Female range for Fibrinogen would be: 1.5 – 4.0</p> <p>Action: JM to notify NORTHQAG of the range we have agreed on to see how it fits in with the work they have done.</p> <p><u>D-Dimers</u></p>	<p>RS</p> <p>RC</p> <p>JM</p>								

Minute No	Minutes	Action
24)	<p>A discussion was had over the fluctuations of D-Dimer results and the validity of cumulating them based on the fact the different laboratories could be using different kits.</p> <p>A question was raised asking; If the D-Dimer result was entered into Éclair as a Positive or Negative – could a link (? Hyperlink) be set to that the clinician could see the actual result if they want too?</p> <p>Action: RC to confirm if this is possible.</p> <p><u>Any other business</u></p> <p>KT raised the point about remembering to consider factor assays and haemoglobinopathies as we move forward.</p> <p>It was discussed when might be a good time for laboratories to implement these new ranges. An indicative date of the first of March was given. It was noted that prior to any changes being made ranges suitable communications would have to be sent out to GP's / Clinicians.</p> <p>JM noted that he would update the spreadsheet with the agreed values so that can be compared against what laboratories are currently reporting. That way it can be easily identified what changes need to be made in each Laboratory Information System.</p> <p>RS thanked everyone for there time and the meeting closed.</p>	RC