

Canterbury DHB

District Health Board

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

Meeting Minutes

Subject: Community Éclair Results Repository Biochemistry (Meeting 2)

Location: Seminar Room, Canterbury Health Laboratories

Meeting Date 01/05/2008

Attending:

Peter George (PG)	Medical Director	CDHB	
Richard Mackay (RM)	Chemical Pathologist	CDHB	
Chris Florkowski (CF)	Chemical Pathologist	CDHB	Apologies
Lesney Stuart (LS)	Biochem Section Head	CDHB	
Geoff Smith (GS)	Chemical Pathologist	SCL	
Max Reed (MR)	Biochem / Haem Section Head	SCL	
Guy Mulligan (GM)	Chemical Pathologist	MLS	
Gordon Sutton (GSu)	Biochem Section Head	MLS	Apologies
John Sheard (JS)	Biochem Section Head	WCDHB	Via Telepaeds
Ruth Spearing (RS)	Haematologist	CDHB	Apologies
John Moodie (JM)	LIS Co-ordinator	CDHB	
Rebecca Clayton (RC)	Business System Analyst	CDHB	Apologies
Ken Beechey (KB)	Haem Section Head	CDHB	Apologies

Minute No	Minutes	Action
1)	<p><u>Welcome</u></p> <p>JM welcomed everyone to the meeting and noted that John Sheard was attending via Telepaeds. JM noted that CF had put in his apologies.</p> <p>GS put in apologies for GSu. PG put in apologies for RS.</p>	
2)	<p><u>Minutes / Actions of the last Meeting</u></p> <p>GS corrections: SCL does do Theophylines – tests assayed in Dunedin and reported in Chch.</p> <p><i>Action: Fasting Glucose: CF to look at the possibility of being able to add an appropriate report comment for GP's regarding the potential indications of glucose in the high 5.0 range and liaise with GS for a solution.</i></p> <p>GS noted that this still needs to be looked at. PG stated that we need to be careful about trying to standardise reports as this is not in the scope of the Project. GS noted that for Glucose is an important point to discuss to avoid confusion for GP's.</p> <p>Action: GS and CF to discuss possible solutions.</p>	GS / CF

Action: Comparison testing for Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Cholesterol HDL Ratio / Trigs etc.

JM noted that this action had not been initiated yet. The group agreed that we should commence once additional tests for comparison have been identified.

Action: Initiate comparison testing once a more definitive list is compiled.

LS / JM

Action: Identify what the LOINC name for the Cholesterol / HDL ratio is because the three laboratories are using varying names.

JM noted that name from the LOINC spreadsheet is "Cholesterol (Total/HDL)" and the code is 32309-7. A question was asked if it mentioned the word ratio anywhere. JM was unable to clarify.

Action: JM to recheck the LOINC entry for Cholesterol / HDL ratio and email entry to attendees.

JM

Action: Review the LOINC code names with a view to looking at the possibility of differentiating between plasma and serum potassium.

JM noted that from initial investigations it does not appear that LOINC differentiate between plasma and serum. JM confirmed that he had contacted Sysmex over this issue to see what Auckland does – Auckland does not differentiate between Serum and Plasma.

It was agreed that in Canterbury we want to be able to differentiate between the Serum and Plasma potassium.

Action: JM to contact Sam Chan to see what options are available.

JM
JM

Action: JM to contact Cam Kyle to see what they do.

Action: Review the literature for Alkaline Phosphatase with regards to deciding if gender specific ranges are required.

GS emailed out a list of suggested ranges – this was discussed and it was agreed;

Gender Specific Differentiation: It was agreed by the three laboratories that the Adult range would be the same for both Males and Females and the adult range would begin at 18 years old.

It was agreed that the three laboratories would adopt the following Adult range. Adult range for Alkaline Phosphatase would be: 30 – 150 U/L

RM and GS noted the work done on the Alkaline Phosphatase paediatric ranges

Age	Range	Sex (M / F / B)
<1 yr	60-500	B
1-10 yr	60-360	B
11-15 yr	90-450	M
11-15 yr	80-400	F
16-18 yr	60-300	M
16-18 yr	50-200	F

JM asked RM for an update on the other Paediatric ranges that were being assessed. RM noted that there were provisional ranges drafted for the other tests identified.

It was agreed that once final review had taken place, the paediatric information should be sent through to JM for inclusion in the spreadsheet.

Action: RM to send through the Paediatric reference ranges when complete.

RM

JM noted that he had been in touch with Colleen Harvey in Auckland who was on the ARQAG group and that she was keen to see how the Paediatric work group went.

A question was asked with regards to how Delphic calculates a person's age – is it to the nearest day?

Action: JM to confirm the date calculation with the LIS team.

JM

PG also raised some pertinent points regarding the scope of the project;

- The LIS systems of our various laboratories are used by staff in other regions of the country – are there plans to limit the use of Éclair to our region.

Action: JM to consult with RC as to the capability of Éclair.

JM

- Tests sent to our lab from Med Lab for example are sent to Éclair by the lab that reports them as opposed to the lab that requests them.

Action: JM to consult with RC as to the capability of Éclair.

JM

- Currently the scope of the project is restricted by the Health Pac Schedule but there are tests that all three labs do that may be possible to cumulate.

Action: JM to consult with RC as to the capability of Éclair.

JM

3) FERRITIN

PG noted that work had already been done in the past regarding the standardisation of ferritin between the laboratories which was confirmed when reviewing the spreadsheet.

Gender Specific Differentiation: It was agreed that there should be gender specific ranges.

Ranges: It was agreed that the three laboratories would stay with the agreed ranges.

Age range is specified as 0-14yrs 364 days.

Age	Range	Sex (M / F / B)
0-14yrs	15-150	M
15-29yrs	20-350	M
>30yrs	20-500	M
0-14yrs	15-150	F
15-49yrs	20-200	F
>50yrs	20-350	F

PG noted that he felt a result of 15 in a young female was not normal and it would be worth having a reviewing this at a later date.

<p>4)</p>	<p><u>TSH / FT4 / FT3</u></p> <p>GM noted that the method for TSH at MLS had changed. Action: Contact GM and confirm the new TSH range.</p> <p>The group agreed that before ranges can be discussed these test should be assessed to see if they are comparable.</p> <p>Action: TSH/FT4/FT3 to be reviewed in all Laboratories as part of the comparability exercise.</p>	<p>JM</p> <p>JM / LS</p>
<p>5)</p>	<p><u>C-REACTIVE PROTIEN</u></p> <p>It was noted that for CRP the agreement would be for the standard assay. It was noted that we need to ensure that the sensitive assay does not get the same name or LOINC code.</p> <p>Gender Specific Differentiation: It was agreed by the three laboratories that the Adult range would be the same for both Males and Females.</p> <p>Range: It was agreed by the three laboratories: The Adult range for C-Reactive Protein would be: <5 mg/L</p>	
<p>6)</p>	<p><u>GLYCOSLYATED HAEMOGLOBIN</u></p> <p>PG noted that the percentage result value drives a comment here at Canterbury.</p> <p>Gender Specific Differentiation: It was agreed by the three laboratories that the Adult range would be the same for both Males and Females.</p> <p>Range: It was agreed by the three laboratories: The Adult range for Glycosylated Haemoglobin would be: 4-6 %</p> <p>It was noted that Glycoslyated Haemoglobin is one area that will be changing</p>	
<p>7)</p>	<p><u>Mechanism for adding new LOINC codes.</u></p> <p>The group noted the need for ensuring there is a mechanism for adding / defining new LOINC codes as required.</p> <p>PG highlighted Glycosylated Haemoglobin with regards to a new method being evaluated. (NG-SP)</p> <p>Potassium was also raised as an example of where there will be a requirement for the labs to differentiate between Serum / Plasma samples.</p> <p>Action: JM to contact Sam Chan to identify what the mechanism is for getting new LOINC codes set up</p>	<p>JM</p>
<p>8)</p>	<p><u>URATE</u></p> <p>Gender Specific Differentiation: It was agreed that there should be gender specific ranges.</p> <p>It was agreed that the three laboratories would adopt the following Adult range.</p>	

	<p>The Adult Male range for Urate would be: 0.20 – 0.42 mmol/L The Adult Female range for Urate would be: 0.15 – 0.36 mmol/L</p>	
	<p>A query was raised asking if there is a requirement for a paediatric range. It was agreed that this should be looked at as part of the paediatric working group.</p>	
	<p>Action: RM to review Urate as part of the paediatric range working group.</p>	<p>RM</p>
<p>9)</p>	<p><u>UREA</u></p>	
	<p>It was agreed by the group to adopt the ARQAG recommended range.</p>	
	<p>Gender Specific Differentiation: It was agreed by the three laboratories that the Adult range would be the same for both Males and Females.</p>	
	<p>Range: It was agreed by the three laboratories:</p>	
	<p>The Adult range for Urea would be: 3.2 – 7.7 mmol/L</p>	
<p>10)</p>	<p><u>TOTAL PSA</u></p>	
	<p>It was noted that Total PSA would need to be reviewed as part of the comparability exercise. (Roche vs. Architect methodology)</p>	
	<p>CF sent JM an email highlighting the point that we haven't got age-adjusted reference intervals accepted by our Urologists and further consultation needs to occur.</p>	
	<p>PG noted that discussion around PSA will be taken forward outside of this meeting but to continue with the comparability work.</p>	
	<p>Action: PSA to be reviewed in all Laboratories as part of the comparability exercise.</p>	<p>JM / LS</p>
<p>11)</p>	<p><u>CALCIUM</u></p>	
	<p>It was noted that CHL use the term "corrected" calcium while MLS use the term "adjusted".</p>	
	<p>For reporting purposes it was queried whether we should be reporting Calcium to one or two decimal places.</p>	
	<p>Action: JM to confirm how many decimal places CHL are report Calcium.</p>	<p>JM</p>
	<p>PG queried the accuracy of the methods with regards to reporting to two decimal places.</p>	
	<p>Gender Specific Differentiation: It was agreed by the three laboratories that the Adult range would be the same for both Males and Females.</p>	
	<p>Ranges: It was agreed that the three laboratories would adopt the following Adult range.</p>	
	<p>The Adult range for Calcium would be: 2.2 – 2.6 mmol/L</p>	
	<p>MR confirmed SCL were using the Roche method for Calcium's.</p>	

	<p>The group noted that the upper limit of Calcium for the LNIG was lower than all of the others and queried if this was correct.</p> <p>Action: Confirm that the upper limit for Calcium is 2.55 for the LNIG and that it is not a transcription error in the collated spreadsheet.</p> <p>It was agreed that the ranges for Paediatric Calcium's should be looked at as part of the paediatric working group.</p> <p>Action: RM to review Calcium as part of the paediatric range working group.</p>	<p>JM</p> <p>RM</p>
<p>12)</p>	<p><u>PHOSPAHTE</u></p> <p>Gender Specific Differentiation: It was agreed by the three laboratories that the Adult range would be the same for both Males and Females.</p> <p>Ranges: It was agreed that the three laboratories would adopt the following Adult range. The Adult range for Phosphate would be: 0.8 – 1.5 mmol/L</p> <p>It was agreed that the ranges for Paediatric Phosphate's should be looked at as part of the paediatric working group.</p> <p>Action: RM to review Phosphate as part of the paediatric range working group</p> <p>As with Calcium, it was queried whether there is a need to be reporting to two decimal places.</p> <p>Action: Chemical Pathologists to discuss the number of decimal places with regards to Calcium and Phosphate.</p>	<p>RM</p> <p>PG / RM / CF / GS / GM</p>
<p>13)</p>	<p><u>Any Other Business</u></p> <p>Additional Meeting: It was agreed that there should be one further meeting towards the end of May to a) look at the last of the high volume tests b) review the results of the comparability exercise.</p> <p>Action: Meeting to be set-up towards the end of May.</p> <p>Other Tests: PG noted that although the scope of the Project has been limited to looking at the Health Pac schedule of tests there will be a number of tests that all three labs do that should also be considered.</p> <p>Action: Pathologist to discuss what other tests could be looked at as part of the comparability work stream.</p>	<p>JM</p> <p>PG / RM / CF / GS / GM</p>

End