

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 Haematology (Meeting 2)

Location: Seminar Room, Canterbury Health Laboratories

Meeting Date 06/08/2008

Attending:

John Moodie (JM)	LIS Co-ordinator	CHL	
Ruth Spearing (RS)	Consultant Haematologist	CHL	
Ian Morison (IM)	Consultant Haematologist	SCL	
Russell O'Neil (RO)	Consultant Haematologist	SCL	
Robert Allan (RA)	Medical Lab Scientist	SCL	
Ken Beechey (KB)	Haematology Section Head	CHL	
Steve Gibbons (SG)	Consultant Haematologist.	CHL	Apologies
John Pettit (JP)	Consultant Haematologist	MLS	Apologies
Liz Pugh (LP)	Medical Lab Scientist	MLS	Apologies
Michael Lau (ML)	Consultant Pathologist	SCL	Apologies
Annette Neylon (AN)	Consultant Haematologist	SCL	Apologies
Hilda Mangos (HM)	Consultant Haematologist	SCL	Apologies
Brent Bishop (BB)	Charge Scientist Haematology	SCL	Apologies
Phil Clark (PC)	Principle Technologist Haematology	WCDHB	Apologies

Minute No	Minutes	Action
1)	<p><u>Welcome</u></p> <p>RS welcomed everyone to the meeting. JM noted LP's apologies and stated it was unclear if JP could attend. Apologies also received from HM and AN.</p> <p>KB put in apologies for SG.</p>	
2)	<p><u>Introduction</u></p> <p>RS outlined for IM that the work that had progressed regarding the standardisation of reference intervals between the three laboratories. Pathologists from each of the three laboratories had discussed and agreed on the standardisation of a number of the Haematological intervals.</p> <p>IM noted that he hadn't seen any of the work that had been completed to date and previous Haematology minutes.</p> <p>Action: JM to send IM the current Haematology spreadsheet.</p> <p>IM noted that he would be happy to review the work already progressed.</p>	JM

<p>3)</p>	<p><u>Current Project Status</u></p> <p>JM noted that comparability work had been progressing well in both the Haematology and Biochemistry work-groups.</p> <p>As far as the Community Éclair project as a whole goes there are four main work-streams of which the comparability work is one (Technical, Privacy, Communications and Comparability). JM pointed out that resource had recently been obtained to progress this work. Helen McLeod, Business Development Manager from Med Lab south has been engaged to lead both the Privacy and Communications work-streams and David Mackay has been engaged to over see the implementation of the technical work and the co-ordination all four work-streams.</p>	
<p>4)</p>	<p><u>Current Haematology Status</u></p> <p>RS noted that the Haematology work-group has progressed well, but NorthQAG have recently put submitted there own set of Paediatric ranges which are out for discussion. (See point 5.)</p> <p>Locally the plan is to try and implement the agreed Haematology ranges prior to any community Éclair coming on line. At least this way all laboratory providers will be using the agreed standardised reference intervals.</p> <p>Currently MLS and SCL require two / three weeks notice prior to effecting any change. CHL currently have a complex change in progress which won't be finished for a couple of months. JM stated that it would be preferable to co-ordinate one set of changes in the various LIS systems if possible (Adult and Paediatric).</p>	
<p>5)</p>	<p><u>NorthQAG</u></p> <p>a) Paediatric Ranges.</p> <p>At the time of the original Haematology work-group (Dec 07), NorthQAG did not have paediatric ranges for review and the work-group decided to adopt what SCL currently use.</p> <p>KB noted that Edward Theakston has analysed data from approximately 8500 patients to draft the set of paediatric reference ranges which have circulated around the NorthQAG group.</p> <p>It was agreed that this data needs to be sent to IM for review to see whether we would look to adopt the ranges here in the south or whether a case needs to be made for NorthQAG to potentially amend theirs.</p> <p>Action: RS to contact Edward Theakston and arrange to get a copy of all of the raw data he used to draft his ranges. This needs to go to IM.</p> <p>KB noted that it is possible that Edward's documentation will be presented at the September NorthQAG meeting. RS suggested it may be worth meeting Edward in person to prior to the meeting to discuss his proposed ranges with a view to coming to some sort of agreement nationally.</p> <p>Action: RS to set-up a face-to-face meeting with Edward and IM to discuss</p>	<p>RS</p> <p>RS</p>

the paediatric ranges.

b) Antenatal Ranges

KB noted from the attendance at the last NorthQAG meeting that they are starting to collate Antenatal ranges. IM asked whether they would be looking towards getting Trimester ranges. General discussion ensued over the quality of antenatal data provide on the request form. It was agreed that better antenatal data was provided from GP's in the community as opposed to clinicians in a hospital environment.

6) SIQAG- Haem (South Island Quality Assurance Group)

JM noted that as part of the Comparability work-group we also need to look at ways of maintaining the on-going comparability of reference intervals, units etc. JM stated that he had spoken to David Bunkall in Auckland; for Test Safe, ARQAG (Auckland Regional Quality Assurance Group) ensure the on-going comparability for Biochemistry.

JM proposed that we could look at the development of a South Island Quality Assurance Group which could meet regularly to discuss the on-going comparability

It was agreed that the formation of a South Island Quality Assurance Group would be a good idea. It was also proposed that the group could meet approximately three times per year and a representative from the NorthQAG group should be invited to attend (via Telepaeds if appropriate).

It was also agreed that it would be valuable to have a representative involved in the NorthQAG meetings.

Action: JM to initiate the draft of terms of reference for this group.

JM

7) Other Business

Malaria: KB noted that Malaria parasite loading reporting had been raised at the NorthQAG meeting and that there was minor confusion over this. KB also noted that some laboratories aren't doing thick films. KB has raised this topic for discussion with Infection Control and Graeme Paltridge here at CHL.

Immature Granulocytes: KB asked IM if he had any thoughts about reference intervals for immature granulocytes as we would be looking to report these.

Highlight Report: **Action: JM to add IM to the highlight report distribution list.**

JM

Reporting units for WBC and differential Is $x10E9/L$ the same as $x10^9/L$?
Using $x10E9/L$ is incorrect and in fact means 10 fold more than $x10^9/L$.
To get over superscript formatting problem, IM recommends that $x10(9)/L$ is used.

White Cell Count: IM wanted to raise the point that the White Cell Count doesn't provide any use when reporting and notes that it should be dropped.

End