

# Canterbury DHB

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## District Health Board

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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 3)

**Location:** Seminar Room, Canterbury Health Laboratories

**Meeting Date** 03/11/2008

**Attending:**

John Moodie (JM)	LIS Co-ordinator	CHL	
Ruth Spearing (RS)	Consultant Haematologist	CHL	
Steve Gibbons (SG)	Consultant Haematologist	CHL	
Ian Morison (IM)	Consultant Haematologist	SCL	Via Telepaeds
Russell O'Neil (RO)	Consultant Haematologist	SCL	
Robert Allan (RA)	Medical Lab Scientist	SCL	
Ken Beechey (KB)	Haematology Section Head	CHL	Apologies
John Pettit (JP)	Consultant Haematologist	MLS	Apologies
Liz Pugh (LP)	Medical Lab Scientist	MLS	
Phil Clark (PC)	Principle Technologist Haematology	WCDHB	

Minute No	Minutes	Action
1)	<p><u>TOR for SIQAG Haematology</u></p> <p>JM noted that the TOR for SIQAG Haematology had been drafted and circulated with the agenda and there were a couple of points that needed discussion.</p> <ul style="list-style-type: none"> <li>Senior Management Support: JM noted that a copy of the Terms of Reference has been circulated to senior management at CHL, SCL and MLS but at this stage there has been no formal response. JM noted that Trevor English (TE) did have a few queries, but these had not been discussed yet. JM noted he hoped senior management support would be a formality.</li> <li>Attendee List: JM noted that Kevin Taylor (KT) had been added as Quality Manager and he had queried whether the Quality Managers from MLS and SCL should be included. It was agreed that Kevin should be kept on the list because of his Haematology background but there was not a need to include the other quality managers at this point. The group agreed that they were happy will all other nominated members.</li> <li>Chair: JM asked if the SIQAG Haematology meetings should be consultant led or if it should be chaired by the Quality Manager. It was agreed that the chair should be a position that should be reviewed formally and the position agreed by consensus. It was agreed that in the first instance Kevin would be a suitable chair for the first year.</li> </ul>	

- JM asked if the group was happy with the frequency of the meetings, three per year (Feb, June and Oct) noting that the Biochemists had opted for one per year and ad hoc as required. JM noted that one suggestion would be to coincide the meeting with the Peer Review / TSG Meetings that happen here at CHL. The group agreed that annually would be adequate and that it would be good to coincide them with the Peer Review / TSG meetings.
- JM asked if there were any other points regarding the TOR. IM noted that he felt the objectives identified were quite narrow in scope. JM stated that they were developed around the work that is being done currently but it would be up to the SIQAG group to amend as the group matures. IM suggested that an annual review clause could be added under the scope.
- SG asked about the “xxxx”. JM noted that this could now be replaced with the chair.

**Action: JM to make final amendments to the TOR and re-circulate.**

**JM**

2) SIQAG Haematology Comparability document.

JM noted that that this document was drafted to outline what all the agreed reference intervals were but with the additional key elements being the names, decimal places, units and reference intervals. All of these need to be agreed to ensure that tests will cumulate correctly in Éclair.

JM stated that he envisaged this document being looked after and managed by the SIQAG group. The group agreed that the concept was good and the layout was okay. IM did note that it would be good to have the reference interval under the upper and lower limit headings. JM noted that it wouldn't be difficult to maintain an excel version of the information as well. It was agreed that this would be a good idea.

**Action: JM to set up an excel version of the SIQAG Haematology Comparability Document.**

**JM**

JM did note that the only thing missing at this point was a justification section that would detail how these ranges were agreed.

**Action: JM to amend the SIQAG Comparability document to include a justification section.**

**JM**

3) Non Reporting Reference Ranges

JM noted that there were a couple of tests that appear to be reported in Éclair, but didn't have their reference intervals looked at initially. In particular at CHL it was RBC, RDW and MPV.

JM asked that if we are standardising reference intervals across the laboratories should we be standardising these tests regardless of whether they are reported to Éclair or not?

IM, RO, SG and RS discussed the merits of each test noting that this would be a good opportunity to stop reporting those tests that had little value.



6) Immature White Cells

JM stated that he wanted to put immature white cells on the agenda because this was one area that hadn't been covered. As things have progressed and initial work is being done on how test groups will look when they cumulate in Éclair, it has become apparent that as much work as possible will need to be done to ensure that when FBC's cumulate the tests will look right.

There was significant discussion regarding the difference between an automated differential and a manual differential with regards to what immature white cells lines are called / reported. LP noted that there Med Lab South analyser does not have the appropriate software to report immature granulocytes.

IM suggested that we need to put together a discussion paper on the reporting of immature white cells. SG noted that he and KB had some previous discussion over immature whites, and it was suggested that KB could lead the development of a discussion paper.

**Action: KB to put together a discussion paper around the reporting of immature white cells.**

KB

7) Other Business

PC asked about ESR's and whether they would be "dumped". SG noted that ESR's have been removed from request forms and this has significantly reduced the number requested. If clinicians want them they have to ask for them specifically.

Technical issues were raised around the sending of test results into Éclair, i.e. who sends results is still an issue and JM noted that there are a number of significant technical issues that need to be addressed.

End