



SIQAG

South Island Quality Assurance Group for Biochemistry

www.labnet.co.nz/siqag/biochemistry.html

Meeting Minutes

Subject: South Island Quality Assurance Group Meeting

Location: Pathology Committee Room

Meeting Date 30/07/2009

Attending:

Chris Florkowski (CF) Chair	Chemical Pathologist	CDHB	
Richard MacKay (RM)	Chemical Pathologist	CDHB	
John Livesey (JL)	Scientific Officer, Endocrinology	CDHB	
Kathleen Ahern (KA)	Biochemistry	CDHB	
Geoff Smith (GS)	Chemical Pathologist	SCL	
Guy Mulligan (GM)	Chemical Pathologist	MLS	
Gordon Sutton (GSu)	Biochem Section Head	MLS	
John Sheard (JS)	Biochem Section Head	WCDHB	
Judith Early (JE)	Laboratory Manager, Ashburton	CDHB	
Anne Kempthorne (AK)	Section Head, Biochemistry	TDHB	
Jim Greenwood (JG)	Section Head, Biochemistry	HBDHB	
John Moodie (JM)	LIS Co-ordinator	CDHB	
Peter George (LB)	Medical Director	CDHB	Apologies
Chris Lovell-Smith (CLS)	Chemical Pathologist	SCL	Apologies
Lesney Stuart (LS)	Biochem Section Head	CDHB	Apologies

Minute No	Minutes	Action
1)	<u>Introduction</u> CF welcomed everyone to the inaugural SIQAG Biochemistry meeting and highlighted the significant progress that has been made as part of the Comparability Project.	
2)	<u>Terms of Reference</u> SIQAG Terms of Reference ratified with the following amendment: Under section "Minutes" add CHL Labnet partners to ensure they get copies of the minutes distributed to them.	JM

3) Status SIQAG Reference interval implementation

The comparability project has been formally closed with the End Project Report being approved by Ben Harris (SCL), Brian Willcox (MLS) and Ruth Spearing (CHL). SIQAG documentation has been passed to respective IS Managers for implementation. JM to distribute a copy of the End Project Report.

JM

CHL: 41 tests had reference intervals agreed, 25 ranges required changing at CHL and across Labnet partners. Total of 13 tests have been completed and are out for testing.

It was noted that Labcare Taranaki are having difficulty agreeing to some of the proposed reference intervals due to their alignment with Taranaki MedLab and ARQAG. Prolactin is one example where CHL and Taranaki not been able to align. Discussion will continue to see which additional tests can be aligned. JM noted that although CHL have made good progress changing the ranges it has been a long and complicated process.

SCL: Work has not yet started on the range changes and won't be able to for another six weeks. GS indicated that we should aim for a provisional date of 1st October.

MLS: Work has not yet started on the range

It was confirmed that the range changes need to include both Haematology and Biochemistry.

David MacKay from the CDHB IS team is now running the technical work stream and overseeing the project management of the Eclair Results Repository and he has been liaising with Roger (MLS) and Brent (SCL). Implementing the reference intervals is only one aspect of the technical work that needs to be completed.

It was noted that the following issues still require resolution; Potential for duplication, Ordering of constituents, messaging standards.

4) Blood Gas Review

JM thanked everyone for their response to the blood gas reference interval request and noted that the driver for the request came from an effort to look at standardising the reference intervals between CHL and the CDHB Respiratory department.

An outcome of the comparability work is that CHL would be aligning the blood gas electrolytes with what has been agreed.

It was highlighted that ARQAG found standardising blood gases quite difficult and they opted to only standardise Bicarbonate.

JM noted that further evaluation of the Respiratory blood gases has showed that a number of the ranges are calculated based on the patient's age rather than by having a static age division.

GS asked if there was any pressure to report in kPa or mmHg? It was agreed that either unit is probably acceptable, though will need further discussion.

- Further discussion with the Respiratory physicians regarding the standardisation of blood gases will need to occur before are able to make any further progress.
- 5) Creatinine
- CF noted that we have agreed to adopt the SIQAG paediatric range for Creatinine, though the adult ranges we agreed did not align with ARQAG.
- It was agreed that SIQAG should adopt the ARQAG adult ranges for Creatinine in principle
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| Male Adult: | 60-105 umol/L |
| Female Adult | 45-90 umol/L |
- These adult ranges have been proposed to the ChCh Hospital Nephrologists for their feedback and ratification.
- It was pointed out that the proposed newer ranges were lower, reflecting the alignment of the new Jaffe method to the ID-MS reference method. Early experience of the new method however has shown calibration problems and further evaluation is ongoing. [Amendment: - 31/07/09 – JS noted that the calibration problems only apply to the Abbott method. Their Roche method which is using the same reagents as MedLab South and Southern community laboratories is IDMS calibrated.]
- The MDRD equation (for eGFR) will also need to be changed to the “175” (as opposed to the “186”) version, although this is an entirely separate issue to be addressed.
- JM to make update the SIQAG documentation accordingly.
- 6) PSA
- History: May 08 – CF noted that we haven’t got age adjusted reference intervals accepted by our Urologists and that further discussion needed to occur. The comparability group noted the need to check between the Roche / Architect method. Aug 08 – Comparison testing was completed and PSA was found to be comparable. Nov 08 – Noted that this issue still required further discussion.
- After discussion it was agreed that we should standardise they way we are reporting currently and as discussion develops with PSA the group could revisit and amend accordingly.
- It was agreed that SIQAG should adopt the reference interval <4.0 ng/mL. JM to update the SIQAG documentation accordingly.
- 7) Lipase
- Only CHL and West Coast are doing Lipase. It was agreed that standardisation can be looked at separately between these two organisations.
- 8) LH / FSH / Prolactin / TSH
- JM noted that this was something that Lesney asked to put on the agenda.

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	<p>“The agreed reference interval document has some items with units of IU/L or mIU/L, can be discussed about having them all read as U/L or mU/L?”</p> <p>JL noted that having the ‘I’ is internationally recognised and queried exactly why this has been raised. JM noted that the easiest way to progress would be to discuss with Lesney on her return and email the group with specifics.</p> <p>9) <u>HbA1c</u></p> <p>CF provided everyone with an update on progress with this change at CHL highlighting the Go-Live date of Monday 3rd of August.</p> <p>GS noted that some GP’s were concerned about how this change would appear in their practice management systems and in particular on its ability to graph.</p> <p>Current POCT instruments are not adapted to report concurrently in molar units, although it is anticipated that newer instruments will have this capacity.</p> <p>It was highlighted that a significant amount of communication has been distributed to clinicians about this impending change and that information is available on the Diabetes New Zealand and NZSSD websites.</p> <p>10) <u>Microalbumin</u></p> <p>CF has canvassed the local Diabetes Physicians with broad support for having separate cut-offs (<2.5 g/mol for males and <3.5 g/mol for females) as the threshold for microalbuminuria.</p> <p>11) <u>Minor Volume Tests</u></p> <p>It was agreed that SIQAG could work towards aligning the anti-epileptic drugs, HCG and CK by e-business. It was noted that Folate and B12 would present more challenging issues and prove more difficult to align.</p> <p>12) <u>SIQAG Communications</u></p> <p>The group was happy with the SIQAG website that has been developed and was happy for the SIQAG documentation to be in the public domain.</p> <p>It was agreed that all ratified minutes from SIQAG meetings should also be published which will provide information on how the group came to agreements.</p> <p>It was also agreed that the website content would contain the most up to date / master copies of the SIQAG documentation – and significant changes to the documentation would be communicated by email.</p> <p>When reviewing agreements / changes by email, it was noted that the same process (using a template identifying all analyte detail), similar to the process for HbA1c, would be used.</p> <p>13) <u>Other Business</u></p> <ul style="list-style-type: none"> • CF will also be attending the upcoming SRAC (Scientific and Regulatory Affairs Committee) of the AACB as current SIQAG Chair. This will provide 	JM
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valuable links to the AACB and its Working Parties for future guidance. CF will raise the possibility of getting a link to the SIQAG website put on the AACB website.

- It was agreed that the group should continue to meet annually unless required and the business in the main be conducted by email.
- GS agreed to chair the next SIQAG meeting.
- JS asked why Total Amylase and not Pancreatic Amylase had been reviewed. It was identified that only CHL and West Coast are doing Pancreatic Amylase. It was agreed that standardisation can be looked at separately between these two organisations.
- AK raised the newly agreed ARQAG ranges for discussion (0.75 -1.00) and reporting to 2dp when the result is less than 1.0 and to 1dp when the result is less than 1.0. The group noted that they preferred our current reference interval though it was noted that we would look to standardise nationally where possible.
- It was agreed that whenever we obtain reference intervals for comparison and discussion we ensure that ARQAG and LNIQAG are also included so that communication lines remain open.
- Stewardship of the group was raised and JM noted that he would discuss internally what level of involvement he would be able to maintain.

End