

SIQAG Minutes
Thursday 22nd April 2010

Present:

Liz Pugh, Phil Clark, Rob Allan, Craig Mabbett, Sarah Hardingham, Jacqui Wright, Kevin Taylor, Chris Harper, Ruth Spearing, Ken Beechey, Linda Henshaw, Lesley Newton, Dave Patterson,

Apologies:

Russell O'Neil, John Pettit, Brent Bishop, Steve Gibbons

Terms of reference

Membership

Agreed to add representatives from Timaru (Graeme Bennett), Nelson (Graeme Erickson) and Blenheim (Rebecca Brosnan)
Chairperson is to ensure that NorthQAG are included in all communications

AP Kevin Taylor to set up group email for SIQAG and to distribute to group.

AP Liz Pugh to contact suggested representatives.

Chairperson

Ken Beechey agreed to act as the Chair person for the Haematology SIQAG

Meetings

It was agreed that meetings would continue to be held on an annual basis. People were happy for this to continue at CHL in conjunction with the CHL Haematology Peer Review meeting that is held on the same day. Additional meetings to be called ad hoc as required.

Comparison of MCV QAP Data

It was noted that CHL's MCV results are running lower than either SCL or MLS MCV results in the Waikato QC programme.

Data from patients in Eclair where the patient had been tested in both MLS and CHL showed no noticeable difference

Other EQA programme CHL Hcts running on track. ? Sample issue with transportation.

AP CHL, MLS and SCL to set up a fresh sample swap to ensure MCV results are comparable

Review of Cumulative Results in Éclair

Examples of CHL and MLS patients appearing in Eclair were viewed. It was noted that CHL and MLS results do not cumulate with each other. Ruth Spearing raised that this can lead to clinical errors.

AP Ruth Spearing and Kevin Taylor to contact CDHB LIS to try and ensure results from CHL, MLS and SCL all cumulate together in Eclair

Post meeting note

As long as the LOINC code for each test is sent from both Laboratories (and SCL in the future), then IS can then configure Eclair to cumulate tests on the LOINC code rather than using each Labs own individual test code. This is how you get cumulating between facilities.

At CHL although we have updated our lab system with the standard SIQAG convention and LOINC code we aren't yet sending the LOINC code. We hope to rectify this over the next few days.

Immature whites will not cumulate as this has not been looked into.

Review of Current ranges

Neonatal ranges

Currently these are set up with only one range for 0 – 30 days age group. It was suggested that additional ranges within this time frame may be required.

AP Ken Beechey to circulate literature related to additional ranges to both SIQAG and discuss with NorthQAG.

Rob Allan to liaise with Ken with literature.

Immature Granulocytes/Myelocytes

Currently CHL report metamyelocytes and myelocytes together as “meta/myelocytes”. Both SCL and MLS count as separate populations. This may raise issues on how patients with extended differentials report in Eclair

AP Liz Pugh to provide an example of a patient with an extended differential from MLS to Kevin Taylor so an example can be obtained

CHL are also using the immature granulocyte function on the Sysmex XE2100. This means that a large number of patients will have a very low level of myelocytes

Antenatal ranges

SIQAG currently has some agreed ante natal ranges that may need to be developed further. Hopefully consensus with NorthQAG can be achieved.

AP Ken to contact NorthQAG on status with their work on antenatal ranges.