Interactive questions and discussion

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Previous talks

- Professional responsibility
- Duty of candour
- Increased transparency
- Quality dashboards
- Attitudes to EQA

UP and PUP

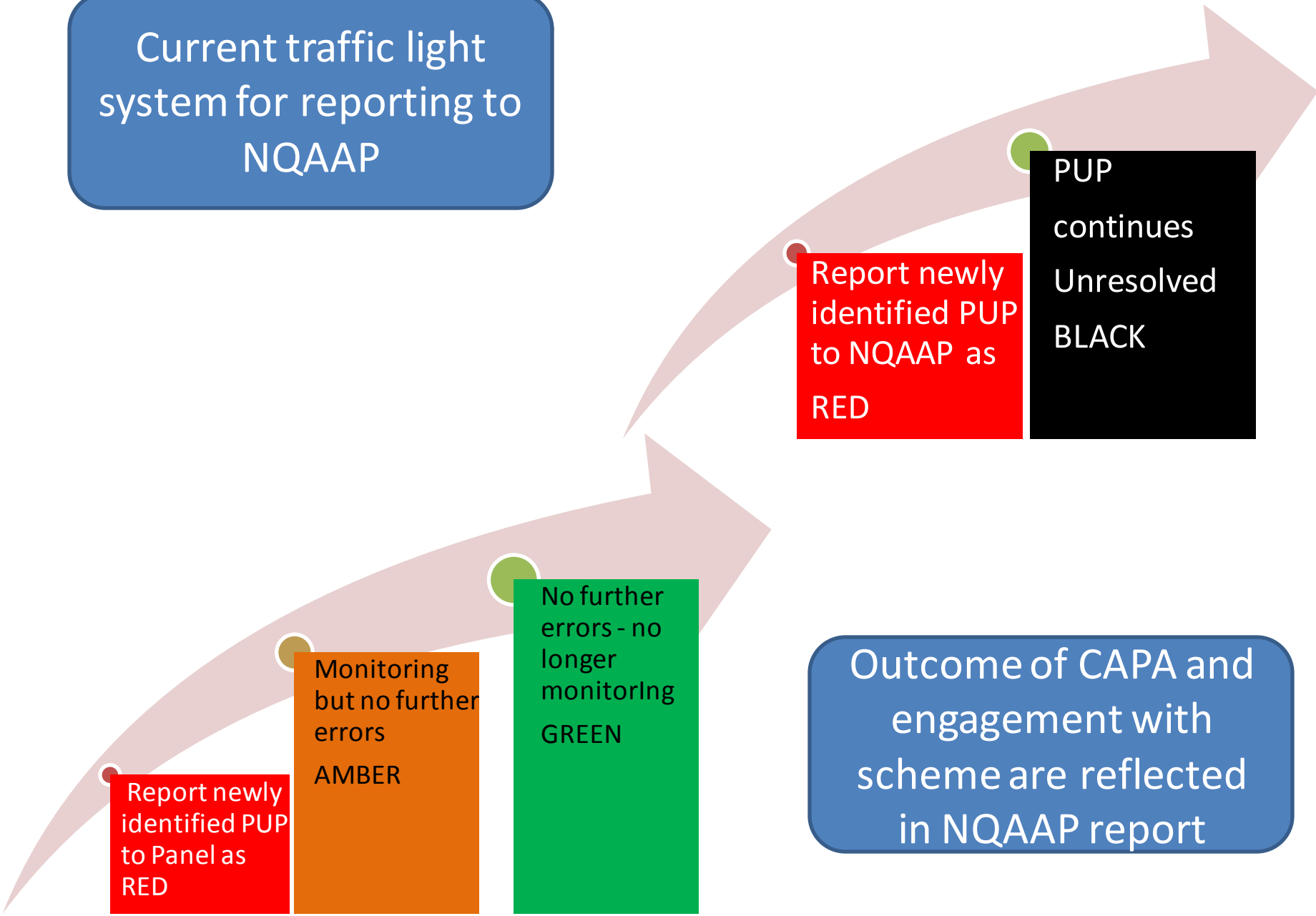
100+ points = unsatisfactory performance (UP)

One ABO or D error
One false negative antibody screen
Two missed incompatibilities (non-ABO)
Three false positive screens
Two totally incorrect antibody interpretations

UP in > one exercise in 12 months
= persistent unsatisfactory performance (PUP)

→ Reportable to NQAAP

Current traffic light system for reporting to NQAAP



Outcome of CAPA and engagement with scheme are reflected in NQAAP report

Technical errors

13R9 anti-Jk^b showing dosage

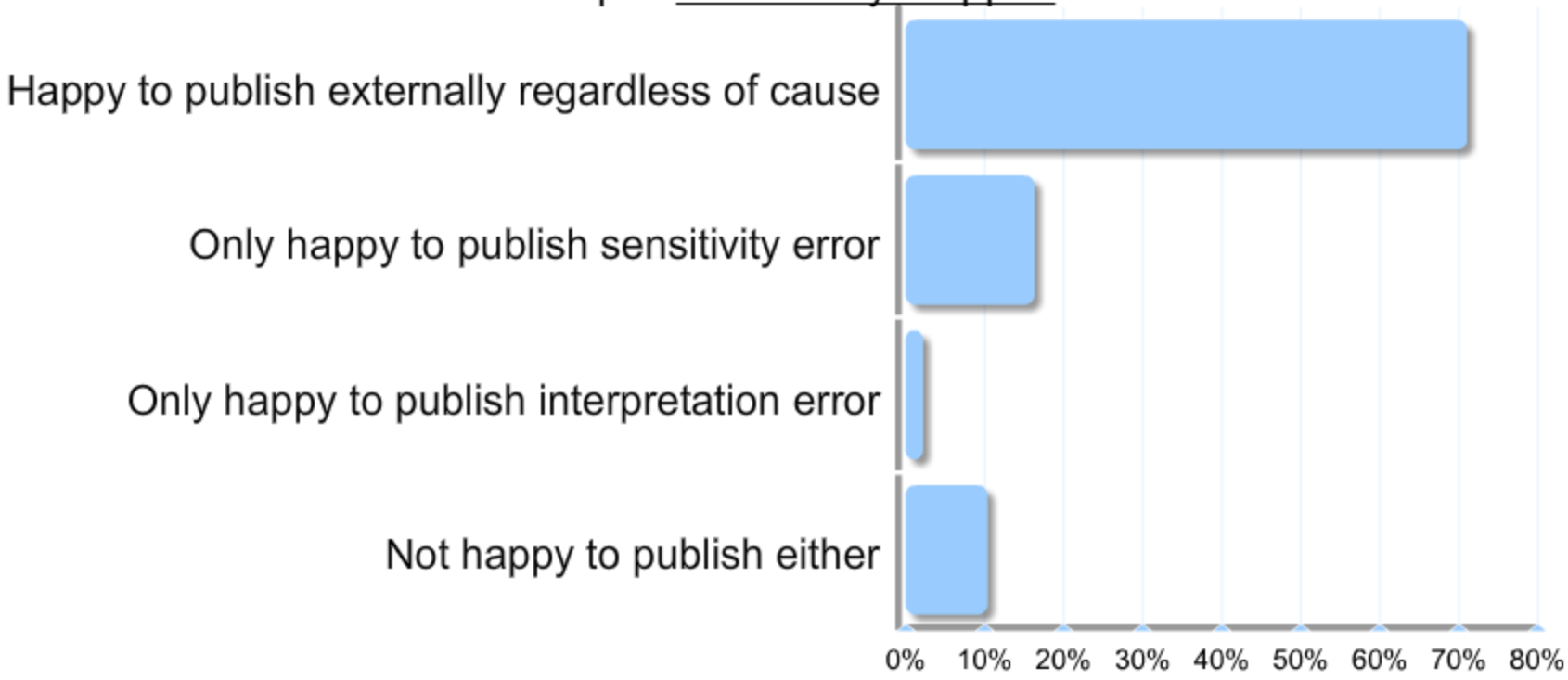
- 9 participants missed the antibody in the crossmatch against Jk(a+b+) cells
- 7 of 9 used BioVue with a 3-5% validated BLISS addition technique which appeared to be slightly less sensitive than the 0.8% addition technique
- 60 penalty points

14R1 anti-E+Fy^a

- One lab misinterpreted the ID panel and reported anti-E+S
- Retrospective review showed that anti-Fy^a could not be excluded
- There was a positive reaction with an E-S- cell which was overlooked
- 80 penalty points

If your laboratory was one of these, would you be happy to publish your results for external viewing

This poll is currently stopped



Procedural errors

14R1 P2 - O D positive
14R1 P3 - B D negative

- One lab reported these the wrong way round
- Transposition of samples at the labelling stage
- Did not 'book them in' to the LIMS
- Usual checks for clinical samples were bypassed
- >100 penalty points for both ABO and D grouping - UP

13R9 anti-Jk^b

- Three participants missed the antibody against both Jk(a+b+) and Jk(a-b+) cells
- One was likely to be due to data entry error on the website
  - positive reactions were recorded by IAT but the 'compatible' box had been ticked
- > 100 penalty points for crossmatching - UP

If your laboratory was one of these, would you be happy to publish your results for external viewing?

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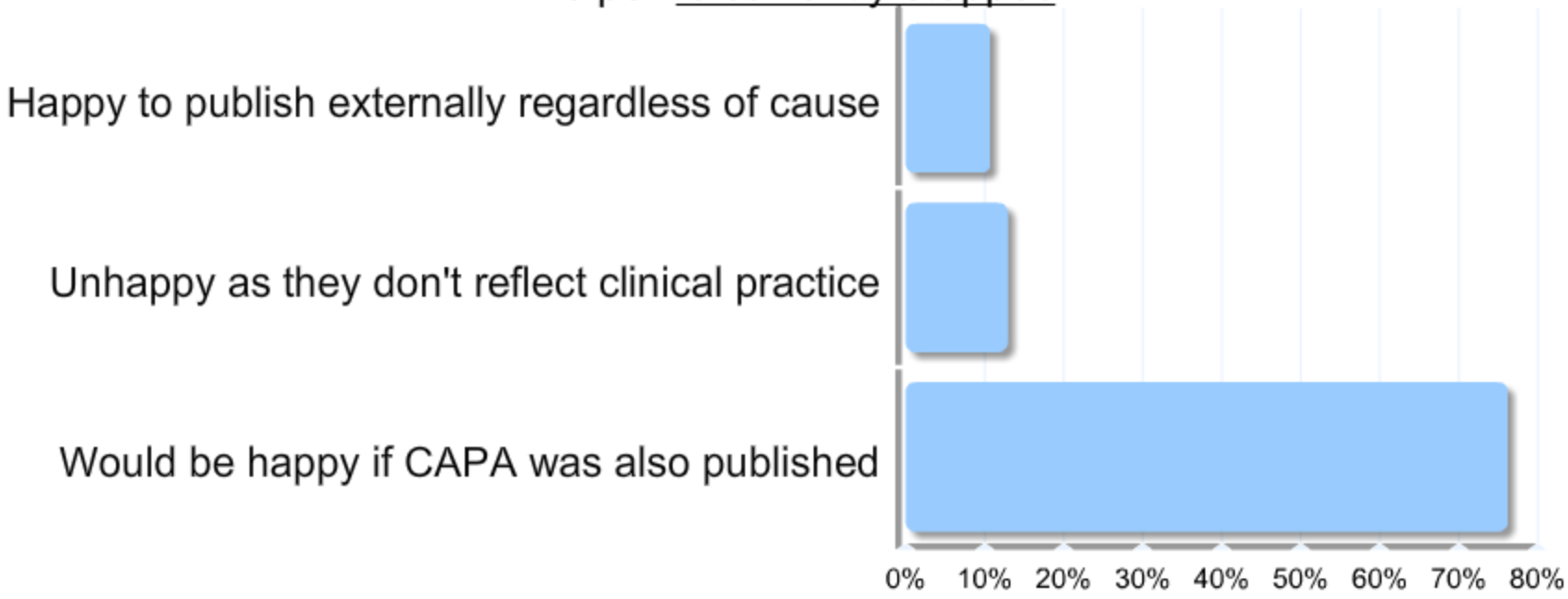
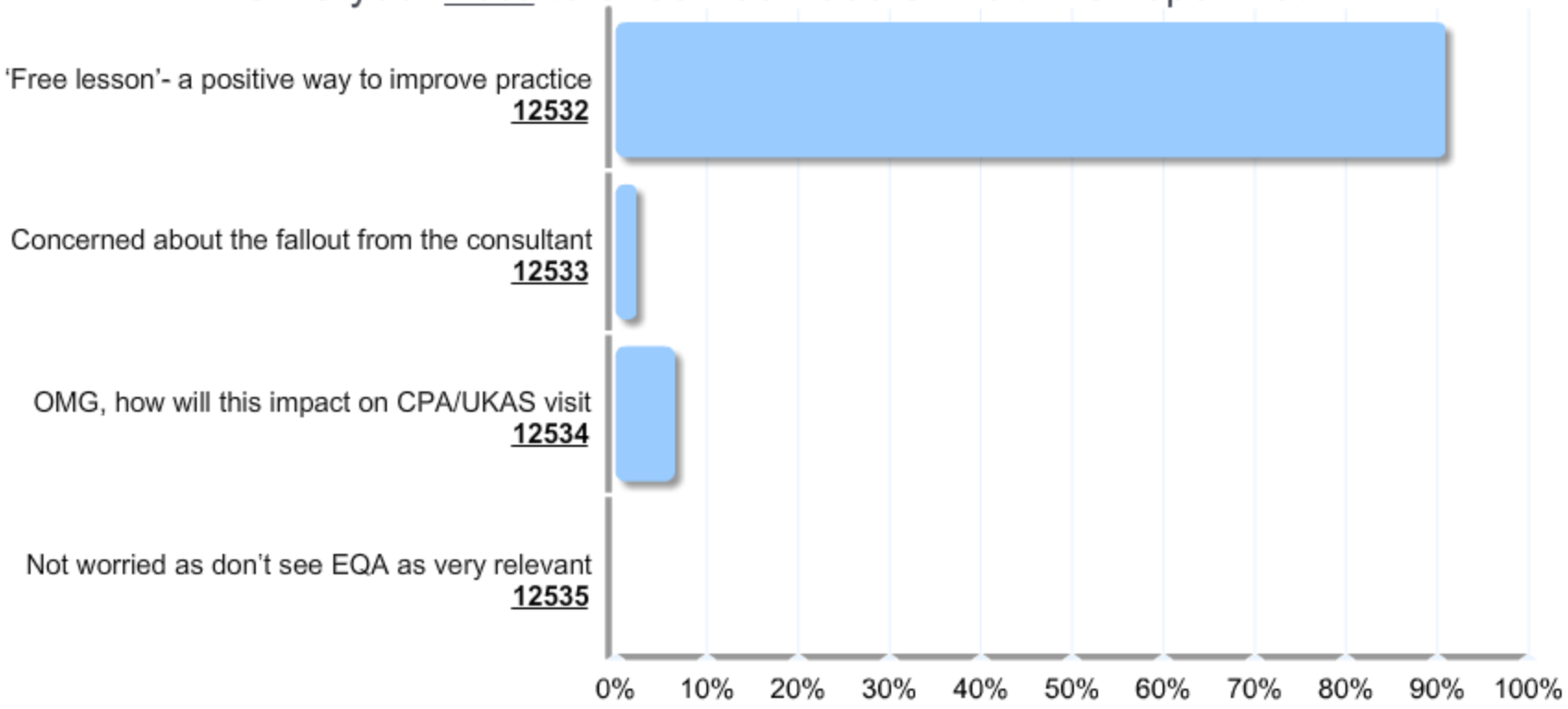


If your lab makes a genuine error in an EQA exercise, what is your response?

SMS your **vote** to 0750 733 2660 or visit m.smspoll.net



Food for thought: how should EQA errors be classified

- All BTLP EQA errors are treated as potentially clinically significant and the penalty points reflect this *potential*
- Suggested that EQA schemes should not give penalty scores for 'EQA' induced errors with no clinical implications
- But who classifies the error as clinical or EQA?
- The CAPA form is a good mechanism for mutual understanding and could be used to classify the error - but who makes this decision?
- Professional responsibility of all parties to use EQA to improve laboratory practice and patient care