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Connections

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CMPT joins the DigitalPT Collaboration

Over the years the Clinical Microbiology Proficiency Testing (CMPT) program and the Canadian External Quality Assessment Laboratory (CEQAL) have had a series of discussions on the benefits of cooperation and collaboration.

There are many compelling reasons for these two groups to work together. Both organizations were formed through activities associated with the University of British Columbia. Both organizations are involved in the provision of clinical laboratory proficiency testing services focused through clinical relevancy. Both groups have a national and international focus. Both groups and their sister organizations are committed to the common goals of quality, standardization, and education.

The DigitalPT International EQA Collaboration has developed a strong collaborative network which involves many proficiency testing programs in a variety of countries. CMPT and its sister program, the Program Office for Laboratory Quality Management, already have connections with many of these countries. This provides further opportunities for growth in our prime focus objectives of education, outreach, and quality assessment.

INSIDE THIS ISSUE

CMPT joins the DigitalPT Collaboration	p.1
Clinical Relevancy Reporting	p. 2
CMPT International Program	p. 3
Get connected	p. 4

In joining the DigitalPT International EQA Collaboration, CMPT will continue to follow its own path for the provision of high quality EQA/Proficiency Testing program and will work within the Collaboration to broaden the reach of CMPT and to avail itself of opportunities that will benefit all members of the DigitalPT collaboration.

CMPT will help lead the development of microbiology proficiency testing within the collaboration as the Science Architect for Microbiology.

CMPT looks forward to this new step forward.

Dr. Michael Noble

DigitalPT International EQA Collaboration

The DigitalPT International EQA Collaboration was conceived as a new model upon which proficiency testing could serve as the foundation for building a global network of laboratories that share a vision of laboratory testing that is of the highest quality, standardized, and congruent with international standards. Significant impetus to this initiative came out of the CDC's call for a global community of medical laboratories as expressed at the Global Odyssey, 2002: International Conference on Proficiency Testing for Medical Laboratories that was held in Atlanta in 2002.

Members of the Collaboration share the use of a common informatics system for their EQA programs. Members harmonize the use of samples, test event calendars, challenge formats and assessment criteria for monitoring the quality of testing as provided by the laboratories within their jurisdiction.

All members of the Collaboration advance proficiency testing as a meaningful process for standardization and improving the accuracy and quality of laboratory testing worldwide.

Since its inception, empowering groups in resource-limited countries has been a priority for the Collaboration. Turnkey use of the systems that are available within the Collaboration enables resource-limited groups to establish local infrastructure to the highest international standards for assessing, monitoring, and improving the accuracy and reliability of the testing that is provided in their country.

Members of the Digital PT International EQA Collaboration

Antigua & Barbuda	Ministry Of Health, Antigua and Barbuda
Australia + N. Zealand	National Serology Reference Laboratory
Bahamas	Ministry of Health Bahamas
Barbados	Barbados EQA Project
Belize	Ministry of Health Belize
Cameroon	Ministry of Public Health
Canada	HealthMetrx
Canada	Public Health Agency of Canada
Canada NLHRS	National Laboratory for HIV Reference Services
China	Shanghai Blood Center
Dominica	Ministry of Health Dominica
Ethiopia	Ethiopian Health and Nutrition Research Institute
Ghana	National Public Health Reference lab
Grenada	Ministry of Health Grenada
Guyana	Ministry of Health, Guyana
Italy	Valutazione Esterna di Qualità (VEQ)
Ivory Coast	Ministère de la Santé Public du Cote d'Ivoire
Jamaica	Ministry of Health Jamaica
Kenya + E Africa	Human Quality Assessment Services (HuQAS)
Philippines	National Reference Laboratory-SLH/SACCL
Saint Lucia	Ministry of Health Saint Lucia
Senegal	AfriQuaLab
Turkey	Turklabs
South Africa	Thistle QA
St. Kitts and Nevis	Ministry of Health St. Kitts and Nevis
St. Vincent/the Grenadines	Ministry of Health St. Vincent and the Grenadines
Suriname	Ministry of Health Suriname
Trinidad &Tobago	Trinidad & Tobago EQA Project
United States	AccuTest

CMPT JOINS DIGITALPT COLLABORATION

The DigitalPT EQA Collaboration had its origins in the Canadian External Quality Assessment Laboratory (CEQAL). CEQAL began in 1988 as the Canadian Cholesterol Reference Foundation with a mission to serve as an accuracy base for the standardization of lipid testing in Canada. The Foundation emerged from research efforts within the Department of Pathology and Laboratory Medicine at the University of British Columbia and at inception was fully endorsed by the Canadian Association of Pathologists, the Canadian Society of Clinical Chemists, the Canadian Society of Laboratory Technologists, the Inter-society Council of Laboratory Medicine, and the federal Ministry of National Health and Welfare (as it was then called).

(http://www.cdc.gov/labstandards/crmln.html)

CEQAL operates a Reference Method Laboratory and its primary focus is to serve as an accuracy resource supporting proficiency testing and laboratory standardization initiatives undertaken by members of the DigitalPT International EQA Collaboration. CEQAL is the only Canadian member of the Cholesterol Reference Method Laboratory Network (CRMLN), an international network of 8 Reference Method Laboratories, that serve as an accuracy base for the measurement of lipids by medical laboratories. CRMLN operates under the aegis of the Centers for Disease Control and Prevention (CDC) and the National Heart, Lung and Blood Institutes in the United States.

Dr. David Seccombe

CLINICAL RELEVANCY REPORTING

by Dr. Michael Noble

Over the last while we have seen a number of events occur that are linked to POST-EXAMINATION error. One of them was related to our proficiency testing program:
(**M101-1**: http://www.cmpt.ca/critiques_2010/m101_1.pdf).

The sample was sent as a urine sample from an elder female resident of a nursing home and was found to contain a pure culture of a viridans Streptococcus species. The committee deemed this as a good and common example of a urine culture containing bacteria that most likely represents urethral or vaginal flora.

There was an expectation that the laboratories would recognize this and would incorporate a cautionary or interpretive comment. Providing susceptibility tests results for this sample was deemed as inappropriate. In other words, the laboratory was expected to guide the interpretation of this urine sample result as a probable non-pathogen.

We have received a number of letters about this, citing the absence of commentary on such notes in commonly available textbooks and guidelines. But I think this is one situation where the books and guidelines are behind clinical reality.

This links to another situation that is developing in another part of Canada, where a pathologist has run into trouble because of the difficulty in reading and interpreting her reports.

And this ties to some additional discussion that is occurring to replace the term "normal flora" with "normal biota".

The central theme to all these occurrences is the single most important role that a laboratorian has, and it is to provide useful relevant information. It is not enough to bring on new and novel tests or to produce a rapid, accurate result. If the recipient of the report can't interpret the result nor put the report into any clinical context, then everything else is a total waste of time, and potentially dangerous.

I suspect that Microbiologists and Anatomic Pathologists have more to learn about this than our Chemist and Haematology colleagues. Most of our information is in words (as opposed to numbers), using un-interpretable terms, mis-interpretable terms, or unintelligible terms (call that jargon) is a clear defect.

> **If the recipient of the report can't interpret the result, nor put the report into any clinical context, then everything else is a total waste of time, and potentially dangerous.**

So we believe that quality partner bodies (like Proficiency Testing) have an obligation to ensure that laboratories provide information that is useful in a clinical context.

So I don't apologize for the committee's decision to require clinical laboratories to provide not only accurate information, but also to frame the information in clear language that provides clinically appropriate context.

Proficiency Testing is not just about doing a test, it is about providing relevant and understandable information and this involves the whole of the total testing cycle.

"Clinical Relevant Reporting" was posted on "Making Medical Lab Quality Relevant," a blog by Dr. Noble on August 18, 2010.

For more articles on Laboratory Quality please check the site: www.medicallaboratoryquality.com/

CMPT'S INTERNATIONAL EQA PROGRAM

Mr. Martin Matu and Mr. Stephen Munene, from East African Regional External Quality Assessment Scheme trained at CMPT this last June.

Martin Matu is the laboratory program manager for the PT program sponsored by AMREF (African Medical and Research Foundation) and Stephen Munene is the technical consultant for the preparation of PT materials.

The EQA program is one of nine different projects sponsored by AMREF. These programs focus on enabling the ministry of health to develop quality and strategic plans, develop laboratory infrastructure, provide training, and build capacity in community disease surveillance.

Under the current East African Regional External Quality Assessment Scheme, EQA panels are distributed within Kenya, Uganda, Tanzania, Zanzibar, and recently, Rwanda.

The EQA panels are not discipline specific, because they are designed for peripheral health facilities. There are two surveys sent per year, each survey containing 7 different samples. Hemoglobin estimation, malaria testing, tubeculosis, and HIV detection are regularly included. Additionally, other samples are sent to test for diseases that are prevalent in the area.

The surveys include clinical scenarios simulating real cases. The scenarios include public health questions and also clinical questions so that the lab consults with the clinician and / or public health officers. The purpose of this is to promote the collaboration between clinicians, public health officers, and lab staff.

The program started with 193 facilities and currently has 335 particpating facilities. Their goal is to cover every facility in East Africa, a quite ambitious plan, admits Mr. Matu, but he is hopeful they will get there sometime.

The Scheme is government owned but coordinated by AMREF. The initial support was from the World Health Organization (WHO), and the governments of Tanzania, Zanzibar, Uganda, and Kenya, which got together and agreed to plan a common scheme to support the whole region. Those organizations share the resources of each country. For example, if there is a particular condition that is prevalent in Tanzania, a designated lab in Tanzania will produce

Mr Munene (L) and Mr. Matu (R) poster presentation at the POLQM Quality Weekend Workshop

From left to right: Stephen Munene, Dr. Micahel Noble, and Martin Matu

samples for that condition for the whole region. If there is a condition that is prevalent in Kenya, then Kenya laboratories would be able to provide enough material for the whole region. Similarly, Uganda and Zanzibar would prepare samples for conditions that are prevalent in their region. Although the materials are produced by different countries, they are validated in Kenya and sent to other facilities for verification before they are sent to the laboratories.

"One of the targets of AMREF is to support at the community level. There are a lot of donors that support national facilities in the hope that they will cascade the support down, which sometimes doesn't happen. So that's why we start from the bottom up," explains Matu.

Once the labs submit the results, a detailed report with the correct answer is given, this is the "immediate feedback". In addition, once all the reports are consolidated, a "composite report" with the performance of all the facilities in Tanzania, Kenya, Zanzibar, and Uganda is prepared. The report is sent to the different countries and different ministers of Health. Areas with a general poor performance are addressed by sending educational materials with the next package.

As they scale up the program to cover more regional facilities, they hope to expand the panel coverage and perform more specialized and sophisticated tests so they can target higher level facilities. In order to do that, it was necessary for them to learn how to prepare and simulate different samples, especially the cultures, so they can incorporate them into the packages.

When asked about their time here at CMPT, Mr. Matu and Mr. Munene agreed that they had learned a lot and that they had also learned how to perfect their own samples by observing how it is done here.

"Caleb is very creative, so we have borrowed his creativity, thinking outside the box and adding different components to the samples to see if they can be improved."

POLQM QUALITY WEEKEND WORKHOP

On June 17 to 19th, 2011 the second POLQM Quality Weekend Workshop was held in Vancouver, BC.

A group of internationally respected quality experts addressed a range of issues relevant to laboratory quality including applications, education, ethics, and opportunities.

The workshop was a success by the responses to the satisfaction comment sheets. You can access the précis of the presentations at the POLQM website:

www.polqm.ca/quality_workshop/details/speakers.html

CMPT Connections and Critiques Survey

We are currently collecting your responses to the Connections and Critiques' surveys. If you haven't completed one, please go to the links http://www.surveymonkey.com/s/CMPTConnect2011 (Connections) and http://www.surveymonkey.com/s/CMPTCritiques2011 (Critiques).

We appreciate your suggestions.

New PT program!

CMPT now offers the *Trichomonas vaginalis* antigen testing program. Launched on July 2011, the program has two shipments per year.

Please contact CMPT for more details.

Upcoming events

September 2011

51st ICAAC

September 17-20, 2011 Chicago, IL

More information: www.icaac.org/

16th International Symposium on Health-Related Water Microbiology, WaterMicro 2011

September 18 - 23, 2011 Rotorua, New Zealand

More information: www.hrwm2011.org

October 2011

49th Annual Meeting of the Infectious Diseases Society of America

October 20-23, 2011 Boston, Massachusetts

More information: www.idsa2011.org/

November 2011

IAF - ILAC 2011 Joint Annual Meetings

November 2-11, 2011 Bangkok, Thailand

More information: http://iafilac2011.tisi.go.th/

ABOUT CONNECTIONS

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Editor: Veronica Restelli

Contact Connections:

By mail:
Room 328A, 2733 Heather Street,
Vancouver, BC
V5Z 1M9
Canada

By phone: 604-875-4685
By fax: 604-875-4100
By e-mail: restelli@mail.ubc.ca

Connections is available online:

www.cmpt.ca/newsletter_connections.html

We want to hear from you.

Have an idea for an article? Is there a topic you'd like to see covered? Do you have any questions or want to announce an event? Drop us a line.

Don't like something we're doing? Let us know.