

Towards diagnostic quality control: a pilot study on acquired inhibitors

P. Meijer, ECAT Foundation, Leiden, The Netherlands

Today the major focus of the laboratory in quality assessment is on the analytical process. However it is nowadays well known that the majority of errors in the diagnostic process are made in the extra-analytical phase [1]. It is therefore important to have good insight into the different steps of the diagnostic process.

The major focus of quality assessment in the clinical laboratory is on analytical quality. However, this covers only one part of the whole diagnostic process. The importance of also developing quality control for the pre- and post-analytical phase is understood and several initiatives on this topic are ongoing [2]. Even for these important initiatives those elements that fall outside the responsibility of the laboratory are not covered in the quality assessment process. Also there are initiatives undertaken which mainly focus on the post-post-analytical phase (= interpretation of laboratory test results by the physician) [3].

External quality assessment surveys covering the whole diagnostic process still do not exist at present. The major cause of this is the difficulty of having both the physician and the laboratory included in the same quality survey.

The ECAT Foundation has taken up the challenge of taking the initiative to organise a pilot educational diagnostic survey. The topic of the survey is the diagnosis of acquired inhibitors, because this phenomenon is not always well understood by either physicians or the laboratory. The aim of this survey is to investigate whether a case presented to the physician is well understood and whether appropriate laboratory investigations are requested from the laboratory. On the basis of the request of the physician the laboratory performs a set of laboratory tests. These results are used by the physician to come to a diagnosis. The complete study design will be explained during the presentation and preliminary results will be also discussed.

To our knowledge this is the first initiative in haemostasis to include such an educational diagnostic survey. In our opinion this will in the future be an important tool not only to assess the analytical quality of the laboratory but even the role of the physician in interpreting a case, the request of laboratory tests and the interpretation of the results.

References

1. Plebani M. Errors in clinical laboratories or errors in laboratory medicine? *Clin Chem Lab Med*, 2006; 44: 750-9.
2. Favaloro EJ, Lippi G. Laboratory reporting of hemostasis assays: the final post-analytical opportunity to reduce errors of clinical diagnosis in hemostasis? *Clin Chem Lab Med*, 2010; 48: 309-21.
3. Kristoffersen AH, Thue GS, Sandberg S. Postanalytical external quality assessment of warfarin monitoring in primary healthcare. *Clin Chem*, 2006; 52: 1871-8.