



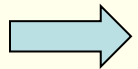
# A scoring system based on the biological variation

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**ECAT Foundation**  
**Leiden**



## *How to assess on a long-term scale the individual laboratory performance based on EQA data?*

- Objective criteria
- Evaluation model of long-term analytical performance



**Scoring system for individual laboratory performance**



Eur J Clin Chem Clin Biochem 1996; 34:665–678 © 1996 by Walter de Gruyter · Berlin · New York

## **Characterization and Classification of External Quality Assessment Schemes (EQA) According to Objectives such as Evaluation of Method and Participant Bias and Standard Deviation**

**Discussion paper from the members of the External Quality Assessment (EQA) Working Group A<sup>1</sup>) on analytical goals in laboratory medicine.**

*Jean Claude Libeer<sup>1</sup>, Henk Baadenhuijsen<sup>2</sup>, Callum G. Fraser<sup>3</sup>, Per Hyltoft Petersen<sup>4</sup>, Carmen Ricós<sup>5</sup>, Dietmar Stöckl<sup>6</sup> and Linda Thienpont<sup>7</sup>*

Our Working Group described in another publication (8) to pros and the cons of different quality specifications and proposed desirable routine analytical goals for quantities assayed in serum. In our opinion, the biological model is the most appropriate for EQA schemes, since this model is the most objective general approach. In



Eur J Clin Chem Clin Biochem  
1995; 33:157–169  
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Berlin · New York

Desirable Routine Analytical Goals for Quantities Assayed in Serum  
Discussion paper from the members of the External Quality Assessment (EQA)  
Working Group A<sup>1</sup>) on analytical goals in laboratory medicine

By Dietmar Stöckl<sup>1</sup>, Henk Baadenhuijsen<sup>2</sup>, Callum G. Fraser<sup>3</sup>, Jean-Claude Libeer<sup>4</sup>, Per Hyloft Petersen<sup>5</sup> and Carmen Ricós<sup>6</sup>

for monitoring as:

$$s_a \leq 0.5 s_i$$

(in the absence of unidirectional systematic changes), or

$$\Delta SE \leq 0.33 s_i \text{ (when imprecision is negligible);}$$

see also Annex;

for diagnostic testing as:

$$B \leq 0.25 s_c \text{ (when the imprecision is negligible),}$$

or

$$s_a \leq 0.58 s_c \text{ (when bias is negligible);}$$

see also Annex.



## Analytical Quality Specifications (AQS) according to Fraser *et al*

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<b>Performance goal</b>	<b>Imprecision (<math>CV_A</math>) (monitoring)</b>	<b>Imprecision (<math>CV_A</math>) (diagnostic testing)</b>
<b>Minimum quality</b>	<b><math>CV_A &lt; 0.75 CV_W</math></b>	<b><math>CV_A &lt; 0.87 CV_T</math></b>
<b>Desirable quality</b>	<b><math>CV_A &lt; 0.50 CV_W</math></b>	<b><math>CV_A &lt; 0.58 CV_T</math></b>
<b>Optimum quality</b>	<b><math>CV_A &lt; 0.25 CV_W</math></b>	<b><math>CV_A &lt; 0.29 CV_T</math></b>

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## Analytical Quality Specifications (AQS)

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Analyte	Biological variation (%)		
	$CV_W$	$CV_B$	$CV_T$
Antithrombin	3.9	7.9	8.8
Protein C chrom	6.6	16.1	17.4
Protein C clot	8.8	15.5	17.8

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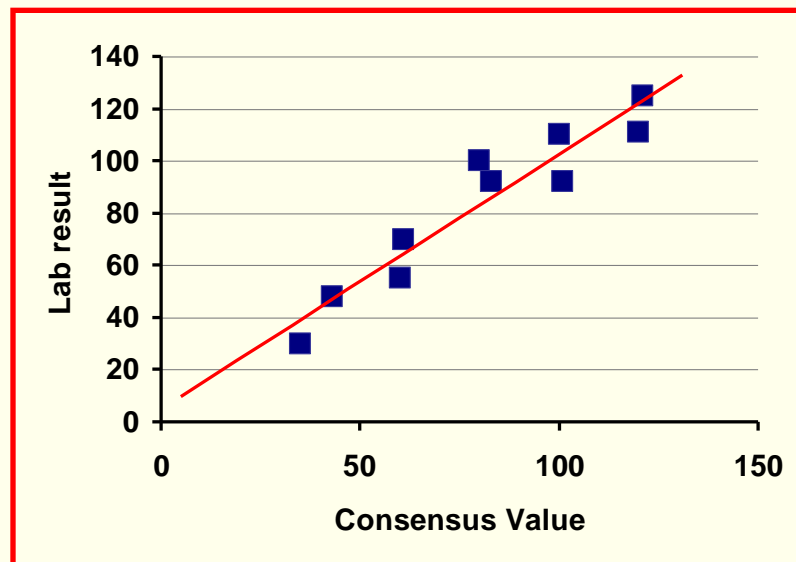
## Analytical Quality Specifications (AQS)

### Performance goals based on the biological variation

Analyte	Grade	Performance goals based on the biological variation		
		Antithrombin	Protein C chrom	Protein C clot
Optimum	A	2.6	5.0	5.2
Desirable	B	5.1	10.1	10.3
Minimum	C	7.7	15.1	15.5
Unacceptable	D	≥ 7.7	≥ 15.1	≥ 15.5



## Long-term evaluation model



$X$  = consensus value ;  $\bar{X}$  = mean value for  $X$ .

$s_x$  = standard error of  $X$

$Y$  = laboratory value ;  $\bar{Y}$  = mean value for  $Y$ .

$b$  = slope

$s_{y|x}$  = variability of the regression line, which is calculated based on the least-square method.

$n$  = number of laboratory results

### IMPRECISION

$$LCV_a = \frac{s_{y|x}/b}{\bar{X}} \cdot 100\%$$

### BIAS

$$B = \frac{\sqrt{\frac{n-1}{n} \cdot b^{-2} \cdot s_x^2 + \bar{Y} - \bar{X}}}{\bar{X}} \cdot 100\%$$

### TOTAL ERROR

$$TE = \frac{\sqrt{s_{y|x}^2 + b^{-2} \cdot s_x^2 + \bar{Y} - \bar{X}}}{\bar{X}} \cdot 100\%$$





**ANTITHROMBIN**

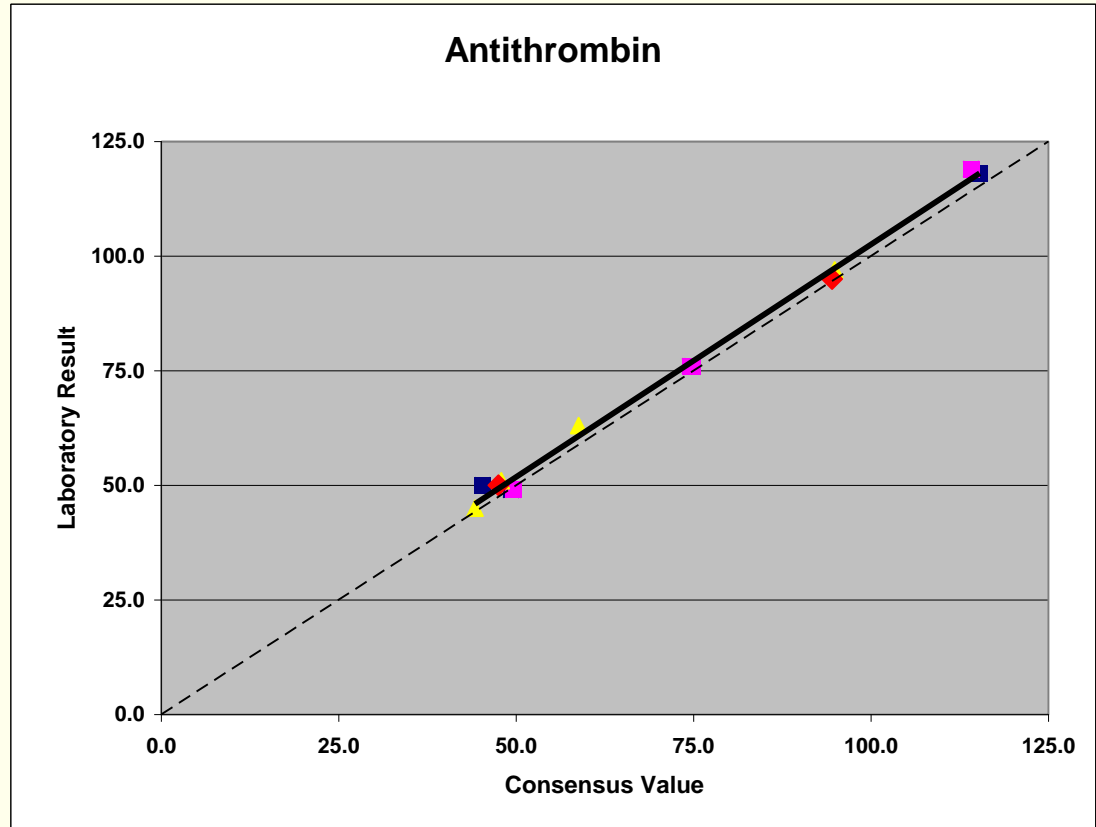
Labcode: 0

Name  
Hospital  
Department  
City  
Country

Exercise	Y (Lab Result)	X (Cons. Value)
	0	0
	125	125

2005-1		49.8
2005-2	50.0	45.3
2005-3	118.0	115.3
2005-4	49.0	49.3
2006-1	76.0	74.8
2006-2	119.0	114.1
2006-3	49.0	49.6
2006-4	76.0	74.5
2007-1	97.0	94.9
2007-2	51.0	47.9
2007-3	45.0	44.2
2007-4	63.0	58.8
2008-1	50.0	47.5
2008-2	95.0	94.5
2008-3		
2008-4		

Mean	72.2	68.6
SD		26.1
Number	13.0	

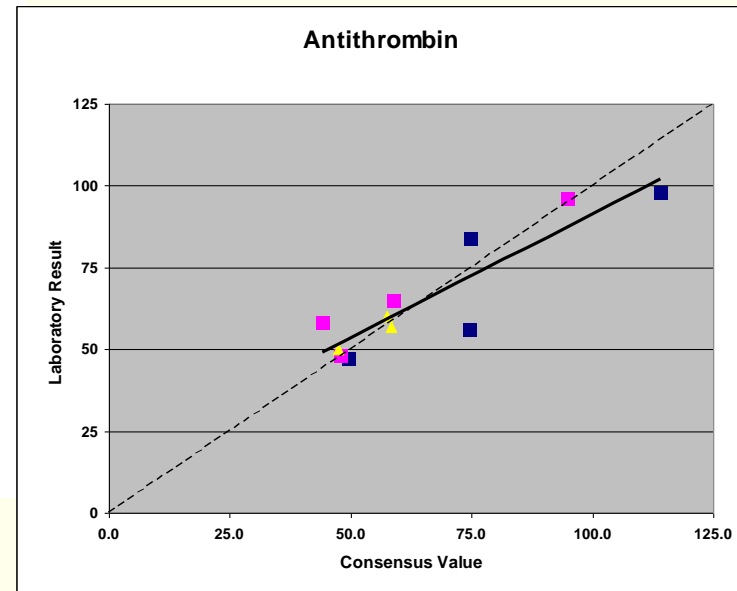
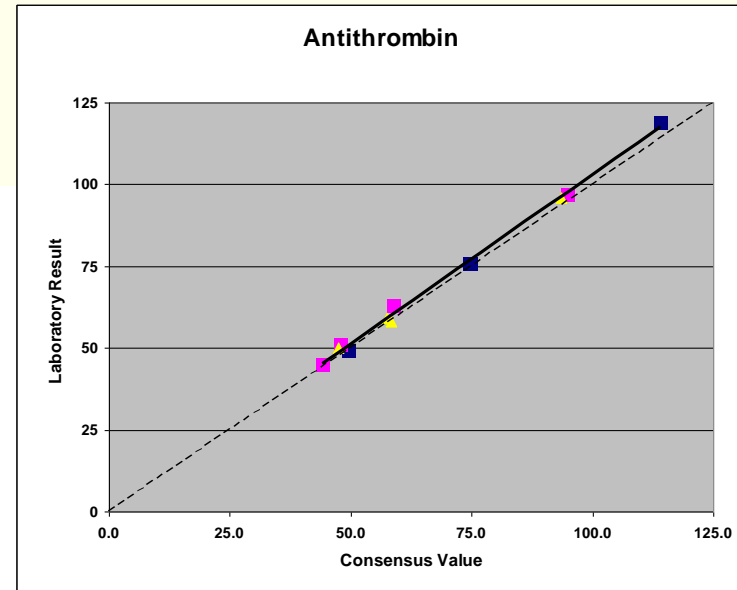
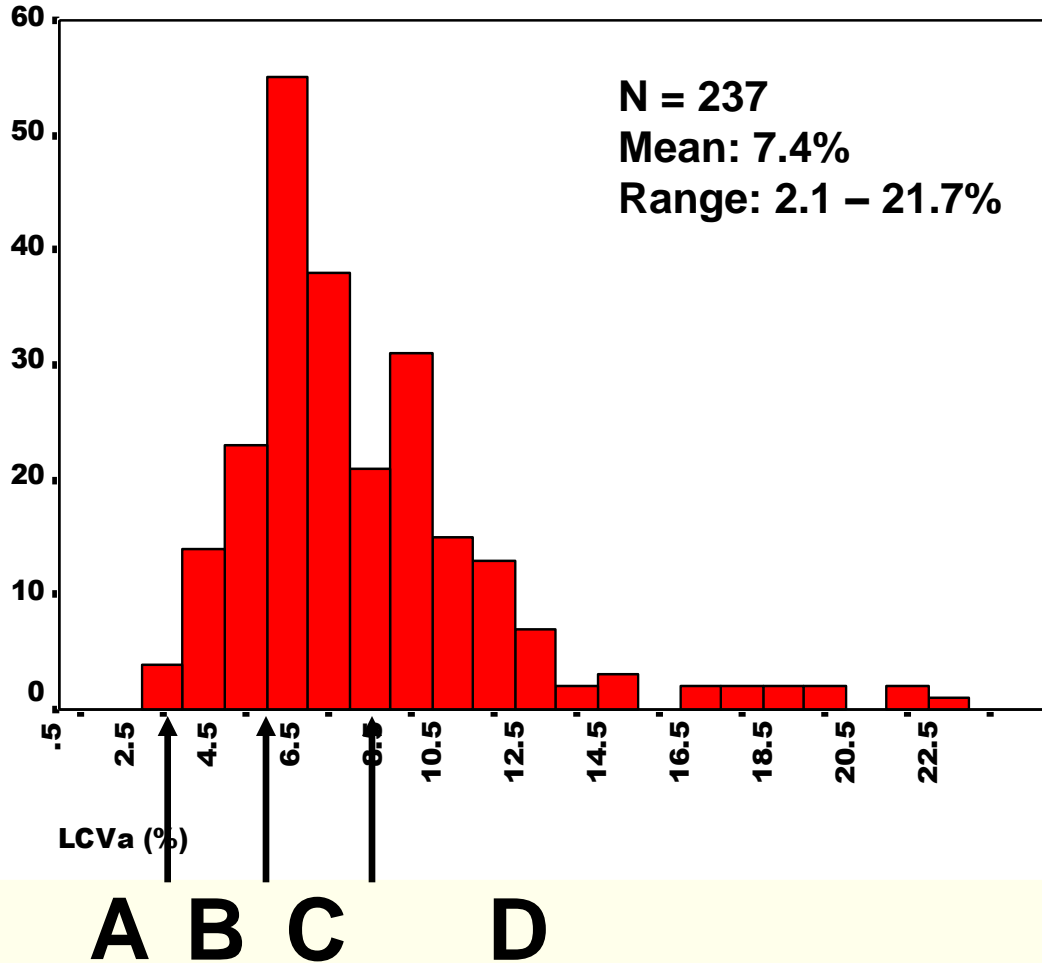


Intercept	1.08	Variability	1.84
Slope	1.01	Corr. Coeff	0.9958

Long-term CV <sub>analytical</sub>	2.6%
Bias	5.2%



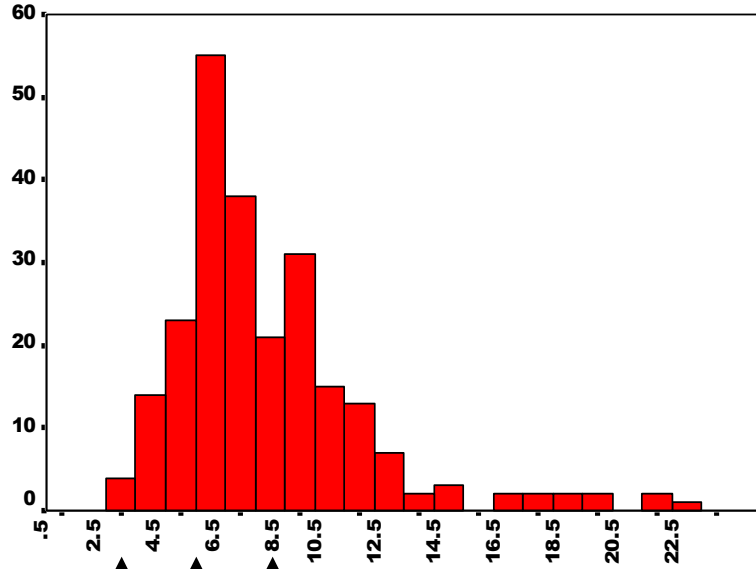
# ANTITHROMBIN 2005 - 2007





## ANTITHROMBIN

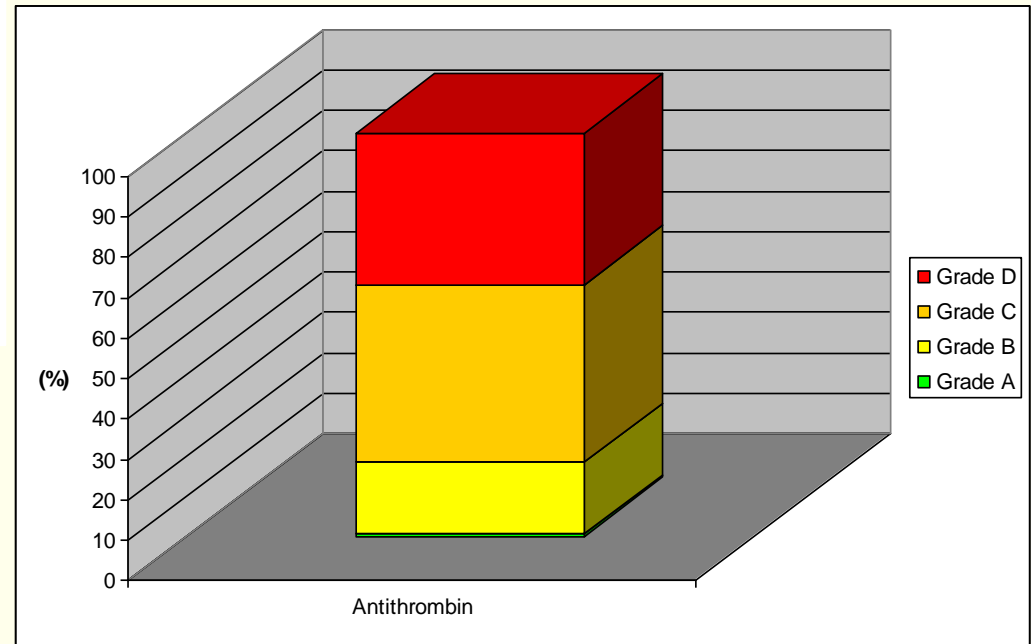
2005 - 2007



LCVa (%)

**A B C D**

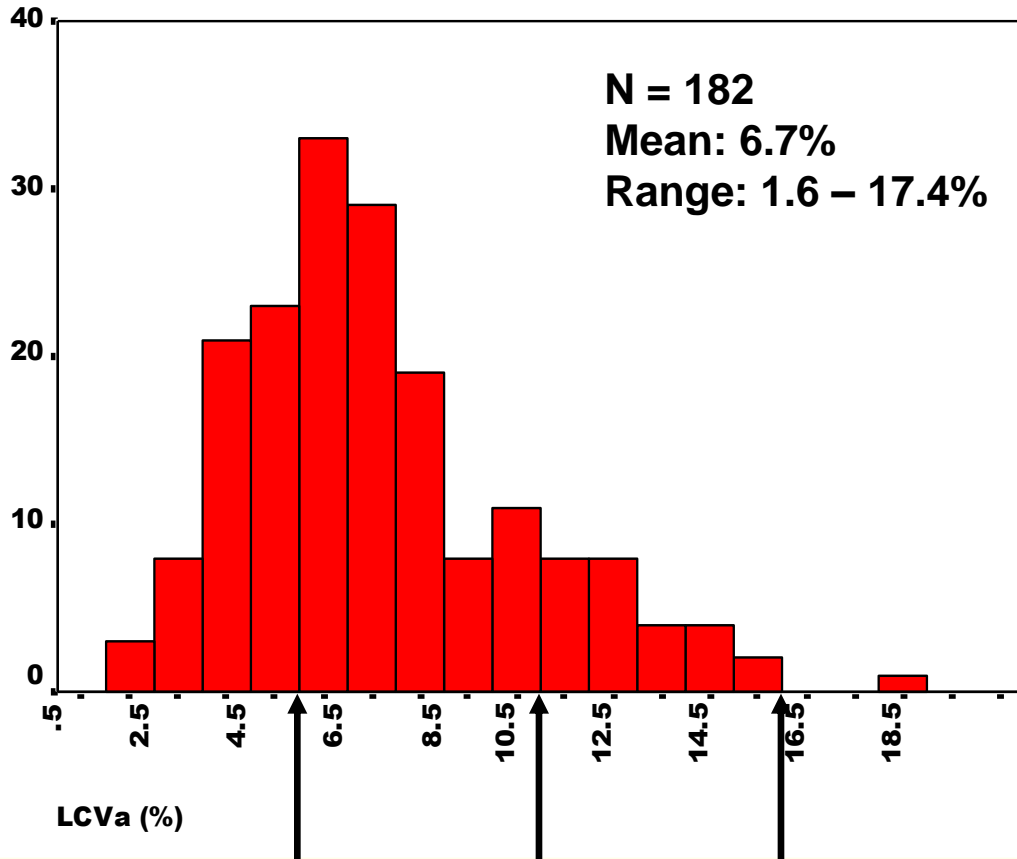
<b>Grade A</b>	<b>0.8%</b>
<b>Grade B</b>	<b>17.7%</b>
<b>Grade C</b>	<b>43.9%</b>
<b>Grade D</b>	<b>37.6%</b>





# PROTEIN C CHROM

2005 - 2007

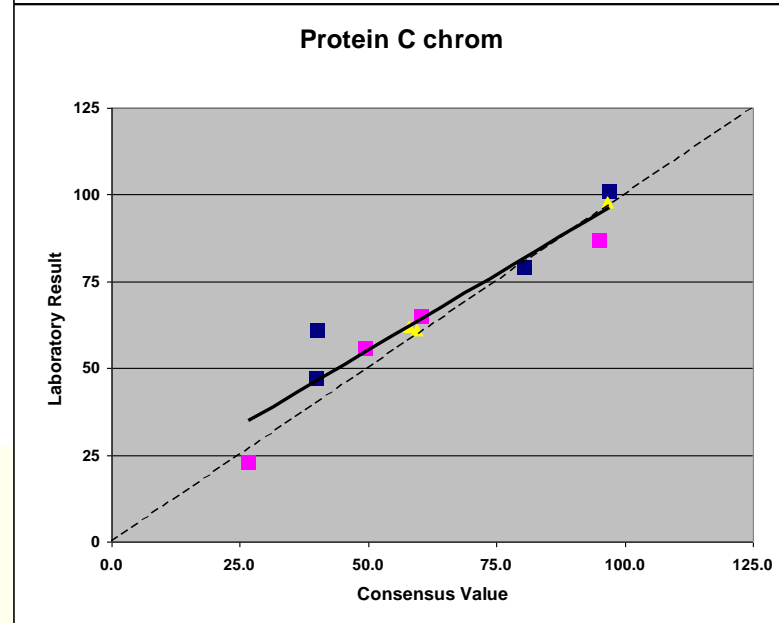
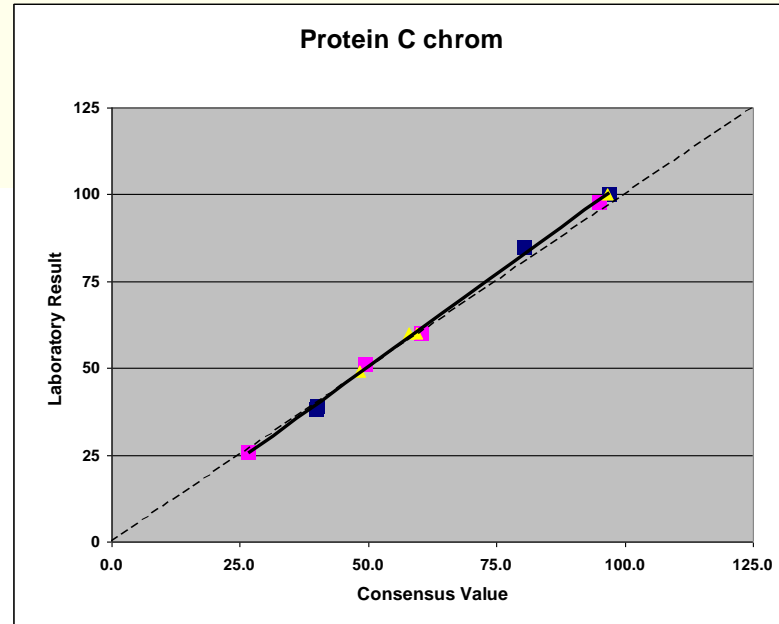


A

B

C

D

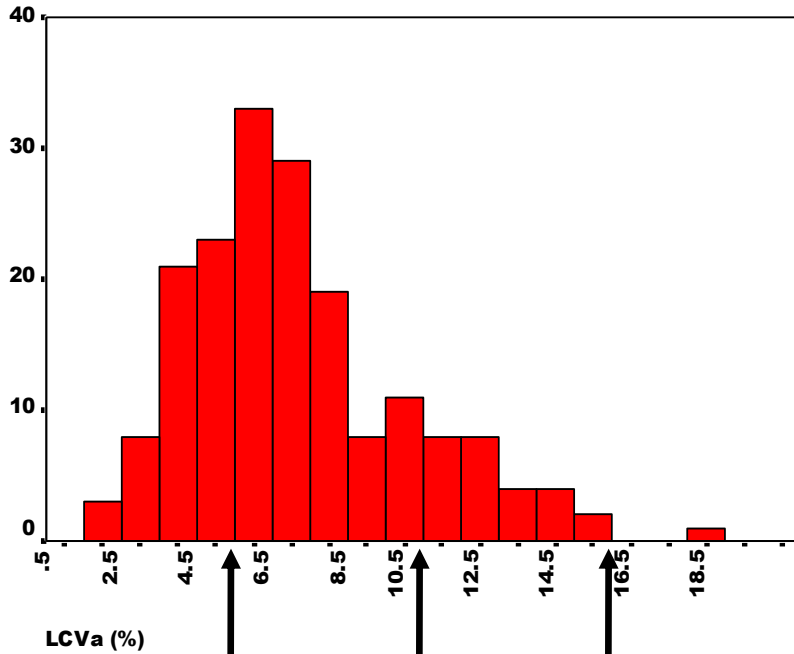




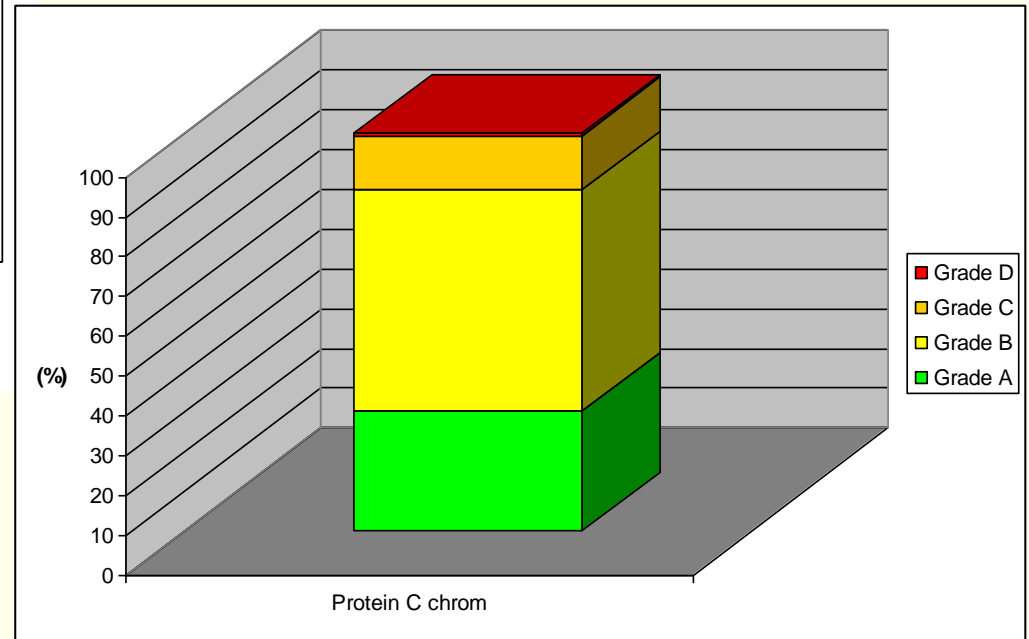
# PROTEIN C CHROM

2005 - 2007

<b>Grade A</b>	<b>30.2%</b>
<b>Grade B</b>	<b>55.5%</b>
<b>Grade C</b>	<b>13.7%</b>
<b>Grade D</b>	<b>0.5%</b>



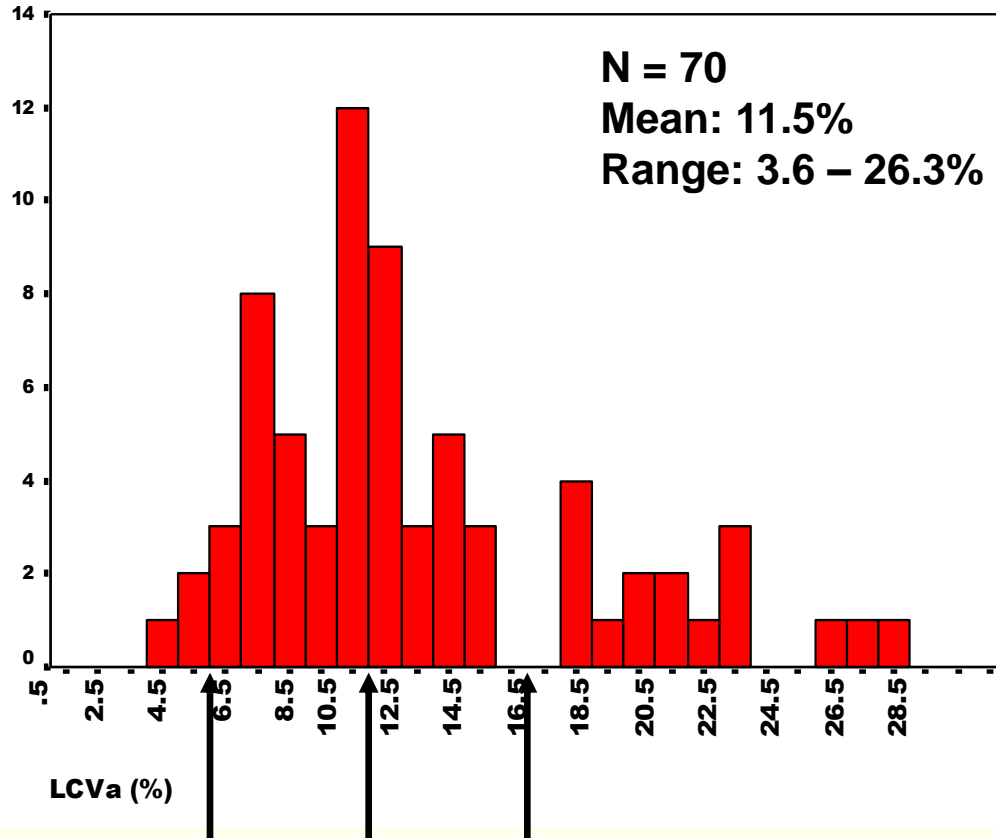
**A**      **B**      **C**      **D**





# PROTEIN C CLOT

2005 - 2007

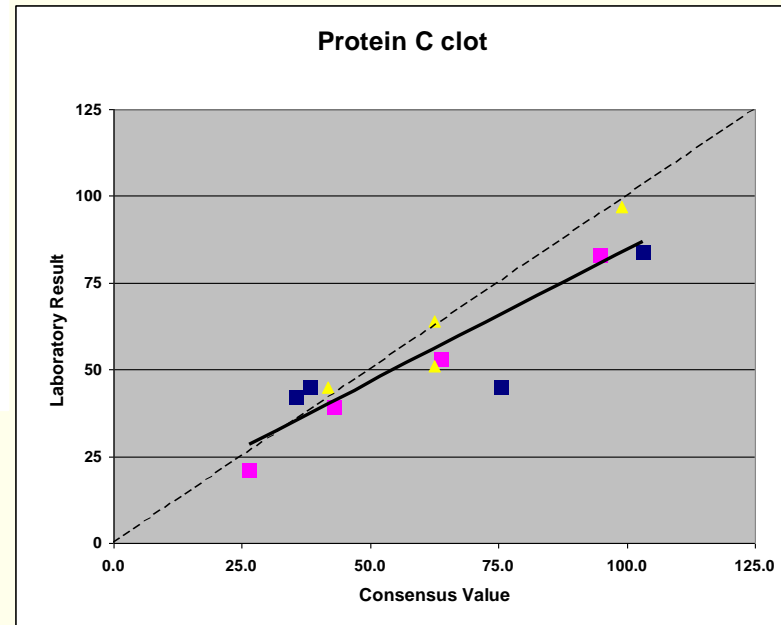
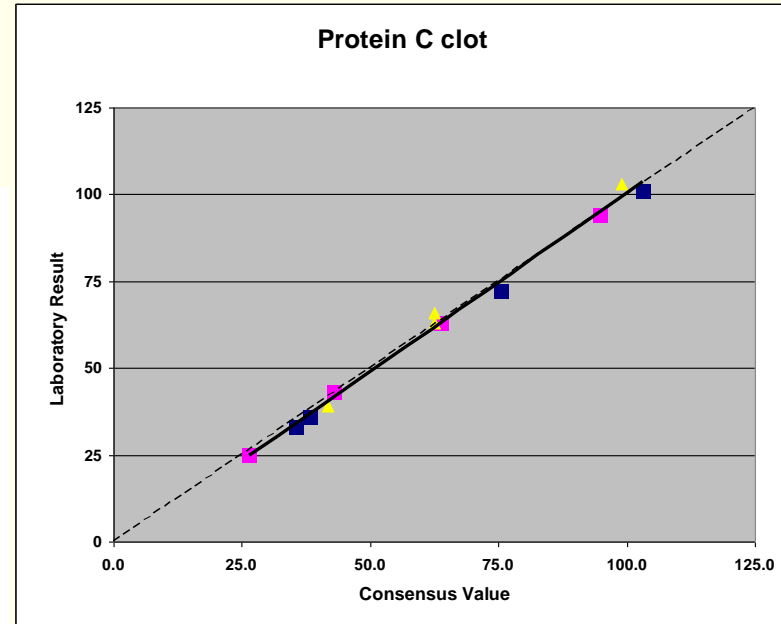


**A**

**B**

**C**

**D**

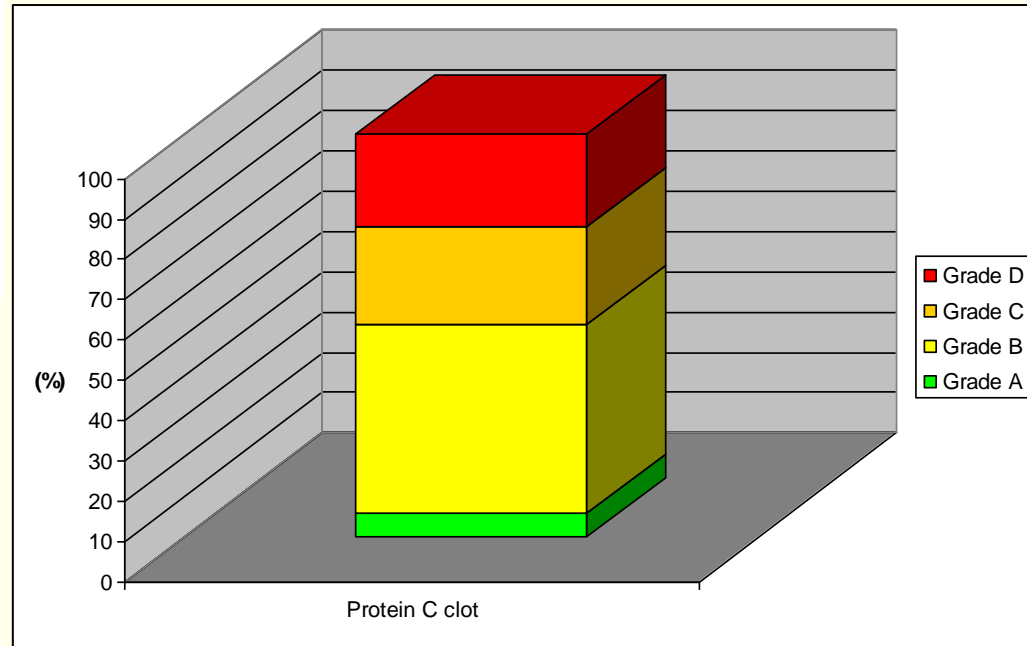
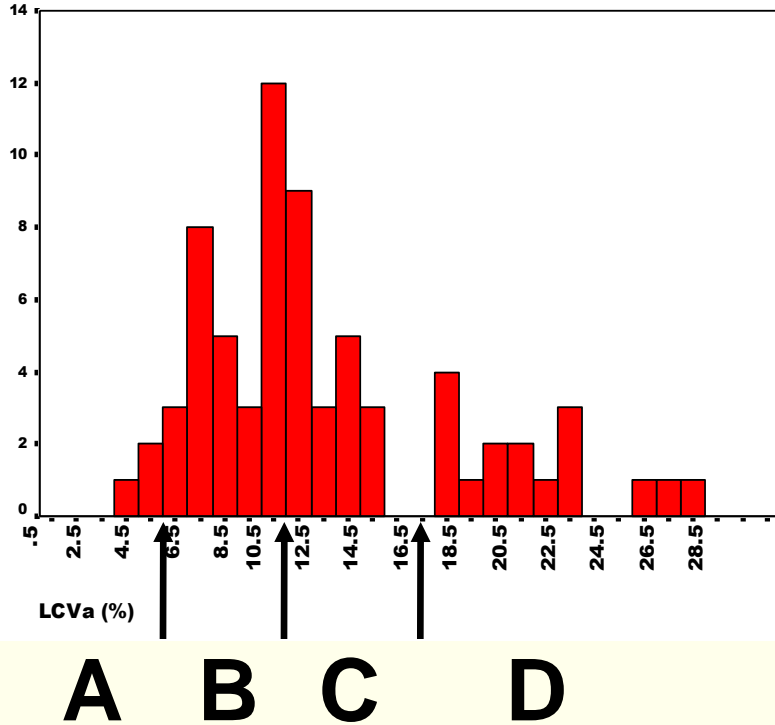




# PROTEIN C CLOT

2005 - 2007

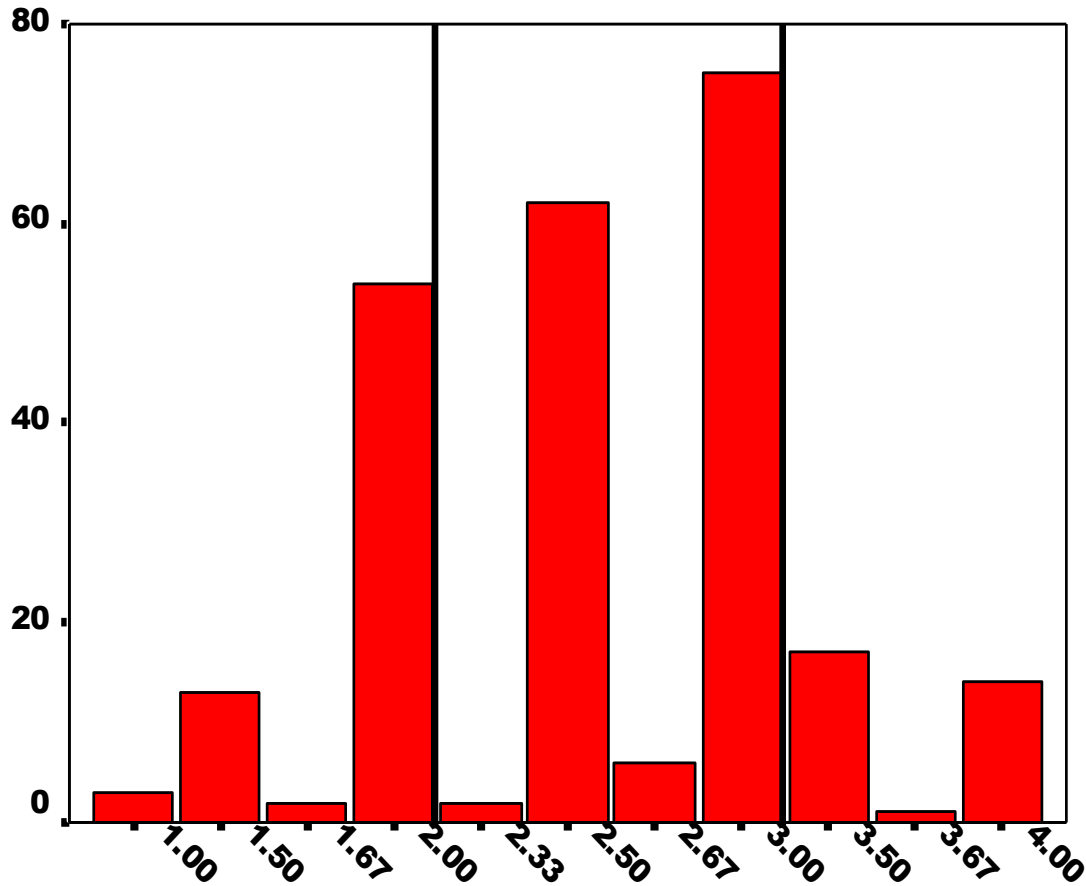
<b>Grade A</b>	<b>5.7%</b>
<b>Grade B</b>	<b>47.1%</b>
<b>Grade C</b>	<b>24.3%</b>
<b>Grade D</b>	<b>22.9%</b>





## Performance Index

2005 - 2007



Performance Index

**HIGH**

**MEDIUM**

**LOW**

<b>High</b>	<b>29%</b>
<b>Medium</b>	<b>58%</b>
<b>Low</b>	<b>13%</b>





## Conclusions

- 1) **Appropriate tools for objective performance assessment of an individual laboratory based on EQA data are available.**
- 2) **Grading of long-term analytical performance differs per laboratory test.**
- 3) **Overall 29% of the laboratories have an good Performance Index, while 13% show a bad Performance Index.**