# **External Quality Control**

### A new decade

Piet Meijer
ECAT Foundation
Leiden
The Netherlands



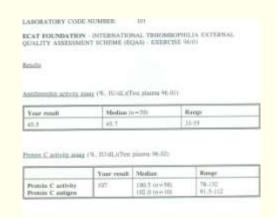
1994

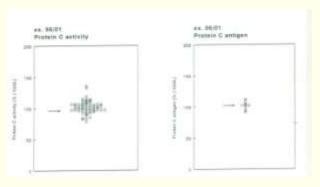
Start of the ECAT Foundation as an independent organisation for external quality assessment in the field of thrombosis.

### Thrombophilia module

- Antithrombin
- Protein C
- Protein S
- APC Resistance Testing

**Approx. 50 participants in Europe** 





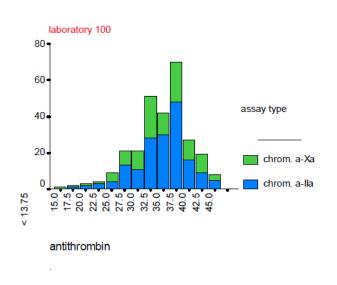


### **MAIN PROGRAMME**

<u>Description</u>
Thrombophilia module Antithrombin (activity and antigen), Protein C (activity [chromogenic and clotting] and antigen), Protein S activity, Protein S antigen (total and free), APC Resistance
Protein C Pathway Test
Lupus Anticoagulant / Antiphospholipid Antibodies
D-Dimer
Coagulation Factor module I (Factor VIII, IX, XI and XII)
Coagulation Factor module II (Factor II, V, VII and X)
Von Willebrand Factor module (antigen, activity, collagen binding, multimers, Factor VIII)
Factor VIII inhibitor ##
Thrombin Generation Test ##
HIT – Immunological assays ##
HIT – Functional assays ##
Factor XIII
Fibrinolysis parameters I (Plasminogen, Antiplasmin)
Fibrinolysis parameters II (t-PA, PAI-1)
Unfractionated Heparin Monitoring (anti-Xa)
Low-Molecular Weight heparin Monitoring (anti-Xa)
Homocysteine
Post Analytical Platelet Function EQA (electronic survey) \$
Pre- and post-analytical electronic surveys

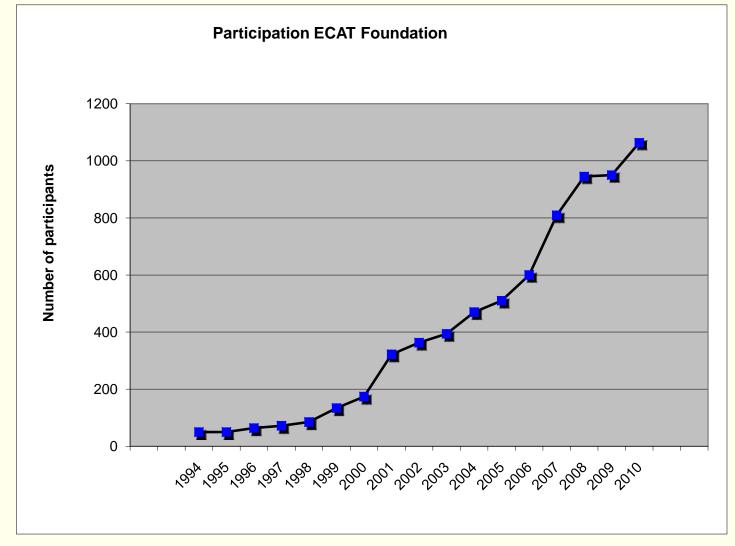


### ANTITHROMBIN (%, IU/dL)



ANTITHROMBIN	n	mean	cv	range	your result	z-score
Total group	276	32.3	16.1%	16 – 42		
Chromogenic - anti-lla	169	32.5	15.4%	17 – 42		
Berichrom (Siemens )	64	32.3	13.7%	17 – 40		
Antithrombin Reagent (Siemens)	12	33.3	10.5%	28 – 40		
Stachrom / ATIII (Stago/Roche)	88	32.5	17.0%	17 – 42		
Chromogenic - anti-Xa	107	32.2	17.4%	16 – 42		
Coamatic (Chromogenix)	21	32.3	18.2%	18 – 42		
HemosIL liquid Antithrombin (IL)	42	31.2	17.2%	22 – 42		
Innovance Antithrombin (Siemens)	16	36.5	5.6%	32 – 40		



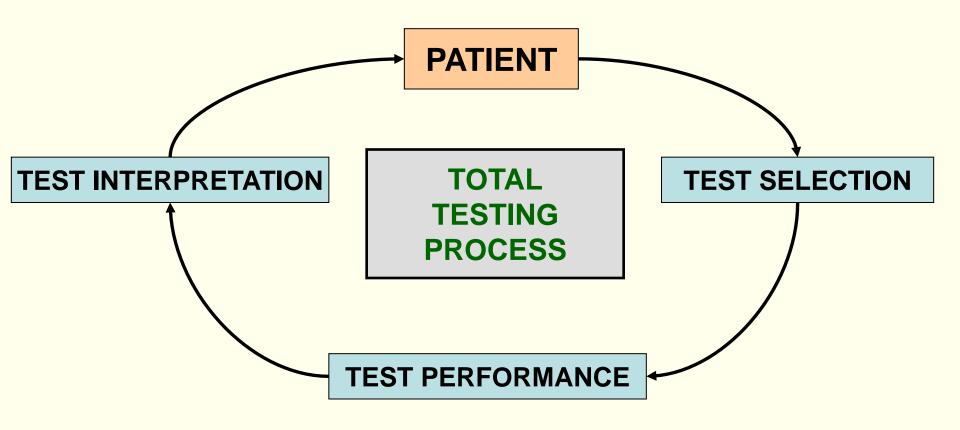


29 Countries Worldwide

# One common approach since 1994

# Assessment of analytical performance

# LABORATORY SERVICE



"Brain-to-brain information loop"

Lundberg GD, JAMA (1981);245: 1762 - 1763



### **Laboratory Services**

Preparation

# Pre-analytical phase Analytical phase Ouestion Test solution Ordering Identification Collection Transportation Post-analytical phase Reporting Interpretation Action



### **External Quality Assessment**

**Pre-analytical phase** 

**Analytical phase** 

Post-analytical phase

Traditional EQA

**Analytical performance** 



### LABORATORY PERFORMANCE ASSESSMENT

Overall lab performance

Individual Performance Indicator

www.ecat.nl

<u>ANTITHROMBIN</u>	n	mean	CV	range	your result	z-score
Total group	248	47.9	10.2%	36 – 64	44	-0.80
Chromogenic - anti-lla	165	48.4	9.4%	37 – 63	44	-0.98
Berichrom (Dade-Behring)	72	48.3	7.8%	39 – 56		
Stachrom (Stago/Roche)	48	47.8	8.7%	40 – 57	44	-0,90
ATIII (Stago/Roche)	29	50.1	11.2%	40 - 63		

Performance per assay type

Performance per method

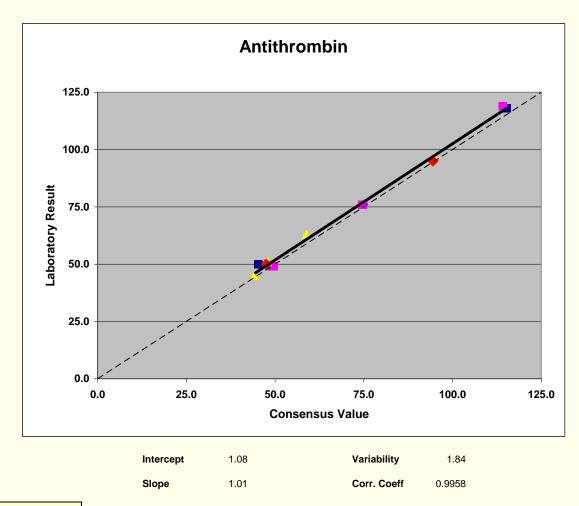


### **ANTITHROMBIN**

Labcode: 0

Name Hospital Department City Country

Exercise	Y (Lab Result) 0 125	X (Cons. Value) 0 125
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 SD	72.2	68.6 26.1
Number	13.0	20.1



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



### **Diagnostic performance**

### **Advanced EQA**

**Pre-analytical phase** 

**Analytical phase** 

Post-analytical phase

Traditional EQA

**Analytical performance** 



### www.ecat.nl

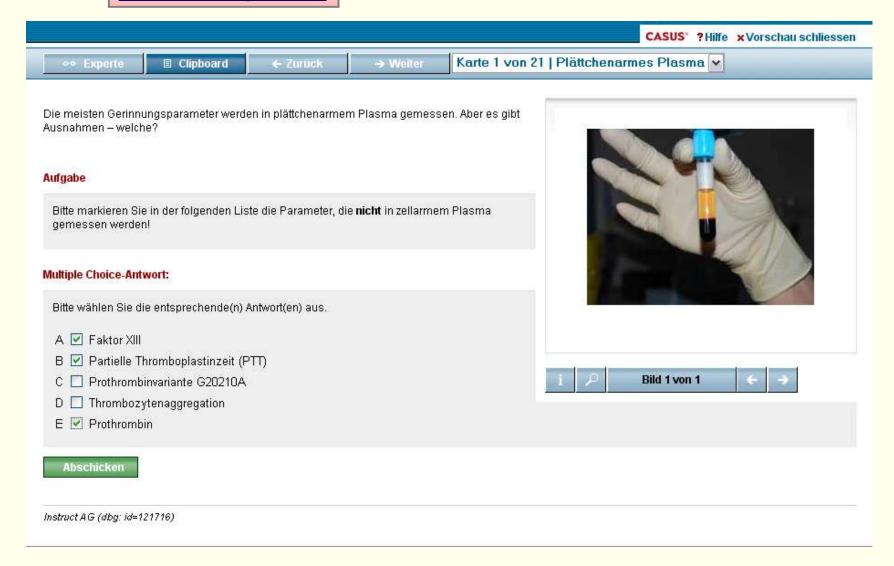
### **ISO STANDARD 15189**

5.6.4 The laboratory shall participate in interlaboratory comparisons such as those organized by external quality assessment schemes. Laboratory management shall monitor the results of external quality assessment and participate in the implementation of corrective actions when control criteria are not furfilled.

External quality assessment programmes should, as far as possible, provide clinically relevant challenges that mimic patient samples and have the effect of checking the entire examination process, including pre- and post-examination procedures.

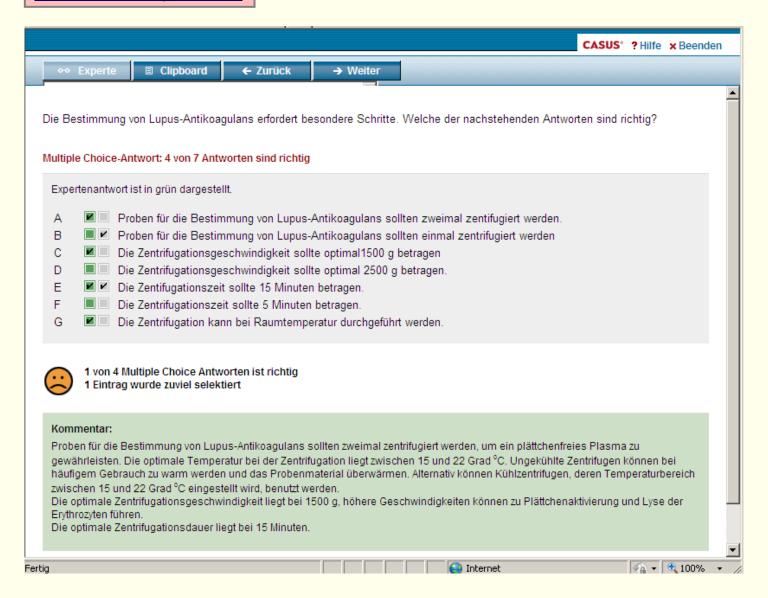


### **Pre-analytical**





### **Pre-analytical**





# **Pre-analytical**

Zus	Zusammenfassung Ihrer Fallsitzung								
Wolle	Wollen Sie einen neuen Fall beginnen oder das Programm beenden?								
	Beenden	Abbrecher	1	Fallauswahl					
	l <b>enname:</b> Instand-VR <b>ore:</b> 93%	-Hämostaseologie							
	Karteni	name	Karte	nkommentar		Antworttyp	Erfolg		
1	Antikoagulanzienku	nde			Sortier-	Zuordnungsantwort	100%		
2	Antikoagulanzien				Sortier-	Zuordnungsantwort	100%		
3	Antikoagulanzien al	s Störfaktoren 1			Multiple	Choice-Antwort			
4	Neue Antikoagulanz	zien			Multiple	Choice-Antwort	100%		
5	Neue Antikoagulanz Wirkungsweise	zien,			Multiple	Choice-Antwort	66%		
6	Neue Antikoagulanz Störfaktoren 2	zien -			Multiple	Choice-Antwort	100%		
7	Thrombozytenarme Zentrifugation	s Plasma -			Multiple	Choice-Antwort	100%		
8	Thrombozytenarme Zentrifugation Temp				Multiple	Choice-Antwort	100%		
9	Temperaturabhängi	ge Stabilität			Multiple	Choice-Antwort			
10	Plasma auftauen				Multiple	Choice-Antwort	100%		
11	Plättchenarmes Plas	sma			Multiple Choice-Antwort				
12	Die häufigsten Fehl	er			Multiple	Choice-Antwort	100%		
13	Füllungszustand de	r Röhrchen			Multiple	Choice-Antwort			
14	Problem des halbvo Gerinnungsröhrcher				Multiple	Choice-Antwort	100%		
15	Ergebnisverfälschu	ing			Multiple	Choice-Antwort	100%		
16	Qualitätskontrolle				Multiple	Choice-Antwort	100%		
17	Referenzwerte				Sortier-	Zuordnungsantwort	100%		
18	Referenzbereiche				Sortier-	Zuordnungsantwort	67%		
19	Probenmaterial für r Diagnostik	molekulare			Multiple	Choice-Antwort	20%		
20	Indikationen				Multiple	Choice-Antwort	100%		
21	Geeignete Methode	n			Multiple	Choice-Antwort	100%		



### **Post-analytical**

Kristoffersen AH et al Clin Chem (2006); 52:1871-8.

www.ecat.nl

# Postanalytical External Quality Assessment of Warfarin Monitoring in Primary Healthcare

Ann-Helen Kristoffersen,1\* Geir Thue,2 and Sverre Sandberg1,2

### Questionnaire

Patient A is a 72 year-old man, otherwise healthy, who had an operation two years earlier for aortic stenosis with a mechanical heart valve prosthesis. You have taken over his treatment with Marevan (warfarin). During the last months, his INR value have ranged from 3.0 to 3.5. The last result you received was 3.3 INR. His Marevan dosing has been unchanged during this time.

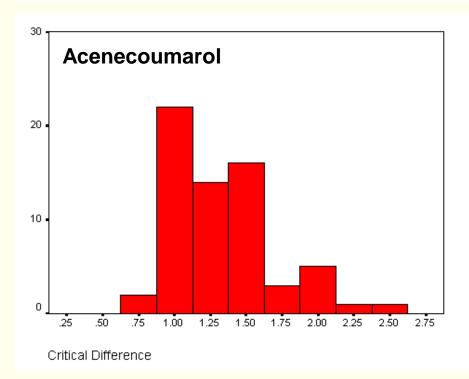
- Give the time in weeks until the next INR measurement: at least \_\_\_ week(s), but not more than \_\_\_ weeks.
- If you were to increase his Marevan dose, how low must this INR value be? \_\_\_\_.
- If you were to decrease his Marevan dose, how high must the INR value be? \_\_\_\_.
- In your opinion, what is the therapeutic range for this patient?:
   INR value between \_\_\_ and \_\_\_.

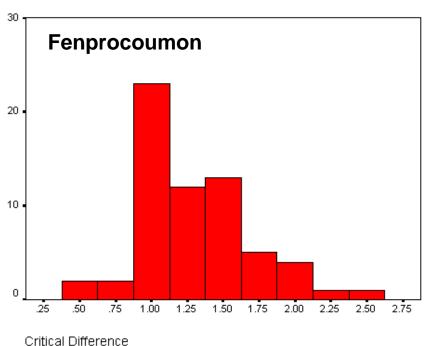


### **Post-analytical**

### Results

INR range	Range	10%	25%	50%	<b>75%</b>	90%	CV
Acenocoumarol	0.8 – 2.5	1.0	1.0	1.2	1.6	2.0	28%
Fenprocoumon	0.6 – 2.5	0.9	1.0	1.2	1.6	1.9	30%







### **Case-based EQA**

Case description
Test selection
Sample processing
Etc.

PRE Analytical Test performance Performance evaluation Etc.

**POST** 

Result evaluation Result interpretation Etc.



www.ecat.nl

**SAMPLES** 

ELECTRONIC QUESTION Y

CACPERIA

O A CAMATION

**EDUCATIONAL** RESOURCES



Search

Search



### **ECAT Foundation**

External quality Control of diagnostic Assays and Tests With a focus on thrombosis and haemostasis

Home

Information

Meeting 2010

### CLOT-ED

Education

Calendar

Corporate Corner

Terminology
The Clotting Times

Links

Members Contact Us CLOT-ED

CLOT-ED, an educational resource for laboratory professionals with an interest in bleeding and/or thrombotic disorders, was established by Marlies Ledford-Kraemer (Florida, USA) in 2003. In 2010 this educational website became a part of the ECAT Foundation, an External quality Control organization for Assays and Tests in Thrombosis and Haemostasis.



Our name, CLOT-ED, is an acronym. CLOT means <u>C</u>oagulation, (fibrino)<u>L</u>ysis, <u>Or</u> <u>T</u>hrombosis. ED means Education. Our logo depicts coagulation as an amplification process (coagulation enzymes represented by gold ovals) that results in thrombin generation and fibrin formation (formed fibrin clot represented by magenta oval).

Enjoy your learning experience!

### **CLOT-ED Mission Statement**

Our mission is to support and educate laboratory professionals with an interest in haemostasis (coagulation & fibrinolysis) and thrombosis by providing practical and concise information in order to improve the quality of laboratory testing related to these areas.

### CLOT-ED Access

The open-access part of the website provide the laboratory professional with general information, interesting links to other websites, a Corporate Corner with information from diagnostic companies, and a meeting Calendar. The limited-access part of the website is for ECAT members and other registered users (annual subscription fee: €50,=) and focuses on the educational aspects of CLOT-ED. If you would like to access this part of CLOT-ED, please use this registration form. To get access to the educational part of CLOT-ED log in Here.



Copyright © 2010 Ecat Foundation All rights reserved



P.O. Box 30 2300 AA Leiden The Netherlands



info@ecat.nl +31 (0)71 5181790 +31 (0)71 5181330



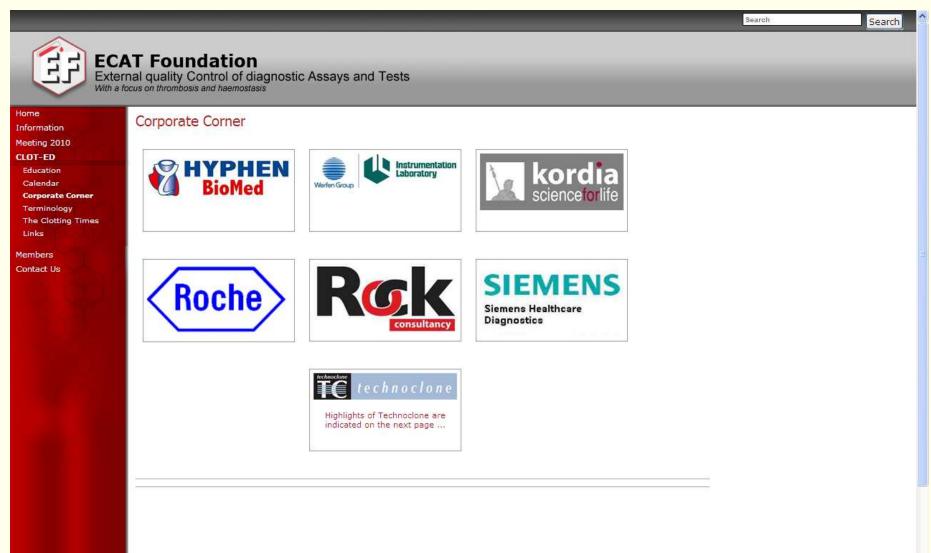




♠ ▼ ■ 100%

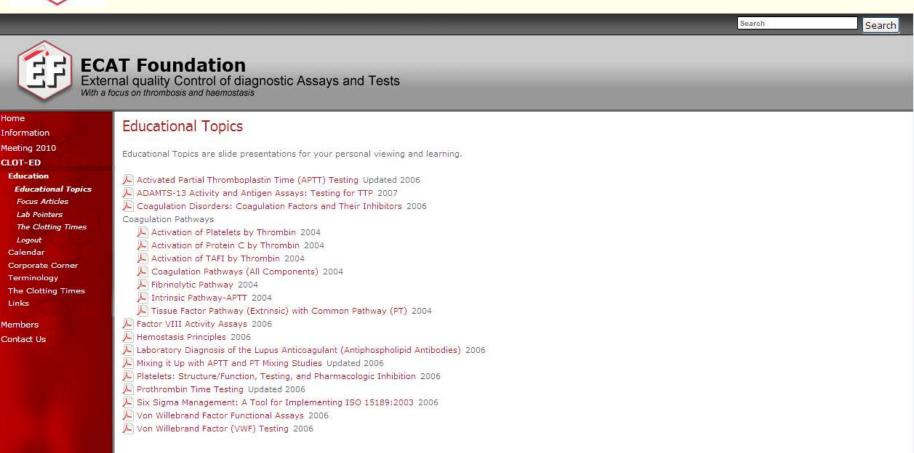


# **ECAT Foundation External quality Control for Assays and Tests in Thrombosis and Haemostasis**



Internet





















### www.ecat.nl

### **External Quality Control in the New Decade:**

- New challenges
- Analytical Performance / Diagnostic Performance
- Education
- Workshops
- ???

To work with you together on further quality improvement in the haemostasis laboratory!

### THANK YOU FOR YOUR ATTENTION