

The use of Guidelines in Haemostasis Laboratory Testing

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The World Health Organisation uses the following definition for Guidelines (1)

“ Guidelines are systematically developed evidence-based statements which assist providers, recipients and other stakeholders to make informed decisions about appropriate health interventions. Guidelines are formal advisory statements which should be robust enough to meet the unique circumstances and constraints of the specific situations to which they are being applied”

Ideally guidelines should be evidence based as mentioned above. A number of guidelines use the Grade system (2) which is well suited to clinical guidelines, including British Committee for Standardisation in Haematology (3). This site recognises two

Unfortunately robust evidence is usually lacking in relation to laboratory testing in haemostasis so most lab haemostasis guidelines don't use the grading system .

Several international bodies have historically been involved in construction of haemostasis guidelines in the past including ISTH/SSC, CLSI and WFH. ICSH (4) has also published some haemostasis guidelines in the past including documents related to PT/INR and APTT.

A recent inventory available to support clinical haematology laboratory practice which included both laboratory and clinical guidelines indicated that the output of organisations may change over time with fewer haemostasis guidelines being published by CLSI in recent years for example (5).

Some of the key requirements that facilitate the maximum international usefulness of a guideline are as follows

1. Construction by experts from different geographical regions
2. Free of charge
3. Widely available (via websites/peer reviewed literature)
3. Peer reviewed.
4. Suitability for use in emerging and established countries

Some organisations have levied a charge for guidelines documents and this may have been a barrier to widespread use in resource restricted settings.

There is currently a lack of free-of-charge international haemostasis guidelines in relation to at least some basic areas of laboratory testing that have not been covered by existing bodies and ICSH has recently returned to the area of haemostasis lab guidelines after a period of focus on other aspects of laboratory haematology. Currently 3 ICSH guidelines in the area of haemostasis are under construction.

Guidelines may have applications beyond their primary purpose (assisting individual labs establish good practice). Guidelines may be particularly useful in resource-poor countries as a lever to secure additional funding from budget holders. Guidelines may frequently be used to judge the quality of service by accreditation bodies who assess haemostasis laboratory services and sometimes as part of medico-legal processes when problems occur related to potential bad practice.

Finally, practice should follow guidelines and not vice versa. Guidelines should help in driving up good practice in labs as part of quality management systems to help improve patient safety which may be more difficult if guidelines are written that simply reflect common practice.

References

1. Guidelines for WHO Guidelines. Document EIP/GPE/EQC/2003.1. World Health Organisation, Geneva , Switzerland.
2. Grade website
3. www.BCSH.org.
4. www.icsh.org
5. Assembly and evaluation of an inventory of guidelines that are available to support clinical haematology laboratory practice. In J Lab Haem 2015 : 37 (Suppl 1), 36-45