Joint Working Group EQA Performance Monitoring

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Pathology tests

- Up to 75% of diagnoses are made either solely by, or with the help of, pathology tests
- Pathology results often guide therapy that may be toxic and sometimes very expensive
- Tests *have* to be correct

Quality Assurance

- “A planned and systematic pattern of all actions necessary to provide adequate confidence that the product optimally fulfils customers' expectations, i.e. that it is problem-free and well able to perform the task for which it was designed.” (www.dictionary.com)
- Product here is ‘the pathology result/report’.

Laboratory quality

- Adequate well-trained competent staff
- Good quality written SOPs
- High quality equipment calibrated to certified reference materials & procedures mandated by EU law
- Other lab quality measures
- IQC
- Technical EQA schemes competency

EQA

- Primary aim is educational
- Secondary aim is performance monitoring
- Patient safety is such that performance has to be robustly monitored
- Several complaints about lab performance are with National Director of Pathology, Ian Barnes
- Poor performance must be managed quickly and efficiently
- *Persistent* poor performance in EQA cannot be tolerated

Lab EQA schemes

- EQA Provider/Scheme Organiser
- Steering Committee
- National bodies
  - NQAAP (‘Panel’) & JWG - performance
  - CPA – process accreditation
  - CQC – risk register of organisations; power to take serious action such as closure of lab

Lab EQA performance monitoring

- Criteria for poor and persistent poor performance
- Proposed by Steering Committee
- Approved by NQAAP
- Incorporated into manuals and SOPs
- Understood by participants

Possible problems with previous lab EQA scheme performance monitoring

- Were the criteria clear for referral to NQAAP?
- What happened after reporting to NQAAP ie what were the performance criteria for escalation from the NQAAP to the JWG?
- What happened if persistent poor performance was not resolved by the NQAAP or JWG?

JWG - remit

- Co-ordinate & protect high professional standards of QA in all path disciplines
- Resolve poor and persistent poor performance in technical EQA not managed by SO, SC, NQAAP
- Manage persistent substandard performance in interpretive EQA
- Resolve complaints
- Liaise with accreditation bodies
- Encourage education & development in path QA
- Accountable to RCPath through PSU
- Written minutes to RCPath and IBMS

JWG - membership

- The chairman should be in active diagnostic lab practice and has experience of the working of an NQAAP. He/she will be appointed by the Royal College of Pathologists.
- The deputy chairman, normally nominated from the existing committee though in exceptional circumstances may be a past chairman of a NQAAP or of the JWG.
- Chairmen of each NQAAP, selected by the members of the individual NQAAP on the basis of their experience with final approval being ratified by the Royal College of Pathologists.
- Two nominees from the Institute of Biomedical Sciences.
- A nominee each from CPA (UK) Ltd, from the Department of Health and from the private sector.

Nightmare scenario…..

- Interviewed by Jeremy Paxman
- “Dr Howat, several patients have died due to errors in XXX labs”
- “As Chairman of the JWG, you knew that XXX labs were persistently poor in their EQA performance so what did you do?”
- We had a few meetings……

New traffic light system for lab EQA performance

- Criteria defined by Steering Committees and approved by NQAAPs. Incorporated into SOPs which are agreed by participants
- Green – no concerns
- Amber – poor performance
- Red – persistent poor performance
- Black – unresolved persistent poor performance

Consequences of ‘Amber’

- Poor performance in EQA as defined in SOPs by Steering Committee & NQAAP
- Scheme Organiser/Provider will contact the participant as defined within SOPs
- A dialogue ensues with offers of help etc.
- Careful monitoring of performance
- Usually resolved

Consequences of ‘Red’ (1)

- Within 2 weeks of a lab being identified as a persistent poor performer (red), the Organiser will notify the Chairman of the appropriate NQAAP together with a resume of remedial action taken or proposed.
- The identity of a persistently poor performing lab (red) will be made available to members of the NQAAP and JWG.

Consequences of ‘Red’ (2)

- The NQAAP Chairman should agree in writing any remedial action to be taken and the timescale and responsibility for carrying this out; if appropriate, this letter will be copied to accreditation/regulatory bodies such as CPA (UK) Ltd, UKAS etc who may arrange an urgent visit to the laboratory.
- Advice is offered to the HoD in writing or, if appropriate, a visit to the lab from a NQAAP member or appropriate agreed expert may be arranged.

Consequences of ‘Black’ (1)

- If persistent poor performance remains unresolved (black), the NQAAP Chairman will submit a report to the Chairman of the JWG giving details of the problem, its causes and the reasons for failure to achieve improvement.
- The Chairman of the JWG will consider the report and, if appropriate, seek specialist advice from a panel of experts from the appropriate professional bodies to advise him/her on this matter.
- The Chairman of the JWG will be empowered to arrange a site meeting of this panel of experts with the HoD concerned.

Consequences of ‘Black’ (2)

- If such supportive action fails to resolve the problems, and with the agreement of the panel of experts, the Chairman of the JWG will inform the CEO, or nearest equivalent within the organisation of the Trust or Institution, of the problem, the steps which have been taken to rectify it and, if it has been identified, the cause of the problem.
- The Chairman of the JWG also has direct access and responsibility to the Professional Standards Unit of the Royal College of Pathologists for advice etc.

Role of CQC

- ‘Red’ labs will be reported to CQC as well as CPA.
- Information will be used by CQC to build up a risk register for the lab.
- Other risk indicators include patient complaints, staff complaints, CPA reports, SUIs.
- If considered appropriate, CQC will inspect the lab probably with CPA help.

Summary (1)

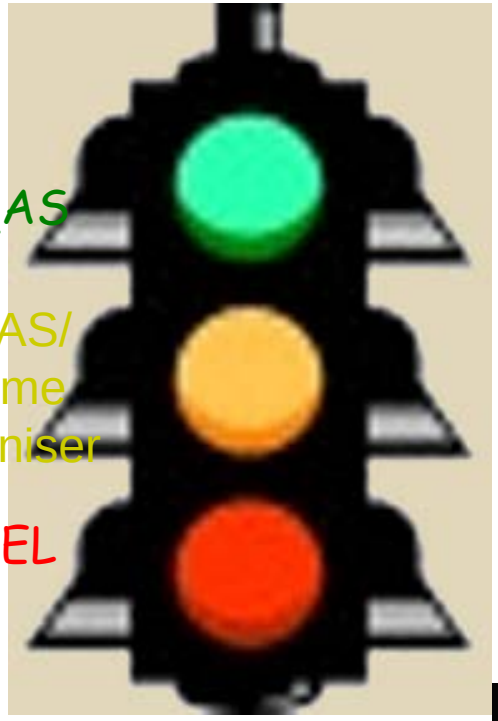
- Performance monitoring in EQA must be, and be seen to be, robust and effective.
- Persistent poor performance in EQA is often a reflection of overall lab quality.
- Incompetent labs will not be allowed to operate.

Summary (2)

- New system is more transparent with clear steps of escalating actions.
- CPA (UK) Ltd and/or other regulatory bodies informed via NQAAP letters and at JWG meetings.
- Involvement of CQC is being developed at present.

EQA Performance Monitoring

Actions



NEQAS

NEQAS/ Scheme Organiser

PANEL

JWG

Adequate Performance

Normal monitoring

Poor Performance

Investigate & take corrective actions

Persistent Poor Performance

Treat as untoward incident ‘root cause analysis’, CQC risk register & corrective actions