

Newsletter

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Welcome from the Director

I would like to welcome readers to the IAHS Pathology Service Newsletter, which is a new initiative of the Service that will provide improved communication to our clients.

The Newsletter will be printed quarterly. The principle objective of the Newsletter is to provide information to users of the Service regarding any changes to the Service, including new initiatives, software and hardware upgrades that will improve service delivery, research, new tests to be introduced, as well as medical and scientific articles of interest.

I look forward to you finding the Newsletter informative, and welcome feedback on it and any aspect of Service improvement.

Associate Professor Gary Schier
Director IAHS Pathology Service.

Clinical Chemistry Achieves Success in RCPA-AACB Quality Assurance Program

The Clinical chemistry department recently achieved success for its Haemoglobin A1c results.

The department achieved the best score of all Australian Pathology labs performing HbA1c in the RCPA-AACB Quality Assurance Program.

This is reward for the great effort put in by the staff to ensure that the Quality assurance procedures throughout the department are maintained to the high standard expected.

Haemoglobin A1c

Haemoglobin is glycosylated by the spontaneous and irreversible binding of glucose. Therefore, the level of glycosylated haemoglobin, or Haemoglobin A1c, is directly proportional to the glucose concentration in blood. Because erythrocytes have a half-life of about 120 days the amount of HbA1c is related to the time-averaged glucose concentration over the 2 to 3 months period before measurement. HbA1c is always expressed as a percentage of total haemoglobin. In patients with normal glycaemic control HbA1c is usually <6%. Increasing levels above this figure indicates a deterioration of glycaemic control.

Reliable HbA1c measurement is essential for effective management of diabetic patients. From an analytical perspective, different methods can introduce artefactual methodological differences in results. From a clinical perspective, even small between-laboratory variations in results may result in an alteration of the treatment regime for a diabetic patient, with potentially adverse long-term consequences.

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The Diabetes Control and Complications Trial (DCCT) and a number of professional bodies, such as the American Association of Clinical Chemists, International Federation of Clinical Chemists, British Association of Clinical Chemists, Association of British Clinical Diabetologists, Royal College of Physicians, Royal College of Paediatrics and Child Health and others have recommended that assays have imprecision of <3.0% and a bias from the target value of <5.0%.

Most laboratories measure HbA1c by one of two methods, immunoassay or High Performance Liquid Chromatography (HPLC). The former has the advantage of being easily adapted for automated multichannel analysers. Unfortunately, they can suffer from greater imprecision than HPLC methods, and may be a less reliable measure of glycaemic control. Commercial HPLC methods are more closely aligned methodologically to the "gold standard" method used in the DCCT studies. HPLC methods use either a cation exchange or a boronate affinity column (used by the IAHS Pathology Service) to separate glycosylated and non-glycosylated haemoglobins. Cation exchange methods are susceptible to artefactual errors in patients with a haemoglobinopathy, or elevated serum urea. However, both give very reliable results with excellent precision in the majority of patients.

Microbiology loves Pus!

The chance of recovering pathogens from a wound swab is dramatically reduced when compared to the yield from other types of operative specimens.

Aspirated pus or fluid, deep tissue biopsies, and other deep operative samples are ideal specimens.

Try to avoid contamination with overlying non-sterile areas such as skin, sinus tracts or ulcers.

So... if you are suspecting infection

Always remember to send specimens to Microbiology.

**(Before starting antibiotics if possible)
Specimens can be transported in sterile yellow topped jars or sealed syringes (no needles please).**

Laboratory Information System (LIS) update

In the coming months we will provide you, our customers, with regular updates on developments with the Détente Laboratory Information system (LIS) as well as changes or improvements planned for the system.

The LIS Management Committee has the responsibility of management of the LIS.

The terms of reference of the LIS Management Committee (LISMC) is to manage the hardware and software matters related to the LIS. The committee has representatives from SEALS, IAHS Pathology, SEALS Support Group (SSG) and ISD departments from SEH and IAHS and reports to the CEO's of both Area Health Services. The SSG under the management of Karen Stevenson maintains the day to day management role and reports to the LIS Management Committee

The LISMC first met on 1st November 2001 and commenced review of the LIS. Meetings have been also held on December 6th, February 7th and March 7th. The terms of reference have focused on:

- Undelivered products in the contract between Network 2000⁺ and Détente.
- The hardware requirements for the efficient operation of the LIS.
- Software bugs and problems.
- Enhancements to the LIS.

LIS Discipline and Group Committees have been established across the Network. Their predominant role is to review the functionality of the Détente products, as related to their discipline, and to prioritise improvements. These committees are currently meeting and will provide monthly reports to the LISMC. This will enable the LISMC to establish priorities for improvements with Détente and other hardware and software suppliers.

To date the achievements of the committee have been:

- Server replacement and upgrade to improve performance of the system.
- Re-established user participation in the management and development of the LIMS system by introduction of the LIMS Discipline Teams.
- Established a direct reporting mechanism to the CEO's.
- Re-focus on clinical requirements of the system and interaction with clinicians

The committees will continue to meet and progress improvement to the LIMS system thereby providing users with an ongoing quality improvement activity and a continually developed LIMS system that will endeavour to meet the needs of the users.

Dr. Anne Stewart:

Anne is an Anatomical Pathologist with an FRCPA and MRCPPath. and will commence with the IAHS Pathology Department as a full-time Anatomical Pathologist on the 15th July 2002.

Dr. Stewart is currently employed in the UK by West Cumberland Anatomical Pathology Department. She has also had positions at St Thomas Hospital, London and Royal Sussex County Hospital, Brighton. Anne commenced her training in 1981 at Royal Newcastle Hospital and has had positions since that time in a number of hospitals in NSW.

Dr. Stewart is a general Anatomical Pathologist with special interest in gynaecology, breast, gastro-intestinal, dermatopathology, oral and thyroid pathology. Anne brings with her a depth of experience in fine needle aspiration (FNAs) and cytopathology and has been actively involved in training of cytotechnologists.

New Anatomical Pathologists

We would like to welcome our new Anatomical Staff Specialist Dr. Farid Zaer and Dr. Anne Stewart to the IAHS pathology service

Dr. Farid Zaer:

Farid completed his residency in Clinical Microbiology (Pathology) and obtained his (MD) from the University of Bombay in India,

On his arrival in Australia in 1990. He undertook the AMC exams and successfully completed all parts and was registered in Australia as a Physician in 1991.

From 1992 to mid - 1995 he re-trained in Clinical Pathology at the Royal Brisbane Hospital in Queensland. Later that year he was selected into residency training in Anatomic Pathology in the USA and was certified by the American Board of Pathology and the University of Florida as an Anatomic Pathologist.

On his return to Australia in 1999 he undertook Registrar training in Anatomical Pathology at the John Hunter Hospital and subsequently spent the next 2 years working solo as a staff specialist in Anatomical and General Pathology at the Tamworth base Hospital in the New England Area Health service.

His areas of interest include gastrointestinal malignancies, pancreatic tumours, Thyroid tumours, inflammatory skin disease and transplant pathology, with particular interest in haematolymphoid malignancies.

Pathology Testing

Did you know that if your doctor has referred you for a Pathology Test that you can have all the testing done right here within the Hospital Pathology Service.

Without having to take time off work or be inconvenienced by traveling to Private Pathology collection centres we can collect, and test your blood right here in the hospital.

Where can I have my blood collected?

We have a well-equipped and comfortable collection clinic situated on level 2 of the Cancer Care Department.

What will it cost?

We are able to "bulk bill" all of our pathology tests, therefore you will not receive a bill for any pathology testing.

What next?

So the next time you have to have a pathology test, ask your Doctor to refer you to Wollongong Hospital Pathology Service.

Customer Feedback

Here at the IAHS Pathology Service we value what you, our customers, think of our service. So please tell us what you think.

Please complete and return the attached comment card to:

The Quality Manager
IAHS Pathology Service
Wollongong Hospital
PO Box 1798
Wollongong

Or

Phone
George Gray
Quality Manager
IAHS Pathology Service
042225283



The IAHS Pathology Service
Customer comments

These comments will help us better understand what you require from us in order that we can improve the quality of pathology services provided by Illawarra Health.