

Training on EQA and National TB Laboratory Network

Module 5: Data Compilation, Analysis and Reporting of AFB Lab Performance- Manual

Date

Uganda Supranational Reference Laboratory

Content Outline

- Manual compilation, analysis and interpretation of rechecking results
- Computer reporting, analysis and interpretation of rechecking results

Compilation, Reporting and Analysis

- According to a manual system alone
- Or together with a workbook
 - Computerized
 - National and (eventually) intermediate level
- Compilation and analysis always quarterly and annually

Manual Rechecking Documents (1)

- Form 1: Blinded Rechecking of Smear examinations for AFB
 - Filled by supervisor taking the sample
 - Registration of sampled slides for rechecking
 - One form for each lab: one copy with results, one without results (for the 1st controller)
 - Coordinator fills results on both copies after receiving 1st controller's results
 - Coordinator identifies discordant results

Manual Rechecking Documents (2)

- Form 2: List of Discordants
 - Coordinator lists discordant slides on Form 2 with both results
 - One or more labs under one controller on one form
 - Column 1st and 2nd result for lab and 1st controller results respectively.
 - 2nd controller receives form 2 with the discordant slides
 - 2nd controller enters results in “result” column and returns form 2 to coordinator

Manual Rechecking Documents (3)

- Coordinator adds 2nd controllers result to both copies of form 1
- Coordinator fills boxes on form 1, below slide list
- Coordinator completes form 1 by adding recommendations at bottom, depending on findings
- One copy for feedback to lab, one with coordinator for preparation of quarterly report (form 3)



Manual Rechecking Documents (4)

- Summary Report Form
 - Compiles number of slides rechecked types of errors obtained for an area for all labs controlled
 - Only summary counts, not individual slides
 - Sent quarterly to the area TB supervisor

Peripheral Laboratory: _____

First controller: _____

Local technician(s): _____

Laboratory: _____

Date sampled: _____

Second controller: _____

Period in lab. register checked: _____

Laboratory: _____

[illegible]

Specimen, Size, Thickness and Staining : M= Marginal, P= Poor

Peripheral Laboratory				
Totals reported results on the samples (nos.)				
Positive:	Scanty:	Negative:		
Summary of errors identified (nos.)				
HFP	LFP	HFN	LFN	QE

HFP = High False Positive; HFN = High False Negative;
LFP = Low False Positive; LFN = Low False Negative;
QE = Quantification Error

First controller				
Totals reported results on the samples (nos.)				
Positive:	Scanty:	Negative:		
Summary of errors identified (nos.)				
HFP	LFP	HFN	LFN	QE

HFP = High False Positive; HFN = High False Negative;
LFP = Low False Positive; LFN = Low False Negative;
QE = Quantification Error

Conclusions:

Recommendations:



Analysis

- Errors by type and centre for each series
- Final analysis after full year sample
- Interim analysis
 - Feedback for continuous motivation
 - Improve compliance, if applicable
 - Further investigation if problems and remedial action
 - Check on improvement of performance in following series

Error Frequencies

- Not accurate per centre
- Better for all centres of large area
- By type; denominator all slides with +, -, or scanty result reported
 - by laboratory
 - by first controller

Evaluation

- No single agreement for all results
 - Loss of valuable information
 - Aim is not to score centres, but detection of specific problems

Validation

- Comparison of sum of FN of all labs under a first controller with FN by controller
 - Always
 - Check on controller's reliability
- May be misleading
 - In case positives were over sampled
 - If restaining of discordants only

Interpretation

- Annual report
 - Number of errors by microscopy centre and first controller
 - No HFP allowed; LFP ignored unless too frequent
 - Not a single FN error allowed if $d=0$
 - Interpretation and decision on corrective action on total numbers and type of errors
- Calculation of error frequencies and performance indicators
 - Not per centre, but for defined area
 - At which level? Decision by NTP management

Example of Annual Rechecking Report

RE-CHECKING OF SPUTUM SMEARS FOR AFB

QUARTERLY / ANNUAL REPORT FORM

Form 3

Region Urban

First controller(s) C

Quarter _____

Second controller A

Year 2006

QA coordinator B

#	Names of the laboratories	Performance of peripheral laboratories								Performance of the first controller								
		Numbers of smears re-checked*			Numbers of errors**					Controller ID***	Numbers of smears re-checked****			Numbers of errors*****				
		Pos.	Scanty	Neg.	HFP	LFP	HFN	LFN	QE		Pos.	Scanty	Neg.	HFP	LFP	HFN	LFN	QE
	A	4	0	56	0	0	0	0	0	C	4	1	55	0	1	0	0	0
	B	3	0	57	0	0	2	0	1	C	5	0	55	0	0	0	0	0
	C	5	1	54	0	1	3	1	0	C	8	2	50	0	0	0	0	0
	D	3	1	56	0	0	11	2	3	C	14	2	44	0	1	0	0	0
	E	8	2	50	1	0	1	2	0	C	9	3	48	0	1	0	0	0
	F	15	2	43	4	2	0	2	2	C	11	4	45	0	0	0	0	0
	G	4	0	56	0	0	6	1	4	C	10	1	49	0	0	0	0	2
	TOTALS	42	6	372	5	3	23	8	10		61	13	346	0	3	0	0	2

Date _____

Signature _____



Summary

- Reporting and analysis of rechecking results can be done either manually or by means of the computerized tool (MS Excel based Workbook)
- Properly filled in laboratory performance and rechecking reports (quarter / annual) provide a basis for the comprehensive analysis and evaluation of laboratory performance

Assessment

- What laboratory performance and rechecking documents are used for reporting purposes?
- Why is it necessary to validate rechecking results?

References

- WHO/GLI Tools.
- John, R. (1999). External Quality Assessment for AFB Smear Microscopy. *Public Health Practice Program Office Centers for Disease Control and Prevention, Rosemary Humes. Association of Public Health Laboratories, 17.*
- GLI Training package on EQA overview & Planning

Acknowledgments

