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| **Department: Anatomical Pathology** | **Date: 20/09/23** | **Time:1430** |
| **Attendance: All Laboratory staff**  |

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| **BX Cases Numbers: 1374 (1277)** | **HN Cases: 1373 (1280)** |
| **Cytology NG Case Numbers:346 (352)** | **Cytology CN Case Numbers:308 (212)** |

**Numbers in brackets are from previous year**

**Agenda Items Outstanding:**

1. **n/a**
2. **Nata Findings** – responses taken from Techcom meeting.

After the recent NATA visit the laboratory was found to have no Major non-conformity findings. There were a number of minor conformity findings:

1. The laboratory must establish an inventory management system for reagents and consumables for both Cytology and Histology that includes all clauses under 6.6 of the standard. - For Cytology: The current inventory management is completed by eye.

*Response: We will introduce an order sheet (ANA\_IHC\_017 Consumable Order sheet) for staff to complete, ideally once a month, this will form the order that can go into ereq. Longer term, AD will work on a spread sheet to allow staff from each area to take a monthly stocktake.*

*When receiving items into the laboratory, a new form of acceptance will be introduced. The new procedure will be documented in CD\_AP\_0300 chemical & reagent management in anatomical pathology. Label how many items have been received on the container.*

1. A description of the process for handling complaints must be publicly available.

*Response: This has been corrected by Jodie and is now on the pathology home screen.*

1. The laboratory must ensure that only current, authorised editions of documents are available at points of use. The following examples were noted: - Histo QC checklist: CD\_AP\_0030\_Fa V4 (6/9/219) was used in March and April while ANA\_QAS\_008 was used in Jan, Feb and from May 2023. ANA\_QAS\_008 was the current version. - Reagent log: multiple versions in use, observed CD\_AP-003\_Fc and CD\_AP\_FC\_0300. CD\_AP\_FC\_0300 is the current version.

*Response: Documents and forms that need to be printed will have a comment made in Fast track to notify the area that they are in. Staff will be reminded to print small amounts out, or what is needed at the time.*

1. Materials used in examination processes must be stored in a manner that prevents deterioration. The laboratory does not monitor the ambient temperature where reagents are stored. For example: Surepath fixative reagent, 10% neutral buffered formalin and paraplast wax.

Digital thermometers on TESTO have been requested to be installed in lab to monitor room temperatures.

*Response: Monitoring of the room temperature will be done by Testo devices. These will need to be installed. A request has been made, Service request: 77520 to have these installed. In the meantime, monitoring will be conducted by digital thermometers, and recorded on CD\_AP\_FA\_0146 Manual Temperature Record.*

*AD will organise training for staff to monitor TESTO.*

The following were observations, these observations should be acted upon.

1. It was observed in the FNA procedure, the clinician passed the needle directly to the scientist. The laboratory should consider reviewing the safety and risk associated with this task. G3 to conduct a risk assessment.

*Response: A risk assessment will be conducted by* Consideration should be given to locating a WHS spill kit within the Cytology laboratory.

*Response: Spill kit is currently missing from the department.*

Appropriate storage and disposal facilities for hazardous materials should be available. Large volumes of flammable liquid waste were observed being stored outside of flammables cabinets. It is strongly advised that the pickup schedule for collection be modified.

*Response: OHS to follow up, this will be discussed at the up coming OHS meeting*

The laboratory should consider conducting formal education sessions between pathologists and scientists in Cytology and to share the non-gynae histo/cyto correlations between staff.

*Response:*

It is highly recommended to rationalise special stains and move to purchasing pre-made solutions from 3rd party providers to assist with in-house IVD compliance.

*Response: work on a plan to start to work on H&E validation using commercial reagents. Phuong is conducting validation on H&E.*

1. The laboratory should consider storing FNA procedure stains within the department and transporting stains to procedures to ensure quality prior to attendance at the procedure.

*Response: The attendees feel this is not something that could be practically introduced. Although it is a concern with reagents being out of the department, because of the distances to procedures, it is not possible to be transporting chemicals there and back. It is a secure are the reagents are left and there has been no issue of contamination previously.*

1. In Cytology, for plasma cell block preparations, the scientist signs the worksheet as “cyto”. The laboratory should consider using staff initials to allow for traceability

*Response: Cyto prep scientist to put initials on the side of the cassette.*

1. In Histology, a pathologist signs off the 1st block on the “Control block in use validation form” for special stains, CD\_AP\_0105Fa, but not for all blocks. It is recommended that an extra column be added to the form for the pathologist to sign off each block as it is added to the list.

*Response: Attendees unsure of the observation and the benefit to quality control would be. A better explanation of this would help to identify the benefit before introducing.*

1. It is recommended that a communication to staff, records and acknowledgement process be implemented for the department. Currently there is no system of meeting minutes acknowledgement for staff not attending meetings.

*Response: Minutes of Laboratory meeting will now be distributed through MTS, allowing staff to acknowledge reading them and allowing feedback on the number of staff acknowledging the minutes.*

There were a number of commendations:

1. Juan: Performance monitoring of scientists in cytology is excellent –
2. Julie: Cut-up manual is brilliant –
3. Jo: the construction of IHC validation documents is of a very high standard
4. **Standing Items:**

No standing items to be discussed- The focus of the meeting is on the above NATA findings.

# Date of Next Meeting:

TBC