# The Percentiler

Dec 10th 2014 Gent

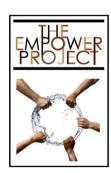


Dietmar Stöckl dietmar@stt-consulting.com

ST*T*Consulting

Linda Thienpont linda.thienpont@ugent.be





#### **Overview**

**Status** 

Concept

**Limits** 

**Examples** 

**Summary & Outlook** 



# **Participants**

# Current status (Nov 2014) (total 124 with ~250 instruments)

 >75 laboratories/sites in Belgium (Hospitals: ~200 to 2000 beds)

#### International

Finland, Portugal, Slovakia, Sweden, Czech Republik, Canada, Turkey, US The Netherlands, Germany, Spain, ...

Advia	7
Architect	19
AU	13
Cobas	152
Integra	4
Modular	11
Synchron	11
Vista	5
Vitros	26

#### **Participation confirmed**

Laboratories in Northern Ireland, UK, France, Switzerland, Denmark, Germany, Spain, ...



# **Participants - Geographic spread**



# IT connectivity

**GLIMS** (MIPS)

CorLabs (Cegeka)

**MOLIS** (Vision4Health Belgium S.A)

**FONS Openlims (STAPRO Ltd. Czech Healthcare Software House)** 

Modulab (Systelab, Spain)

LPM, IM Middleware (Data Innovations)









# **IT** connectivity

## **The Flagger**

- Local IT solutions
- Data Innovations



# **IT** connectivity

#### E-mail reading into MySQL database#

- percentile@stt-consulting.com
- flagger@stt-consulting.com
- [iqcmonitoring@stt-consulting.com]

#e-mail embeddd table; EXCEL-file; Text-file

#### **Graphical user interface**

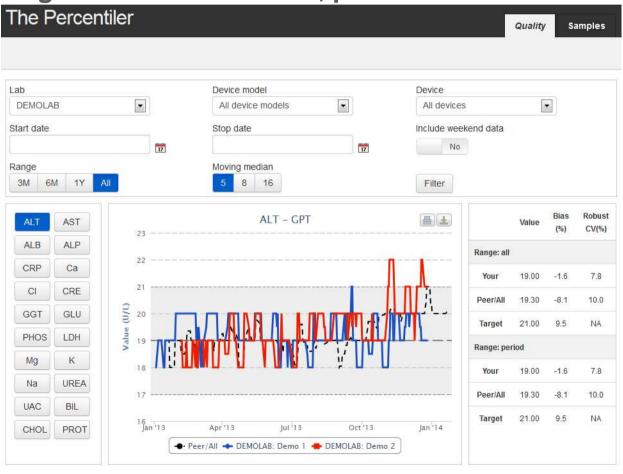
- User access since January 2014
  - Peer Group Moving Medians



#### **User Interface**

#### https://www.thepercentiler.be

Login: User = DEMOLAB, password = demo1234



The Percentiler @ Tonsulting realized by Bruno Neckebroek

#### **Stratification**

#### **Points of care**

- Instrument-specific
- Outpatients
- No weekends (filtered by our IT)

#### **Limitations**

- Low volume analytes
- Seasonal variation (250HD)

#### Remark

#### Patient is not measured

By a laboratory

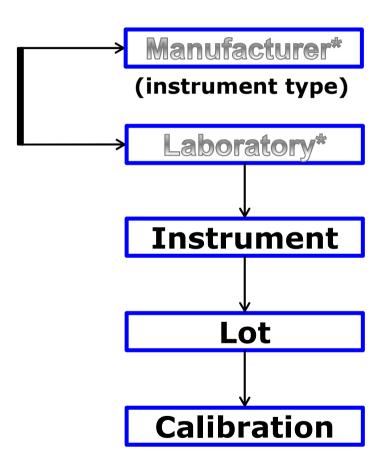
#### Patient is measured

 On rotor 1 of instrument x in laboratory y with the assay of manufacturer z.

Only The Percentiler delivers that depth of information!

#### **Assessment of bias components**

(Percentile monitoring)



#### **Probably\***

- High-volume labs
- Outpatients

# Theory Effect of assay instability on surrogate medical decisions

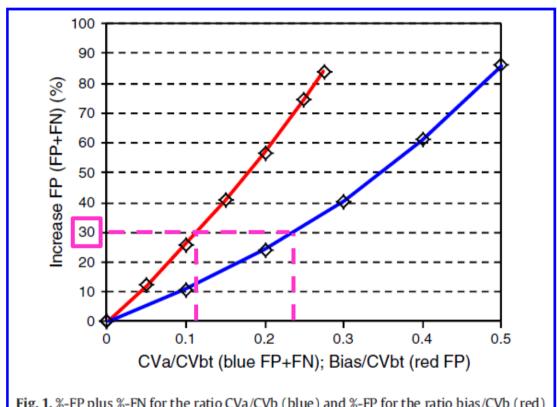
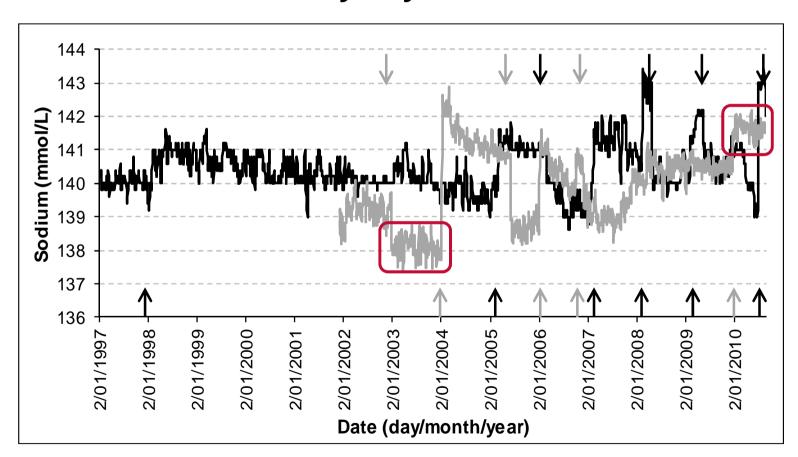


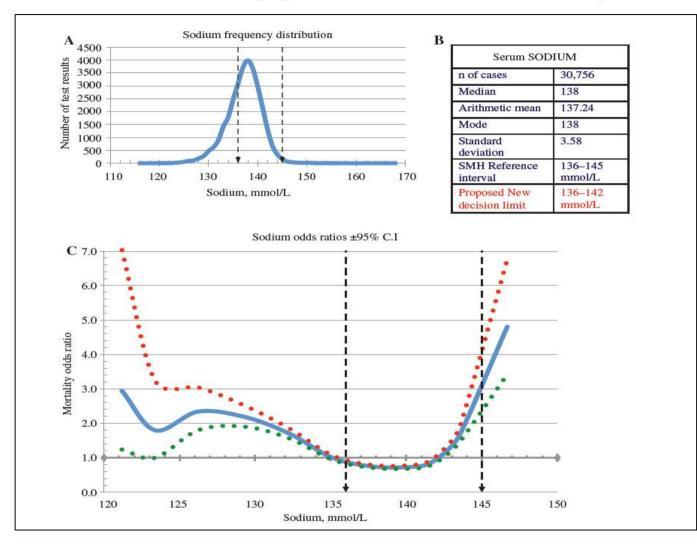
Fig. 1. %-FP plus %-FN for the ratio CVa/CVb (blue) and %-FP for the ratio bias/CVb (red) beyond the 1.96  $\sigma$  decision points for Gaussian distributed data. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

A fresh look at analytical performance specifications from biological variation. Stepman HC, Stöckl D, Twomey PJ, Thienpont LM. Clin Chim Acta 2013;421:191-2.

#### "Surrogate" medical decision hyponatremia

- Triplication "low versus high" period (±2 mmol/L)!
- Benchmark stability: 8 years ±1 mmol/L





# Sodium results & mortality

Risk-based reference intervals:

Narrower than populationbased reference intervals

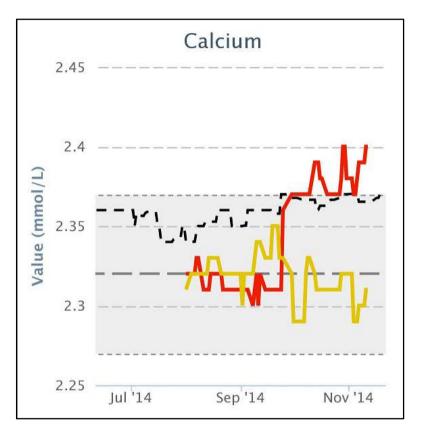
Solinger AB, Rothman SI. Risks of mortality associated with common laboratory tests: a novel, simple and meaningful way to set decision limits from data available in the Electronic Medical Record. Clin Chem Lab Med 2013; 51(9): 1803–1813

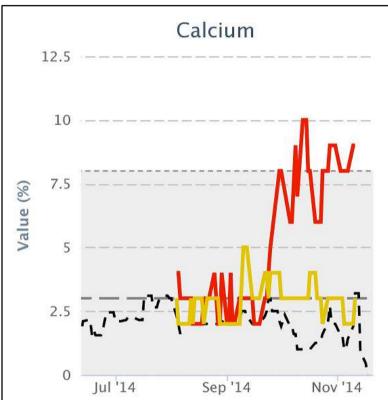
## Surrogate medical outcome (laboratory population)

	Long-term mean	CV for stable periods (%)	Maximum neg. and pos. bias (%)	Percentage hypo in a biased period	Ratio hypo	Percentage hyper in a biased period	Ratio hyper	Bias specific. (diagnosis) (%)
Calcium								
Lab 1	2.23	1.0	-3.1 3.7	40 22	1.8	5.0 12	2.4	0.8
Lab 2	2.29	1.0	-3.5 3.9	35 19	1.8	1.0 5.1	5.1	

#### **Comparison The Percentiler – The Flagger**

#### • 3-fold hypercalcemia!





**DOPPS** = Dialysis Outcomes and Practice Pattern Study

Hypothesis: measurable differences in dialysis facility practices influence patient life expectancy, morbidity and health-related quality of life

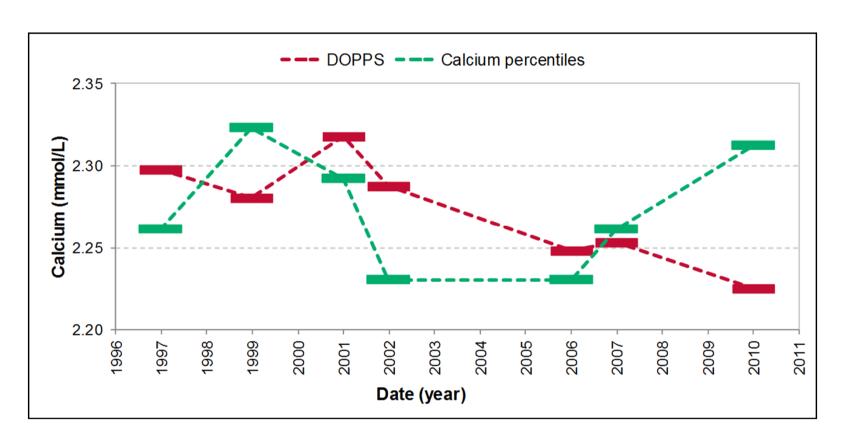
#### **Practice patterns**

- Staff per patient
- Number of patients served
- Dialysis "dose" and other prescriptions
- Methods of delivering dialysis and achieving dose

#### **Outcomes**

- Mortality
- Hospitalization
- Infections
- Quality of life
- Development of a new medical conditions
- Normalization of biochemical parameters

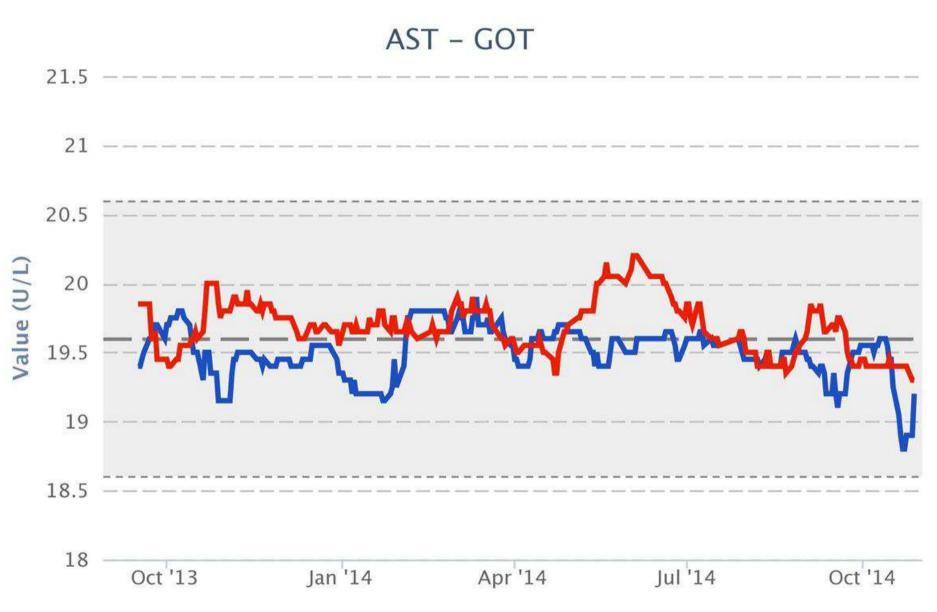
### Trends by practice patterns or analytical instability?



# **Performance specifications**

	Bias Biology	Bias Empower	Bias Biology	Bias Empower		Median
	(%)	(%)	(unit)	(unit)	Unit	"SI"
ALB	1.3	2.3	0.56	1	g/L	43.0
ALKFOS	6.4	7.0	4.6	5	U/L	71.9
ALT	11.4	11.0	2.1	2	U/L	18.1
AST	5.4	4.9	1.1	1	U/L	20.4
BILTOT	11.4	12.2	0.94	1	μmol/L	8.21
CA	0.8	2.1	0.019	0.05	mmol/L	2.38
CHOL	4	4.1	0.20	0.2	mmol/L	4.91
CL	0.5	1.0	0.51	1	mmol/L	102.0
CRP	21.8	11.0	0.40	0.2	mg/L	1.82
GGT	10.8	9.4	2.3	2	U/L	21.2
GLUC	2.2	3.8	0.12	0.2	mmol/L	5.24
K	1.8	3.4	0.08	0.15	mmol/L	4.44
CREAT	4	4.1	2.9	3	μmol/L	73.0
LDH	4.3	5.4	7.9	10	U/L	183.6
MG	1.8	3.5	0.015	0.03	mmol/L	0.85
NA	0.3	0.7	0.42	1	mmol/L	140.6
Р	3.2	3.6	0.036	0.04	mmol/L	1.11
PROT	1.2	1.4	0.83	1	g/L	69.5
UREA	5.5	5.5	0.30	0.3	mmol/L	5.45
URIC ACID	4.9	4.7	15.5	15	μmol/L	317

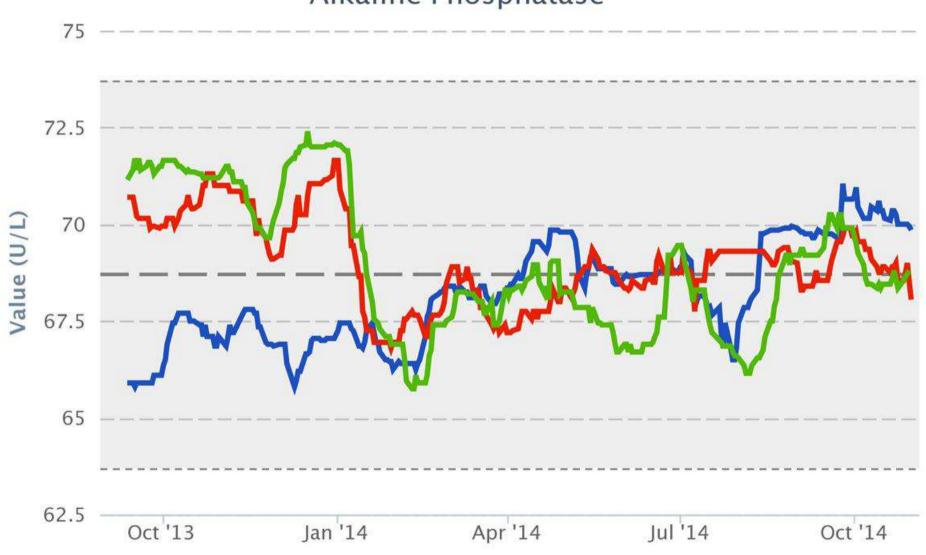


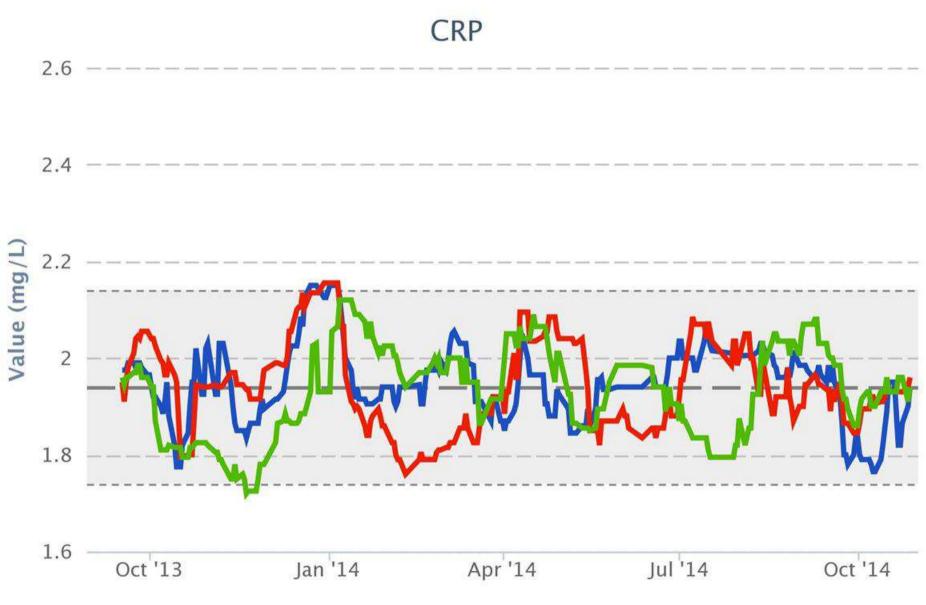




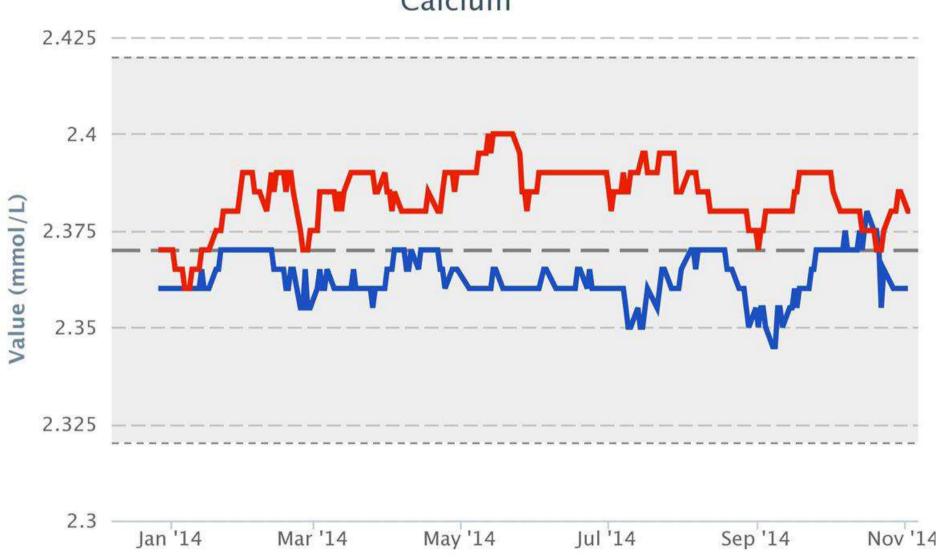


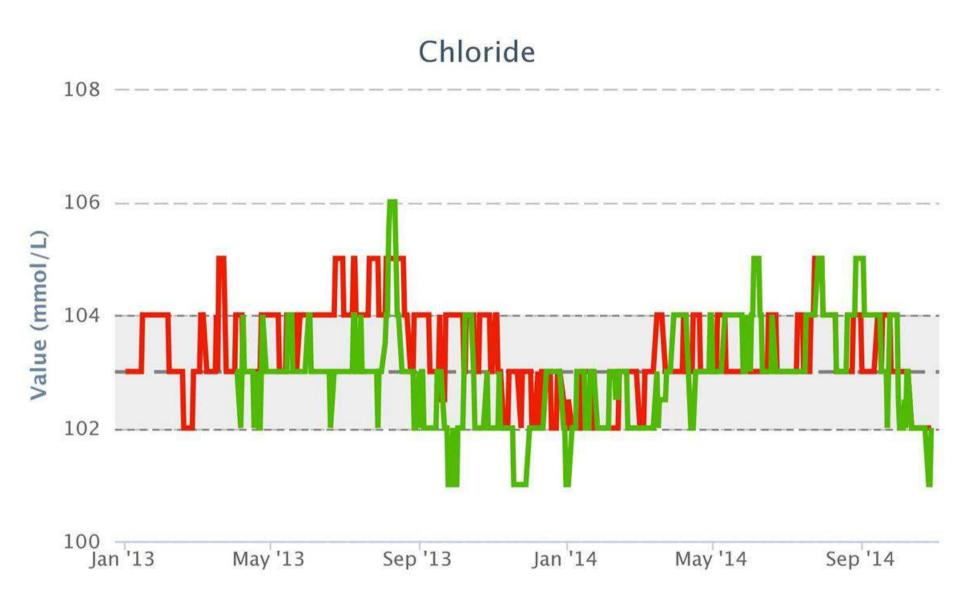
## Alkaline Phosphatase





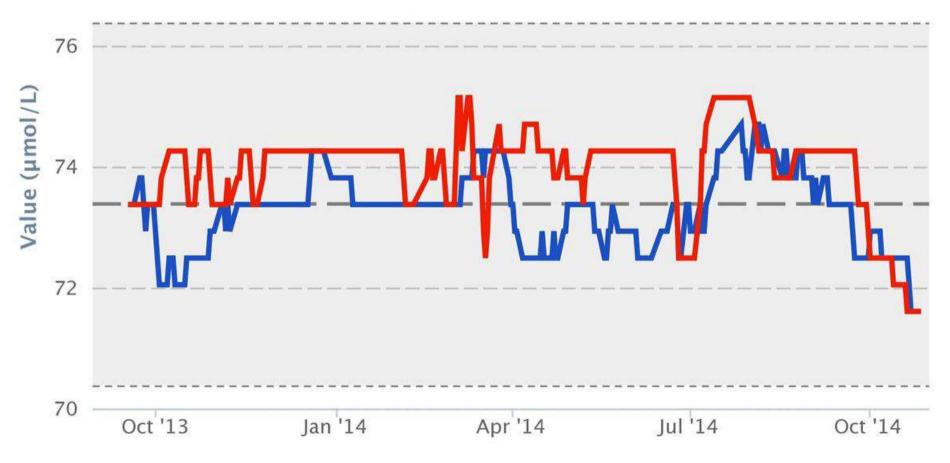


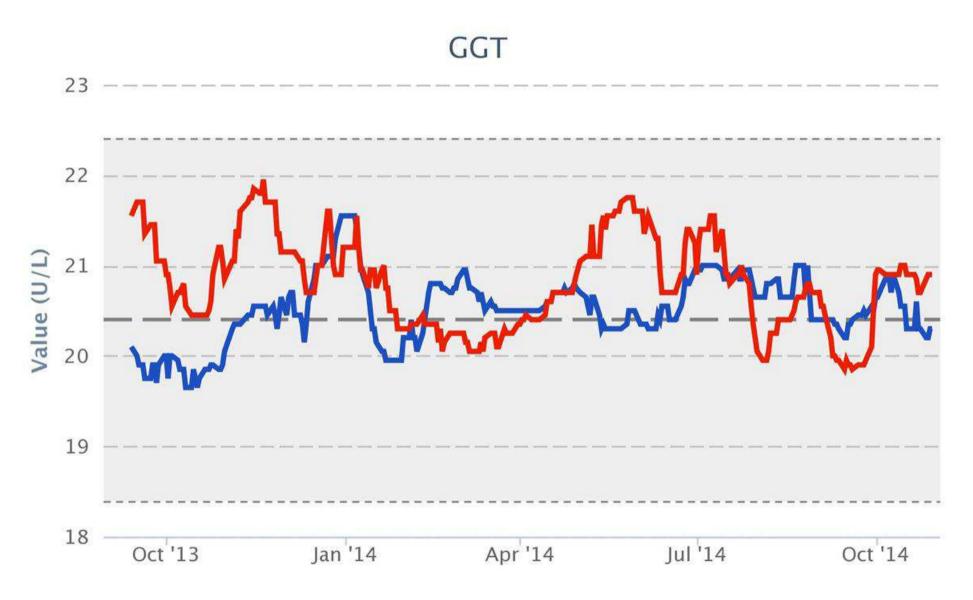


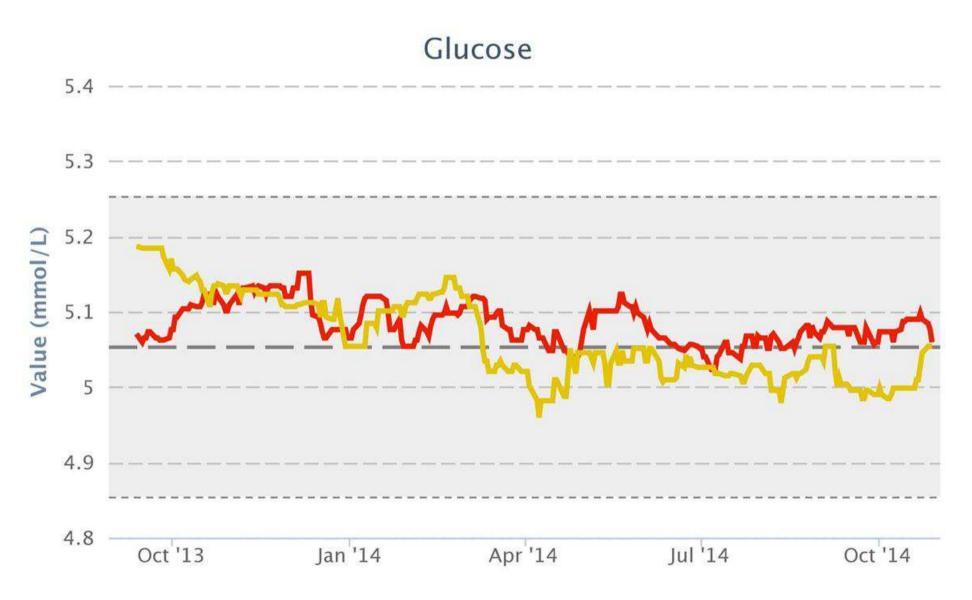


#### Creatinine

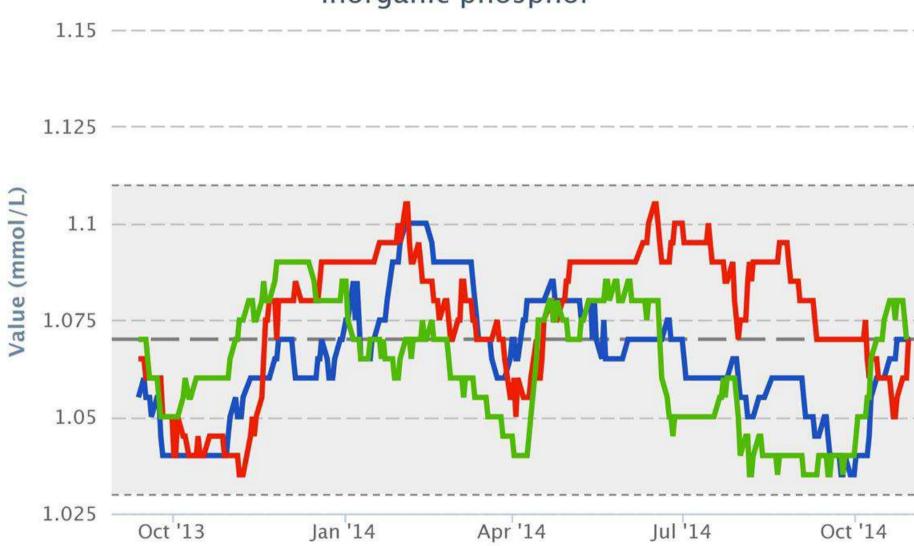
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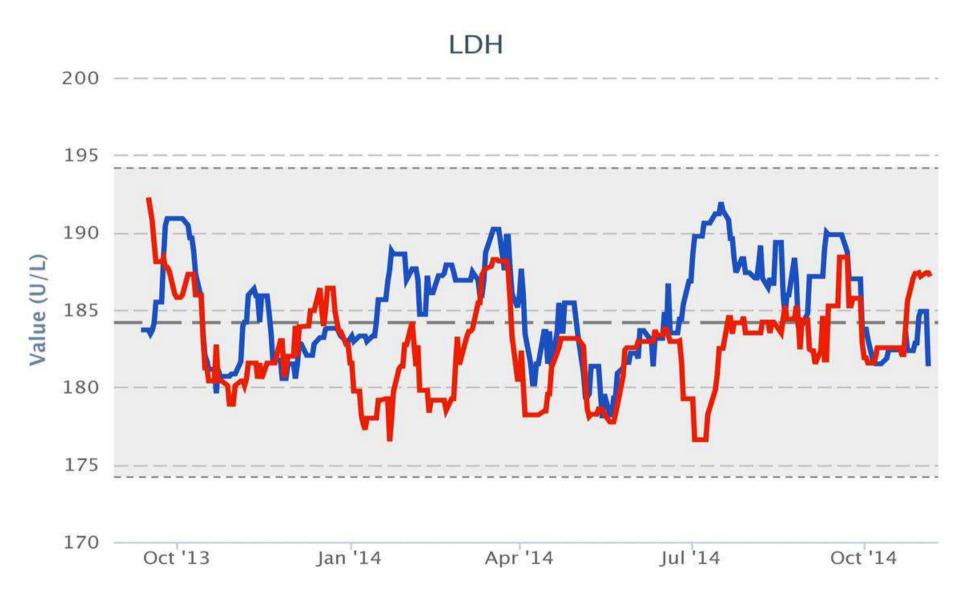


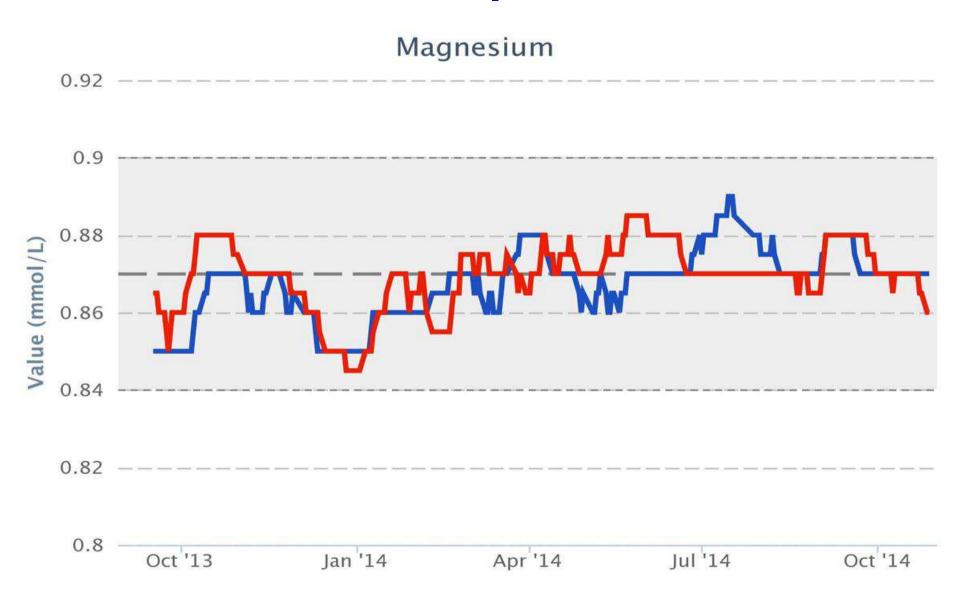


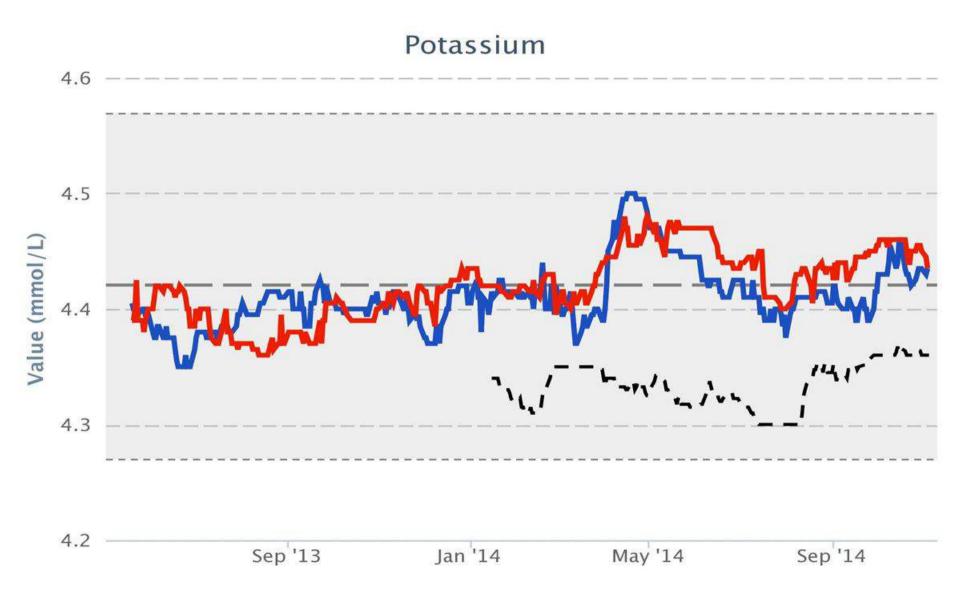


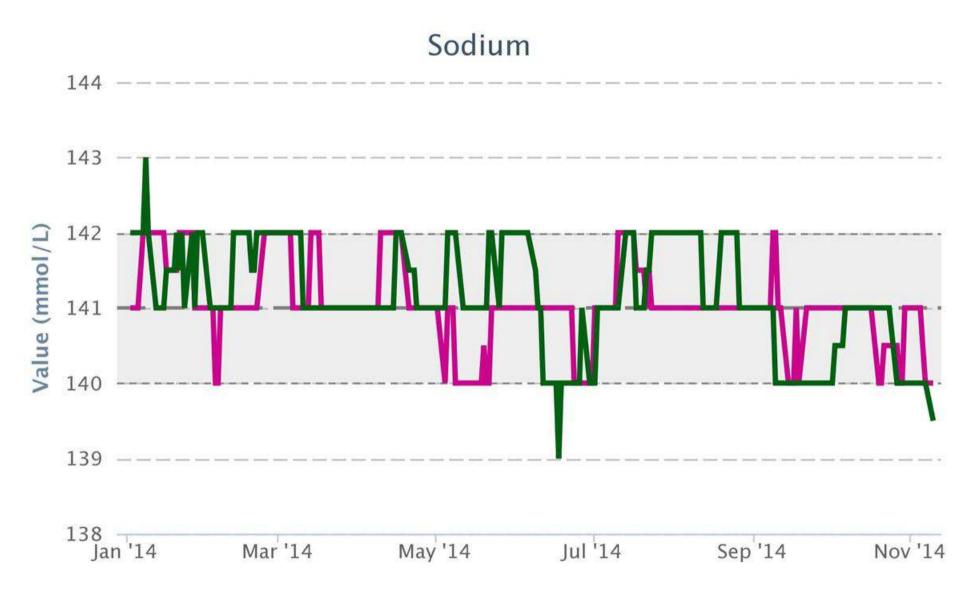
# Inorganic phosphor





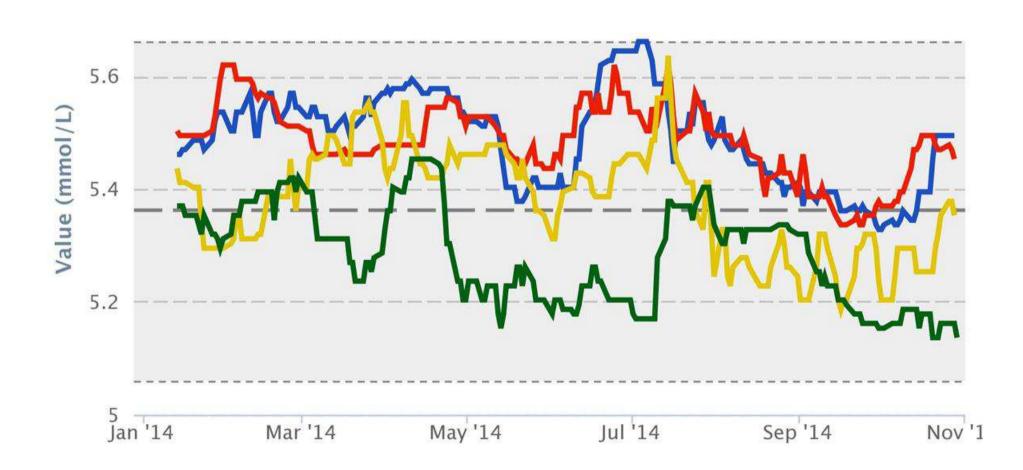


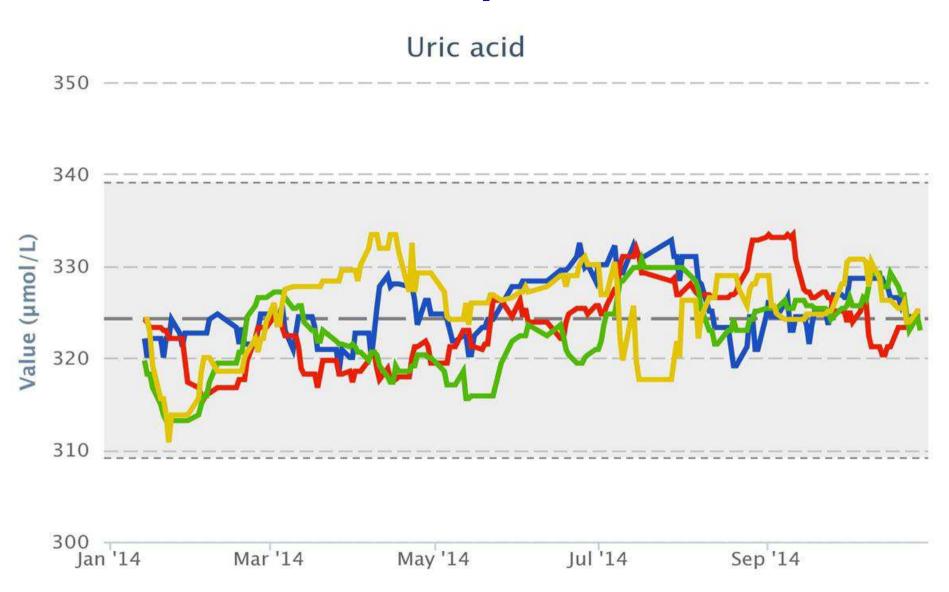










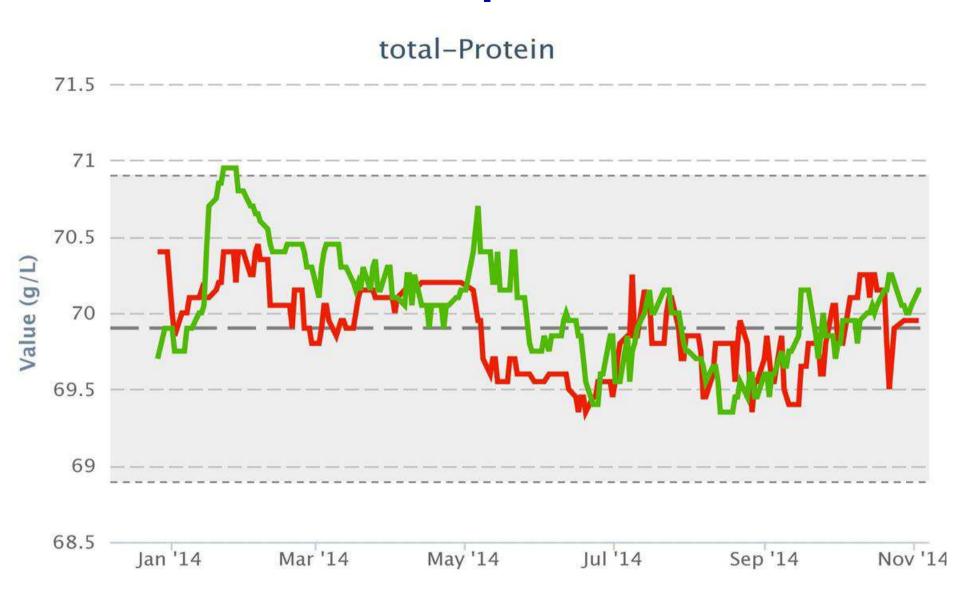






#### total-Cholesterol





#### **Benefits**

#### Patient percentile (flagging) monitoring

- Gives evidence about stability of performance & the reasons for assay variation (manufacturer, lot-to-lot, calibration, instrument)
- Enables monitoring the effect of instability on "surrogate" medical decisions ("flagging" frequency)
- Strengthens the laboratory/manufacturer dialogue
- Strengthens the physician/laboratory interface by more transparent communication on performance
- Helps with establishment of realistic quality goals
- Provides basis for comparison across manufacturers



#### **Last not least**

#### Promotion of lab-to-lab communication

We promote the exchange of samples between "The Percentiler" laboratories when laboratory biases are suspected.

Promotion of laboratory/peer group-to-manufacturer communication

Peer group observations have been shared with peer group laboratories and the respective manufacturer.



# **Project highlights**



- Long observation times
- "Deep" information
- Reliable peer groups
- Excellent manufacturer contact
- Experienced, highly responsive "Empower Team"
- Samples are "as commutable as they can be!"
- Realistic, but meaningful limits

#### **Timelines**

- Individual laboratories can join on a continuous basis: free-of-charge
- Regular reports: since March 2014 (www.sttconsulting.com)
- Future structure is open!

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In development:
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Monitor the "flagging" rate ("The Flagger")



#### **Thanks**

- The Percentiler Laboratories
- Belgian representatives (& headquarters) of Abbott, Beckman/Analis, Ortho, Roche, Siemens
- LIS companies
- Belgian Society for Clinical Chemistry
- Laboratory of Analytical Chemistry (Gent)
- Filip Migom (MIPS) & Tom Fiers (Gent University Hospital)
- Bruno Neckebroek (IT)
- The "Unknown Soldiers"