

## Summary of survey results

The majority of respondents were clinical pathologists (84%) working in diagnostic labs or academia (80%)

### **Points for QALS future projects:**

- 17% of respondents received no training during their education on quality assurance (QA) and quality control (QC), and an additional 30% said their only training was comprised solely of studying published source material. 40% studied publications and had didactic training.
- Visibility of the guidelines was good, with  $\leq 5\%$  of respondents unfamiliar with most the guidelines. Slightly more respondents were unaware of the more recent EQA and glucometer guidelines. Both the website and the summaries in Veterinary Clinical Pathology are commonly used for accessing guidelines. One respondent requested a searchable database for identifying guidelines.
- The majority of respondents agreed that guidelines were easy to find; easy to understand; easy to implement and the checklists were helpful. However, it is notable that just under 20% of respondents did not find the guidelines easy to understand and 27% did not find them easy to implement in their lab. One respondent brought up the need for some easy-to-read reviews for non-clinical pathologists with in-house instruments.
- Just under 50% of respondents had calculated total observed error ( $TE_{obs}$ ) for at least some analytes on their instrument. In general instrument performance was good, with just over 70% of respondents indicating that  $>75\%$  of their analytes met total allowable error ( $TE_a$ ) goals. As expected from previous studies, electrolytes were the most common problem analytes.
- For those respondents who have implemented the  $TE_a$  guidelines, the experience has been largely positive. Over 90% found calculating total error straightforward; 66% felt the process had changed their approach to QC and 50% agreed that calculating TE lab had altered their approach to data interpretation. However, of 12 respondents to this question, 8 had some analytes that could not meet  $TE_a$  even after taking corrective actions.
- The most common reason for not implementing  $TE_a$  Recommendations for Biochemistry was lack of available staff.
- Only 22% of respondents had been consulted by a client for help with an in-house biochemistry analyzer/POC QC problem and only 2 of the 8 respondents had assisted a client with  $TE_{obs}$ . However, this was not because the clinical pathologist felt unable to assist with TE calculations.
- For future projects,  $TE_a$  for coagulation, hematology and hemostasis were suggested. A QA guideline for cytology was also proposed.