• Data collected on a constant basis needs to be presented to show individual laboratories their trends and it needs to be done in a way that allows for benchmarking.

• We do not need to constantly measure everything. Measuring fewer key, high risk indicators has been suggested.

• To do this, we need data. We need to be able to prove that initiatives lead to improvement, by measuring the impact of changes over time.

• Pathology needs to take “Stewardship” of problems, initiating discussion between ourselves and other arms of the health system for better patient outcomes.

• Risk is associated with the total testing process, antecedent to test ordering and subsequent to result reporting.

• NPAAC and NATA are changing the way they look at accreditation, such that they concentrate on risk, rather than compliance.

• KIMMS has been helpful in raising the profile of pre- and post- analytical incidents.

• The one-off “audit surveys” that have been run by RCPAQAP under the KIMMS banner have been well received, and the round tables suggested next surveys that could be run.

• Results of this survey will also be discussed at the next KIMMS workshop held on 25th October 2018.

• How is this achieved, who is responsible for checking the competency of which staff and how often is it done?

• Accreditation guidelines require that staff have their competency checked.

• One of the ways to ensure a quality service is to have quality staff.

• How do you measure competency?

• The results of the survey will be discussed at the next KIMMS workshop to be held on 25th October 2018.

• In summary, each Quality Indicator does have unique points of similarity. To move forward, KIMMS will need to be able to gather set information from participants about each QI, which should then allow benchmarking, rather like Chemical Pathology use different methods and equipment to compare like data.

• The latest KIMMS audit survey is looking at this with the aim of supplying data for a “best practice” document to be produced.

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