

COVID-19 pandemic and the effect on EQA services

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on behalf of



The European Organisation for External Quality
Assurance Providers in Laboratory Medicine

Study on EQA Provision during the COVID -19 pandemic

- The aim of this study was to look at how EQA providers have responded to the global Covid-19 pandemic in 2020.
- We wanted to understand :

challenges that have affected EQA provision across Europe

how EQA providers have managed/reacted to a stressful situation like a pandemic.

impact on EQA providers

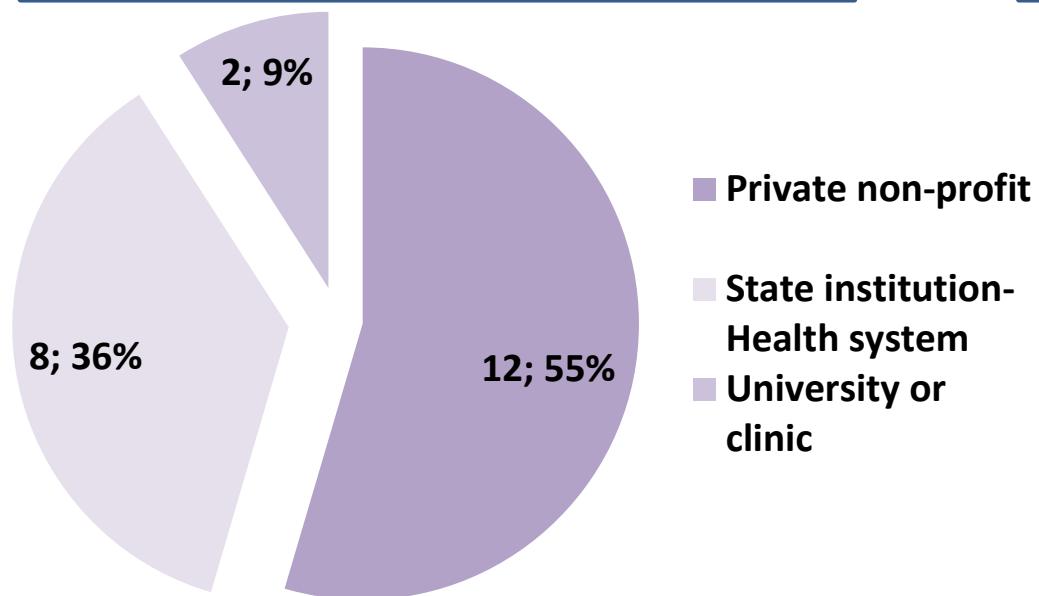
EQALM members were invited to complete an online survey (28 questions); answers were collected from 21 providers.

| Name of EQA provider | Nation |
|----------------------------------|----------------|
| ÖQUASTA | Austria |
| Sciensano | Belgium |
| Birmingham Quality UK NEQAS | British-UK |
| DEKS | Denmark |
| CTCB | France |
| Biologie Prospective | France |
| Referenzinstitut für Bioanalytik | Germany |
| ESEAP | Greece |
| QualiCont Nonprofit Ltd. | Hungary |
| IEQAS | Ireland |
| ECAT Foundation | Netherlands |
| Norwegian EQA immunohematology | Norway |
| PNAEQ | Portugal |
| QCMD | Scotland-UK |
| SNEQAS | Slovenia |
| Equalis | Sweden |
| Swiss Centre for Quality Control | Switzerland |
| Preventive Medicine Fundation | Taiwan, R.O.C. |
| UK NEQAS Haematology | UK |
| UK NEQAS Edinburgh | UK |
| Weqas | Wales-UK |

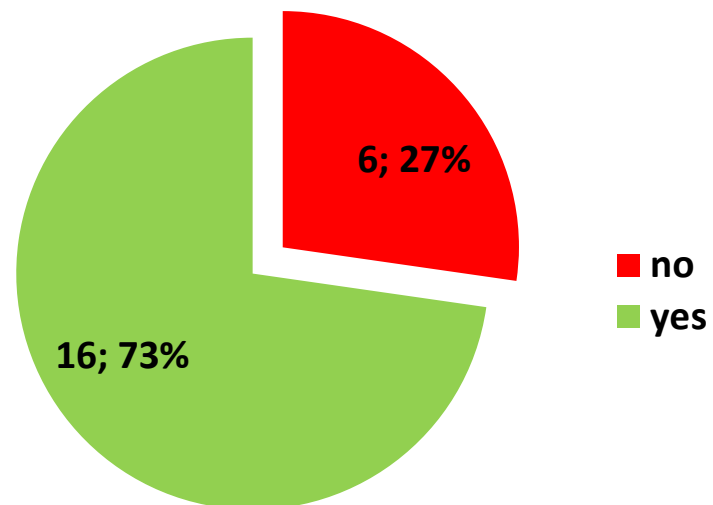
EQAS providers Survey participants



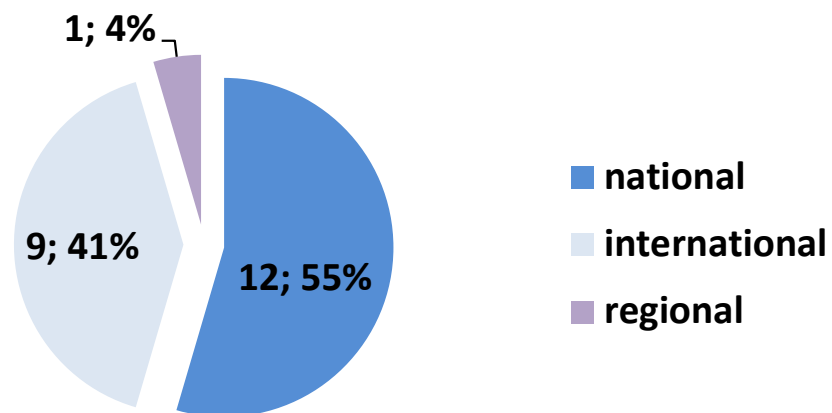
Type of provider



Accreditation according to ISO 17043:2010



Predominant demographics of participants

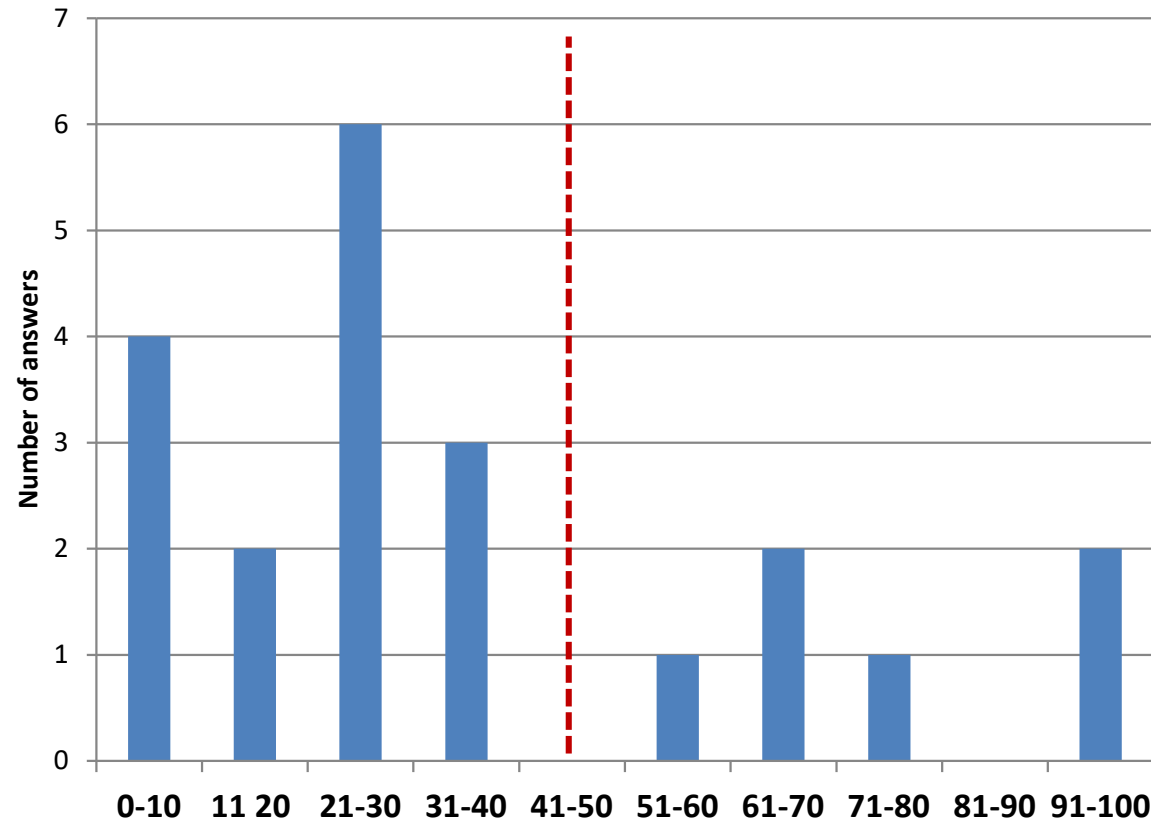


impact

Q18: With respect to *you overall EQA service provision*, the impact of COVID 19 pandemic was

ZERO (NO impact)-----50-----100 (major impact)

| |
|-----|
| 0 |
| 1 |
| 10 |
| 10 |
| 12 |
| 20 |
| 21 |
| 25 |
| 25 |
| 29 |
| 30 |
| 30 |
| 33 |
| 34 |
| 40 |
| 60 |
| 65 |
| 70 |
| 79 |
| 100 |
| 100 |

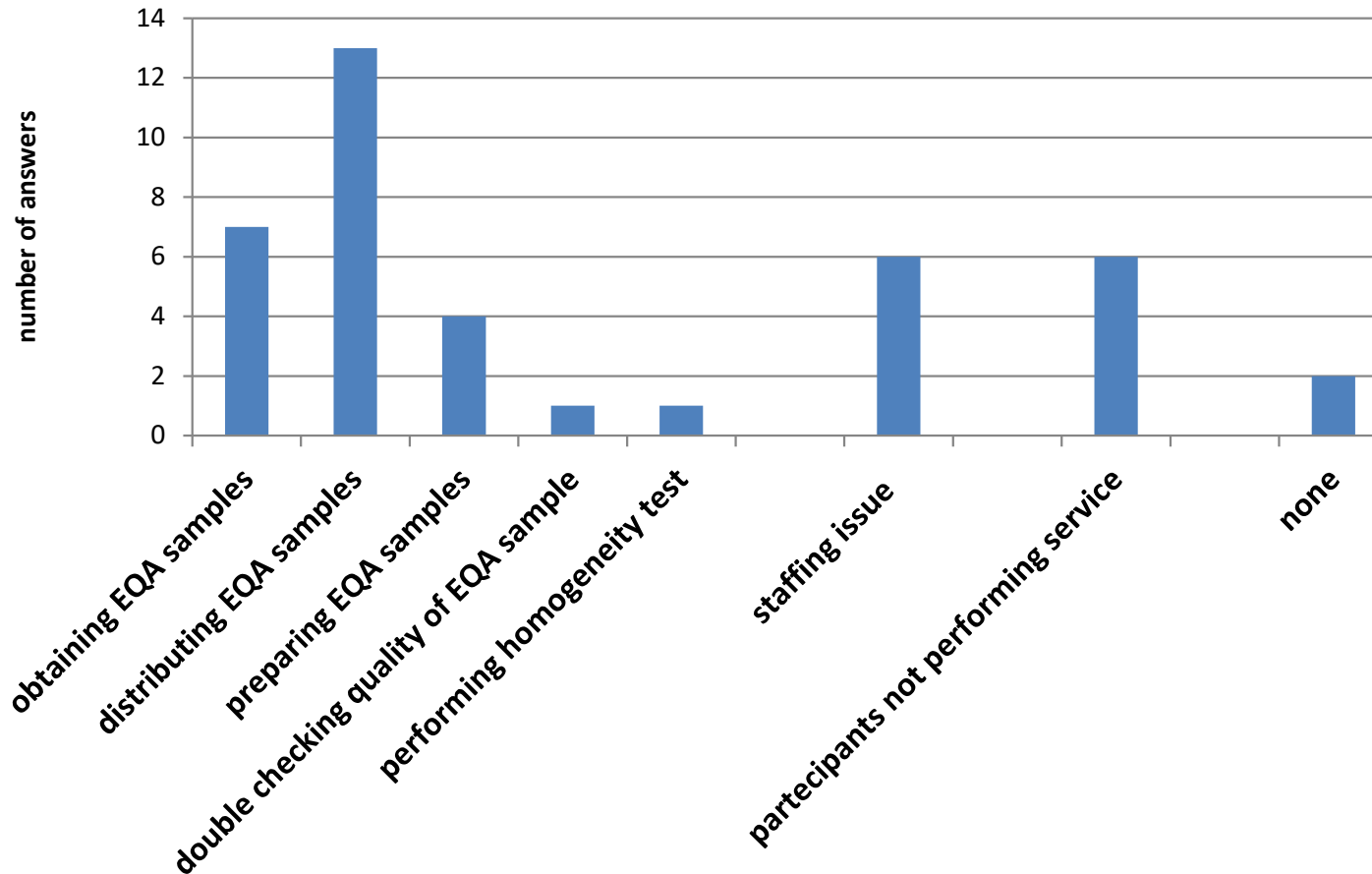


15 providers expressed a score <50
= 71% faced manageable impact

challenges

Q8: What challenges did you face in 2020?

90% of providers declared to have experienced *some* challenges



EQA rounds
68% answers

EQA staff
16% answers

EQA
participants
16% answers

Q 21: What **do you think** the ***greatest*** challenge has been for EQA service provision ?
(open question)

Comments can be reconducted to:

- 1) **Sample preparation** (finding donors, handling whole blood, shut down of subcontractors)
- 2) **Distribution** (nationally, internationally delayed/stop of postal and courier transportation)
- 3) **Implementing** new schemes (COVID related)
- 4) **Re schedule** of schemes
- 5) **New modality of working** (from home, few people in the office, new organization in the office, addistional tasks, need of new communication skills)
- 6) To be **out of work confort zone**

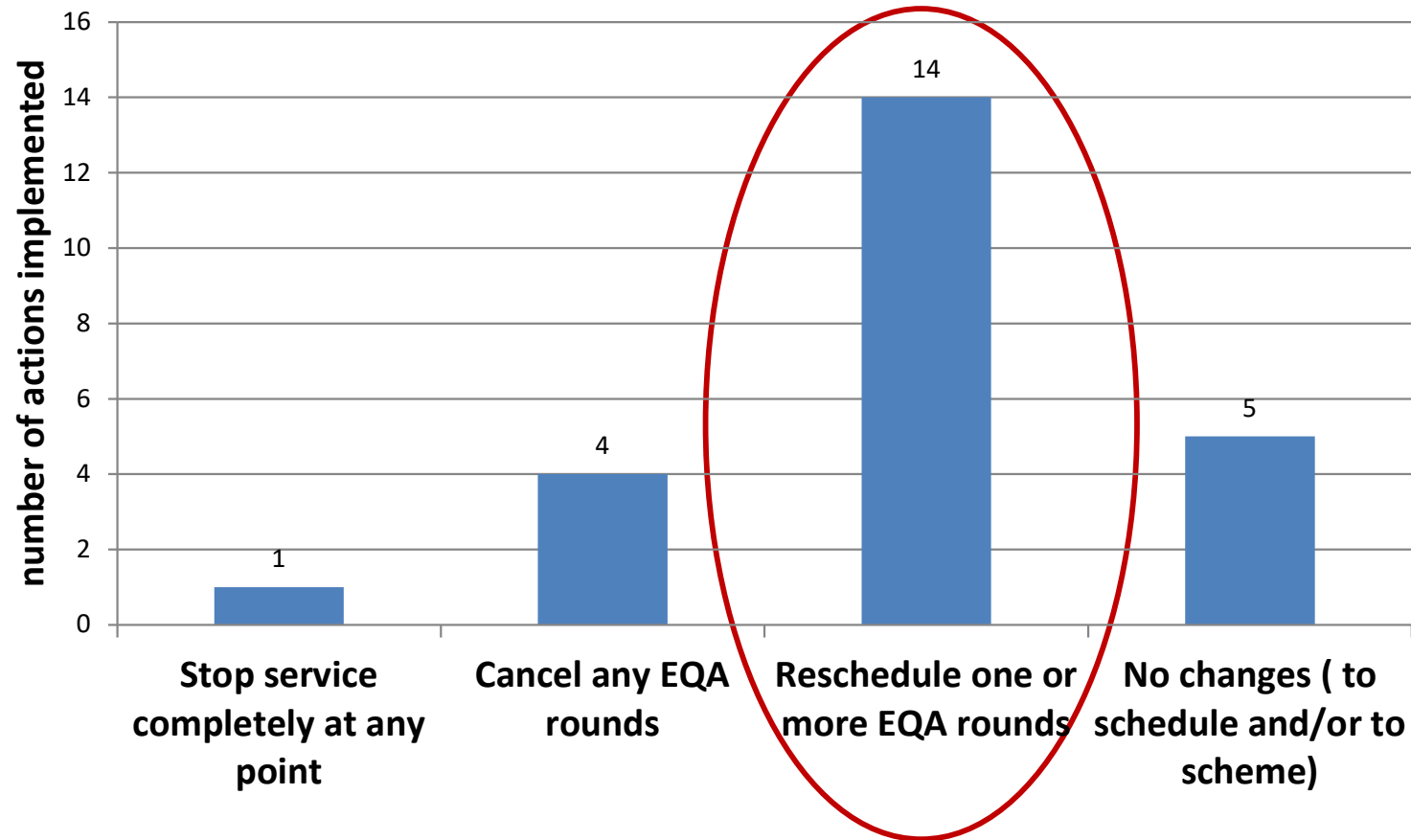
greatest challenge:

*The EQA was considered **non-essential** in the Nation state of emergency*

*The EQA was considered **an essential** service in the Nation state of emergency*

how

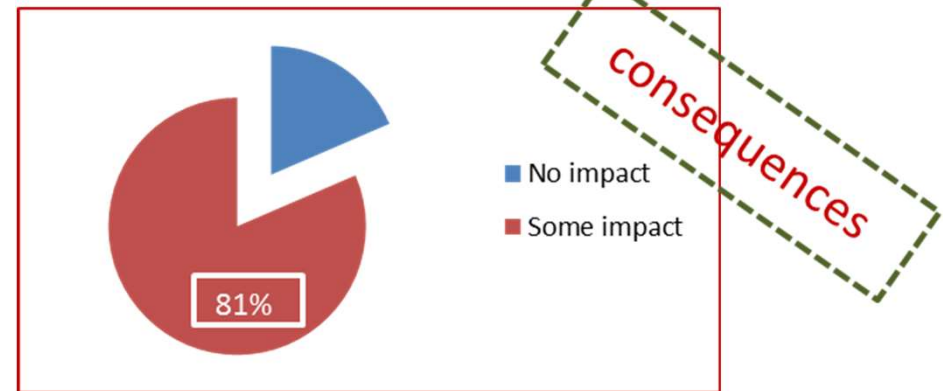
Q12: Regarding **EQA service provision** to your participants did you



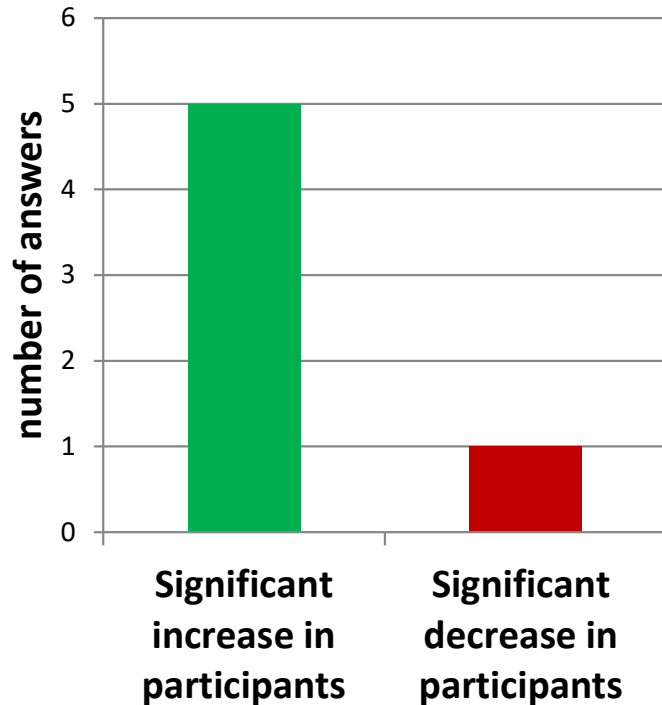
actions

- One distribution cancelled (EQAS with higher frequency of samples/year)
- Extension of deadline for result submission
- Need to reschedule for post analytical surveys

Q13: Impact on the participation in existing EQA schemes



A: number of participants

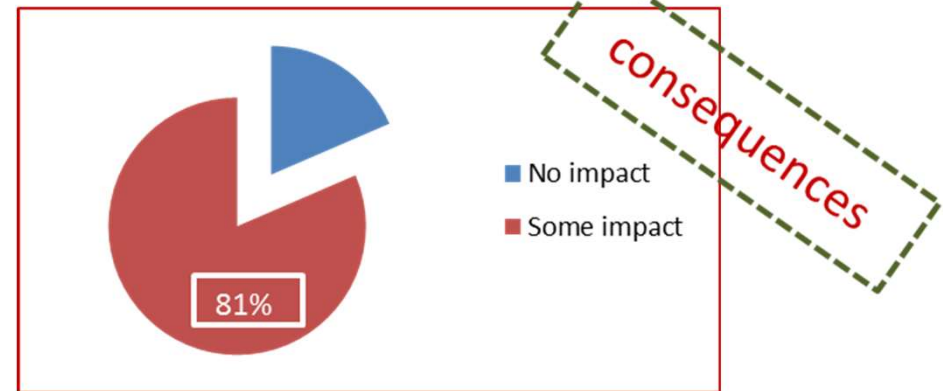


45% of providers declared an increase in participants number

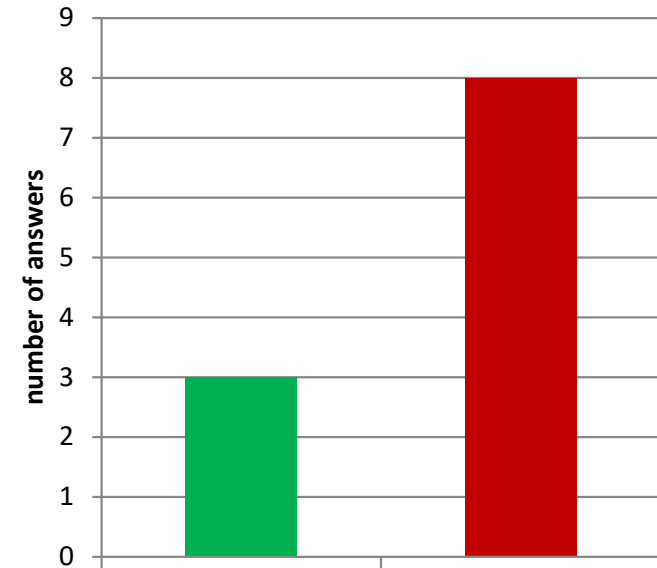
Increase in the participants due do incresed request of specific EQA:
Bood gas, Co-oximetry, Procalcitonin, Cytokines

Decrease in the partecipants due to closing down some facilities, mainly POCT

Q13: Impact on the participation in existing EQA schemes



B Turn-around-time (TAT)



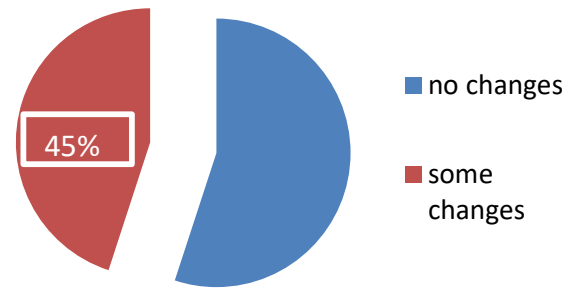
Faster TAT for return of results Slower TAT for return of results

**Slower TAT due to:
change in schedules,
implementing new post analytical survey,
allowing more time on account of delay in
shipment**

**Faster TAT for the samples due around the
onset of pandemic (March)**

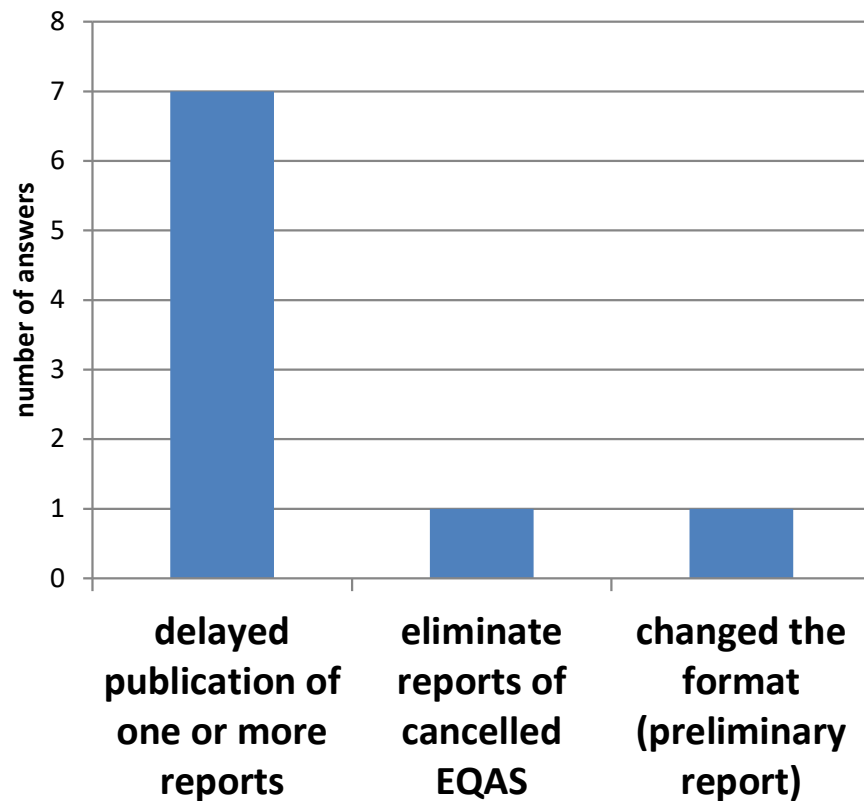
**73% of providers declared a slower TAT
for return of results**

Q14: Regarding ***EQA reports***, have you ...

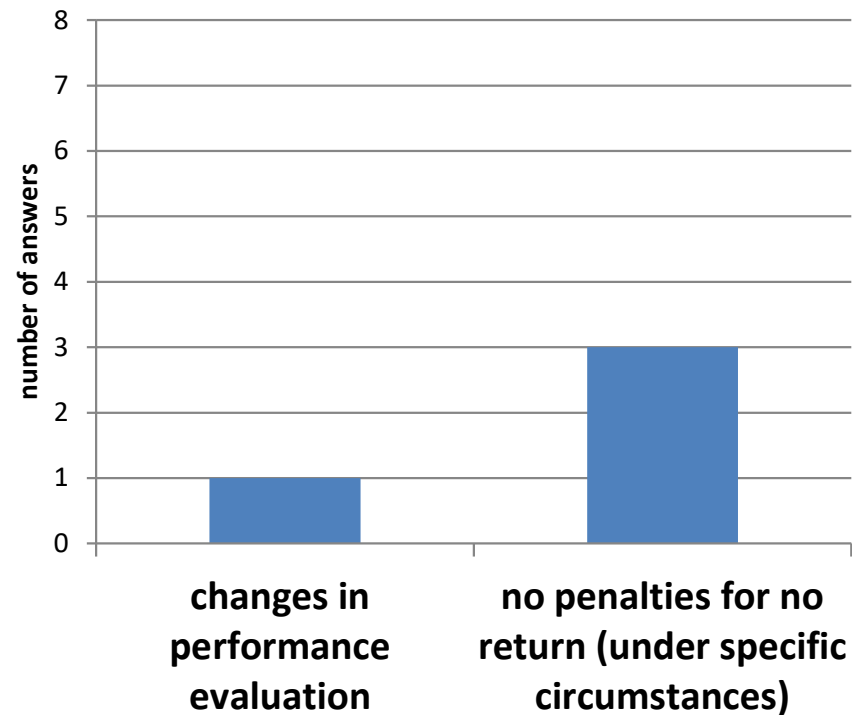


consequences

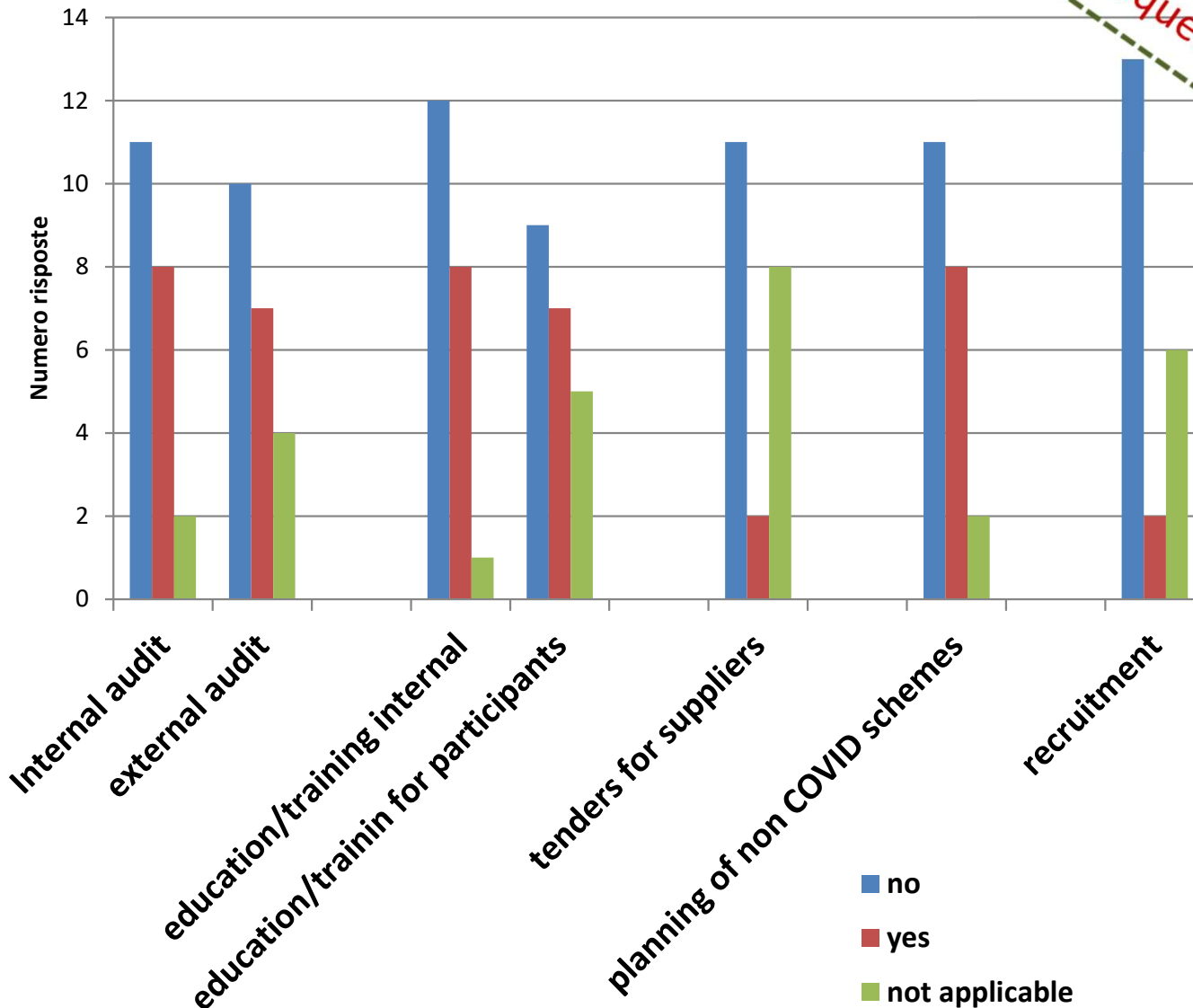
A: report management



B: participants evaluation



Q15: **Other activities:** where you forced to cancel or reschedule any of the following?



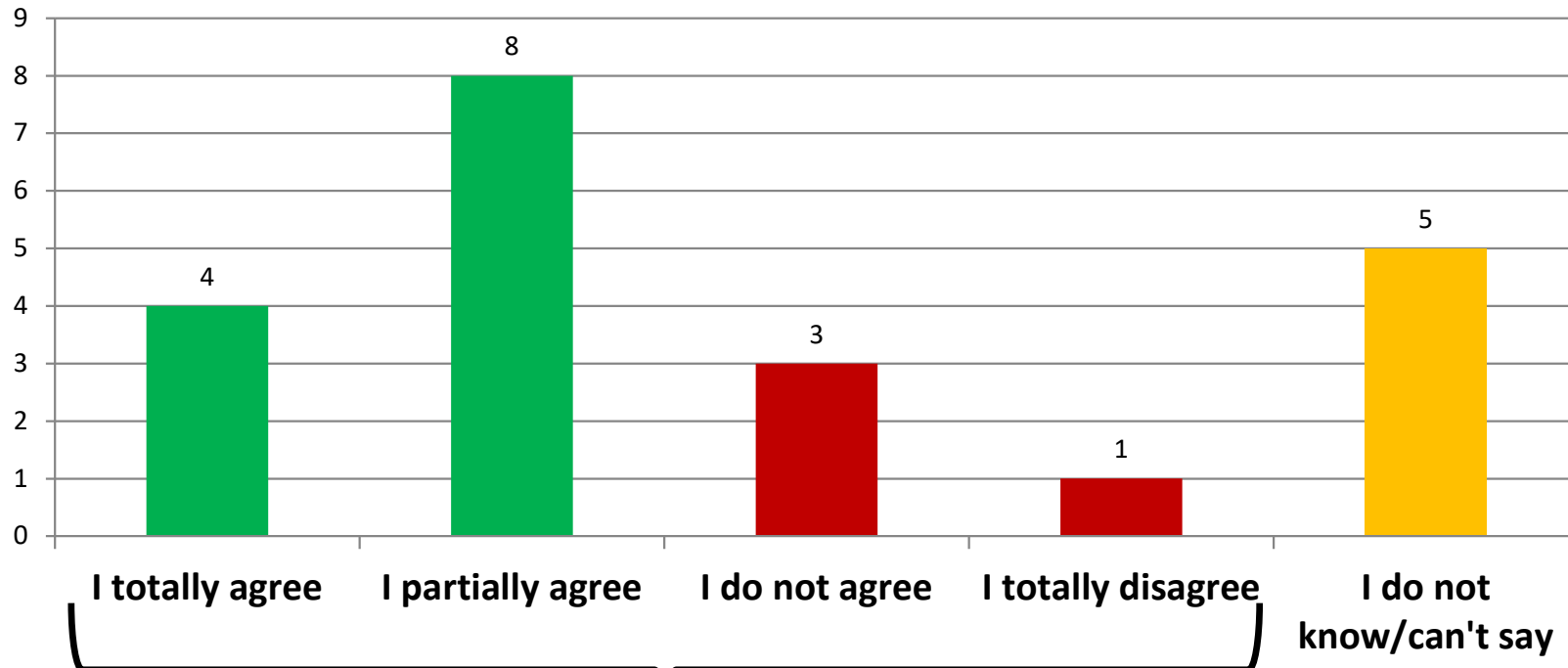
consequences

The majority (**65%**) of providers did **not** need to cancel or reschedule activities.

When activities needed to be changed (answer YES), the most affected were: Internal (42%) ed external (41%) audit, as well as education/training internal (40%) and external (44%) and planning for non COVID EQAS (42%)

n answers/item= 21
tot answer 147-28 na = 119

Q17: How much do you agree with the statement: « The COVID 19 pandemic brought some opportunity to introduce positive changes in the routine work»?



16 providers have specific opinion



«Positive answers»
=75%

tot=21

Q 22+ 23: Lessons learned

What went well

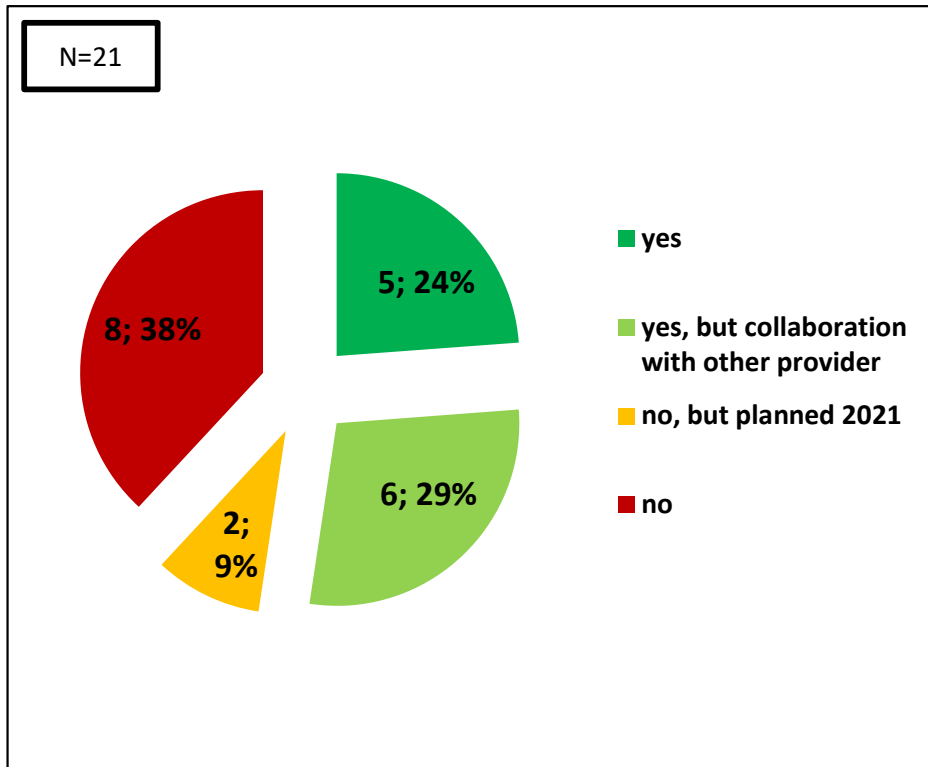
- **Staff resilience** (*commitment*, flexibility, adaptability, creativity, positive attitude to modernisation and to home working, good team work)
- Implementation/increased use of **Information Technology (IT)**
- *Evidence that the system in place was well established, resilient and capable of response*

What didn't go so well

- **External facilities** did not rise to the task (sample preparation, shipping)
- **Information technology (IT)** update/implementation not available on a short note to facilitate teleworking/office/home work
- Inadequate **Business continuity plan**
- *Dependance on external supplies is critical*
- *Framework to manage critical situation is needed*

Q 24+25: EQA scheme for SARS CoV 2 virus genoma detection

Did you establish an EQA scheme for virus genoma detection?



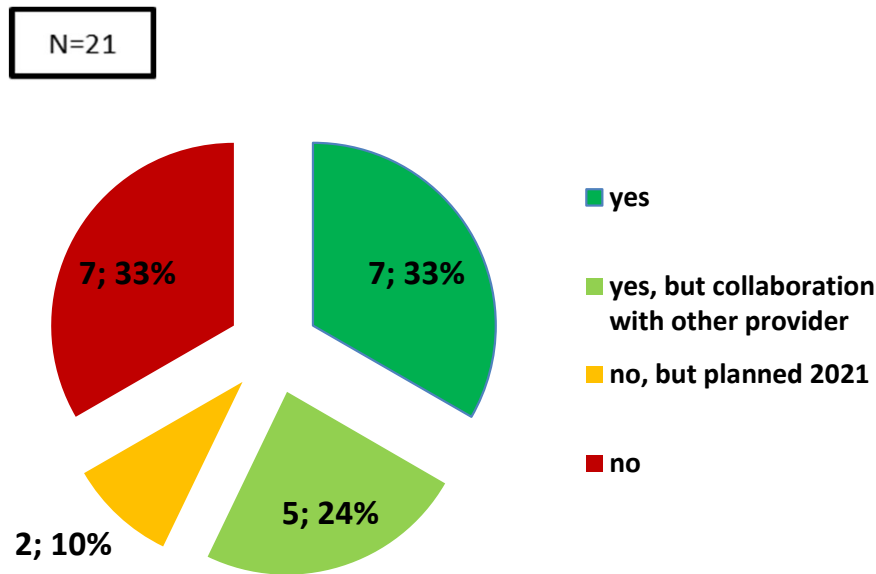
53% of providers organized schemes on SARS CoV2virus genoma detection either on their one or in collaboration

General features (5 schemes)

- Requested by Authorities: n= 2 (40%)
- Intended use «educational»: n=4 (80%)
- Enrollement «voluntary»: n= 4 (80%)
- Date of first shipment 2020: n=4 April-Jun (80%)
- Number of samples: min 2-max 8
- Number of participant labs: min 26-max>800???
- 2020 distribution : min 1 – max 5
- Scheme in 2021 : yes (100%)
- Origin of samples: 4 in house (80%) 1 subcontractor
- Nominal results (P/N) and metric values (CT) are collected : n 4 (80%)
- Nominal results (P/N) assessed in n= 2 and metric values (CT) assesses: n=2

Q 26+27: EQA scheme for SARS CoV 2 antibodies detection

Did you establish an EQA schema for SARS CoV 2 antibody detection ?



57% of providers organized schemes on SARS CoV2 antibody detection either on their one or in collaboration

General features (answ 6 schemes)

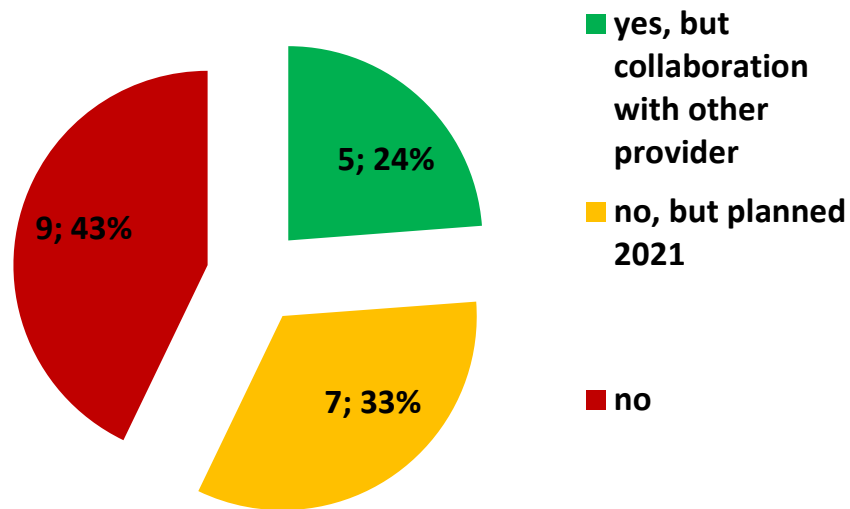
- NOT Requested by Authorities: n= 5 (83 %)
- Intended use «educational»: n=5 (83%)
- Enrollement «voluntary»: n= 5 (83%)
- Date of first shipment 2020: from April-to August : June-July n=4
- Number of samples: min 2-max 4
- Number of participant labs: min 45-max 443
- 2020 distribution : min 2 – max 7
- Scheme in 2021 : yes (100%)
- Origin of samples: 3 in house (50%) 3 subcontractor (50%)
- Antibodies: IgG n=6, IgM n=6, IgA n=3, Ig total n=4
- Nominal results (P/N) and metric results are collected : n 4 both (66%)
- Nominal results (P/N) assessed n= 5 and metric values assesses: n=1

Q 28+29: EQA scheme for SARS CoV 2 antigen detection

Did you establish an EQA schema for SARS CoV 2 antigen detection ?

General features

N=21



na

24% of providers organized schemes on SARS CoV 2 antigen detection collaboration with another provider

Final remarks

Preparation

Human factor

Network

thanks

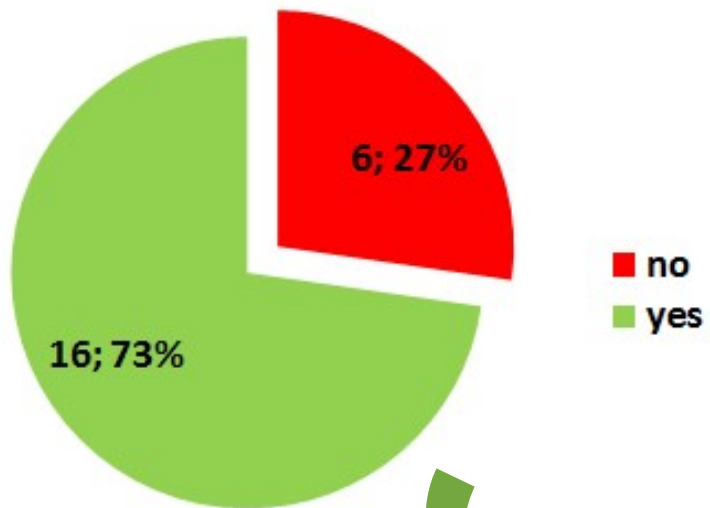
Thank you to EQALM office for data collection and first draft

Thank you to J.C. Business Support Officer UK-NEQAS

Thank you to colleagues for completing the survey

Q9: Has the Covid-19 pandemic affected your accreditation?

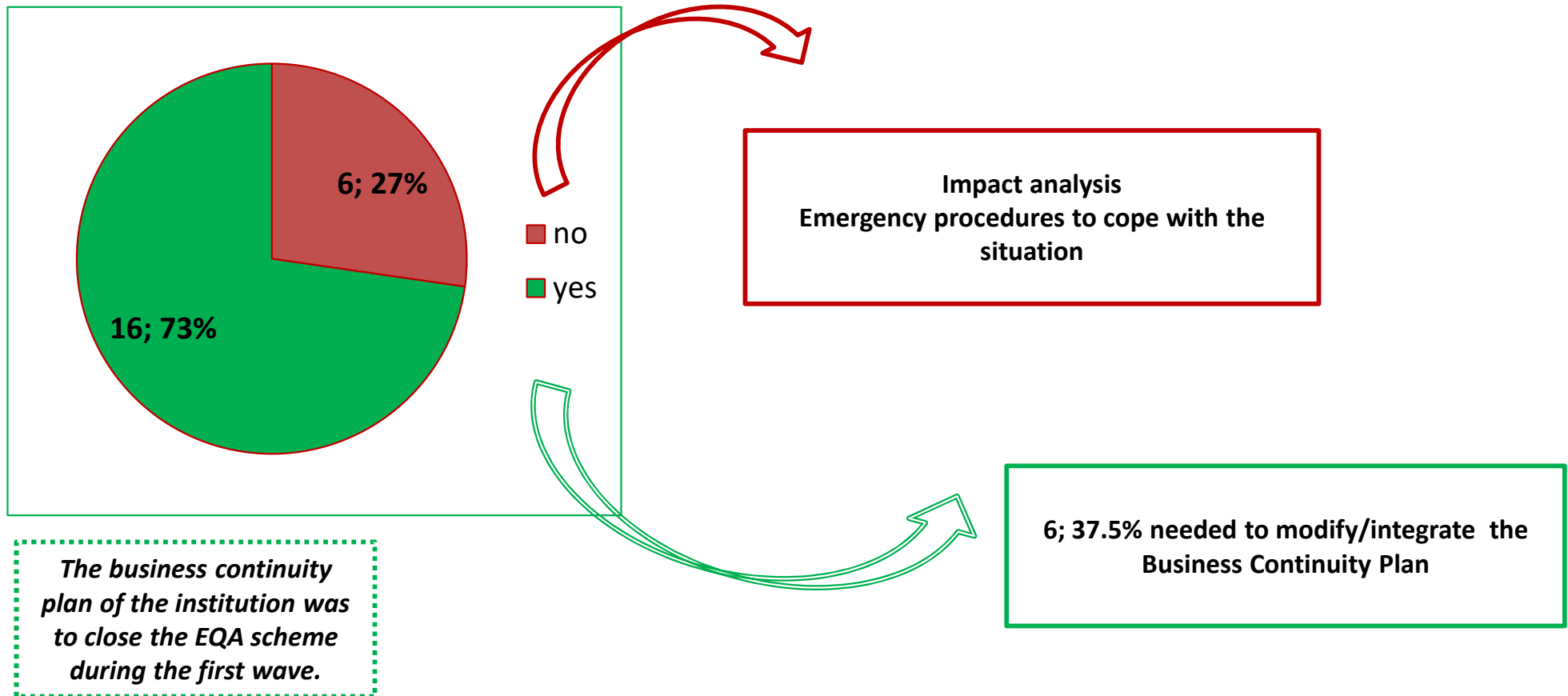
Accreditation according to
ISO 17043:2010



Not
affected
100%

Q10-11: Did you have Business Continuity Plans that were adequate for the Covid 19 pandemic?

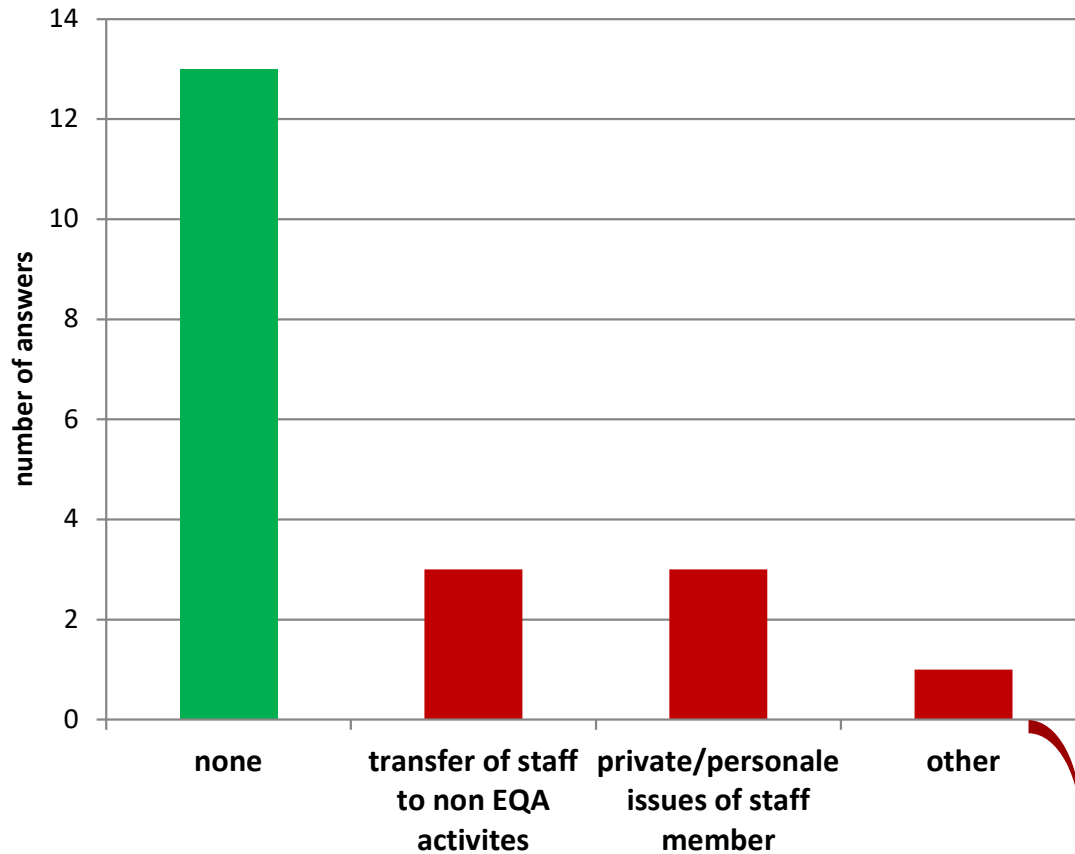
- According to ISO 22301:2019 “Security and resilience — Business continuity management systems — Requirements” , business continuity plan is defined as “documented procedures that guide organizations to respond, recover, resume, and restore to a pre-defined level of operation following disruption.”



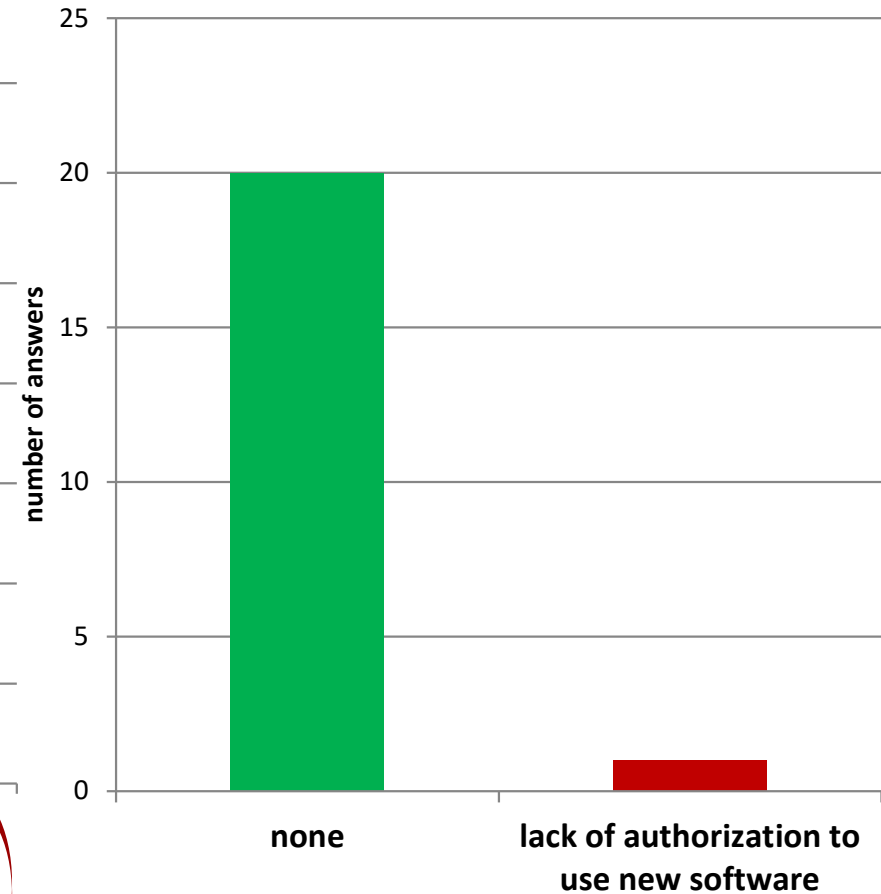
Q19 +20: Has there been a negative impact on service provision due to

- staffing issues
- technical issues

Staffing issue



Technical issues



Staff members took an additional workload to ensure service was provided