



**Azienda
Ospedaliero
Universitaria
Careggi**

VEQ - Valutazione esterna di Qualità



UNIVERSITÀ
DEGLI STUDI
FIRENZE



Servizio
Sanitario
della
Toscana



Azienda
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Universitaria
Careggi



VEQ Ciclo 2017 – RISULTATI2

**Batteriologia,
Parassitologia,
Micobatteriologia**

Consensus Meeting

19 Settembre 2018

Ore 14.30-18.30

**Sede: Pad 3 - piano terreno -
Aula Magna**

**Azienda Ospedaliero-Universitaria Careggi
Largo G.A. Brambilla, 3 - Firenze**

VEQ Micobatteriologia ciclo 2017

***Paola Pezzati
Gianfranco Avveduto
Massimo Quercioli***

formazione

A word cloud centered around the word "tuberculosis". The word "tuberculosis" is the largest and most prominent, written in a dark brown, serif font. Surrounding it are numerous other words in various sizes, colors (including red, orange, and yellow), and orientations. The words are related to the medical field, specifically focusing on respiratory health, infectious diseases, and medical research. The overall shape of the word cloud is roughly rectangular, with words extending outwards from the central "tuberculosis".

illness
pneumonia
lung
details
analysis
types
death
bronchi
human
alveoli
microscope
virus
healthy
body
control
respiratory
science
heart
contagious
patient
disease
technology
system
sickness
pulmonary
breathing
medicine
anatomy
care
bacteria
vaccination
treatment
concept
cell
prevention
biology
bronchitis
infection
deadly
mycobacterium
streptococci
sinusitis
blood
epidemic
best
medical
cough
chest
unhealthy
infectious
antibiotics
bronchus
fever
healthcare
mtb
bacterial
sick
bb
respiration
organ
organism
bacterium
vaccine



The Millennium Development Goals (MDGs) were the eight international development goals for the year 2015 that had been established following the Millennium Summit of the United Nations in 2000, following the adoption of the United Nations Millennium Declaration. All 191 United Nations member states at that time, committed to help achieve the following Millennium Development Goals by 2015.



General Assembly

Distr.: General
21 October 2015

Seventieth session
Agenda items 15 and 116

Resolution adopted by the General Assembly on 25 September 2015

[without reference to a Main Committee (A/70/L.1)]

70/1. Transforming our world: the 2030 Agenda for Sustainable Development



SUSTAINABLE DEVELOPMENT GOALS
17 GOALS TO TRANSFORM OUR WORLD



Goal 3: Ensure healthy lives and promote well-being for all at all ages

3 GOOD HEALTH AND WELL-BEING



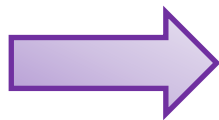
SD

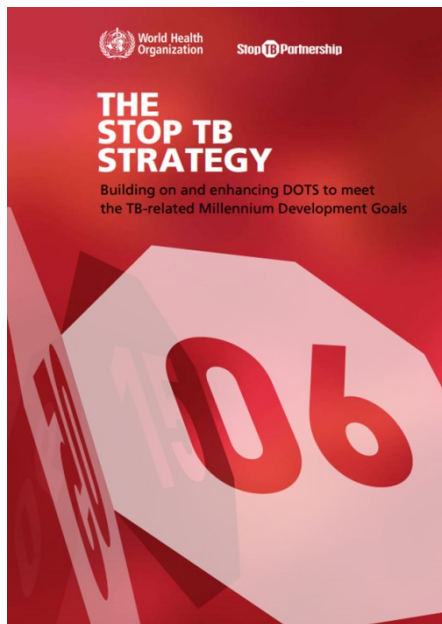


Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development.

HIV/AIDS, malaria and other diseases

- 7 million people globally were living with HIV in 2016, out of which 2.1 million are children under 15.
- 1 million people have become infected with HIV since the start of the epidemic.
- 9 million people were accessing antiretroviral therapy in June 2017.
- 8 million people became newly infected with HIV in 2016.
- 1 million people died from AIDS-related illnesses in 2016.
- Tuberculosis remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths.
- Globally, adolescent girls and young women face gender-based inequalities, exclusion, discrimination and violence, which put them at increased risk of acquiring HIV.
- HIV is the leading cause of death for women of reproductive age worldwide.
- AIDS is now the leading cause of death among adolescents (aged 10–19) in Africa and the second most common cause of death among adolescents globally.
- Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under five years of age in sub-Saharan Africa. The global malaria incidence rate has fallen by an estimated 37 per cent and the mortality rates by 58 per cent.





Box 1.
Millennium Development Goal,
Target and Indicators relevant
to TB

Millennium Development Goal 6
Combat HIV/AIDS, malaria and other diseases

Target 8
To have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator 23
Prevalence and death rates associated with tuberculosis

Indicator 24
Proportion of tuberculosis cases detected and cured under DOTS

Box 2.
Stop TB Partnership Targets

By 2005
At least 70% of people with infectious TB will be diagnosed (under the DOTS strategy), and at least 85% of these patients will be cured.

By 2015
The global burden of TB (disease prevalence and deaths) will be reduced by 50% relative to 1990 levels. Specifically, this means reducing prevalence to 155 per 100 000 or lower and deaths to 14 per 100 000 per year or lower by 2015 (including TB cases coinfecting with HIV). The number of people dying from TB in 2015 should be less than about 1 million, including those coinfecting with HIV.

By 2050
The global incidence of TB disease will be less than 1 case per million population per year.

II. THE STOP TB STRATEGY AT A GLANCE

VISION **A WORLD FREE OF TB**

GOAL • To reduce dramatically the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets

OBJECTIVES • To achieve universal access to high-quality diagnosis and patient-centred treatment

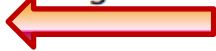
- To reduce the suffering and socioeconomic burden associated with TB
- To protect poor and vulnerable populations from TB, TB/HIV and MDR-TB
- To support development of new tools and enable their timely and effective use

TARGETS • MDG 6, Target 8 – ...halted by 2015 and begun to reverse the incidence...

• Targets linked to the MDGs and endorsed by the Stop TB Partnership:

- by 2005, detect at least 70% of new sputum smear-positive TB cases and cure at least 85% of these cases
- by 2015, reduce TB prevalence and death rates by 50% relative to 1990
- by 2050, eliminate TB as a public health problem (<1 case per million population)



- 1. Pursue high-quality DOTS expansion and enhancement**
 - a. Political commitment with increased and sustained financing
 - b. Case detection through quality-assured bacteriology 
 - c. Standardized treatment, with supervision and patient support
 - d. An effective drug supply and management system
 - e. Monitoring and evaluation system, and impact measurement
- 2. Address TB/HIV, MDR-TB and other challenges**
 - a. Implement collaborative TB/HIV activities
 - b. Prevent and control MDR-TB
 - c. Address prisoners, refugees and other high-risk groups and situations
- 3. Contribute to health system strengthening**
 - a. Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
 - b. Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
 - c. Adapt innovations from other fields
- 4. Engage all care providers**
 - a. Public–Public and Public–Private mix (PPM) approaches
 - b. International Standards for Tuberculosis Care (ISTC)
- 5. Empower people with TB, and communities**
 - a. Advocacy, communication and social mobilization
 - b. Community participation in TB care
 - c. Patients' Charter for Tuberculosis Care
- 6. Enable and promote research**
 - a. Programme-based operational research
 - b. Research to develop new diagnostics, drugs and vaccines

What is DOTS (Directly Observed Treatment, Short Course)



Tuberculosis is completely curable through short-course chemotherapy. Treating TB cases who are sputum-smear positive (and who can therefore spread the disease to others) at the source, it is the most effective means of eliminating TB from a population.

DOTS or Directly Observed Treatment Short course is the internationally recommended strategy for TB control that has been recognized as a highly efficient and cost-effective strategy. DOTS comprises five components.

- 
- 
1. **Sustained political and financial commitment.** TB can be cured and the epidemic reversed if adequate resources and administrative support for TB control are provided
 2. **Diagnosis by quality ensured sputum-smear microscopy.** Chest symptomatics examined this way helps to reliably find infectious patients
 3. **Standardized short-course anti-TB treatment (SCC) given under direct and supportive observation (DOT).** Helps to ensure the right drugs are taken at the right time for the full duration of treatment.
 4. **A regular, uninterrupted supply of high quality anti-TB drugs.** Ensures that a credible national TB programme does not have to turn anyone away.
 5. **Standardized recording and reporting.** Helps to keep track of each individual patient and to monitor overall programme performance

1b.

**Case detection through
quality-assured bacteriology**

Bacteriology for diagnosis. Bacteriology remains the recommended method of TB case detection, first using sputum smear microscopy and then culture and drug susceptibility testing (DST), as indicated below.

Esame microscopico

- La prima tappa nella diagnosi di laboratorio di tubercolosi è costituita dall'esame microscopico. Strisci allestiti dal sedimento di campioni precedentemente decontaminati vengono colorati per la ricerca dei bacilli alcool-acido resistenti (BAAR).
- Sebbene la sensibilità della microscopia sia relativamente bassa (circa 5×10^3 BAAR per ml di campione), il numero di bacilli tubercolari rilevati all'esame microscopico correla fortemente con il rischio di trasmissione interumana.
- L' esame microscopico è anche poco specifico, in quanto non distingue le specie patogene dai MNT.
- In condizioni routinarie, il risultato dell'esame microscopico dovrebbe essere disponibile entro 24 ore lavorative dal ricevimento del campione.



MICOBATTERIOLOGIA

Campioni

Preparati microscopici su vetrino, da espettorati arricchiti da BCG. Il programma prevede 4 campioni inviati in 4 spedizioni



Andamento ciclo 2017



Home

scheda adesione

elaborati

inserimento dati

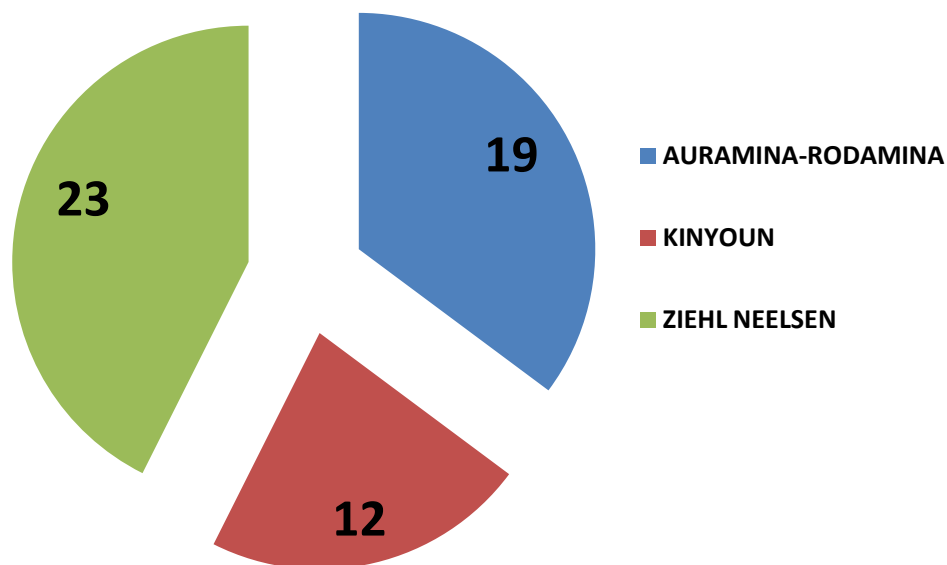
relazioni

e-mail

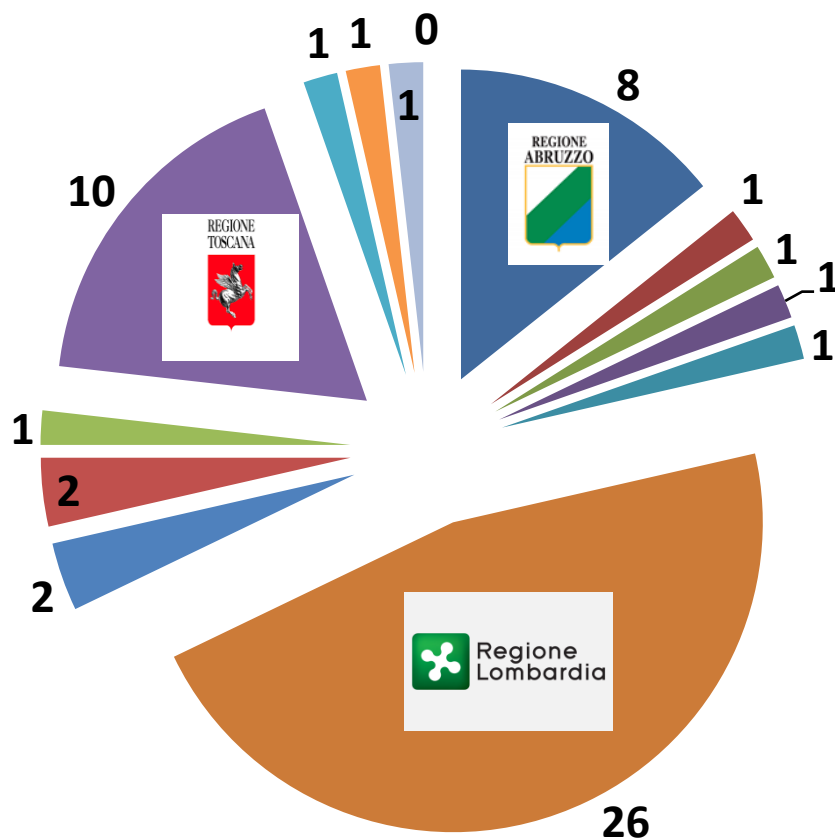


Colorazioni utilizzate

2017
54 laboratori



Distribuzione dei partecipanti nelle regioni



- REGIONE ABRUZZO (8)
- REGIONE BASILICATA (1)
- REGIONE EMILIA ROMAGNA (1)
- REGIONE LAZIO (1)
- REGIONE LIGURIA (1)
- REGIONE LOMBARDIA (26)
- REGIONE MARCHE (2)
- REGIONE PIEMONTE (2)
- REGIONE PUGLIA (1)
- REGIONE TOSCANA (10)
- REGIONE UMBRIA (1)
- REGIONE VAL D'AOSTA (1)
- REGIONE VENETO (1)

Nel 2017 sono stati inviati 4 campioni POSITIVI

Campione N°1

Ricerca Bacilli ~~Alcool~~ Acido resistenti

Risultato Atteso:
Presenti

Risultato inviato: **Presenti**

Risultato	Numero	%	Score
Presenti	45	95.7	2
Assenti	2	4.3	0

n.a. = non assegnato

fine elaborato

Campione N°2

Ricerca Bacilli ~~Alcool~~ Acido resistenti

Risultato Atteso:
Presenti

Risultato inviato: **Presenti**

Risultato	Numero	%	Score
Presenti	43	84.3	2
Assenti	8	15.7	0
NON ESEGUITO	1		

n.a. = non assegnato

fine elaborato

Campione N°3

Ricerca Bacilli Alcool-Acido resistenti



Risultato inviato: **Presenti**

Risultato	Numero	%	Score
Presenti	39	83.0	2
Assenti	8	17.0	0
NON ESEGUITO	1		

n.a. = non assegnato

fine elaborato

Campione N°4

Ricerca B resistenti



Risultato inviato: **Presenti**

Risultato	Numero	%	Score
Presenti	44	93.6	2
Assenti	3	6.4	0

n.a. = non assegnato

fine elaborato



S.O.D. Sicurezza e Qualità
Valutazione esterna di qualità

Elaborato finale: SCORE V.E.Q. - Elaborato n. 916071

SCORE V.E.Q. in MICOBATTERIOLOGIA Ciclo 2017

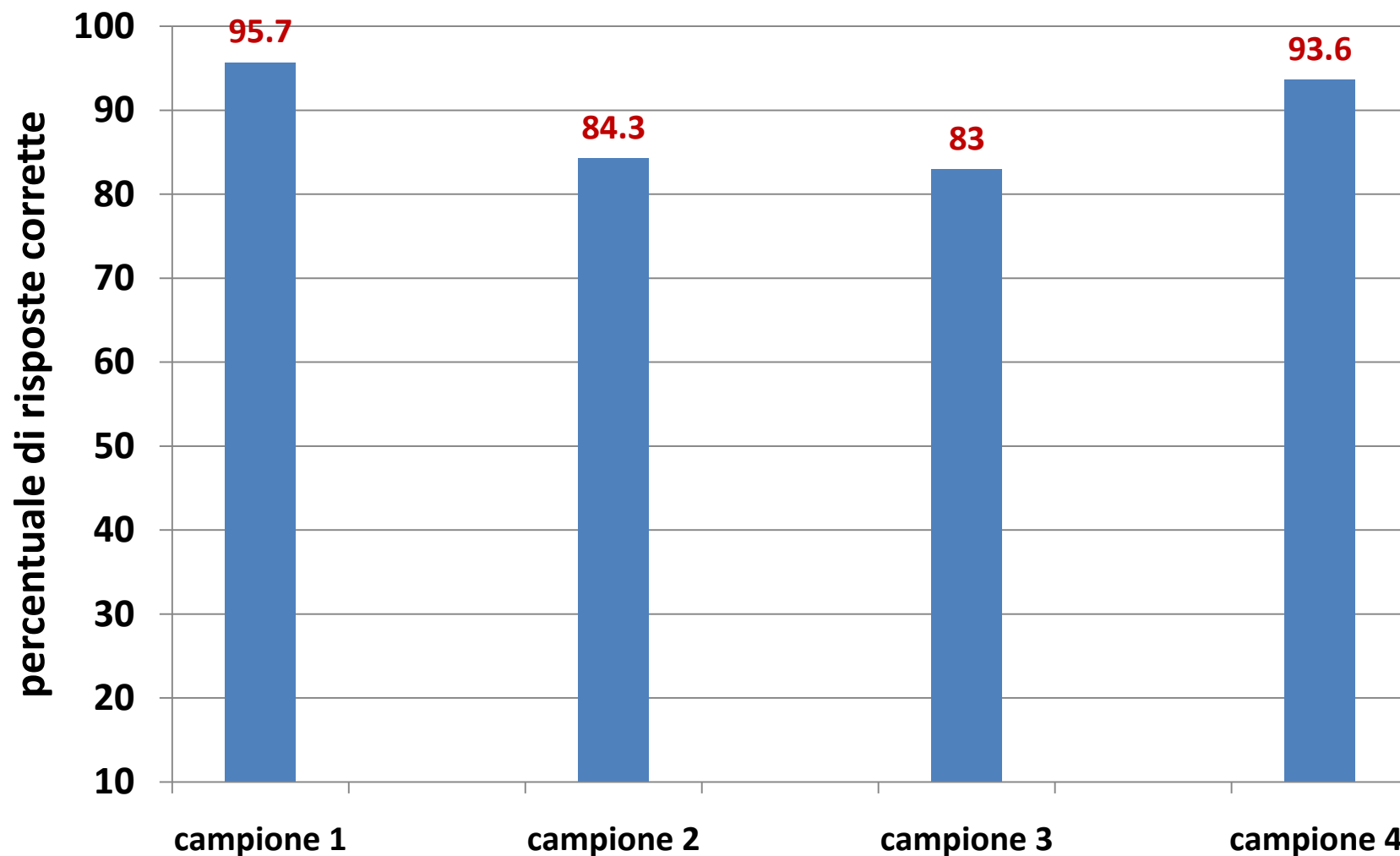
N.Camp	Esame	Risultato atteso	Risultato trovato	Score Lab.	Score Max	Media *
01	Ricerca Bacilli Alcool-Acido resistenti	Presenti	Presenti	2	2	1.92
02	Ricerca Bacilli Alcool-Acido resistenti	Presenti	Presenti	2	2	1.69
03	Ricerca Bacilli Alcool-Acido resistenti	Presenti	Presenti	2	2	1.67
04	Ricerca Bacilli Alcool-Acido resistenti	Presenti	Presenti	2	2	1.88

Nr. Prestazioni:	4
Nr. Prestazioni NON VALUTATE:	0
Nr. Prestazioni NON PERVENUTE:	0

* Media degli score ottenuti dai partecipanti per prestazione

SCORE OTTENUTO: 8.00
MASSIMO SCORE OTTENIBILE: 8.00

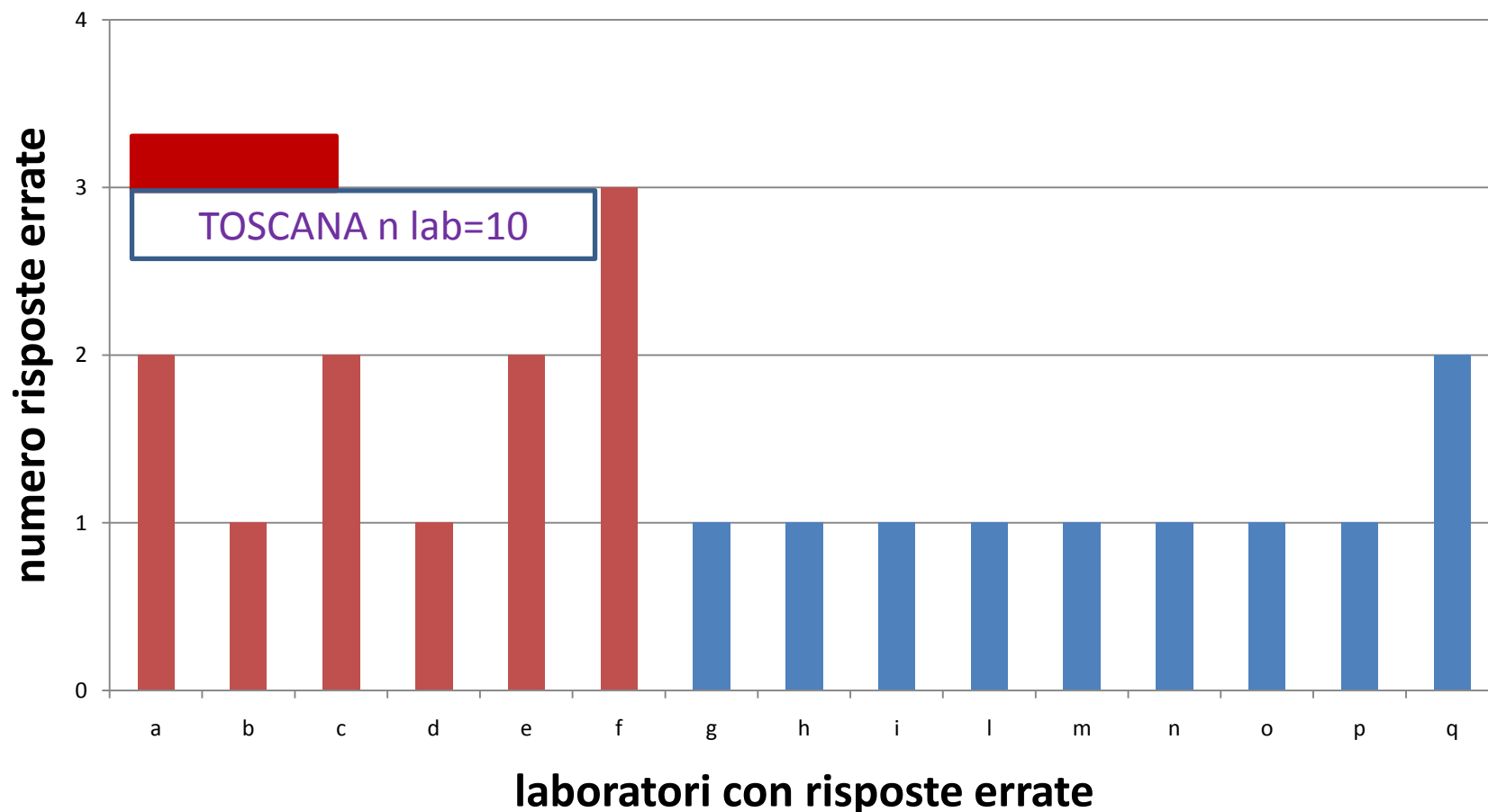
VEQ Micobatteri 2017



In nessuno dei campioni si è raggiunto il 100% di risposte corrette

Andamento VEQ Micobatteri 2017

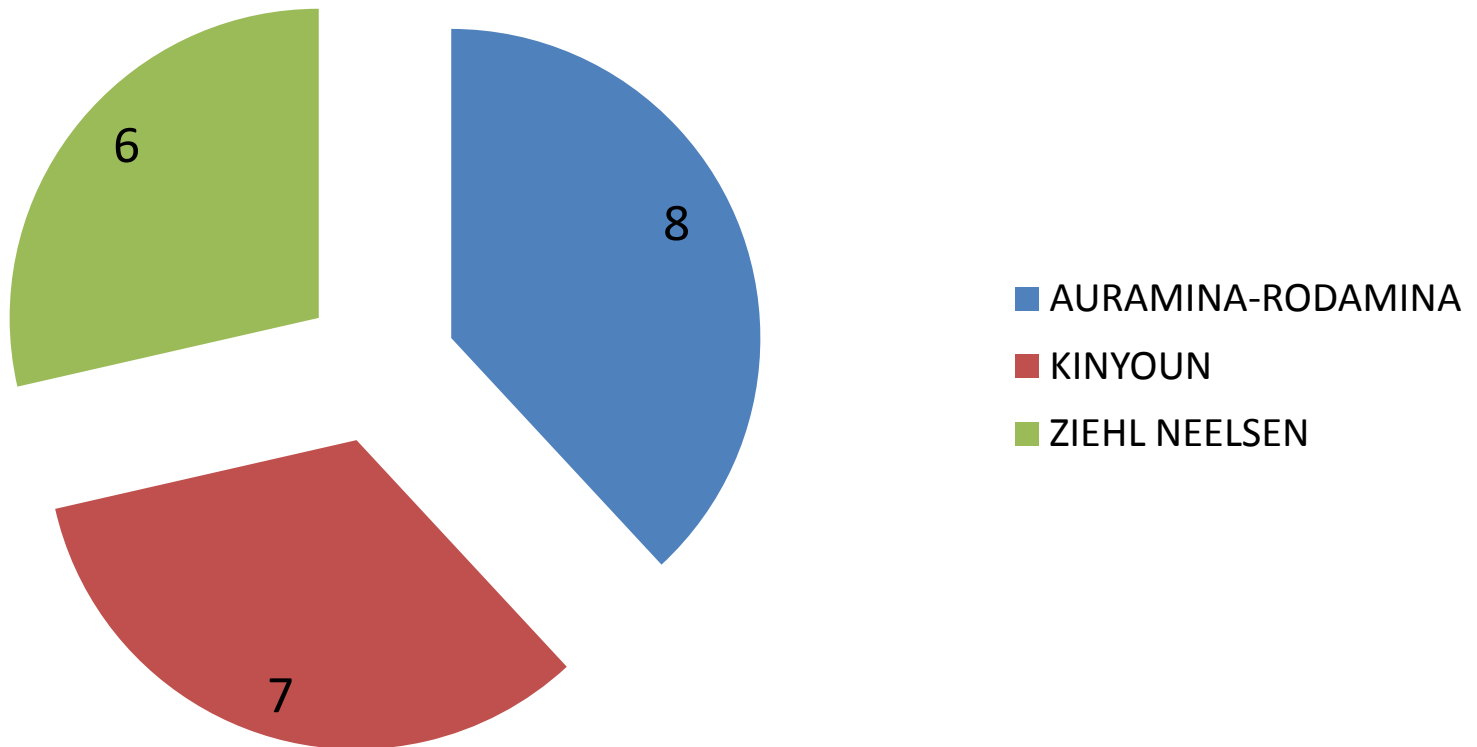
-singoli laboratori-



Totale risposte errate = 21 su 192
Pari al 10.9%

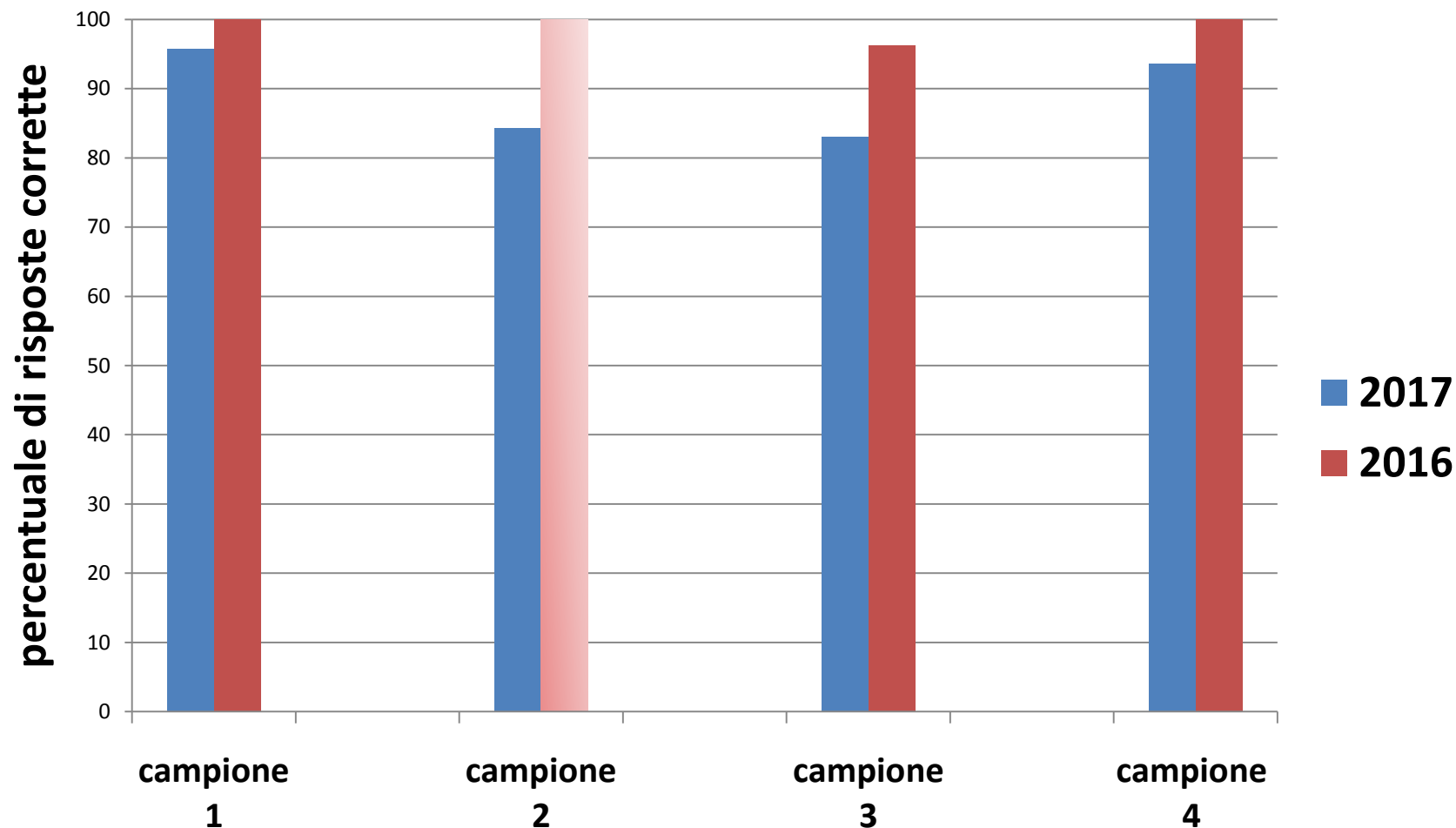
il 27.5% delle risposte errate
è dato dalla Toscana

Relazione tipo di colorazione/risposta errata ciclo 2017



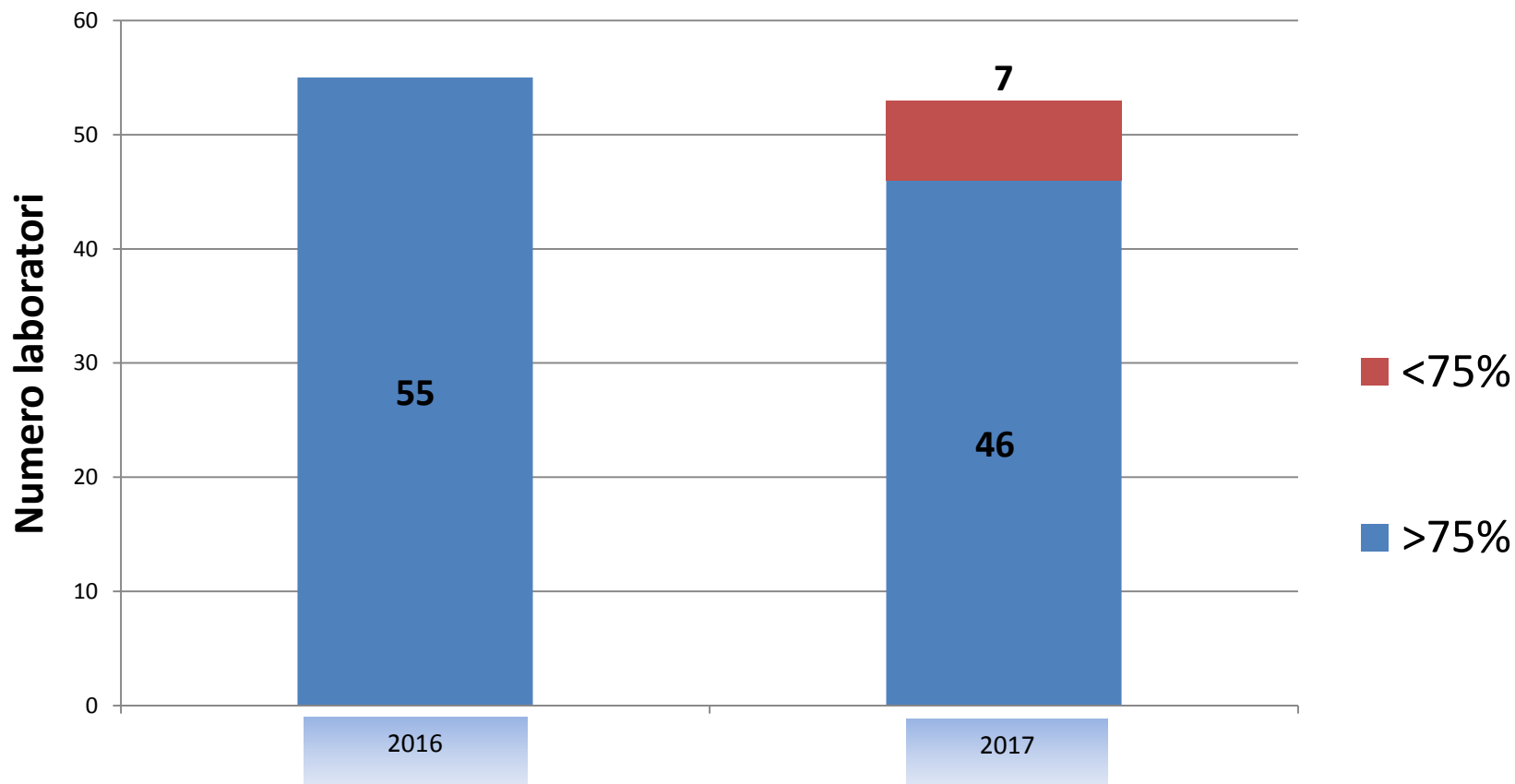
Totale risposte errate = 21 su 192
Ovvero: 10.9%

VEQ Micobatteri 2017 vs 2016



2016: 3 campioni POSITIVI, 1 campione NEGATIVO
In 3 campioni è stato ottenuto il 100% di risposte corrette

Confronto andamento 2016 vs 2017



Possibili Iniziative per ciclo 2019

1. Verifica formale, indipendente, della omogeneità del materiale di controllo inviato
2. *Adozione di «valore atteso» ed espressione della positività in +/ ++/ +++/ +++++/*
3.

Espressione del valore atteso secondo le modalità adottate in routine

TABELLA 2: Schema di refertazione.

Carbolfucsina (100x)	Auramina (40x)	Referto
1-2/vetrino	1-2/70 campi	rari bacilli alcol-acido resistenti (ripetere)
1-9/100 campi	2-18/50 campi	+
1-9/10 campi	4-36/10 campi	++
1-9/campo	4-36/campo	+++
>9/campo	> 36/campo	++++



World TB Day, falling on **March 24th** each year, is designed to build public awareness that tuberculosis today remains an epidemic in much of the world, causing the deaths of nearly one-and-a-half million people each year, mostly in developing countries. It commemorates the day in 1882 when Dr Robert Koch astounded the scientific community by announcing that he had discovered the cause of tuberculosis, the TB bacillus.

Grazie per la cortese attenzione