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Production of Quarterly Exception Reports

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INTRODUCTION

- Scope and purpose

This document describes the procedure if, during the production of the quarterly report, an NHS board has been identified as an exception.

- Responsibility

The Epidemiologist is responsible for ensuring the implementation and maintenance of this procedure in conjunction with the surveillance lead.

Checks carried out by HPS prior to issuing report include:

- Validation of the data against surveillance definitions
- De duplication of cases have been applied within the dataset
- Denominator data is accurate and consistent
- Statistical tests are confirmed as accurate

IDENTIFY NHS HEALTH BOARDS WHO HAVE PRODUCED EXCEPTIONS¹

This must only be done once all data for the quarter has been quality assured and the statistical analysis has been finalised.

An NHS board is deemed an exception if their incidence rate is:

- Above the upper 95% confidence limit in the funnel plot analysis for the current quarter as displayed in the main body of the report;

OR

- Above the 3rd standard deviation upper warning limit (UWL) for the current quarter of the long-term trend analysis (3 years) as displayed in separate Excel appendix to the report.

Significant changes in yearly trends are highlighted in the report but are not included in the definition of an exception (see below).

REPORTING THE EXCEPTION

The Surveillance Programme Lead at HPS should be notified of any exception report.

Once the emails have been finalised, they should be sent to each NHS board's coordinator (e.g. Infection Control Manager (ICM) or NHS board HAI Executive Lead) at the same time as the quarterly report is circulated for pre-release.

All correspondence relating to the exception should be saved in: <F:\PHI\HAICAMR-PA\12 Specialist Epidemiology\Stakeholder Engagement\EPI Quarterly Report>

There are two different reporting mechanisms depending on the number of consecutive exceptions that have been reported to NHS Board for the same section of the report ([See appendix 1](#)):

An NHS board highlighted as an exception in 'current quarter' or 'current and previous quarter' an email ([See appendix 2](#)) should be produced to:

- Advise the NHS Board that they have been highlighted as an exception;
- Ask the NHS Board to follow [Chapter 3 of the National Infection Prevention and Control Manual \(NIPCM\)](#) and undertake a HIIAT assessment;
- Ask the NHS board to review their surveillance rates and comment on any local issue which may be contributing to a rise in surveillance rates;
- Ask the NHS board to produce an action plan / timetable ([See appendix 4](#)). Example SBAR investigation templates should be sent with the email for the NHS board. If second consecutive exception the NHS Board should be emailed with a follow up phone call to update on the previous action plan and to renew offer assistance.

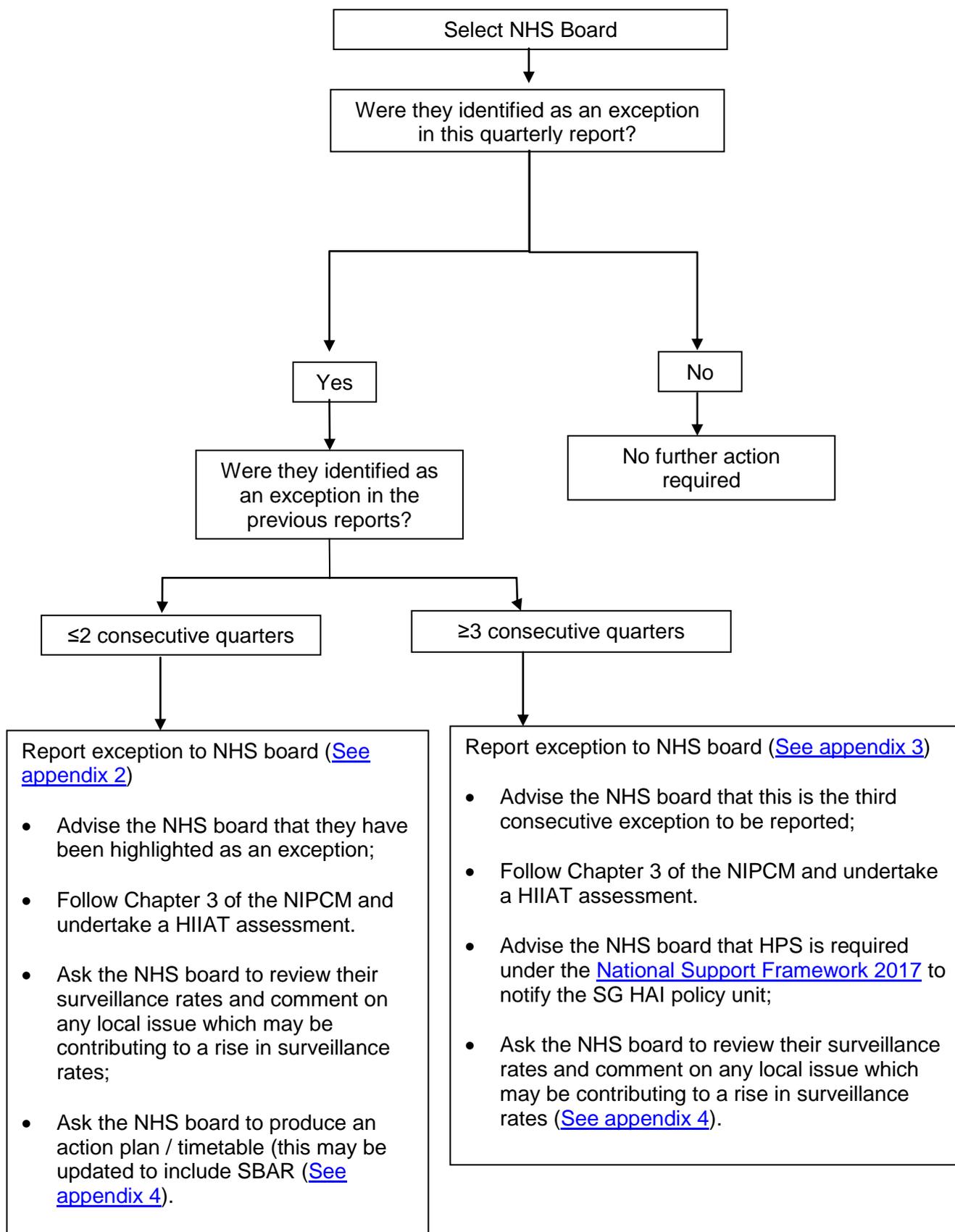
If an NHS board has been highlighted as an exception in **≥3 consecutive quarters** an email ([See appendix 3](#)) should be produced to:

- Advise the NHS Board that this is the third consecutive exception to be reported;

¹ Delays in SMR01 data availability at the time of report production means that some CDI cases may be reassigned as healthcare-associated or community-associated CDI at a later date. Therefore, an NHS board may have a retrospective exception.

- Ask the NHS Board to follow Chapter 3 of the NIPCM and undertake a HIIAT assessment;
- Ask the NHS Board to review their surveillance rates and comment on any local issue which may be contributing to a rise in surveillance rates;
- Advise the NHS Board that HPS is required under the [National Support Framework 2017](#) to notify the Scottish Government HAI policy unit.

APPENDIX 1 – FLOWCHART OF PROCEDURES FOR HIGHLIGHTING AN EXCEPTION²



² Delays in SMR01 data availability at the time of report production means that some CDI cases may be reassigned as healthcare-associated or community-associated CDI at a later date. Therefore, an NHS board may have a retrospective exception.

APPENDIX 2 – STANDARD EMAILS FOR HIGHLIGHTING FIRST / SECOND EXCEPTION³

- The email for the NHS board's **first exception** should be worded as follows:

Dear Colleagues

The commentary on quarterly epidemiological data on *Clostridium difficile* infection, *Escherichia coli* bacteraemias, *Staphylococcus aureus* bacteraemias and surgical site infection in Scotland (QX, 20YY) has been released as a pre-publication today.

NHS board have been highlighted as an exception in the healthcare/community (delete as appropriate) funnel plots and/or long term trend analysis.

We request that NHS board acknowledge receipt of this email and also request these data are examined locally and that an action plan is returned in response to this data by **one calendar month**. An action plan template has been attached for use or guidance. If you require further support or epidemiological assistance, please contact NSS.HPSHAIC@nhs.net.

HPS Communications Team will share the reactive media lines with NHS board communications team and will highlight the reference to NHS board within the commentary.

Please do not hesitate to contact me should you require further information.

Kind regards

- The email for the NHS board's **second consecutive exception** should be worded as follows:

Dear Colleagues

The commentary on quarterly epidemiological data on *Clostridium difficile* infection, *Escherichia coli* bacteraemias, *Staphylococcus aureus* bacteraemias and surgical site infection in Scotland (QX, 20YY) has been released as a pre-publication today.

NHS board have been highlighted as an exception in the healthcare/community (delete as appropriate) funnel plots and/or long term trend analysis.

At HPS we are aware that you have been monitoring your data closely following the issue of an exception report for XXXXXXXXX in quarter X. Please could you update HPS on the progress of actions itemised in your previous action plan and acknowledge receipt of this second exception report.

HPS continues to be committed to work with NHS XXX to reduce the XXXXXXXX rate and if we can be of any further assistance please do not hesitate to contact us at NSS.HPSHAIC@nhs.net.

Kind regards

³ Delays in SMR01 data availability at the time of report production means that some CDI cases may be reassigned as healthcare-associated or community-associated CDI at a later date. Therefore, an NHS board may have a retrospective exception.

APPENDIX 3 – STANDARD EMAIL FOR HIGHLIGHTING THIRD EXCEPTION⁴

- The email for the NHS board's **third consecutive exception** should be worded as follows:

Dear Colleagues

The commentary on quarterly epidemiological data on *Clostridium difficile* infection, *Escherichia coli* bacteraemias, *Staphylococcus aureus* bacteraemias and surgical site infection in Scotland (QX, 20YY) has been released as a pre-publication today.

NHS board have been highlighted as an exception in the healthcare/community (delete as appropriate) funnel plots and/or long term trend analysis.

At HPS we are aware that you have been monitoring your data closely following the issue of an exception report for XXXXXXXX in quarter X and quarter X. However as this is the third consecutive exception report issued to NHS XXX HPS is required, under the [National Support Framework 2017](#), to notify the SG HAI policy unit

Please could you acknowledge receipt of this third exception report and update HPS on the progress of actions taken following the issue of quarter X and quarter X exception reports.

HPS continues to be committed to work with NHS XXX to reduce the XXXXXXXX rate and if we can be of any further assistance please do not hesitate to contact us at NSS.HPSHAIC@nhs.net.

Kind regards

⁴ Delays in SMR01 data availability at the time of report production means that some CDI cases may be reassigned as healthcare-associated or community-associated CDI at a later date. Therefore, an NHS board may have a retrospective exception.

APPENDIX 4 - SURVEILLANCE EXCEEDANCE

When considering their action plan the NHS Boards should consider:

- Accuracy of data submitted to HPS
- Training of personnel carrying out surveillance
- Laboratory reporting systems
- Denominator data considering if there have been any changes
- Patient population – any changes in risk factors
- Application of definitions

Epidemiologic Investigations

- Consider timelines to explore any relationship through time, place & person
- Consider statistical process charts for individual hospitals or departments
- Review individual cases risk factors
- Laboratory tests and typing

Surveillance Exceedance Templates

CDI – <http://www.hps.scot.nhs.uk/pubs/detail.aspx?id=3342>

ECB – <http://www.hps.scot.nhs.uk/pubs/detail.aspx?id=3343>

SAB – <http://www.hps.scot.nhs.uk/pubs/detail.aspx?id=3344>

SSI – <http://www.hps.scot.nhs.uk/pubs/detail.aspx?id=3345>