



**STANDARDS UNIT, DEPARTMENT OF EVALUATIONS STANDARDS AND
TRAINING**

NATIONAL STANDARD METHODS SURVEY REPORT

QSOP 60 - *“RESPIRATORY VIRUSES”*

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Standards Unit

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National Standard Methods Survey Report - QSOP 60 – Respiratory Viruses

1.0 Aim of survey

The Standards Unit (SU) carries out regular questionnaires on selected issued and reissued documents to determine how they are received and if they meet the purpose for which they are designed. The SU hosted a Respiratory Viruses Symposium, on the 12th March 2009 at the Centre for Infections. The new guidance note QSOP 60 – “Respiratory Viruses” plus the questionnaire regarding the document was distributed to attendees at the meeting.

2.0 Summary

A guidance note contains the background information that supports the SOPs. They provide a context for clinical conditions and are useful for training purposes. QSOP 60 and the questionnaire were distributed to delegates by email a few days prior to the symposium and also at registration on the day. The completed questionnaires were collected for a prize draw during the lunch break.

Thirty four (37%) completed questionnaires were collected for analysis out of a total of 92 delegates. Six responses were received prior to the event as a result of a welcome e-mail sent to delegates and twenty eight responses were received on the day. This response rate achieved is lower than the previous years symposium that saw a return rate of 50%.

3.0 Recommendations

Emailing the document and the questionnaire prior to the meeting for delegates to consider and complete should be carried out for future meetings.

An improved return rate for completed questionnaires could possibly be achieved by having a morning break and/or leaving the prize draw until half way through the afternoon session. This would provide delegates with more time and opportunity in which to complete the questionnaire.

It is possible that the length and intensity of QSOP 60 inhibited people from commenting as they had not had the time to read the document in full. For future questionnaires distributed at meetings a shorter document should be considered.

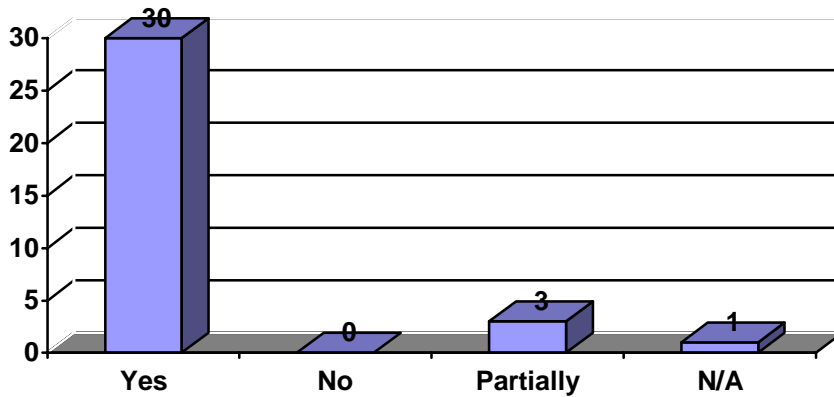
As with previous questionnaires there is discrepancy between some of the answers obtained. Knowing how to resolve this remains problematic.

See action table

4.0 Results (34 returns)

Q. 1 – Does QSOP 60 meet the requirements of your laboratory?

Figure 1



The majority of delegates (88.2%) who completed the questionnaire replied “yes” to this question. The “not applicable” reply for this and questions 2 and 3 was given by a delegate from the VLA. Two of the three “partially” replies gave details as follows:

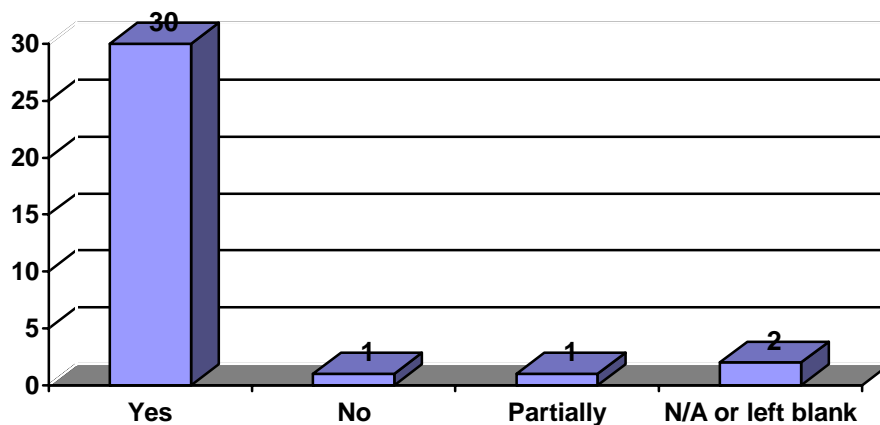
“Bocavirus not put into routine diagnosis as yet. Don't specifically look for Flu type C”

“Not enough practical advice - reads like a text book”

Recommendation: None

Q. 2 – Does QSOP 60 content provide a balance between clinical symptoms and laboratory diagnosis?

Figure 2

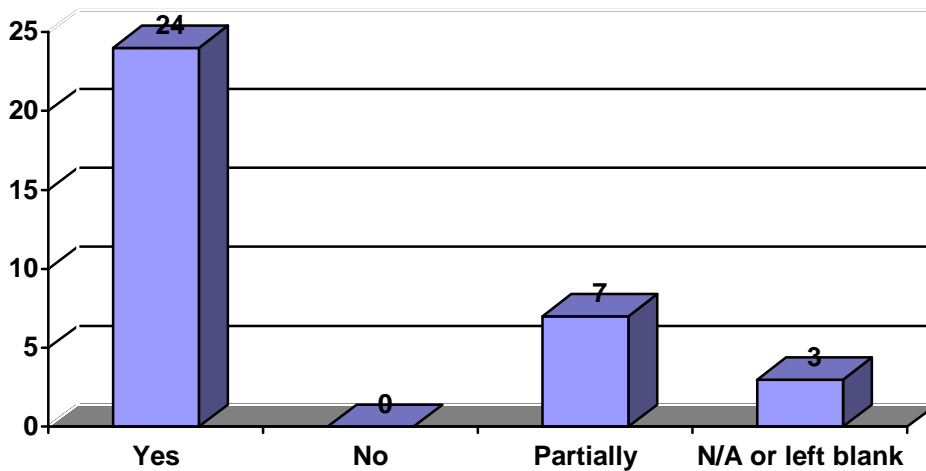


Again 88.2% replied “yes” to this question. No reasons were given for the “no” and “partially” replies to this question.

Recommendation: None

Q. 3 – Does QSOP 60 reflect current practices?

Figure 3



Twenty four delegates (70.6%) gave “yes” replies. There were seven “partially” replies and four of the seven gave the following reasons for their answers:

“We do not offer routine diagnostic testing for all the respiratory viruses mentioned in the QSOP 60. We would not offer testing for Nipah virus as we do not have facilities to accommodate CL4 pathogens. Diagnosis of respiratory virus infection is performed using tissue culture, immunofluorescence, serology and real-time PCR methods. We are currently aiming to expand the repertoire of real-time PCR methods that we offer for respiratory viruses”.

“The cell culture is largely redundant for current use but useful as reference”.

“Summarises all available tests - no testing pathway advised”.

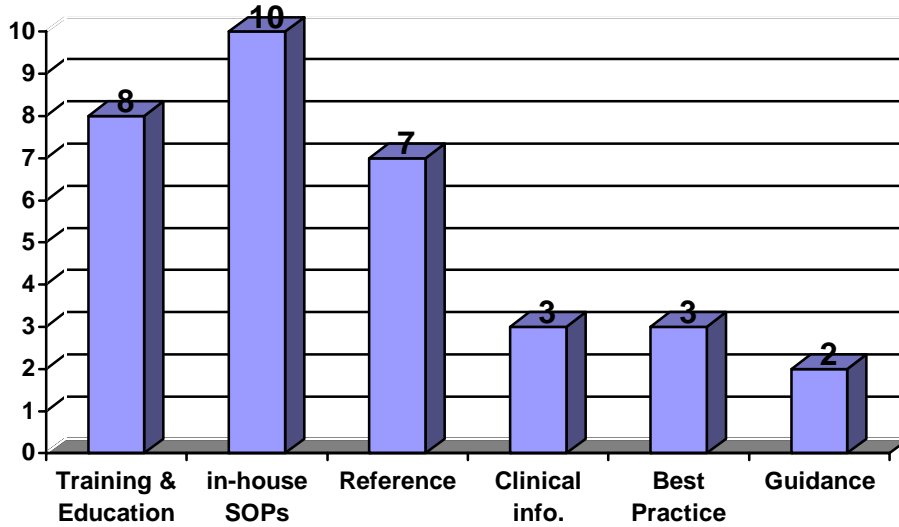
“PCR not in-house (send away)”

Recommendation: Consider a testing pathway SOP / Syndromic

Q. 4 – In what context do you use our QSOP documents?

From the completed questionnaires received twenty four delegates (70.6%) replied to this question; and the most popular answers are shown in figure 4. For the complete list of replies see the appendix.

Figure 4

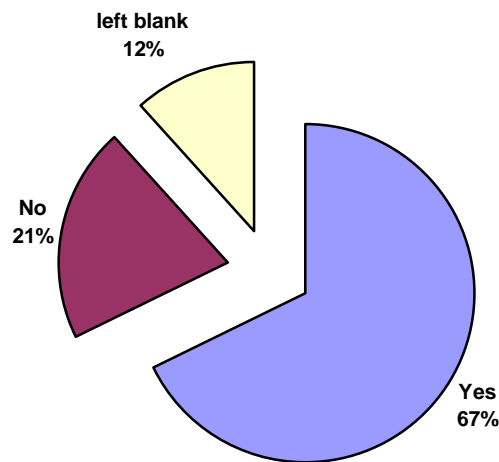


Recommendation: None – data provides evidence for the use of NSMs

Q. 5 – Would the addition of a glossary section to the documents be helpful?

The addition of a glossary section for the documents has been discussed and agreed for the future.

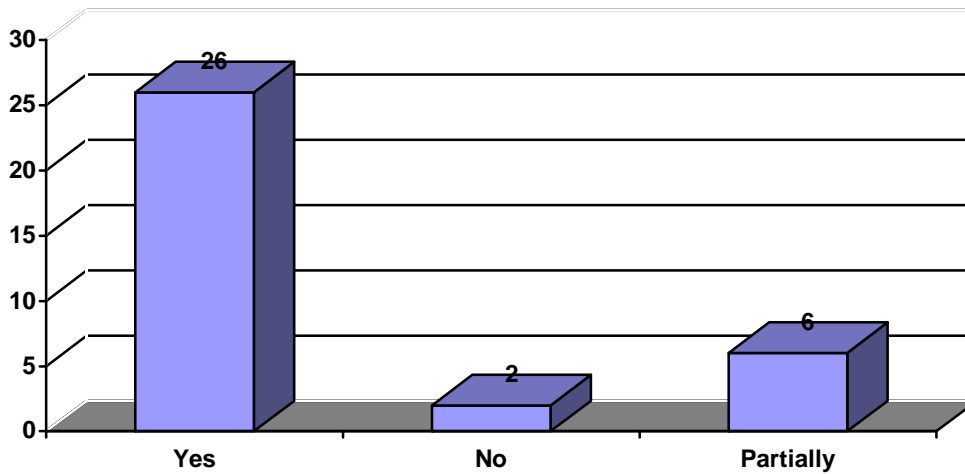
Figure 5



Recommendation: The results above provide evidence for the need of a glossary of terms. The development will be implemented into the work schedule

Q. 6 – Do you use National Standard Methods (NSMs)?

Figure 6



Five of the six people who said “partially” to this question gave the following details:

“Used for information - adapted to suit local practice and prepare algorithm for hepatitis / HIV serology”

“Used in conjunction with QSOPs as a basis (and reference documents) for our in-house SOPs”

“As or when appropriate adopted in our SOPs”

“Not routinely, but as reassurance in our testing algorithms”

“I use bacteriology SOPs - QSOPs and VSOPs are very mixed quality and usefulness, and not well promoted.”

There was only one comment for the two “no” replies:

“Not applicable for veterinary use, used for information”

Recommendation: Address the comment regarding QSOPs and VSOPs are of mixed quality and not well promoted. Add to the SU meeting agenda for May '09

Q. 7 – How often do you access the NSM website?

Figure 7



Recommendation: Discuss feasibility of sending a promotional email covering the benefits of the NSM website. Add to the SU agenda for May '09

Q. 8 – Please give details if you access the NSMs in any other way than through our website

The following three comments were received for this question:

"We carry hard copies of all relevant NSMs - easier to read. Occasionally discuss at our virology management meeting"

"Also the email updates"

"As part of standards group"

Recommendation: None

Q. 9 – Do you have a password to access the NSM website?

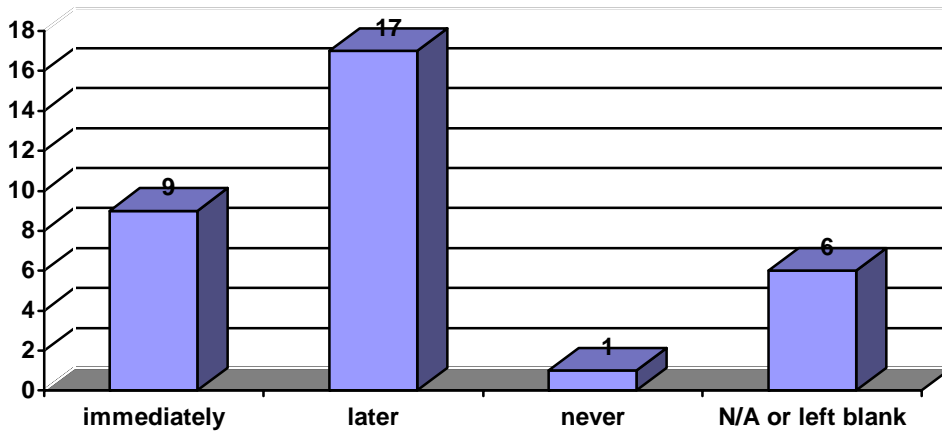
Fifteen of the thirty four delegates replied "yes" to this question. Eighteen replied "no" and one person replied that a password was "not needed". On checking the password database it was discovered that two of the "no" replies did actually have passwords and so did the "not needed" reply. The real scores were therefore eighteen (53%) people who have a password and sixteen (47%) that don't.

Action: Contact the sixteen non-password holders and ask them if they would like to be given access to the secure NSM website.

Q. 10 – If you receive an e-mail bulletin telling you that a new NSM has been issued, when do you look at the document?

The choice of answers was **immediately**, **later** or **never**, half of those replying said that they looked at the document later rather than immediately. One person ticked both immediately and later saying that it would depend on the NSM involved.

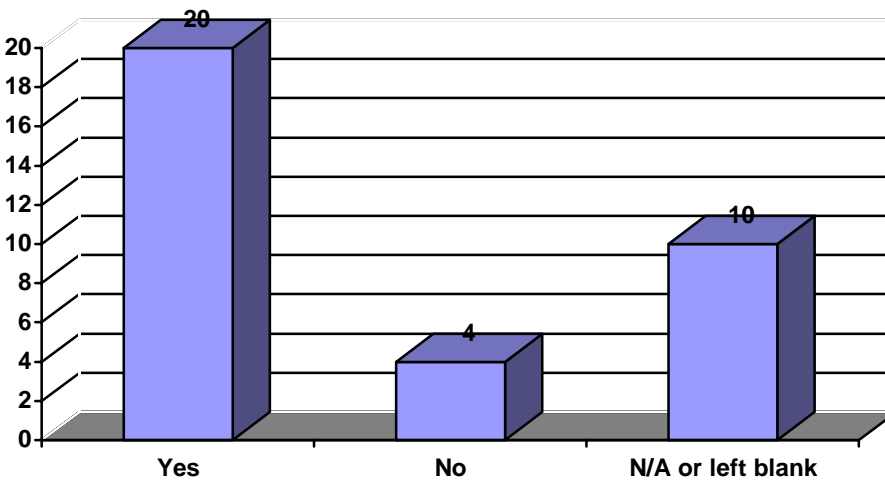
Figure 8



Action: None

Q. 11 – Have the changes to the presentation of our e-mail bulletins helped you (eg colour coding and re-structuring the information presented)?

Figure 9



Action: None

Q. 12 – Are you aware of our new initiative, Syndromic algorithms?

Fifteen delegates (44%) out of the thirty four replying said that they were aware of the Syndromic algorithms.

Action: Will promote further when final consultation of algorithms is complete

5.0 Discussion

The results indicate that QSOP 60 is fit for purpose and meets the needs of the laboratory reflecting current practice. The results of the questionnaire showed equal weighting for training and education, in house SOPs and as a reference aid scoring 8, 10 and 7 respectively as shown by Figure 4. For clinical information, good practice and guidance it scored 3, 3 and 2 respectively. These scores challenge the Standards Unit preconception that the QSOPs are predominately used for training and education.

The majority of delegates were aware of and use National Standard Methods. The individuals who answered “no” were not from a clinical diagnostic laboratory. Users requested that the VSOPs should be as well referenced as the QSOPs. This will ensure that they are based on published evidence as opposed to just consensus. SU will endeavour to ensure that all the documents are referenced in future. A need to develop an algorithm for respiratory viruses was identified. This need will be addressed through the Syndromic algorithm for respiratory infections currently in development.

Most delegates access the NSM website less than once a month. This could mean that the message about new documents and documents due for consultation is failing in its purpose to remind users of documents to access. There is an indication that the low process rate is related to time constraints rather than a lack of interest. Only half the people who responded to the questionnaire had passwords to the site which could explain the low rate of access to the site. Of the individuals who did not have passwords all were contacted (sixteen non password holders) to see if they wished to receive a password and of these thirteen now have passwords and three have not responded to our invitation. The removal of the print facility for the NSM PDFs will encourage people to access the website more often and allow better management of NSM users. Password requests have been increasing steadily since the change was introduced. There was no real evidence from the questionnaire responses that people were accessing the website from a link on a related website such as CVN or IBMS.

Responders indicated that they generally looked at the information bulletins later with only nine saying that they looked at them immediately. There was no distinction in the staff grade that looked at the documents immediately and those that looked at them later. Most people felt that the changes we had made recently to the presentation of the bulletin helped them gain the information they needed more effectively.

The new initiative (glossaries) received substantial support with 67% of delegates feeling that this would add value to the documents. This provides sufficient evidence to allow the unit to progress with this area of work.

Finally only 44% of the responders were aware of Syndromic algorithms. SU hopes to resolve this at the next round of consultation for the documents by highlighting the purpose and giving background information. It is hoped that the documents will be launched at next years symposium.

Appendix – Comments received to Q.4-In what context do you use our QSOP documents?

Training staff; preparation of SOP

Used in conjunction with NSMs as a basis (and ref. docs.) for our in-house SOPs

Reference and guidance

Training and education

Guidance and help in formulating in-house SOPs for local procedures

Training; background material

For reference in writing local SOPs

Clinical information / training

Used as reference, & as model for departmental SOPs

I refer to the QSOP documents as a reference point for method development and the composition of in-house SOPs, as an important reference point for standardised high quality practices and as a teaching guide

Training and education, best practice, basis for local SOPs

For update

Most of it

Reference

Mainly in bacteriology - we base our SOPs on these. Not familiar with QSOPs or VSOPs

To confirm that our practice meets these standards

To ensure that we request the correct tests in line with clinical details & current lab practices

Educational

Everyday routine, exam preparations

Used for writing laboratory SOPs

New assay; compare

To gather clinical information

Reference and teaching

Information to compare with our SOPs

Action Table

Question	Action	Status
3	<i>Consider a testing pathway SOP / Syndromic</i>	
5	<i>The results above provide evidence for the need of a glossary of terms. The development will be implemented into the work schedule</i>	
6	<i>Address the comment regarding QSOPs and VSOPs are of mixed quality and not well promoted. Add to the SU meeting agenda for May '09</i>	
7	<i>Discuss feasibility of sending a promotional email covering the benefits of the NSM website. Add to the SU agenda for May '09</i>	
9	<i>Contact the sixteen non-password holders and ask them if they would like to be given access to the secure NSM website.</i>	
12	<i>Will promote further when final consultation of syndromic algorithms is complete</i>	