Scheme hopping policy

Title	Scheme hopping policy
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1. Introduction and purpose

To provide a guidance document that defines a mechanism to identify and monitor laboratories who may change external quality assessment (EQA) provider to avoid categorisation as persistent poor performers (‘scheme hopping’) and consequent reporting to a National Quality Assurance Advisory Panel (NQAAP). This policy does not include those laboratories changing EQA schemes for a legitimate reason, for example, national requirement to use a specific EQA provider or provision of a scheme that better suits their requirements.

The target audience for this document is those organisations with a responsibility for the oversight of EQA provision in healthcare laboratories, EQA providers and EQA participants.

2. Scope

This document relates solely to referrals to NQAAP and therefore the scope is limited to UK laboratories only. EQA providers may report any performance concerns to alternative national oversight bodies where they exist. The mechanism for monitoring scheme hopping by other national oversight bodies may be different or non-existent.

3. Responsibilities

Scheme organisers are responsible for applying poor performance and performance monitoring as defined terms in their scheme’s EQA procedures. Scheme organisers are responsible for ensuring the terms and their definitions are clearly visible in the information provided to their participants (for example, via a website, users’ manual or EQA distribution documentation).

All members serving on oversight bodies, such as a NQAAP, have a responsibility to know and understand the definitions of these terms of performance assessment and applying them consistently in their procedures. A NQAAP receives information on overall numbers of poor performance in UK laboratories. The identity of an individual UK centre is disclosed

only if a patient safety event (PSE), escalated error or persistent poor performance (PPP) occurs within a single EQA provider.

PPP is defined by the individual EQA providers (see the Error and poor performance policy [document WS20301]). Scheme hopping is the purposeful avoidance or delay of a PPP designation by a diagnostic laboratory, for example, when a diagnostic laboratory receives a poor performance designation by EQA provider A for analyte X, and then deliberately chooses a different EQA provider (B) for the same analyte X to avoid being categorised as a persistent poor performer. This policy aims to provide a process by which EQA providers can identify laboratories that scheme hop so that poorly performing diagnostic service provision can be addressed in a timely fashion by the oversight body.

4. Time to perform procedure (approximate)

Not applicable.

5. Equipment and consumables

Not applicable.

6. Procedures

6.1 Poor performance and persistent poor performance

The definition of poor performance and persistent poor performance is defined in Error and poor performance policy (document WS20301) and is reiterated in section 6.2 below for information.

6.2 Poor performance

Poor performance is the generation of 1 or more errors by a participant within a single EQA survey.

A scheme organiser has the right to refer a participant to the designated oversight body if they judge the error to be sufficiently outwith accepted clinical practice or to impact adversely on patient care or there are multiple errors indicative of systematic failings in the performance of safe patient care (see Escalation policy [document WS20501]).

Poor performance is incurred for the following reasons and applies to all laboratories (see Error and poor performance policy [document WS20301]):

- non-submission or late submission of results with no acceptable prior notification to the scheme
- critical analytical/genotyping error (incorrect result for the patient)
- critical interpretation error that adversely affects patient management
- an out-of-consensus analytical performance trend (systematic failure) that triggers the acceptable performance limits
- no interpretation of the results (where the EQA includes an interpretative element)
- incorrect/inappropriate advice (where these are expected)
- a PSE.

6.3 Persistent poor performance within an EQA provider

PPP is poor performance at a level agreed to require escalation to the oversight body according to the criteria set by the EQA provider.

The number of occasions and the timeframe to be considered will be determined by the scheme organiser and communicated to the designated oversight body at the outset of their collaborative association. It will be reviewed on a scheduled basis.

Persistent non-return of data, or non-return of data where 100% participation is required, by a participant will be automatically deemed an escalated error, unless that non-return has been pre-agreed and authorised by the scheme organiser.

6.4 Reporting of persistent poor performance within an EQA provider

The EQA scheme organiser will escalate PPP to the designated oversight body in the timeframe advised (see Escalation policy [document WS20501]). There will be a mutually agreed mechanism for this reporting, which will be acknowledged by the oversight body.

7. Scheme hopping

This is defined as a laboratory purposefully choosing a different EQA provider with the intention of avoiding or delaying a PPP designation.

If deemed appropriate by the relevant NQAAP chair, participation and performance data may be shared with collaborating EQA providers to continue appropriate and timely monitoring of performance in the event of PPP.

Where different EQA providers provide EQAs for the same analyte, the following information should be shared at NQAAP level, if requested by the NQAAP chair:

- all UK persistent poor performance for that analyte
  - the identity of any UK laboratory that received a poor performance but did not continue with the EQA provider for the next survey. The only exception to this is when the service is no longer provided or there was a technical problem and the EQA provider was informed.
  - NQAAP has the right to contact the UK Accreditation Service (UKAS) or another EQA provider offering the same service as to whether the centre has enrolled with a different EQA provider after receiving a poor performance communication.

If a laboratory receives 2 poor performance communications for the same analyte by different EQA providers within a given period, both poor performance findings will be discussed at NQAAP level and the chair of the NQAAP will communicate directly with the head of the laboratory and/or quality manager.

If the number of occasions and the timeframe for a specific analyte is different between the 2 EQA providers, the more stringent PPP criteria are adopted and reviewed at the NQAAP level.

The NQAAP panel will assess each referral for scheme hopping, including the clinical significance of the concerns, the laboratory's previous record, response to the contact by the scheme director(s) and other considerations. The NQAAP panel will consider the best approach to improve the situation and the chair will contact the laboratory directly, requesting a response by a specific date.

The NQAAP chair together with the head of the laboratory should agree in writing any remedial action to be taken and the timescale and responsibility for carrying this out. This letter will be copied to accreditation/regulatory bodies such as UKAS who may arrange an urgent visit to the laboratory. Advice is offered to the head of the laboratory in writing or, if appropriate, a visit to the laboratory from a NQAAP member or appropriate agreed expert(s) may be arranged. The PPP will remain on record with the EQA provider(s) and all EQA providers involved will be notified of the actions taken.

8. Authorisations and review

Authorisation will be made by the chair of the EQA Oversight Board. The policy will be reviewed at least every 2 years and may be reviewed at any other time as need arises.