

## Results of Serology QAP 2007-08 Customer Satisfaction Questionnaire

A Customer Satisfaction Questionnaire was sent to participants at the end of 2007 to assess Serology QAP performance and to provide guidelines for future improvements.

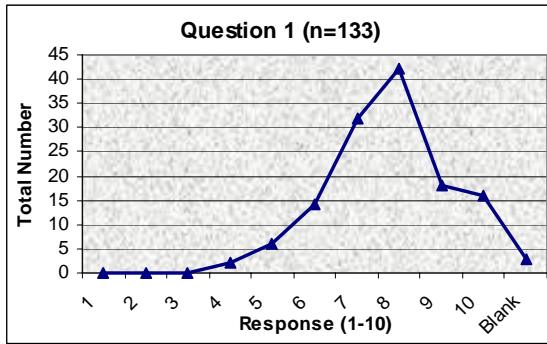
133 participants responded and their comments are presented below.

*The Serology QAP extends thanks to those participants who took the time to respond.*

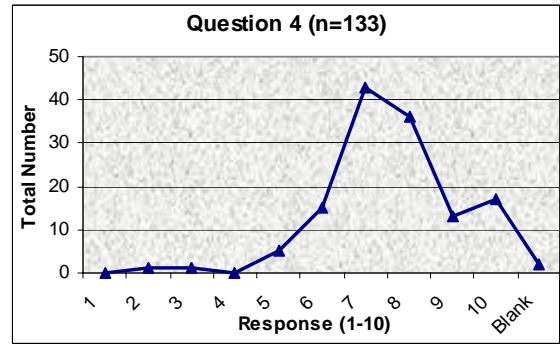
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## 1. Quality Objectives

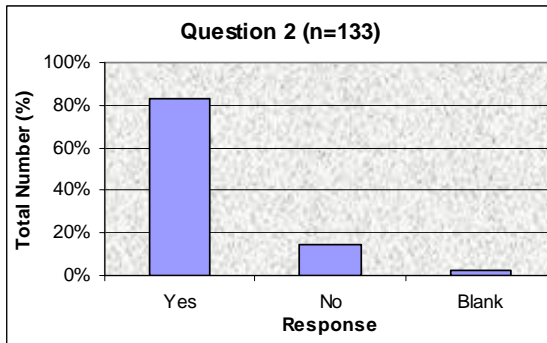
Q1) Does the Serology QAP provide professional support and consultation?



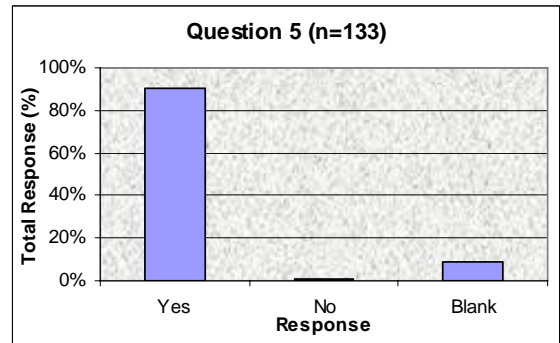
Q4) How would you rate our methods of peer review?



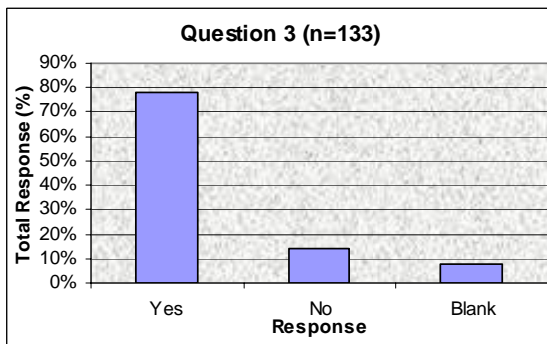
Q2) Does the Serology QAP provide sufficient educational activities /supplements?



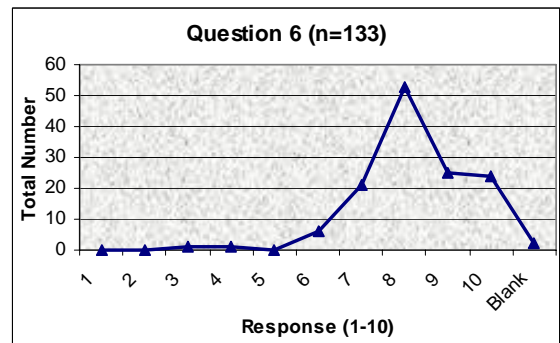
Q5) When contacting the Serology QAP office do you find the staff helpful and professional?



Q3) Are the new modules developed to meet your requirements?



Q6) Generally, how would you rate the Serology QAP as a QA provider?



**Q7) If you have given a rating below “6” for any Questions 1, 4 or 6, please give details (make reference to Q1, Q4 or Q6).**

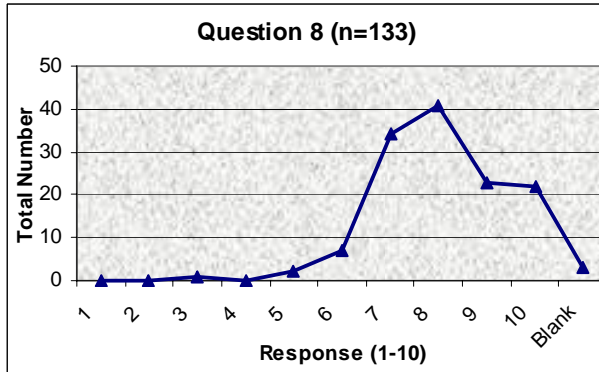
Our Ref	Comments – ratings below 6
6	Q1: I haven't had cause to access this service, so I can't really comment.
100	Q1: Involved only in IM module so not so sure.
48	Q4: We have nothing to compare this program to at this time.
37	Only in the Infectious Mononucleosis QAP. Never get educational material for this.
<b>SQAP RESPONSE</b>	Educational material is provided with the blood film review but this is for one survey per year only.
10	Q1 Unable to contact staff directly via phone as far away and via email I'm unsure who to contact. Should specify personnel to contact eg. technical, samples or etc
<b>SQAP RESPONSE</b>	45% of our participants are outside Australia and a lot of the Australian laboratories are a long distance from our office. Distance is not a factor in communication. You are an internet enrolment for the antenatal module and your name is on the email list. Therefore, you receive emails from us informing you of the date of a survey opening, when reports are available for you on the website, newsletters are emailed to you and any other information that is relevant to participants is emailed to you. If you wish to contact us, why not click on “reply”?
57	Q4: We are marked down for the way we report our Dade Behring index's. Even though the result is correct. Next year I will just submit the O.D result.
<b>SQAP RESPONSE</b>	Your laboratory has a very unusual method of reporting results and it is not recommended by the manufacturer. It is more beneficial for you to standardise your reporting format so that you are able to compare your results with your peers.
79	Had trouble accessing website once my login was deleted.
<b>SQAP RESPONSE</b>	We apologise for this inconvenience. This situation was a one-off situation and was rectified immediately after you contacted us.
97	Q1: Agree in a limited capacity. RCPA doesn't advise for example using Kit A over Kit B or detailed technical troubleshooting etc.
<b>SQAP RESPONSE</b>	It is beyond our scope to recommend one kit over another. In the “results by disease” section of the website there is an archive of reports dating back to 2000 and all contain the raw data. It is there as a research tool for you to investigate results and kits. If you require troubleshooting for a particular kit, then you should contact your technical representative from the kit manufacturer or supplier. It is not the role of the QAP to instruct you to use a particular kit.
133	Assessment of comments seems to vary between reviewers. 'Guidelines' may not be easy to follow.
<b>SQAP RESPONSE</b>	The same guidelines are sent to each report reviewer but it has taken time for adjustments and uniformity. For this reason, the trial period has been extended throughout 2008 in order to ensure that uniformity is established.

Our Ref	Comments
36	Reports provided are not the easiest to read. Have to look for lab. no exclusion to ascertain that results were satisfactory.
68	Poor reports, hard to see how lab as performed
<b>SQAP RESPONSE</b>	Neither of these participants provided their participant number or country. It is clear that these participants have not read the plentiful material that has been provided to inform participants about the personalised Assessment Reports. There is a link from the Home Page providing an example and a tutorial provided at the location of the Assessment Report. These reports have been available for a year now and mail participants are mailed the report and internet participants receive email alerts regarding these reports.

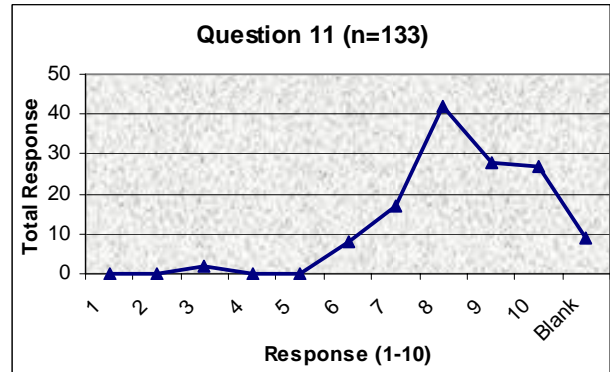
## 2. Enrolment

*How do you rate the following?*

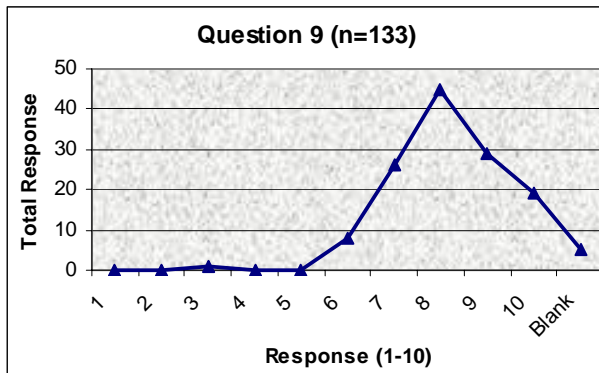
Q8) Enrolment Booklet



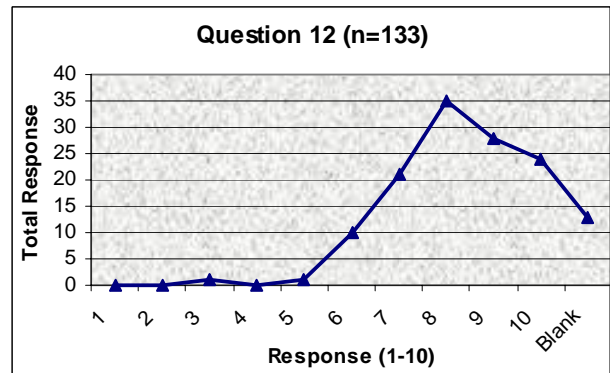
Q11) Dispatch of Certificate of Enrolment by Enrolment Office



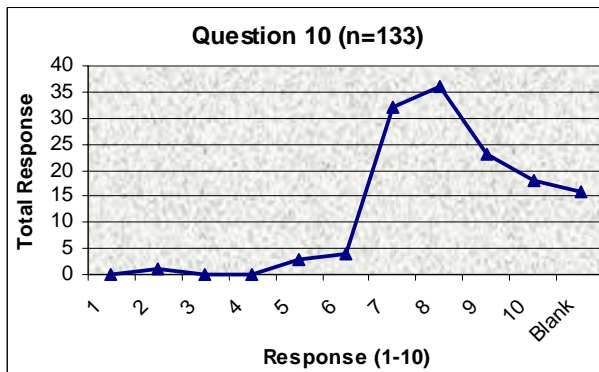
Q9) Enrolment Process



Q12) Enrolment Officer Customer Service



Q10) Payment Service

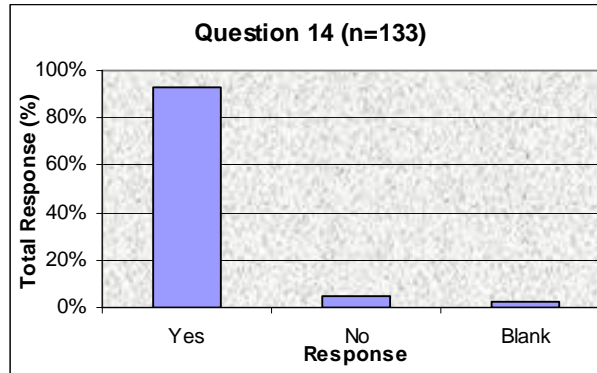


**Q13) If you have given a rating below “6” for any Questions 8-12, please give details (make reference to Q8, Q9, Q10, Q11 or Q12).**

Our Ref	Comments – ratings below 6
54	Q5 - I found it confusing, with the paper-only, and internet-only options at the end - I didn't know if we needed those or not, it was not explained what they are.
<b>SQAP RESPONSE</b>	The difference between “paper-only and internet-only options” is explained in great detail in the Enrolment and Information Booklet that is sent out each year to you by the Enrolment office. It is also explained in the Serology QAP Participation Booklet and on the Serology QAP website. 45% of our participants are outside Australia; for many of them English is not their first language and they do not appear confused.
70	Q11 - Not sure if certificate are given for half-year or for full year as we have received certs for up to June 2007 only.
<b>SQAP RESPONSE</b>	The Serology QAP does not send out half year certificates and so you must be referring to another program.
79	I didn't receive a certificate of enrolment.
<b>SQAP RESPONSE</b>	Specimens are sent out when a laboratory enrolls. Certificates are sent out when a laboratory has paid for the enrolment – has your laboratory paid? The enrolment office will be able to assist you (08 8113 1155).

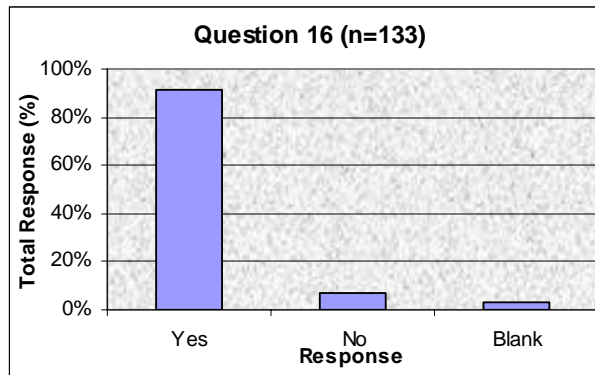
### 3. Serology QAP Specimens & Modules (including Molecular Diagnostics)

**Q14) Are you happy with the quality of Serology and Molecular QAP specimens?**



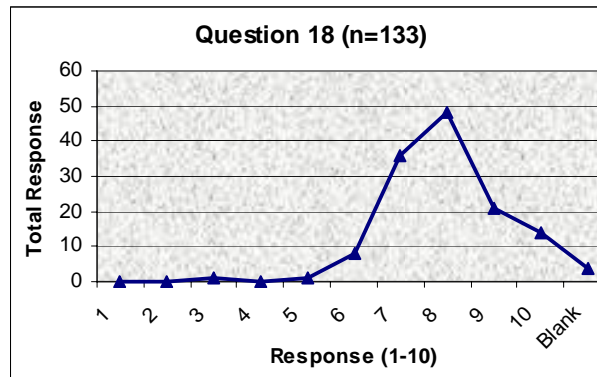
Reference	Question 15 – “No” Comments
27	For our method (TPHA on Olympus PK 7200) the vol of sample is too small to test under normal circumstances and must be aliquoted into a small cup and identified manually by 2 operators
<b>SQAP RESPONSE</b>	There are varying volumes required for automated systems and it is sometimes difficult to accommodate every system. We have made an effort already to accommodate Olympus PK 7200 users by giving double the volume of serum that is provided to other participants.
42	The quantity of the samples is not sufficient for us to follow our routine practices.
88	The serology (Salmonella) QAP specimens were too little. To run the routine test following our Standard Operating Procedure is at least 400 ul
<b>SQAP RESPONSE</b>	You were enrolled in the Salmonella Module which was introduced in 2007. We provided 300uL of serum but realised later that participants outside Australia were using protocols that required more serum. The problem has been addressed for 2008 as we have provided 800uL of serum for each specimen.
62	The quality of some NOT all samples is sub optimum, but with the shortage of appropriate specimens they are as good as the team can access. Samples often have particulate matter or a solid? lipaemic layer after centrifugation which is readily broken up while aliquoting and stays suspended in the sample. This makes the sample difficult for less experienced or particular scientists/technicians to process/test.
<b>SQAP RESPONSE</b>	Each sample is filtered, dispensed and then frozen at -80 <sup>0</sup> C until they are packed for dispatch. The packing process takes place on dry ice and then the canisters of specimens are placed in a -20 <sup>0</sup> C freezer so that the foams also freeze. The courier collects the specimens from the freezer. You are located close to Sydney and so the specimens have a short trip to your lab. Therefore, we have done all that we can to ensure that these real specimens are in the best condition possible when they reach you. I am concerned that your lab may not freeze the specimens immediately on arrival or may not have them stored appropriately as you are the only person to mention this problem since we have been filtering. 45% of our participants are outside Australia and it is difficult to understand that your lab has a problem when labs on the other side of the world (where boxes of specimens are traveling for days) do not appear to have a specimen quality issue.
97	Should have more low positive Hepatitis samples.
<b>SQAP RESPONSE</b>	Thank you for drawing this to our attention. We will look at this while planning our program for 2009.

**Q16) Are you happy with the frequency of Serology and Molecular QAP surveys?**



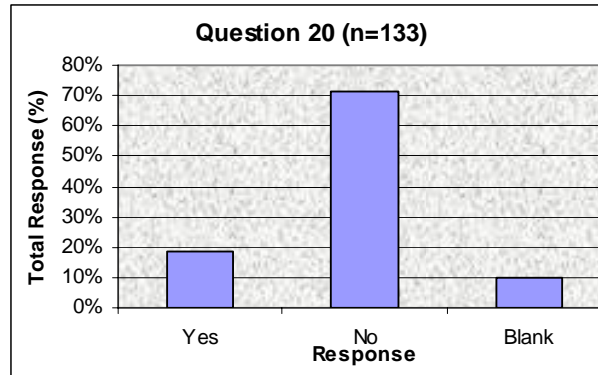
Our Ref.	Question 17 – “No” Comments
57	Do HIV and Hepatitis need to be tested 6 times per year? Every week there is results to submit/report to be read.
97	Too many Hepatitis QAP's. Why six and not four?
111	We would prefer fewer specimens. Five a year is sufficient for our needs.
<b>SQAP RESPONSE</b>	We have the same problem; every week there are questionnaires going out, results coming in... We would love to respond to this but only 3 respondents out of 133 responses (2.2%) have complained that there are too many HIV and Hepatitis surveys.
73	For viral hepatitis, HDV and HEV may be increased to twice a year and reduce frequency of other markers.
<b>SQAP RESPONSE</b>	If we can be sure that we can supply more than one survey per year with these specimens, we will consider increasing HDV and HEV surveys. Acquiring specimens is an ongoing challenge.
86	The number of antenatal serology surveys should be reduced from 4 to 3 as the excitement in testing for the 3 analytes is limited.
<b>SQAP RESPONSE</b>	We are sorry to hear that we have limited your excitement level. As above, you are the only respondent out of 133 responses (<1%) that has complained that there are too many Antenatal surveys.
100	Would like to have it more often.
110	Mostly. However, some modules eg bacterial, only test some assays a couple of times a year.
<b>SQAP RESPONSE</b>	We agree that some modules (for example, the Bacterial Module) would benefit from more than just 2 surveys per year but it is difficult for us to obtain the specimens. Some QAPs are able to purchase commercially made specimens or “spiked” specimens but the Serology QAP must use specimens obtained from real patients who on occasions, are very ill and not able or willing to be bled.

**Q18) How would you rate the design of the Serology and Molecular QAP modules?**



Our Ref.	Question 18 – “Rating below 6” Comments
16	Apart from the IM testing, I believe that there should be more blood film assessment. This could be via CD or DVD which gives everyone exactly the same information to view. Your reports indicate that there are sometimes issues with transcription errors and while this is important, the larger issue of mis/interpreting blood films is probably a source of greater error and this could be addressed as suggested. A picture of a field from a blood film is a step in the right direction but I think scanning and reporting blood films needs to be "tested" more comprehensively.
<b>SQAP RESPONSE</b>	You are enrolled in the IM (infectious Mononucleosis Module) only and are from a Haematology Department. It appears that this comment should not be directed to the Serology QAP, but to the Haematology QAP. The Haematology QAP is currently working with a virtual microscope to use for their surveys. This will entail scanning slides and then loading them onto a website which you can access and scan as though you are looking down a microscope. The Serology QAP is hoping to use this for the IM Module.
70	Q18 No module for CSF Bacteriology/Antigen testing and Clostridium difficile toxin testing.
<b>SQAP RESPONSE</b>	You are enrolled in the Antenatal, Hepatitis and Retroviral Modules with the Serology QAP. It appears that you may require these extra tests from the Microbiology QAP.
107	To cover all analytes of interest to our lab, we would need to subscribe to 5 modules - this is not economically or practically viable. Chlamydia Trach/HIV/Rubella/Varicella/Syphillis/Hep B/Hep C.
<b>SQAP RESPONSE</b>	We are sympathetic to your situation. For logistical reasons, we cannot offer each analyte separately. But we are aware that there are a few “special needs” laboratories, such as yours, whose requirements are different to most diagnostic laboratories. We are considering a mix such as the one suggested below (see Ref. 23) that could be of assistance to your situation. Ultimately, the outcome will depend on our ability to source the number of specimens required.

**Q20) Are there any other blood-based tests that you would like to be added to the Serology and Molecular Program?**



**NOTE FROM THE SEROLOGY QAP: Considerations for the introduction of a new analyte:**

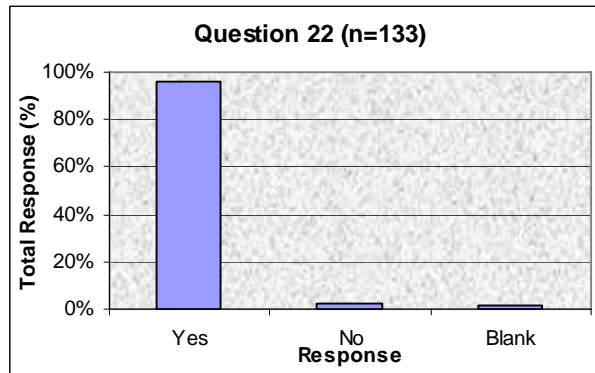
- Is there are a demand from a number of participants for the introduction?
- Can we commit to supplying specimens each year?
- How can we source the specimens? (Almost none of the specimens are available commercially, especially in the volumes required for QA).

Our Ref.	Question 20 – “Yes” Comments
5	MAYBE MID 2008
23	HBsAg, Anti HIV 1/2 and Anti-HCV as 1 survey programme for Malaysia because it’s our common testing in tertiary hospitals.
<b>SQAP RESPONSE</b>	We will consider this as it may benefit a number of labs
30	Malaria ICT test
35	Legionella NAT
45	Flu A and B PCR, Respiratory virus PCR (ie rsv,adeno ,para influenza), HPV genotyping
<b>SQAP RESPONSE</b>	We are considering the introduction of influenza A & B PCR. HPV DNA has been introduced for 2008
53	Aspergillus Galactomannan Antigen detection
55	Taenia solium (Cysticercosis)
59	HBV genotyping
62	Separate Syphilis module
<b>SQAP RESPONSE</b>	We will give this some consideration
63	Melioidosis serology
73	SARS AND Nipah virus serology.
<b>SQAP RESPONSE</b>	SARS We considered this some time ago but VIDRL (VIC) had a QAP for this Nipah virus serology. There is no human-to-human transmission and pigs are the host animal. Therefore, demand for QA would be almost zero.
74	Bartonella Shigella Francisella tularensis Yersinia enterocolitica and pseudotuberculosis, listeria serologies SRV serology

Our Ref.	Question 20 – “Yes” Comments
75	Adenovirus IgM Coxsackie IgM Chlamydia Trachomatis IgM
<b>SQAP RESPONSE</b>	Adenovirus IgM we had this as a trial in 2006 but found that it was almost impossible to acquire IgM positive specimens
76	Tetanus, Bordetella, Haemophilus, Pheumococcus antibody tests.
77	Tetanus and Diphtheria antibodies
124	Diphtheria, Tetanus & Yersinia serology
<b>SQAP RESPONSE</b>	Tetanus and Diphtheria antibodies we are considering introducing both Bordetella - this is already part of the Serology Program
88	Antinuclear Antibody Testing
<b>SQAP RESPONSE</b>	This is available with the IMMUNOLOGY QAP
98	VCA IgA (ELISA)
<b>SQAP RESPONSE</b>	If this request is for EBV, it is already available
107	Chlamydia Trachomatis IgG.
116	Influenza and RSV antigen test by rapid method.
122	Enterovirus antibody RSV antibody Adenovirus antibody Parainfluenza 1,2,3 antibody
128	HHV6 Yersinia Complement factor B and C6
<b>SQAP RESPONSE</b>	The Serology QAP will give consideration to all of the suggestions above and advise during the coming year if any of these suggestions are introduced. Comments have been provided beside some of the suggestions.

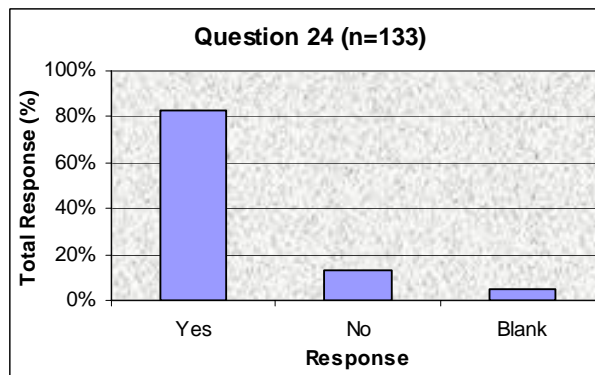
#### 4. Instructions to Participants

**Q22) Are the questionnaire instructions clear and comprehensive?**



Our Ref.	Question 22 – “No” Comments
50	OK when you are used to what you are doing
57	The required RPM microfuging speed needs to be stated. <b>2,500g FOR 10 MINUTES</b>

**Q24) Are the clinical notes on the questionnaire helpful and do they influence your testing protocol?**



Our Ref.	Question 25 – “No” Comments
6	We do the IM only here. Further testing, dependent on clinical notes etc, would be referred to parent laboratory.
16	Enrolled only in IM program. Notes generally not applicable.
18	We only do IM.
20	Not Applicable to MDM
24	When an IM is requested the test is performed the same no matter what the clinical notes are. Clinical Notes are more helpful with film interpretation.
27	This laboratory is part of the blood service so all reactive samples are referred to an external lab for confirmatory testing
30	We only do IM, we would do this with or without clinical notes

Serology

Our Ref.	Question 25 – “No” Comments
37	We only do the Infectious Mononucleosis survey. Clinical notes not provided in general.
49	Only enrolled in IM program - no clinical notes
50	Only enrolled in Monospot so we just test as for a patient
68	Only do IM
99	No clinical notes given for Salmonella Serology
52	Our testing protocols are set up for blood donors so patient clinical history is not applicable. We would not take blood from a pregnant woman in the first place.
53	The Clinical notes do not influence how we report the results.
<b>SQAP RESPONSE</b>	You are enrolled in the Bacterial and the Parasite & Spirochaete Modules. It is surprising that the clinical notes have no impact on your interpretation of your results.
54	I have not noticed clinical notes on many (if any) modules
<b>SQAP RESPONSE</b>	You are enrolled in the Antenatal, Bacterial, Hepatitis and IM Modules. Have you not noticed the clinical notes for the Bacterial Module?

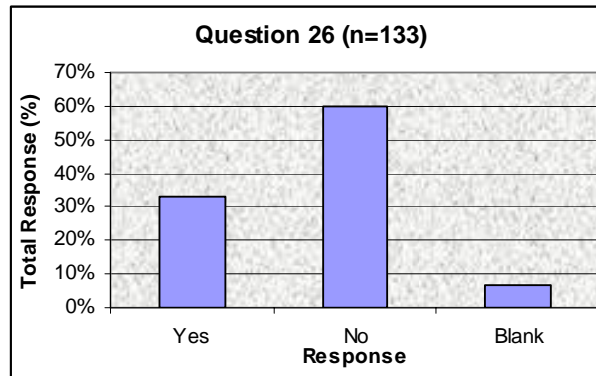
**SQAP RESPONSE:**

*The comments below are in line with our expectations.*

*Reference 133 did not give country of origin but interestingly, the other respondents below are from different countries on opposite sides of the globe but appear to follow the same protocols*

57	The clinical notes also sometimes influence the interpretative comment selected.
75	The clinical notes are helpful for interpretation of results and adding interpretative comments, but testing protocols are standardised and are not influenced.
77	Doesn't influence testing protocol but may influence interpretation of results
133	They assist in assessment of current/past/immune history of Pt and to determine the appropriate group of tests to perform.

**Q26) If the clinical notes were not included on the questionnaire, would it influence your testing protocol?**



Our Ref.	Question 27 – “Yes” Comments
57	For example VZV serology. If there was no clinical notes we would perform both IgM and IgG, but if the clinical notes are ? immunity then only the IgG would be performed.
58	Interpretation of test results will be difficult if there is no clinical notes
62	In our laboratory tests are performed on the basis of the tests requested and the clinical notes provided. I a particular marker is requested it is tested for, but if a generic test is made the clinical notes will effect which tests are performed.
63	Tests done depend on clinical notes.
66	Clinical notes are useful to guide the most appropriate testing e.g. antenatal for rubella IgG only. If rash add IgM
69	May not perform extra testing required for best result
70	Further testing or supplementary testing may not be carried out, plus it may help in interpretive comments.
73	It helps to decide the test to be performed sometimes.
81	Because clinical notes help us to investigate while doing our test.
82	Different protocols may be used; i.e. antenatal screen vs symptoms.
90	May not influence our testing protocol as such but may influence our comments
92	May not perform all markers.
93	Without notes, we would tend to do less specific testing eg. Q fever G & M screen even for pre-vaccinations.
94	Broad screening for various clinical conditions is a waste of recourses. Correct tests cannot be chosen without notes especially for arboviruses.
97	Screen vs clinical symptoms influences tests performed and comments.
98	Follow up tests usually depend heavily on participant's history.
106	Clinical notes are part of ? patient ID/details.
110	The clinical notes may influence the commenting.
119	Difficult to make a conclusion of the result.
124	Without clinical notes unable to determine if IgG positive results require further testing
125	From the clinical notes, we can have a roughly idea on patient 's past record.
129	It would be similar to blind testing not knowing exactly what to test for.
130	? referral for further testing eg IgM

**SQAP RESPONSE:**

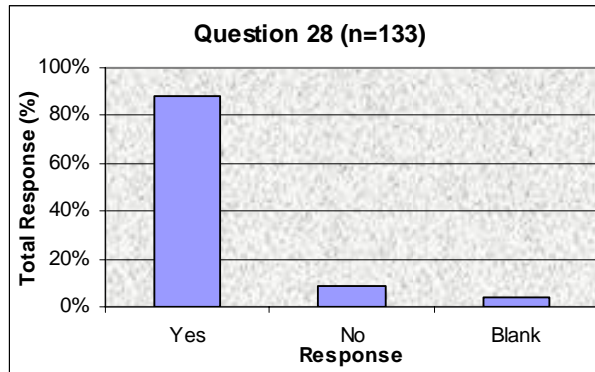
*Clinical notes will not longer be provided for the Lymphadenopathy Module but will still be provided for the Antenatal, Bacterial, Parasite & Spirochaete, Vaccine Preventable Diseases and Viral Modules.*

**Thank you for your helpful responses.**

## 5. Survey Reports

The Serology QAP has recently introduced personalised Participant Assessment Reports that have been trialed throughout 2007.

**Q28) Is the Participant Assessment Report presented in a manner that is clear and comprehensive?**

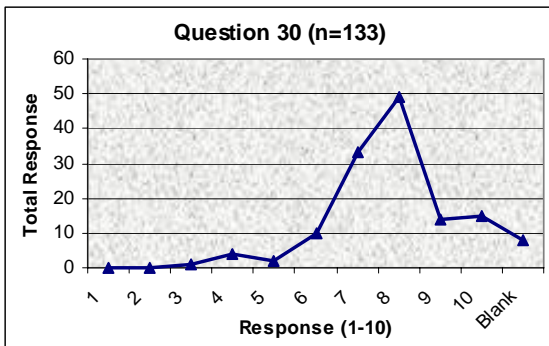


Our Ref.	Question 29 – “No” Comments
7	More concise would be better
16	It is too long and seems more complicated than it needs to be. While you need to disseminate the information, a concise summary page could be added. eg similar to other RCPA QAP which summarises results eg NO RESULTS OUTSIDE ALLOWABLE LIMITS or REVIEW RESULTS.
50	Too much to sort through, but really quite good.
<b>SQAP RESPONSE</b>	The above respondents are all enrolled in the IM Module only. The Assessment Report could not be more concise (it is one page) – have you looked at this report? or are you referring to the generic report?

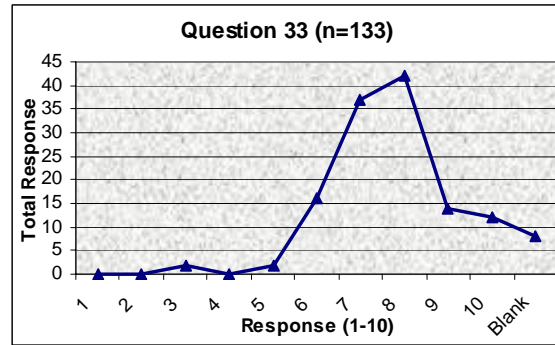
Our Ref.	Question 29 – “No” Comments
73	The interpretation gradings are not logical sometimes.
<b>SQAP RESPONSE</b>	The interpretative comments are scored by each report reviewer. We are aware of some inconsistencies and apologise for any concern that this may have caused. This contributed to our decision to extend the trial period through 2008 to ensure that inconsistencies are addressed during the trial period.
76	In some cases "no" as I cannot understand why the internet results submitted by me (I do this according to internet instructions) flag "INCOMPLETE".
<b>SQAP RESPONSE</b>	Your results have not been flagged as “INCOMPLETE” They have been noted in a number of reports as being “INCONSISTENT” and the report has explained that you are providing inappropriate units. for example, for specimen B1:2007:1A tested for Brucella serology using EIA IgG you stated that your units are OD but provide a cut-off value of 20 and a specimens test value of 159. Your units are clearly not OD but we cannot ascertain what units you are using. Therefore, it is noted on the report that the data provided with your results is “INCONSISTENT”.
107	Only just become aware of availability.

Our Ref.	Question 29 – “No” Comments
129	Taking some time to fully comprehend the report.
<b>SQAP RESPONSE</b>	There is a tutorial on the website that may be of assistance
96	Although it as clear I have had trouble accessing the AN1-4 results. No picture/information available. Continually need to re enter Login details. Accessibility <6.
<b>SQAP RESPONSE</b>	You should discuss this with your IT department as we are not aware of any other participants experiencing problems accessing our data. Before each survey opens and after each report is loaded we enter the website as a participant and check that the system is functioning. Periodic checks are conducted via “off-site” computers (in staff homes). Therefore, we feel confident that the system is functioning correctly.
99	No in intended results given.
<b>SQAP RESPONSE</b>	When specimens are spiked (manufactured commercially as in the case of the Chemical Pathology QAP) it is possible to give expected results. The Serology QAP uses “real” specimens and so it is fairer to use a consensus. You are enrolled in the Salmonella Module only and it has not been possible to establish a consensus with these results.
115	We do not agree with the "correct" interpretative comments. Sample 4A - Define 'evidence' in numbers 1 +2. Sample 4B - If we have a positive why send to?
<b>SQAP RESPONSE</b>	You are referring to the wording of the interpretative comments for the first survey in 2007. In that report it was stated: <b>“NOTE FROM THE SQAP:</b> interpretative comments will be adjusted according to the reviewer’s suggestions”. The wording was changed for the second survey in 2007. It is our policy to investigate all suggestions for changes and to implement if the reviewer for the specific test thinks that the change is appropriate. There is a feedback box on every data entry screen and on every questionnaire. At no stage have we received a request from your laboratory requesting a change.

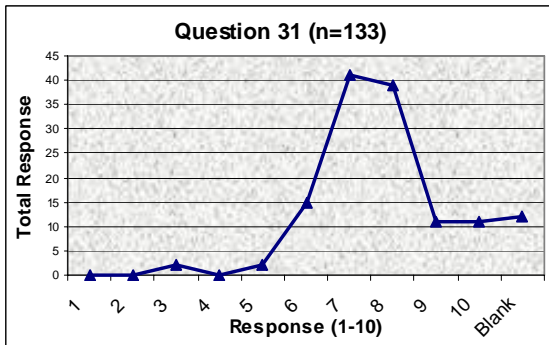
Q30) How would you rate the information provided in the Serology QAP **Participant Assessment Report**?



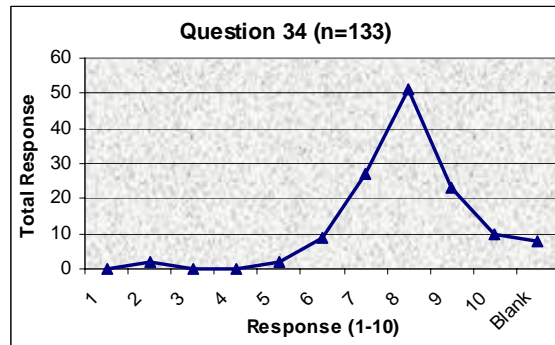
Q33) How would you rate the quality of report reviewer discussions in the Serology QAP reports?



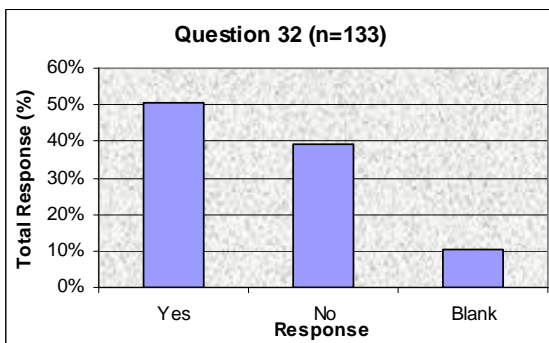
Q31) How would you rate the information provided in the Serology QAP **generic (non personalised) Survey Report**?



Q34) How would you rate the quality of Serology QAP reports overall?



Q32) Do you need to receive the **generic (non personalised) Survey Report** now that the **Participant Assessment Report** is available?





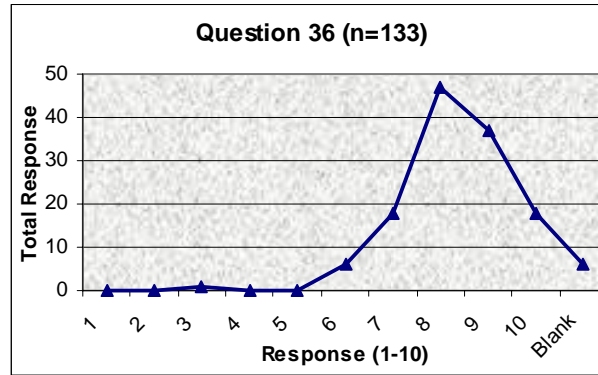
**Q35) If you have given a rating below "6" for any Questions 30, 31, 33 or 34, please give details (make reference to Q30, Q31, Q33, Q34).**

Our Ref	Comments - rating below 6
16	To much information. I only need to know what affects my laboratory and how my laboratory compares with the other participating laboratories.
38	Too long –
102	Q34: Lengthy.
<b>SQAP RESPONSE</b>	It appears that you are still looking at the generic report and not the personalized assessment report. Each of the above participants are enrolled in the IM Module only – this Assessment Report is only <u>one</u> page!!
41	q34 Reports are visually very busy and graphic representation is not east to understand at present
76	NEW FORM OFTEN NOT TOO CLEAR.
<b>SQAP RESPONSE</b>	There is a tutorial on the website that may assist your understanding; if not call or email us!
62	New statistical protocol disenfranchises users of "less popular" assays. Analysis is great if you are using the same kit as 90% of the market. Just because a kit/instrument has the greatest market share does not necessarily make it the best assay/instrument. The RCPA QAP is sometimes the only way small users can compare their methods with other users of the same method, even though statistical analysis of small sample numbers is difficult, and "apples should be compared to apples".
<b>SQAP RESPONSE</b>	The principle behind our statistical analysis is precisely as you suggested – participants are compared to other users of the same methodology and the analysis compares each participant within their own user-group. This means that "apples are compared to apples". There are statistics and graphs by methodology for user groups of 5 participants or more. Statistical analysis within groups <5 participants is meaningless.
63	Too much weight given to comments. Often our comments are computer driven. Do we answer what you want, or what actually happens?
<b>SQAP RESPONSE</b>	You are asked for an interpretative comment that relates to the result and the clinical notes. Choosing one or more of the options provided, demonstrates your understanding of the results. If you feel the choices of interpretative comments needs to be amended, let us know. There is a feedback section on every data entry page and every questionnaire. We are constantly inviting participants to give us feedback.
115	Q30: We disagree with the findings in the 'interpretative comment'.
<b>SQAP RESPONSE</b>	You have this response in each section of this questionnaire. It has been addressed in response to <b>Question 29</b> .
87	I would like to see more statistics and graphs by methodology for smaller user groups. I find there is some ambiguity of scoring the comments. Does this need to be included in the assessment reports?
<b>SQAP RESPONSE</b>	You are enrolled in many modules and so must have seen the personalised Assessment Reports. There are statistics and graphs by methodology for user groups of 5 participants or more. Statistical analysis of groups <5 is meaningless.
96	Q30 – Accessibility to all pages not available to me – spoke to RCPA. Very frustrating – required continual log out and in to get any info. Originally would not allow me to log on, but gave me details of another lab..
<b>SQAP RESPONSE</b>	This may be due to a firewall within your organisation

Our Ref	Comments - <i>rating below 6</i>
133	Q33 - The comments listed for each group of results vary in relevance. Commenting is a personal decision and more opportunity for free-text replies is needed. To assess comments is difficult, not necessary, yet important to see peer interpretation of results. This is the most educational aspect of the QAP, yet it is pre-scripted too much. Having pre-scripted options available to select that can then be edited by each responder to suit personal style would be helpful. Then have all comments listed by Participant No for all to learn from.
<b>SQAP RESPONSE</b>	Participants are already complaining that reports are too long. If there was a list of 150 interpretative comments provided, it would be a mammoth job to collate and the report would be at least 10 pages longer. There has been a strong demand for personalised concise reports; hence we developed the personalised assessment reports. Your suggestion would generate complaints about the length of the report.

## 6. Serology QAP Website

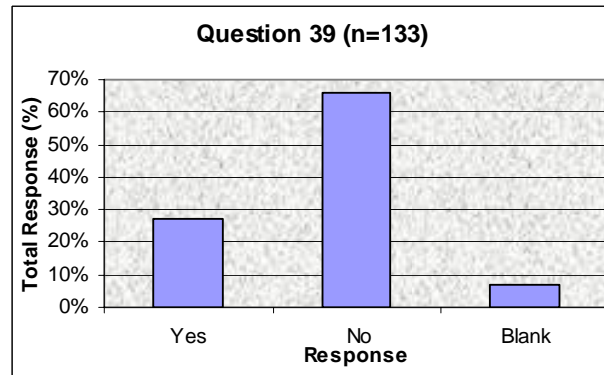
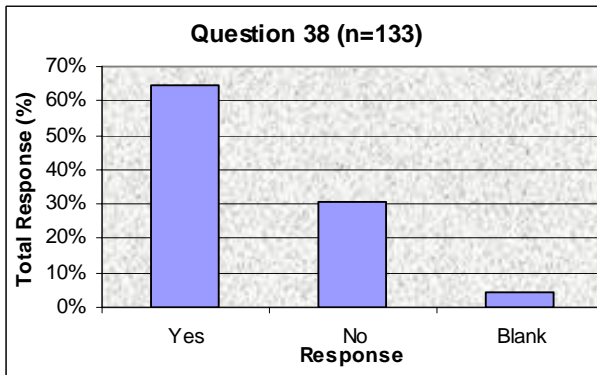
**Q36) How would you rate the quality of Serology QAP website overall?**



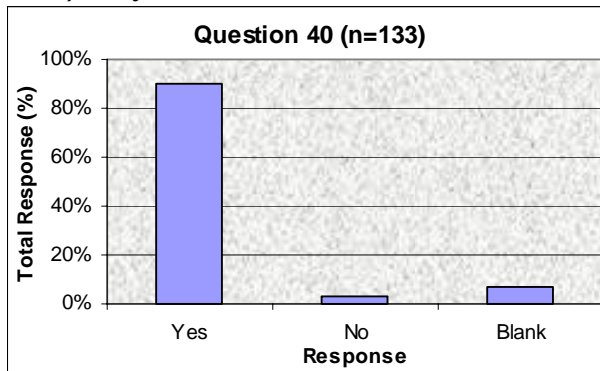
Our Ref.	Question 37 – “Below 6” Comments
62	Compared to the NRL EQAS data collection program, it's fantastic. It is quite intuitive and logical. NRL's provider could learn quite a lot from the way this site is set up. <b>THANK YOU!</b>
107	Finding new participant assessment report was not intuitive.
<b>SQAP RESPONSE</b>	You are enrolled as “via internet”. The Assessment Report is located from the same location as the generic report – the ‘Member Services’ section.

**Q38) Do you use any of the reference material (eg References, Fact Sheet, Newsletters) that is available on the website?**

**Q39) Do you use the “Dynamic Graphs of Results” section on the website?**



**Q40) Are you satisfied with the website functions?**



Our Ref.	Question 41 – “No” Comments
77	From Q39: View the graphs from the Participant Assessment report.

**Q42) What is the best aspect of the Serology QAP?**

Our Ref	Comments - <i>best aspect of the Serology QAP</i>
1	Provides an overview of our performance and assists as a guidance when troubleshooting and assists in problem solving to a certain extent (awareness of sensitivity and specificity etc)
2	We are only enrolled in IM, so the QAP requirements are simple.
3	Large range of assays tested. Helpful and educational reviews and reports. Email notification helpful reminder to open modules and print reports. Sample free modules have created useful education meetings for Serology staff.
4	Web based data entry that works unlike the Chemistry program that I have not been able to access successfully.
<b>SQAP RESPONSE</b>	You are enrolled in the IM Module only. We will contact you before the next survey and talk you through the data entry of results – it is very easy and user friendly – see comments below!
5	FAST RESPONSE. HELPFUL
6	1. electronic results & reports 2. comprehensive & unambiguous reports 3. feedback from other participants
7	Easy to perform/report/review
8	Very easy to perform and submit results.
9	Ease of use.
10	By using patient samples, feel more relevant than commercially prepared ones
11	It really serves the purpose of having external QC
12	Easy to follow instructions and easy to organize samples for testing.
13	Everything is in order.
14	QUICK INPUT OF RESULTS AND VIEWING OF REPORTS VIA THE NET
15	Friendly staff and easy to use website.
16	Specimens and paperwork are received once a year, which allows for organized on and planning.
17	Quick turn around time of results. The web page is simple to enter results.
18	The improvement in the reporting system, giving a meaningful score
20	Fast and easy to use website
21	All samples are received at beginning of year and the email notification of testing due to be performed aids in the busy lab.
22	The online entry is simple to use
23	Serology QAP provides additional knowledge in improving our quality control of each serology test we have enrolled. It also helps in training and evaluating our new staff as a competency tool. Each records of serology QAP testing done by a particular staff kept in their training file, it is used as an assessment program. Good quality of samples from RCPA gives us confidence in reporting for each test, as they are easy to use, excellent packaging and reliable. Serology QAP committee are approachable.
24	Prompt delivery, excellent service
25	Email notices
26	It is well organized and data entry is easy to use.
27	Ability to compare your test method/technique and performance against other labs
29	The comprehensive reports
30	Good TATS on results
31	Comprehensively fulfils the serology QAP requirements of this laboratory at frequent time intervals. The discussion is useful as is the ability to compare various methodologies used by other participants.
32	We are only enrolled in the IM program and we are satisfied with the Serology QAP.
33	Quick and easy to understand and perform. We like the blood pictures that sometimes come with the IM test.
34	easy access and good organization
35	results achieved demonstrate testing is within desired levels
37	Get email reminders to do the tests. Comprehensive reports.
38	Simplicity
40	The best aspect is how you compare with your peers and what assays procedures are in use by other labs.
41	The diversity of case presented; very useful for smaller laboratories. Educational exercises are also valuable.
42	The scope of the serology modules is wide.
43	Reports allow you to compare other kits that are available and assess the one that you are using

Our Ref	Comments - <i>best aspect of the Serology QAP</i>
45	Excellent sample quality, not always testing sensitivity repeatedly, Excellent data entry web site. WE get good results!
48	For esoteric testing, provides a mechanism to meet regulatory requirements.
49	Simple, straight forward (IM module)
51	All samples dispatched at start of year
52	Ability to compare results with my user group and other syphilis testing providers to ensure our performance is optimal.
53	It covers most of the serological tests for infectious diseases.
54	There is generally ample time to complete testing and submit results
57	I like the Participant assessment report, as it is good guide to how you have performed and highlights problem test results easily. The Discussion and further reading can also be helpful.
58	easy access of the website
59	To have 6 serology QAP panels.
60	It provides a benchmark which reflects the competence of an laboratory in performing the laboratory tests.
61	Our lab (Haematology) is only enrolled in Infectious Mononucleosis- efficient and covers NATA requirements for QAPs.
62	The on-line data entry, being able to change results up to the due deadline and the ability to printout exactly what has been entered.
63	Very good coverage of tests.
64	Comprehensive programme for what I require
69	gives an overall comparison on how each lab is performing, using a variety of testing methods and kits.
70	Assessment Report with score for individual participant
71	Specimens are received all at the same time
72	the email sent to remind me that the next qap is due.
74	reports are very clear with a lot of details concerning our peer group high quality of samples ( matrix and variety of clinical pathologies provided )
75	The diversity of modules/tests available.
76	REGULAR INFORMATION-EMAIL NOTIFICATIONS OF NEW REPORTS AND QUESTIONNAIRES
77	Prompt feedback of results
78	Have specimens already available and no having to go and search for them if getting close to closing date.
79	quick and easy
81	comparing result
82	Ease of use, presentation of data, educational components
84	Email reminders of submission times.
85	Getting all samples for the year at the one time.
86	Educational value provided by interesting reviewers.
87	Rapid reporting of results.
88	The discussion provided
90	Ease of use, clear concise instructions. Reports are informative but not too long
91	Easy to navigate
92	The web site is excellent (easy of data entry, being able to access the site, module design, educational content)
93	The generally very comprehensive nature of the survey reports and their promptness.
94	Easy access to all results
96	External control of Serology is necessary to maintain confidence in analysis of routine serology; comparison result details of labs using the same analysers; graphs availability of individual lab performance.
97	Education
98	The lay out is very user friendly.
103	It is diverse, keeps us up to date, ensures correct procedures followed. Allows us to test our skills and knowledge. Is a great control for all labs.
104	Good to see that we are doing things correctly, and come are very challenging which is good.
105	Now we receive a personalised report showing marks of correct or not correct. We are very happy as this was greatly needed.
106	QC management.

Our Ref	Comments from Q42
107	Chance to gain further education in serological analysis and interpretation of results. Opportunity for laboratory to compare performance and improve quality of service.
109	Reports are informative.
110	It is an interesting survey to do - The clinical aspect is interesting, the reviews are informative.
112	Clear and comprehensive information and instructions. The interpretation of results is presented to participants with a clear method.
113	It is efficient, effective providing good customer service.
116	It covers most of the serology tests in our manual and price is fair and reasonable.
118	Time frame between results issue and report is adequate. Reminder about it is excellent.
119	More specimens for each sample.
120	We only use the IM part of the QAP and is another avenue to provide education to other staff members.
121	Gives enough time to do the test and submit the results.
122	Extensive analytes
123	Easy to enter results on line
125	We can know the result through the preliminary report before the final report. There's clinical notes which we can refer for each specimen.
126	A comprehensive report with good feed back.
127	User friendly for data entry.
128	User friendly
129	That we have an external QC that checks how efficient we are on our serological testing.
130	Acceptable to accreditation bodies as Quality control prog
<b>SQAP RESPONSE</b>	Thank you for the responses. This section allows us to understand the aspects of the program that are important to participants.

**Q43) What is the worst aspect of the Serology QAP?**

**SQAP RESPONSE:** The table below has been divided so that similar responses are grouped and a single response from the SQAP (where possible) has been provided. Individual responses from the SQAP have been provided where the problem or issue raised is not shared by other respondents.

Our Ref	Comments from IM Module respondents
6	1. length of reports (acknowledge that it is difficult to achieve shorter reports while maintaining content)
8	Would appreciate a reminder message again when IM is open and due.
9	Too much information on final reports, a lot of the information (generic) is not necessary.
16	Simple pos/neg results, occasional clerical errors and only one blood film/photo to interpret. Little focus on educational aspect of program.
22	The final report is a little lengthy. Something succinct for filing would be good, although the assessment summaries are very useful for that.
24	The lengthy reports on results from IM screens. The information could be presented in a shorter more concise manner.
30	Reports don't stipulate your result versus consensus result, they just say if your lab isn't in the list then your ok
34	busy report style
38	Excessive report format
41	The layout of the final reports
48	Customized reports for analytes performed within our customer ID number. This would enable us to more easily print out only the pages needed for the report.
49	Non-personalised reports.
61	When providing slides the isolation of a few cells on a single slide
106	The complex web site. have you checked the <b>SEROLOGY</b> website?

Our Ref	Comments - What is the worst aspect of the Serology QAP?
15	Long result reports that are hard to read.
75	The volume of information which must be worked through in reports and questionnaires.
122	Reports too long
127	The layout of the report. Can there be a report specific for each lab? <b>There is already!!!</b>

**THE SEROLOGY QAP HAS PERSONALISED ASSESSMENT REPORTS THAT ARE SPECIFIC TO EACH LAB. THESE REPORTS ARE CONCISE AND HAVE BEEN AVAILABLE FOR ONE YEAR. A lot of the complaints ABOVE are asking for this – we have taken note of your feedback in the past and developed these reports. Please take note of our feedback when we tell you on every available document that we have introduced these!**

Our Ref	Comments - What is the worst aspect of the Serology QAP?
3	Certain modules include only 1 analyte tested by this lab, but pay for full price.
31	The cost to small laboratories like this one where only one test is performed in a module. For us this is the bacterial serology and vaccine preventable diseases module.
128	It would be good if we could personalise our program - choose individual analytes to suit our lab
130	cost
<b>SQAP RESPONSE</b>	The Serology QAP operates a lean organisation on a "not-for-profit" basis. Modules are organised according to the needs of the majority of participants. We understand the problem for small labs and did offer individual tests many years ago but it became a logistical nightmare to manage.

Our Ref	Comments - What is the worst aspect of the Serology QAP?
84	We are only enrolled for IM serology and there are no bad aspects.
82	Can't think of anything. You guys do a fantastic job and we use the Serology QAP as part of our in house education and ongoing improvement.
86	Patient names on Leptospira surveys. <b>IF THIS IS YOUR ONLY COMPLAINT IT APPEARS THAT OVERALL YOU ARE HAPPY</b>
<b>SQAP RESPONSE</b>	Thank you for the above comments; they are appreciated.

Our Ref	Comments - <i>What is the worst aspect of the Serology QAP?</i>
20	Nothing real bad, names would be nice for MDM...
25	Filling out these feedback forms
64	Filling in the results
71	Needing to do the QC to pass NATA
97	Doing the work
107	Finding time to review and respond/ keeping on top of paperwork.
120	Filling in the enrolment form/booklet.
123	May take some time depending on what tests to enter results on line
<b>SQAP RESPONSE</b>	We have no answer for the above comments.

Our Ref	Comments - <i>What is the worst aspect of the Serology QAP?</i>
42	The quantity of the sample is not sufficient.
74	samples are sometimes in insufficient quantity so in many cases we are not able to retest before release results as we do for our own patient
98	Some modules (eg Salmonella) has to little serum, unable to repeat test.
99	Frequently insufficient serum provided.
111	Insufficient volume, unable to repeat if results are found to be outside group.
112	The samples for testing are barely enough and deteriorate fast enough to alter/affect the results.
113	- Minimum amount of sample received – Cost
116	The serum is insufficient for some tests eg Widal.
<b>SQAP RESPONSE</b>	The Salmonella Module was introduced in 2007 and the volume provided (300uL) was based upon the testing protocols used in Australia. We realised from feedback that many participants have a more comprehensive testing protocol and require more serum. Hence, <b>participants have been provided with 800uL serum for 2008.</b>

Our Ref	Comments - <i>What is the worst aspect of the Serology QAP?</i>
54	There are so many modules, and some overlap at times, meaning there are several on the go at once.
57	There are too many, especial Hepatitis & HIV. Do we really need to be tested 6 times per year? Then we are given 6 reports. Maybe we could be sent out just the Participant Assessment report. Then 2 or 3 questionnaires could be combined into one final report.
62	Frequency of panels - something that is unfortunately unavoidable
90	Frequency of testing
91	Too frequent
<b>SQAP RESPONSE</b>	We originally had only 4 surveys per year for Hepatitis but increased to 6 in response to participant requests. We will re-visit this.

Our Ref	Comments - <i>What is the worst aspect of the Serology QAP?</i>
69	The drop down menus on the data entry screens are easy to give a wrong result if you use the scroll button on the mouse. Without realising, you can change a result if the enter key is not used between each box. Most of the transcription errors are done this way I would guess. I was one of them.
87	When you use the wheel on the computer mouse the answers can change in a window. This increases the risk of selecting the incorrect interpretation.
<b>SQAP RESPONSE</b>	This has now been rectified. A transcription error still should not have occurred as the summary page provides an opportunity to check and edit.

Our Ref	Comments - <i>What is the worst aspect of the Serology QAP?</i>
63	It is easy to make typos especially with lot numbers and expiry dates. Perhaps this is due to overwriting. Maybe blanks would be better.
<b>SQAP RESPONSE</b>	Kit lot numbers and expiry dates were originally left blank but the information is now retained as a response to participant requests from previous Customer Satisfaction questionnaires. The summary page provides an opportunity to check and edit.

Our Ref	Comments - <i>What is the worst aspect of the Serology QAP?</i>
37	Other surveys email back the results you have submitted. Confirms that QAP has actually received the results. Confusing when different QAP providers have different systems. I actually rang to make sure the results had been received because I didn't get the usual confirmation email, then remembered that it is the Haematology QAP that send the confirmatory email of my results, not the Serology QAP people.
<b>SQAP RESPONSE</b>	The Serology website was set up for direct data entry of results in 2001 and based on the format used for internet banking – a receipt is generated immediately for you to print. <b>This is your confirmation.</b>
12	Doubling up of some analyses across modules.
<b>SQAP RESPONSE</b>	The only duplication is the inclusion of HBsAg in the Antenatal and Hepatitis Modules.
43	Kit data base is not complete as to the distributors and manufactures of some kits.
<b>SQAP RESPONSE</b>	The kit database is updated automatically after EVERY survey. Therefore, you would never have to add a new testing platform or kit for more than one survey.
45	Could have more targets (mentioned above). Haem program could do with following serology web site format
<b>SQAP RESPONSE</b>	Serology QAP specimens are not spiked and so we cannot set “target” values. Some of the other QAPs are able to do this with their commercially prepared “spiked” specimens. We do the next best thing and provide the median value for all participants within each user group. Using Robust Statistics (provides the median, interquartile range) is an effective way for participants to see if their system is operating in agreement with their peers.
52	The fact that the interpretation of testing results is not always transferable into a blood donor testing situation - the interpretive comments we would give are often at odds with consensus.
<b>SQAP RESPONSE</b>	ARCBS has a different interpretation for BFP (biological false positive) to that used in routine diagnostic laboratories. This “in-house” interpretation does therefore, not equate to the BFP interpretation on the list of interpretative comments. This interpretative comment is rarely required and so should have minimal impact.
70	1. Too many pages to print. 2. Assessment score may be 100% but there are still comments to address for corrective action.
<b>SQAP RESPONSE</b>	If you scored 100%, why would you need to document corrective action?
78	The response sheet is posted-would prefer to have them all send at the beginning of the program.
<b>SQAP RESPONSE</b>	Most mail participants prefer to be mailed the questionnaire for each survey as a reminder that the survey is open. It would be easier for us to send them all at the beginning of the year but we feel that we are offering an extra service by using our current system.
88	For Salmonella Serology Report, the results never had consensus. Why?
<b>SQAP RESPONSE</b>	There can only be a consensus if there is an agreement. We will extend the discussion for 2008 to provide more feedback.
93	The sometimes large amount of information to digest eg Heps and specimen-free surveys, but this is needed because of the large number of participants involved with those.
<b>SQAP RESPONSE</b>	There are pluses and minuses to a lot of information. It is helpful to be able to compare your results with a large user-group but it does mean that there is more information to read.
94	Tedious individual result downloading could be condensed per issue possibly.
<b>SQAP RESPONSE</b>	The Serology QAP has committed to storing personalised Assessment Reports and generic survey reports for 4 years. NATA requires that participants store information for 3 years. Why not check your results electronically and use the SQAP website as your electronic storage facility. If you have performed well (as your lab does) there is no need to download or print the report.
96	Finding time to access computer data. Posted information is readily available to examine.
<b>SQAP RESPONSE</b>	You are enrolled as an “Internet Enrolment”. If you prefer the reports to be mailed why not enrol as a “Mail Enrolment” – the choice is yours! We provide the options the choice is up to you. You are only enrolled in one module and so it should be too onerous a task.
105	Marking of the comments and combinations required are a bit confusing at present but we are learning from these.
<b>SQAP RESPONSE</b>	Please contact us at any time if you have a query.

## 7. Participant Feedback

**Q44) Is there any extra feedback that you would like to provide to the Serology QAP? Please give details:**

Our Ref	Comments – extra feedback
1	We would like to see analytes like Group B Strep PCR and Human Papilloma Virus PCR included in the Molecular Diagnostics QAP Programme. 2. Hepatitis B DNA Viral Load - close to cutoff samples included in the survey.
<b>SQAP RESPONSE</b>	HPV PCR has been introduced this year. We have promoted this constantly and a flyer has been in a couple of newsletters, in the red information folder ... HBV viral load has been established at a range of results and has been for the past 2 years.
3	It would be very useful to compile all those insightful bits of info from reviewers and sample free modules into a comprehensive manual or text to be published and sold. There seems to be very few publications that deal with relevant serology lab testing issues and algorithms.
<b>SQAP RESPONSE</b>	Good point. We will look at the feasibility of doing this.
5	IF THERE'S DISCREPANCIES IN OVERALL ASSESSMENT, SHOULD PROVIDE SOME HELPFUL TIPS.
<b>SQAP RESPONSE</b>	It is impossible for us to know where the problem may be. In the past we have investigated issues but it is impossible to do this for all errant results. We comment if it appears to be a data entry error and try to help the participant realise where the problem may be but it is not possible for us to pinpoint where in your system the error is located.
11	Serology Module for Salmonella the specimen supplied (200 ul) is insufficient for both slide & tube method.
<b>SQAP RESPONSE</b>	This has been addressed for 2008 – 800ul has been provided
12	Having to do NSRL HCV panels when already performing HCV with RCPA is a nuisance. Would it be possible to have the RCPA panels negate having to also do NSRL samples.
<b>SQAP RESPONSE</b>	It is still mandated for labs in Australia to use the NRL. It appears that this mandate will remain in place for some time.
20	Keep up the good work!
<b>SQAP RESPONSE</b>	Thank you!
24	There is currently no RCPA programs for rapid testing of Influenza A & B, nor RSV.
<b>SQAP RESPONSE</b>	We will look at the feasibility of doing this.
40	The comment options for the results are sometime ambiguous or not appropriate. This makes selecting an appropriate comment difficult, especially if the lab only performs IgG based assays.
<b>SQAP RESPONSE</b>	On each data entry screen and on each questionnaire there is opportunity for you to provide feedback. Please let us know when you are unhappy.
43	I wonder if issuing a preliminary report has an impact on how many participants read the final report with the reviewers comments.
<b>SQAP RESPONSE</b>	The idea of the preliminary report is to get the results to participants ASAP (our goal is one week). I also wonder the same thing but there is also the reverse – how many read the preliminary report? or how many read the reports at all? All that we can do is offer the best service that we can and it is up to participants to decide how they use it.
45	Please get a FLU A/B PCR up and running ASAP
<b>SQAP RESPONSE</b>	We will investigate this option.
62	The Hepatitis panel - would be nice to have some clinical feedback on what type of patient each sample came from to explain the pattern of markers.
<b>SQAP RESPONSE</b>	We usually do not know details of the patient. We receive the plasma pack as a positive but this is all we know. We have tried on a number of occasions to introduce case studies for hepatitis to examine different scenarios and testing strategies but it has not proved to be very popular.
70	Is CSF bacterial antigen and Clostridium difficile toxin covered under Bacteriology or Serology? Items not found in RCPA programme booklet.
<b>SQAP RESPONSE</b>	MICROBIOLOGY QAP

Our Ref	Comments – extra feedback
76	TO MAKE SPECIMENS AVAILABLE IN TWO OR FOUR SHIPMENTS THROUGHOUT THE YEAR-NOT ONE BIG SHIPMENT AT THE BEGINNING OF THE YEAR.
<b>SQAP RESPONSE</b>	This would increase enrolment fees as the cost of the boxes and couriers are expensive. You are located outside of Australia and so the courier cost would have an impact on you. The motivation for one dispatch is to lower costs.
93	Just congratulations to the team for all their hard work organising such a mammoth exercise.
<b>SQAP RESPONSE</b>	Thank you for your support – it is much appreciated.
105	Happy with scored reports.
<b>SQAP RESPONSE</b>	<b>Thank you!</b>
109	It is better to send us more specimens for testing.
<b>SQAP RESPONSE</b>	One of the modules that you are enrolled in is the Hepatitis module. A number of respondents have complained that there are too many surveys; it is impossible to please everyone.

## 8. Collaboration with Serology QAP

**Q45) Do you have a case study or scenario that you would like presented for discussion in the Serology QAP Specimen Free Module in 2008? If yes, please provide details underneath or by email [sqap@rcpaqap.com.au](mailto:sqap@rcpaqap.com.au)**

Our Ref	Comments - collaboration
64	I had an experience during this year when a sample was sent to a Reference Laboratory for confirmation and they tested the wrong sample, thus sent us the incorrect result. Their result did not fit the clinical picture, rebleeding the patient solved this. Is it possible to provide this type of scenario to show that some results must not be given in isolation
69	HCV: low Ab result on the AxSYM (values 6-9), low murex 0.6. Send for Riba - 1 band 2+ (c33c) only. ??early seroconversion or false positive. (Pt. returned 1mth later with AxSYM of value 30 and murex 1.5)
94	Possible case study for 2008. No details yet.
<b>SQAP RESPONSE</b>	<b>Thank you for your support and willingness to collaborate. We will be contacting you in the next few weeks</b>

**Q46) If you have an area of interest in Serology and would like to collaborate (for example, review results) with the Serology QAP, please provide details underneath or by email [sqap@rcpaqap.com.au](mailto:sqap@rcpaqap.com.au)**

Our Ref	Comments
20	I would put my hand up
45	Interest in Infectious molecular
64	I have 20 years of providing confirmatory testing for HIV
94	Rickettsia, leptospirosis, legionella, HSV, toxoplasmosis.
110	Name provided: Interested in Hepatitis, CMV and Toxoplasma. E-mail: provided
<b>SQAP RESPONSE</b>	<b>Thank you for your support and willingness to collaborate. We will be contacting you in the next few weeks</b>

*Thank you for taking the time to complete this questionnaire*