Public Health England

Protecting and improving the nation's health

HCAI Data Capture System
User Manual

Case Capture: Quarterly Mandatory Laboratory Returns

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Document History

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Entering Quarterly Mandatory Laboratory Returns

Introduction

Since 2001 NHS acute Trusts have reported quarterly aggregated totals of various laboratory results to PHE.

This process has now been incorporated into the HCAI DCS.

Data Collected

- Total number of blood culture sets examined
- Total number of glycopeptide resistant enterococci (GRE) positive blood culture episodes
- Total number of positive blood culture sets
- Total number of *S. aureus* positive blood culture sets
- Total number of *Clostridioides difficile* toxin positive reports in people aged 2 - 64 years
- Total number of *Clostridioides difficile* toxin positive reports results in people aged >=65 years
- Total number of stool specimens tested for diagnosis of *C. difficile* infection.
- Total number of stool specimens examined
- Total number of faecal specimens and rectal swabs taken for carbapenemase-producing Enterobacteriaceae (CPE) screening

Entering QMLR data

Quarterly Mandatory Laboratory Returns may be entered via the same two routes as standard case capture (see Case Capture User Guide).

However, in summary, you can enter case capture for QMLR as shown in Figure 1 and Figure 2 or Figure 3 and 4.

Figure 1: Entering a QMLR via Case Capture Menu
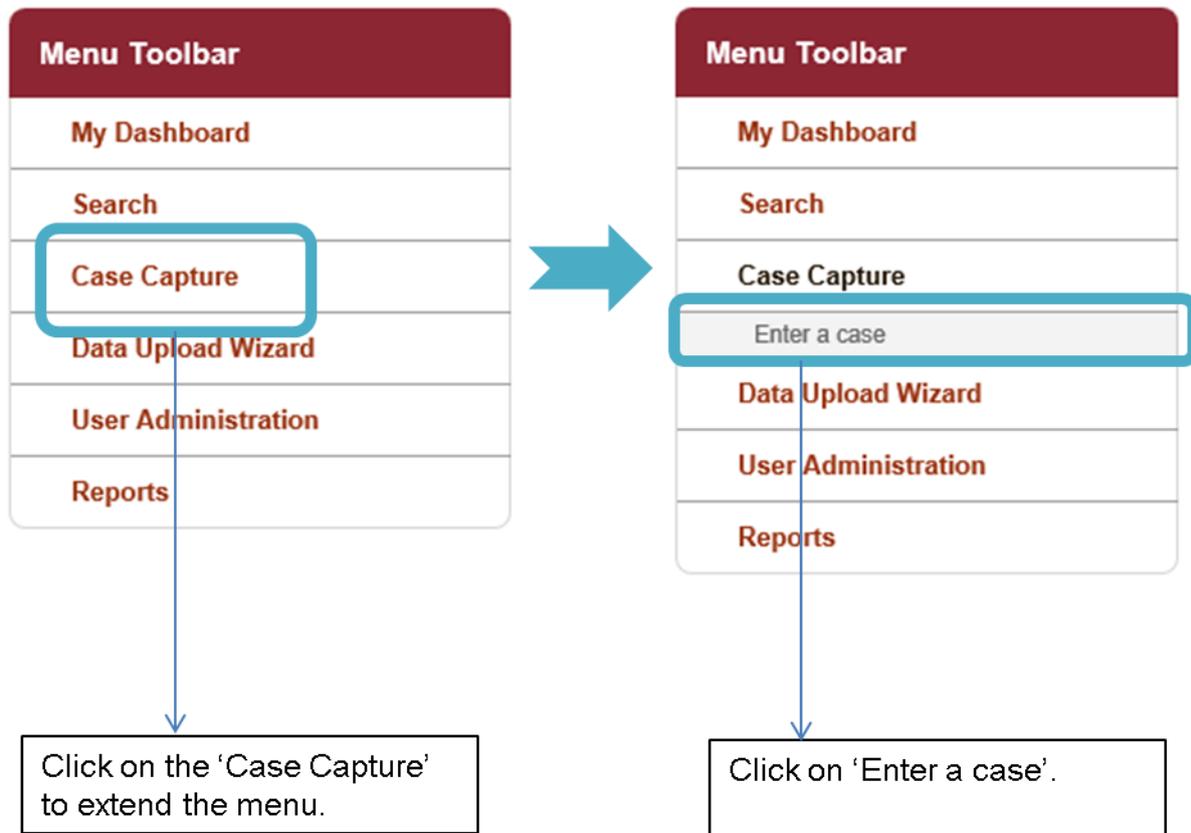
If you select 'Case Capture' from the 'Menu Toolbar', a list of possible actions is shown. You should then click on 'Enter a Case' and this will navigate to a screen, similar in lay out to Figure 2.

Figure 2: Selecting QMLR from Case Capture
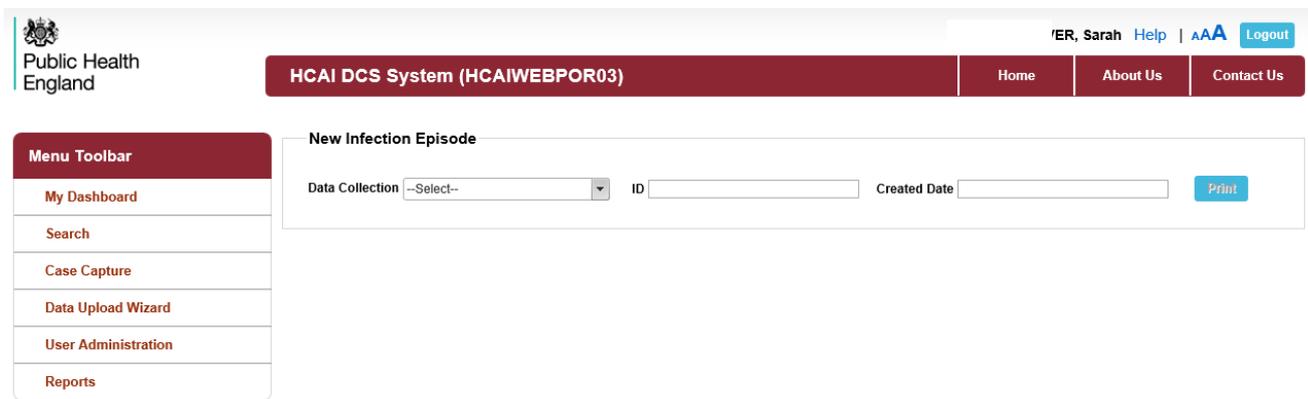
An overview of the parameters in the 'New Infection Episode' screen (Figure 2) can be found in Table 1.

Table 1: Field Description for 'New Infection Episode' Screen

Field name	Field Type	Description
Data Collection	Drop-down	The value selected for this drop-down will impact which fields are populated on screen for case capture.
ID	Currently blank, created upon completion	This will be created upon saving the QMLR entry. The ID represents the QMLR for the quarter entered under 'Time Period' (see Table 2). Please note, that this ID will be required if you wish to search for a QMLR entry in the future, including for editing purposes.
Created Date	Currently blank, created upon completion	This will be created upon saving the QMLR entry.

Alternatively, you can enter a QMLR record via the search functionality. To go to the search screen, you will need to click on 'Search' in the 'Menu Toolbar' (Figure 3).

Figure 3: Entering the Search Screen
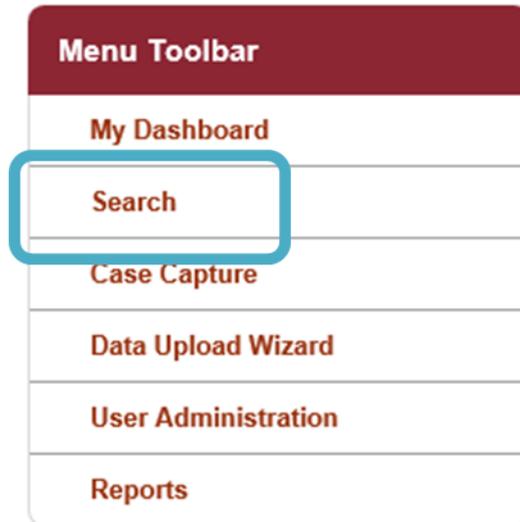
This will take you to the search screen (Figure 4). Once on the 'Search Infection Episodes' screen, you can scroll down to the bottom of the screen and click on 'New Infection Episode', this will take you to case capture 'New Infection Episode' screen (see Figure 2).

Figure 4: Search Screen
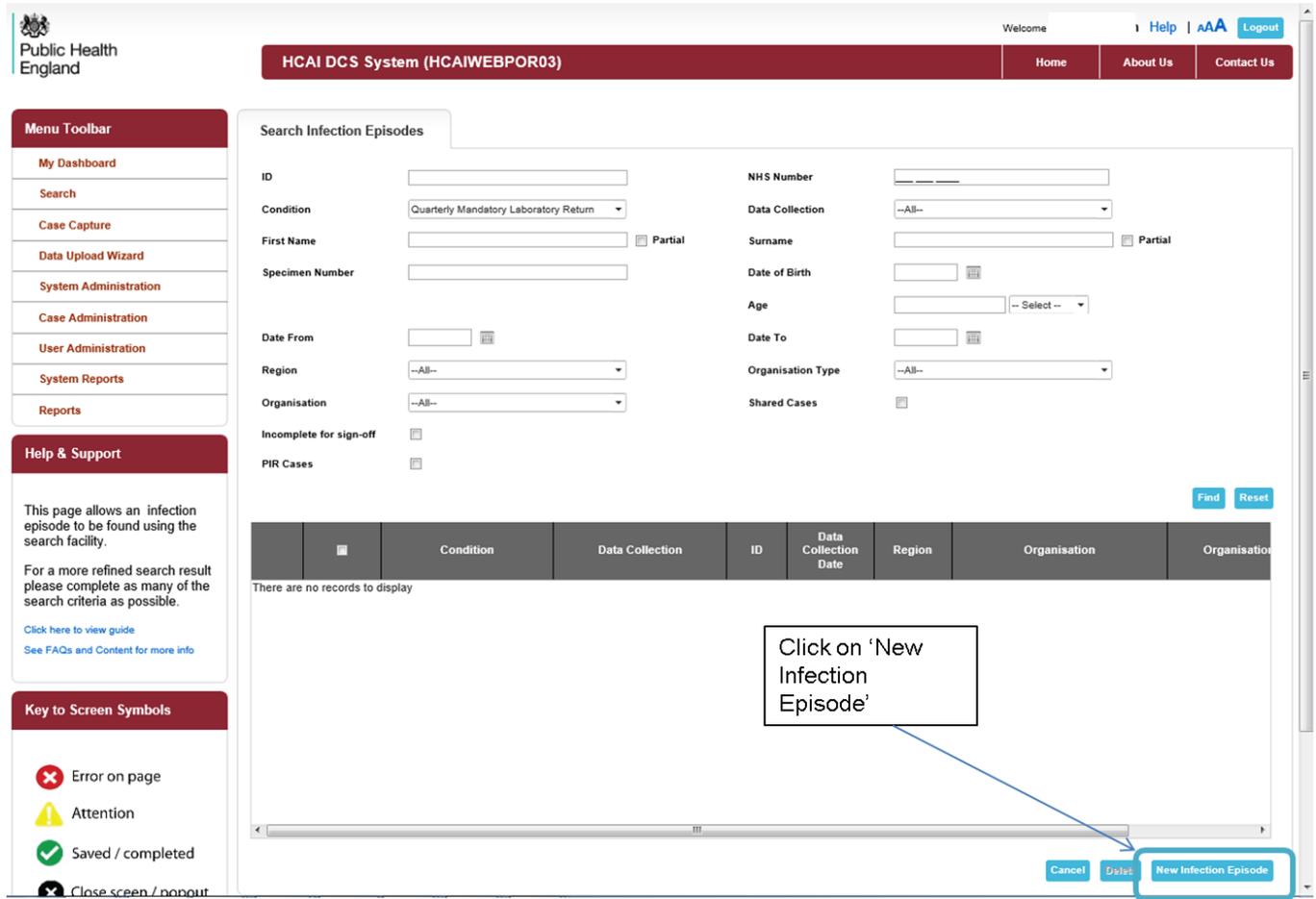
Once you are into the case capture screen Figure 2, you will need to select 'QMLR' from the 'Data Collection' drop-down menu (Figure 5).

Figure 5: Selecting QMLR for Case Capture
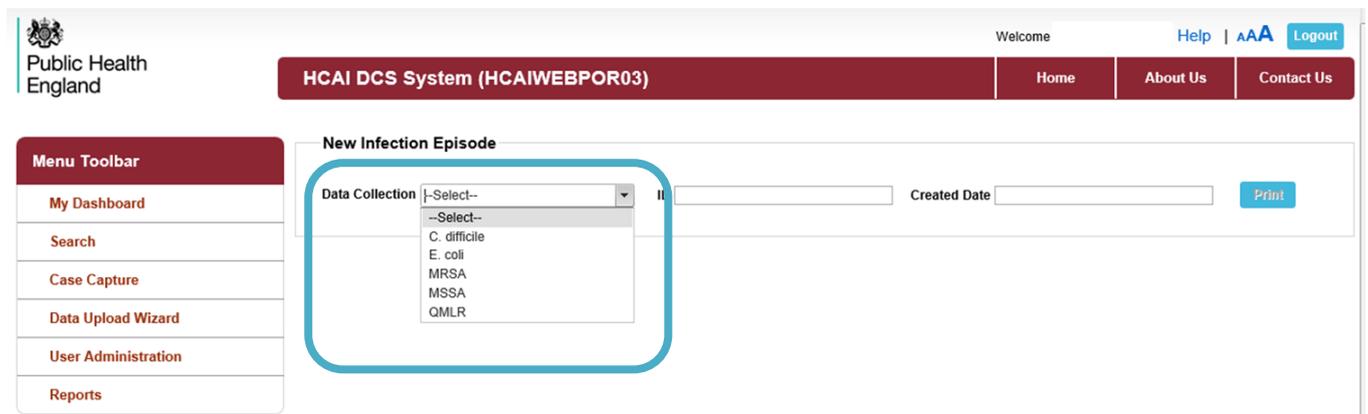
Once QMLR has been selected, the relevant case capture tabs will appear; 'Data Collection Details' and 'Quarterly Mandatory Laboratory Return', see Figure 6. The fields in each tab are explained in Table 2 and Table 3, respectively.

Figure 6: QMLR Case Capture Screens

Table 2: Fields on the 'Data Collection Details' Tab

Field name	Field Type	Description
Reporting Organisation	Drop-down	This field is auto-populated with the organisation that you are logged in with. However, please note, if you are able to enter data for more than one organisation, then the default value will be '-Select-' and all of the organisation for which you have data entry rights, will be available for selection in the drop-down.
Time Period	Drop-down	Please note, only quarters which have not previously had data entered against will be displayed in the drop-down menu. Please note, if you wish to edit a previously entered quarter, then you will need the QMLR ID. The QMLR ID is created once data have been entered and saved, and can be found at the top of the New Infection Episode screen. Please keep a note of all QMLR IDs for future reference.

Once you have entered both the 'Reporting Organisation' and 'Time Period' you can then click on 'Save'. This creates the QMLR record, and the QMLR ID and created date will then be populated.

NB. Please keep a note of all QMLR IDs, if you wish to edit your QMLR entries, you will need the ID numbers to search for the time periods (please see 'Search' User Guide).

Also, upon saving the record, a pop-up window will appear, asking you to navigate to the second tab ('Quarterly Mandatory Lab Return') in order to enter the laboratory information, see Figure 7.

Figure 7: Screen Upon Saving 'Data Collection Details' Tab
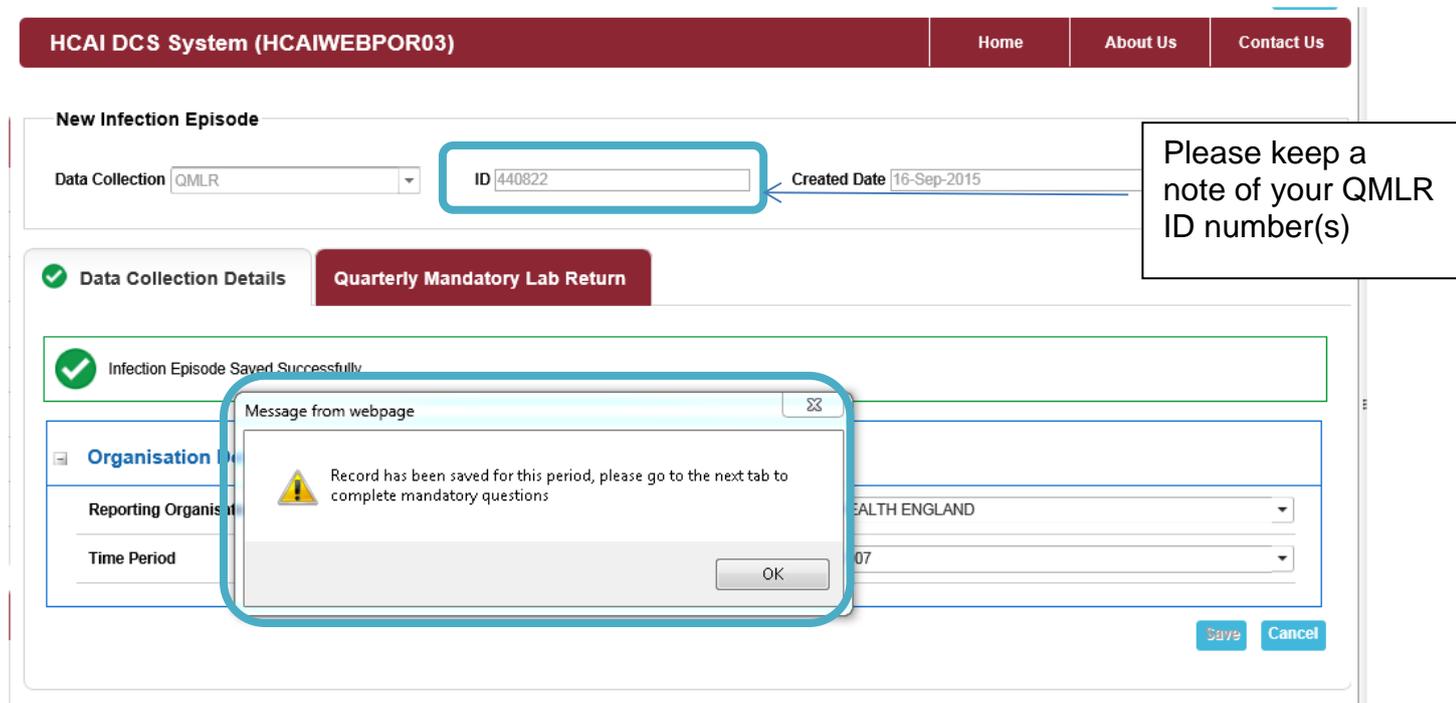
Please Note: Navigating away from the QMLR case capture screens at this point, without going to the 'Quarterly Mandatory Lab Return' tab to enter the laboratory data, will mean that the 'Time Period' will have been saved with 0's populating in the laboratory fields found on 'Quarterly Mandatory Lab Return' tab.

It is best practice to note the ID (see Figure 7) in case there is a need to return and edit the QMLR data at a later date.

Once you have clicked 'OK' in the pop-up window, you will need to click on the 'Quarterly Mandatory Lab Return' tab header to enter the laboratory data. The 'Quarterly Mandatory Lab Return' tab will appear as shown in Figure 8. The fields found on this tab are described in Table 3.

Figure 8: 'Quarterly Mandatory Lab Return' Tab

Table 3: Fields on the 'Quarterly Mandatory Lab Return' Tab

Field	Definition
Total number of blood culture sets examined	This is referring to a sample arising from a single venepuncture, irrespective of the number of bottles tested.
Total number of glycopeptide resistant enterococci (GRE) positive blood culture episodes	This does not include duplicate episodes; i.e. when the same patient has more than one sample taken which are less than 14 days apart.
Total number of positive blood culture sets	This is referring to all positive results for bacterial growth, including repeat specimens and contaminants.
Total number of *S. aureus* positive blood culture episodes	This does not include duplicate episodes; i.e. when the same patient has more than one sample taken which are less than 14 days apart.
Total number of *Clostridioides difficile* toxin positive results for people aged 2-64 years	This is referring to the total number of *C .difficile* episodes in patients aged 2-64 years; it should not include duplicates i.e. when the same patient has more than one sample taken which are less than 28 days apart.
Total number of *Clostridioides difficile* toxin positive results for people aged ≥65 years	This is referring to the total number of *C .difficile* episodes in patients aged 65 years and above; it should not include duplicates i.e. when the same patient has more than one sample taken which are less than 28 days apart.
Total number of stool specimens tested for diagnosis of *Clostridioides difficile* infection	This is referring to all C. difficile toxin tests done that have been found positive and negative and it will include duplicate records. However, two-stage testing on a single sample should be counted as a single test
Total number of stool specimens examined	This is referring to 'all stools' not just the ones that fit the Bristol Stool Scale; it also includes the number of stool specimens used for C. difficile toxin testing
Total number of faecal specimens and rectal swabs taken for CPE screening	The total number of faecal specimens and rectal swabs taken at a trust with the purpose of identifying CPE carriage. If not possible to distinguish rectal and perineal swabs, report total number of swabs.

Please note: Data is entered by completing the aggregate total in each of the rows for the specified time period.

QMLR Data Lock down

The QMLR dataset will automatically be locked by the HCAI DCS 6 weeks after the end of each quarter. The Trust Chief Executive Officer does not need to sign off this data. This will occur on the 15th day of the following month after the Data Collection Period has finished.

For example:

Data Collection Period	HCAI DCS QMLR Data Lock Down Date
October – December 2017	15 February 2018
January – March 2018	15 May 2018
April – June 2018	15 August 2018

Please Note: After this date no changes can be made to individual datasets at a local level. However, to upload data after lockdown, acute Trusts will need to request an unlock of the quarter (via mandatory.surveillance@phe.gov.uk), Trusts will then be able upload the QMLR data onto the HCAI DCS.