National Histopathology QI Programme - Lapsed Participation Process:

The aim of the programme is to ensure full participation and provision of high quality data. The Programme Team works with participants as much as possible to ensure full participation.

We acknowledge that from time to time a laboratory may experience delays in uploading data for a variety of reasons. The first aim of the Programme Team is to make the laboratory aware of their responsibilities by notifying them and assisting the laboratory to get back on track with uploads so their participation in the programme can continue.

It is envisaged that this will only apply to a minority of laboratories as the majority are uploading valid data on a monthly basis with little or no contact required from the QI programme team.

Where participation is in question due to lack of uploads i.e. uploads are not meeting communicated expectations for sign off (currently monthly) and participants are not engaging with the QI programme team the following process will apply (see overleaf for diagram).

If the data is not uploaded and signed off within the two months deadline, the following actions will be taken:

• **4 weeks behind the deadline**
  - Email (and possible phone call) from Data Analyst to Local Operations Manager (LOM) to identify issues and support resolution. It will be communicated to the LOM that if no upload is signed off within 2 weeks, a formal communication will be made to the Clinical Lead by the Programme Manager.

• **6 weeks behind the deadline**
  - Programme Manager will send a formal email to QI Programme Clinical Lead, cc’ing LOM informing them of their non-compliance to the upload schedule, with a 2 week deadline for resolution of upload and/or sign off issues. If no upload is signed off within 2 weeks, a formal communication will be made by the National HQI Working Group Chair.

• **8 weeks behind**
  - The National HQI Working Group informed of the hospital’s non-compliance with the upload schedule. Working Group Chair sends a formal email to QI Programme Clinical Lead with a 2 week deadline for reply and advising them that the hospital will soon lapse their participation in the programme and that a letter will be sent to their hospital management should the data not be signed off within 4 weeks.

• **12 weeks behind – participation lapsed**
  - SQI Steering Committee informed. Formal notification to the hospital’s management from Steering Committee Chair advising them that their participation lapsed and how to re-engage with the National HQI Programme.
  - If no update is received from the hospital, participation is deemed lapsed. Laboratory is no longer active in the programme.
  - If there is a technical issue with NQAIS local hospital data, the programme will facilitate delay in upload while a workaround solution is found for a maximum of **3 months**. Further delay requires escalation to SQI and NQAIS Steering Committee with a 1 page report (jointly from the hospital’s QI Clinical Lead and NQAIS detailing the issue and proposed solution timeline with ownership indicated).
In exceptional circumstances, if the laboratory/hospital provides us with an important reason why the data could not have been uploaded/signed off earlier, a deadline for lapsing the programme can be extended to 4 months.