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12 October 2015

Dear colleague

Clarification on CQUIN measures 2a-Sepsis screening and 2b-antibiotic administration

Q1 data in relation to measure 2a has indicated significant variations in the numbers of patients who have been screened for Sepsis by providers. Discussions have indicated that a potential cause of this is a difference in approach between providers as to how many patient records should be sampled.

The CQUIN guidance asks for an audit of a sample of 50 sets of patient records per month and to consider how many of the patients requiring sepsis screening according to the local protocol were actually screened for sepsis. Some providers appear to have taken the approach of sampling 50 records, considering how many of these should have been screened for sepsis and then how many of this group were actually screened. Others appear to have taken a larger sample number of notes and, from these, identifying 50 records of patients who should have been screened for sepsis and then considering how many of these actually were screened. In terms of enhancing the ability to have a robust sample size, the latter is a preferable approach. i.e. to sample sufficient records to identify 50 patients who should have been screened for sepsis according to the local protocol and, from these, identifying how many were actually screened.

In the interests of consistency, providers who have submitted Q1 data on the basis of the smaller sample size of 50 records are invited to submit revised data based on a larger sample size, although this is not mandatory for the purposes of the CQUIN. Guidance for revisions can be found at <http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2012/04/UNIFY-Revisions-Policy-October-2014-PDF-285K.pdf> [note this relates to the official statistics collections and the document itself is dated 2014. However we would aim to mirror the same process for sepsis]. Please contact england.sepsis@nhs.net if you are considering sending revised data for Q1. This would need to be submitted to the same timescales as the Q2 data (11th November).

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Providers are invited to consider taking a similar approach to data for measure 2b (antibiotic administration) i.e. for sufficient records to be reviewed for at least 30 patient records where clinical codes indicate sepsis to be identified (or, where 30 or fewer patient records include these codes, for all the relevant records to be reviewed.

With best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read 'C L Ingham Clark', with a horizontal line underneath.

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