Overview of different replies in how contact is performed in the domain of bacteriology

1. IPH (Belgium)

Contact is always based on what is considered to be clinical relevant in case of routine samples (the basic question being: “would the incorrect answer in routine induce the use of a not appropriate therapy?”).
For identification: contact can be on errors against species-or genuslevel depending on the organisms: examples

- for S. pneumoniae or S. aureus the specieslevel needs to be correct; al laboratories responding any other species or Streptococcus (Staphylococcus) species are contacted
- for Salmonella the genuslevel is considered adequate; laboratories replying an erroneous species considered are not considered to have given the correct answer, but are not systematically contacted

For AST: contact is taken when a resistant (or intermediate) strain is answered to be susceptible.

2. INSA (Portugal)

General comments regarding the clinical responses and identification, data involved conclusions.
The labs that have any questions regarding the clinical response and/or identification, or interpretation the final relatory, contact us to help them with the correct way to answer or to interpret the results, about what to do in the lab to change the procedure.
Sometimes in the comments written and envied just with the final report, we call the attention of labs nº X., Y or Z for this or that. Never a direct call for the laboratory for them is done. If they contact us, OK.
We have some Experts for this area outside our Institution (Hospitals and Universities) and the answers are sometimes analysed with them.

3. UK Neqas (GB)

Incorrect results are highlighted. Comments are provided for common errors. Participants are responsible for monitoring own performance and acting on any incorrect results and errors. This activity is monitored by the National Quality Assurance Panel for microbiology and/or the accreditation body.

6. NICD (South Africa)

The participant returns the results. These results are evaluated using a prepared marking sheet. The results are then entered into an Access database which producers a final report. Each participant will receive an evaluation report, a copy of the marking sheet, a general commentary for that survey, a teaching exercise as well as a corrective action sheet if necessary.
The regional manager will receive a sub-regional report with results from the labs in his/her region as well as a sub-regional non-return report and a sub-regional corrective action report.
The QA controllers and Executive regional managers (3 in total) receive full regional reports, a complete list of non-returns and a QA corrective action report.
The regional managers, QA controllers and sometimes personal from the EQA/QA unit do follow-up site visits and contact the labs who are poor performers.
Interim results are sent out to all participants within 5 days of closure of the programme. Any results received after the interim report has been sent are not evaluated.