

Methodist Health Services Corporation & UnityPoint Health Methodist  Laboratory 7000	Page # 1 of 2	Section:	Policy #:
	Approved by:		Date:
	Date Revised/Reviewed: Supersedes		
	Policy/Revision Submitted by		
	JCAHO Standard: NA		
<b>POLICY ON: How to perform a CAP survey in Chemistry and ImmunoSerology.</b>			

#### I. POLICY:

How to perform a CAP survey in Chemistry and ImmunoSerology.

#### II. PURPOSE:

To establish standardization on performing CAP surveys in Chemistry and ImmunoSerology

#### III. GENERAL INFORMATION:

This policy includes location of survey material, instructions on how to perform Chemistry and ImmunoSerology testing, calculations, filling out the forms and signing the attestation form.

#### IV. PROCEDURE

1. You will receive an email stating that you have been assigned to a survey.
2. The CAP survey folder is located in the hanging file (across Blood Bank bench).
3. The CAP folder contains a cover sheet with important information about the survey material. At the top of the folder is Location of where you will find the testing material.
4. Read the instructions thoroughly before beginning the testing.
  - a. Storage and Stability—for example “all analyses should be completed within 24 hours of opening the vial.
  - b. Special Handling –for example “protect from light”.
  - c. Detailed Testing Instruction – Room temp or refrigerated, mixing instructions, etc.
5. Survey materials that are to be tested are located in the CAP refrigerator that is located in the storeroom. The Refrigerated CAP materials are in labeled bins with department names. Frozen CAP materials are located in the S/T freezer.
6. Perform the testing as you would a patient.
  - a. QC must be within the range limits.
  - b. Per CAP instructions, if you are doing a **linearity survey**, please check reagent inventory before performing the testing. It is **important** to do the linearity from the same flex/well and the same lot of reagent. Run the samples in **duplicate**. **Double check** your linearity results and make sure they **appear linear**. If you are unsure, consult with lead or coordinator during the time of testing.
  - c. Survey ID must be on all instrument printouts.
  - d. Include all instrument printouts in the CAP folder.

- e. If calculations need to be performed, use the Calculation Calculator found in the General Chemistry Procedure section on the Intranet. Must attach calculation printouts to survey.
  - f. Fill in the Methodology section on the survey forms found in the CAP Instruction booklet.
  - g. Double check for transcription errors.
  - h. Sign the attestation form.
  - i. Initial the CAP Checklist Reminders found on the inside of the CAP folder.
7. Store the Proficiency Testing samples tightly capped in the Survey Refrigerator that is located in the Store Room.
8. Place the CAP folder back in the hanging file once you are finish with the survey.
9. The Lead will review the survey in a timely manner in order to give the coordinator and Pathology department time to review the survey. The Lead will sign off on the Survey Submission cover sheet and give the survey to the clinical coordinator.
10. The Clinical Coordinator will review the survey after receiving it from the Lead. The Coordinator will sign off on the Survey Submission cover sheet and give the survey to the Section Medical Director or Laboratory Medical Director.
11. The Section Medical Director or Laboratory Medical Director will sign off on the Survey Submission cover sheet after final review of survey.
12. After the CAP survey has been graded and returned to the Laboratory, the Clinical coordinator will review the results. The coordinator will review and document any survey points that failed. May have a technologist to repeat the failed point(s) with survey material. If repeating the survey with the survey material is not an option, may purchase an external material and repeat the survey. The coordinator will review the daily QC from the testing date of the survey if failed. Upon completion of reviewing the survey, the coordinator will sign off on the Survey Submission cover sheet and give the survey to the Lead.
13. After reviewing the graded survey, the Lead will sign off on the Survey Submission cover sheet and give the survey to the Section Medical Director.
14. The Section Medical Director and Laboratory Medical Director will review and sign off on the Survey Submission cover sheet. The CAP surveys are kept in the Administration Department.

**V. MAINTENANCE AND STORAGE:**

- A. All policies and procedures are reviewed every two years by Laboratory Administration and or the Medical Director of the Laboratory or designee.
- B. The Laboratory Administration and Medical Director review policies and procedures when there are changes in practice standards, or requirements.
- C. All policies and procedures are reviewed every two years by staff or at the time new or revised ones are put in effect.
- D. All policies are retained 8 years after being discontinued or revised.
- E. All procedures are retained 2 years after being discontinued or revised.

UnityPoint Health Methodist Laboratory is a CAP accredited facility, as of 7/1/11 the responsibility of new and/or substantially revised policies and procedures will be restricted the Laboratory Director whose name appears on the CLIA certificate, whose signature appears below. The biennial review will be completed by the Administrative Director.

Policy Created by: \_\_\_\_\_ Date:  
\_\_\_\_\_

Medical Director Approval: \_\_\_\_\_ Date:  
\_\_\_\_\_

<b>REVISION HISTORY</b>			
<b>Rev</b>	<b>Description of Change</b>	<b>Author</b>	<b>Effective Date</b>
1	Initial Release	A.Gibbs	02/20/17