**Purpose**:

To describe the process for ordering, receiving, assigning testing, submitting and reviewing the results of College of American Pathologist (CAP) Proficiency Surveys in the Transfusion Service Laboratory

**Policy:** All Proficiency Testing samples will be integrated into the laboratory’s normal workflow on any shift. Inter-laboratory communication about proficiency testing samples and referral of proficiency testing specimens to another laboratory is prohibited.

**Process:**

|  |  |  |
| --- | --- | --- |
|  | **Action** | **Related Documents**  |
| **1** | * Ordering proficiency testing kits takes place in September for the following calendar year. The Proficiency Testing Coordinator (PTC) is responsible for working with the Transfusion Service Manager to select appropriate test kits. Order submission and approval follows Lab Medicine purchasing process.
 |  |
|  | * Shipping calendar for CAP surveys will be posted in TS.
 |  |
| **2** | * Kits will be delivered to TS. If the PTC will be absent, a designee will be assigned to process the kit upon arrival. See Tables A and B below.
 |   |
| **3** | * The PTC will utilize the work schedule and the Proficiency Testing Assignment grid to select staff to complete testing on a rotating basis.
* ***Note:*** *Staff selection will be such that staff working any shift may be selected*
 | PT Assignment Grid |
| **4** | Clinical Technologists will complete testing:* Record results in Sunquest LIS.
* Utilize applicable paperwork for additional testing.
* Sign Attestation statement as “Testing Personnel”
 | Applicable testing SOPs  |
| **5** | The PTC will: * Receive the results
* Forward to TS Manager for technical review
* Obtain necessary signatures
* Submit to the PT agency by the submission date electronically or by fax
 |  |
| **6** | * The PTC will assign the 2nd tester if 2 methods are used for testing patient samples.
 |  |

|  |  |  |
| --- | --- | --- |
|  | **Action** | **Related Documents**  |
| **7** | The PTC will:* Receive the PT evaluations
* Compare evaluation to 2nd test results, if applicable
* Notify TS Manager of any unacceptable findings
* Prepare Proficiency Testing Report.
* Forward acceptable evaluations and report to the Medical Director for signature.
 | Table C: Unacceptable Findings Investigation |
| **8** | * The TS Manager will develop a corrective action plan for unacceptable evaluations
* The TS Medical Director will approve any corrective action plan.
 |  |
| **9** | * The PTC will maintain the proficiency testing notebooks:
	+ File evaluations and summaries received from the PT organization
	+ Discard kits once test kit results have been finalized
	+ Prepare annual report for the signature of the TS Manager and CLIA Director
 |  |

 **Table A: Receiving Proficiency Test Kits**

|  |  |
| --- | --- |
|  | **Action** |
| **1** | * Remove paperwork and time stamp /handwrite date and time received on the METHODS page.
 |
| **2** | * Inspect kit for leaking, turbidity, short sample, hemolysis, label integrity.
 |
| **3** | * Contact PT agency immediately for replacement samples if any samples are unacceptable.
 |
| **4** | * Write in black marker on the outside container:
* Kit description
* Date of arrival
 |
| **5** | * Place in the plastic sleeve or tape to the kit a PT Routing Form:
* Assigned Tech / Date of scheduled testing
 |

**Table B: Ordering Proficiency Testing in Sunquest**

|  |  |
| --- | --- |
|  | **Action:** |
| **HMC CAP****Information** | CAP#: 246371615A/R#: 24629100CLIA ID: 50D0631627 |
| **1** | * Log into Sunquest.
 |
| **2** | * Perform Order Entry and generate Accession Number/CID stickers
* HID begins with HCAP-
* <CREATE>; note a digit is added to the HCAP-: this is the HID number
* Last Name: CAPSURV
* First Name: ID of the survey. Example: DAT Survey might include samples numbered DAT01, DAT02, etc.
* Middle Name: not used
* Enter a random age and gender; mix these up at random
* Account number: 2609206 (TSL) or 9609182 (borrowed Chemistry number)
* Diagnosis code: V72.6 in TEST / V72.60 in PRODUCTION
 |
| **3** | * Attach CID to blank tubes and transfer contents.
* JAT Survey: attach CID to sample per Order Entry SOP.
 |
| **4** | * Place extra labels with survey paperwork.
 |

 **Table C: Unacceptable Findings Investigation:**

|  |  |  |
| --- | --- | --- |
| **IF** | **And** | **Then** |
| * Test results are incorrect
 | * Sufficient sample is available
 | * Original tech will repeat testing
 |
| * Repeat testing does not match evaluation results
 | * Sufficient sample is available
 | * Second tech will test samples
 |
| * Insufficient sample remains
 |  | * TS Manager will work with PTC to develop alternative testing
 |

**References:**

College of American Pathologists Kit Instructions

AABB Standards for Blood Banks and Transfusion Services, Current Edition