**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.

Special handling requirements:

* No laboratory may refer any external proficiency testing to any other laboratory regardless of any existing policy for referring patient samples
* Any and all communication of any kind concerning proficiency testing results is strictly prohibited between laboratories prior to the deadline for the submission of data
* Samples for proficiency testing are received into individual divisions, the receiving division is responsible for the distribution of sample material
* Kits received in the incorrect department will be forwarded to the correct department without being opened

**Process**

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | **Related Documents** |
| 1 | Ordering proficiency testing kits takes place in the fall 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 TSL.
 |  |
| 2 | Kits will be delivered to TSL. If the PTC will be absent, a designee will be assigned to process the kit upon arrival. | Tables A and B |
| 3 | The PTC or designee 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  |

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | **Related Documents** |
| 4 | MLS will complete testing:* Record results in Sunquest LIS.
* Utilize applicable paperwork for additional testing.
* Sign Attestation statement as “Testing Personnel”
* Sign HMC CAP Attestation form
* Attach BBI printout of final results
 | Applicable testing SOPs HMC CAP Attestation Form |
| 5 | Once testing has been completed, the PTC will: * Receive the results
* Perform second tech review
* Forward to TS Manager for technical review
* Obtain necessary signatures
* Submit to the PT agency by the submission date electronically or by fax
 |  |
| 7 | Once evaluations have been received from CAP, the PTC or designee will:* Compare evaluation to 2nd test results, if applicable
* Notify TS Manager of any unacceptable findings
* Prepare Proficiency Testing Report comparing TSL graded, ungraded, and educational surveys against participant evaluation.
* Forward acceptable evaluations and report to the Medical Director for signature.
* Forward unacceptable evaluations and report to the TS Manager for investigation
 | 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
 |  |

**Table A: Receiving Proficiency Test Kits**

|  |  |
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| **Step** | **Action** |
| 1 | Verify kit belongs to our department and forward to correct department if necessary. |
| 2 | Remove paperwork and time stamp/handwrite date and time received on the METHODS page. |
| 3 | Inspect kit for leaking, turbidity, short sample, hemolysis, label integrity.* Process samples as required in Kit instructions
* Contact PT agency immediately for replacement samples if any samples are unacceptable.
 |
| ~~4~~ | Store samples for testing as required in Kit instructions. |

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

|  |  |
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| **Step** | **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)
* Diagnosis code: Z00.00
 |
| 3 | Attach CID to sample per Order Entry SOP.  |
| 4 | Place extra labels with survey paperwork. |

**Table C: Unacceptable Findings Investigation:**

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| --- | --- | --- |
| **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

UW Medicine, Department of Laboratory Medicine Administrative Policies and Operational Procedures, Proficiency Testing Policy