**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.
 | Lab Med Proficiency Testing Policy  |
| 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  |

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| --- | --- | --- |
| **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 HMC TSL results to evaluation report
	+ Review graded results for acceptability
	+ Ungraded CAP results will be evaluated based on participants response and exception reason code
	+ Educational surveys will be evaluated against participant evaluation.
	+ Discuss unacceptable results with TSL Manager and create correction action plan
* Prepare Proficiency Testing Report
* Forward evaluations and report to the TSL Manager for review
* Forward evaluations to TSL Medical Director for review
 | Table D: Unacceptable Findings InvestigationCAP Participant Summary  |
| 8 | Repeat PT Failures* CAP will instruct Lab Medicine Compliance and Accreditation if HMC TSL is to cease patient testing for analyte(s) due to repeat proficiency testing failures.
* HMC TSL will follow communication provided from CAP and address the repeat PT failure with Medical Directors and Lab Medicine Compliance and Accreditation
 |  |
| 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* MRN begins with HCAP-
* <CREATE>; note a digit is added to the HCAP-: this is the MRN 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)
* Enter appropriate medical director as ordering physician
* Diagnosis code: Z00.00
* Order appropriate test code for survey testing being performed
 |
| 3 | Attach CID to sample per Order Entry SOP.  |
| 4 | Place extra labels with survey paperwork in MLS folder. |

**Table C: Creating and entering units for inventory**

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| --- | --- |
| **Step** | **Action:** |
| **CAP Information** | CAP ISBT #: A9901 |
| 1 | On backup Hematrax printer create units for the J survey:* The unit number will use the CAP ISBT #, the year, and the unique number:
* For example, the J survey arrives on 2/8/21 and is to be tested against sample J-01. The unit number would be A990121020801
* Ecode: E0424V00
* ABO/D: review the result submission form
* Expiration: The date the survey results are due – this is found on the submission form

Place this unit label on a unit template |
| 2 | Perform Blood Product Entry |
| 3 | Create extra unit number stickers and post in CLT area, along with unit ABO/D and expiration date for inventory count purposes |
| 4 | Place with survey paperwork in MLS folder |

**Table D: 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

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

Standards for Blood Banks and Transfusion Services, Current Edition. AABB Press, Bethesda MD