

Department of Pathology & Laboratory Medicine

Procedure: Proficiency Testing Enrollment and Participation

ID #: QMS 14.01.02

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PURPOSE/PRINCIPLE: To asses performance of test methods, including equipment, reagents, supplies, and personnel used in the testing of patient sample.

POLICIES

- Proficiency testing (PT) is to be performed for each test in which patient results are reported.
- In cases where commercial materials are not available for this testing, another method of assessment such as a laboratory-to-laboratory comparison is to be performed.
- As the test selections offered by the laboratory may change from time to time, an annual assessment of proficiency testing needs is to be made.
- Individuals performing proficiency testing are prohibited from engaging in any inter-laboratory communication or discussion pertaining to the results of testing PT samples until after the submission date of PT results to NYSDOH or CAP.
- Survey specimens are to be processed in the same manner as patient specimens.
- Proficiency testing is to be performed in-house; specimens are NOT to be submitted to an outside testing laboratory.
- The laboratory is enrolled in the Department's proficiency testing program, or a New York State
 defined equivalent, for the testing performed and that the laboratory adheres to the program's
 Department's administrative and technical requirements and for all tests with no available New York
 State proficiency test or equivalent.

APPLIES TO

All technical personnel assigned to Pathology and Laboratory Medicine

SPECIMEN

Supplied by the vendor such as NYS DOH and CAP

EQUIPMENT

To be determined by the individual survey

FORMS

Proficiency Testing Rotation Schedule

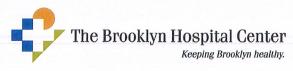
MATERIALS AND SUPPLIES

To be determined by the individual survey

PROCEDURE

With the exception of sample testing, all activities in this procedure are to be performed by the Supervisor or designee

Asse	Assess testing requirements				
1	Use the SOP to prepare a list of tests performed.				
2	2 Compare this list to the proficiency menu offered by the selected testing service.				
	NOTE: If a test item is not offered by the preferred service, investigate other proficiency				



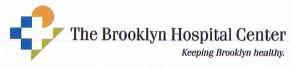
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Place 1 2 Confir 1 2 3	Using the information in the section above, compile an order, submit to administrator. Submit the order to the vendor(s). morder When the order confirmation packet is received, compare it to the original order. If a discrepancy between the original order and the confirmation is detected, contact the vendor immediately to correct the discrepancy. If a shipping calendar is provided, remove it from the packet. Highlight the dates of the selected testing events and make a copy for each lab supervisor involved in testing. Prepare a Proficiency Survey Rotation Schedule taking care to rotate the testing among all technologists who perform that procedure.		
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4			
Receiv	ve testing samples		
1	Stamp the receive date on the initial page of the PT test.		
2	Open the box taking care to note any leaking of broken vials.		
3	If a Proficiency Survey Tracking Form is received, complete the "Received Date" and "Received By" sections		
Prepai	re samples for testing		
1	Unpack the paperwork and mark the "results due" date.		
2	Place the survey materials at the designated storage environment.		
3	Using the proficiency testing rotation schedule Form, identify the technologist(s) selected to perform the testing.		
4	Retrieve as many Proficiency Testing Worksheets as needed to complete the survey.		
5	Write the expected completion date (Results due date less 2 business days) and distribute the worksheet to the selected technologists(s).		
Test s	amples (Technologist)		
1	Before testing review the instructions and assemble all required materials.		



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2	Using the applicable SOP, test the samples and record the results on the forms accompanying the survey materials.
3	When the testing is complete, complete the paperwork.
4	Store the specimens as indicated in the original shipping container.
	NOTE: Specimens are retained until the results have been evaluated.
5	Sign and date the attestation statement. If testing is performed by more than one technologist, each technologist must sign the attestation statement.
6	Submit completed paperwork to the Supervisor.
Revi	ew results to be submitted
1	Compare the results on the test forms to the copy of the paperwork.
2	Resolve any discrepancies.
3	Transcribe the information onto the original paperwork.
4	Complete all supplementary questions.
Subn	nit results
1	Review the results and verify that all of the forms have been completed as required.
	NOTE: If results or other entries are missing or appear unusual, resolve with the technologist/s before proceeding.
	For NYSDOH PT, delegated submitter (supervisor) need to sign the final results.
2	Input results in the computer (NYSDOH) but DO NOT click submit until the Medical Director or Assistant Director (CQ holder) has signed off on the final results.
3	Submit the results
	NYS DOH results are generally submitted on-line
	https://commerce.health.state.ny.us/doh3/applinks/eptrs/
	CAP results are generally submitted by fax or on-line
4	Collect the fax or on line submission confirmation receipt.
ile r	esults and reports
1	File the entire packet in the designated binder with the most recent testing event at the front
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NOTES

- If an accident occurs that results in exposure of personnel to the survey materials, call
 - o CAP Hot Line at 800-443-3244 at any time OR
 - o NYS DOH at (518) 486-5410 or at https://commerce.health.state.ny.us/doh3/applinks/eptrs
- If the individual assigned to perform the proficiency testing is not scheduled to work within the time permitted for reporting the results, another individual who has not performed this survey in the posted rotation may be substituted.
- When survey specimens are not graded, considered an educational challenge, or lack consensus, the results should be compared to the <u>expected</u> results in the report.

REFERENCES

- CAP Laboratory Accreditation Program, Laboratory General Checklist, 2009
- Clinical Laboratory Standards of Practice, New York State Department of Health, January 2008.
- NCCLS. A Quality Management System Model for Health Care; Approved Guideline—Second Edition. NCCLS document HS1-A2 (ISBN 1-56238-554-2). NCCLS, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898 USA, 2004.



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WRITTEN	APPROVED	
BY	BY	DATE
Dhilly O (Vi) and D	May	Established 3/1/2010
Philip Q. Xiao, M.D.	Philip Q. Xiao, M.D.	Revised 1 25 2016

DATE	REVIEWED BY	MEDICAL DIRECTOR REVIEW	DATE
2/2015	pas	JA S	phois
6/2000	PX		

Reason	EMOVAL	
BY	POSITION	DATE



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CHANGE HISTORY

VERSION # 2		IMPLEMENTED ON: 1 26 2016	
CHANGE DESCRIPTION: added verb	iage of obtaining proficie	ency tests that are deemed equivalent by	the NYSDOH.
PREPARED		APPROV	ÆD.
BY	DATE	BY	DATE
Mary Beddoe ₩	1/25/2016	Philip Q. Xiao, M.D.	1/25/2016
VERSION #		IMPLEMENT	ED ON:
PREPARI	≣ D	APPROV	ŒD
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