Title: POCT Proficiency Testing Procedure

Cross References: POCT Proficiency Testing Evaluation Worksheet
Proficiency Testing Sample Laboratory Procedure
Proficiency Testing Sample Tracking Worksheet
Proficiency Testing Evaluation Worksheet
Proficiency Testing Policy

Written By: Kim Gregory MT(ASCP)    DATE: 3/29/10
PURPOSE:
The purpose of this procedure is to outline the pre-analytic, analytic, and post-analytic steps for proficiency testing (PT) including alternate assessments.

SCOPE: This procedure applies to the Point of Care Testing program.

POLICY AND PROCEDURE STATEMENT:
The Point of Care Testing program adheres to the MGH Pathology Service policy for Proficiency Testing and is enrolled in all available PT for all non-waived analytes tested by sites under the program. Alternate assessments are used for the tests performed in this lab which there is no commercially available PT.

PROCEDURES:

I. Receipt

A. Ordering of Proficiency Testing

1. The Site Coordinator or POCT program will review available PT from CMS approved providers and order the appropriate products.

2. Order confirmation should be stored with the proficiency testing binder.

3. The POCT staff utilizes a PT tracking form to monitor the product shipment receipt, results to provider and result evaluation. The PT tracking form resides in the PT binder for the appropriate year. POCT staff will fill out the form as each step is completed. This ensures the team can identify when an issue needs to be investigated.

II. Preparation

A. All survey samples will be handled according the kit instructions. For time sensitive samples, the POCT staff will schedule the survey at a time convenient for the sites, but within the allotted survey time period.

B. Sites are expected to accommodate requests from the POCT staff to complete the survey within the allotted survey time period. Failure to complete the survey may lead to discontinuation of POCT at the site.

III. Testing

A. Survey samples will be tested in the same manner as patient samples. Results will be recorded on the proficiency testing survey.

B. Results must be submitted to the provider prior to the due date listed within the event paperwork. The POCT staff will track all
sites to ensure timely submission of results (via website or fax).

IV. Alternate Assessments

A. Alternate assessments must be conducted according to Pathology Service policy. Sites that perform non-waived testing for which no commercial PT products are available must have a policy to conduct proficiency testing. Refer to individual site procedures.

V. Specimen Storage

A. Specimens should be handled and stored according to the providers’ kit instructions. Surveys managed by the POCT staff are stored in the GRJ239 walk-in refrigerator on the POCT shelf.

B. Survey samples that have sample remaining after testing should be saved under appropriate conditions until results have returned and evaluation is completed.

VI. How to handle testing cycle when shipment has not been received.

A. The shipment dates are noted on the PT tracking form. The POCT program will contact the appropriate provider to determine shipping status if the event has not arrived within 5 days after the noted shipping date.

B. Testing sites that order and receive their own shipments must notify the POCT program immediately of missing shipments.

C. Testing events that cannot be replaced will require performance of alternate proficiency.

VII. Review of PT results

A. All Proficiency Testing Results are initially reviewed by the Site Coordinator, Site Director and POCT program within 10 business days of receipt of hard copy (result reports that are not received within one month of submission must be printed from the CAP online program). Wherever possible contact your PT provider to have an email alert sent when reports are ready.

B. Complete the review and investigation (if required) using the Proficiency Testing Evaluation Worksheet.

C. The review should include when applicable:

1. Evaluation of the SDI to identify possible analytical problems, investigate if:
   1. The SDI of one results exceeds +/- 2
   2. Average SDI exceeds +/- 1.5
   3. The difference between the largest and smallest SDI is >4

2. Evaluation of the graphs for patterns or trends, such as:
1. Persistent bias
2. Increase in length of bars
3. Flip in bias

3. Evaluation of any un-graded analytes; compare results to majority of respondents, described in the PT summary report that accompanies the PT report.

4. See references for link to College of American Pathologist’s (CAP) “Troubleshooting Guide for Proficiency Testing Data”.

D. An investigation shall be completed for failures as well as indications of potential problems. Maintain copies of investigation data with raw data, report and evaluation form for future reference if needed.

E. The investigation summary should include clinical implications.

F. Remedial or corrective action should be reflected in patient testing as well as proficiency testing. (Example: corrective action for clerical error for proficiency involved a review by a second person before submission would only be acceptable if the same process was implemented for all patient test results that are manually entered.)

G. The POCT Coordinators will ensure all PT Evaluation Worksheets are completed with the appropriate time frame. Utilizing the PT tracking form, they should follow up on all result reports not received within 1 month of submission. They will submit them to the Associate Director for review and final sign off with the Medical Director.

CROSS REFERENCES(S):
Pathology Service Proficiency Testing Policy
POCT Program PT Tracking Form
Proficiency Testing Evaluation Worksheet

DISTRIBUTION: POCT Administrative Policies & Procedures, Knight Cardiac Cath Lab, Nerve Injury Unit, Pulmonary CCU, Pedi Pulmonary, GID, Respiratory, Neuro/Vascular Imaging, Cardiac OR, Cardiac Perfusion, Cardiac EP Lab, Rheumatology.

REFERENCES: Pathology Service Proficiency Testing Policy