

University of Texas Medical Branch	Effective Date:	Aug 96
Pulmonary Function Clinic	Revised Date:	Aug 23
Policy 04-09 CAP Proficiency Surveys	Review Date:	Aug 23

CAP Proficiency Testing Survey Samples

Audience All personnel in the Pulmonary Function Clinic.

Purpose To define the CAP Survey Program and Proficiency Testing procedure for running samples.

Policy Proficiency testing (PT) is an integral part of quality control for blood gas analyzers.

Proficiency survey samples will be handled and in the same manner and during the same time period patient samples are run.

Survey samples are aspirated into the analyzer exactly the same manner that patient samples are aspirated. Samples will be aspirated directly from ampoule. Staff performing survey should be done on a rotating basis, based on staffing availability.

Introduction In this program, the laboratory evaluates the precision of testing and obtains information about the performance of other laboratories across the country. The survey programs are proficiency testing systems designed to monitor the laboratories results to the national mean, reference laboratories, and/or selected laboratories. The program is designed to show the level of performance in the laboratory and to correct problems. The program consists of the following:

- Processing a series of unknown specimens through routine testing.
- Evaluation of the results of unknowns by CAP via comparison to peer group, selected peer references, and/or accepted medical criteria.
- Computer evaluation from CAP to the laboratory, which displays results in relation to criteria.
- Recognition by participating laboratory of problem areas and development of a correction plan.
- **Staff are prohibited from communicating with each other concerning proficiency samples until after sample questionnaire is submitted to CAP.**
- **Staff are prohibited from communicating with outside laboratories concerning CAP proficiency samples.**

The survey samples are sent quarterly.

Procedure The following procedure will explain the process for analyzing CAP Survey material:

- Read instructions carefully on CAP survey regarding preparing and handling samples for before processing.
- Gather supplies needed (i.e., syringes, gauze, needles, etc.) if required by survey processing instructions before sampling.

University of Texas Medical Branch	Effective Date:	Aug 96
Pulmonary Function Clinic	Revised Date:	Aug 23
Policy 04-09 CAP Proficiency Surveys	Review Date:	Aug 23

- Vigorously shake each ampoule without transferring any body heat to the sample (i.e., finger and thumb on each end). Shake for one minute.
- Carefully wrap the ampoule in clean gauze and gently tap until most of the bubbles and foam inside disappear.
- While protecting fingers with gauze, carefully snap the top off of the ampoule.
- Using the same technique for patient samples. Aspirate directly from ampoule after carefully snapping of the top.
- After entering name of analyte into machine, the results will transfer to computer and generate a printout.
- Repeat procedure with for each individual ampoule per survey instructions.

The minimal testing requirements for regulated analytes are three testing events per year with five samples per event or as required by CAP for the specific analyte. CAP Activity Menu lists current analytes reported in the laboratory (reference 04-09a or b for location specific list).

Failure to participate in a testing event, failure to return proficiency results to the proficiency program within the time frame or ungraded PT specified by the program is deemed unsatisfactory performance. Laboratory will document events and reasons why results were not received, document corrective actions to prevent recurrence. Laboratory's self-evaluation includes review of the results by comparing to the proper statistics and evaluation criteria supplied in the participant summary. If PT specimens were not analyzed, perform and document alternative assessment for the period to the same level and extent that would have been tested.

Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events is unsuccessful performance. **The failed test/analyte must be withdrawn from certification and all patient testing discontinued.**

The laboratory must demonstrate sustained satisfactory performance on subsequent PT surveys before reinstating the analyte/test. (Not less than 6 months). Unacceptable and/or ungraded PT will be reviewed and investigated by Technical Consultant and/or Medical Director. Medical Director will determine if corrective action is necessary and provide educational opportunity. Therapist will contact CAP to determine if replacement PT testing is necessary. Laboratory will cease patient sampling if directed by CAP regarding unsuccessful, repeat PT failures.

If the sample kit or vials are damaged or dropped, the Therapist needs to file an Exception Code 11 on the report and then contact CAP. It will then be up to CAP to send a new sample kit, if additional samples are not available to analyze. Any unacceptable PT will follow with a CAP corrective action form and will be reviewed by Technical Consultant and Medical Director.

University of Texas Medical Branch	Effective Date:	Aug 96
Pulmonary Function Clinic	Revised Date:	Aug 23
Policy 04-09 CAP Proficiency Surveys	Review Date:	Aug 23

Therapist performing survey will sign attestation statement in survey, make copies from analyzer print outs, and scanned to digital PFT laboratory shared drive. The information is sent to Technical Supervisor for review and signature before uploading to CAP website.

Intra-laboratory communications about proficiency testing samples is strictly prohibited until after the deadline for submission of data to the proficiency testing provider. The lab is prohibited from referring proficiency testing specimens to any other laboratory for processing and analyzation nor do they accept specimens from other laboratories for analysis.

Proficiency testing results received will be distributed to the Pulmonary Lab in a timely manner.

All results must be reviewed, dated, and signed by the Technical Supervisor and Medical Director, in a timely manner. The results are kept in CAP binder for **two years.**

This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

Date	Approved by:	Signature
11/07	V. Cardenas, MD Medical Director Pulmonary Laboratory	
6/09	V. Cardenas, MD No changes to the policy	
7/10	V. Cardenas, MD No changes to the policy	
2/12	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
5/14	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
8/16	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
11/17	A. Duarte, MD Medical Director Pulmonary Laboratory Changes made to policy	

University of Texas Medical Branch	Effective Date:	Aug 96
Pulmonary Function Clinic	Revised Date:	Aug 23
Policy 04-09 CAP Proficiency Surveys	Review Date:	Aug 23

- 8/19 **A. Duarte, MD**
Medical Director Pulmonary Laboratory
Changes made to policy

- 11/20 **A. Duarte, MD**
Medical Director Pulmonary Laboratory
Changes made to policy

- 1/22 **A. Duarte, MD**
Medical Director Pulmonary Laboratory
Changes made to policy

- 8/22 **A. Duarte, MD**
Medical Director Pulmonary Laboratory
Changes made to policy

- 8/23 **A. Duarte, MD**
Medical Director Pulmonary Laboratory
Changes made to policy