CAP Proficiency Survey Samples

**Audience**
All personnel in the Pulmonary Function Clinic.

**Purpose**
To define the process for running CAP Proficiency Survey Samples.

**Policy**
Proficiency testing is an integral part of quality control for blood gas analyzers.

*Proficiency survey samples must be run in the same manner and during the same time period patient sample are run.*

Survey samples are aspirated into the analyzer exactly the same manner that patient samples are aspirated. However, there is a process of transferring sample from the ampoule in which it is shipped to the syringe from which it will be injected to the analyzer (if the Therapist chooses to do so, otherwise sample can be aspirated directly from ampoule).

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

- Read instructions carefully on CAP survey regarding preparing samples for before processing.
- Gather supplies needed (i.e., syringes, gauze, needles, etc.) if required by survey processing instructions before sampling.
- 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 4x4 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. If not using syringe, aspirate directly from ampoule after carefully snapping of the top.
- After entering data into machine, the results will transfer to computer and generate a printout.
- Repeat procedure with for each individual ampoule.

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.

Failure to participate in a testing event or failure to return proficiency results to the proficiency program within the time frame specified by the program is deemed unsatisfactory performance, and results in a score of 0 for the testing event.
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 The failed test/analyte must be withdrawn from certification and all patient testing discontinued.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.)

If the sample kit or results are deemed unacceptable, the Therapist needs to file an Exception Code 11 on the report and then fax or call CAP. It will then be up to CAP to either send a new sample kit or exempt the laboratory.

If Proficiency tests are deemed unsatisfactory, Manager will review with results with staff that performed Proficiency testing. Results will be reviewed for accuracy of data submission as well as testing performance, potential interferences or equipment related issues. If necessary, additional samples will be obtained from CAP and Survey will be repeated and submitted.

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.

Proficiency testing results received will be distributed to the division within 24 hours. All other results are mailed directly to the laboratory division.

All results must be reviewed, dated and signed by the Division Director and Clinical Manager, in a timely manner.

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.

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<td>11/07</td>
<td>V. Cardenas, MD</td>
<td>Medical Director Pulmonary Laboratory</td>
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<td>V. Cardenas, MD</td>
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<td>2/12</td>
<td>A. Duarte, MD</td>
<td>Medical Director Pulmonary Laboratory</td>
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