

Laboratory Accreditation

An Overview

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Objectives




- Accrediting agencies
- CAP role in accreditation process
- CAP inspections
- Checklists
- Everyone's participation


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History of Improved Health Care

Over 150 years ago



Ignaz Semmelweis
Pioneer of antiseptic procedures



Florence Nightingale
Founder of Modern Nursing

- 1846 – Ignaz Semmelweis
 - Assistant Professor at John Hopkins
 - Hand washing
 - required all his medical students to wash their hands with chlorine solution before doing OB exam. The students routinely switched from doing autopsy to giving birth causing 18% of women giving birth to die from puerperal fever (childbed fever).
- 1854 – Florence Nightingale
 - Public Health Pioneer saw that poor hospital sanitation resulted in a increase in fatalities among the wounded soldiers in the Crimean War
 - Developed practices which are still in existence today
 - Sanitizing surgical tools
 - Changing bed linens regularly
 - Promoter of good nutrition and clean air

Hand washing alone can prevent 40% of hospital infections!

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Hospital Reform Timeline




- 1847 American Medical Association (AMA) – formed to standardize medical education
- 1917 American College of Surgeons (ACS) proposed the "End Result System" for the its Hospitalization Standardization Program which set minimum standards for hospitals
 - In 1918 begin implementing standards to inspect hospitals – only 25% met the minimum requirements
- 1951 The Joint Commission on Accreditation of Hospitals was formed by American College of Surgeons, American College of Physicians, the American Hospital Association, the American Medical Association and the Canadian Medical Association
- 1962 College of American Pathologist implemented a Laboratory Accreditation Program
- 1991 national attention was finally gained for hospital reform when it was reported that 18,000 people die yearly in hospitals due to preventable medical error.
 - To Err is Human: Building a Safer Health System

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Agencies

Regulating Laboratories




- CAP – College of American Pathologists
- TJC – The Joint Commission
- COLA – Commission of Office of Laboratory Accreditation
- OSHA – Occupational Safety and Health Administration
- FDA – Federal Food Administration
- AABB – American Association of Blood Bankers
- OIG – Office of Inspector General
 - Oversees Billing Fraud
- OCR – Office of Civil Rights
 - Enforces HIPAA

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CLIA


Clinical Laboratory Improvements Amendment



- 1967 Congress passes 1st CLIA Law
- To regulate costs and quality of health care
- Only required hospitals and large clinical laboratory
- Impetus for CLIA '88
- Pap Mills turning out inaccurate results
- 1987 Series of articles which appeared in Wall Street Journal
- Response of the public furor from one or more deaths due to False-Negative PAP smear reading
- Congress passed law 1988
- CLIA '88 purpose is to ensure that all laboratory testing is done accurately and according to good quality standards
 - Requires employee training and competency
 - Must assess the competency of all testing personnel who handle human specimens
 - Established the requirements for performance and documentation of initial training and on going competency

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CLIA Clinical Laboratory Improvements Amendment Continued



- 1992 Centers for Medicare and Medicaid Services (CMS), published regulations to enforce the CLIA law
- Regulates all testing on humans for health purposes
- Labs which provide information for diagnosis, prevention or treatment of diseases
- Ensures accurate and reliable testing regardless of the lab and its location
- CLIA regulations place overall responsibility on the laboratory director
- CLIA '88 regulations are based on complexity of the testing the more complex the test the more stringent the standards for quality
- VA labs, research labs and forensic labs are exempted
- CMS enforces CLIA

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CMS Centers for Medicare and Medicaid Services



- Federal Agency with the US department of Health and Human Services (DHHS) that administers Medicare
- Partially funds Medicaid
- Sets the Standards
- Supports CLIA in partnership with CDC and FDA
- Must follow CMS regulations or you cannot bill federally funded programs
- Gives deemed authority to CAP and TJC for inspecting and accrediting labs
- CMS inspects if compliant filed or randomly selects labs
- Formally known as Health Care Financing Administration (HCFA)

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TJC The Joint Commission



- 1979 Started evaluating laboratories
- 1995 TJC was deemed by CMS to certify labs under Clinical Laboratory Improvements Amendments (CLIA '88) requirements
- Laboratory standard set by TJC include wide variety of labs
 - Hospitals
 - Clinics
 - Home care facilities
 - Reference labs
- Labs that are accredited by CAP do not have to be re-inspected when the hospital the lab is located in is inspected by the Joint Commission
- 2002 Joint Commission establishes the National Patient Safety Goals and Speak Up campaign™
- 2003 Universal Protocol for preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™

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Laboratory Accreditation Program College of American Pathologist



- Inspected and accredited laboratories since 1962
- Initially only hospital and private pathology labs were inspected
- Now inspects
 - University labs
 - Commercial reference labs
 - Physicians offices

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Laboratory Accreditation Program College of American Pathologists (CAP)



- Program to improve the quality of Clinical Laboratory Services
 - Voluntary participation
 - Peer Review
 - Education
 - Compliance with performance standards
- 1967 CAP was deemed by Health Care Financing Administration (HCFA) now CMS as a certifying accreditation agency which meets or exceeds CLIA standards.
- Initially approved as an accrediting agency by CMS for 3 years in 1995
- 2015 CMS renewed CAP status as an accrediting agency for 6 more years

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OSHA Occupational Safety and Health Administration

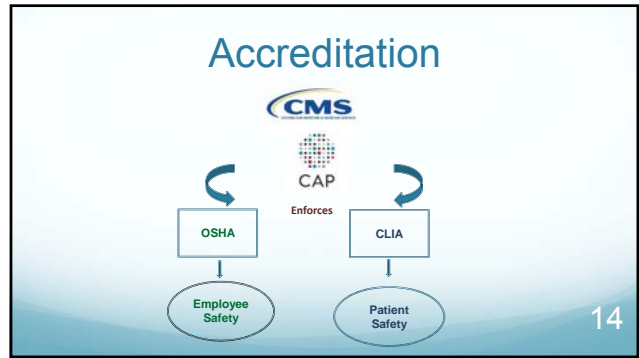
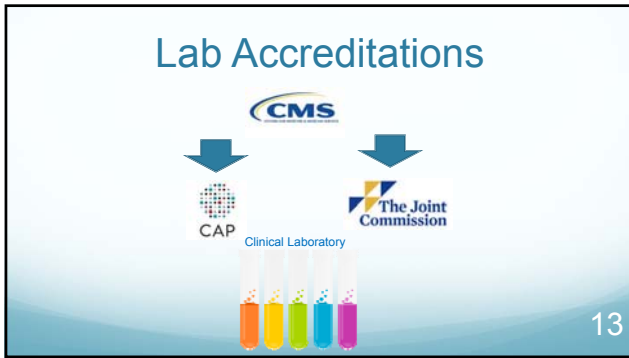


- Main federal agency which enforces workplace health and safety legislation for workers
- Regulations include
 - Blood Borne Pathogen
 - 1985 introduced Universal Precautions
 - 1996 became Standard Precautions to be used on all patients
 - Chemical exposure
 - Ergonomic injuries
 - Fire and Electrical Safety
- Prompts inspection:
 - Reported imminent danger in workplace
 - Fatalities or catastrophes
 - Employee complaint
 - Referral from other agencies
 - Targeted facilities
 - High hazard industries

Source: www.OSHA.gov

Criminal and Civil penalties against an organization or individuals if laws are not followed.

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University Medical Center New Orleans

Clinical Laboratory

Main Lab



Blood Gases


 COLLEGE of AMERICAN PATHOLOGISTS

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- ### Standards for Laboratory Accreditation
- College of American Pathologist
- Core principles for CAP Laboratory Accreditation Program:
- **Standard I – Director and Personnel**
 - Medical Significance, Interpretation, Consultations, Correlation of Data, Quality Management, Personnel, Selection of Equipment, Delegation of functions and implementation of a safe environment.
 - **Standard II – Physical Resources**
 - Space, instrumentation, data processing, supplies, environment to permit effective performance of personnel
 - **Standard III – Quality Management**
 - Performance improvement, QC, Instrument maintenance, Proficiency testing, Clinical relevance
 - **Standard IV – Administrative Requirements**
 - Eligibility for participation in Laboratory Accreditation Program
 - Pathology and Clinical laboratory must submit to a complete periodic on-site inspection and self inspections
 - Laboratory and laboratory director must cooperate with the Commission on Laboratory Accreditation.
 - Each accredited lab must comply with the Terms of Accreditation listed in the official notice of accreditation sent to the lab by CAP.
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- ## Inspections
- Every two years
 - Anniversary date onsite inspection
 - Self inspections on the off year
 - Anniversary date
 - Administered by lab
 - Deficiencies are noted
 - Should mimic actual inspection
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Self Inspections



- "Treat Self Inspections as a real event"
 - Mock inspection
 - Identify and fix potential noncompliance which could result in deficiencies in a real inspection
- Prepare –
 - Review last inspections deficiencies and make sure the lab is doing what they say they are doing
 - Review all new checklist questions
- Conduct –
 - Should be performed in one day
 - Involve bench techs in process
- Improve –
 - Summation should also be held after the inspection is completed
 - Deficiencies should be reviewed and corrective action implemented
 - Documentation should be available for next on-site review.

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On-site Inspection Process



- Peer Review
- Avoid conflict of interest
 - Not having former colleagues or competitors inspect each other
- Team assigned by CAP
- Uses algorithm to match comparable labs
- CAP matches team with comparable lab
 - Test Volumes
 - University Lab Vs Reference Lab

Source: www.CAP.org

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Ready or Not... Inspection Process begins

- 7 months before inspection window opens
 - Welcome packet in email with application link
 - Application and Organizational Profile must be completed online within 3 months
 - Application includes the following:
 - Lab Director
 - Administration
 - Staff List
 - Blackout Dates
 - Testing volumes
 - Activity Menu
 - Testing performed by each lab
 - Travel accommodations
- 3 months before anniversary date
 - Lab specific information
 - CAP Custom Lab Specific Checklist sent and available online
 - Lab reviews checklist
 - Lab sections are responsible for these checklists:
 - General, Common and Lab Specific Checklist



Source: www.CAP.org

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Online Application



Source: www.CAP.org

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New CAP Roster



- Personnel to include on CAP Roster:
 - High complexity testing
 - Non waived or moderately complex testing
 - Physicians who do PPM
 - Grossing Techs
 - Pathology Staff and Residents
 - Cytotechnologists
- Personnel who do not need to be included:
 - Waived Testing personnel
 - Phlebotomist
 - Histology Techs

Source: www.CAP.org

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CLIA Roles

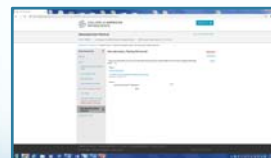


- Technical Supervisors
- General Supervisors
- Technical Consultant
- Laboratory Director
- All Staff Pathologists
- All personnel must be included in Staff List to be included in CLIA Role

Source: www.CAP.org

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Non Laboratory Testing Personnel



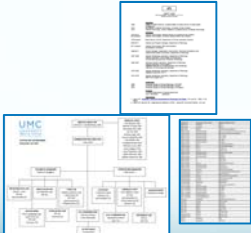
Provider Performed Microscopy - Physicians
Nurses who perform non-waived testing

- Provider Performed Microscopy
 - Physicians
- Nurses or Techs who perform non-waived test
 - Respiratory Techs
 - Nurses who do competency evaluations
 - Waived testing personnel are not required

Source: www.CAP.org

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Online Attachments

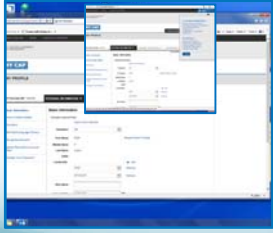


- Equipment List
- Organizational Chart
- Laboratory Director CV
- Personnel Roster – New process 2018
 - Names of all testing personnel
 - Template can be loaded only once
 - Updated every 6 months
 - Updated online
 - After initial template loaded all other testing personnel must be entered manually
- Level of testing complexity
- Licensure

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Source: www.CAP.org

CAP Profiles




- All supervisors or direct participants in the CAP inspection must create a profile on the CAP website.
- This process is a requirement even if you are faxing in application
- Personnel forms are no longer included in with the CAP application packet.

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Source: www.CAP.org

Laboratory Data




- Print out of all data which was entered in Organization Profile submitted to CAP
- Before submitting to CAP we are able to generate a PDF of all the data we provided.

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Source: www.CAP.org

CAP Checklist

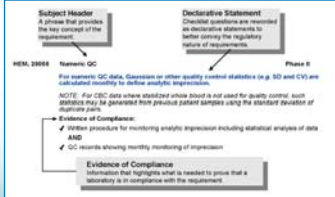


- First checklist compiled in 1965
- Helps lab focus on the important criteria
- Fulfill all the requirements set by CMS
- Updated annually
- Types of Checklist
 - General
 - All Common
 - Lab Specific
- Formats for Checklist
 - PDF or EXCEL
 - Master and Custom

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Source: www.CAP.org

Checklist Components




- Subject Header
 - Key concept
- Declarative Statement
 - Explanation of the regulation
- Evidence of Compliance
 - Needed to prove lab is in compliance
- Notes
 - Very important to follow
 - More important than Evidence of Compliance

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Source: www.CAP.org

Evidence of Compliance



- Assist the lab in preparing for the inspection and in managing ongoing compliance
- Helps the inspector and laboratory consistently understand the requirements
- Provides examples of acceptable documentation

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Source: www.CAP.org

Inspector Instructions

Read, Observe, Ask, Discover

Inspector Instructions:

READ Review a sampling of laboratory documents. Information obtained from this review will be used to plan laboratory processes and engage in dialogue with the laboratory staff. (Objective of the comprehensive inspection: Instructions for Quality Management/Quality Control. General focus section appearing across checklist)

- Sampling of QMS/ QC control and procedures
- Incident/issue log and corrective action

OBSERVE Laboratory practices by looking at what the laboratory personnel are actually doing and using of practice available from the documented evidence/standards.

- Observe the activity/QC range limits established in the laboratory LEMP to ensure that the laboratory's stated ranges are accurately reflected.

ASK Open-ended probing questions that start with phrases such as "tell me about..." or "what would you do if...?" This approach can be a means to concentrate inspection findings that are unexpected by other techniques, such as Read & Observe. Ask follow-up questions for verification, include a variety of staff levels in your communication process.

- Ask a staff member, what is your involvement with quality management?
- How do you select and control laboratory work?

DISCOVER is a technique that can be used to "dig down" or further evaluate areas of concern identified by the inspector. Follow the structured "dig" method that are listed in Appendix D: Dictionary. Using this technique will allow for the discovery of pre-analytic, analytic, and post-analytic processes while reviewing multiple requirements simultaneously.

- Select several instances in which QC is out of range and follow documentation to determine if the steps been follow the laboratory policy for corrective action

Source: www.CAP.org

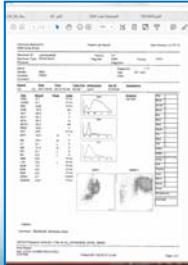
- Redesigned Accreditation Checklist in June 2010
 - Ensures compliance by making checklist easy to use with clear requirements
- CAP has established guidelines for inspectors
 - Streamlines inspections
 - Efficient, Consistent, Effective inspection process
- R-O-A-D Inspection Techniques – enhanced approach for inspectors
 - Read
 - Observe
 - Ask
 - Discover
- Roadmaps with icons help inspectors focus on the items which are most important

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Similar to Tracer Methodology used by The Joint Commission

Tracer Methodology

Follow the Specimen

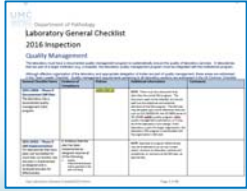


Source: www.CAP.org

- Begin tracer with test result
- Follow entire testing process
- Includes Pre-analytical, analytical, post analytical process
- Pre-analytical
 - Ordering
 - Collecting procedures
 - Identifying patient
 - Labeling in front of patient
 - Transporting of specimen
- Analytical
 - QC
 - Proficiency testing results for the analyte in question
- Post analytical
 - Computer print out
 - Reporting of panic values
 - Personnel involved
 - Review Delegations
 - Review Competencies

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CAP General Checklist




Source: www.CAP.org

- Quality Management
- Specimen Collection, Data Handling and Reporting
- Quality of Water and Glassware
- Laboratory Computer Systems
- System Maintenance
- Personnel
- Physical Facilities
- Lab Safety
- Numbering system – GEN.00000

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Laboratory Administration is responsible for the Laboratory General Checklist compliance. Lab administrators may delegate duties to other laboratory areas.

CAP Common Checklist




Source: www.CAP.org

- Introduced 2011
- Consolidated items that were similar across disciplines
 - Proficiency Testing
 - Procedure Manual
 - Results Reporting
 - Reagents
 - Instruments and Equipment
 - Maintenance and Function Checks
 - Thermometers
 - Temperature Dependent Instruments, Equipment and Environments
 - Test Method Validation
 - Method Performance Specifications
 - Reference Intervals
 - Individualized Quality Control Plan (IQCP)
 - Numbering system – COM.00000

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Laboratory Areas must review All Common for lab specific criteria.

Individualized Quality Control Plan (IQCP)




Source: www.CAP.org

- It was developed for non-waived testing in which QC is not performed on a daily basis
- Introduced in 2014 required implementation in 2016
- Customary QC plan developed for the laboratory specific to your environment to provide reliable and accurate patient testing
- Labs must continue to follow manufacturer's instructions for QC
 - A lab may not implement an IQCP that allows for quality control to be performed less frequently than indicated by the manufacturer
- Does not apply to waived testing
- If a lab does not follow IQCP guidelines it must run at least two levels of external QC each day of patient testing.

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IQCP Program

Allows continued use of Electronic Quality Control



Source: www.CAP.org

- Risk Assessment
 - Identifies and evaluates potential failures in the testing process and must address all 5 areas listed through all 3 phases of testing
 - Specimen
 - Environment
 - Reagents
 - Test system
 - Testing personnel
- Quality Control Plan
 - Ensures accuracy and reliability of test results
 - Internal Controls
 - Electronic Controls
 - Calibration
 - Training and Competency
- Quality Assessment
 - Continuous process of monitoring effectiveness of QC program
 - QC review
 - FTI review
 - Complaint reports

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Laboratory Specific Checklist



Download checklist in EXCEL Format easier to concentrate on new and questions with evidence of compliance

- Collection requirements
 - Anticoagulants
 - Rejection criteria
- Procedural Manual
- Calibration Procedures
- Quality Control
- Validation Procedures
- Corrective Actions

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Day of Inspection



- Team Arrival
 - Arrival time usually 7:30-8:00
 - Team is met at information desk
- Opening Conference
 - Team leader introduces inspectors to lab
 - Lab director introduces staff and all lab personnel present to team
 - Lab supervisors are paired with inspectors
 - Inspectors are given a tour of the lab which lasts 15-20 minutes
- Inspection
 - Review of lab manuals / documents requested
 - Inspectors uses P-D-A-D and interacts with lab staff
 - Refer to the lab roster to determine staff personnel files for review
 - Interacts with staff with a FOCUS on lab policies, lab safety, QC, Proficiency testing procedures, and corrective actions
 - Inspector should discuss all deficiencies as they are found with lab supervisor
- Summation
 - Team thanks the lab for hosting them
 - Present deficiencies and how to improve

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Summation



- Team will gather all information
 - Deficiencies
 - Recommendations
- Take all recommendations and deficiencies seriously
- Address all issues

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Deficiencies

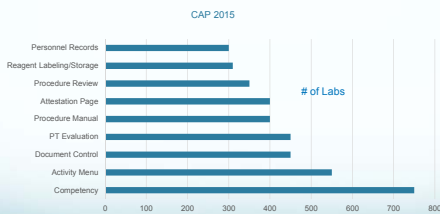


Source: www.CAP.org

- Must be submitted within 30 days of inspection
- All deficiencies must be sent together
- Contact CAP if you have any questions about response or challenging
- Be vigilant and look for any additional information about deficiencies responses submitted

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Most Commonly Cited Deficiencies



Source CAP

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Most Commonly Cited Deficiencies



Source: www.CAP.org

CAP is very strict about these categories – are high priority standards set by CMS – accreditation can be pulled if lab is not in compliance!

- Personnel Qualifications
 - Delegation
 - Continuing Ed
 - Licensure
- Competency
 - High Complexity Testing
 - 6 levels of competency
 - All Test Systems
 - Waived
 - 2 levels of competency
- Proficiency Testing
 - Stringent rules

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Director Responsibilities

WHAT ARE THE RESPONSIBILITIES FOR WHICH I MUST MAINTAIN DIRECT OVERSIGHT AND CANNOT DELEGATE TO OTHERS?

An laboratory director, you must ensure that:

- testing systems in the laboratory provide quality services in all aspects of test performance, i.e., the preanalytic, analytic, and postanalytic phases of testing and are appropriate for your patient population.
- physical and environmental conditions of the laboratory are adequate and appropriate for the testing performed.
- the environment for employees is safe from physical, chemical, and biological hazards and safety and hazard requirements are followed.
- a general supervisor (high complexity testing is available to provide day-to-day supervision of all testing personnel and reporting of test results as well as provide on-site supervision for specific, minimally qualified testing personnel when they are performing high-complexity testing.
- sufficient numbers of appropriately educated, experienced, and/or trained personnel who provide appropriate consultation, properly interpret, and accurately perform tests and report test results in accordance with the written duties and responsibilities specified by you, are employed by the laboratory.
- any test procedures are accurate, included in the procedure manual and followed by personnel, and
- each employee's responsibilities and duties are specified in writing.

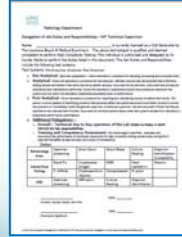
<https://www.cms.gov/Regulations-and-Administrative-Operations-and-Enforcement/CLIA/Downloads/brochure7.pdf>

- Testing systems provide quality
 - Preanalytic, analytic and postanalytic phases of testing
- Physical environment
- Safety of employees
- A general supervisor is available to provide day to day supervision
- Trained personnel who can accurately perform and report out test
- New procedures are reviewed
- Each employee responsibilities and duties are specified in WRITING

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Delegations

CLIA Laboratory Director



- Laboratory Director must delegate in writing the test system each testing personnel can perform
- Personnel Must have on file competency to mirror the delegations assigned
- CAP Inspectors may compare delegations with competency assessments and test system assignments
- If job assignments have changed then Delegation MUST be updated to reflect the duties assigned

Test system this tech is competent to perform must be listed in the delegation

(10) Specify, in writing, the responsibilities and duties of each consultant and each supervisor, as well as each person engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or result reporting and whether supervisory or director review is required prior to reporting patient test results. <https://www.cms.gov/Regulations-and-Administrative-Operations-and-Enforcement/CLIA/Downloads/brochure7.pdf>

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Personnel Qualifications

- CMS requires that every employee has documentation of all his or her education and experience on file. "If one person – and you might have a lab of 50 to 60 people – is missing something, its an automatic citation."
- CAP is less stringent, but now is under much scrutiny by CMS to make sure all labs comply with this ruling.
 - Cleveland Clinic
 - CMS Validation Inspection
- CMS requires license (for technologists only, nurses, respiratory therapist need transcript/diploma) instead of diploma/transcript in states where licensure is a requirement
- CAP requires the lab director to delegate in writing the responsibilities of each person involved in testing
- CAP addresses this issue in the General Checklist under Personnel

Checklist Item	Availability
Personnel: Training and Experience	1 Yes, 2 No
Personnel: Clinical and Laboratory Experience	1 Yes, 2 No
Personnel: ABO	1 Yes, 2 No
Lab Director	1 Yes, 2 No
Lab Supervisor	1 Yes, 2 No
Personnel: Education	1 Yes, 2 No
Personnel: License and Registration	1 Yes, 2 No
Personnel: Specific Qualification	1 Yes, 2 No
Other: Copy of Academic Degree	1 Yes, 2 No
Other: Copy of Academic Degree	1 Yes, 2 No

Make sure your personnel file is up to date

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Reagent

Labeling and Storage



- Properly Stored
- Properly labeled
- Temperature and Humidity Monitored
- Used within expiration dates

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Procedure Manual

Review



- Procedure same as practice
- All personnel have signed and it is available
- Must be reviewed biannually by director or designee
- Electronic downtime backup

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Attestation Page

"REVISED" 08/17/2016

COM.01400 PT Attestation Statement Phase II

The proficiency testing attestation statement is signed by the laboratory director or qualified designee and all individuals involved in the testing process.

NOTE: Physical signatures must appear on a paper version of the attestation form. A listing of typed names on the attestation statement does not meet the intent of the requirement. The signature of the laboratory director or designee need not be obtained prior to reporting results to the proficiency testing provider.

Designees must be qualified through education and experience to meet the defined regulatory requirements associated with the complexity of the testing as defined in the Personnel section of the Laboratory General Checklist.

- For high complexity testing, it may be delegated to an individual meeting the qualifications of a technical supervisor or section director (GEN.53400). For the specialties of Histocompatibility, Cytogenetics, and Transfusion Medicine, refer to specific requirements for the qualifications of section directors/technical supervisors in the associated checklists (HSC-40000, CYG.50000, and TRM.50050).
- For moderate complexity testing, it may be delegated to an individual meeting the qualifications of a technical consultant (GEN.53625).

Evidence of Compliance:

✓ Appropriately signed attestation statement from submitted PT result forms

REFERENCES:

1) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988, final rule. Fed Register. 1992;Feb 28;57(146):24299-30000.



Source: www.CAP.org

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Proficiency Testing

- Samples **MUST** be performed with routine laboratory workload
- Samples **MUST** be analyzed by personnel who routinely test patient samples
- Samples **Must** be rotated among all testing personnel and **NOT** just dedicated operators or instruments
- Samples **MUST** be run like patient sample
 - No duplicate testing
- Lab personnel **MUST** notify CMS if it receives a PT testing request from another laboratory
- Personnel are **STRICTLY** prohibited from communicating with other testing labs about PT samples

Source: www.CAP.org 1967 Proficiency Testing participation becomes a requirement for accreditation

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Document Control



<https://www.medialabinc.net/>

- All Documents must be included
 - Forms
 - Job aids or cheat sheets
- Make sure that only current documents or forms are in use
- All current documents are properly approved

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Activity Menu

Source: www.CAP.org

- Make sure all testing in included in the Activity Menu
- If stopped testing – Remove
- If Started testing – Insert
- Make sure CAP is aware of all changes

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Competency

Waived Testing only requires 2 levels of competency

- Non-waived
 - High Complexity
 - Moderately Complex
- Assessment Program
 - Defined set of skills/knowledge of job
 - Criteria for levels of acceptance
 - Process of re-evaluation
 - Six components of competency
- All 6 levels of competency must be assessed annually for each test system
 - Direct Observation
 - Recording/Reporting of Results
 - Review of QC
 - Direct Observation of Instrument Maintenance
 - Testing previously analyzed samples
 - Problem Solving

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Six Levels of Competency

CLIA '88

All 6 levels must be assessed for each Test System a Tech is deemed Competent to perform. Must be re-evaluated if the method or instruments change.

1. Direct Observation of Routine patient test performance
 - Patient identification and preparation
 - Specimen collection, handling, processing and testing
2. Monitoring the recording and resulting of test results
 - Reporting of Critical Values
3. Review of intermediate test results or worksheets
 - QC records, Proficiency Testing results and preventive maintenance records
4. Direct Observation of instrument maintenance and function checks
5. Assessment of test performance
 - Using previously analyzed specimens,
 - Blind testing samples
 - External Proficiency Testing samples
6. Evaluation of problem solving skills

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Staff Role in Maintaining Accreditations



- Familiarize yourself with all lab policies
 - Hospital Wide
 - Lab Administration
 - Safety
 - Lab-Specific policies
 - QC, critical values, corrective actions
 - QNS and Clotted Samples
- Wear required PPE for task performed
- Fire Exits, Eye wash, Showers
- Make sure your personnel file is up to date
 - Current Continuing Education
 - ASCP Certification is current
- Be able to locate
 - Specimen Collection Manual
 - Current policies using MediaLAB
 - MSDS

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Laboratories in the news

Cleveland Clinic



- CMS validation inspection
- CMS found disparities in CAP inspection
- Using expired reagents
- Did not calibrate instruments
- No QC
- Floor procedures in Blood Bank
 - Not checking temperature of blood being returned from operating room
- Werent following PT rules
- Lab could not document that the techs met educational requirements for their job
- Demoted laboratory director, closed part of testing lab, terminated lab managers and testing personnel
- Fined \$769,000 for time they were out of compliance.
- Lab closed in September 2015
 - reopened in November 2015 after replacing it's operations and leadership that was in charge when violations occurred.

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Laboratories in the news

Theranos

- Using the "nanotainer" collecting device (on analyte not approved)
- Only approved for herpes simplex 1 procedure for all of its testing
 - Costs less than other labs
- Running PT samples incorrectly
 - Not the same as patient
 - Not using laboratory routine methods
 - Splitting samples and running on 2 different analyzers



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Accreditation...

It's a good thing




- Internationally accepted for increasing test quality and reducing lab error
- Maintains accuracy of test results and ensure accurate patient diagnosis
- Provides improved patient care
 - Patient safety is preserved
 - Maintains employees are competent to do the job
- Protects employees and patients
- Promotes trust in laboratories and confidence in health care providers

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Theranos

The Movie



<https://www.youtube.com/watch?v=VINIbbm10BU>

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References

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