Name of Policy:Proficiency TestingPolicy Number:3364-136-CBGL-02		UT UTOLEDO HEALTH	
Approving Officer : Medical Director, Blood Bank Program		Effective date: 2/3/2025	
Responsible Agent : Director, Respiratory Care Services		Original effective date : 4/2003	
Scope: The University of Toledo Medical Center			
Respiratory Care Services Department Key words: Proficiency Testing, Blood Gas, Lab, Quality Control, Inspection			
New policy proposal		Minor/technical revision of existing policy	
Major revision of existing policy		Reaffirmation of existing policy	

(A) Policy statement

The blood gas lab will establish guidelines for participating in proficiency testing (PT) as part of the Quality Control program.

(B) Purpose of policy

Per the College of American Pathologists (CAP) program, the blood gas laboratory will enroll and participate in an approved program of inter-laboratory comparison testing of unknown samples three times a year. All proficiency testing samples will be integrated within the routine laboratory workload and will be analyzed by staff members who routinely test patient samples using the same primary method systems as for patient samples.

(C) Procedure

- 1. Storage Instructions:
 - a. Refer to any special handling instructions enclosed with the survey samples.

2. Analysis Procedure:

- a. Prior to use, refer to any special handling instructions enclosed with the survey samples.
- b. Carefully snap open the ampule and analyze immediately.
- c. Each analyzer has its own set of specimens for analysis and all samples will only be analyzed in the Blood Gas Lab on a rotating basis.
- d. Body Fluid Proficiency will need to be drawn up in a syringe.

- 3. Reporting Results:
 - a. Report results following the instructions provided with the survey kit. Result form must be returned via internet on or before the date specified in the kit.
 - b. All results will be kept confidential until CAP receives and reviews them.
 - c. Active review of the survey results (inter-laboratory comparison) will be documented by the Laboratory Medical Director (or designee) or the Blood Gas Lab Coordinator (or responsible party in the Pulmonary Services department).
 - d. For any unsatisfactory analyte or testing event, the lab must take all necessary steps to analyze and correct the problem. This includes both failure of an analyte or an unsatisfactory result. A thorough review and analysis of instrument function and quality control records will be conducted by the Blood Gas Lab Coordinator or designee. Once the problem has been determined the "Proficiency Testing Corrective Action Form" is to be completed, signed then submitted to both the Pulmonary Services Director and Laboratory Medical Director. The response form needs to be returned to CAP. This procedure will be conducted within the deadline specified by the CAP. This review and analysis will be kept with the failed/late results in the CAP notebook.
 - e. In the event there has been a lapse in timely reporting of proficiency testing material to the CAP, or unsatisfactory results from a PT, the following procedure will be followed:
 - a full report that includes all relevant information explain the failure will be sent to the Laboratory Medical Director.
 - f. All records must be maintained for two (2) years.
 - g. In the event that results are late, notify the Director of Pulmonary Services and Laboratory Medical Director and follow the guidelines set forth by CAP.

Approved by:	Policies Superseded by This Policy:
/s/	• n/a
	Initial effective date: 04/2003
Melissa Kukiela BSRC, RRT	
Director, Respiratory Care Services	Review/Revision Date:
	12/15/2004
2/3/2025	11/17/2005
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Date	04/18/2007
Dute	02/25/2008
/s/	02/12/2009 04/28/2010
/ 5/	02/23/2010
	04/11/2012
Lauren Stanoszek, MD	03/03/2014
Medical Director	03/01/2023
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