REVIEW OF INTERNAL PROFICIENCY TESTING USING INTER-LABORATORY COMPARISON AT WESTERN CAPE BLOOD SERVICE

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Objectives

- Introduction & purpose of proficiency testing (PT)
- Role of the provider & the participating laboratory
- Overview of programme
- Reporting system
- Limitations
- Recommendations
- Conclusion



Proficiency Testing: Testing the test



Introduction

- Is an important factor of ISO 17025 accreditation
 - PT has it's own ISO standard: ISO 17043:2010



- Supplements internal QC procedures
- Internal PT done in areas where EQA is unavailable
- Independent dept. to pre-establish criteria used to assess staff performance (SANAS R-80)
- Test sample to resemble routine test material
- Same testing methods used for inter-laboratory comparison (ILC)

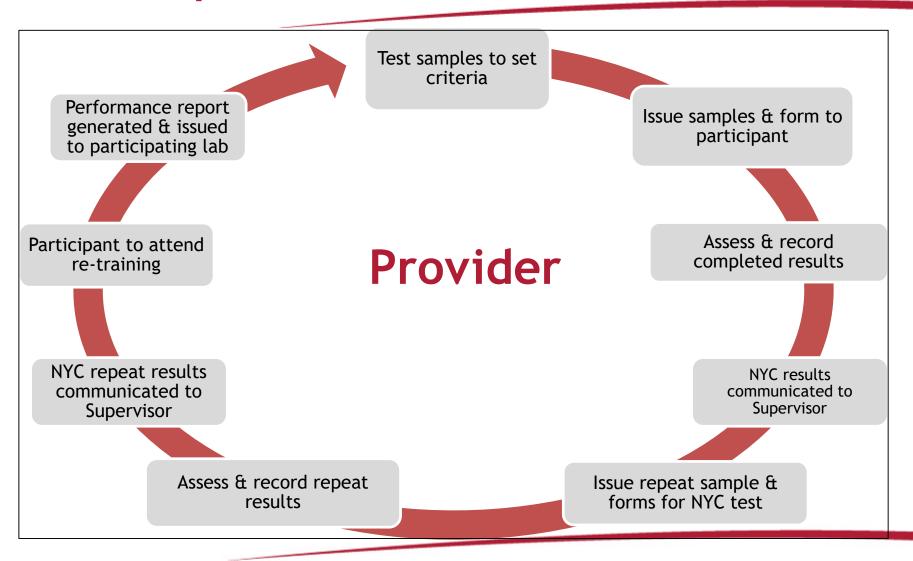


Purpose

- Assesses the consistent reliability of routine test results
- Evaluates staff performance
- Demonstrates technical competence using ILC
- Proof of laboratory competence to clients and management
- May alert laboratory supervisor to non-conforming trends relating to testing and/or staff



Role of provider





Role of participating laboratory

Receives "blind" sample from PT provider



Treat sample as patient sample



Store and test sample according to SOPs



Repeat results returned to provider



Repeat sample received for NYC test-completed under supervision



Results returned to provider for assessment



Staff to attend retraining if NYC on repeat sample



Issued performance report reviewed by supervisor



Overview of PT programme 1994 - 2018

- 1994 2009
 - Theory and practical assessments
 - Poor record-keeping lead to inconclusive outcomes
- 2010 2017
 - ❖ A more structured approach
 - > uniquely numbered samples, timeframes adhered to
 - ❖ PT 1: 50% of routine tests in 1st half of the year
 - ❖ PT 2: 50% of routine tests in 2nd half of the year



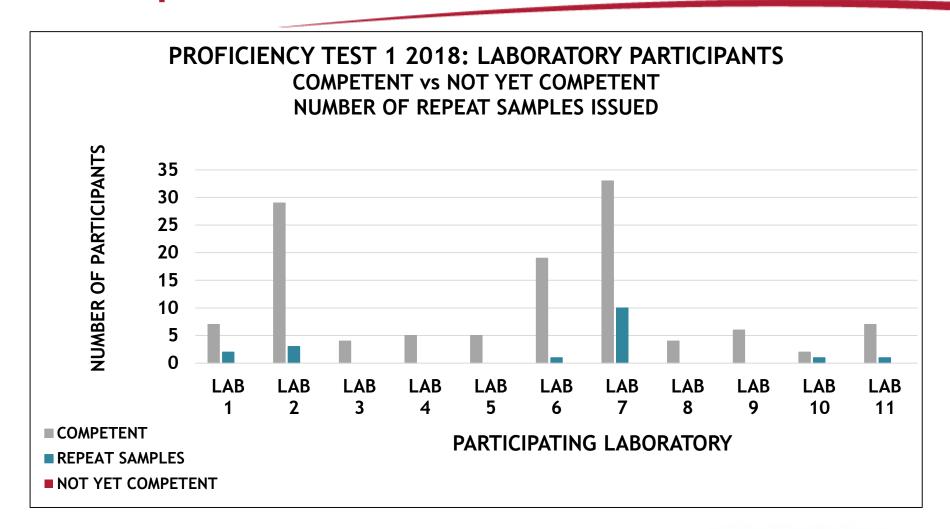
Overview cont...

- 2018 onwards bi-annual practical PT
 - ❖ Practical: ABO + Rh, Anti A₁, type + screen, DAT, Ab ID, titration, compatibility, crypt antigen, Rosette & NaOH

NAME	PROFICIENCY TEST (PT) SAMPLE NUMBER	REPEAT PT SAMPLE NUMBER	ABO GROUP	Rh	ANTI A ₁	ANTIBODY SCREEN	DAT	COMPATIBILITY	CONCLUSION
			A	NEG	POS	NEG	NEG	NEG	
			TARGET						COMPETENT/ NOT YET COMPETENT (NYC)
XXX	2018-47		Α	POS	NEG	NEG	NEG	NEG	COMPETENT
XXX	2018-48		Α	POS	NEG	NEG	NEG	NEG	COMPETENT
XXX	2018-49		Α	POS	NEG	NEG	NEG	NEG	COMPETENT
XXX	2018-50		Α	POS	NEG	NEG	NEG	NEG	COMPETENT
XXX	2018-51		Α	POS	NEG	NEG	NEG	NEG	COMPETENT



ILC reporting system





Limitations

- Proficiency in 1 test ≠ indicate competence in another
- Unable to detect all laboratory problems
- Problematic laboratory trends indicated without resolution
- Not a substitute for routine internal quality control
 - ❖ PT & performance report is retrospective



Recommendations

An electronic programme identical to the Blood Bank system

- PT provider to issue samples for testing
- Generation of digital communication
- Electronic form displayed on pc screen
 - Staff to use a unique PIN code to record test results
- ILC reports may be generated for review
 - Electronically signed by laboratory supervisor



Conclusion

- Compare performance of different analytical methods
- Reduce laboratory errors, produce accurate patient test results and improve patient care
- Staff competency is continuous PT only 1 indicator of overall performance



Thank you!

