General Program Information for IQMH Proficiency Testing

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PREFACE

This document describes the Institute for Quality Management in Healthcare (IQMH) and its Centre for Proficiency Testing program. With over 40 years’ experience, the IQMH Centre for Proficiency Testing is one of Canada’s largest provider of medical laboratory proficiency testing, accredited by the American Association for Laboratory Accreditation (A2LA) to ISO 17043 Conformity assessment — General requirements for proficiency testing. Our clients are composed of national and international players in the medical diagnostic testing community.

In the province of Ontario, IQMH is the deemed agent of the Ontario Ministry of Health (MOH) to provide Proficiency Testing programs to licensed laboratories. The applicable statutes are the Laboratory and Specimen Collection Centre Licensing Act 1990, its Laboratories Regulation 682, R.S.O. 1009, s.14 and the Quality of Care Information Protection Act 2016.

IQMH is a not-for-profit corporation without share capital, incorporated under the Ontario Corporations Act.

INFORMATION ABOUT THE CENTRE FOR PROFICIENCY TESTING

Proficiency testing is the determination of participant performance by means of interlaboratory comparisons. The IQMH Proficiency Testing programs are designed to provide regular, objective and independent assessment of a participant’s ability to provide an acceptable standard of service by comparison with peers. Comparison of all results provides insight into performance that is not available to the individual participants. The information provides a tangible basis for quality improvement initiatives.

Interlaboratory test comparison is not the sole function or outcome of proficiency testing. It also provides a comparison of different methods and instruments for the same test; thus, providing an assessment of reliability. Proficiency Testing data reveals state-of-the-art practice, facilitates the recommendation of selected methods, and assesses the standards of participant performance.

Proficiency testing is only one component of a laboratory’s quality system. It is meant to complement the laboratory’s quality control and quality management system.

PROFICIENCY TESTING PROGRAMS

Program Goals

To promote laboratory quality improvement and assess the proficiency of laboratory testing through:

- Interlaboratory/interfacility comparisons of participant responses and reporting practices.
- Identifying testing and measurement problems.
- Assessment of risk for laboratory results that may have a negative impact on patient management.
- Comparing methods and procedures.
- Provision of educational comments and follow-up associated with findings of surveys to improve performance.
- Provision of an external reference for the laboratory’s own quality assurance purposes.

Scope

The Centre for Proficiency Testing provides mandatory proficiency testing of the pre-analytical, analytical and post-analytical performance of laboratory services to licensed medical laboratories in Ontario. In addition, clients from other jurisdictions in Canada or other countries may participate in these surveys.

IQMH offers proficiency testing for the following classes of tests:

- Chemistry, including routine chemistry, drug monitoring, urine drug screen, lipids, enzymes, immunology, endocrinology, fecal occult blood, blood gases, oximetry, and glucose point-of-care testing.
• Hematology, including routine hematology, red cell disorders, coagulation, morphology, bone marrow, flow cytometry and fetal maternal hemorrhage

• Cytogenetics

• Cytopathology, including gynecological and non-gynecological sample types

• Microbiology, including bacteriology, *C. difficile* antigen and/or toxin detection, smears for acid-fast bacilli, *C. trachomatis/ N. gonorrhoeae* by NAAT, mycology, parasitology, viral serology and direct viral antigen tests

• Pathology, including various immunohistochemical predictive or prognostic markers such as CD117, Ki67, ER/PR breast tumour predictive markers, special stains and/or oversight stains (H&E or HPS)

• Point-of-care Testing (chemistry, glucose, urine drug screen, and HIV antibody)

• Transfusion medicine (ABO, Rh, antibody detection/identification, phenotype, DAT, titration, crossmatch)

**Scientific Committees**

IQMH selects consultant expertise to support the credibility, impartiality and excellence of its programs.

The terms of reference, nomination process, terms and conditions of appointment, membership, roles and responsibilities of committees and members are outlined in a Committee Handbook that is available through IQMH staff.

IQMH has a scientific committee for each laboratory medicine discipline made up of volunteers: laboratory physicians, scientists and medical laboratory technologists. These experts, in collaboration with IQMH Centre for Proficiency Testing Consultant Technologists, provide technical and clinical advice to the program regarding the design of the proficiency testing survey model, selection of testing material, criteria for performance assessment, provision of educational comments and feedback to participants.

**Confidentiality and Impartiality (Conflict of Interest)**

Information supplied by a participant is treated as confidential. IQMH staff, committee members and advisers receiving participant information are bound by confidentiality agreements. Information is shared for regulatory, licensing or accreditation purposes.

Impartiality is ensured with the self-declaration of any conflicts of interest by staff, assessors, consultants and advisers.

Official correspondence between participating laboratories and IQMH is also considered confidential and is conducted in writing. The individual indicated by the laboratory as the designated contact receives all official correspondence.

Official correspondence between participating Ontario laboratories and IQMH is also considered confidential and is conducted in writing. In Ontario, the individual named by the laboratory as Laboratory Director and/or Discipline Director receives all official communication. Communication for requesting additional information or clarification of discordant findings investigation may be addressed to the named person who completed the analysis worksheet or discordant findings investigation form. In other jurisdictions, the individual indicated by the laboratory as the designated contact receives all official correspondence.

**Program Model**

The IQMH Proficiency Testing programs are designed to be clinically relevant, to reflect current scientific or medical issues important to healthcare and to support the quality improvement of laboratory services. This model is not intended to assess the competence of individual laboratory professionals.

Clinical or simulated clinical samples are distributed to participants. Scanned images, photomicrographs or glass slides and or/case studies are provided for web-based programs. Each laboratory receives laboratory-specific reports demonstrating their results and assigned value.

IQMH also conducts patterns-of-practice and educational surveys, and questionnaires.
**Distribution of Clinical or Simulated Clinical Samples and/or Web-based Surveys**

- Authentic or simulated human samples or digital images of undisclosed content are provided to participants, together with relevant clinical histories.
- Results are to be submitted according to established timelines.
- Participants are required to process samples as patient specimens using routine methods.
- Submitted participant results are compared with the assigned value (reference laboratory results or consensus results of participant laboratories and/or expert laboratories).
- Provisional reports contain information on the assigned value for each sample and survey statistics.
- Survey reports contain individual and summary information of participant performance.
- Cumulative and performance summary reports provide summary and trend information of performance over time.
- Committee comments provide a synopsis of survey performance with technical and clinical commentary.
- Discordant findings investigation guidance and forms support root cause analysis and corrective action.

**Parameters Monitored**

A complete list of the current Proficiency Testing programs and parameters monitored are available on the IQMH website: [https://iqmh.org/Services/Centre-For-Proficiency-Testing/PT-Catalogue](https://iqmh.org/Services/Centre-For-Proficiency-Testing/PT-Catalogue). The list may be revised throughout the year, as needed.

**Eligibility**

IQMH services are designed to assess testing performance of medical laboratories.

To be eligible for participation in IQMH surveys the following criteria must be met:

- The laboratory is in a geographical area accessible by IQMH delivery systems.
- IQMH testing material is available and compatible with the laboratory’s method.
- The laboratory method is compatible with the IQMH method of analysis (this may be dependent on determination of assigned value and size of peer group).
- Manufacturers of products for laboratory use are not eligible to participate IQMH Proficiency Testing programs.

**Enrolment Procedure**

**Voluntary Participants**

Requests for voluntary enrolment range from single laboratories wishing to enrol in existing surveys to jurisdictions wishing to develop separate programs for multiple laboratories.

Participants can review Proficiency Testing programs and request a quote through the IQMH website at [https://iqmh.org/Apps/PTQuoteRequest](https://iqmh.org/Apps/PTQuoteRequest). A customer service representative will be in contact with you once the quote request is received. You may also contact us by email at info@iqmh.org.

Enrolled participants, who have questions about the programs that they purchased, may contact IQMH anytime by email info@iqmh.org. Following enrolment, you will receive an email notification with instructions on how to access QView™, IQMH’s password-protected web portal. QView™ is your gateway to all information pertaining to the Proficiency Testing programs you are enrolled in.
Mandatory Participants (Licensed Ontario Laboratories)

In Ontario, all licensed medical laboratories are required to participate in IQMH Proficiency Testing programs that include tests corresponding to their laboratory licence. When a laboratory applies to the Ontario Ministry of Health (MOH) for addition or deletion of an L- or U-Code, this information is automatically downloaded to the IQMH database; inclusion or deletion of laboratories from IQMH Proficiency Testing surveys will occur automatically. Records of Ontario laboratory participation and performance in Proficiency Testing surveys are made available to the IQMH Centre for Accreditation as part of its surveillance function.

IQMH Laboratory Identification Code

On enrolment, each participant is given a unique IQMH laboratory code, which remains associated with that participant indefinitely. These codes must not be disclosed to third parties.

Testing Material

Testing materials used in IQMH Proficiency Testing surveys are authentic patient or simulated clinical samples or digital scanned images. Use of fresh or frozen single donor plasma or serum, when available, prevents matrix effect and facilitates the assessment of performance characteristics of methods and equipment.

All testing material has been subjected to quality control. Quality control includes procedures to assure the:

- Homogeneity and stability of material (where applicable).
- Exclusion of hepatitis B and C virus and HIV for all blood products (except Proficiency Testing Programs for hepatitis and HIV).

The material is labelled, packaged and transported according to applicable Transportation of Dangerous Goods and International Air Transport Association requirements. Proficiency Testing samples are delivered to participants by courier, whenever possible.

Mandatory (licensed) Ontario laboratories are provided with enough testing material for all analytes on the primary laboratory analyzer or kit. An exception to this is testing material for surveys that include point-of-care glucose meters, where sufficient samples are distributed to each institution to permit testing on all of the devices within the institution, including those not located in the laboratory.

Participants, including mandatory Ontario licensed laboratories, can purchase additional proficiency testing programs for their second/multiple instruments or kits through the IQMH quote tool at https://iqmh.org/Apps/PTQuoteRequest.

The identification system used in the Proficiency Testing documents and sample labels is as follows: the first four characters define the discipline (CHEM), the next four digits identify the survey number (YYMM) and the last character(s)/digit(s) denotes the parameter(s) and the vial e.g. CHEM-2004-HbA1c vial 1.

Distribution

Each Proficiency Testing package contains:

- Samples of testing material.
- Shipping insert containing survey dates, identity of contents, and storage/handling instructions.

In mandatory licensed Ontario laboratories, the survey package is delivered to each licensed site, to the attention of the Laboratory Director or Discipline Director. In other jurisdictions, it is delivered to the named contact. On receipt of testing material, participants should examine the vials/slides for leakage, breakage, and temperature, etc. and inform IQMH if replacement material is required by completing the online Proficiency Testing Material Replacement Request form (see Replacement and Retest Samples).

Participants are notified by email when the survey analysis worksheets have been posted on QView™. This also indicates that the survey material has been shipped. Participants can track the delivery status online using the information provided on their laboratory's home page in QView™ or contact IQMH (416-323-9540) directly. It is the participating laboratory's responsibility to advise IQMH of non-receipt of testing material as soon as possible to allow replacement material to be sent.
Human Pathogens and Toxins

Canadian clients must ensure that they are licensed under the Human Pathogens and Toxins Act (HPTA) and provide evidence of such.

Samples distributed as part of the Microbiology Program may contain pathogens of Risk Group 2 or lower (Transportation of Dangerous Goods [TDG] Classification: UN3373 Biological Substance, Category B). Participants must ensure that their facilities and expertise are adequate to ensure the safe handling of these organisms during their participation in the program.

Participants must be licensed or approved by applicable local regulations to possess, handle, store, and dispose of specimens that may contain potentially infectious human pathogens.

International clients must ensure that activities are conducted in accordance with any applicable biosafety and biosecurity standards and policies in the foreign jurisdiction and provide evidence of such compliance.

Replacement and Retest Samples

Replacement samples are defined as samples requested during the survey and must be requested by the participant as soon as possible. Reasons for replacement may include a reconstitution error, contamination, spillage, samples not received, sample received damaged, or insufficient material. On receipt of testing material, participants should examine the vials/slides for leakage, breakage, etc. and inform IQMH if replacement material is required. Requests for replacement material are reviewed and approved by the Consultant Technologist. IQMH only provides samples, at no charge, if need arises from the IQMH activities.

Retest sample is defined as a sample requested upon completion of the survey and is required for a discordant findings investigation or for further laboratory investigation (i.e. validation of new method). Material, shipment and handling costs are charged to participants.

Replacements and retest samples can be requested by completing the online PT Material Replacement or Retest Request form available on QView™ (click on “Proficiency Testing Material Replacement or Retest Request” on the right toolbar on the site’s home page). For further details on requesting replacement material, refer to “Proficiency Testing Guide to QView™” located in the General Proficiency Testing/PT User Information folder in QView™, available upon enrolment.

We reserve the right to ask why replacement and retest samples are needed and limit their supply if this would compromise the service to other participants.

Analysis Worksheets and Survey Instructions

The analysis worksheets, which include survey instructions, are posted on QView™ on the home page. These are grouped by discipline on the home page for each laboratory. The worksheets may contain key instructions for handling and testing Proficiency Testing samples.

Many of the fields on the web-based analysis worksheets have drop-down boxes from which participants can select their response from the list of valid responses for that question.

Method Reporting Codes

Participants may be required to provide IQMH with details regarding their instruments/reagents/analytical principles, including therapeutic ranges, cut-off values or reference intervals for analytes/parameters in which they report results. This information is used for analysis of results and therefore it is critical that participants inform IQMH of any changes to this information using the method code maintenance application in QView™. Access to QView™ is granted upon enrolment. Details on how to make changes to method information and the general use of QView™ will be made available upon enrolment. Current participants can access the Proficiency Testing Guide to QView™ from: https://qview.ca/qview/FileView.aspx?resourceid=696196.

Reporting of Results

Participating laboratories are expected to perform testing and submit results before the survey due date specified on the analysis worksheet for that survey. At the close of the survey, any results that have been SAVED but not SUBMITTED will be evaluated as if they had been submitted.
**Non-Participation Status**

Each survey closes at midnight on the survey due date. Participants failing to submit responses by this time will be considered non-participating.

For Ontario licensed laboratories, participation in IQMH Proficiency Testing Programs is a requirement of both continued licensure by the MOH and successful accreditation through IQMH’s Centre for Accreditation. Some Proficiency Testing Programs requiring interpretive responses from participants may not be formally assessed; these include the cytopathology and bone marrow surveys and the diagnosis portion of the hematology morphology survey. Participants are reminded to advise both IQMH and the MOH, of temporary disruptions in their routine testing caused by, for example, equipment failure or repair, renovations, etc. Such notification should also indicate the alternative arrangements made for processing patient specimens. A report is submitted quarterly to the MOH containing all laboratories not participating in an entire survey and laboratories not submitting results for individual tests on surveys. IQMH indicates on the report if a reason for non-participation in the entire survey was provided.

**Patterns-of-Practice and Educational Surveys**

In addition to the standard Proficiency Testing programs, IQMH also provides programs that facilitate the assessment of pre-analytical and post-analytical phases of laboratory workflow, including the analytical phase. Patterns-of-practice surveys assess focused areas of laboratory practice against referenced criteria through use of questionnaires and/or review of laboratory records or documents. Review and analysis identify state-of-the-art practice in medical laboratories.

Licensed Ontario laboratories are expected to participate in these surveys. Individual laboratory performance is not assessed through information gathered, however, the scientific committee may communicate with laboratories if inappropriate or irregular practice is observed.

Volunteer laboratories are provided with the patterns-of-practice surveys free of charge for the discipline surveys that they purchase.

When appropriate, the scientific committee may develop consensus practice recommendations from information derived from these surveys.

Educational surveys provide learning opportunities based on pre-determined clinical scenarios. Case studies and related questions are provided, and laboratories’ answers are not assessed. These surveys are strictly educational, and participants are provided with valuable learning material through scientific committee comments.

**Patterns-of-Practice and Educational Survey Distribution**

If in questionnaire format, the survey will be posted on QView™ on the home page of each laboratory.

Participants will receive the following:

- Instructions for completion of the questionnaire.
- Instructions on how to upload the required documents to QView™ (if applicable).

Return of material/submission of responses and turnaround times are survey specific.

**Questionnaires**

Questionnaires are tools that IQMH sometimes uses for gathering data for internal use (e.g. development of new surveys, services, etc.). They may be related to laboratory methods or client satisfaction surveys. On occasion, IQMH also collaborates with other organizations to issue a questionnaire that gathers relevant laboratory information not available from other sources. Laboratory performance is not assessed through information gathered in these surveys.

**Questionnaire Survey Distribution**

Questionnaires will be posted on QView™ on the home page for each laboratory. In some cases, an online survey tool such as SurveyMonkey could be used.
Participants will receive the following:

- Instructions for completion of the online questionnaire.

Submission of questionnaire responses and turnaround times are survey specific. Instructions will be described in the questionnaire.

**Testing Schedule**

The testing schedule and report publishing dates are available from the IQMH website as they become available (e.g. Committee Comments and Survey Reports).

Testing Schedules: [https://iqmh.org/Services/Centre-For-Proficiency-Testing/Proficiency-Testing-Schedule](https://iqmh.org/Services/Centre-For-Proficiency-Testing/Proficiency-Testing-Schedule)


The testing schedules indicate the Proficiency Testing material distribution/testing dates and due dates. These dates are valid as of January 1, 2020. Changes to the schedule may occur during the year and these will be indicated in red text. Hover over the red text to view comments associated with any changes.

**Survey Analysis and Performance Evaluation**

Survey assessment rules vary with survey types, and detailed information regarding survey assessment can be found in each of the discipline-specific program information available to Proficiency Testing program participants. This section includes general information regarding survey evaluation.

**Method of Determining the Assigned Value**

Determination of the assigned value is analyte- or parameter-dependent and specified in each discipline’s Program Information, in the Survey Analysis and Assessment section.

- **Formulation**
  
  When proficiency testing items are prepared by adding and mixing a certain amount of substances to a base material, assigned values can be obtained from calculation of masses or properties used.

- **Known Values**
  
  The assigned values for many analytes are obtained from an expert laboratory method, through use of confirmatory testing, and/or medical diagnosis from the testing material donor.

- **Measurement by Reference Laboratory**
  
  The assigned values for some analytes are obtained from a single laboratory using recognized reference methods traceable to a national or international standard.

- **Certified Reference Values**
  
  When a proficiency testing item is a certified reference material (CRM), properties and/or concentrations provided in the material certificate can be used as an assigned value. (i.e. internationally recognized stock culture collection microorganisms).

- **Consensus of Expert Laboratories**
  
  The assigned value for many analytes is taken as the consensus of expert participants or laboratories with demonstrated competence in the determination of the test being assessed, using validated methods known to be accurate and comparable to methods in general use (and who may, in some situations, be reference laboratories).
Consensus of Participants’ Results

The assigned value for many analytes is taken as the consensus of participant results. This is due to the lack of readily available or affordable reference values for medical analytes or parameters.

One of the following may be used:

Quantitative Surveys

- All-methods’ mean (AMM) – Mean of all participants regardless of method.
- Method specific mean (MSM) – Mean of all participants using a specific instrument, principle and/or reagent (used when there are significant and consistent differences between methods).
- Measurement by reference laboratory
- Formulation

Qualitative Surveys

Consensus of non-numeric responses for qualitative surveys is based on a defined percentage of participant responses (usually 80%).

Statistical Analysis of Quantitative Surveys

Estimates of Central Tendency

Non-parametric and robust statistics are used for calculation of the mean and standard deviation for all quantitative surveys, following procedures recommended in ISO/IEC 13528:2015 Statistical methods for use in Proficiency Testing by interlaboratory comparisons, Annex C, Algorithm A with iterated scale. In contrast to commonly used (parametric) statistics, deviating test results (outliers, stragglers) do not have a great influence on the estimate of the central location and spread (mean and standard deviation) of results. Therefore, removal of outliers may be preferred but is not required. This is one of the great advantages of robust statistics. However, IQMH does include an algorithm to remove gross outliers/blunders to minimize potential impact on small statistical groups. Algorithm A first estimates the median and median absolute deviation (non-parametric equivalents to the mean and standard deviation). It then uses these in an iterative process to calculate an “adjusted” mean and standard deviation. The adjusted mean makes more use of the information in the data than the median does, and usually has a somewhat smaller standard error; it is also less biased by extreme values.

Standard Uncertainty of the Assigned Value

The assigned value has a standard uncertainty that depends on the method that is used to derive it, and also, when it is derived from tests in several laboratories, on the number of laboratories, and perhaps on other factors. In general, estimates of uncertainty show a negative correlation with the number of results assessed. The larger the number of results assessed, the smaller the estimate of uncertainty. If the uncertainty is small, it indicates high confidence in the measurement; if it is large, it indicates a wide variation in the measurements and/or a small number of results in the assessment group, and that there is low confidence in the accuracy of the assigned value. When standard uncertainty of the assigned value is more than 10% of the allowable interval, groups are not evaluated without further review by scientific committee. Further statistical analysis may be performed as a result of the committee review.

Limitation of Statistical Analysis

Reliable statistical analysis cannot be performed on groups of less than five results (small user group) or on groups where there is a high degree of uncertainty associated with the mean (see Uncertainty of the Assigned Value). When this occurs in an individual survey, the survey report for the individual laboratory will indicate: NOT ASSESSED for applicable analytes/parameters.
Allowable Performance Limits

The allowable performance limits in IQMH Proficiency Testing programs are established by the scientific committees taking desirable specifications for total error, published biological variation for bias and precision, established target performance limits, published literature and professional clinical guidelines into consideration.

Current limits can be found in QView™ in the Review - Precision Goals and Allowable Performance Limits - Chemistry - Hematology located in the General Proficiency Testing/PT Program Information/Program Information folder in QView™, available upon enrolment.

Evaluation of Laboratory Result

Each result submitted by a participating laboratory is compared with the assigned value and, where applicable, allowable performance limits. Participants are assessed on test results and interpretation of results. Samples and/or parameters may be excluded from assessment as a result of deterioration during the duration of the survey. Failure to complete a response field may be considered an incorrect response.

- Assigned values are established by reference laboratories or a consensus of participant or expert laboratory results.
- Participant results are compared to the assigned value and allowable limits. Performance scores are applied and identify unexpected, unusual or unacceptable results.
- All results with scores requiring action are manually reviewed prior to acceptance.
- The laboratory survey report includes the score and any required action, i.e. discordant findings investigation.

Discordance Assessment

Discordances are assessed when a laboratory’s results differ from the assigned value or are outside the allowable performance limits. In development of performance score systems, the scientific committees have taken into consideration factors such as: clinical significance, participant consensus and the degree of difficulty of the challenge.

Investigation of Discordant Findings

Laboratories achieving an unsatisfactory result in a survey or unacceptable performance in a series of surveys will need to perform and submit a discordant findings investigation to determine the root cause of the problem and implement appropriate corrective and preventive action. Submission of discordant investigation forms is mandatory for Ontario Licensed Laboratories. Volunteer participants may choose to participate in this process.

Cumulative Performance Evaluation

An accurate evaluation of laboratory performance in Proficiency Testing requires results to be monitored over time. Submitted discordant findings investigations are evaluated for evidence of satisfactory corrective action and compares results in subsequent surveys with this record.

As part of its quality system, the laboratory is required to have processes in place to investigate all unsatisfactory Proficiency Testing results and implement corrective and preventive action where appropriate.

Performance is measured over three consecutive surveys. Unsatisfactory responses obtained in two of three consecutive surveys may indicate a problem in the quality system and require more detailed investigation.

Mandatory Ontario licensed laboratories considered to have continuing unsatisfactory performance are notified by IQMH and brought to the attention of the Centre for Accreditation, and the Ontario Ministry of Health. Failure to improve performance may result in additional surveillance activity by IQMH.

Laboratory Complaints/Appeals

An appeal is considered to be a formal request to change a performance assessment decision, e.g. Proficiency Testing Program score or action code whereas a complaint is considered to be an expression of dissatisfaction with a Proficiency Testing product or
service. Online forms are available to address both of these issues and are located on the participant’s homepage in QView™. IQMH has a documented complaints/appeals resolution process. In the first instance, the information will be shared with IQMH staff and the appropriate scientific committee for resolution. Decisions will be based on objective evidence. The participant will be involved in the process as required and informed of the decision. In the event of failed resolution at this level, the complaint/appeal will be moved to IQMH senior committees for full dispute resolution.

**Proficiency Testing Documentation/Reports**

Proficiency Testing-related reports and other educational documents are posted on QView™. Once posted, those individuals within a laboratory with a QView™ account indicating a subscription for that discipline receive an email notification from IQMH that the reports are available for review. In addition, report publication dates are posted on the IQMH website at https://iqmh.org/Services/Centre-For-Proficiency-Testing/Report-Publication-Dates.

**Survey Documentation**

All reports described in this section, including committee comments, are considered final once published in QView™. When corrections are required the original report will be replaced with a report labelled “Updated Report” or for committee comments a “Revision date” will appear in the document.

**Provisional Report/Preliminary Report**

The provisional report is an interim report provided for some Proficiency Testing programs that summarizes the expected results as determined from the assigned value (usually reference or consensus results). This report is posted on QView™ in the General Proficiency Testing folders within one to five days of the close of survey. Laboratories can use this information to determine whether they have achieved correct Proficiency Testing results or need to investigate and implement timely corrective action.

This report is also known as the preliminary report for Cytopathology rotational surveys and is posted in the laboratories’ folders after each rotation of the survey is complete.

Provisional reports are only issued for programs where the mean turnaround time of the final survey reports is longer than five business days.

**General Survey Report**

The general survey report summarizes the performance of all laboratories in comparison to the assigned values. This report is posted on QView™ in the General Proficiency Testing folders within one to six weeks of the close of the survey. It includes statistical data and histograms and provides summary data.

**Final Survey Report**

The final survey report provides the results of the individual laboratory in comparison to all participating laboratories and the assigned values. This report is posted on QView™ in the individual laboratory’s folder within one to six weeks of the close of the survey. This report also contains information on required action when unsatisfactory performance is achieved. Laboratories must review these reports and act on information reported in a timely manner.

**Intra-laboratory Precision Report**

The precision report is issued to facilities whenever two blind identical samples are sent to participants. This occurs on an intermittent schedule. This report calculates the differences between the results obtained in the two samples and can be used to provide an assessment of intra-laboratory precision. More information can be found in the instructions for interpretation of precision reports, available upon enrolment.

**Cumulative Survey Report**

The laboratory cumulative performance report displays the results of the individual laboratory over the previous three or more surveys. The format may vary by survey but is similar to the individual laboratory survey report. A cumulative report aids the laboratory in understanding performance over time and whether corrective action has been effective. Laboratories are encouraged to use information contained in this report for management review purposes.
Performance Summary Report
This report is issued annually and provides a summary of performance for all disciplines. It is intended for use by laboratory management to understand overall performance of the laboratory and to identify areas for improvement. It is also a useful document for management review or quality assurance purposes.

Proficiency Testing Performance Query
A tool providing Proficiency Testing participants the ability to query and extract their performance data in electronic format for their own review and analysis. Performance data include all the information available in survey reports posted to the participant’s QView™ site.

Committee Comments
This is an educational commentary associated with a specific survey. It includes a summary and discussion of participant performance, a technical review of the tests performed, and results reported and, where applicable, a clinical review of the significance of the case and its findings. Committee comments are based on the collective experience and expertise of the scientific committee and may include both recommendations and references to published scientific literature.

Committee comments are published after each survey and are posted in QView™ under the Documents section, by discipline.

Other Educational Documentation

Review
A Review is an educational/guidance document intended to provide an overview of a scientific or technical topic, including background, clinical, analytical or technical information, the relevance and importance of the subject matter, and potential future directions. The content is derived through comprehensive review of available published scientific literature and input and experience provided from experts in the field. It is intended to inform only.

Consensus Practice Recommendations
A Consensus Practice Recommendation document is based on a review of current practice for a given medical laboratory test or process and recommends best practice. The document is frequently based on findings from a Proficiency Testing patterns-of-practice survey, which may initially be published as committee comments, and recommendations are confirmed by evidence documented in the scientific literature. Once completed, it is circulated to stakeholders for feedback and acceptance. It may be considered for use in the development of Accreditation Requirements.

Operations and Subcontracting
IQMH provides its own Proficiency Testing programs and subcontracts the preparation and shipping of testing material to a variety of suppliers.

Laboratory Complaints/Appeals
An appeal is considered to be a formal request to change a performance assessment decision, e.g. Proficiency Testing Program score or action code whereas a complaint is considered to be an expression of dissatisfaction with a Proficiency Testing product or service. Online forms are available to address both issues and are located on the participant’s homepage in QView™. Appeals must be submitted using the online form and must be submitted within three weeks after the Routine Final PT Survey Reports are issued IQMH has a documented complaints/appeals resolution process. In the first instance, the information will be shared with IQMH staff and the appropriate scientific committee for resolution. Decisions will be based on objective evidence. The participant will be involved in the process as required and informed of the decision. In the event of failed resolution at this level, the complaint/appeal will be moved to IQMH senior committees for full dispute resolution.
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CONTACT INFORMATION

Suggestions or inquiries should be addressed to:

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<tr>
<th>Centre for Proficiency Testing Contact</th>
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<tbody>
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## APPENDIX A: REVISIONS

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<tr>
<td>2019-09-20</td>
<td>15</td>
<td>Corrected CK Lee’s email address.</td>
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