CAPT_URI_0500 Urine Dipstick Proficiency Testing						
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Folder:	POCT URINE	Type:	Procedure (2yr)			
Subfolder:		Effective on:	2025-02-24			

Urine Dipstick Proficiency Testing

CAPT_URI_0500

Purpose:

The purpose of this document is how to perform proficiency testing on urine dipsticks.

POCT PT assessment is examined by personnel who routinely examine patient samples.

Proficiency control material for quality assurance purposes.

The alternative assessment is established by the laboratory medical director or designate.

Procedure:

1. Ordering Proficiency Material:

Obtain proficiency material from reputable source. Obtained from Bio-Rad; EQAS Urinalysis Program. Consists of 12 samples, one per month. Store in fridge between 2-8'C.

PT Frequency				
DAP Provisionally Accredited F	acility			
DAP reportable measurands	All services	Minimum two samples and one test		
Non-reportable measurands	All services	event prior to full DAP assessment		
DAP Accredited Facility				
DAP reportable measurands	All services	Minimum four samples per year		
Non-reportable measurands	All services	Minimum two testing events per year		

2. Prepare Proficiency Material:

- a. Supplies:
 - i. Proficiency Material:
 - 1. 1 vial per month (12 tests per year).
 - 2. Store at refrigerator (2 8C) until ready to use. Do not freeze
 - ii. Reporting Document. Refer to:
 - CAPT_URI_0500F2 Proficiency Testing Urine Roche ChemStrips 10 Dipsticks Log
- b. In Biological Safety Cabinet (BSC):
 - i. Wearing gloves and gown. Transfer

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Renewed by:	Ronny Garbuio		Approved on:	2020-12-10	
Renewed on:	2025-02-24		Revision Date:	2027-02-24	
		Documents used outside of C	MNI are uncontrolled.		
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- Using a 15mL test tube, found in Cancer Genetics, transfer 1/3 the solution to a labelled tube. This is to be used by lab to run test concurrently with test site. This will be used to do test the urine dipsticks and pregnancy tests.
- 2. 2/3 still in original tube, will be used at location doing the proficiency testing. Note: 1ml will be transferred to micro-cuvette for pregnancy PT.
- c. Delivery proficiency testing to the ward/location.

SAMPLE	LOCATION	LOT	DELIVER TO LOCATION	
1	2ND FLOOR RAD SUP	360801	2024-04-11	2024-04-17
2	6TH FLOOR ACCU	360802	2024-04-17	2024-04-24
3	5TH FLOOR INPATIEN	360803	2024-05-02	2024-05-08
4	2ND FLOOR RAD SUP	360804	2024-06-06	2024-06-12
5	6TH FLOOR ACCU	360805	2024-07-04	2024-07-10
6	5TH FLOOR INPATIEN	360806	2024-08-08	2024-08-14
7	2ND FLOOR RAD SUP	360807	2024-09-05	2024-09-11
8	6TH FLOOR ACCU	360808	2024-10-02	2024-10-09
9	5TH FLOOR INPATIEN	360809	2024-11-06	2024-11-13
10	2ND FLOOR RAD SUP.	360810	2024-12-05	2024-12-11
11	6TH FLOOR ACCU	360811	2025-01-02	2025-01-08
12	5TH FLOOR INPATIEN	360812	2025-02-06	2025-02-12

URINE DIPSTICK PT SCHEDULE 2024/2025

- 3. Analyze this specimen as you would a patient's urine sample. Instructions: Refer to: CAPT_URI_0100JA3 Quick Instructions for Quality Control Urine Dipsticks
- 4. Record the results on document:
 - a. CAPT_URI_0500F2 Proficiency Testing Urine Roche ChemStrips 10 Dipsticks Log – for lab results indicate on the log "reference results"
- 5. Dispose of samples in biohazard container.
- 6. Send results to Labs Site Supervisor (room 3208AC) fax (604 877-6178) or scan and email (<u>rgarbuio@bccancer.bc.ca</u>) with attention to Ron Garbuio, POCT PT Results.
- 7. Submitting Results* Done by POCT coordinator

*submit few days before due date do to time zone differences.

- a. Log into Bio-Rad: qcnet https://www.qcnet.com/
- b. Select EQAS EQAS Online & Reports



c. Select Lab ID:

Each ID refers to the type of strip tested

190405 – Roche ChemStrips – (don't use 191546, old Siemens strips)

EQAS Online								
Home	Configure	Data Entry	Reports	Log Out				
Lab ID:	190405 BC	CANCER AGE	ICY					•
Uri		CANCER AGE						
1	* 2*	3*	4*	5*	6*	7	8	9
13	_	-	12 Jun	10 Jul	14 Aug	11 Sep	9 Oct	13 Nov
🔲 All Re	sults Saved	Missing Results	Active Sa	mple & Missir	ng Results	Late Results	* Amend	ed Results

- d. Select the cycle that is due
- e. Enter the results provided by the nursing staff into the appropriate fields.

Lab ID: * 190405 BC CANCER AGENCY	•	Program Na	me: *		
		Urinalysis P	rogram - Cycle 4		•
1* 2* 3* 4* 13 Mar 10 Apr 8 May 12 Jun	5* 6* 10 Jul 14 Aug	7 8 1 Sep 9 Oct	9 13 Nov	10 11 Dec	11 8 Jan
All Results Saved 🔲 Missing Results 📕 Active S	ample & Missing Results	Late Results *	Amended Results		
Analyte	Result		UR Subr	nission date &	time (User)
Specific Gravity		•			
pH		•			
Leukocytes		•			
Nitrite		•			
Glucose		•			
Urinary Protein, Total		•			
Ketones		•			
Urobilinogen		•			
Blood (Hemoglobin)					

- f. Select Save
- 8. Review reports. * will be notified via email when complete.
 - a. On EQAS online select EQAS Online & Reports
 - b. Select Reports My EQAS Reports

EQ	AS Onl	line					
Home	Configure	Data Entry		ts Log Ou S Reports			
Data E	-	NCER AGENC	View Au	dit Trail		▼ Pro	ogram Name
						U	rinalysis Prog
13 M	_	3* 8 May	4* 12 Jun	5* 10 Jul	6* 14 Aug	7 11 Sep	8 9 Oct
	esults Saved	Missing Results	s 🔲 Activ	e Sample & Mi	ssing Results	1 Late Res	sults * Am

c. Select the Lab, Program Name, Cycle and Report type (Sample Report)

My EQAS Repo	orts			
🔶 💿 PDF opens	within this window \bigcirc PDF opens in new v	window (Recom	mended for tablet users)	
Lab ID	Program Name	Cycle	Report Type	Sample
191546 🔻	Urinalysis Program 🔻	04 🔻	Sample Report 🔹	06 🔻

- d. Save reports in folder: H:\Lab_Medicine\POCT Point of Care\Urine POCT\Proficiency Testing
- e. Review the results

9. POCT PT Assessments

 Results are monitored by the laboratory medical director/POCT Quality Coordinator reviewed within 4 weeks of receiving and discussed with relevant personnel; Point of Care Committee Meetings and Quality Improvement Monthly Meeting.

Proficiency testing or alternate assessment results are monitored by the laboratory medical director or designate at a defined interval and discussed with relevant personnel.

- i. If all acceptable with no impact to patient care, Site Supervisor/POCT Quality Coordinator can sign the final report
- ii. If non-conforming results, investigated and have signed by Medical Director
- b. Unacceptable POCT PT assessment results are investigated and corrective action is implemented where indicated. This investigation and any corrective action is documented and retained.
 - Implement corrective actions
 - Check for trends that indicate potential nonconformities

- Analyse the root cause check the PT assessment review/recommendation and consult medical director
- Take further action as required to prevent occurrence
- File the record of all corrective action
- YOU DO NOT NEED TO SUBMIT TO DAP
 - While all PT exceptions need to be investigated, not all need to be reported to the DAP. Urinalysis is one that does not need to be reported to the DAP.
 - For more information about <u>Reportable Measurands</u> refer to the DAP website.
- c. The authority to withdraw/discontinue a POCT examination in the event of serious POCT PT assessment problems is defined.
 - i. a clinically significant impact to patient results has been confirmed
 - ii. the accuracy and reliability of test results cannot be verified, or
 - iii. the cause of significant or ongoing PT exceptions cannot be determined
- d. When predetermined performance criteria are not fulfilled (i.e. nonconformities are present), staff participate in the implementation and recording of corrective actions. The effectiveness of corrective action is monitored.

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