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 Facility

DAP reportable measurands Non-reportable measurands	All services	Minimum two samples and one test event prior to full DAP assessment

DAP Accredited Facility

DAP reportable measurands Non-reportable measurands	All services	Minimum four samples per year 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 – 8'C) until ready to use. Do not freeze

      ii. Reporting Document. Refer to:

         1. CAPT_URI_0500F2 Proficiency Testing Urine Roche ChemStrips 10 Dipsticks Log

   b. In Biological Safety Cabinet (BSC):

      i. Wearing gloves and gown. Transfer

1. 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.

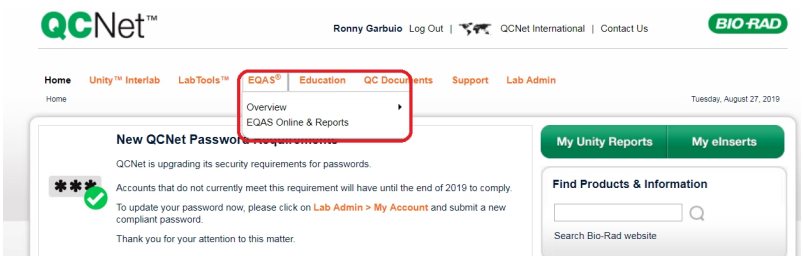
URINE DIPSTICK PT SCHEDULE 2024/2025

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

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 (rgarbuio@bccancer.bc.ca) 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.

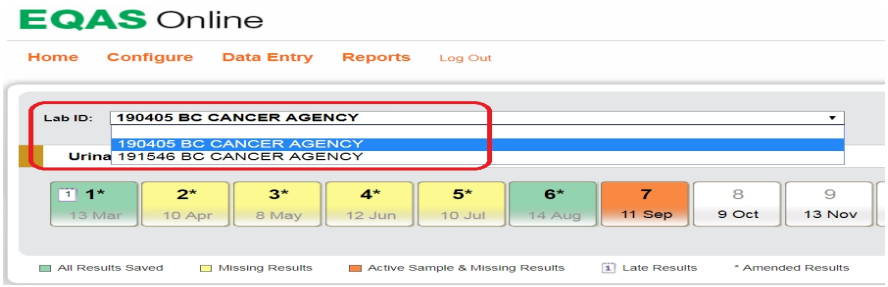
   a. Log into Bio-Rad: qcnet https://www.qcnet.com/
   b. Select EQAS – EQAS Online & Reports



c. Select Lab ID:

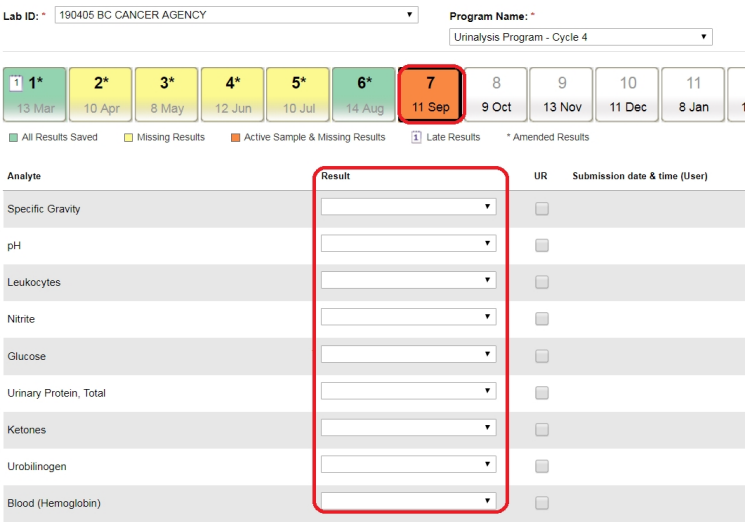
   Each ID refers to the type of strip tested

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



d. Select the cycle that is due

e. Enter the results provided by the nursing staff into the appropriate fields.

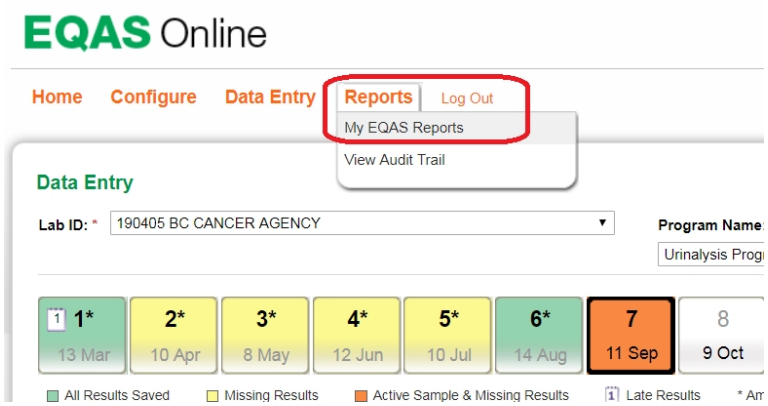


f. Select Save

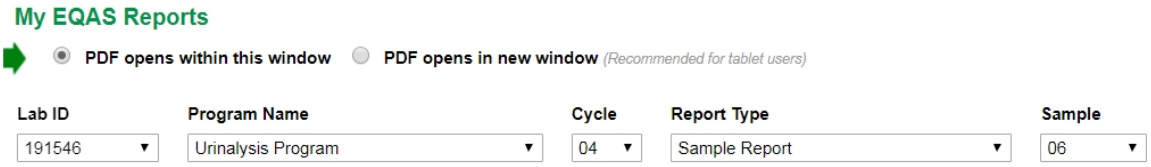
8. Review reports. * will be notified via email when complete.

   a. On EQAS online select EQAS Online & Reports

   b. Select Reports – My EQAS Reports



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



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

e. Review the results

9. **POCT PT Assessments**

a. 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 Reportable Measurands 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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