



# Regulatory Panel Discussion

Oct 16, 2019

# 2018 CAP Deficiencies

| CHECKLIST REQUIREMENT  | CAP-WIDE* |
|--|-----------|
| <b>GEN.55500</b> Competency Assessment   | <b>1</b>  |
| <b>COM.01200</b> Activity Menu   | <b>2</b>  |
| <b>COM.04250</b> Comparability of Instruments and Methods –<br>Nonwaived Testing | <b>3</b>  |
| <b>COM.10000</b> Procedure Manual  | <b>4</b>  |
| <b>COM.30600</b> Maintenance/Function Checks                                     | <b>5</b>  |
| <b>COM.01700</b> PT and Alternative Assessment Result Evaluation                 | <b>6</b>  |
| <b>COM.30300</b> Reagent Labeling  | <b>7</b>  |
| <b>COM.01400</b> PT Attestation Statement  | <b>8</b>  |
| <b>COM.04200</b> Instrument/Equipment Record Review                              | <b>9</b>  |
| <b>COM.30400</b> Reagent Expiration Date   | <b>10</b> |

# What's new: 2019 checklist edition

- What's new
  - 2019 checklist edition
    - Added new Digital Image Analysis to the Molecular (MOL) and Cytogenetics (CYG) checklists and improved the Digital Image Analysis sections in the Anatomic Pathology (ANP) checklist
    - Updated Predictive Marker checklist requirements for In Situ Hybridization (ISH) and Immunohistochemical (IHC) methods in the ANP, CYG, and MOL Checklists to generalize requirements for predictive marker testing when possible (previously focused only on HER2 and ER/PgR assays). Also modified PT requirements to require PT or alternative assessment for all predictive markers done by ISH or IHC.
    - Updated the microarray requirements in the MOL and CYG checklists
    - Clarified calibration, calibration verification, and analytical measurement range requirements across multiple checklists.

# What's new: 2019 checklist edition

- What's new
  - 2019 checklist edition, continued
    - Moved/standardized checklist requirements for pipettes, analytic balances and weights to the All Common Checklist (COM) and deleted them from the discipline specific checklists, reducing redundancies.
    - Added new checklist requirement on investigating non-conformances and clarified when to conduct a root cause analysis in the Laboratory General (GEN) checklist
    - Introduced the concept of distributive testing for proficiency testing in the COM checklist.
    - Added a new section in the Point of Care (POC) checklist for Molecular-Based Microbiology Testing-Waived Tests
    - Revised multiple checklist requirements in the Histocompatibility (HSC) checklist to be compliant with the Foundation for the Accreditation of Cellular Therapy (FACT) standards

# What's new: 2019 checklist edition

- What's new
  - 2019 checklist edition, continued
    - Revised the Biorepository (BAP) checklist for biorepository laboratories to be compliant with the Clinical Laboratory Improvement Amendment (CLIA) regulations.
    - Added a new checklist requirement in the Chemistry (CHM) checklist on opiate testing.
    - Added a new checklist requirement in the Transfusion Medicine (TRM) checklist to align with the FDA on the labeling of red blood cells with historical antigen typing.
    - Added a new checklist requirement regarding hazardous waste registration and regulations. Registration is required with the Environmental Protection Agency (EPA) and/or appropriate national, federal, state (or provincial), and local governmental agencies, as applicable.

# COLA Update 2019

Lab Quality Confab  
October 16, 2019

# Top 10 citations 9/1/18 – 8/31/19

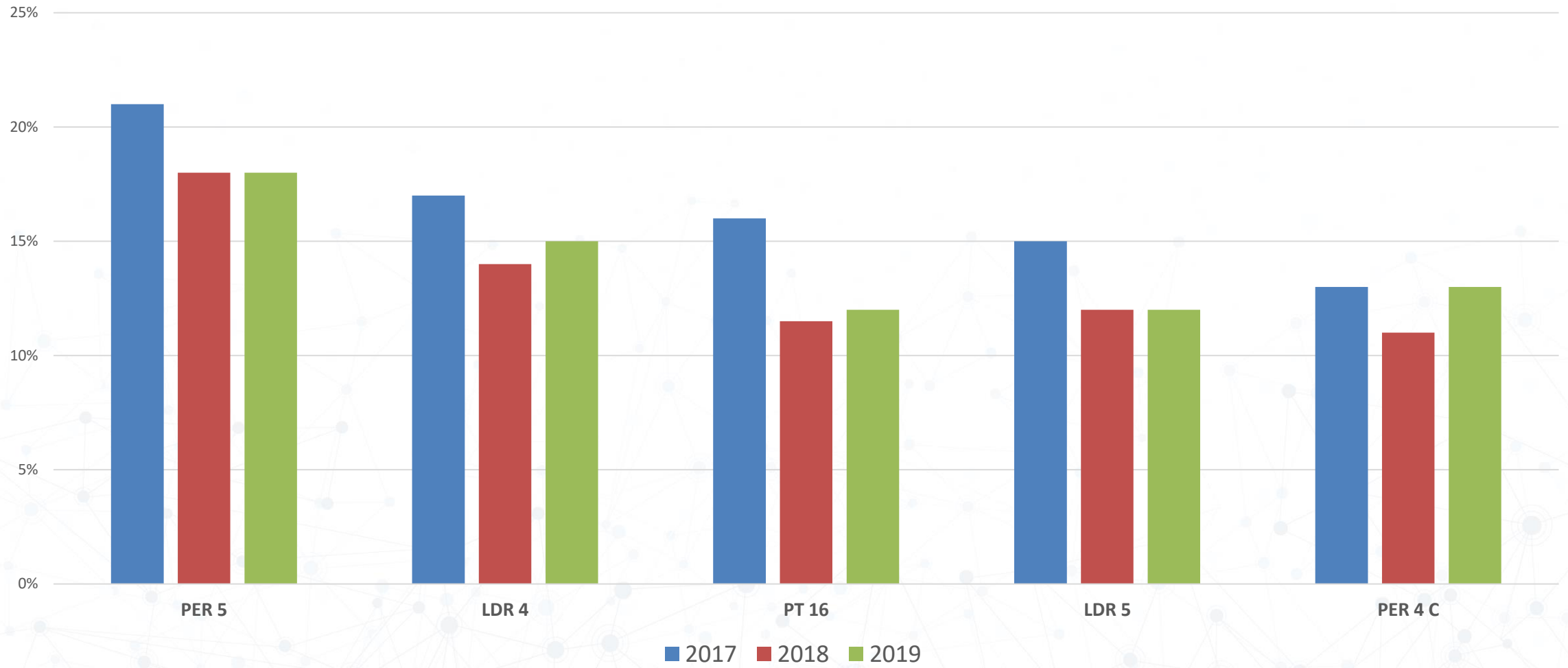
| RANK | CITATION | #   | %   | REASON CITED   |
|------|----------|-----|-----|--|
| 1    | PER 5    | 621 | 18% | For not performing or documenting competency assessments as required   |
| 2    | LDR 4    | 525 | 15% | For the Laboratory Director not fulfilling the Proficiency Testing responsibilities of the position                  |
| 3    | PER 4C   | 448 | 13% | For the Technical Consultant or Technical Supervisor not fulfilling the responsibilities of the position             |
| 4    | LDR 5    | 426 | 12% | For the Laboratory Director not fulfilling the Quality Control / Quality Assessment responsibilities of the position |
| 5    | PT 16    | 422 | 12% | For not documenting review of PT scores by the Laboratory Director, supervisory personnel, and testing personnel     |

# Top 10 citations 9/1/18 – 8/31/19

| RANK | CITATION | #   | %   | REASON CITED  |
|------|----------|-----|-----|---|
| 6    | PER 4E   | 390 | 11% | For the testing personnel not fulfilling the responsibilities of the position   |
| 7    | PT 15    | 333 | 10% | For not maintaining copies of the PT attestation statements, signed by the Lab Director and testing personnel                 |
| 8    | CA 2     | 294 | 8%  | For not performing and documenting calibration verification as required   |
| 9    | QC 16    | 281 | 8%  | For not tracking and monitoring quantitative QC data, such as LJ charts, in order to assess accuracy, precision, shifts, etc. |
| 10   | WAV 2    | 280 | 8%  | For not performing and documenting QC for waived testing as required by the manufacturer                                      |



# COLA top 10 citations 2017-2019



# Updates

- COLA's deemed status was reapproved and published in the Federal Register in February 2019
- 2020 COLA criteria updates on the horizon:
  - Proficiency Testing
  - Procedures
  - Transfusion Services

# CLIAC updates

- Three workgroups made recommendations at the April 2019 meeting:
  - Personnel Regulations
  - Nontraditional testing workflow model
  - Next Generation Sequencing
- Public is invited to comment on emerging technologies at the upcoming CLIAC meeting in November:
  - <https://www.cdc.gov/cliac/upcoming-meeting.html>

# Proposed PT changes

- Proposes the addition of 29 analytes to the “regulated” list
- Application of PT sanctions related to waived testing performed in non-waived laboratories
- Raises unexpected antibody passing PT score from 80% to 100%
- Requires PT for manual WBC differentials AND automated differentials
- Updates Microbiology PT
- Updates acceptable limits
- Additional requirements for PT providers

# Personnel responsibilities

- CLIA defines responsibilities for all CLIA positions
- Not understanding and/or not fulfilling the responsibilities of the position(s) held is a significant root cause of laboratory noncompliances

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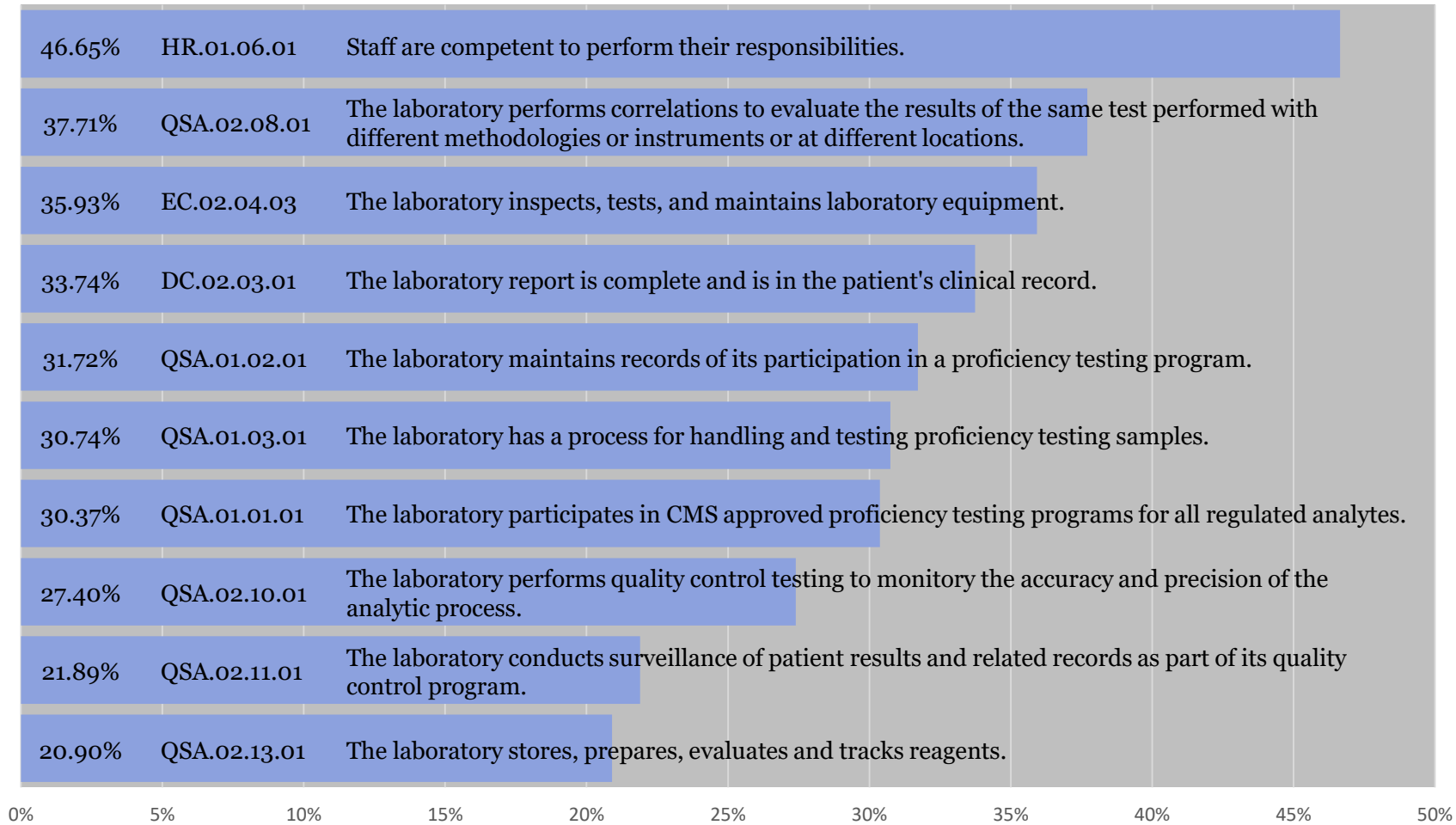
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Oct 16, 2019



# 2018 Top Laboratory Standards Noncompliance

## Laboratory and Point-of-Care Testing



# IQCP



?

Where are we now

? Can your staff speak about it

? Are staff involved in updating risks

? Is it an active tool

# 2018-19 Top Ten CLIA Based Deficiency Comparison

| Deficiency                               | CAP  | COLA    | TJC | Comments                           |
|--|------|---------|-----|------------------------------------|
| Competency Assessment                    | 1    | 1       | 1   |                                    |
| Activity Menu                            | 2    |         | 2   |                                    |
| Proficiency Testing                      | 6,8  | 5,7     | 6,7 | Handling and record keeping        |
| Method Comparisons                       | 3    |         | 4   |                                    |
| Procedure Manual                         | 4    |         |     |                                    |
| Calibration Verification                 |      | 8       | 10  |                                    |
| Equipment Maintenance                    | 5,9  |         | 5   | Function checks and record keeping |
| Not Meeting Responsibilities of Position |      | 2,3,4,6 |     | LD, TC/TS, Testing Personnel       |
| QC Monitoring                            |      | 9,10    | 8   | Waived and non-waived              |
| Reagents Labeling and Expiration         | 7,10 |         |     |                                    |
| Complete Lab Report                      |      |         | 3   |                                    |

# Why ISO?

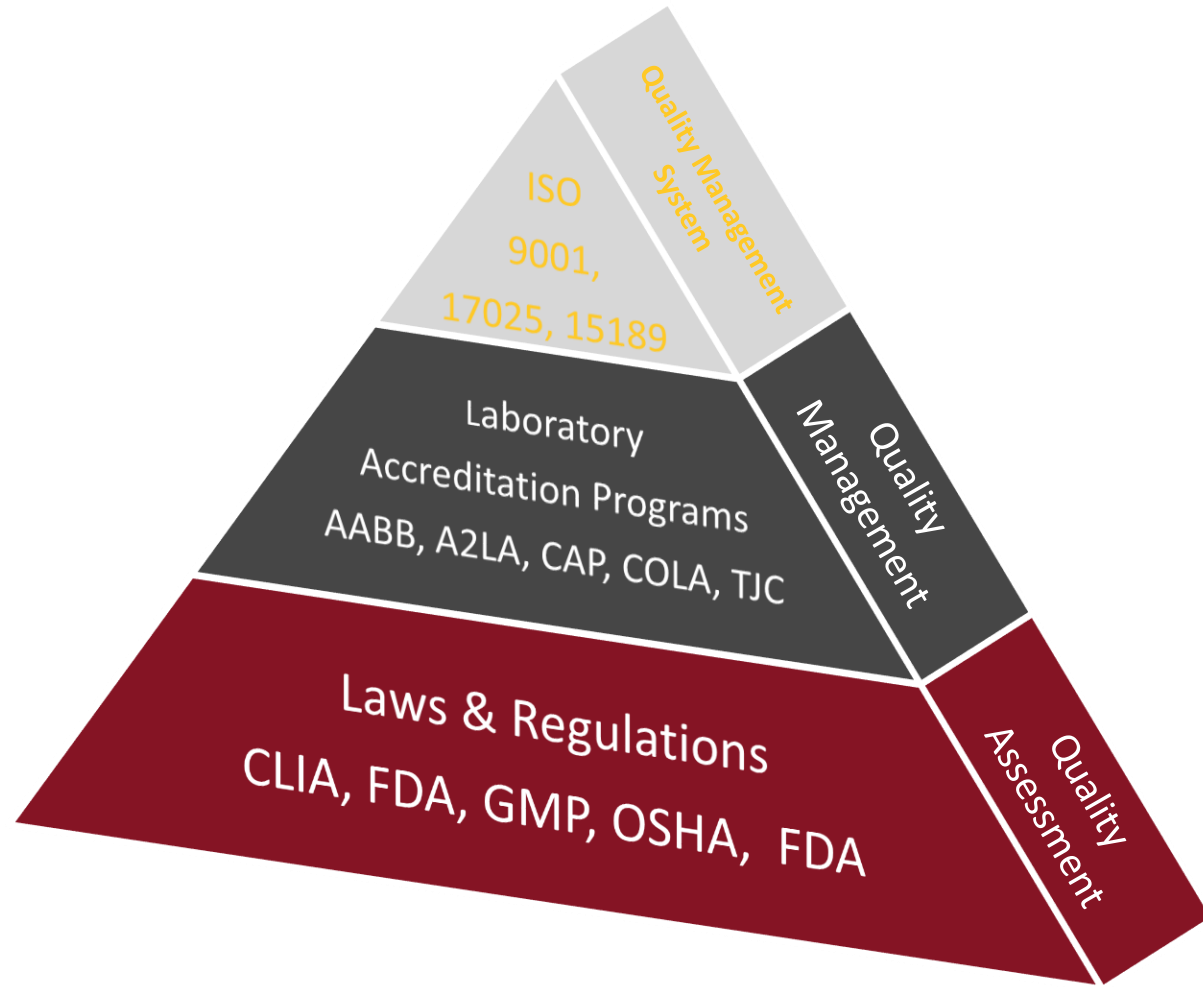
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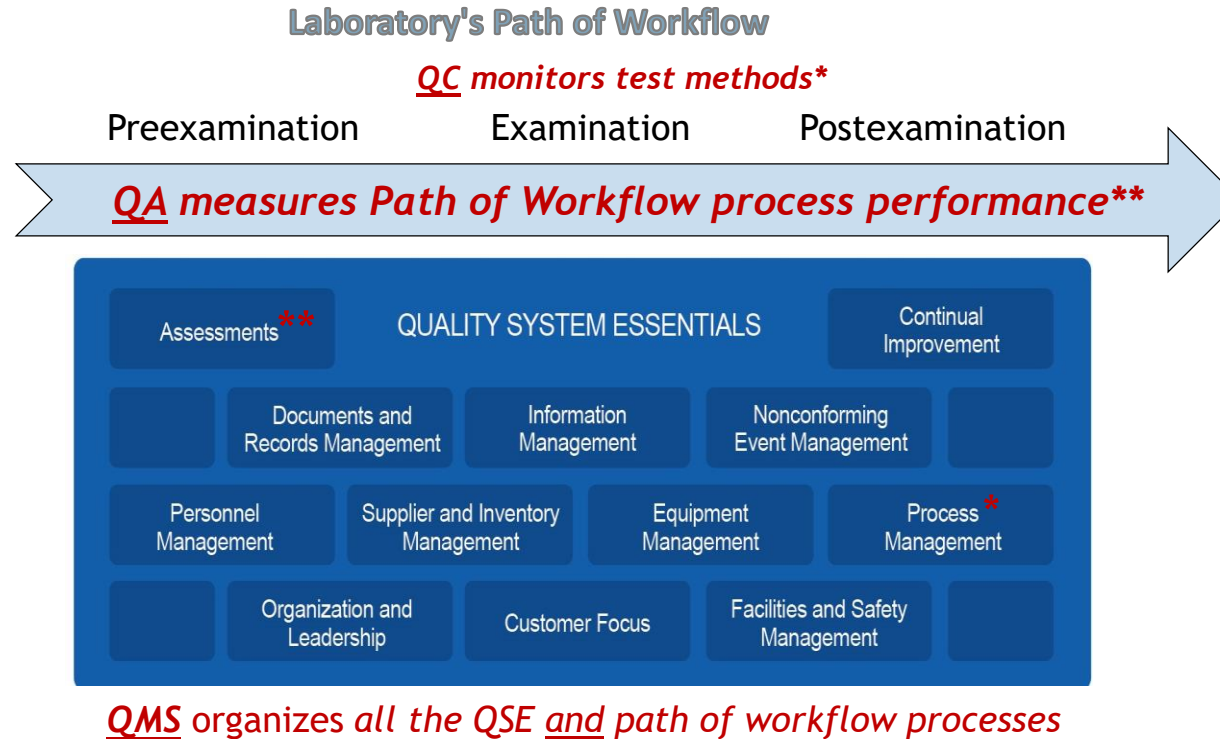
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*Lab Quality Confab 2019*

# Taking Quality to the Next Level



# The Roles of QC, QA, and QMS



Reference: CLSI QMS01: *Quality Management System Model for Laboratory Services*, 5<sup>th</sup> Ed., 2019

# CLIA vs ISO – The Difference

|                                      |  |
|--------------------------------------|--|
| <b>Management requirements</b> ..... |  |
| 4.1                                  | Organization and management responsibility.....    |
| 4.2                                  | Quality management system.....                     |
| 4.3                                  | Document control.....                              |
| 4.4                                  | Service agreements.....                            |
| 4.5                                  | Examination by referral laboratories.....          |
| 4.6                                  | External services and supplies.....                |
| 4.7                                  | Advisory services.....                             |
| 4.8                                  | Resolution of complaints.....                      |
| 4.9                                  | Identification and control of nonconformities..... |
| 4.10                                 | Corrective action.....                             |
| 4.11                                 | Preventive action.....                             |
| 4.12                                 | Continual improvement.....                         |
| 4.13                                 | Control of records.....                            |
| 4.14                                 | Evaluation and audits.....                         |
| 4.15                                 | Management review.....                             |

# ISO 15189:2012 Deficiency Trends

| A2LA | IQMH         | ISO 15189  | Citation  |
|------|--------------|------------|---|
| 8    |              | 4.1        | Organization and management responsibility (ethical conduct, quality objectives, Lab Director responsibilities) |
| 7    |              | 4.3 *      | Document Control (documents reviewed/approved before use & periodically, master document list, change control)  |
| 6    | 2,3,4,1<br>0 | 4.14       | Evaluation of audits (internal audits, quality indicators, risk management, external assessment of POCT)        |
|      | 5            | 4.15       | Management Review (discharging actions)   |
| 10   | 1            | 5.1        | Personnel (training, competency – blood product admin)  |
| 9    |              | 5.2 *      | Accommodation and environmental conditions (control, monitoring, and recording lab environmental conditions)    |
| 1,3  | 6            | 5.3<br>*** | Laboratory equipment, reagents, and consumables (maintenance, calibration, inventory records, traceability)     |
|      | 7            | 5.4        | Pre-examination processes (transport bag evaluation)  |
| 4    | 8,9          | 5.5        | Examination processes (measurement uncertainty, validation, verification, documented procedure)                 |
| 2,5  |              | 5.6        | Ensuring quality of examination results (PT, defining QC)   |

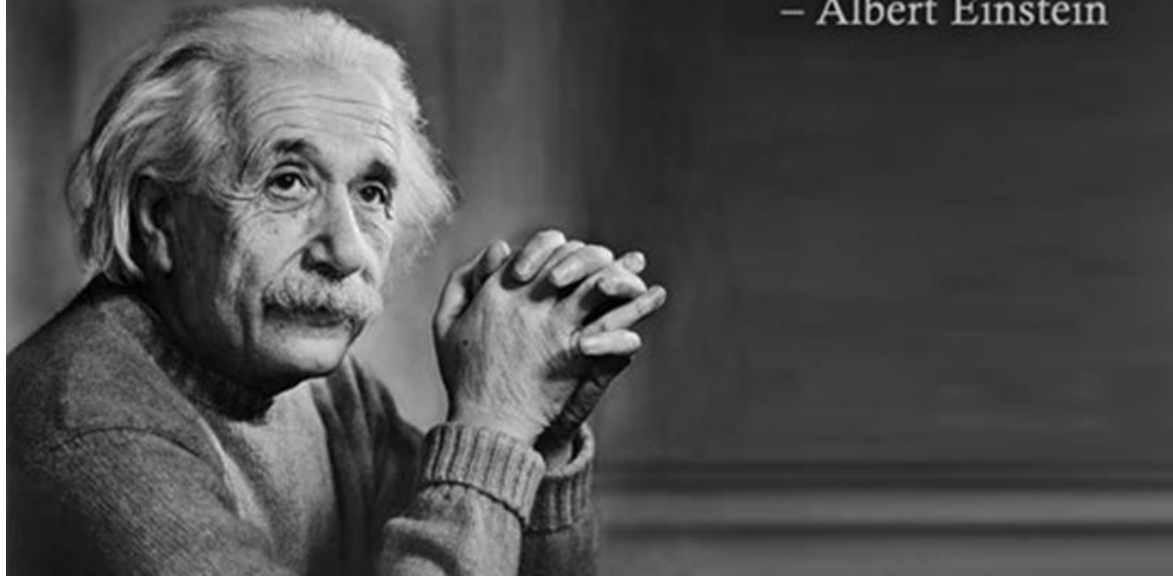
Resource: A2LA data reported by Director of Government Relations on 9/27/2019  
 IQMH data reported by Director, Centre for Education on 10/8/2019



## Quality Quote

If you can't explain it **simply**, you don't understand it well enough.

– Albert Einstein





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