# American Association for Laboratory Accreditation





Raising the Bar in Laboratory Quality...

Getting Started with ISO 15189 in Your Lab: Introduction to Resources, Training, Implementation, and **Timelines for Earning** Accreditation





- What is ISO 15189?
- What is Accreditation?
- Preparing for Assessment
- On-site Assessment Actions
- Corrective Action Process
- Mutual Recognitions





## Management System

- A broad term that includes the laboratory's quality manual, work instructions, procedures, policies, systems, forms, external documents
- Helps ensure uniformity in processes, training and auditing actions





## What is ISO 15189?

- Title Medical laboratories Requirements for quality and competence
  - □ Prepared by ISO Technical Committee ISO 212 Clinical laboratory testing and in vitro diagnostic test systems
  - Originally published in 2003. Revised in 2007 and 2012.
  - ☐ Based upon:
    - ■ISO/IEC 17025 General requirements for the competence of testing and calibration laboratories
    - ■ISO 9001 Quality management system requirements





### What is ISO 15189?

- Quality System Requirements
- Technical Requirements
- Laboratory Information System (LIS) Requirements
- The terminology used and processes were specifically written for medical testing laboratories



# How do I obtain a copy of ISO 15189?

- Copyrighted ISO standard
- Available for purchase from:
  - ☐ www.iso.org
  - ☐ www.ansi.org
  - ☐ www.clsi.org





#### **Use of ISO 15189**

- Medical Laboratories base their management systems on this standard to demonstrate their technical competence
- Accreditation bodies use this standard as a tool to evaluate and confirm technical competence and management system compliance in order to grant accreditation to medical laboratories





#### **Use of ISO 15189**

- Accreditation bodies in all 27 EU countries adopted the standard for voluntary accreditation
- In some countries, it is the standard by which laboratories are reimbursed (ex. Australia, India & China)
- Growing use in US compliments CLIA requirements nicely



## What is Laboratory Accreditation?





## Laboratory Accreditation

Defined as a procedure by which an authoritative body\* gives formal recognition that a Conformity Assessment Body fulfills specified requirements and is <u>competent</u> to carry out specific tasks.

\*(e.g. A2LA)

- ☐ Conformity assessment body: organization that fulfills specified requirements and is competent to carry out specific tasks and that can be the object of accreditation
  - i.e. Applicant Medical Laboratory



#### Accreditation Ten Second Tutorial

**Do**ing what you **say** you are doing

And being able to **prove** it!







## Three Critical Thoughts



- Does the laboratory "say" what they do?
  - ☐ Are there written <u>documents</u> (policies, procedures, arrangements) that meet the requirements of ISO 15189?
- Does the laboratory "do" what they say?
  - ☐ Are they in <u>compliance</u> with their own quality system, test methods and ISO 15189?
- Can the laboratory "prove" it with their records?
  - □ Ranging from having training <u>records</u> to standards preparation to work books to patient reports to audit reports and everything in between?



## Accreditation Requirements

A2LA's

Policies/Procedures and Company's QMS

Supplementary
Specific Criteria
(e.g. CLIA, State Requirements)

Technical Requirements of Specific Test Methods and Procedures

ISO 15189 Accreditation Criteria



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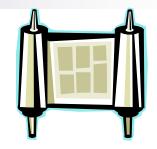
#### Some Terms Defined

- **Shall** = imperative
- Should = strong recommendation
- Policy = rules the "what"
- Procedure = step-by-step the "how"
- Documents = the "what" and "how"
- Quality System = written policies, procedures, arrangements, etc. (all of the documents)
- Record = history (the "proof")





#### "Documents"



ISO 15189 defines these terms as written "documents" and in this context they describe how work IS to be done:

- Policy
- Procedure
- Instruction
- System
- Plan

- Define
- Specify
- Pre-defined
- Pre-determined
- Arrangement





#### "Records"



ISO 15189 defines these terms as "records" and in this context they serve as historical evidence of how work WAS done:

- Record
- List
- Register
- Formulate
- Validate

- Evaluate
- In Writing
- Monitor
- Feedback





## Deficiency (Nonconformity)

- A departure from or an instance of noncompliance with a condition or criterion for accreditation:
  - ☐ ISO 15189
  - ☐ Method
  - ☐ Specific Program Requirement(s)
  - ☐ Policies & Procedures





#### "Weasel Words"

- "Where practicable"
- "Where necessary"
- "Including but not limited to"
- "Where appropriate"
- "Where possible"
- "Whenever reasonable"
- "If relevant" "Where relevant"







#### "Weasel word" doctrine

Who's right when there is a difference of opinion between the lab and the assessor?

- Unless the assessor has non-refutable objective evidence of the technical validity of enforcement of weasel words, the lab is always right.
- A weasel word is also enforced if another document (regulation, program requirement, etc.) supersedes the weasel word





- <u>Shall include</u> Whatever is listed after "shall include," must be in the procedure or record...unless it is accompanied by a weasel
- Shall ensure The objective evidence (outcome) must show that the stated goal listed in the standard has been met.



## Preparing for Assessment





#### Resources

- A2LA Public and In-House ISO 15189 Training
  - http://www.a2la.org/training/index.cfm
- ILAC Guidance Document ILAC-G26:07/2012 "Guidance for the Implementation of Medical Laboratory Accreditation System"
  - ☐ Available for free from <u>www.ILAC.org</u>
- A2LA ISO 15189 Checklist
  - Must sign ISO 15189 ownership confirmation form





## Preparing...

- Study and understand requirements
- Make a list of every procedure/document required
- GAP analysis of your Laboratory and the ISO 15189 standard
- Assign tasks and achievable deadlines
- Spread the workload





## Preparing...

- Involve the technical staff in ensuring the lab's compliance
- Review all technical procedures and quality manual with technical staff
- Perform thorough internal audits (4.14)
- Perform Management review (4.15)



#### What is needed to start?

- Application
- Quality Manual
- Quality and technical SOPs and Work Instructions
- Completed ISO 15189 Assessor Checklist
- Equipment List & Technical Staff Matrix
- Scope: Test w/ corresponding method IDs
- Proficiency Testing (PT): Enrollment & Successful PT
- Evidence of purchase of ISO 15189





- Estimates of Measurement Uncertainty
  - ☐ Develop procedures, ID contributing factors
  - ☐ Training on performing calculations
- Traceability of Calibrations
  - ☐ Thermometers, balances, centrifuges, hygrometers, etc.
- A2LA's Metrological Traceability (P905) and Measurement
   Uncertainty (P903) documents are great resources





- Specific information on your laboratory
- Provide the technical staff matrix
- Application date
  - Attests to when laboratory is ready for assessment
  - ☐ Send in the accreditation fee





## **Quality Manual**



- Lays out Quality System roadmap
  - □ No set format required
  - ☐ Level of detail based on structure / function of the laboratory and its' needs
    - Clause 4.2.2.2 lists the elements that <u>absolutely</u> need documentation here:
      - **□**Examples:
        - Quality policy
        - Roles and responsibilities of laboratory management



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## Scope of Accreditation

Identifies precisely what the laboratory is accredited for:

- Includes a listing of test methods or test technologies, products or materials on which the testing is done, the anniversary date and location of testing facility.
- Must be confirmed by the assessor
- Does not need to include all of lab's capabilities
  - Unlike CLIA, you can get accredited for a "limited" scope of activities



#### **On-site Assessment Actions**



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#### **Assessor Prior Review**

- Review Quality Manual, Lab procedures
  - Do they contain required policies and procedures
  - ☐ Review test methods
- Review of past PT results
  - ☐ Scope Coverage
  - □ Look for outliers, evidence of "concern"
- Report on potential areas of noncompliance (ISO 15189 only program)
  - Allows labs to make "minor" fixes in advance
  - Warning if "major" problems exist





#### What is assessed?

- Management system...
  - ☐ Review of ISO 15189 / A2LA Requirements
    - Documents, Records, Interviews
    - ■Say, Do, Prove
- Review of PT results for competency



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#### What is assessed?

- Management system...
  - ☐ Management / administrative activities, such as:
    - Purchasing of consumable materials
    - Management of calibration system
    - Contracts / Client interactions
    - Document control and Change
    - Training records
  - Strict adherence to documented procedures





#### What is assessed?

- Technical
  - ☐ Scientific judgment
    - Performance of test
    - Sampling activities
    - Preparation of reagents
    - Results / data analysis
  - ☐ Strict adherence as well as technical correctness
  - ☐ Audit must be conducted by those familiar with technology







## Watch Performance of Activity

- Confirm that technicians are following procedures
- Judge technical skill
- Gain information about training and supervision
- Detect status of the equipment
- Confirm answers





#### After the assessor leaves...

- Leaves a deficiency report detailing non-conformances
- Initial corrective action response required within 30 days
- As a new applicant, must resolve deficiencies within 90 days of the date of the exit briefing, or may be subjected to a follow-up assessment
- Corrective action with objective evidence is reviewed by A2LA staff; additional information is requested, if needed
- The Accreditation Council is balloted
- Accreditation is granted when <u>all</u> issues are resolved with objective evidence





#### **Accreditation Timeline**

- Initial accreditation effort takes an average of 5-8 months
- Two year anniversary date
- On-site surveillance after I<sup>st</sup> year of accreditation (A2LA)
- On-site renewal every 2 years
- On going proficiency testing participation
- Annual Submission of Internal Audits and Management Review (A2LA)



# Who accredits the accreditor in the ISO world?

- A2LA is a full signatory to the International Laboratory Accreditation Cooperation (ILAC)
- A2LA operates in compliance with ISO/IEC 17011
- Every 4 years A2LA's ISO 15189 accreditation program undergoes a peer evaluation by fellow ILAC signatories from around the world

ILAC recognition for the accreditation of medical testing laboratories to ISO 15189 means that your laboratory's ISO 15189 accreditation through A2LA will be accepted internationally



## A2LA Clinical Accreditation Program Options

- ISO 15189 only
- CLIA only
- Platinum Choice (CLIA + ISO 15189)



#### For Further Information

Contact: Amanda McDonald

Phone: 240-575-7486

Email: amcdonald@A2LA.org

American Association for Laboratory Accreditation (A2LA)
5301 Buckeystown Pike, Suite 350
Frederick, MD 21704

www.A2LA.org

