

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -
SHREVEPORT

**PROVIDER PERFORMED MICROSCOPY (PPM)/PROVIDER PERFORMED
TESTING (PPT) GUIDELINES**

Purpose:

To provide guidelines that insure valid, reliable test results when laboratory testing is performed outside the main Clinical Laboratory or designated Special Function Laboratory at the University Hospital.

Definitions:

Provider performed Microscopy procedures, PPM, refers to any lab test performed outside of the physical facilities of the clinical laboratories that requires the use of a microscope (limited to brightfield or a phase/contrast microscope) and that is performed by Physician, Physician Assistant, or Nurse Practitioner. These tests are a subset of moderately complex tests as defined by CLIA and all requirements for moderately complex testing must be met. PPM testing is performed under the direction of the Chief Medical Officer, PPM CLIA certificate # 19D0904226, with oversight by the Clinical Laboratory POCT Supervisor. The POCT Supervisor is responsible for monitoring/reviewing and record retention. Hospital Administration, Chief Medical Officer, and the Chairs of the departments are responsible for compliance.

Provider performed Testing, PPT, refers to tests categorized as **waived** (that does not involve an instrument) by CLIA and performed by physicians, physician assistants, or nurse practitioners. These waived tests are performed under the same PPM CLIA certificate listed above. Providers must follow manufacturers' instructions for waived testing.

Point-of-care Testing (POCT) refers to analytical patient testing provided within the institution, but outside of the physical facilities of the clinical laboratories. The central criterion is that it does not require permanent dedicated space. POCT is accredited by the College of American Pathologists, CAP # 2011917 and CLIA # 19D0679550. Testing may only be performed by RN's and phlebotomists at LSUHSC.

Personnel:

The Chief Medical Officer is the Director of Provider Performed Testing at LSUHSC-Shreveport and is responsible:

1. For the overall operation and administration of PPM/PPT including the prompt, accurate, and proficient reporting of patient results.

2. To ensure that testing is performed by an individual who meets the qualification requirements, i.e., physician, physician assistant, nurse practitioner.
3. To ensure that testing is performed according to established policies and procedures.

Testing Policies and Procedures:

Policies and Procedures for testing are maintained by the Clinical Laboratory and accessible on the LSUHSC website. Policies and procedures must be approved before initial use for patient testing and at least once every three years thereafter.

Training and competency, PPM:

Providers (physicians, physician assistants, nurse practitioners) performing **PPM** must be trained initially and competency assessed at 6 months and annually thereafter for the specific PPM testing that he/she performs. Training and competency are accomplished through the web-based educational site, www.medtraining.org. The Chair of the department in which the provider resides is responsible for submitting the provider's name along with the test he/she will be doing to the POCT Supervisor, extension 57951, so that she can enroll the provider into the Med Training website program. It is the responsibility of the Chair of each department to ensure that providers complete their training and competency. The POCT Supervisor will send a reminder to the Chairs when it is time for competencies to be completed. Documentation of the training and competency is monitored by the POCT Supervisor and retained in the POCT office. Failure of providers to comply is reported to the Chair of each department and to Hospital Administration.

Training and competency, PPT

When a licensed practitioner (physician, physician assistant, nurse practitioner) performs **waived testing** that does not involve an instrument and the test falls within his or her specialty, LSUHSC-S will use the medical staff credentialing and privileging process to document evidence of training and competency in lieu of annual competency assessment. The individual practitioner privileges will include the specific waived test appropriate to their scope of practice that he or she is authorized to perform. No further assessment of skills or documentation of competence is required. This testing will be designated on the E-priv listing.

Proficiency Testing:

PPM - Providers will participate in the College of American Pathologists Proficiency Testing (PT) Program for PPM. Demonstration of test accuracy and reliability is required every 6 months by CLIA. To fulfill this requirement, at least one provider in each clinic/service where testing is performed must complete the semi-annual

proficiency test for PPM testing for each specific test that is performed in that clinic/service. PT survey samples will be rotated among providers performing testing in each clinic/service. The POCT Supervisor will be responsible for reviewing performance evaluations and will send a report to the appropriate Chair(s) and to Hospital Administration. PT exceptions (failures) will be addressed by Hospital Administration and the Chair of the department. Documentation of proficiency testing will be maintained by the POCT Supervisor.

PPT: Not required.

Patient Test Management:

1. PPM and PPT test results are documented on test logs and in the patient's medical record. Records must be retained for at least two years. Patient test results and QC for waived tests are documented in the patient's medical record.
2. Test procedures must be retained for at least two years after a procedure has been discontinued. Procedures must include the dates of initial use and discontinuance. The discontinued procedures will be retained by the POCT Supervisor.
3. Proficiency testing records must be retained for at least two years. Records will be retained by the POCT Supervisor.

Quality Control/Quality Assurance:

1. General principles
 - a. Use two patient identifiers to identify patient.
 - b. Utilize standard precautions.
 - c. Maintain patient confidentiality at all times.
2. Quality control
 - a. PPM – No QC materials available
 - b. Waived Testing - QC for waived testing must be performed as detailed in the specific test procedure and results documented in the medical record.
 - c. Should controls fail to perform properly the results are not to be reported. The specimen must be recollected and the test repeated.
3. Results will be recorded in the patient's medical record. Results shall include date and time that test was performed, testing personnel's initials, test result, and results of QC.
4. The POCT Supervisor will periodically review test results to ensure that controls are within acceptable limits and that all information is documented.
5. The POCT Supervisor will periodically monitor the reagents/kits used to ensure that storage conditions are met and that none are expired.
6. Providers will obtain reagents/kits from the POC Office.
7. Hospital Administration will address any problems noted with the appropriate staff and will develop a corrective action plan to prevent recurrence.

Requests for New Tests:

Requests must be submitted on the PPM/PPT Request Form and forwarded to the Chief Medical Officer. Requests will be reviewed by the Provider Performed Testing Committee. The committee membership shall be composed of:

- Chief Medical Officer
- Chair of Pathology
- Medical Director of the Clinical Laboratory
- Technical Director of the Clinical Laboratory
- Hospital Administration



Administrator

7/21/11

Date

Approved by Clinical Board: 5/98, 3/20/01, 2/17/04, 3/20/07, 1/15/08, 6/17/08, 7/19/11

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