



CLIA Quality Control **Evolution of the Process**

- In 2003, the Quality System Regulations were written
- In 2004, Equivalent QC was implemented
- 2005 "QC for the Future" Meeting was held
 - Was held to address concerns expressed by industry, accrediting agencies, laboratories, professional organizations, and governmental agencies

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"QC for the Future" Meeting Outcome

- Stakeholder concern that manufacturers don't provide laboratories sufficient information
- One-size-fits all QC doesn't work with new technologies

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Equivalent Quality Control

- CLIA stated that "For each test system the laboratory must test, at a minimum, two levels of external QC materials each day". EQC allowed labs to reduce this frequency by using processes like:
 - internal monitoring systems built into instruments (written guidance from the manufacturer)
 - External QC

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Designing an New QC Model

- Clinical Laboratory Standards Institute (CLSI) meeting developed Evaluation Protocol (EP)-23 "Laboratory Qualify Control Based on Risk Management"
- Protocol published in October
- Note that CLIA regulations have not been changed



Development of IQCP

- CMS incorporated key EP-23 concepts into the CLIA Interpretative Guidelines as an acceptable QC policy called IQCP
- Applies to CMS certified nonwaived laboratories
- Covers all phases of the testing process
- Note: IQCP is not EP-23

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Why has CMS dropped References to CLSI EP-23 Document in Survey Manuals and Interpretive Guidelines?

- CMS lawyers picked up references to CLSI in guidance documents
- Advised CMS against government regulations recommending a specific use of any private entities' standards/publications

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Quality Control Changes from CMS

- CMS is implementing a new quality control option based on Risk Management; Individual Quality Control Option (IQCP)
- IQCP provides laboratories with flexibility in customizing QC policies and procedures based on the test systems in use

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Individualized Quality Control Plan(IQCP)

- IQCP applies to CMS certified non-waived laboratories
- IQCP is a voluntary program
- IQCP replaces Equivalent Quality Control (EQC)
- OQCP applies all phases of the testing process

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Benefits of IQCP

- Formalizes risk management decisions
- Can be customized based on patient population, environment, test system, personnel, test uses
- Offers flexibility to achieve QC compliance for each test
- Adaptable to future technology advances

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Laboratory Options for QC

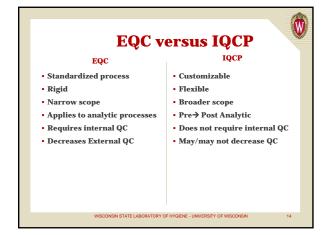
- Laboratories have two options to comply with Quality Control:
 - Follow rules defined in CLIA 493.1256(d)(3)
 - Develop an Individualized Quality Assurance Plan
 - Joint Commission has adopted IQCP. CAP process being developed



Implementation of the IQCP Process

- Individualized Quality Control Planning is in an Education and Transition period
- This transition period began on 01/01/2014 and concludes on 01/01/2016

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IQCP can apply to the following Laboratory Subspecialties

- Bacteriology
- Mycobacteriology
- Mycology
- Parasitology
- Virology
- Syphilis Serology
- General Immunology
- Routine Chemistry
- Urinalysis
- Endocrinology
- Toxicology
- Hematology
- Immunohematology
- Clinical Genetics
- · Radiobioassay
- Histocompatibility

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Subspecialities that IQCP does not Apply

Pathology Histopathology Oral Pathology Cytology

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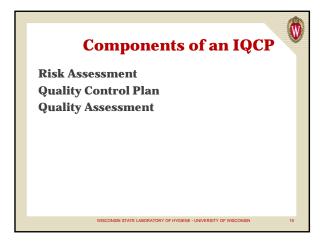
Laboratory Director Quality Related Responsibilities

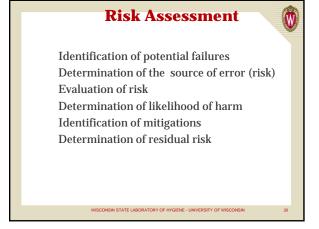
- Responsible for ensuring that quality control and quality assessment programs are established and maintained, including identification of failures in quality as they occur
- Deciding whether the lab will seek to meet CLIA using IQCP, and if they decide to do so, ensuring that a Quality Control Plan is developed

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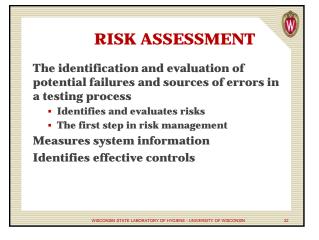
Delegation of Duties by the Laboratory Director

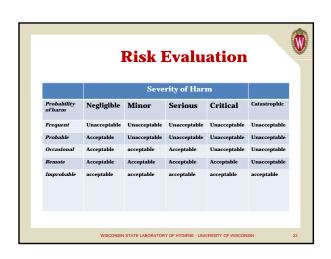
- Must be assigned in writing
 - Establishing IQCP as part of the lab's overall plan to TC/TS
 - Specific portions of IQCP tasks to other qualified laboratory employees

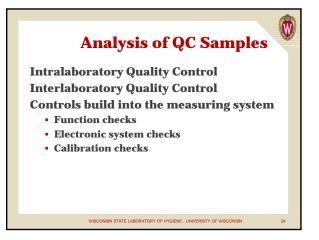












Information Gathering for Risk Assessment

Regulatory and accreditation requirements

Mandated QC

Measuring system information

Intended use

Laboratory information

Operator competency

Publications and reports from peer labs

Clinical studies

Clinical information

• Clinical decision levels

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Scope of Lab QC Based on Risk Management

Based on performance required for the intended medical application of the test results

Uses risk mitigation information obtained from the manufacturer and identified by the laboratory

Uses all applicable regulatory and accreditation requirements

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Quality Control Plan



Assures test results are relevant, accurate and reliable for patient care

Tracks a number of factors that affect quality

- Failures of measurement system
- Operator error
- Environmental conditions

Monitoring the testing process for the occurrence of errors

Introducing control procedures to mitigate the occurrence of errors

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Quality Control Plan



Requires and understanding of the preexamination (preanalytical) processes An examination of the analytical processes An examination of the postanalytical processes

And the identification of the weaknesses (potential failures) in the processes

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Measuring Systems



Measuring system information

- Medical requirements for test results
- Regulatory requirements
- Measuring system information
 - Provided by the manufacturer
 - Provided by the laboratory
- Information about the health care and testing site

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Steps in Developing the Quality Control Plan



Hazard identification

Risk elimination

- Probability of harm
- Severity of harm

Risk evaluation

Risk control

Writing the laboratory Quality Control Plan







