Prepping Your Laboratory for a Successful Survey

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Laboratory Specialist at ACHC
Objectives

- Upon completion of this program, the participant will be able to:
- Understand the basic outline of the survey process.
- List documents that will be requested during the survey.
- Identify actions that can be taken prior to the survey team’s arrival to help assure a less stressful and more successful survey experience.
Share the Responsibility

The Laboratory Manager can’t do it all

A successful survey belongs to the entire staff
Be Survey ready every day.
Standards
Review the Standards

- Standard
- Required Elements/Additional Information
- Survey Procedure
Be able to speak to how you are meeting the standard.
Review your Processes

- Prior deficiencies cited.
- Staffing qualifications, training, and competency.
- Policies and procedures.
- Proficiency testing program.
- Performance specifications.
- Analyzer management.
- IQCPs.
- Quality assessment program.
- Environmental records.
- Commonly cited laboratory deficiencies.
Before the Survey:

- Determine a space with internet access for the surveyors.
- Have a plan to enlist the help of someone outside of the laboratory to get the room set up and arranged.
- If policies and procedures are in an electronic format, have a plan as to how multiple surveyors can access those documents at the same time.
- Make sure that more than one person knows where key documents are located.
- Organize documentation prior to surveyor team arrival for easy access.
- Have runners available to obtain and deliver documentation to the surveyors.
ACHCU is a brand of ACHC.

Overview

Opening Conference
Tour of the Laboratory
Document Review
Interviews
POC Testing
Exit Conference
Opening Conference
Tour of the Laboratory
### Items Needed for Survey  
**General Laboratory**

This document represents a list of requests that your Surveyor(s) will make during your survey for Clinical Laboratory Accreditation. If you have questions about any of these items, contact your Account Advisor for assistance. To facilitate a smooth survey experience, please prepare with the following:

- For blood bank, please notify the Surveyor when a unit of blood is being issued.
- Inspection reports since the last ACHC survey (state, federal, etc.)
- Corrective Action Report/Plan of Correction from last ACHC survey
- Laboratory personnel education and transcripts (with HR present for discussion)
- For hospital labs, Surveyors will need to meet with the hospital QIP/QM coordinator

The table below details documentation that will be reviewed for evidence of compliance and identifies the associated ACHC Standard. Additional documents may be requested.

<table>
<thead>
<tr>
<th>Specifics to Blood Bank</th>
<th>Required</th>
<th>Located</th>
</tr>
</thead>
</table>
| 09.01.02: Most recent blood bank contract  
  09.01.04: Look Back Policy and Look Backs for the last two years  
  09.03.09: Suspected transfusion reactions for the last two years  
  09.03.07: Emergency release forms for the last two years  
  08.03.09: Medical records for patients who received blood one from six months ago, one from 12 months ago | | |
| 01.02.05, 06.03.02, 06.05.00-01, 06.08.01, 07.03.02, 07.05.01, 07.07.01 | | |
| All calibrations, calibration verifications, and instrument comparisons for the last two years | | |
| 01.02.06: Policy for disposition of laboratory records in the event the lab closes | | |
| 01.03.02, 01.03.06: Validation of US calculations and interface checks | | |
| 01.04.07: Eyewash and shower records for two years | | |
| 01.04.21: Safety: meeting records/fire drill | | |
| 02.01.01: Verification of the Laboratory Director's state medical license | | |
| 02.01.11, 02.04.03: Documentation from the Laboratory Director (indicates if it is delegated to other personnel) | | |
| 02.02.04-05, 02.04.05, 02.05.04, 03.02.03 | | |

Effective: 08/26/2022 | achc.org | Page 1 of 2

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### Accreditation Commission for Health Care

<table>
<thead>
<tr>
<th>Standard</th>
<th>Requirement</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.01.10, 03.04.00-01, 05.05.00, 05.06.00, 05.07.00, 05.08.00-09</td>
<td>ACHCU plans and documentation</td>
<td></td>
</tr>
<tr>
<td>04.00.04-09</td>
<td>Pre-licensing testing statements, work submitted, and score card results for the last two years</td>
<td></td>
</tr>
<tr>
<td>05.02.00-01</td>
<td>Documentation and investigation of complaints</td>
<td></td>
</tr>
<tr>
<td>05.05.05</td>
<td>List of reference laboratories with CLIA certificates</td>
<td></td>
</tr>
<tr>
<td>05.07.01-03</td>
<td>Copy of a report from each department/reference lab/corrected reports/critical report</td>
<td></td>
</tr>
<tr>
<td>06.03.01-03</td>
<td>Validation of new tests and/or instruments acquired in the last two years</td>
<td></td>
</tr>
<tr>
<td>06.03.01, 06.04.01</td>
<td>Procedure manuals for each department (if manuals are electronic, please provide computer access for each surveyor)</td>
<td></td>
</tr>
<tr>
<td>06.04.05</td>
<td>Retired procedure files from the last two years</td>
<td></td>
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<tr>
<td>06.02.01</td>
<td>Water quality policy</td>
<td></td>
</tr>
<tr>
<td>06.04.00-01</td>
<td>Temperature and humidity records for the last two years</td>
<td></td>
</tr>
<tr>
<td>06.04.00-01, 06.04.05-09, 07.00.01-05, 07.01.01-04, 07.03.01-04, 07.04.01-02, 07.07.01-08, 09.01.01, 10.00.01-05, 11.06.01-22, 11.06.04, 11.07.01-04, 10.02.10, 10.02.11, 10.02.12, 10.03.01-05, 03.02.07</td>
<td>All QC corrective actions for the last two years.</td>
<td></td>
</tr>
</tbody>
</table>
ITEMS NEEDED FOR SURVEY
PHYSICIAN OFFICE LABORATORY

CLINICAL LABORATORY

This document represents a list of requests that your Surveyor(s) will make during your survey for Clinical Laboratory Accreditation. If you have questions about any of these items, contact your Account Adviser. To facilitate a smooth survey experience, please be prepared with the following:

For any changes since submission of your application, please provide documentation to your Surveyor at the beginning of the survey:
- Proficiency Testing status report
- CLIA license
- State license

Other general documents:
- Inspection reports since the last ACHC survey (state, federal, etc.)
- Corrective Action Report/Plan of Correction from last ACHC survey
- Laboratory personnel education and competency testing
- Fire drill records

The table below details documentation that will be reviewed for evidence of compliance and identifies the associated ACHC Standard.

<table>
<thead>
<tr>
<th>Code</th>
<th>Standard Description</th>
<th>Required Items</th>
<th>Located</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.02.05</td>
<td>Policy for disposition of laboratory records in the event the lab closes</td>
<td></td>
<td></td>
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<tr>
<td>01.04.07</td>
<td>Eyewash records for two years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01.04.21</td>
<td>Safety meeting records</td>
<td></td>
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<tr>
<td>02.01.03, 02.01.05, 02.04.03</td>
<td>Documentation from the Laboratory Director if duties have been delegated to other personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04.00.04-09</td>
<td>Proficiency Testing attestation statements, work submitted, and score card results for the last two years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05.05.05</td>
<td>List of reference laboratories with their CLIA certificates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06.05.00-01</td>
<td>Validation of new tests and/or instruments acquired in the last two years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06.00.01 (06.01.01)</td>
<td>Procedure manuals (if manuals are electronic, please provide computer access for each Surveyor.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06.06.06</td>
<td>Retained procedure files from the last two years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06.06.07</td>
<td>Temperature and humidity records for the last two years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06.04.00-03</td>
<td>All maintenance and function verification records for instruments in the laboratory for the last two years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03.01.05, 03.02.07, 06.06.00-07, 06.09.04-05</td>
<td>All QC Corrective actions for the last two years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Effective: 08/24/2022 | achn.org | Page 1 of 1
[032] Items Needed for Survey - Clinical Laboratory (Physician Office Laboratory)
Documents stored off site

Electronic records stored on analyzers

HR Records

Procedures in Electronic Format
The Surveyors will likely want to speak with the following individuals:

- CEO
- Laboratory Director
- Quality Improvement Coordinator
- Director of Human Resources
- Lead Technologist in Hematology, Chemistry, Microbiology, Blood Bank, Histology, and Cytology
- Director of Respiratory Therapy
- Point of Care Coordinator
Waived

Provider Performed Microscopy (PPM)

Moderate (Blood Gas)
Point of Care Testing

- Review of Policies and Procedures
- Observations
  - Patient Identification
  - Test Performance
  - Result Documentation
  - Quality Control
  - Maintenance
  - Environmental Records
  - Infection Control Practices
- Review of HR files
  - Education
  - Training
  - Competency
Anatomic Pathology Services

- Frozen Sections
- Autopsy Services
- Fine Needle Aspirates
Exit Conference
Exit Conference

The purpose of the exit conference is to provide an overview of the surveyor’s findings with the laboratory.

The laboratory may invite members of the organization to attend the exit conference.
Questions?
We are here to help!
References

- What Clinical Laboratories should do to Become Survey Ready- MLO 2/23/22
- Preparing Your Laboratory for Its Next Survey- COLA’s Insights- Fall 2016
Thank you

lkingson@achc.org