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Accreditation

CE (CONTINUING EDUCATION FOR NON-PHYSICIANS)

The CAP designates this educational activity for a maximum of 1 credit/hour of continuing education. Each participant should only claim those credits/hours he/she actually spent in the activity.

ASCP STATEMENT

The American Society for Clinical Pathology (ASCP) Board of Certification (BOC) Certification Maintenance Program (CMP) accepts this activity to meet the continuing education requirements.

CALIFORNIA AND FLORIDA STATEMENT

This activity is approved for continuing education credit in the states of California and Florida.



Today's Presenter



Mary Reznicek, MD, FCAP

Dr. Mary Reznicek has been the Pathology
Director at ACL Wisconsin Central Laboratory
for 20 years. She received her MD from
University of Texas Health Science Center at
San Antonio with residency and fellowships in
Cytology and Surgical Pathology at University
of Iowa. At CAP, she is currently a member of
the Inspection Process Committee, and
Regional Commissioner, Lab Accreditation
Program, North Central USA. Dr. Reznicek has
many years of leading inspection teams for the
CAP Accreditation Program and a vast
experience reviewing laboratory data and
laboratory best practices.



Objectives

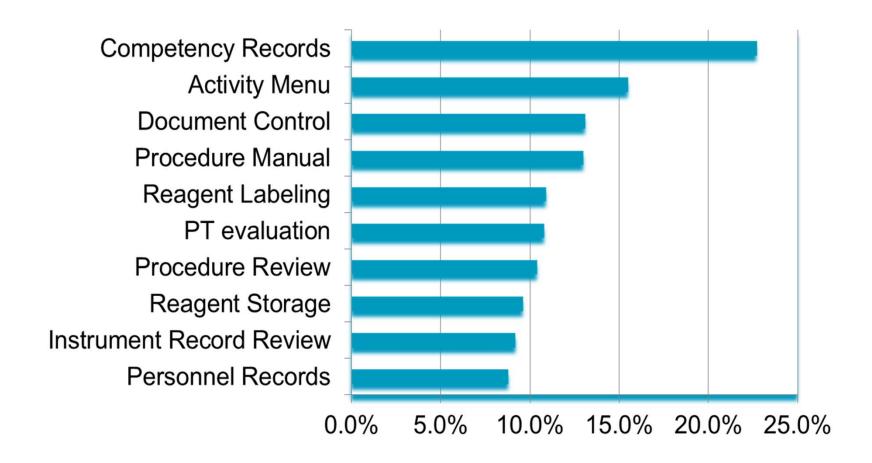
- Identify Laboratory General Checklist requirements that address personnel records
- Provide examples that show compliance with the Laboratory General Checklist requirements for personnel records
- Address the organization of personnel records



Most Commonly Cited Deficiencies



Most Commonly Cited Deficiencies





Director Responsibility - Personnel

TLC.11300

The laboratory director ensures <u>sufficient number</u> of personnel with <u>appropriate educational qualifications</u>, <u>documented</u> <u>training and experience</u>, <u>and adequate competency</u> to meet the needs of the laboratory.

Key points —

- US laboratory personnel must meet personnel requirements of CLIA
- DoD laboratory personnel must comply with Clinical Laboratory Improvement Program Procedures
- VA laboratory personnel must comply with Veterans Health Administration Handbook
- Non-US laboratory personnel requirements must be defined and met



Director Responsibility – **Delegation**of Functions

<u>Delegation</u> of the laboratory director's functions or responsibilities is <u>in writing</u>.

Key points —

- <u>Laboratory director must ensure</u> that all persons performing delegated functions are qualified to do so and that the delegated functions are properly carried out
- Delegated responsibilities and duties <u>must be defined in</u> <u>writing</u>



Personnel Records

GEN.54400

Personnel files are maintained on all current technical personnel and personnel records include the following:

Key elements —

- For nonwaived testing personnel, copy of academic diploma or transcript
- Laboratory personnel license, if required by state, province, or country
- Summary of training and experience
- Certification, if required by state or employer
- Description of current duties and responsibilities as specified by the laboratory director (procedures performed, whether supervision is required, etc.)
- Records of continuing education
- Records of radiation exposure where applicable
- Work-related incident and/or accident records
- Dates of employment



Personnel Records (cont.)

GEN.54400

- DOD and VA laboratories may use CAP accepted credentialing services. The laboratory must be able to provide records of employee qualifications for all testing personnel on the day of inspection. These laboratories are not under the authority of the Centers for Medicare and Medicaid Services (CMS).
- Credentials for all personnel trained outside of the US must be reviewed and documented to ensure that their training is equivalent to CLIA requirements. Equivalency evaluations should be performed by a nationally recognized organization.



Continuing Education Records

GEN.54200

There is a functional continuing laboratory education program adequate to meet the needs of all personnel.

TLC.11200

The laboratory director ensures provision of educational programs, strategic planning, and research and development appropriate to the needs of the laboratory and institution.



Maintaining Personnel Record Examples

Technical Personnel Records Checklist

Emp	Employee Name								
Date	es of Employme	nt							
Date	of Hire		Date of Termination						
	Certificat	ion and/or Lice	nsure:						
	Emplo	yee Degree (Tra	anscripts or Diploma)						
	Certif	cation or Registi	ration (Board of Registry) (if applicable)						
	Curre	nt State License	(if applicable)						
	Job Desc	ription							
	Proce	dures authorized	to perform (waived, moderate, high complexity)						
	Super	vision required:	Process specimens; Perform testing; Result reporting						
	 Supe 	ervisor/Director re	eview required to report patient results						
	Summary	of Training an	d Experience:						
	■ Resu	me							
	Initial	Training							
	Com	petency Assessn	nent – Initial 6 month; annual						
	Continuir	ng Education							
	Radiation Exposure Monitoring (where applicable)								
	Visual color discrimination testing								
	Work-related Incidents and/or Accident Reports								



Maintaining Personnel Records (cont.)

	Date of			Diploma/	Application/		Intial	Six month	Annual	Annual
Employee Name	Hire	Job Description	License	Transcript	Resume	CEU	Training	Assessment	Assessment	Assessment



Personnel Folder Organization Example Six Part Folder Tabs (can be placed at each tab or coversheet for folder)

Part 1 Demographics (maintain for 2 years after end of employment) ☐ Date of Hire	
☐ Job Description	
☐ Application/ Resume	
Part 2 Regulatory (items in this section must be checked annually)	
□License	
□ Certification	
□ CPR	
□ Radiation	
Part 3 Performance (items in this section must be maintained per HR requirements)	
☐ Annual Performance Evaluation	
☐ Commendations	
☐ Write Ups Part 4 Competency (items in this section are maintained according to CAR requirements)	
Part 4 Competency (items in this section are maintained according to CAP requirements) □ Initial Training	
☐ Six Month Assessment	
☐ Annual Assessments	
Part 5 Education (items in this section must be maintained for 2 years after end of employment	nt)
☐ Degree/ Diploma/ Transcript	11)
□ CEU	
Part 6 Miscellaneous	
☐ Visual Discrimination	
☐ Hepatitis Vaccine	
☐ Annual TB	
☐ Annual Safety	



Maintaining Diploma/Transcript Records

Name of	f Laboratory:										
Employe	ee name:		Date of employment:								
	Name	attended/graduated Name of school									
Date(s)	attended:										
List the dates and people (with their position/title) contacted and the efforts made to obtain a copy of this employee's diploma or transcript:											
Date	Name	Position/Title	Date	Name	Position/Title						
Comme	nts:										
As the C	CAP Laboratory Director, I attest that ent to perform the above tests. This onent records, education and work his	determination is b	pased on	was trained and was trained wa							
Signature: Date:											
Note: Th	his form may only be used after effor	ts to obtain copie	s of the d	liploma or transcripts are docume	nted.						



Training vs. Competency

Training

- Occurs before patient testing begins
- Usually once unless employee fails successful demonstration of skill to trainer and retraining required
- Does not require use of six competency assessment elements

Competency

- Occurs after independent patient testing begins
- Does require use of six competency assessment elements for non-waived testing



Initial Training

GEN.55450

There are records that all staff have satisfactorily completed initial training on all instruments/methods applicable to their designated job.

Key skills – where applicable

- Specimen collection, including patient preparation, labeling, handling, preservation, processing, transportation, and storage of specimens, as applicable
- Implementation of all laboratory procedures
- Performance of each test method and for proper instrument use
- Preventive maintenance, troubleshooting and calibration procedure for each test performed
- Working knowledge of reagent stability and storage
- Implementation of quality control policies and procedures
- Awareness of factors that influence test results
- Assessment and verification of the validity of patient results, including the performance of QC prior to reporting patient results

Initial Training

Name of Laboratory:						
Employee name:		Date of employment:				
ist all tests/platforms that employee	has been trained and	deemed competent to perform:				
Test/Platform	rias been dance and	Test/Platform				
Tesvelation		resveration				
ome tests or duties may be perform	med but require supervi	sion. List any tests/platforms that require	supervision and			
iome tests or duties may be perform	A STATE OF THE STA	sion. List any tests/platforms that require	supervision and			
The same of the sa	A STATE OF THE STA	sion. List any tests/platforms that require Test/Platform	supervision and			
pecify whether direct or indirect sup	pervision is required:					
pecify whether direct or indirect sup	pervision is required:					
pecify whether direct or indirect sup	pervision is required:					
pecify whether direct or indirect sup	pervision is required:					
pecify whether direct or indirect sup	pervision is required:					
pecify whether direct or indirect sup Test/Platform	pervision is required:					
pecify whether direct or indirect sup Test/Platform	pervision is required:					
pecify whether direct or indirect sup Test/Platform	pervision is required:					
Test/Platform Test/Platform Test/Platform Test/Platform	pervision is required: Supervision est that	Test/Platform	Supervision			
Test/Platform Test/Platform comments:	Supervision is required: Supervision Supervision est that This determination is	Test/Platform	Supervision			



training documents are lost and appropriate attempts have been made to locate the original documents. If the original documents are available, they must be retained in the employee's file for the duration of their employment + 2 years.

Attestation of Initial Training

Competency Assessment of Testing Personnel

GEN.55500

Key Points -

- Competency at the required Frequency
- Competency using all Six applicable competency assessment elements
- Each Test System
- Competency using Qualified Personnel



Competency Assessment of Testing Personnel

GEN.55500

Frequency of Competency Assessment

For Waived testing:

Competency assessment must be performed at least annually (semiannual assessment not required)

• For Nonwaived testing:

During the first year of an individual's duties, competency must be assessed at least semiannually

After an individual has performed his/her duties for one year, competency must be assessed at least annually

Competency assessment must include all six elements described below for each individual on each test system during each assessment period, unless an element is not applicable to the test system



Frequency of Competency Examples

Newly Hired	January 10, 2015
Completed non-waived training	February 5, 2015
First semi-annual Competency Assessment	August 5, 2015
Second semi-annual Competency Assessment	February 5, 2015
Annual Competency Assessment	February 5, 2016

Hired	January 10, 2015
Completed waived training	January 25, 2015
Annual Competency Assessment	January 25, 2016

Implemented new non-waived Instrument/Method
Completed training
New Test System added to Testing personnel's
Competency and assessed when personnel's
annual Competency Assessment is due

January 5, 2015
January 25, 2015



Competency Assessment of Testing Personnel

GEN.55500

Elements of competency assessment include but are not limited to:

- 1. Direct observations of routine patient test performance, including, as applicable, patient identification and preparation; and specimen collection, handling, processing and testing
- 2. Monitoring the recording and reporting of test results, including, as applicable, reporting critical results
- 3. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records
- 4. Direct observation of performance of instrument maintenance and function checks
- 5. Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples; and
- 6. Evaluation of problem-solving skills



Competency Assessment of Testing Personnel

GEN.55500

Test Systems

Definition —

- The process that includes pre-analytic, analytic, and post analytic steps used to produce a test result or set of results.
- May be manual, automated, multi-channel or singleuse, and can include reagent components, equipment or instruments required to produce results.
- May encompass multiple identical analyzers or devices.



Test System Example

Activity Menu:

- Hemoglobin, platelet count, RBC count, WBC count, hematocrit, WBC differential automated (Hematology analyzer)
- WBC differential manual
- PT, PTT, INR, D-Dimer (Coagulation Analyzer)
- Urinalysis dipstick automated
- Urine Microscopic
- Manual reticulocyte
- ESR, automated, non-waived
- Body fluid cell count, manual
- RSV non-waived,
- Strep A rapid antigen, waived



	Competency /	Assessment							Sei	mi-Annual/ An	nual
	Employee Name:										
	Date of Hire:										
	Period of Evaluation:										
	Evaluator(s):										
	Elements:			1							
Mon	itoring the recording and reporting of test res	nance, including, as applicable, patient identification sults, including, as applicable, reporting critical results	s	handling, processing and testing							
	ew of intermediate test results or worksheet ct observation of performance of instrument	s, quality control records, proficiency testing results, maintenance and function checks	and preventive maintenance records								
	essment of test performance through testing uation of problem-solving skills	previously analyzed specimens, internal blind testing	g samples or external proficiency testing s	amples							
		Hom Angluzor	Hem Diffs	Coog Anglyzor	UA Analyzer	UA Microscopy	ESR	RETIC	BF	Kits(non-waived)	Vito/woin
	0	Hem Analyzer	Helli Dilis	Coag Analyzer	UA Analyzei	OA WICTOSCOPY	ESK	RETIC	БГ	Kits(IIOII-Walved)	Kits(wai)
Ele- ments	Specify Instrument / Assay										
1	Patient ID/Prep										
1	Specimen Collection										
											1
1	Handling/Processing										-
1	Testing										
2	Reporting Criticals										-
2	Reporting Normals										
3	Review worksheets										-
3	Review QC										
3	Review PT results										-
3	Review PM records										
4	Maintenance										-
5	Proficiency Testing										
,											
5	Blind Samples										-
6	Problem Solving										
	Comments										
	I have had an enportunity to see	riew and ask questions about policies a	and procedures related to a suit	ment and testing share							
			and procedures related to equi	oment and testing above.							
	Employee Signature	Date									
	Based upon successful comple	tion of this competency assessment, the	his employee is deemed to be o	ompetent to perform pati	ient testing unsupervised						
	Manager Signature	Date									
	This employee needs additional	training and is restricted from perform	ning patient testing unsupervise	ed. Action Plan and timeli	ine for followup are listed	below.					
	After followup on issues related a	above, I feel confident in my ability to per	form patient testing unsupervised	i.							
	Employee Signature	Date									





Manager Signature

Example of Defined Test Systems

Employee Name:



Period of Evaluation:

ANNUAL/SEMI-ANNUAL COMPETENCY ASSESSMENT

Date of Hire:

Direct observation of routin Monitoring the recording ar Review of intermediate tes Direct observation of perfor Assessment of test perforn Evaluation of problem solvi	nd reporting test results or works rmance of instrummance through test	results, including, sheet, quality conti ment maintenance	as applicable, re rol records, profice and function che	eporting critical re ciency test resulti ecks.	esults. ing and preventiv	ve maintenance.		mples.			BLIND ABSC BLIND DAT BLIND FMH BLIND SICKLE	# # # # #]
				TUBE TEST				GEL TEST	INDIRECT	GEL TEST DIRECT		KITS	
Specify Instrument / Assay	ABORH	ABSC/ABID	ISXM	AHG XM	AG TYPE	DAT (IGG)	DAT(C3)	ABSC/ABID	AHG XM	DAT	FMH	SICKLE	ELUTION
Specimen Processing Patient ID accuracy													
1 Patient Testing													
2 Result Entry													
Reporting 2 Criticals/Delays	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A	N/A	N/A
Review Intermediate results/Worksheets	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	
3 Review QC									N/A				
3 Review Patient Results													ļ
3 Review PM records	e)		b)		N/A	c)	c)	a)		d)	N/A	N/A	
Direct Observation of Maintenance	e)		b)		N/A	c)	c)	N/A	c)	d)	N/A	N/A	
Proficiency Testing or Blind Samples									c)				
6 Problem Solving													
Comments													
a) daily temps; b) saline S Satisfactory - Requires mir	, ,	, ,	,,,	0 1	ersight in less tha	an the time scher	duled						
N Needs Improvement - Needs				una ministra z	7101g. 1. 1. 1002	ATT 110 11110 00112	Tulou.						
I have read and understand the Date:	e standard operati Employee Sig		for the tests liste	ed above, and I h	ad an opportunit	y to review and a	sk questions abo	out policies and p	Evaluator Sign		nd testing above) .	
Based upon successful comple Date:		petency assessme ordinator Signat		is deemed to be	e competent to p	erform patient ter	sting unsupervise		Blood Bank M	lanager Signatu	ire:		

Competency Assessment of Testing Personnel

GEN.55500

The laboratory director must ensure that the individuals performing competency assessments are qualified through education and experience to meet the defined regulatory requirements associated with the complexity of testing.

Key points —

- Testing personnel performing high complexity testing must be assessed by the section director, or individual meeting general supervisor requirements for high complexity testing if delegated in writing by the section director
- Testing personnel performing moderate complexity testing, must be assessed by an individual meeting the qualifications of a technical consultant for moderate complexity testing



General Supervisor Qualifications

GEN.53600

Supervisors/general supervisors meet defined qualifications and fulfill expected responsibilities.

- Must possess: Bachelor's degree in a chemical, physical, biological or clinical laboratory science or medical technology with at least one year experience with high complexity testing, or Associate degree in a laboratory science or medical technology program with at least two years experience with high complexity testing, or have previously qualified or could have qualified as a general supervisor prior to 2/28/1992
- Individuals meeting the qualifications of a general supervisor for high complexity testing may assess the competency of high complexity testing personnel, if this duty is delegated, in writing, by the section director.



Technical Consultant Qualifications

GEN.53625

This requirement applies to laboratories performing moderate complexity testing, but not high complexity testing.

- Must possess: Bachelor's degree in a chemical, physical, biological or clinical laboratory science or medical technology with at least 2 years of experience in nonwaived testing.
- Individuals meeting the qualifications of a technical consultant may assess the competency of personnel performing moderate complexity testing.



Performance Assessment of Supervisors/Consultants

GEN.55525

The performance of section directors/technical supervisors, general supervisors, and technical consultants is assessed and satisfactory.

Must assess —

- Responsibilities as defined by the individual's job description must be assessed
- Duties and responsibilities delegated by the laboratory director in writing must be assessed
- Competency assessment for non-waived patient testing performed by these individuals, using all six applicable elements of competency



Supervisory Performance Assessment

Supervisory Performance Assessment Form

Name John Doe

Job Title Technical Supervisor

Responsibility Assessed	Assessment Method	Satisfa	ctory	Date
Procedure Review	RR	Yes 🛚	No 🔲	7/30/14
Control Review	RR	Yes ⊠	No 🔲	7/31/14
Maintenance Log Review	RR	Yes 🛛	No 🔲	7/31/14
Temperature Log Review	RR	Yes 🛛	No 🔲	8/4/14
QM Indicator Review	RR	Yes 🛚	No 🔲	8/6/14
Competency Assessments	RR, DO	Yes 🗌	No 🗵	8/10/14
		Yes 🗌	No 🔲	
		Yes 🗌	No 🔲	

If any of the responsibilities are assessed as unsatisfactory please document corrective action:

Unsatisfactory Responsibility Competency Assessments – Technical Supervisor was not completing them in a timely manner and all six elements were not being assessed.

Corrective Action I will review the assessments on a monthly basis to ensure they are being completed and all six elements are being assessed. I assessed three staff member's competencies with the technical supervisor to ensure he knows how to assess them properly. Documentation is attached.







Three resources to help you simplify performing inspections:





Need help with inspector training?

Access Fast Focus on Compliance, mini-training vignettes on new compliance topics; search "Inspector Training"



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