

## COMPETENCY ASSESSMENT

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**Purpose** To define the policy for the Competency Assessment Program for SCPMG-LAMC Clinical Laboratory personnel.

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**Policy** To ensure ongoing continued competency of all technical staff involved in pre-analytical, analytical, and post-analytical phases of testing as well as to perform the job correctly, safely, and to recognize and solve minor problems without needing assistance.

Competency Assessment forms will be kept in the employee file.

To ensure compliance with all applicable JCAHO, COLA, Centers for Medicare and Medicaid (CMS) and the California Department of Health and Services (CDHS) regulations/requirements.

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**Frequency of Assessment** Formal assessment of competency must be performed within 6 months of initial employment, following training, and at least annually thereafter.

When test methodologies or instrumentation change, personnel must demonstrate competency before testing patient specimens on the new methodology or instrumentation.

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**Scope of Assessment** Employee competency is based on formal Job Descriptions that reflect the scope of responsibilities specific to their job category.

The employee must successfully complete the competency assessment in each laboratory section where he/she functions. Unsuccessful employees will be reoriented and retested in the failed area prior to resuming in that section.

The administrative performance/competency of section managers is assessed by the laboratory director or designee. The competency assessment will be documented using the appropriate checklist to document performance of responsibilities, as defined by their individual job description. Unsatisfactory performance will be addressed appropriately.

The technical performance/competency of managers will be assessed in the same manner and will be documented with the same competency assessment form as CLS employees for those tests / procedures that a manager performs.

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## COMPETENCY ASSESSMENT, Continued

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**Assessment  
Methods/  
Competency  
Criteria**

The Clinical Laboratory is currently enrolled with a web based competency assessment program, the **MTS University of Washington Lab Competency Assessment**. It is an online, image-based software application designed to make Competency Assessment more meaningful and less burdensome to administer. Lab staff is assigned and complete a module exam online 2 times annually, view results and documentation is administered. Depending upon the availability, the competency of the following staff will be assessed by this method, but are not limited to:

- CLSs
- Laboratory Assistants
- Laboratory Clerks

➤ *Competency Criteria: A grade of ≥ 80% for each course module.*

In addition, based on the job task, annually laboratory staff will also be assessed by the following competency assessment evaluation tools:

- **Direct Observation (DO): \*\***
- **Recording and Reporting (RR):**
- **Review of Intermediate Test Results (RTR):**
- **Direct Observation of Instruments (DOI):**
- **Assessment of blind samples/proficiency testing samples (PT):**
- **Evaluation of problem solving skills (PSS):**
  - Patient preparation and specimen collection;
  - Accurate specimen handling and processing;
  - Accurate interpretation of test reactions and results, including the resolution of aberrant or unusual patient results;
  - Accurate documentation of intermediate and final results;
  - Accurate generation of reports;
  - Notification and documentation of notification of appropriate personnel or physicians of significant results;
  - Adherence to all safety policies and procedures;
  - Accuracy and adherence to procedures in performance and documentation of quality control including resolution of abnormal quality control, proficiency testing, maintenance, and /or function check results for any related instruments.
  - Appropriate use of the Laboratory Information System.

➤ *Competency Criteria: A 100% adherence to and correct application of all elements of procedures that are observed.*

\*\*Phlebotomy technique by Lab Assistants is assessed annually with Direct Observation by the corresponding Lab Supervisor. This includes the following Lab Assistants/EMTs that perform blood collection from other departments:

- ED EMTs
- Mental Health Lab Assistants

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## COMPETENCY ASSESSMENT, Continued

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### Assessment Methods/ Competency Criteria/Criteria (continued)

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#### Assessment Methods/ Criteria

- **Documented Testing:**
    - Quiz
    - Case studies
  - *Competency Criteria: A grade of  $\geq 80\%$  for each module.*
  
  - **Unusual Occurrence Requiring Root Cause Analysis:**
    - In order to support continued competency of all laboratory personnel, any unusual occurrence requiring a root cause analysis involving laboratory staff's technical failure in a process must require re-evaluation of their technical competency.
  
  - **Other Key Indicators:**
    - Performance on internal audits;
    - Number of documented technical counseling memos.
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#### Corrective Action

If one or more of the criteria are not met, a corrective action is initiated. Plan for corrective action must be performed describing the irregularity, the reasons for the unsuccessful competency evaluation, the corrective action taken, and the result of the corrective action must be in the employee's competency file.

Any staff who failed the Competency Assessment with MTS University of Washington must undergo continuing education currently offered by MTS Library Training before to re-taking the competency assessment.

Completed corrective action must be done within 30 days of initiation.

If corrective action does not result in successful competency, the employee must discontinue performance of patient testing in the deficient area and initiate further remedial training or disciplinary action. Document the action taken in the employee's competency file.

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#### Supporting Documents

- LGM 3019. Competency Assessment Program – Process
  - Competency Assessment Form- Laboratory Staff
  - Competency Assessment Form – Managers/Supervisors
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## COMPETENCY ASSESSMENT, Continued

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### References

- JCAHO, Comprehensive Accreditation Manual for Pathology and Clinical Laboratory Services.
  - GP21-A. Training Verification for Laboratory Personnel Approved Guideline, 1996.
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