#### COMPETENCY ASSESSMENT

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| Purpose | To define the policy for the Competency Assessment Program for SCPMG-KP Riverside 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.  To ensure compliance with all applicable JCAHO, CAP, 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 | Initial assessment (New/Initial Orientation) of competency must be assessed by each section managers within 2 months for fulltime employees and within 3 months for part time / per diem employees using all department specific orientation checklists from the time of initial employment or transfer before the staff performs patient testing.  Formal assessment (6 months Review) of competency must be assessed by each section managers 6 months from date of completion of initial orientation in all departments.  Formal assessment (Annual Review) must be assessed by each section managers after an individual has performed his/her duties for one year from date of completion of initial orientation in all departments, thereafter competency must be assessed annually.    Retraining and reassessment of employee competency must occur when problems are identified with employee performance.  When test methodologies or instrumentation change, personnel must demonstrate competency before testing patient specimens on the new methodology or instrumentation. |

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#### COMPETENCY ASSESSMENT, continued

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| Scope of Assessment | Employee competency is based on their formal job descriptions that reflect the scope of responsibilities specific to their job category. The elements of competency assessment include but are not limited to:   1. Direct observations of routine patient test performance including, as applicable, patient preparation; and specimen collection, handling, processing and testing. 2. Monitoring the recording and reporting of test results, including’ as applicable, critical reporting.      1. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records. 2. Direct Observation of performance of instrument maintenance and function checks. 3. Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples: and 4. Evaluation of problem solving skills.  * *Competency Criteria*: A grade of ≥ 80% or “Passed” adherence to and correct application of all elements of competency assessment that are observed.   Other elements of competency may be assessed as applicable. Each section managers must evaluate and document the competency of all testing personnel for each test system. A TEST SYSTEM is the process that includes pre-analytic, analytic, and post- analytic steps used to produce a test result or set of results. A test system may be manual, automated, multi-channel or single use and can include reagents, components, equipment or instruments required to produce results.  For nonwaived test systems, all the above six elements must be assessed annually (unless any are not applicable to the test system) by section managers or designee. For waived test systems section managers or designee may select which elements to assess. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Continued on next page* |

#### COMPETENCY ASSESSMENT, continued

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| Assessment Tools | 1. RMC Orientation Training and Assessment Checklist  * New/ Initial Orientation - given to all employees within 2-3 months of initial employment/transfer. * 6 Month Review- given 6 months from date of completion of initial orientation in all departments. * Annual Review- given after the individual has performed his/her duties for one year from date of completion of initial orientation in all departments.      1. RMC Competency Assessment Checklist  * Annually given to all employees by each department. * Minimum of 3 tests/test systems for each department must be included      1. Lab sections documented testing:  * Quiz * Case Studies      1. The Clinical Laboratory is currently enrolled with a web based competency assessment program, the **MTS University of Washington Lab Competency Assessment and College of American of Pathologists (CAP).** Both are 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 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:  * Clinical Lab Scientists * Medical Lab Technicians * Phlebotomists |
|  | 1. Other key indicators:  * Performance on internal audits and proficiency testing surveys * Routine section managers reviews * Number of documented technical counseling memos |

**NOTE:** *Competency Criteria*: Assessment tools from A thru D must have a grade of ≥ 80% or PASSED for each course/department module

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#### COMPETENCY ASSESSMENT, continued

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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 lab sections documented testing such as quizzes and case studies for Competency Assessment will be given one chance to retake and pass the exam.  Any staff who failed the Competency Assessment with MTS University of Washington and College of American Pathologists must undergo continuing education pertaining to the exams which are currently offered by both web sites before 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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| Controlled and Non-Controlled Documents | | The following controlled and non-controlled documents support this procedure. | |
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|  | | **Forms** | **Number** |
|  | | RMC Departmental Employee Orientation Training and Assessment Checklist |  |
|  | | RMC Competency Assessment Form |  |

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| References | CAP General Laboratory Checklist and website www.cap.org  MTS University Of Washington website www.medtraining.org |

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#### COMPETENCY ASSESSMENT, continued

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| Reviewed and approved by:   |  |  | | --- | --- | | SIGNATURE | DATE | |  |  | | **Denise Topliff, MHA, CLS**  **Director, Clinical Laboratory – Riverside Medical Center** |  | |  |  | | **Dong Quach, M.D.**  **Medical Director, Clinical Laboratory – Riverside Medical Center** |  | | | |
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#### COMPETENCY ASSESSMENT, continued

## HISTORY PAGE

#### Effective Date: \_\_\_\_\_\_\_\_

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| Change type:  New, major, minor | Changes made to SOP - describe | Signature responsible person/date | Medical Director review/date | Laboratory Director review/date | Date change implemented |
| New |  |  |  |  |  |
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