|  |  |  |  |
| --- | --- | --- | --- |
| **Competency Assessment** | | | |
| **Purpose** | This process describes how to assess the competency of all Children's Hospitals and Clinics of Minnesota Laboratory employees, provide performance feedback, identify areas for workplace improvement, and identify deficiencies in existing policies and procedures. | | |
| **Policy Statements** | * Laboratory Leadership creates and maintains competency documentation for new or modified policies, procedures and equipment. * All laboratory staff will be routinely assessed by review of daily work, review of occurrence reports, scheduled competency assessments, and proficiency testing. * Corrective action is taken when an employee fails to meet the expected criteria. Additional training will occur one time per test system or skill, prior to further evaluation by the System Laboratory Director or Laboratory Medical Director. Staff who do not complete assigned competency, by the deadline provided, will be removed from the department/schedule and cannot work in the department until the assigned competency assessment is completed. * 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. * Graded assessments are considered passing with a score of 80% or greater | | |
| **Process** |  | | |
|  | **Step** | **Activity** | **Related Document** |
|  | 1 | **Technical Specialists, Supervisors, Lab Education and Safety Coordinator:**   1. Establish acceptable performance standards before assessment exercises are performed. 2. Develop competency assessment tools. 3. Consistently apply such performance standards to staff who perform similar tasks. 4. Assess competence and ensure completion of documentation:  * After training * Semi-annually from hire for new employees * At least annually thereafter * When major changes have been made to a process or procedure  1. 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 | Competence assessment tools:   * Worksheets, patient reports, etc. * QC records * PT results * Maintenance results * Direct observation checklists * Compliments or complaints |
|  | 2 | **Laboratory Staff:**   1. Successfully complete assessments at conclusion of training (tests require score of 80% or higher). 2. Perform and complete semiannual (if applicable) and annual competency observations by assigned due dates. 3. Perform and complete semiannual (if applicable) and annual competency problem solving quizzes by assigned due dates. 4. Perform and complete semiannual (if applicable) and annual competency of previously analyzed specimens, internal blind testing samples or external proficiency testing samples by assigned due dates. 5. Record all results and sign/date assessments. |  |
|  | 3 | **Technical Specialists, Supervisors, Lab Education and Safety Coordinator:**   1. Document interpretations of assessments. 2. Initiate remedial measures when training needs are identified. 3. Document outcomes. 4. Discuss assessment evaluation with employee. |  |
|  | 4 | **Laboratory Staff** performs additional assignments if training needs are identified. |  |
|  | 5 | **Managers, Technical Specialists, Supervisors, Lab Education and Safety Coordinator:**   1. Identify areas for workplace improvements. 2. Develop performance improvement plan and/or corrective action when competency goals are not attained. 3. Communicate improvement plan to employee. 4. Maintain records of employee section assessments. |  |
|  | 6 | **Managers, Technical Specialists, Supervisors, Lab Education and Safety Coordinator** review competency records for annual performance appraisal. |  |
| **References** | CLSI. *The Key to QualityTM*. CLSI product K2Q. Wayne, PA: Clinical and Laboratory Standards  Institute; 2013.  Berte L., et al, A Model Quality System for the Transfusion Service. Bethesda, MD: American Association of Blood Banks, 1997  Nevalainen D, Berte L., Quality Systems for the Laboratory. Chicago, IL.: American Society of Clinical Pathologists, 2000  Sarewitz S.. Et al, Application of Quality System Model for Laboratory; Approved Guideline-2nd Edition, NCCLS document GP26-A4, Wayne, PA.: National Committee for Clinical Laboratory Standards, 2011 | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | |  |
| **Historical Record** | **Version** | **Written/Revised by:** | | **Effective Date:** | **Summary of Revisions** | |
| 1 | J. Wenzel | | 07/30/03 | Replaces elements previously addressed in Laboratory Quality Systems Manual and section-specific quality documents | |
| 2 | B. Kochevar, J. Heimkes,  L. Lichty | | 06/29/09 | Updated and reformatted | |
| 3 | B. Kochevar | | 09/29/09 | Updated and clarified | |
| 4 | J.Heimkes | | 04/06/2010 | Updated – added in Education Coordinator role | |
| 5 | PMRC/Jennifer Heimkes | | 7/22/2011 | Added Policy Statement Section for information previously as noted in QP 2.30  CMS format | |
| 6 | PMRC/Jennifer Heimkes | | 2/25/2015 | Updated policy statements and activities in step 1. Updated titles and references. | |
|  | 7 | Laboratory Quality and Patient Safety Council/L. Kappenman | | 7/7/2017 | Updated titles and responsibilities. Added 6 elements of competency assessment. | |
|  | 8 | Jennifer Heimkes | | 03/01/2019 | Updated policy statement regarding not completing competency by assigned date. Clarified staff responsibility in section two. | |