Dwight David Eisenhower Medical Center Employee:

**Supervisor:** 

POINT OF CARE TESTING

$\alpha$		
( '1	mi	<b>~•</b>
C	ini	•

POINT OF CA	RE TE	STING (F	OCT)	COMPL	ETEN	CY ASS	ESSM	ENT CH	HECK-I	LIST					
Source of Performance	e Stan	dard: Ca	re of	Patient	s-Con	tinuu	m of (	Care- P	oint of	Care	e Test	ing			
Demonstrates Point of Care Testing competence	y relate	ed to speci	fic skil	lls and pr	ocedur	es IAW	<b>Point</b>	of Care	Testing .	stando	ırds.				
	* Self Assess	+ Evaluation Method	Type of Assessment												
CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)				Ini	tial			Six Month				Annual			
			Pass Initials			Pa	Pass	ss Initials			Pass	In	Initials		
			(Y/N)	Operator	Trainer	niner Date	(Y/N)	Operator	Trainer	Date	(Y/N)	Operator	Trainer	Date	
1. ACCU-CHEK INFORM II GENERAL	CRITIC	CAL THINK	NG· P	erform proc	edures an	d evaluati	e results								
INFORMATION	CHITI	<u> </u>	101	erjorni proc	cum es un		o resilies.								
A. Read Standard Operating Procedure (SOP).							I	Ī						Τ	
B. Obtained 80% or above on a written assessment.															
C. Identifies equipment parts and supplies.															
D. Demonstrates knowledge of ON/OFF features of the Accu-Chek Inform II meter															
E. Knowledge of instrument (LOCK OUT) when the Accu-Chek Inform II information has not been downloaded to the database.															
F. Knowledge of the location of the Owner's Manual and the Error Code interpretations.															
G. Understands and perform appropriate instrument Maintenance.															
2. ACCU-CHEK INFORM II QUALITY	CRITIC	CAL THINK	ING: Po	erform proc	edures an	d evaluate	e results.								
CONTROL (QC)															
A. Read Standard Operating Procedure (SOP).															
B. Knowledgeable about stability and storage of control strips and liquid control solution.															
C. Understand calibration (Code Key) procedures and															
understands when Code Key is necessary.  D. Understands proper troubleshooting when control is not															
within the acceptable range.															
E. Knowledge of proper documentation of any QC issues.															
*E= Experienced *NA= Not Applicable (Based *ND= Never Done *NP= Needs Practice	on Scope o	,	E= Praction = Demon	cal Exercise strated		'= Verbal = Lecture o		+ Written As	sessment						
I understand that of all the topics listed in this document, I will be	allowed to	perform only t	hose listed	l for my skill	level/Scope	e of Practice	e, after I ha	ave successfu	lly demonstr	rated con	npetency i	n those tasks.			
Employee Signature:		Date:	s	Signature of S	upervisor:			Date:							

Dwight David Eisenhower Medical Center:
Employee:
Supervisor:
POINT OF CARE TESTING
Clinic:

POINT OF CARE TESTING (POCT) COMPETENCY ASSESSMENT CHECK-LIST
Source of Performance Standard: Care of Patients-Continuum of Care-Point of Care Testing

POINT OF C	ARE T	ESTING	(POC)	r) COMP	ETEN	CY ASS	ESSM	LENT CH	IECK-L	151				
Source of Performan	ce Sta	ndard: (	Care o	of Patier	ts-Co	ntinuuı	m of (	Care- Po	oint of	Care	Testi	ing		
Demonstrates Point of Care Testing competer	ncy rela	ited to spe	ecific sk	tills and p	rocedu	res IAW				standa	rds.			
	Type of Assessment													
	Initial				Six Mo	onth			ual					
CRITICAL BEHAVIOR	* Self	+ Evaluation	Pass	Initi	als		Pass		Initials	Pass	I	Initials		
(SOURCE OF PERFORMANCE STANDARD)	Assess	Method	(Y/N)	Operator	Trainer	Date	(Y/N)	Operator	Trainer	Date	(Y/N)	Operator	Trainer	Da
3. ACCU-CHEK INFORM II TESTING	CRITIC	L CAL THINK	KING: P	Perform proce	edures and	d evaluate i	results.							
A. A. Read Standard Operation Procedure (SOP)														Т
B. Knowledge of correct patient identification. ( <i>This</i>														+
is necessary for the results to transfer to the														
patients medical records).  C. Knowledge of procedures and proper			-	<del>                                     </del>										_
documentation of <i>CRITICAL VALUES</i> .														
D. Knowledge of specimen collection and handling														
procedures.  E. Demonstrate Standard Precautions and use of														+
Personal Protective Equipment (PPE).														
Trainer's Initials: Printed Name:  Trainer's Initials: Printed Name:					gnature: gnature:									
Trainer's Initials: Printed Name:				Si	gnature:									
*E= Experienced *NA= Not Applicable (Based	on Scope o			ical Exercise	+V	= Verbal	_	+ Written Asso	essment					
*ND= Never Done *NP= Needs Practice  I understand that of all the topics listed in this document, I will b	e allowed to		D= Demor			E Lecture or Se of Practice,		ve successfully	y demonstrat	ed comp	etency in t	hose tasks.		
Employee Signature:				Signature of S	•			•			•			
Employee Signature.		Datc		orginature of o	uper v1301.					Daic				