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 Owner: *Remegio Luna: Laboratory Supervisor*  
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 References:

## Competency Assessment - Laboratory

### Values Context:

Practicing within the context of our core values of Compassion, Dignity, Justice, Excellence, and Integrity ensures the provision of respect for each person, accountability, commitment to quality, opportunities to serve each other and a sense of community among all persons.

### Purpose:

The purpose of this policy and procedure is to outline the system for assessing competency for Clinical Laboratory Scientists.

### Policy:

**1.0 The Laboratory must have a system to assess that staff are competent to perform their responsibilities.**

#### 2.0 Training

- 2.1 Training is conducted with all new hire caregivers (aka: First Year Caregivers) and are evaluated with competency assessment
- 2.2 Training is conducted through department specific Training Plans or items on the competency assessment forms.
- 2.3 Training and competency assessment are documented if a test, methodology, or instrumentation changes, or the caregiver's duties changes. (See Document Change Management)

#### 3.0 Competency Assessment

- 3.1 Licensed laboratory caregivers, Clinical Laboratory Scientists (CLS), Clinical Chemistry Scientists (CCS), Clinical Hematology Scientists (CHS), Clinical Immunohematology Scientists (CIS), and Clinical Microbiology Scientists (CMS) must include the following (6) assessments when applicable:
  - 3.1.1 Direct observations of routine patient test performance, including specimen handling, processing and testing.
  - 3.1.2 Monitoring the Recording and reporting of test results in a timely manner.
  - 3.1.3 Review of intermediate test results or worksheets, quality control records, proficiency

testing results, and preventive maintenance records.

3.1.4 Direct observation of performance of instrument maintenance and function checks.

3.1.5 Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples.

3.1.6 Evaluation of problem-solving skills by one of the following methods: Quiz, Corrective Action documentation, or Presentation.

3.2 During the first year of employment, competence is assessed and documented at least semiannually for all laboratory tests licensed laboratory caregivers performs.

3.2.1 The three first year competencies; Initial, 6-Month, and 12-Month must be completed within the first year from the hire date or start date of training.

3.2.2 After the 12-Month competency assessment has been completed, the caregiver will be placed on the annual cycle.

3.2.2.1 If completion is before April 1, then the Annual due date will be December 31 of that year.

3.2.2.2 If completion date is after March 31, then the Annual due date will be December 31 of the next year.

3.2.3 The 12-Month Competency Assessment must be completed one year after the hire date.

#### **4.0 Department Supervisors or designees, and/or the Education and Training Supervisor are authorized to assess if competency has been met.**

4.1 To approve competency assessment:

4.1.1 The Department Core Leader must review completed competency assessment documents for completeness and consider the caregivers overall work performance.

4.1.2 The Department Core Leader can then conclude that the caregiver is competent to perform test procedures promptly, accurately, and proficiently.

4.1.3 The Department Core Leader will then sign and date when competencies have been met.

#### **5.0 Department Supervisors or designees, and/or the Education and Training Supervisor are authorized to determine if competency assessment has not been met.**

5.1 Remedial Action is to be taken (i.e.: retraining)

5.1.1 Competency assessment will be reevaluated at the assigned date of the remedial action's completion

5.2 The Department Core Leader will then sign and date when competencies have been met

5.2.1 If competency cannot be met, then HR Actions may be initiated. See Policy Section 8.0

#### **6.0 Observers must have completed initial training and have met initial competency assessments for the tests being observed.**

#### **7.0 Overdue Criteria**

7.1 Initial Training and Competency Assessment is considered overdue after the first month from the

hire date or the start date of training.

7.2 6-Month Competency Assessment is considered overdue after the eighth month from the hire date or the start date of training.

7.3 12-Month Competency Assessment is considered overdue after the twelfth month from the hire date or the start date of training.

## 8.0 Overdue Competency Assessments

8.1 Department Supervisors will be notified of overdue competency assessments.

8.2 Consequences of overdue competency assessments may result in actions according to HR Policies.

## 9.0 Retraining

7.1 Caregivers who have not been scheduled in a department for more than 6 months will be required to be retrained for that department. Caregivers cannot be scheduled to cover shifts in that department until retraining has been completed and must undergo the 6-Month and 12-Month competency assessment within the first year of the start of the retraining date.

## 10.0 Document Storage

10.1 Caregivers and Supervisors will be able to access the system of Training Binders, the Training File Cabinet, and Electronic Training File Cabinet openly.

10.2 The system is not intended to be used for remedial training documents, annual evaluations, or HR documents. These documents will be held with the Caregiver's Supervisor.

# Definitions:

**First Year Caregiver (First Year):** A newly hired caregiver who is undergoing their Initial Training and Competency Assessment, 6-Month & 12-Month Competency Assessment to complete within their first year of employment.

**First Year Documents:** Initial, 6-Month, and 12-Month Competency Assessment documents once completed (within one year) are stored in the lower drawer of the Training File Cabinet (TFC) and scanned into the eTFC. First Year Documents are stored indefinitely until the caregiver separates from Queen of the Valley Medical Center (QVMC).

**Training File Cabinet (TFC):** A cabinet to store completed annual and first year caregiver training and competency assessment documents. First Year Documents are stored in the bottom drawer permanently until the caregiver separates.

**Electronic Training File Cabinet (eTFC):** A computer folder held in the main shared drive that is structured as the physical Training File Cabinet.

**Blue Binder:** A binder used to store working annual competency assessment and retraining documents. aka Training Binder

**Orange Binder:** A binder used to store working first year training and competency assessment documents, orientation forms, and training schedules. aka Training Binder

**Green Binder:** A binder used to store working training and competency assessment documents for

interns and students. Not part of the Competency Assessment System scope. aka Training Binder

**Master Competency Spreadsheet:** Microsoft Excel spreadsheet used to track competency assessment due dates and compliance metrics. Found in the laboratory shared drive with open access.

**Hire Date:** The date of the first day of a caregiver's employment at QVMC; usually starting in the QVMC Hospital Orientation.

**Start Date:** The date of the first day of training or retraining for existing caregivers starting a new department or training on a new test, methodology, or instrument.

## Considerations/Regulations/Related Issue:

The Joint Commission Standard HR.01.06.01

The Joint Commission Standard HR.01.05.03, EP 4

## Scope/Responsible Person(s):

1. All staff who perform moderate to high complexity testing including supervisors and physicians must participate in competence demonstrations as described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88)
2. Clinical Laboratory Scientists (CLS), Clinical Chemistry Scientists (CCS), Clinical Hematology Scientists (CHS), Clinical Immunohematology Scientists (CIS), and Clinical Microbiology Scientists (CMS)

## Procedure:

### 1.0 Training and Competency Assessment for the First Year Caregiver (First Year)

1.1 On notification of a First Year's hire date and the issue of Caregiver ID from HR, an Orange Training Binder will be assembled. See "Orientation and Training - Laboratory".

NOTE: The First Year's actual first day, also called hire date, is conducted in the QVMC Hospital Orientation.

1.2 On the First Year's second day in the laboratory: department technical training will begin for the duration of the next 13 business days (totaling 15 business days). See SOP "Orientation and Training - Laboratory".

1.2.1 Technical training will be conducted with department specific training plans. If no training plans are available, training will be conducted by following the items on the department competency assessment form.

1.2.2 The department Core Leader can extend the training days, if necessary.

1.3 Competency assessment observations of are performed throughout technical training.

1.4 Competency assessment evaluation is performed at the end of technical training by the department core leader or by the Education and Training Core Leader.

1.4.1 Competency Assessment Form is signed and filed in the TFC and ETFC.

1.4.2 The new hire is placed on the schedule shift coverage.

1.4.3 The 6-Month and 12-Month Competency Assessment due dates will be set and entered on

the Master Competency Spreadsheet.

1.5 The Initial Training and Competency Assessment must be completed one month after the hire date.

1.6 The 6-Month Competency Assessment must be completed in approximately 6 months but no longer than 8 months after the hire date.

1.7 The 12-Month Competency Assessment must be completed by the hire date anniversary.

1.8 Upon completion of the 12-Month Competency Assessment, the Orange Binder will be retired and a Blue Binder will be assembled for Annual Competency Assessment documents.

## **2.0 Retraining and Competency Assessment**

2.1 Department Core Leaders will schedule and document caregiver retraining and competency assessments.

2.2 Training records and/or Competency Assessment forms will be signed by the Department Core Leader.

## **3.0 Training and Competency Assessment on new or changed tests, methodology, or instrumentation**

3.1 Use the Document Change Control SOP.

3.1.1 Set a due date for caregivers to complete the review in 10 - 15 business days.

3.2 Completed documents will be stored in the TFC and ETFC

## **4.0 Caregiver Training/Retraining and Competency Assessment for the Existing Caregiver**

NOTE: For the scenario where an existing caregiver is assigned to a new department; when a caregiver has not covered a shift in a department for over 6 months and is assigned back to that department; and when when a caregiver needs retraining in their department.

4.1 A new section in the caregiver's Blue Training Binder will be created for the new department Training and/or Competency Assessment Forms

4.2 The Department Core Leader will schedule training using form "B3 Training Schedule Template"

4.3 Department technical training will begin for the duration of the next 13 business days (totaling 15 business days).

4.3.1 Technical training will be conducted with department specific training plans. If no training plans are available, training will be conducted by following the items on the department competency assessment form.

4.3.2 The department Core Leader can extend the training days, if necessary.

4.4 Competency assessment observations of are performed throughout technical training.

4.5 Competency assessment evaluation is performed at the end of technical training by the department core leader or by the Education and Training Core Leader.

4.5.1 Competency Assessment Form is signed and filed in the TFC and ETFC.

4.5.2 The new hire is placed on the schedule for shift coverage.

4.5.3 The 6-Month and 12-Month Competency Assessment due dates will be set and

entered on the Master Competency Spreadsheet.

4.6 The Initial Training and Competency Assessment must be completed one month after the start date.

4.7 The 6-Month Competency Assessment must be completed in approximately 6 months but no longer than 8 months after the start date.

4.8 The 12-Month Competency Assessment must be completed by the one year start date anniversary.

## References:

Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing. Section HR.01.06.01

Human Resources Policy Manual: Conduct, Counseling, Discipline, and Discharge. Policy # 530.0

SOP: Orientation and Training - Laboratory

## Attachments:

### Approval Signatures

Step Description	Approver	Date
Laboratory Medical Director	Brady Feliz: Physician, Laboratory Medical Director	08/2019
Laboratory Admin Director	Olive Romero: Director of Laboratory Services	08/2019
	Remegio Luna: Laboratory Supervisor	08/2019