



## Annual Competency Assessment

### Lab General – Education, Training and Competency

**Number:**

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### 1.0 Purpose

To meet compliance with all CAP and other regulatory agencies and to assure employee competency assessment guidelines are followed. The College of American Pathologists defines annual to mean within a twelve (12) month period.

### 2.0 Scope

This document applies to the all laboratory employees at Providence Sacred Heart Medical Center and Children's Hospital.

### 3.0 Procedure

Employee Competency Assessment:

The competency of each person to perform the duties assigned must be assessed following training before the person performs patient testing. Thereafter, during the first year of an individual's duties, competency must be assessed at least semiannually or within the first six months. After an individual has performed his/her duties for one year, competency must be assessed annually. Retraining and reassessment of employee competency must occur when problems are identified with employee performance. Annual Performance Evaluation reports are forwarded to the Human Resource department for review.

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
6. Evaluation of problem-solving skills

Other elements of competency may be assessed, as applicable. Competency must be evaluated and documented for 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. A test system may encompass multiple identical analyzers or devices. Different test systems may be used for the same analyte.

Many of the elements of competency assessment are performed during routine supervisory review of an employee. Documentation of these elements, including observation of test performance, results reporting, instrument maintenance, review of worksheets, recording QC, performance of proficiency testing, and demonstration of taking appropriate corrective actions are examples of daily activities that can be used to demonstrate competency. Each laboratory division may determine how each of the elements of competency is assessed by routine supervisory review. Competency assessment by routine supervisory review may be documented by a checklist. For nonwaived test systems, all the above six elements must be assessed annually (unless any are not applicable to the test system). For waived test systems, the laboratory may select which elements to assess.

Cytotechnologist employee competency assessment is done on an every six-month basis to comply with CLIA 88 and CAP standards and as outlined in the Cytology manual.

For waived testing performed at the point of care, competency is assessed for non-lab staff at the time of orientation and annually thereafter, using at least 2 methods of assessing competence as defined by the Joint Commission.

#### **4.0 REFERENCES:**

CAP Checklists  
JC Waived Testing Chapter

#### **5.0 Document History**

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Author: Dee Holm, M.T. (ASCP)  
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