

TRAINING UPDATE

Lab Location: GEC, SGAH & WAH
Department: QA & Mgmt

Date Distributed: 11/3/2014
Due Date: 11/30/2014
Implementation: 12/1/2014

DESCRIPTION OF PROCEDURE

Name of procedure:

Performance Assessment of Technical Supervisor, Technical Consultant and General Supervisor Duties, Policy for GEC / SGAH / WAH.QDNQA734 v1.1

Technical Supervisor or Technical Consultant Performance Assessment Form (QDNQA318)
General Supervisor Performance Assessment Form (QDNQA317)

Description of change(s):

New NQA policy that describes the performance assessment requirements for technical supervisors (TS), technical consultants (TC), and general supervisors (GS) for duties that have been delegated by the CLIA Laboratory Director.

CAP Checklist item:

GEC.55525 Performance Assessment of Supervisors/Consultants

The performance of section directors/technical supervisors, general supervisors, and technical consultants is assessed and satisfactory.

NOTE: All responsibilities of section directors (as technical supervisors in laboratories performing high complexity testing) and technical consultants (in laboratories performing moderate complexity testing, but not high complexity testing) must be delegated by the laboratory director in writing. Unsatisfactory performance must be addressed in a corrective action plan.

The assessment may take the form of a checklist or other written documentation of performance of responsibilities, as defined by the individual's job description.

This SOP will be implemented on December 1, 2014

Title	Policy for Performance Assessment of Technical Supervisor, Technical Consultant and General Supervisor Duties	
Prepared by	Corporate Quality Assessment	Date: 9/13/2014

Laboratory Approval		Effective Date:
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		

Review		
Print Name and Title	Signature	Date

Corporate Approval		Corporate Issue Date:	10/6/2014
Print Name and Title	Signature	Date	
Dianne Zorka, Director, Corporate Quality Assessment Owner	<i>On file</i>	10/1/2014	
Lee Hilborne, M.D., MPH Corporate Medical Director, Clinical Pathology	<i>On file</i>	10/2/2014	

Retirement Date:	<i>Refer to the SmartSolve EDCS.</i>
Reason for retirement/replacement:	

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1. PURPOSE

This policy describes the performance assessment requirements for technical supervisors (TS), technical consultants (TC), and general supervisors (GS) for duties that have been delegated by the CLIA Laboratory Director.

2. SCOPE

- This policy applies to:
 - All Quest Diagnostics Clinical Pathology laboratories
 - All technical supervisors, technical consultants and general supervisors.
 - All duties and responsibilities delegated to these individuals by the CLIA Laboratory Director
- This policy does not apply to Quest Diagnostics Anatomic Pathology laboratories.

3. RESPONSIBILITY

- The **Laboratory Director** is responsible for:
 - Approval of the initial document and any subsequent revisions.
 - Ensuring compliance with this policy for technical supervisors and technical consultants.
 - If the Laboratory Director reappoints performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed.
- The **Laboratory Director or Designee** is responsible for the recurring review of this document.
- The **Technical Supervisor** is responsible for
 - Implementing this policy in the department for which he/she is responsible.
 - Ensuring compliance with this policy for general supervisor.

4. DEFINITIONS

- **General Supervisor:** Individual(s) qualified to provide day-to-day supervision of testing personnel and reporting of test results.
- **Laboratory Director:** Individual responsible for the overall operation and administration of the laboratory. This is the individual listed on the laboratory's CAP and/or CLIA certificate.
- **Technical Consultant:** Individual(s) qualified to provide technical consultation for each of the specialties and subspecialties of service in laboratories performing **moderate** complexity testing.
- **Technical Supervisor:** Individual(s) qualified to provide technical consultation for each of the specialties and subspecialties of service in laboratories performing **high** complexity testing

5. POLICY and PROCESS

The performance of delegated duties is assessed annually by the laboratory director.

A. Technical Supervisor or Technical Consultant Assessment

1. The laboratory director assesses the performance of the technical supervisor or technical consultant with respect to the following duties:
 - Provide technical and scientific oversight. Select test methodology that is appropriate for the clinical use of the test results.
 - Assure that method validation studies are completed and submitted to the Laboratory Director for approval.
 - Ensure that proficiency testing surveys or alternative performance assessments are performed appropriately, results reviewed and corrective action documented for PT failures and/or near miss evaluations.
 - Establishment and on-going review of department Quality Control and Quality Management programs. Review and approval of documentation of corrective actions for QC failures, failures to meet QM goals and major equipment failures.
 - Establishment of department training and competency programs. Assure that each individual performing testing receives regular in-service training and education appropriate for the services performed.
 - Assure approved procedures are available, complete and reflect current practice.
2. Assessments are documented on the Technical Supervisor or Technical Consultant Performance Assessment Form.
3. The Performance Assessment Form must be signed by the individual assessed and the laboratory director performing the assessment.

B. General Supervisor Assessment

1. The laboratory director or technical supervisor assesses the performance of the general supervisor with respect to the following duties:
 - Provide day-to-day supervision of testing personnel when performing testing and reporting test results.
 - Ensure acceptable levels of analytic performance are maintained for test analyses and specimen examinations.
 - All remedial actions are taken and documented when testing performance does not meet standards.
 - Ensure patient results are not reported until all corrective actions have been taken and test is performing according to specifications.
 - Provide departmental orientation to all new testing personnel.
 - Administer the departmental training program
 - Perform competency assessment on all testing personnel and non-testing personnel.
2. Assessments are documented on the General Supervisor Performance Assessment Form
3. The Performance Assessment Form must be signed by the individual assessed and the laboratory director or technical supervisor performing the assessment.

C. Corrective Action

1. Corrective action(s) taken in response to any deviation from the expected performance must be documented.
2. Ongoing performance must be monitored for a prescribed interval to ensure proper performance of delegated duties.
3. Specific (re)training and/or supplementary education may be required to ensure proper performance of delegated duties.
4. Reassignment of delegated duties, and / or removal from duty may be necessary as determined by the laboratory director in consultation with laboratory leadership and / or human resources

D. New York State Requirements (if applicable)

- Assessment of the ability of the supervisor to fulfill the responsibilities described under Human Resources Sustaining Standard of Practice 3 must be documented.
- Assessed responsibilities must include:
 1. Compliance with policies and procedures;
 2. Communication, including bringing problems and non-conformities to the attention of laboratory management;
 3. Leadership and problem-solving capabilities;
 4. Allocation of resources; and
 5. Personnel management

6. RECORDS MAINTENANCE

Records are maintained according to the requirements published in the Quest Diagnostics *Records Management Program Reference Guide*.

7. RELATED DOCUMENTS

- Quest Diagnostics *Training Verification* SOP (QDNQA600)
- Quest Diagnostics *Authorization of Responsibilities and Job Duties* SOP (QDNQA602)
- Quest Diagnostics *Competency Assessment* SOP (QDNQA601)
- Technical Supervisor or Technical Consultant Performance Assessment Form (QDNQA318)
- General Supervisor Performance Assessment Form (QDNQA317)

8. REFERENCES

1. Federal Register Code of Federal Regulations, Title 42,Part 493.xxxx
2. Laboratory General. College of American Pathologists, Laboratory Accreditation Program, Northfield, IL. 60093
3. New York State Department of Health Clinical Laboratory Standards of Practice. Part 1 General Systems, June 2014.

9. DOCUMENT HISTORY

Version	Date	Section	Revision	Revised By	Approved By
1	10/14/14	Cover 10	Adopting corporate issued version 1. Add local Effective Date message Remove table	L. Barrett	C. Bowman

10. ADDENDA

None

TECHNICAL SUPERVISOR/TECHNICAL CONSULTANT ASSESSMENT

Employee Name: _____

Department/Specialty _____

Duties	Acceptable?		
	Yes	No	N/A
Technical and Scientific Oversight: Provide on-site, telephone, or electronic consultation. Select test methodology that is appropriate for the clinical use of the test results.			
Method Validation Studies: Ensure that method validation studies are completed and submitted to Laboratory Director for approval. Ensure that laboratory personnel are appropriately trained prior to method implementation.			
Proficiency Testing: Ensure that approved proficiency testing surveys or alternative performance assessments are performed appropriately and submitted on time. Review department PT or APA results and approve corrective actions to failures and near misses.			
Quality Control and Quality Management: Establish department Quality Control (QC) and Quality Management (QM) programs and ensure that they are maintained.			
Monthly QC/QM Review: Perform high level review of quality control performance and QM programs (at least monthly). Establish and maintain acceptable levels of analytical performance for each test system.			
Remedial/Corrective Action: Review and approve documentation of corrective actions for QC failures, QM goals misses, Reportable Quality Issues (RQIs), and major equipment failures. Ensure that all necessary remedial actions are taken and documented whenever significant deviations from the laboratory's established performance characteristics are identified; and that patient test results are reported only when the system is functioning properly.			
Training: Establish department training program and ensure that it is maintained. Assure that each individual performing testing receives regular in-service training and education appropriate for the services performed.			
Competency Assessment: Establish department competency program and ensure that it is maintained.			
Recurring Procedure Review: Ensure that approved procedures are available, complete, and reflect current practice. Submit SOPs to Laboratory Director for approval. Review SOPs at least annually/biennially.			

Employee Signature: _____ **Date:** _____

Assessment:

- Employee meets job expectations.
- Minor deviations reviewed. Employee meets job expectations. (Document corrective actions below).
- Does not meet expectations.

Laboratory Director: _____ **Date:** _____

Minor Deviations:

Expectation	Comment	Employee Initials

GENERAL SUPERVISOR ASSESSMENT

Employee Name: _____

Department/Specialty _____

Duties	Acceptable?		
	Yes	No	N/A
Day to Day Oversight: Provide day-to-day supervision of testing personnel when performing testing and reporting test results. Provide on-site, telephone, or electronic consultation to resolve technical problems.			
Analytic Performance Monitoring: Ensure acceptable levels of analytic performance are maintained for test analyses and specimen examinations.			
Record Review: Assure that all remedial actions are taken whenever test systems deviate from the laboratory's established performance specifications; Review (as delegated) weekly quality control, instrument function, preventive maintenance, and other laboratory records least monthly - more often if necessary).			
Corrective Actions: Ensure that patient test results are not reported until all corrective actions have been taken and the test system is functioning properly. Initially review and approve corrective action documentation to ensure it is complete and in accordance with laboratory and department policies.			
Training: Administer the departmental training program and ensure all employees receive documented training from another trained individual. Approve and sign Training Verification forms for all employees at the completion of the training process.			
Competency Assessment: Administer the department competency program and ensure that all employees are assessed by another trained individual using direct observation, record review, test performance, and assessment of problem-solving skills. Approve and sign competency assessment documentation.			

Employee Signature: _____ **Date:** _____

Assessment:

- Employee meets job expectations.
- Minor deviations reviewed. Employee meets job expectations. (Document corrective actions below).
- Does not meet expectations.

Technical Supervisor/Laboratory Director: _____ **Date:** _____

Minor Deviations:

Expectation	Supervisor Comment	Employee Initials