

2022

**Competency addendum for technical staff 6 Points of competency.**

Our current proficiency process was deemed to be inconsistent with having all 6 components listed for all testing performed in the lab on our 2022 ACHC lab inspection assessment. The feedback given was that some competencies lacked sufficient clarity on 2 parts listed.

- 1) **Monitoring the recording and reporting of test results.**
- 2) **Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventative maintenance records.**

After a thorough review of all department records, this addendum will address the 2022 competencies to make sure these points are reviewed and understood by testing personnel.

All 2022 competencies did meet the other requirements for assessment and do have the following clearly listed.

- 1) Direct observation of routine patients test performance, including patient preparation, if applicable, specimen handling, processing, and testing.
- 2) Direct observations of performance of instrument maintenance and function checks.
- 3) Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples.
- 4) Assessment of problem solving skills.

For our current testing methods. It is this addendums intent to review and acknowledge that complete competency is understood, and any concerns will be used to improve our competency assessment going forward. We will also be using a more concise but consistent form to evaluate competency. We will continue to use our teaching task list for new employees and as a tool for remediation when the need arises.

For the departments and tests listed, all staff will review and speak to team leaders and managers regarding the two topics of interest to make sure testing is complete and all policies understood, and followed, as it pertains to all aspects related result and record review on equipment.

**DEPARTMENT:**

LIS

All order entry of patient and QC results into the LIS from interfaces, manual reporting, are completed and results interpreted correctly for flags, error codes, critical values.

Hematology

- Sysmex XT4000 Cell Counter
- KX21 Cell Counter
- Manual Diff
- ESR
- Body Fluids
- PM maintenance on all Hematology equipment

#### Coag

- PT/APTT
- PM on equipment

#### Blood Bank

- Type Screen, Crossmatch, Cord
- Equipment Maintenance

#### Chemistry

- Roche 6000
- 411
- Avox
- ISTAT
- Urine Drug Screen

#### Immunology

- Liat
- HCG
- MONO
- Hemocult, Gastrocult

#### Micro

- Crypto/Giardia testing
- Gram Stain
- Rotovirus
- KOH/Wet Prep
- St. pneumonia Ag

#### Urine

- Urine Dipstick
- Urine microscopy
- Equipment maintenance.

Each technical staff has reviewed their policy and procedures to make sure all phases of testing are complete, accurate, and reviewed for errors or problems.

All techs have a complete understanding of how to run QC and PT testing as well as record results and trouble shoot as needed. Staff understand to verify QC values are acceptable prior to testing and if patient testing was completed after failed QC, Patient samples are to be evaluated between those QC runs.

Technical staff also know how to troubleshoot equipment and use data to determine problem causes. Documentation of events are to be written in problem section logs as well as PM checklist completed when maintenance is done.

This document will be used for each tech to place with their 2022 competency records to recognize a more thorough review of competency was completed by each person to remediate any competency deficiency determined during our 2022 inspection.

Feb 14-2023  
Thomas Geis, MT(ASCP)  
Lab Manager

# Competency Assessment

System \_\_\_\_\_

**CLIA/CAP SIX POINTS OF COMPETENCY**

1. Direct observations of routine patient test performance, including patient preparation, if applicable, specimen handling, processing and testing;
2. Monitoring the recording and reporting of test results;
3. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records;
4. Direct observations 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. Assessment of problem solving skills.

Name \_\_\_\_\_ Role \_\_\_\_\_

Observer Name and Credential \_\_\_\_\_

Circle Competency Type: *Initial*   *6 month*   *Annual*   *Periodic*

Date Assessment Performed \_\_\_\_\_

**INDIVIDUAL BEING ASSESSED**

**TRAINED ASSESSOR**

- |  |       |
|--|-------|
| <input type="checkbox"/> (1) All Policies pertaining to the above test system are read and understood.   | _____ |
| <input type="checkbox"/> (1) Specimens are handled properly and in accordance with the policy or manufacturer  | _____ |
| <input type="checkbox"/> (1) Specimens are correctly identified with patient information and pre-analytical specimen conditions are met. <u>Direct observation</u> is done with complete testing process, analytical, post-analytical. | _____ |
| <input type="checkbox"/> (2) The test or test system results(s) are interpreted correctly, flags, errors, normal, abnormal, critical results are recognized and documented or called per policy.                                       | _____ |
| o (1) Document Sample Number of Observed Run _____   | _____ |
| <input type="checkbox"/> (3,4) Maintenance, when applicable, is <u>directly observed</u> and performed correctly, events logged, and records can be located and reviewed for troubleshooting.  | _____ |
| <input type="checkbox"/> (3) Quality Control frequency to run tests known. QC results interpreted correctly and logged in LIS or worksheet. PT testing performed correctly. Corrective action complete                                 | _____ |
| <input type="checkbox"/> (5) User is able to run an unknown, without error, on the system defined.   | _____ |

Unknown \_\_\_\_\_

\*Unknown may be previously analyzed specimen, internal blind samples, or proficiency testing material. (For example, document sample number)

\* If you have completed a survey in this area, document this above.

*In this case, an additional unknown is not required.*

**(6)** The below space has been made left intentionally blank for documentation of problem solving skills. This may be documented in several ways. The assessor may ask the individual being assessed a question related to the system being discussed. OR the individual being assessed may document a problem that occurred, and how they corrected the problem.

Trained Assessor will document any Corrective Action needed or specific functions that trainee needs to continue to work on with supervision. Assign Remedial Action or Training if necessary

Corrective

Action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_