

COMPETENCY ASSESSMENT
Point-of-Care Testing

Initial

Recertification

Employee Name: _____ ID # _____ Date: _____
(Print)

Waived Tests	Non-Waived Tests	PPM/PPT Tests
<input type="checkbox"/> Whole Blood glucose Instrument: Abbott PXP	<input type="checkbox"/> Blood Gas Instrument: Abbott i-STAT	<input type="checkbox"/> Vaginal Wet Mount Preps Method: Manual
<input type="checkbox"/> Urine Qualitative hCG Method: SureVue	Drugs-of-Abuse Screen Method: ABMC InCup	
<input checked="" type="checkbox"/> BUN & creatinine Instrument: Abbott i-STAT	<input type="checkbox"/> Troponin I Instrument: Abbott i-STAT	

- The evaluator assessed the employee's competency to perform the above test(s) by the applicable elements checked below:
 - *Direct observation of routine patient test performance, including patient identification, preparation, specimen collection, handling, processing, and testing.
 - *Review of test results, worksheets, QC records, proficiency results, and preventive maintenance.
 - *Monitoring the recording and reporting of test results including critical values and actions taken.
 - *Direct observation of instrument maintenance and function checks, as applicable.
 - *Assessment of test performance through previous testing and proficiency testing results
 - *Evaluation of problem solving skills.

Direct observation of quality control test performance and records to include proper technique
 Discussion of corrective action for instrument problems to include calling Tech Support
 Discuss the technical procedure, written test, in-service, or other

***Required by CAP for all non-waived tests**
- Review proper specimen collection technique and location as well as proper identification of the patient requiring two identifiers
- The overall performance of this employee is: Successful Unsuccessful (needs additional training)
 Retraining Done: _____ Successful: _____
- Operator reviewed current procedure manual and specific test procedure checked above for any edits, revisions or additions, or new procedure(s) since last competency review.

The above employee is fully competent and has demonstrated the skills and knowledge necessary to perform QC and patient testing according to the policies and procedures approved by P&LMS Ancillary Testing section.

Nurse Manager/Supervisor Signature _____ Date: _____

Trainer: _____ Date: _____ Nurse(Operator): _____ Date: _____
 Ancillary Testing Coordinator (Signature)

Comments: Next Competency Review Due : 6-months: _____

1- year: _____