Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUID\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ***Self-Assessment/Validation Key:***  **U**: *Unable to perform these tasks*; **A**: *Able to perform these tasks but require*  *additional practice/assistance*; **I**: *Able to perform these tasks independently* | ***Validator: Record Competency Assessment Validation performed by.*** ***DO:*** *Direct Observation****RR:*** *Monitoring and Review of*  *Work/Records (RR)****INT:*** *Interactive Evaluation by Validator*  | ***Competency Type:***□ Initial□ Annual□ Refresher  |

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| **Competency** | **Self-Assessment****(U, A, I)** | **Date** | **Validation****(U, A, I)** | **Validation Method*****(DO, RR, INT)*** | **Validator Initials** | **Date** |
| **PHLEBOTOMY FUNCTIONS** |  |  |  |  |  |  |
| Follows Platinum Service and performs AIDET during all interactions with members and customers- Understands the importance of and adheres to I-COUNT |  |  |  |  |  |  |
| Logs into Mainframe (shared computer) or Windows (for managed computer) and Cerner as directed to perform phlebotomy |  |  |  |  |  |  |
| Disinfect phlebotomy area at beginning and end of shift and as needed between patients.  |  |  |  |  |  |  |
| Name badge is visible above waist, and readable. |  |  |  |  |  |  |
| Draws first patient within 10 minutes of scheduled start time. |  |  |  |  |  |  |
| Performs venipuncture, fingerstick and neonates heel stick following proper policy and procedures. |  |  |  |  |  |  |
| Properly disposes of sharps and other equipment |  |  |  |  |  |  |
| Washes hands or uses alcohol based hand gel before and after each patient encounter |   |  |  |  |  |  |
| Follows lab policy and procedures (07-072) that allows maximum of two sticks per patient per phlebotomist |  |  |  |  |  |  |
| **Venipuncture** |  |  |  |  |  |  |
| Greets patient in an appropriate manner, introduces self, and properly identifies patient. |  |  |  |  |  |  |
| Request patient first and last name and DOB. |  |  |  |  |  |  |
| Records full date of birth on OE printout and verifies in computer system. |  |  |  |  |  |  |
| Verify tests both on KRMS (SO and OE Screen), compare to OE printout. Account tests labels to match tests on OE print out. |  |  |  |  |  |  |
| Ask patient if fasting as needed. |  |  |  |  |  |  |
| Reassures Patient about the procedure. |  |  |  |  |  |  |
| Clean hands with gel and put on gloves in front of patient. |  |  |  |  |  |  |
| Verifies tests ordered and the tube selection is appropriate. |  |  |  |  |  |  |
| **Competency** | **Self-Assessment****(U, A, I)** | **Date** | **Validation****(U, A, I)** | **Validation Method*****(DO, RR, INT)*** | **Validator Initials** | **Date** |
| Properly applies the tourniquet; tight enough to partially obstruct the blood flow, but lose enough as not to discomfort the patient (should not exceed 2 minutes) |  |  |  |  |  |  |
| Selects an appropriate venipuncture site. |  |  |  |  |  |  |
| Properly cleanses venipuncture site with correct cleanse method depending on the test. (alcohol/iodine/ betadine) Allow to air dry, without touching site after cleansing.  |  |  |  |  |  |  |
| Perform phlebotomy with proper technique:1. Anchor vein to be used.
2. Inserts needles at a 30o or less and advances needles into vein lumen.
3. Collection tubes filled in the correct order.
4. Release tourniquet before removing needle.

Invert all tubes 8-10 times to mix well with the additive. |  |  |  |  |  |  |
| 1. Needle is removed from vein, safety device on needles or safety button on butterfly device is activated.
 |  |  |  |  |  |  |
| If venipuncture was unsuccessful and needs to be repeated a new needle MUST be used  |  |  |  |  |  |  |
| Labels tubes in front of patient and has patient verify name/DOB on specimen labels |  |  |  |  |  |  |
| Ask patient to apply pressure while labeling tubes. |  |  |  |  |  |  |
| Apply tape and ask patient to apply pressure for 5-10-minutes. |  |  |  |  |  |  |
| **Blood Cultures Collection** |  |  |  |  |  |  |
| When collecting a blood culture, you must use iodine/ ChloraPrep when cleansing the site. (30 second scrub and 30 second air dry) |  |  |  |  |  |  |
| Collection bottles must be cleaned with alcohol swabs prior to collecting blood to assure aseptic technique. |  |  |  |  |  |  |
| Aerobic (blue) bottle must be drawn before the anaerobic (purple) bottle with a butterfly/syringe. |  |  |  |  |  |  |
| Blood cultures need to always be drawn before other tubes. |  |  |  |  |  |  |
| When collecting a set of blood cultures, you must collect from different sites. When they are order twice. |  |  |  |  |  |  |
| **Heel stick** |  |  |  |  |  |  |
| Assembles supplies needed for the procedure. (Alcohol swab, gauze, bandage, heel warmer, lancet and appropriate microtube.) |  |  |  |  |  |  |
| Pre warm the baby’s heel with a heel warmer for about 5 minutes. |  |  |  |  |  |  |
| Position the patient so that the heel is steady and supported in a comfortable position. |  |  |  |  |  |  |
| Grasps the infant’s foot just beneath the heel. |  |  |  |  |  |  |
| Cleanses the entire heel with an alcohol swab and allows to air dry. |  |  |  |  |  |  |
| Holds the lancet and places it firmly against the outside area of the heel and activates the retractable lancet. |  |  |  |  |  |  |
| **Competency** | **Self-Assessment****(U, A, I)** | **Date** | **Validation****(U, A, I)** | **Validation Method*****(DO, RR, INT)*** | **Validator Initials** | **Date** |
| Wipes away the 1st drop of blood. |  |  |  |  |  |  |
| Know that if the blood does not flow with gentle pressure, another puncture needs to be made.(Policy 07-072 that allows a maximum of two sticks on a patient per phlebotomist.) |  |  |  |  |  |  |
| Always collects the hematology (purple top) specimen first, followed by the chemistry sample. Anti- coagulated tubes are mixed well. |  |  |  |  |  |  |
| Applies gauze with light pressure to puncture site. |  |  |  |  |  |  |
| Place bandage over puncture site. (To prevent a choking hazard) Instruct parent to not allow child to put bandage in his/ her mouth and remove bandage in 10-20 minutes. |  |  |  |  |  |  |
| Disposes of the lancet in the SHARPS container. |  |  |  |  |  |  |

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| **KRMS/MAINFRAME FUNCTIONS** |  |  |  |  |  |  |
| Able to perform Complete Accessioning (CA/CW)(This is used with 976/950 Specimens) |  |  |  |  |  |  |
| Able to perform Reprint Collection Label (CR)(This function is only used with 976/950 specimens.) |  |  |  |  |  |  |
| Able to perform Outpatient Accessioning (CO) |  |  |  |  |  |  |
| Able to perform Non-patient Accessioning for Cultures (Dialysis, Media, etc.). (NP) |  |  |  |  |  |  |
| Able to pull out orders using Outpatient Scheduled Order accession (SO) |  |  |  |  |  |  |
| Able to pull out orders using Outpatient Order Entry accession (OE) |  |  |  |  |  |  |
| Knows the use of PD Sort Group for Non-KP or outside CA providers during Manual Outpatient accessioning. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|   **Q MATIC** |  |  |  |  |  |  |
| Correctly logs into Q matics and utilizes Q matics to call patients  |   |  |  |  |  |  |
| Knows how to apply and correctly uses settings in Q matics (STAT, Timed, Routine, Drop Off,etc.) |  |  |  |  |  |  |
| Knows how to use functions on Q matcis (call, recall, recycle, hold and no show) |  |  |  |  |  |  |
| Knows the walk direct function (Glucose Tolerance Test) |  |  |  |  |  |  |
| **OTHER** |  |  |  |  |  |  |
| Completes all Kaiser Permanente and Departmental required training and competency in a timely manner. |  |  |  |  |  |  |
| Maintains a valid CPT license by completing continuing education and submitting renewal in a timely manner in order to prevent expiration. |  |  |  |  |  |  |
| Adheres to all Kaiser Permanente and Clinical Laboratory Policy and Procedures, including Out Patient Platinum Service, Dress code Workplace Safety, Electronic Asset Usage, Compliance and any other department or company procedure. |  |  |  |  |  |  |
| **Competency** | **Self-Assessment****(U, A, I)** | **Date** | **Validation****(U, A, I)** | **Validation Method*****(DO, RR, INT)*** | **Validator Initials** | **Date** |
| Answers phones with department name, employee name, and greeting |  |  |  |  |  |  |
| Maintain adequate inventory levels and checks expiration dates of materials be used (processing, bacteriology) |  |  |  |  |  |  |
| Stocks and maintains phlebotomy room and storage room as needed |  |  |  |  |  |  |
| Understands and follows the notification process and processing of STAT specimens for testing in the Urgent Care Laboratory |  |  |  |  |  |  |
| Follows the test exceptions list for each MOB location |  |  |  |  |  |  |
| Places orders or notifies supervisor when supplies are needed, prior to running out |  |  |  |  |  |  |
| Maintains all temperature and environmental logs; notifies supervisor or CLS if out of range |  |  |  |  |  |  |
| Assists in training new employees as necessary |  |  |  |  |  |  |
| Performs other duties as needed in order to provide exceptional customer care and comply with I-COUNT/ AIDET/ QUEST responsibilities.  |  |  |  |  |  |  |
| Knows how to check E-Mails daily for memos and updates. |  |  |  |  |  |  |
| Able to perform Prenatal specimen (PNS) collection process, i.e. 1st and 2nd Trimester Screening. |  |  |  |  |  |  |
| Uses LabNet and Quest Diagnostics website to identify specimen requirements. Knows to use chilled tubes and light protected transfer tubes for some specialty tests |  |  |  |  |  |  |
| Delivers specimens to appropriate department and notifies CLS of STAT or Urgent specimens |  |  |  |  |  |  |
| Performs outpatient phlebotomy within acceptable timeframe: 8 patients/hour when processing, and 12 patients/hour when not processing. |  |  |  |  |  |  |
| Records time of draw and initial or NUID stamp on each specimen label |  |  |  |  |  |  |
| Able to process Malaria within the 1-hour time frame. (Can only be performed at HBM, MVJ, and ASN) |  |  |  |  |  |  |

**Comments**

Lab Assistant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

Validator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

Manager Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_