# **Staff Member Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Employee ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review type: □** Annual

**Element 1: Direct Observation of routine patient test performance, including, as applicable, patient identification and preparation; and specimen collection, handling, processing and testing.** *(Overseen by Department Super-User)*

* Ensures that air bubbles are not present in the specimen before analysis.
* Scans patient armband using the iSTAT (enters patient CSN number).
* Ensures that test cartridges has reached room temperature and have not been exposed to room temperatures for more than 14 days.
* Applies the appropriate amount of sample to the sample well without overfilling the cartridge.

Observer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Element 2: Monitoring the recording and reporting of test results, including, as applicable, reporting critical results.** *(Overseen by site POCT Coordinators)*

Observer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Element 3: Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records.** *(Overseen by site POCT Coordinators)*

I certify that my monitoring during the last □ 6 months □ 12 months indicate that the staff member listed above has demonstrated competency in the following areas:

□ QC and Maintenance Records

□ Proficiency Testing

□ Results Reporting, Computerized

□ Preventative Maintenance Records

Observer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Element 4: Direct observation of performance of instrument maintenance and function checks, as applicable.** *(Overseen by Department Super-User)*

□ Performs Electronic Simulator Test

Observer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Element 5: Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples.** *(Samples provided by the laboratory. Overseen by site POCT Coordinators)*

Sample ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Sample ID** |  |
| **ACT Result** |  |
| **Acceptable Range** |  |
| **To be completed by laboratory** | **□ Pass**  **□ Fail** |

Reviewer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Element 6:** **Evaluation of problem-solving skills.** *(Overseen by site POCT Coordinators)*

Refer to MTS on-line Competency Quiz. Passing Grade 80%.

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POCT Coordinator or Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

*Having reviewed this document, I certify that the above listed staff member has demonstrated competency as defined in the CLIA regulations.*

POCT Coordinator or Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**EFFECTIVE DATE**

June 12, 2012

**WRITTEN BY**

**Robert Rosecrans, Ph.D.**