



# BLOOD BANK COMPETENCY ASSESSMENT

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**Shawnee Mission  
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# DISCLOSURES

- I have no disclosures



# COMPETENCY ASSESSMENT AS DEFINED BY CAP



# GEN.55500 COMPETENCY ASSESSMENT

## KEY TAKE AWAYS:

- Three parts include: training at orientation, a 6-month competency assessment, and an annual competency assessment for nonwaived testing
- After the first year, only annual competency training is required
- Must use all 6 elements on **EACH** test system during both the annual and 6-month assessments, *unless an element is not applicable to the test system*

## Laboratory General Checklist

CAP Accreditation Program



# GEN.55500 COMPETENCY ASSESSMENT

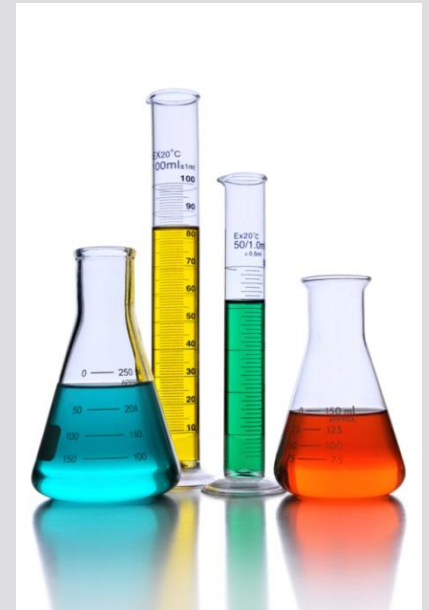
## 6 COMPETENCY ASSESSMENT ELEMENTS:

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

# GEN.55500 COMPETENCY ASSESSMENT

## DETERMINATION OF TEST SYSTEMS:

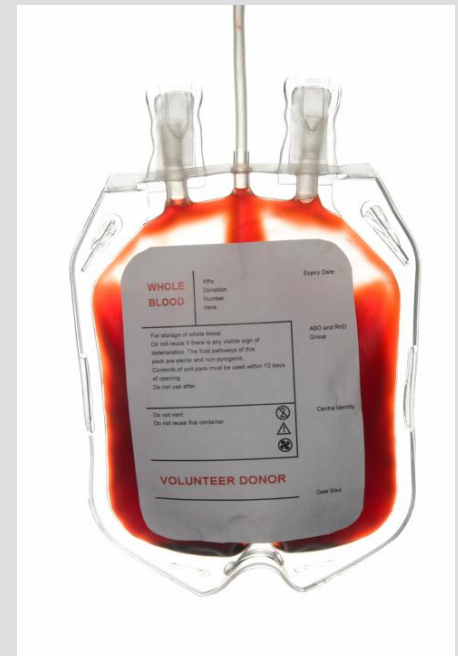
- System used to generate patient test results
- A process that includes **pre-analytic, analytic, and post-analytic steps** used to produce a test result or set of results.
- May be manual, automated, multi-channel or single use and **can include reagents, components, equipment or instruments** required to produce results.
- **May encompass multiple identical analyzers or devices.** Different test systems may be used for the same analyte.
- In many situations, **tests performed on the same analyzer may be considered one test system;** however, if there are any tests with unique aspects, competency must be assessed as a separate test system.



# GEN.55500 COMPETENCY ASSESSMENT

## Who does what?:

- The laboratory director must ensure that the individuals performing competency assessments are qualified
- We hold our designated “Observers” to the same standards as Supervisor Qualifications under CAP or Technical Consultants under CLIA (Degree in CLS and 1 Year Experience)
- The laboratory director signs off each year on who is a Technical Consultant (Competency Observer), Technical Supervisor (Administration), General Supervisor, or Testing Personnel



# CLIA DESIGNATED AREAS OF RESPONSIBILITY

TRANSFUSION SERVICES																
Laboratory Name:		Shawnee Mission Medical Center								CLIA	17D0648205		CAP #:	1953401		
Laboratory Address:		9100 West 74th St														
City, State and Zip Code:		Shawnee Mission, KS 66204-4004														
Phone Number:		913-676-2340								Total # Personnel:		19				
Last Name	First Name	Position Held (a)										Complexity Moderate or High (b)	Verification (c)			Documents Confirmed by (d): (date & initials)
		D	CC	TC	TS	GS	TP	CTGS	CT	SP	D		T	L*		
		Laboratory Director	Clinical Consultant	Technical Consultant	Technical Supervisor General	Supervisor	Testing Personnel	Citology General	Cyto-technologist	Staff	Pathologist		Diploma	Transcript	License	
<i>Caughron, Samuel MD</i>		X										H			X	01/01/14 SKS
<i>Quigley, James MD</i>											X	H			X	01/01/14 SKS
<i>Smith, Susan</i>					X							H	X		X	01/01/14 SKS
<i>Tucker, Sean</i>					X							H	X		X	01/01/14 SKS
<i>Conna Hiltner</i>				X		X	X					H	X		X	01/01/14 SKS
AGHAYAN, SHAHLA							X					H	X		X	01/01/14 SKS
ANDREWS, ANGELA K							X					H	X		X	01/01/14 SKS
DINWIDDIE, ADAM KRAIG							X					H	X		X	01/01/14 SKS
KEITH, RITA ELAINE				X			X					H	X		X	01/01/14 SKS
Story, Grace							X					H	X		X	01/01/14 SKS
WOERPEL, DIANNE RAE							X					H	X		X	01/01/14 SKS
FOWLER, AMY L				X			X					H	X		X	01/01/14 SKS
JENNINGS, GAIL D							X					H	X		X	01/01/14 SKS
LAVERY, CARLA JEAN							X					H	X		X	01/01/14 SKS
WAYNE, LINDA M							X					H	X		X	01/01/14 SKS
TELLER, MAYDA							X					H	X		X	01/01/14 SKS
LYNCH, CHERRY							X					H	X		X	01/01/14 SKS
CONOVER, SHIRLEY J							X					H	X		X	01/01/14 SKS
MOORE, REBECCA L							X					H	X		X	01/01/14 SKS

I certify that all the individuals listed above qualify to function in the position indicated, according to the personnel requirements set forth by the College of American Pathologists. I also certify that educational records (electronic or hard-copy) for all individuals listed will be physically available for review by the CAP inspection team.

Laboratory Director Name (print or type): **Dr. Samuel Caughron MD** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

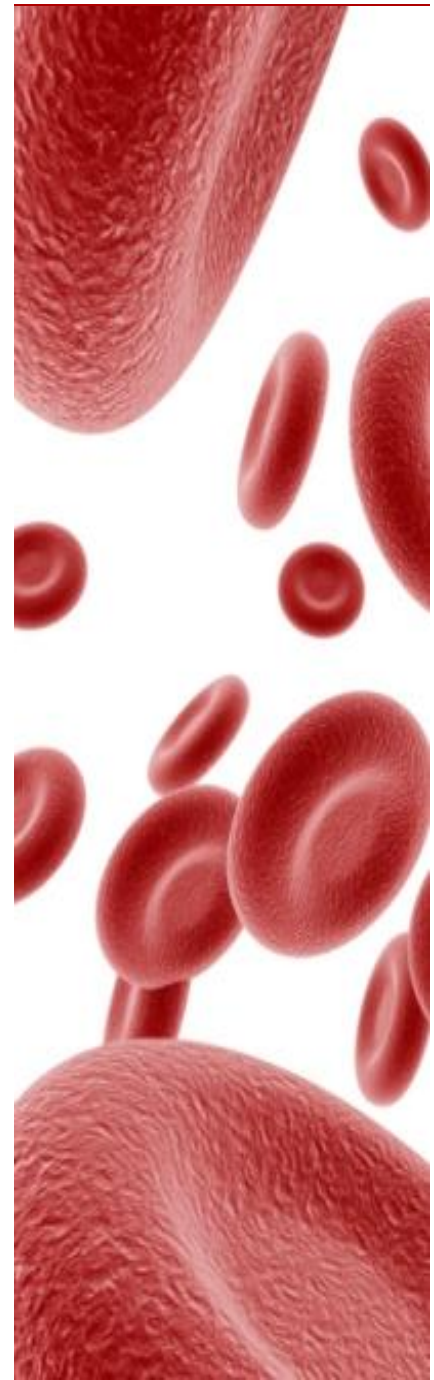


# CLIA DESIGNATED AREAS OF RESPONSIBILITY

Position Held (a)									Complexity Moderate or High (b)	Verification (c)			Documents Confirmed by (d): (date & initials)
D	CC	TC	TS	GS	TP	CTGS	CT	SP		D	T	L*	
Laboratory Director	Clinical Consultant	Technical Consultant	Technical Supervisor	General Supervisor	Testing Personnel	Cytology General	Cyto- technologist	Staff Pathologist		Diploma	Transcript	License	



# DETERMINING TEST SYSTEMS



# BLOOD BANK TEST SYSTEMS AT SMMC

**ABORh (Tube Test System)**

**ABSC (Gel Test System)**

**XM**

**ABID (Provue Test System)**

**AGN Typing (Tube Test System)**

**DAT – Poly and IgG**

**FetalScreen**

**KLEI**

**Prep of Baby Syringes**

**Cell Washer**

**Titer**

**Elution**



# COMPETENCY ASSESSMENT FORMS



# COMPETENCY ASSESSMENT AT SMMC



## SMMC Laboratory Competency Program

WHY

The following checklist must be completed annually by all associates working in the laboratory at Shawnee Mission Medical Center and the Shawnee Mission Outpatient Pavilion at Prairie Star Parkway. The following competency assessment will address all the skills and knowledge necessary to complete the duties identified under the associate's job description and adhere to requirements by CAP and The Joint Commission. The format of the competency program will follow the CAP test procedure. Observation may be made by any SMMC lab associate with at least four (4) years of experience within the department observed. Written test results, critical results reporting, worksheet documentation, quality control and calibration, and proficiency test resulting will be conducted by the department Lead/Representative and/or Manager. The evaluation of problem-solving skills in the format of written testing and microscopic observations will be evaluated by the department Lead/Representative. Additional information regarding the SMMC Competency Program can be found in the Laboratory Administration Policy ADM.114 "Laboratory Competency Program."

WHO

1. Evaluation of Test System by observation of performance
2. Evaluation of Instrument Maintenance by observation of performance

The laboratory must evaluate and document the competency of all testing personnel for each test system. A "Test System" is the process that includes pre-analytic and post-analytic steps used to produce a test result or set of results. Additionally, there must be direct observation of the associate while performing instrument maintenance and function checks. Observation of test system competency may be made by any lab associate with at least four (4) years of experience in that department.

3. Monitoring Reported Results, including, as applicable, Critical Results and Corrected Results
4. Review of Intermediate Test Results, Worksheets, QC, PT, and Maintenance Documentation
5. Assessment of Test Performance: Use Previously Tested Specimens, Internal Blind Surveys, or external PT samples
6. Evaluation of Problem Solving Skills

WHAT

Other elements of competency may be assessed, as applicable. A laboratory must evaluate and document the competency of all testing personnel for each test system. A TEST SYSTEM is the process that includes pre-analytic, analytic, and post-analytic steps used to produce a test result or set of results. A test system may be manual, automated, or a combination of manual and automated. A test system may include reagents, components, equipment or instruments required to produce results. A test system may encompass multiple different analyzers and/or different test systems may be used for the same analyte.

HOW

The laboratory must identify the test systems that an employee uses to generate patient test results. Many of the elements of competency assessment are performed during routine review of an employee. Documentation of these elements, including observation of test performance, results reporting, instrument maintenance, review of worksheets, recording QC, performance of PT, and demonstration of taking appropriate corrective actions are examples of daily activities that can be used to demonstrate competency. If elements of competency are assessed by routine review, the competency procedure must outline how this routine review is used to evaluate competency. Competency assessment during routine review may be documented by a checklist. For nonwaived test systems, all the above six elements must be assessed annually (unless any are not applicable to the test system). For waived test systems, the laboratory may select which elements to assess.

# COMPETENCY ASSESSMENT AT SMMC



## Blood Bank Annual Laboratory Competency Program

Associate Name: \_\_\_\_\_ Year: \_\_\_\_\_

1 & 2: Observation of Performance of Test Systems and Maintenance/Function Checks:

Test System	Description	Date	Observer Initials
<u>ABORh</u> (Tube Test System)	<ul style="list-style-type: none"> <li>When to do a recheck</li> <li>What to do if discrepancy with historical type is encountered</li> </ul>		
ABSC (Gel Test System)	<ul style="list-style-type: none"> <li>What to do if positive</li> <li>When to use PW Peg vs. LISS (Discussion is adequate)</li> </ul>		
XM	<ul style="list-style-type: none"> <li>How to determine extent of testing for significant antibody</li> </ul>		
ABID ( <u>Provue</u> Test System)	<ul style="list-style-type: none"> <li>How to use outdated panel cells; what special testing may need to be done.</li> <li>For patients with Anti-E, when to select R1R1 units and what template to use in BB Pt Comment File.</li> </ul>		
AGN Typing (Tube Test System)	<ul style="list-style-type: none"> <li>How to use outdated RARE reagent (use template RARE)</li> <li>Heterozygous POS control cells</li> </ul>		
DAT – Poly and <u>IgG</u>	<ul style="list-style-type: none"> <li>Must immediately centrifuge w/o delay after adding AHG.</li> </ul>		
<u>FetalScreen</u>	<ul style="list-style-type: none"> <li>Observe</li> </ul>		
KLEI	<ul style="list-style-type: none"> <li>How to determine <u>RhIG</u> using CAP <u>RhIG</u> Dose Calculator</li> <li>How to calculate manually</li> </ul>		
Prep of Baby Syringes	<ul style="list-style-type: none"> <li>Documentation of Critical Material</li> <li>PLTs: What kind to order</li> <li>FFP/<u>Cryo</u>: What kind to thaw</li> </ul>		
Cell Washer	<ul style="list-style-type: none"> <li>How to reset spin time</li> </ul>		

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Department Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Training Documentation:

If additional training or education was necessary for a Test System, please document below with: The Test System, steps taken for additional training, the date and initials of trainer.

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# COMPETENCY ASSESSMENT AT SMMC



## Blood Bank Annual Laboratory Competency Program

Associate Name: \_\_\_\_\_ Year: \_\_\_\_\_

3,4,5&6: Resulting, Documentation, Blind Sample Performance, and Problem Solving

Test System	Monitoring Results (Date/Intls.)	Doc. Review (D/I)	Assessment of Test (D/I)	Problem Solving (D/I)
ABORh (Tube Test System)				
ABSC (Gel Test System)				
XM				
ABID (Provue Test System)				
AGN Typing (Tube Test System)				
DAT – Poly and IgG				
FetalScreen				
KLEI				

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Department Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Training Documentation:** If an employee fails to demonstrate satisfactory performance on the competency assessment, the laboratory has a plan of corrective action to retrain and reassess the employee's competency.

*NOTE: If it is determined that there are gaps in the individual's knowledge, the employee should be re-educated and allowed to retake the portions of the assessment that fell below the laboratory's guidelines. If, after re-education and training, the employee is unable to satisfactorily pass the assessment, then further action should be taken which may include, supervisory review of work, reassignment of duties, or other actions deemed appropriate by the laboratory director.*

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**QUESTIONS?**