

Getting More Confident with Competency



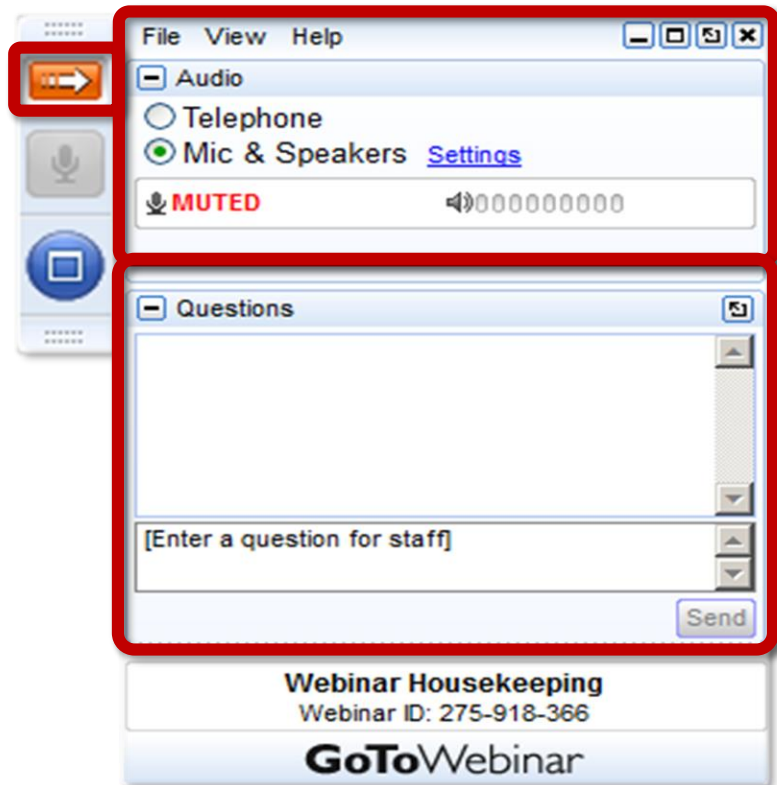
Sharon Hibbe, MPH, Business Development Manager-Laboratory, The Joint Commission

Elia Mears MHA, MT(ASCP) SM, Laboratory Surveyor, The Joint Commission

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Webinar Housekeeping



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Questions/Comments:

- Submit questions via the Questions panel at any time.

Note: Today’s presentation is being recorded.

Overview of Today's Webinar

- What is training?
- What is competency?
- When is competency assessed?
- Frequency of assessment
- Who performs and documents competency?
- Six methods of competency
- Common pitfalls
- Other helpful tips

What is Training?

Training ensures new and experienced personnel know the related work processes and procedures for the duties/tasks they have been hired and assigned to perform

Training does not consist of reading and signing off on a procedure

Training consists of how the procedures and processes are sequenced in the work environment to include the preanalytical, analytical and post analytical phases of the process

Training of employees is documented

Training is required:

- 1) For newly hired, transferred or promoted personnel
- 2) When changes in work processes are implemented
- 3) When an employee demonstrates performance concerns

Training and competence are separate and distinct!

What is Competence?

The ability for personnel to apply skills, knowledge and experience to perform laboratory tests correctly

The assessment ensures personnel performing laboratory testing are fulfilling their duties as required by federal regulations

Competency verifies the knowledge and skills gained from training are applied correctly

Training checklists and annual evaluations are **NOT** competency assessment

Regulatory and accrediting organizations require laboratories have processes and procedures in place for training personnel and assessing initial and ongoing competence

When Is Competence Assessed?

Competence is assessed:

- 1) Following training, before an employee works independently, thus determining the effectiveness of the training process and the individual's readiness to perform
- 2) Periodically, as per regulatory requirements, to verify the person's continued demonstration of the required skills, and knowledge for work processes
- 3) With new or changes in procedures/instruments
- 4) When the responsibilities change
- 5) When performance needs are identified

Competency Assessment

Competency must be documented annually for all technical, supervisory and testing personnel

Performed on non testing personnel, such as phlebotomists, specimen processors, histotechs for processes and procedures contributing to the quality of test results

Performed on management personnel for managerial and technical duties

CLIA requires six method competency for all who perform non-waived testing for ALL tests performed

A minimum of two method competency for waived testing is required by The Joint Commission

Competency is specific to a CLIA number

- rotating personnel through sites with **different CLIA numbers** must have **competency** performed **at each site.**

Frequency Of Assessment

Semiannually during the first year of employment

- Initially, after completion of training and before a person works independently in the work environment and patient results are released; ensures individual has acquired the needed skills and knowledge to perform the assigned job
- Six months after the original assessment

Annual basis thereafter

With change in test methodology or instrumentation



WAIVED Testing Competency

The Joint Commission requires:

- ❑ Assessment performed by the LD or designee
- ❑ Documentation of orientation, training, assessment for each waived performed
- ❑ Assessment includes **at least 2** of the following
 - Performance of a test on a blind sample
 - Periodic observation of routine work by supervisor or a qualified designee
 - Monitoring of user quality control performance
 - Written test specific to test assessed
- ❑ Assessment performed at orientation and at least annually thereafter



Provider-Performed Microscopy

To qualify as PPM the test is performed by the provider during the patient visit as part of a physical examination

The Laboratory Director and Testing Personnel must meet one of the following requirements:

- Be a physician
- Be a midlevel practitioner (Nurse Practitioner, Nurse midwife, Physician Assistant)
- Be a dentist

6 methods (or applicable) to demonstrate competency



Competency

Needs to include preanalytical, analytical and post analytical phases of testing applicable to their duties, including sample preparation prior to the analysis, evaluation of the sample at the time of analysis

Follow the process activities in the order performed in the work environment

Perform competency by test system- single use test kit, instruments

If the test system or platform has unique aspects, procedures for a test (pre treatment, dilution, for example) these unique tests need to be classified separately to ensure testing personnel are performing them correctly

Who Performs and Documents Competency?

Moderate and High Complexity

Moderate Complexity Testing

- Technical Consultant
- Anyone who meets the regulatory requirements for Technical Consultant

High Complexity Testing

- Technical Supervisor for each specialty
- Delegated, **in writing**, to a General Supervisor as long as the individual meets the regulatory (CLIA) requirements for a General Supervisor

Always remember a timely and complete assessment is ultimately the responsibility of the Laboratory Director!

Personnel Performing Competency

If a qualified individual performs any TC, TS, or GS functions including competence assessment their names must be listed as TC, TS, or GS on the CMS Form 209 regardless of their job title in the laboratory. If a TS assesses competence for both high and moderately complex testing he/she must be listed on the Form 209 as both TC and TS and if they test patients they must also be listed as testing personnel.

If an individual is not TC or TS qualified and will be gathering competence data, the policy and delegation document **must** state that the individual has been delegated to gather data for performance assessment.

Six Methods of Competency for Non-Waived and PPMP Testing

Six elements per testing platform required by CLIA

- Direct observation of routine patient testing
- Monitoring the reading and reporting of test result
- Review of intermediate test results, QC, PT and preventive maintenance
- Direct observation of instrument maintenance and function checks
- Assessment of test performance
- Assessment of problem-solving skills



Required Element #1

Direct observation of routine patient test performance, including patient preparation, if applicable, and specimen collection, handling, processing, and testing:

- Schedule time on your calendar
- Incorporate it with your rounding
- Have the employee perform the assay from receiving the sample through the release and filing of results in the information system
- Was the appropriate QC used? Was the expiration date checked? Was QC stored correctly?
- Was proper SOP followed regarding delta checks and critical results

Provides for an objective way of assessing performance!

Required Element #2

Monitoring, recording, and reporting of test results

- Daily result review being done by TC,TS, GS
- Pull the results of the technologist for review; routine review can reveal issues related to lack of competence-investigate!!



Required Element #3

Review of intermediate test results or worksheets, quality control, proficiency testing, and preventative maintenance performance

- Daily result review by TC, TS, or GS
- QC daily review by TC, TS, or GS
- Monthly review of maintenance logs
- Review and evaluation of PT results

Routine review can reveal issues related to lack of competence-investigate!!

Required Element #4

Direct observation of performance of instrument maintenance function checks and calibration

- Employees need to take accountability and notify you when these are being performed



Required Element #5

Test performance as defined by laboratory policy (for example, testing previously analyzed specimens, internal blind testing samples, external proficiency, or testing samples)

- PT logs and evaluations
- Saved samples
- Share samples with other labs



Required Element #6

Problem solving skills as appropriate to the job

- Quizzes or tests
- Your employees document when they troubleshoot QC and instrument problems
- Staff presentations

Gives you insight into the individual's capability to make decisions related to patient outcomes



Common Pitfalls

Non-Waived POCT

The person assessing the competency does not meet the requirements of a TC, TS, or GS.

- Take the time to ensure that staff doing the assessment meet the qualifications required
- Have someone from the lab who meets TC qualifications perform the assessment



Tests Commonly Mistaken as Waived Testing

- ACTs
- AmniSure
- AmnioTest
- I-STAT waived cartridges used as fingerstick collection rather than venous blood collection
- Waived/moderate complexity kits based on type of sample used
- Off label use of glucometers or other kits is considered HIGH COMPLEXITY testing!!!



Know your test menu and complexity level !!

Have a POC coordinator to help oversee testing

Other Errors Found

The six methods are not used to evaluate competency for every platform used

- The policy should include the six methods
- The policy should identify when a method is not applicable for a test
- Include all six methods on the competency assessment form; cannot pick and choose methods

For new hires, the sixth month competency assessment is either not done or not done on time

- Schedule this on your calendar
- Hold the employee accountable to get this done
- Six months plus or minus 15 days from the date of the orientation assessment

Waived test kits being used not following manufacturer instructions/components change complexity to **HIGH!**

PPM Competency

Credentialing and privileging for documentation of physician qualifying to perform non-waived testing at site **CANNOT** be used in lieu of documentation of training and competency using the six required methods as applicable to testing.

- In competency policy identify which methods are not applicable
- Use Proficiency Testing
- Use Blind Samples
- Use quizzes (electronic format is easier)



Other Helpful Tips

“Share the wealth”! Competency assessment may be delegated to other qualified personnel

Hold testing personnel accountable – create a Competency Binder for every employee and let the employee own it! Let them “buy” into the process

Do this throughout the year by coordinating it with routine practices and procedures to minimize impact on workload

Use routine quality surveillance activities to meet some of the assessment methods

Other Helpful Tips

Use annual skill fairs for Waived Testing personnel

Verify that first year hires have the six month assessment scheduled (for non waived testing)

Combine analytes on the same platform

CANNOT combine platforms in one assessment

A platform is an analyzer/instrument/kit that performs testing identically and gives a patient result;

Tissue processors, centrifuges, and such are not “platforms”, those are processes; you do want to make sure they are used correctly



Other Helpful Tips

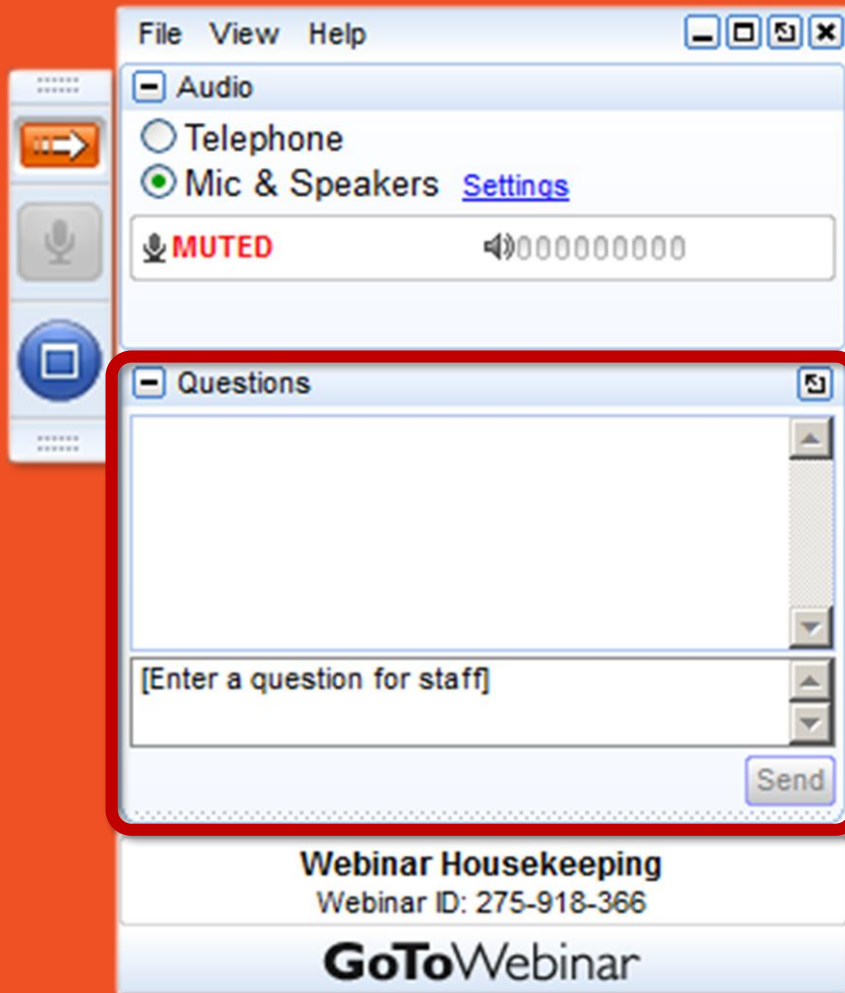
CLIA definition of a test system: “the instructions and all of the instrumentation, equipment, reagents, and supplies needed to perform an assay or examination and generate test results”

The 6 required methods for competency assessment apply only to the analysis of blood, tissue, or body fluid which produce results used in the diagnosis and treatment of patients

Any test, with unique aspects, problems or procedures within the same testing platform is to be assessed separately

The required methods DO NOT apply to phlebotomy (venipuncture- except Bleeding Time), or specimen processing, including pathology specimen processing by histology staff such as embedding, sectioning, mounting, staining. Tissue processors, centrifuges, and such are not “platforms”, although you do want to perform a “non technical” competency assessment.

Time For Your Questions!



Attendee Participation

- Please continue to submit your text questions and comments using the Questions Panel

Note: Today's presentation is being recorded.

HOW TO CONTACT US

qualitylabs@jointcommission.org

Business Development

- For initial questions
- Discuss eligibility and timeline
- Access to trial standards
- Request for an application
- Pricing estimate worksheet



Caleb Bardy
Business Development Manager East



Sharon Hibbe
Business Development Manager West

Save the date! Free laboratory conference

- “Quality Care Begins in the Lab” September 29, 2020 in Oakbrook Terrace, Illinois
- Hear from Joint Commission surveyors, staff, and customers
- Earn Continuing Education credits.
- Reception the evening of September 28, 2020
- Save the date and email us to be on the mailing list for more information at qualitylabs@jointcommission.org

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Hear directly from The Joint Commission Surveyors and experts from the Standards Interpretation Group

— **Focuses on:**

- Competency
- Waived Testing
- Proficiency Testing
- Transfusion Services and Blood Bank
- BONUS! Free Webinar on Leadership

— 2020 Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing

Learn More at: <https://www.jcrinc.com/>



Thank you for attending today's webinar!

For additional information, please contact us at:

qualitylabs@jointcommission.org

Appendix

Today's Speakers

Elia Mears is a surveyor for the Joint Commission's Laboratory Accreditation Program

Sharon Hibbe is a Business Development Manager for Laboratory Accreditation and Patient Blood Management Certification at The Joint Commission.