How to Perform
Competency
Assessments
in an Unbiased
Atmosphere

Prof. Maria Stevens Hardy, AHI &CLC (AMT)

Medical, Laboratory & Technology Consultants, LLC

Objectives

- Follow the process of creating and formatting assessment criteria
- Describe the process of how to perform a Competency Assessment
- Relay the importance of remaining unbiased and objective when performing and/or participating in a Competency Assessment

Overview

Competency Assessments are often seen as a method of scrutinizing employees and finding fault in their performance.

Competency Assessments are actually a very objective and standardized method of evaluating the proficiency and performance of a group of professionals.

Overview

With varying backgrounds, levels and types of education, and even experience, Competency Assessments provide a baseline for standard practices in the workplace.

Healthcare

- Recurrent training and performance checklists
 - Staff are rarely are asked to go back to the classroom setting to review policy and procedure
 - Yearly competency is often set up as a formality and can be haphazard

Example: Phlebotomist

- Different facilities use phlebotomists in very different ways.
- Make sure that as new skills are learned, there is a competency check sheet in your file to document training in the new skill so that you are not opening yourself up to any liability.

Intervention Strategies

How do you solve these problems as they arise?

Competency

- All levels of the healthcare team
- "Problematic employee"

Root Cause Analysis

A root cause analysis is always best to identify the source of error and remain objective in your assessment of the situation.

- Standardized
- Objective
- Infalible

Autonomy or Self-Determination

- Capacity to be one's own person, make decisions on one's own resources, and not be manipulated or dictated to by external forces
 - Competency
 - Ability to act on the decision
 - Respect for the autonomy of others

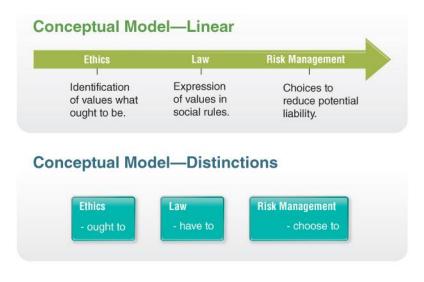
Nonmaleficence

- •The duty to "Do no harm."
 - •Technology has made this principle difficult to follow.

Justice

- What is due an individual
 - One may argue that people must take responsibility for their actions before assuming they can have justice.

Conceptual Model of Law and Ethics



Conceptual Model—Interconnectedness



Role Fidelity

- Health care practitioners have a specific scope of practice for which they are licensed.
 - •Practitioners must be true to their roles and not practice in an area in which they are not licensed.

Veracity

- Truth-telling
 - Has always had an ambiguous place in the health care practitioner's world
 - Each item documented must be true and accurate

Unique Focus of Health Care

- Primarily because a person's health is paramount to his or her living a successful and satisfying life, health care practitioners are routinely challenged to make sound decisions.
- These decisions concern not only the appropriate medical care for each patient's condition but also the patient's future health and well-being, and sometimes that of the patient's family.

Competency Assessment (If necessary)

- TC meets all necessary CAP and CMS/CLIA and State of Texas qualifications as a Technical Consultant for Moderate Complexity Laboratories and Technical Supervisor for High Complexity laboratories.
- TC will oversee the competency assessment of available staff to ensure CAP and CMS/CLIA and State of Texas compliance
- This Competency Assessment will utilize the 6 methods (as applicable)
- o 1. Blind testing
- o 2. Direct observation of routine testing
- 3. Monitoring of QC performance by each user
- 4. Problem solving skills
- 5. Direct observation of instrument checks
- 6. Monitoring result reporting
- This may include phlebotomy and specimen collection systems as appropriate and available to coordinate oversight
- TC will document all Competency Assessment activities as part of the compliance response to CAP and CMS/CLIA

Phlebotomy

- Phlebotomists may be used to collect and/or process a variety of specimens.
- Phlebotomists are also used to give instructions to patients and other healthcare workers on how to obtain the correct specimens – blood and nonblood.

- Clinical Laboratory Improvement Act (CLIA '88) mandates regulations of any facility performing patient testing.
- Clinical and Laboratory Standards Institute (CLSI), formerly known as NCCLS, establishes standards for laboratory procedures such as blood collection and testing.

- Joint Commission (TJC) accredits healthcare facilities every 2 years.
- TJC has established Patient Safety Goals and inspects for compliance.
- Accreditation required for Medicare and/or Medicaid reimbursement.

- College of American Pathologists (CAP) inspects and accredits laboratories only every 2 years.
- If a laboratory is CLIA inspected, it will receive an exemption from a CAP inspection.

- State licensure may have additional requirements such as another inspection and/or proficiency testing.
- Proficiency testing evaluates a lab's accuracy by sending in unknown samples from an outside agency for testing and then comparing results with other participating labs.

Other Healthcare Settings for Phlebotomists

- Health Maintenance Organizations
 (HMOs) offer full outpatient services under one roof, with reimbursement based on a prepaid, negotiated, and discounted basis of admission.
- Preferred Provider Organizations (PPOs) are groups of doctors and hospitals who offer services to employers at discounted rates based on a steady supply of patients.

Other Healthcare Settings for Phlebotomists

- Urgent Care Centers provide walk-in services to patients who cannot wait for an appointment with their primary physician or who do not have a primary healthcare physician.
- Physician Office Lab (POL) may do on-site testing or send specimens to an outside lab for testing.

Other Healthcare Settings for Phlebotomists

- Reference Laboratories are independent labs that analyze specimens drawn at other locations. Phlebotomists may travel from one location to another to obtain specimens.
- Nursing Homes may employ phlebotomists to obtain specimens from residents, or phlebotomists may come there from a reference lab.

	METHOD OF COMPETENCY ASSESSMENT	Acceptable(Y/N)
1.	Direct observation of patient test performance	
	a. Patient identification and labeling (CSN is used for patient ID on analyzer)	YES / NO
	b. Proper specimen collection	YES / NO
	 c. Knows expiration date of cartridges and records new expiration dates appropriately 	YES / NO
	d. Demonstrates proper cartridge handling; only uses cartridges that are at room temp	YES / NO
	e. Fills cartridge to fill mark	YES / NO
	f. Inserts cartridge for analysis of the sample	YES / NO
	g. Accurately performs test select and sample type on instrument	YES / NO
	h. Results display on screen. Know how to scrolls through results if all are not displayed	YES / NO
	i. Discards cartridge and sample appropriately upon completion of analysis	YES / NO
2.	Monitoring the recording/reporting of test results	
	a. Ensures that results are uploaded and meter is docked (if required)	YES / NO
	b. Enters appropriate comment codes as needed and takes appropriate action	YES / NO
3.	Review (weekly)	
	a. Review previous Patient test results	YES / NO
	b. Review Quality Control (QC) Results	YES / NO
	Notation and resolution of any problems:	YES / NO

	METHOD OF COMPETENCY ASSESSMENT	Acceptable(Y/N)
4.	Direct observation of instrument maintenance and required QC	
	a. Analyzer cleaned upon completion of testing after each patient	YES / NO
	b. Performs quality control and/or EQC at required intervals	YES / NO
	c. Accurately interprets quality control results	YES / NO
5.	Assessment of test performance (Complete one of the following)	
	a. Comparison of test result from #1 above with previous run or duplicate run – Optional: attach report or tape and the comparison data OR	
	b. Analyze QC – Optional: attach QC values along with acceptable range OR	
}	c. Proficiency testing sample – Optional: attach copy of PT sample analyzed by this employee along with PT report showing 100% acceptable score	
6.	Assess problem-solving skills	
	a. Understand instrument error messages and reports errors to POCT department	YES / NO
	b. Management of questionable patient results	YES / NO
	c. Contacts POCT department if results fail to upload and knows how to recall results	YES / NO
	d. Takes appropriate action for failed QC results or results with: ***, >, <, or <>	YES / NO
	e. Recollects fresh samples as needed when testing must be repeated	YES / NO
	f. Knows the process for recertification when operator has been locked-out	YES / NO

Evaluator's Statement

• Evaluator's signature above indicates the employee has demonstrated abilities necessary for the quality performance of these tasks, at an acceptable level (unless otherwise indicated in the Notes section). The employee's signature indicates the employee is confident with the performance of this procedure, is in agreement, and that all statements are truthful in fact.

Conclusion

Whether you have worked in a practice for 2 weeks or 20 years there should be a standardized way to ensure that your technique is proper and will always yield accurate testing results.

Competency Assessments provide a clear guideline for what is expected not only of you as testing personnel but also how your technique compares to others in your practice.

Competency Assessments should not be cringeworthy events but welcome opportunities to showcase your talents and skills.

References

- Slides 16-23, 2012 Saunders, an imprint of Elsevier
- Medical Ethics and Law, 2013 McGraw Hill
- Enhancing Communication and Developing Collaboration Between Healthcare Teams, Celeste Gray RN, MSN

MEDICAL, LABORATORY & TECHNOLOGY CONSULTANTS, LLC

700 12TH STREET NW, SUITE 700 WASHINGTON, DC 20005 USA

+1-202-810-4140 DIRECT

24 HOUR ANSWERING SERVICE

INFO@MLTCONSULTANTS.COM

LINKEDIN/FACEBOOK/TWITTER @MLTCONSULTANTS

