

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
LABORATORY POLICY MANUAL  
COMPETENCY TESTING**

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**Effective Date:** February, 1998  
**Cross Referenced:**  
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**Policy No:** GENLAB 9.11  
**Origin:** General Lab  
**Authority:** Laboratory Director  
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**PURPOSE:** Annual competency testing of laboratory personnel is done to ensure that laboratory testing is being performed accurately and up to accepted standards by all departmental personnel. A competency recheck will be done on newly trained employees within six months of the time that their initial training was completed. Yearly Competency review is done by discipline through the use of competency evaluation forms which is a review of Standard Operating Procedures (SOP), direct observation, performance of designated testing, monitoring of result reporting, review of QC and maintenance procedures, a wet competency (proficiency test, parallel testing..), a quiz, and an analysis of problem solving skills.

Due to the variations in testing procedures among departments, the approach taken to testing of competency may be varied depending upon the discipline. Determination will be made to focus on a specific topic (QC ex.), a new test, or a problem area.

**POLICY:** As follows.

**CHEMISTRY**

The proper running of tests on the, Dimension EXL 200 LM and EXL 200, will be evaluated through the running of daily control samples. The supervisor or designee will review data for each technologist/technician assigned to the Chemistry area and determine if sufficient competency exists for running tests. The proper use of the computer to release patient specimens will be evaluated when the supervisor or their designee reviews the daily pending test reports for the department. A written test will also be given and evaluated.

**HEMATOLOGY/COAGULATION**

The proper running of tests on the LH500, ACT II DIFF, Stago Compact and Satellite, and Clinitek 500 will be evaluated through the running of daily control samples. The supervisor or designee will review data for each technologist/technician assigned to the Hematology area and determine if sufficient competency exists for running patients. The proper use of the computer to release patient specimens will be evaluated when the supervisor or their designee reviews the daily pending test reports for the department. A written test will also be assigned.

**PHLEBOTOMY**

Due to the manual nature of phlebotomy, direct supervisory (or their designee) observation plus a written exam will be used to determine competency for all personnel performing phlebotomy.

A minimum of three venipunctures, one finger stick, and one heelstick (the latter two may be simulated demonstrations due to availability of patient type) will be observed. A review of processing a send-out, blood culture collection, bleeding times, and Blood Bank arm banding of patients will be given as an inservice at least annually through departmental meetings. A written test will be given to each person to be evaluated by the supervisor or their designee.

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**MICROBIOLOGY**

The proper running of manual testing will be evaluated through the running of controls as tests are performed. The supervisor or designee will review data and determine if sufficient competency exists for the running of patients. The proper ability to send out specimens and report results of cultures will be evaluated when the supervisor or designee reviews the Microbiology Log Book and result file.

**BLOOD BANK**

See the individual policy for Blood Bank Competency.

In all departments, the final competency decision for each employee will be made by the manager, supervisor and Medical Director based on overall evaluation of all data submitted. The clinical significance of any incorrect judgements/answers by department personnel will also be taken into account when a decision is made.

In cases where an individual has not passed all or part of their competency evaluation, a period of retraining (improvement plan) followed by a repeat evaluation will be initiated. If an employee still cannot satisfactorily fulfill the requirements of the position, disciplinary action pursuant to hospital policy will follow.

CAP Competency Assessment assignments will be assigned and students will be remediated until they achieve 100%. Technologists will be required to submit documentation of 6 CEUs annually.