Parkland Health

Point of Care Testing (POCT) Competency Documentation

Non-Waived Testing – Main Campus

Date: _____ **ID #:** _____ **Unit/Location:** _____

Last Name: _____ **First Name:** _____

I have had an opportunity to review and ask questions about policies and procedures related to equipment and testing below.

Trainee Signature: _____

The 6 elements of competency used at Parkland are:

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 of critical values.**
3. **Review of intermediate test results (worksheets), quality control records, proficiency testing results, and preventative maintenance records.**
4. **Direct observation of performance of instrument maintenance and function checks, as applicable.**
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, which may or may not include a written test.**

Initial / 6 Months / Annual		Competency Methods Assessed Use all 6 methods					
POC Test		**1 Patient ID/ Testing**	**2 Reporting Critical/ Normal**	**3 Review QC**	**4 Maintenance**	**5 Blind Samples**	**6 Problem Solving**
☐	**POC Blood Gases/Chemistry** *epoc*	Date	Date	Date	Date	Date	Date
		Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials
		Sample ID	Sample ID	QC Level	Disinfect	Sample ID	Quiz Score
☐	**POC Activated Clotting Time** *GEM Hemochron 100*	Date	Date	Date	Date	Date	Date
		Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials
		Sample ID	Sample ID	QC Level	Disinfect	Sample ID	Quiz Score
☐	**POC Whole Blood Oximetry** *AVOXimeter 1000E*	Date	Date	Date	Date	Date	Date
		Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials
		Sample ID	Sample ID	QC Level	Disinfect	Sample ID	Quiz Score
☐	**POC Alpha Defensin** *Synovasure*	Date	Date	Date	Date	Date	Date
		Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials	Observer's Initials
		Sample ID	Sample ID	QC Level	Disinfect	Sample ID	Quiz Score

Following successful completion of this competency assessment, the employee is deemed competent to perform patient testing unsupervised.

_____ / _____ / _____

Trainer/Observer Signature Initials ID #

_____ / _____ / _____

Trainer/Observer Signature Initials ID#

This employee needs additional training and is restricted from performing patient testing unsupervised. Action Plan and timeline for follow up are listed below:			
After follow-up on issues related above, I feel confident in my ability to perform patient testing unsupervised.			
Employee Signature:	**Date:**	**POCT Personnel Signature:**	**Date:**

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