Parkland

Parkland Health
Point of Care Testing (POCT) Competency Documentation
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 / Annual		Competency Methods Assessed Use at least 2 methods					
	POC Test	**1 Patient ID/ Testing**	**2 Reporting Critical/ Normal**	**3 Review QC**	**4 Maintenance**	**5 Blind Samples**	**6 Problem Solving**
☐	**POC Glucose** *Accu-Chek Inform II*	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials
☐	**POC Hematocrit, Spun** *HemataSTAT II*	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials
☐	**POC Hgb, Measured** *HemoCue*	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials
☐	**POC Urine Dip** *Clinitek Status & Multistix 10SG*	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials
☐	**POC Creatinine** *iSTAT*	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials
☐	**POC Pregnancy Screen, Urine** *Icon 25/Clinitest hCG*	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials
☐	**POC Flu + SARS** *Sofia 2*	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials
☐	**POC Strep A Antigen** *Sofia 2*	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials
☐	**PT/INR** *Coag-Sense*	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials	Date Observer's Initials

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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