# Bassett Healthcare Network
# POC TESTING

RALS ☐ _____
ED Log ☐ _____
HS ☐ _____
DB ☐ _____

## TRAINING AND COMPETENCY ASSESSMENT CHECKLIST

**Name/Title (print):** _____ **Date:** _____

**Health Center or Department:** _____ **M#:** _____ **ID #:** _____

| | Trainer | Trainee |
|---|---|---|
| **RESULTS DOCUMENTATION** | | |
| 1. Provider Order is Required for POC Testing | _____ | _____ |
| 2. Result Documentation in Epic | _____ | _____ |
| 3. CV Documentation / Narrative comments | _____ | _____ |
| 4. Downtime Process / Forms | _____ | _____ |
| 5. Instrument Printouts and Record Retention | _____ | _____ |
| 6. Patient Result Log - Optional | _____ | _____ |
| **CORRECTIVE ACTION** | | |
| Incorrect Result / Wrong Patient - Notify Provider, then notify POC with D/T/Provider/Correct Result. POC will make all corrections in EPIC and Beaker. Do not document correct result with a second entry. | _____ | _____ |
| **MAINTENANCE** | | |
| 1. Temperature Monitoring | _____ | _____ |
| 2. Instrument Maintenance | _____ | _____ |
| 3. Safety Shield | _____ | _____ |
| 4. Benchtop Decontamination | _____ | _____ |
| 5. Centrifuge/Refrigerator Maintenance | _____ | _____ |
| 6. Microscope Maintenance | _____ | _____ |
| 7. Equipment Decontamination / Cleaning Chart | _____ | _____ |
| **MISCELLANEOUS** | | |
| 1. Supply Distribution and Billing | _____ | _____ |
| 2. Courier Tracking Forms | _____ | _____ |
| 3. Competency Assessment | | |
| a) Unknown Samples | _____ | _____ |
| b) Direct Observation | _____ | _____ |
| c) HealthStream | _____ | _____ |
| **ONLINE - BNET** | | |
| 1. Laboratory Manual on INTRANET | _____ | _____ |
| 2. HealthStream Competencies | _____ | _____ |
| 3. Courier Schedule | _____ | _____ |
| 4. Infor Ordering | _____ | _____ |
| 5. POC Supply Request Form | _____ | _____ |
| 6. Print Shop Request Form | _____ | _____ |

"I have read the above competency assessment. I understand that by signing this statement I agree that I have been trained in the areas noted in this assessment and I am approved to perform the tests/procedures independently. I also feel competent to perform this list of tests /procedures /processes independently as indicated by the above assessment."

**Employee Name (print):** _____ **Employee Name (signature):** _____

**Trainer Name (signature):** _____ **Trainer Name (signature):** _____

Note: Areas the employee is not responsible for will be marked **NA** (not applicable)