

NEWEST FIRST

Danyel Tacker: Devorah asked the question I also posed to Dr. Petersen earlier (about PPM). Glad to see that I am not the only one who feels especially challenged by this subset.

Shirley Church: Marissa, we utilize train the trainer's for some waived tests only. However, they must attend a recertification hands-on class with the POCC's annually. They can't just complete a CBT. The competency database is an Excel spreadsheet we developed.

Shirley Church: Great questions everyone and thanks for participating. Good luck out there!

Peggy Mann: Thanks Shirley for your reply.

Marissa Chupp: Was the competency database in excel? Can we get a copy of the template if it is?

Shirley Church: Lori, we require completion of the CBT before hands-on skills and have had very good compliance. This has made class day go much smoother. To answer Peggy's question from earlier, we hold two centralized classes every other week. The largest accommodates staff from 6 hospitals and the other staff from 3 hospitals. The largest site has 6 POCC's teaching and the smaller site has 1 or 2 POCC's.

Peggy Mann: Your moderator will need to log off Q&A but as long as Shirley would like to entertain your questions, feel free to stay and chat! We are allowed to go past the 2:40 EST time posted. Thanks you all for your participation!

Marissa Chupp: Does anyone have super users training staff on POC? Does it help or hurt?

Shirley Church: Direct observation: Yes, it is supposed to be direct observation of test performance.

Devorah Alexander: I train the trainers to do the direct observation. It would be impossible for me to direct observe the OR team. There are about 20 CNRA's and only FTE POC Tech at my facility

Peggy Mann: Mahalo Shana

Shana Nowelani Gaug: @ Yvonne-yes, our most recent TJC inspector said we could not use skills day to account for element#1 direct observation of patient testing

Peggy Mann: It's possible that Shirley got bounced off of her internet - let's give her a moment to get back in.

Yvonne Feders: Have you ever had an issue with an inspector saying skills day cannot be used for direct observation for competency with moderate testing?

Devorah Alexander: Basically our director has designated the Chief of the department to monitor the providers, give the assessment, and deem them as competent. She basically has told POC that the senior staff would not be receptive to learning skills that they already know from a tech. However, these same providers have a low passing rate for MTS which is very basic questions-It is so frustrating

Lori Williams: Do you require CBT online completion prior to skills day or competency class attendance?

Brooke Whitaker: Does a POCC directly observe every individual at a non-hospital location doing moderate testing.?

Shirley Church: Carolyn, the training and competency is standardized across the system.

Jo Ann Crain: Same here for PPM. Such a challenge!!

Shirley Church: POCC to operator ratio for all testing is about 1 to 500. For non-waived it varies but is on average approximately 1 to 200.

Shirley Church: Kim, after doing our Risk Assessment's we enhanced our training materials. Mostly it was around specimen collection and handling.

Catherine Walker: At our organization we were able to work with the medical staffing office to include a fecal occult blood quiz as part of the ED physicians annual credentialing package.

Peggy Mann: Did I hear correctly that every testing site holds their own 'training' sessions, staffed by a POCC each time? (meaning you do not hold a centrally located training session)

susan salerno: What middleware system are you using, LIS, HIS across your network? Was any customized software needed to integrate your competency tracking data base?

Shirley Church: PPT and PPM are always a challenge. We are working with our Medical Staff office to develop a program that will be smoother for our providers and less taxing for the POCC's. We are not there yet!

Jo Ann Crain: I am also interested in PPM competency.

Peggy Mann: Do the POCCs enter the 'observations' into your database or does anyone from the testing site also have access to input data/dates into your competency database?

Shirley Church: Lisa, the POCT department developed all of our training materials. However, our corporate education department works with us to fine tune and load CBT's to the system.

Devorah Alexander: I'm having difficulty with competency assessment of our Providers performing PPM. Based on new regulations the 6 point assessment which includes direct observation is very difficult especially lab tech / provider one on one. Some of the providers are offended that a lab tech deems

them competent. Currently, I have a Quiz that includes a direct observation piece. Any suggestions on other methods?

JoAnne Palmer: Who collects diplomas and transcripts for all staff that performs moderately complex testing?

Jane Tansiongco: Hi Shirley, we were recently cited by a TJC inspector for observing operators while they perform proficiency/CAP testing. But you mentioned that you can actually check off more elements of competency when you observe it being performed during testing. Can you clarify what is required or allowed during proficiency testing assessment?

Carrie McMillin: What is your operator to POCC ratio? For example there are 100 moderate complex operator for 1 POCC, etc. Thank you.

Shirley Church: Mary, we currently do not offer a test out option. For all competency quizzes a score of 80% is considered passing.

Monica Ianosi-Irimie: Hi Shirley, I was wondering, if you have an individual who transfers from one site to another in your Healthcare system, do you require them to go through training again? Are all of your sites on one CLIA certificate? The same question applies to competencies (if a provider performs a PPM competency at one site but practices at multiple sites and multiple CLIA's) do they duplicate the competency?

Kimberly Skala: Great presentation Shirley. Will you make or have you made any changes to any competency/training as a result of something you found during your risk assessments for IQCPs? If so, can you share what you found with us?

Shirley Church: Michele, the POCC's maintain responsibility for tracking competency of all operators.

Jo Ann Crain: How are you dealing with PPM competency?

Shirley Church: Crystal, for tracking purposes we use both our Corporate learning system, One-Link Learning, and an excel spreadsheet! That can be tedious!

Lisa Dunay: Is there a particular staff position or department that typically oversees the development, implementation and evaluation of POCT training programs, or does this vary across institutions and health systems?

Shirley Church: Crystal,

Shirley Church: Mary, for facilities that hold skills days all operators are required to attend. If there are no skills days then we typically have a unit contact person who administers blind samples, etc.

Peggy Mann: Great questions! love 'em! Shirley will join us momentarily.

Peggy Mann: I noticed that our passing criteria is 90% and there has been discussion on the AACC POC Listserve about 'what cutoff to use'. Could you share the reasoning behind using 90%?

Shana Nowelani Gaug: continued...if so? how often? if not-how you maintain their competency for element #1?

Shana Nowelani Gaug: Aloha Shirley-I have a few questions: 1. from the customer feedback, did you develop an option to opt out of the skills fair? If so, can you share the criteria? 2. How do you maintain competency for testing personnel that performs very low volume? Do you have set minimum of tests an operator needs to complete each month/quarter/year? 3. Does your POCT coordinators perform patient testing

Patricia Whittle: Do you do competency for fecal occult blood and if so, what? And for which providers? It's performed by MDs at my facility and they consider part of their examination rather than a POCT test.

Mary Snyder: If you have a test-out option for operators, what score is required to test out and if they test out, is an Observed Competency still required?

Crystal Evans: Do you limit the number of operators for non-waived testing?

Carolyn Webb: Do you have associates that work at more than one facility with different CLIA licenses? If so, how do you handle the CMS guideline of each CLIA license needs a separate competency?

Michele Naples: Are the nurse educators sharing in maintaining the competency database for waived and/or non-waived testing?

Peggy Mann: Thank you for joining us, Shirley.

Crystal Evans: What program do you use for tracking your competency percentage for completion?

Peggy Mann: I'm sure that POCT staff training and competency assessment is an ongoing program in your institution, just like it is in mine. Many thanks to Shirley Church for her enlightening presentation on how Sentara approaches these issues across their network of providers.

Mary Snyder: How do you handle training and competencies for operators working on off shifts?

Peggy Mann: Welcome back! Momentarily we will start our Q&A session for Shirley Church