**APPENDIX 1 - EVALUATION OF TM LABORATORY CAP POLICY**

|  |  |  |
| --- | --- | --- |
| Name of Organization | Type of Document: Policy Department: Laboratory | Date: Version: |
| Document Number: | Title: Evaluation of the Transfusion Medicine Laboratory Competency Assessment Program | Authorized: |

# 1.0 Definition / Purpose of Policy

The competency assessment program (CAP) for the transfusion medicine (TM) laboratory will be evaluated at regular intervals to ensure it is providing a valuable indicator that staff are performing their duties acceptably. The purpose is to identify any gaps in training or the execution of procedures, so they are remediated to avoid risk to patient care. The frequency of evaluation will be stated, and the evaluation will be documented.

The relevant accreditation requirements and standards are as follows: From Accreditation Canada (AC) Diagnostics: **I.B.10:**

*There shall be a process in place to evaluate staff skills to perform assigned managerial and/or technical tasks according to established criteria following training. Reassessment shall take place at regular intervals. Retraining shall occur when necessary. Records shall be maintained.*

**TM196** expands the quality management responsibility for the organization’s training program:

*The effectiveness of the competency assessment program shall be evaluated periodically as needed, and this evaluation shall be documented.*

*The purpose of the evaluation should be to determine the ability of the program to measure competency levels, highlight areas needing improvement, and improve individual as well as overall competency.*

From Canadian Standards Association CSA Z902:20: **4.3.3.2**

The effectiveness of the competency assessment program shall be evaluated periodically as needed, and this evaluation shall be documented. Note: The purpose of the evaluation should be to determine the ability of the program to measure competency levels, highlight areas needing improvement, and improve individual as well as overall competency.

From Canadian Society for Transfusion Medicine CSTM: **2.13**

The TS shall have policies, processes and procedures to evaluate the effectiveness of the training program which shall include the frequency of the assessment.

# 2.0 Scope

* 1. This policy applies to the technical functions of frontline medical laboratory technologists (MLTs), assistants/technicians and senior technologists.
  2. Evaluation of laboratory leadership and administration competencies are addressed in sections I and II of AC Diagnostics’ requirements, and therefore do not fall under this policy.
  3. Train and perform competency assessment of individuals administering blood components and products are addressed in AC Diagnostics’ requirement, I.B.10, TM111. These individuals do not fall under this policy.

# 3.0 Policy Statement

* 1. The TM laboratory will establish a process to evaluate its CAP in the laboratory on a regular basis. The CSTM standard 2.14 indicates that this evaluation shall occur at least every 2 years.
  2. Methodologies incorporated into the evaluation of the CAP may include, but are not limited to:
     + Monitor and analysis of assessment scores (e.g., including pre and post; test/assessment scores);
     + Staff surveys and feedback on training activities;
     + Nonconformance report reviews;
     + Customer feedback;
     + Reviews of critical (e.g., Massive Hemorrhage Protocol scenarios) or rare events (e.g., computer downtimes, power or equipment failures, tests performed infrequently); and,
     + Record review and audits
  3. Supporting procedures and forms will be developed as required to support this policy.

# 4.0 Responsibility

* 1. Medical directors and managers are responsible for:
     + Development of a CAP evaluation schedule;
     + Implementation of the quality indicators to be monitored;
     + Review of the evaluation reports and act on recommended improvements; and,
     + Provide CAP evaluation reports to the relevant committees.
  2. Senior technologists are responsible for:
     + Conducting CAP evaluation activities;
     + Review of results;
     + Generation of evaluation reports and recommending improvements; and,
     + Submission of reports to the manager for review.
  3. Front line MLTs and technicians are responsible for:
     + Completion of the CAP evaluation activities; and,
     + Participate in Quality Management System activities such as nonconformance reporting and analysis and competency assessment activities.

# 5.0 Related Policies

5.1 List related policies (e.g., Competency Assessment Program for TM laboratory).

# 6.0 Related Committees

* 1. Status reports of the TM laboratory CAP evaluation will be provided to the Transfusion Committee at least annually.
  2. Other Committees will receive reports as required like the laboratory or hospital Quality Committees.

# 7.0 References

* 1. Institute for Quality Management in Healthcare (under the auspices of AC Diagnostics), Medical Laboratory Accreditation Requirements, version 8, December 2019.
  2. CSA Group CAN/CSA-Z902:20 National Standard of Canada, Blood and Blood Components, March 2020. [https://community.csagroup.org/community/health-care-safety-and-accessibility/blood-and-transplants-](https://community.csagroup.org/community/health-care-safety-and-accessibility/blood-and-transplants-standards-view-access/content?filterID=contentstatus%5Bpublished%5D%7Eobjecttype%7Eobjecttype%5Bdocument%5D%7Edoctype%5Bpdf%5D&amp;amp%3BsortKey=contentstatus%5Bpublished%5D%7EsubjectAsc&amp;amp%3BsortOrder=1)  [standards-view-](https://community.csagroup.org/community/health-care-safety-and-accessibility/blood-and-transplants-standards-view-access/content?filterID=contentstatus%5Bpublished%5D%7Eobjecttype%7Eobjecttype%5Bdocument%5D%7Edoctype%5Bpdf%5D&amp;amp%3BsortKey=contentstatus%5Bpublished%5D%7EsubjectAsc&amp;amp%3BsortOrder=1)  [access/content?filterID=contentstatus%5Bpublished%5D~objecttype~objecttype%5Bdocument%5D~doctyp](https://community.csagroup.org/community/health-care-safety-and-accessibility/blood-and-transplants-standards-view-access/content?filterID=contentstatus%5Bpublished%5D%7Eobjecttype%7Eobjecttype%5Bdocument%5D%7Edoctype%5Bpdf%5D&amp;amp%3BsortKey=contentstatus%5Bpublished%5D%7EsubjectAsc&amp;amp%3BsortOrder=1)  [e%5B pdf%5D&sortKey=contentstatus%5Bpublished%5D~subjectAsc&sortOrder=1](https://community.csagroup.org/community/health-care-safety-and-accessibility/blood-and-transplants-standards-view-access/content?filterID=contentstatus%5Bpublished%5D%7Eobjecttype%7Eobjecttype%5Bdocument%5D%7Edoctype%5Bpdf%5D&amp;amp%3BsortKey=contentstatus%5Bpublished%5D%7EsubjectAsc&amp;amp%3BsortOrder=1) (accessed January 6, 2021).
  3. Canadian Society for Transfusion Medicine, Standards for Hospital Transfusion Services, version 4, April 2017 (revised April 2018).