

Clinical Process Instruction Manual

Annual Competency Assessment – Clinical Staff Process Instruction

Policy:

Trillium Gift of Life Network (TGLN) ensures that clinical employees have the knowledge, resources and skills to perform their clinical role consistent with established TGLN Clinical Process Instructions (CPI) and the requirements of the *Safety of Human Cells, Tissues and Organs for Transplantation Regulations*.

An annual reading of CPIs relevant to the role of a clinical staff member encompassing requirements from Health Canada and the *TGLN Act* is required by all clinical staff including, as a minimum: Clinical Services Coordinators (CSC), Specialist -Organ and Tissue Donation (S-OTD), Clinical Responders (CR), Surgical Recovery Coordinators (SRC), Tissue Coordinators (TC), Tissue Recovery Coordinators (TRC). A record of this review is retained in the individual's TGLN training record, which consists of a Learning Management System (LMS) file and a file on the Education drive.

Competency must be evaluated on an annual basis relevant to the role of the aforementioned clinical staff members encompassing the requirements from Health Canada and the TGLN Act. Means of competency assessment may include quizzes or recertification of role related skills (e.g. aseptic technique for SRCs).

Successful completion of annual competency requirements qualifies clinical staff until the next annual sign off.

Process:

1. Annually, an Education and Professional Practice (EPP) staff member performs the following:
 - communicates with Human Resources (HR) to ask for an update on active, inactive, or 'leave' status of staff.
 - generates sign-off lists of current CPIs for each functional group in conjunction with the Quality Department and the appropriate department manager. Each CPI list identifies documents for which the functional group has a role to perform. In addition, other CPIs that are outside of the functional group's responsibility have been requested by the respective functional manager to be added to the list so that their staff can obtain an annual refresher on these specified processes.
 - assigns a due date for completion of the annual CPI review, in consultation with the department manager of the area.
 - assigns the checklist of CPIs to clinical staff via LMS. Staff are advised to review CPIs and complete an agreement of completion in the LMS. See Exhibit 1.

Clinical Process Instruction Manual

Annual Competency Assessment – Clinical Staff Process Instruction

- monitors for completion in the LMS from clinical staff by the assigned due date.
 - reviews the training records annually to determine if clinical staff have submitted the completed agreement.
 - provides a list to each manager at 2 weeks prior to the deadline for annual reviews outlining which staff have not completed their annual reviews. The department manager will take the necessary actions in obtaining the required records in a timely manner.
 - provides a list to each department manager at the end of the deadline
 - arranges with each SRC at a date and time to complete their annual Aseptic Technique Sign-Off and will complete by the end of each fiscal year (ending March 31st, annually).
2. Human Resources and/or the department manager is responsible for informing the EPP department when staff are returning from inactive leave status. The EPP department will assign the annual requirements at the time these staff members return to active status. Staff returning from inactive leave status have 8 weeks to complete their competency assessments.
 3. Quizzes via the LMS require a correct response on each question to advance through the quiz to successful completion. For any quizzes generated, results, rationale, and correct answers are made available to staff.
 4. For staff members who are past due in their competency requirements and change to a new role, outstanding competency requirements must be completed during orientation of their new role.
 5. For any staff who meet any of the criteria below; their manager will be informed they have not completed the necessary requirements and take necessary action to ensure their completion as soon as possible:
 - they have not submitted annual CPI readings for the year and documentation of education sessions attended in the previous year and/or,
 - they have not completed associated quizzes in the LMS or equivalent annual measure of competency and
 - Have exceeded the grace period of 8 weeks following the deadline.
 6. The department manager follows up with staff who have not completed all components of the annual competency requirements. Permanent, casual staff, or staff returning from a leave have who have not completed their annual reviews/competencies, will be directed by their manager to

Clinical Process Instruction Manual

Annual Competency Assessment – Clinical Staff Process Instruction

complete their annual reviews on the first shift they are scheduled after this is due, prior to going/participating on an active case.

- In the event it is known a staff member is resigning with advanced notice, it is the department manager's responsibility to ensure the staff member completes their annual competency requirements prior to their last day of work. If the staff member is offboarded without advance noticed, the department manager will provide the EPP department with a note to file to explain why the annual competency assessment was not completed in a timely manner and a statement attesting to the staff member's competency prior to their offboarding.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Annual CPI Review Sheet	—	Education and Professional Practice Department	Education and Professional Practice Department	16 years after employee has left organization

References:

- Health Canada: Safety of Human Cells, Tissues & Organs for Transplantation Regulations

Clinical Process Instruction Manual

Annual Competency Assessment – Clinical Staff Process Instruction

Exhibit 1: Sample Annual CPI Review Sheet

2014/15 CPI Sign off- OTDC	
CPI Number	CPI Name
CPI-9-202	Determination of Death - Death Determination by Neurologic Criteria
CPI-9-204	Discussing Donation Opportunities and Documenting Consent
CPI-9-207	Donor Medical and Social History - Organ or Combined Organ & Tissue
CPI-9-208	Donor Assessment
CPI-9-209	Physical Examination - Organ and/or Organ & Tissue Donors
CPI-9-210	Hemodilution Calculation
CPI-9-211	Infectious Disease Testing - STAT
CPI-9-213	Infectious Disease Testing - Non-STAT
CPI-9-215	Organ Specific Data Collection
CPI-9-217	Exceptional Distribution
CPI-9-240	DCC Consent
CPI-9-300	ABO Compatibility
CPI-9-301	Recipient ABO Verification
CPI-9-416	Documentation: Donor OR
CPI-9-611	Storage & Disposal of Organs
CPI-9-804	Error/Accident
CPI-9-805	Unexpected Serious Adverse Reaction
CPI-9-203	Coroner Involvement in Determination of Death
	Please read, date and sign below
	I have read the CPIs listed above and
	I understand that the ORC contains other CPIs which should be used as a resource to provide relevant clinical information to donation
	Print Name:
	Sign:
	Date: