Rural Healthcare Quality Network

RHQN Newsletter, September 2008
Randy Benson, Executive Director

Can You Prove Your Staff is Competent?

Its one thing to know your staff is competent; it's another thing to be able to prove it. The Washington State Department of Health is concerned about the ability of surveyed hospitals to demonstrate that there is in place a process for and documentation of staff competency. In my latest visits to hospitals I have found it difficult for the Human Resources Departments to provide this documentation. The secondary issue that should immediately come to minds is; how do you define 'staff'? Staff is anyone hired or contracted by the facility to provide service as outlined in a job description. By definition, that means **all** employees (including hired physicians), **all** travelers and **all** locums (anyone who will be working for you for more than three days in a row).

Documentation of competency falls into three categories. They are 1) assessment and documentation of competency at hire (general and job specific orientation), 2) annual assessment and documentation of performance, and 3) annual safety, job specific knowledge and job specific skills assessment, continuing education and documentation. Each of these items must be considered mandatory.

During the survey process, DOH surveyors note the names of staff with whom they interact. This list of names is given to the facility's survey liaison at the end of the day. The next morning each of those staff member's personnel record is reviewed for documentation of competency. The surveyor expects to easily find; 1) a copy of their current job description, 2) their most current evaluation (less than one year old), 3) all current licenses, 4) an item by item documentation of general and job specific orientation, and 4) current documentation of the assessment of job specific knowledge and skills (less than one year old).

On the surface this seems overwhelming. But, when broken down into its various parts, it makes sense. Let's look at each item in detail. First, consider the new employee general and job specific orientation. Various regulatory agency standards and every facility's policies and protocols mandate a complete orientation before any new staff may work independently. Documentation of this orientation would be found on some form of staff education record or transcript. The documentation must list all the topics covered in orientation and not simply say "eight hours of general orientation". A proper job specific orientation is even more crucial to the demonstration of competency. To assist you in developing a process for documentation of job specific competency, the RHQN has included in the resources link of our website numerous job specific orientation plans (S.O.P.s). By using such a checklist you are assured of covering all orientation topics. S.O.P.s must be completed within ninety days of hire.

The second big area of competency documentation is the annual evaluation. Evaluations must be based on the duties outlined in the job description, must be objective in nature and should set competency goals for the coming year. The 'red flag' for surveyors is whether or not the evaluation is 'current'. A current evaluation must be less than a year old and must have occurred within sixty days of the 'anniversary date'. In example, if the employee's anniversary date is April and the evaluation was not completed until September, the evaluation does not meet the standard.

The staff competency standard which most often draws a citation is failure to annually document assessment of each staff member's ongoing competency and their continuing education. The assessment must include both knowledge based and skills based components. In example, a variety of regulatory agency standards require annual staff review of the department specific fire and disaster plans, and the facility work place violence plan, worker right to know program, facility codes and compliance issues (confidentiality/fraud/abuse policies). Many facilities

have purchased generic, computer based modules in order to meet their safety training requirements. It is an excellent way to provide consistent training. But, these modules are designed to supplement a training plan, not take the place of it. If you use computer based training (CBT) modules, be sure that you have a process in place where by staff can ask questions and get clarifications on information presented in the modules. One way this can be accomplished is by providing staff a list of 'subject matter experts' and their telephone extensions/email addresses. Again, each completed module must be documented on an education log or transcript.

The above paragraph refers to facility wide safety training only. What about the annual, job specific knowledge and skills assessment and education? Let's go back the basic principle for a moment. Surveyors are looking for documentation of individual competency, not collective competency. Not all nurses are equally competent to do a specific skill. So, setting up a skills station, having all staff demonstrate the skill, and then deeming them all equally competent **will not work**. Documentation must demonstrate an assessment of **individual** competency and follow-up education, if needed. How in the world do you do that?

My suggestion is that staff be given an opportunity to assess their own competency at whatever skills are required. I've used this example before. If nursing staff is required to demonstrate BLS skills, let each staff member rank them self on a scale of 1 to 3. A "1" could mean that they have no clue how to perform BLS CPR and will need to be trained. A "2" could mean that they can demonstrate BLS CPR with some prompting. A "3" could mean that they know how to do BLS CPR with out prompting (so, get out of my way and let me show you). It then becomes the skills teaching team's job to validate each staff member's competency assessment and/or build on it. Surveyors love this process.

Assessment of knowledge based competency is somewhat easier. Department managers set the standard for acceptable minimum level of competency. If you provide a knowledge based module on "Reading and Interpreting ECG's" or "Proper Coding of Patient Charges" which includes a post test, what score on the post test is deemed acceptable competency? If the manger says "80%", everyone who gets 80% or better is deemed competent and has an individual assessment to prove it. If a staff member gets less than 80%, there has to be a process in place to educate and then reassess competency until the staff member becomes competent or is removed from the job. The entire process of assessing and teaching competency **must** occur annually. It is not necessary to assess every skill every year. But there are a core set of job specific competencies that must annually be assessed.

My fear is that the 'read between the lines' assumption in discussing the demonstration staff competence is "it only applies to clinical staff". This is **absolutely not true**. The process applies as much to housekeeping, dietary, medical records and engineering staff as it does nursing, the therapies or surgical services staff.

If you need help with, or an assessment of your facility's staff competency documentation program, please call or email me, Randy Benson, at 206 577-1821, or randyb@wsha.org.

Members Conference Call Schedule:

I have had several inquiries about the RHQN Members Conference Call schedule and topics for the last quarter of 2008. The schedule and topics include:

October 14, 10:30 a.m. **"Adverse Events and Root Cause Analysis Update"**
Randy Benson, Ph.D., RHQN Executive Director, presenting

November 4, 10:30 a.m. **"Current Infection Control Issues"**
Sandy Kangas, RN, Ph.D., RHQN Infection Control Consultant presenting

December 9, 10:30 a.m. **"Making Your Smoking Cessation Program Work"**
Gillian Schauer, Program Manager – Clinical and Behavioral Sciences, Quit for Life Program, presenting

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If you need assistance, additional resources, or a consultation, please contact me at 206 577-1821 or via email at: randyb@wsha.org.