



RHQN NEWSLETTER April 2010

....On the Issue of Staff Competence

The quality of care provided to patients in rural hospitals is a source of great pride and much hard work. Everything we do and everything we measure for the documentation of quality is in one way or another directly linked to the competencies of staff. We have talked about this issue and I have written about this issue on several occasions. But, it is a topic that never gets old, one that always demands our attention, and one that we all need to work hard(er) on. The training of staff and documentation of their competency crosses all department lines and impacts all levels of employment.

Let me give you a couple examples. Quality patient care, among many other things, promises that the patient will not get a hospital acquired infection (HAI). Many staff play an important role in preventing HAIs. Included in this group is the housekeeping staff. If they have not been properly trained (possess the right competencies) to prepare and use disinfectants during their cleaning process, they could contribute to an HAI. Most facilities feel very comfortable with the competence of their housekeeping staff as documented by the lack of HAIs. This assumption is an example of conferring competence by exception. It does not prove that housekeeping staff are competent, it only demonstrates that they may have been lucky.

All physicians who use your hospital are required by the medical staff's bylaws and by state law to go through a privileging process. The privileging process is a means of documenting competence. Those competencies are reviewed on a routine basis as a way of guaranteeing the quality of patient care. The peer review process provided to your facility by the RHQN is part of your ongoing medical staff competence evaluation. It is documented and provided to your administration, QI, and Medical Staff officers.

Let's take a moment to look at the Washington State WAC targeting healthcare staff competence. WAC 246-320-165 states:

The requirement is that hospitals will ensure that qualified and competent staff is available to operate each department. Staff is defined as: paid employees, leased or contracted persons, students, and volunteers. Qualified is defined as: An individual or staff member who has met the requirements for a specific position or task by education, training experience, applicable licensure, law or regulation, registration, or certification consistent with the job description.

Please note that the WAC does not apply to nursing or clinical ancillary departments only. The WAC applies to all staff. Granted, the DOH surveyors are not going to direct their focus on non patient care related departments during survey, but it also does not mean that surveyors will ignore those department staffs. As we have talked about before, during DOH survey, the surveyors talk to and interact with a variety of staff (nursing, clinical ancillary, food service, housekeeping, medical records, etc.).

During these interactions, the surveyors take names and at the end of the second day of survey, the surveyors present the list of names to Human Resources. The intent is to review the personnel files of these staff in order to verify that they have a current job description, a current evaluation, a current license (if required), any current certifications that may apply, and documentation of competency. Please note that a completed

evaluation form is not acceptable or a reliable proof of competence. What surveyors are looking for is documentation of continuing education or skills competence assessment. Most of the time, it is not a lack of education or skills assessment but a lack of documentation.

In many of my pre-survey safety rounds of RHQN hospitals, I am finding that documentation of staff education and skills competence is very fragmented. When managers keep some of the information, HR keeps some of the information, and some departments have no organized process at all; the documentation of staff competence is sketchy, at best. There needs to be a standardized structure and process in place to bring staff competence documentation into focus.

First, staff competence needs to be documented in four major areas. They are: **1) Staff knowledge** (why they do the things they do), **2) Staff skills** (how they do the things they do), **3) Mandatory safety education** (Fire, Body Mechanics, Workplace Violence, Worker Right to Know, etc.) and **4) Administratively mandated education** (telephone etiquette, customer service, etc). **All** employees need to complete education in these four areas annually and their education should be documented in such a way that it is accurate and easily accessed.

Another factor to be considered is the mandate that staff knowledge and skills education must be individualized. It is not reasonable to teach CPR for a group of nurses and then deem them all equally competent at CPR. This is an individualized skill. It is also not reasonable to have a group of nurses take a class on reading and interpreting blood glucose levels and then deem them all equally competent. Competencies must be individually assessed and trained for. A quiz given at the end of a “Read and Interpret Blood Glucose Levels” class is an easy way to individually assess competence. Having a simple rating system for various skills, like CPR, where the staff member rates themselves and you teach according to the rating is an easy way to document individual skills levels.

Please try to see the transferability of these examples to other departments in the hospital. Whether it’s a coder, a lab tech, a cook, or an engineer, documentation of their competence and continuing education is a ‘must’. It is also vitally important that the documentation of competence include knowledge, skills, and safety training.

The RHQN has a large number of tools to help you with this process. I would like to help you with an assessment of your system, getting your system organized, and simplifying the process so that you will be ready for a DOH assessment of staff competence. Please contact me at randyb@wsha.org or (206) 577-1821.

Upcoming Member Conference Calls

Bev McCullough (RHQN QI Manager) and I have split the Members Conference Call topic list for 2010. We will be doing calls every month. If you have a topic suggestion, please call or e-mail Randy Benson (RHQN Executive Director) at randyb@wsha.org or at (206) 577-1821.

- May 11, 10:30 a.m. - **DOH Survey Update: What's New In the Environment of Care** presented by Randy Benson, RHQN Executive Director
- June 8, 10:30 a.m. - **Clinical Best Practices and Lessons Learned**, facilitated by Bev McCullough, RHQN Quality Improvement Manager
- July 13, 10:30 a.m. – **Developing and Strengthening Staff Competency: From Age Specific Competencies to Workplace Violence Training, How Are You Doing?** presented by Randy Benson, RHQN Executive Director

If you have ideas, comments, questions, need additional resources or a consultation, contact Randy Benson, RHQN Executive Director, at (206) 577-1821 or randyb@wsha.org