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| **POLICY TITLE: Competency Assessment (Staff) (PSF)** | |
| **DEPARTMENT: HRD** | **ORIGINATION DATE***: 1/1991* |
| **CATEGORY:** | **EFFECTIVE DATE:** *11/30/2012* |



SCOPE: All associates.

PURPOSE: To assure all associates are competent.

STATEMENT OF POLICY: All associates at Penrose-St. Francis Health Services (PSFHS) will participate

in a continuous competency assessment program. The program includes the following elements:

A. Pre-Hire Assessment

1. Licensure/professional certification/registration (screening)
2. Education (screening)
3. Work history (screening)
4. Interview (Targeted Selection)

B. New Hire Process

* Drug Screening
* Health Screening
* Criminal Background Check (last seven years)
* Verification of Employment (last seven years)
* Education Verification (if required for the job)
* Social Security Verification
* Post Offer Physical Examination for Select Positions
* Licensure/certification/registration validation

C. Orientation

1. Hospital orientation with Core Learning Requirement documentation
2. Department and unit orientation with core and unit competency documentation

D. Annual Assessment/Validation

1. Performance appraisal (PFD)
2. Skills review
3. Age specific competencies as required by job

E. Ongoing Assessment /Validation

1. Aggregate data analysis (Risk Management, Clinical Effectiveness, Process Improvement)
2. Introduction of new equipment, procedures and/or technology
3. Renewal of license/certification

DEFINITIONS:

Competency (Competence) – The ability to apply knowledge, skills, and behaviors to fulfill

organizational, departmental, and work setting requirements under the varied circumstances of the real world;

the expected level of performance.Adapted from Donna Wright - The Ultimate Guide to Competency

Assessment in Health Care.

Core Competency - Competency that applies to the majority of associates who work at Penrose-St. Francis and is applicable in a variety of settings.

Unit Competency – Specific ability that applies to the particular work area and job, including age-specific and cultural competencies. Unit competencies are defined at the unit-level.

Core Learning Requirements – Education that is required for the majority of associates who work at Penrose-St. Francis Health Services and is applicable. These requirements are defined by the Centura Professional Development Council based on review of Regulatory Agency and Corporate mandates.

Education Record - List of educational activities attended as well as validated core and unit competencies. May also include documentation of certification, professional activities, etc. Education record includes transcript in LEARN and paper-based record/portfolio if required to document non-LEARN activities.

Orientation - A process that introduces new staff to the philosophy, goals, policies and procedures, role expectations, special services and physical facilities. Orientation is the time for introduction to the organization’s programs for safety, infection control, and quality improvement and their individual roles in those programs. Orientation occurs at the time of initial employment, sometimes return employment and when changes occur in role and/or responsibility.

Orientation Documents - Activities for the initial employment period to confirm experience, education and abilities, and to provide the new associate with the information needed to do the job as well as problem prone skills and procedures. Includes competency assessment tools and a variety of checklists to familiarize new associates with physical work setting, etc.

Orientation Period - Period of time focused on supporting new staff to meet job responsibilities. The actual length of the orientation period is determined by the clinical areas, based on the complexity of the job requirements, the individual’s assessed competence and progress towards validation of the required job skills.

Skills Review - A periodic (at least yearly) validation of technical skills and procedures which are high risk (could result in harm to the customer or organization) but are performed infrequently on the job. Format for skills review is not mandated, but is designed to meet the department/units need. The review may also include testing (for example, a medication test), review of policies/protocols, scavenger hunt for important pieces of equipment or key manuals, or validation of high frequency skills when required by regulatory agencies. Skill Review is not required for jobs that do not have high risk - low volume skills.

Validation - The verification that a skill has been performed independently according to expectations. It also includes measurement of specifically defined new skills and equipment as they are introduced into the work setting. Validation may be accomplished by direct observation of return demonstration, simulation or test taking.

PRACTICES:

1. All applicants will have initial competence assessed pre-hire and during new hire process via licensure/certification verification, education/school records, work history, and reference checks as wellas personal interview by the hiring manager using Targeted Selection. Managers will verify re-licensure and re-certifications at appropriate renewal periods and send appropriate documentation to HRD for placement in associate files and into Lawson database. License is verified according to HR Policy “Licensure, Registration and Certification”.

2. All newly hired associates will attend a general hospital orientation program on the first day of work prior to assignment in their designated work area. With HR approval, the new hire associate may complete an exception to orientation packet and start in their designated work area if the first day of work is not general hospital orientation. If an exception is granted, the exception packet must be completed prior to any other unit orientation/work activities and documentation faxed to HR; the new associate must attend general hospital orientation within 30 days of hire.

a. Orientation will be provided by qualified individuals for the topics presented.

b. Orientation documents will be used to verify and document progress of the new employee.

c. The general orientation will include the following Core Competency and Learning Requirements:

• Centura/PSFHS Values and Mission Statement

• SHARE Program/AIDET

• Hazardous Materials/Hazard Communication

• Fire Safety/Fire Extinguisher

• Infection Control

• Associate policies/benefits

* Centura Corporate Responsibility Program
* HIPAA
* Patient Rights
* Patient Safety Culture & Red Rules
* Risk Reporting/Impaired Practitioners/Freedom to Report
* Patient Abuse & Neglect Identification and Management
* Emergency Preparedness
* Electrical Safety
* Cultural Sensitivity
* End-of-Life Care

d. New hires are assigned the following LEARN modules based on job, due at varying intervals:

* Active Shooter Response (all)
* ADAAA
* Bariatric Sensitivity (all)
* Fall Prevention (all)
* FMLA (all)
* Sexual Harassment (all)
* Stroke Prevention (all)
* Superior Patient Care: Americans with Disabilities and Limited English Proficiency (all)
* Tobacco-Free Facility (all)
* Handoff Communication (select associates)
* Point of Care Laboratory Testing (select associates)
* Regulated /Pharmaceutical Waste (select associates)
* Restraint (select associates)
* Safeguarding Credit Card Data (select associates)
* Universal Protocol (select associates)
* Waived Testing (select associates)

3. All newly hired associates will complete a unit- or department-specific orientation to include core and unit competencies.

a. Orientation will be provided by qualified individuals such as unit educators, clinical specialists and assigned preceptors.

b. Orientation documents will be used to verify and document progress of the new associate.

c. **The new associate must have validation of a competency prior to performing that skill without supervision.**

d. The General Department Orientation Checklist will be completed and sent to HR within 30 days of hire.

e. Department-specific orientation checklist will be completed and sent to HR within 90 days of hire.

f. Orientation will include:

• Specific job duties and guidelines for performance

(Job description and competency-based performance criteria)

• Unit/Department performance improvement processes

• Unit-specific safety and infection control procedures

• Tour of facilities

• Competency assessment

• Validation of competencies, including age-specific competency

• Computer training for all associates who have access to the Electronic Medical record

(EMR), including information related to the maintenance of patient confidentiality.

• Training to meet competency needs (identified in unit competency assessment)

* Safe Patient Handling for applicable departments
* Waived Testing

g. Orientation checklist will be reviewed by manager/designee at least annually to assure skills

included are relevant and complete. New skills/procedures for the job must be added as they

are identified. Skills included in annual Skills Review must be on the orientation checklist.

Updates to orientation checklist will be sent to HR.

4. All new associate’s competency will be formally evaluated at 3 months and at least annually thereafter. All competencies in the unit’s skills checklist must be validated by 3 months. Managers also give ongoing verbal feedback related to competency validation and performance strengths and opportunities.

5. Annual evaluation conducted at the end of each evaluation year will include assessment of all job-required competencies, including age-specific competencies.

a. High risk/high frequency competencies are assessed on an ongoing basis.

b. High risk/low frequency skills and problem prone skills require **Annual Skills Review** to update

skills/knowledge and validate competency. Skills that are included on the department Annual

Skills Review must be included on the orientation checklist for new hires. Jobs that do not have

high risk/low frequency competencies are not required to have an annual skill review.

c. Low risk competencies (both high and low frequency) are assessed on an exception basis.

6. Associates who are cross-trained in different positions are expected to demonstrate competencies for each position prior to performing skills without supervision. The manager/supervisor for the primary cost center will be responsible for assuring hospital core competencies are maintained (as well as department core competencies if the associate is cross-trained to different positions within one department). The manager/supervisor for each individual area will assure validation of the unit competencies (and the department competencies if the associate is cross-trained across departments).

7. Associates who float to non-routine assigned areas will be expected to receive an assignment which is limited to their competency, including age-specific competency. The floating associate will receive an area-specific orientation prior to clinical assignment, which includes:

• documented buddy assigned as resource who will complete orientation checklist and evaluate the

float’s performance at end of assignment.

• physical design of area including location of supplies and emergency equipment.

• unit-specific emergency procedures: fire escape routes, fire extinguishers, hazardous materials

information, etc.

8. Associates who have a change in job role/function must complete initial competency assessment, with

documentation as described in practice #3. Associates who have a change in job role/function will also

have competency formally evaluated at 3 months as described in practice #4.

9. Staff from external agencies will receive an area specific orientation prior to clinical assignment, which includes:

* documented buddy assigned as resource who will complete orientation checklist and evaluate the agency staff’s performance at end of assignment.
* physical design of area including location of supplies and emergency equipment.
* unit specific emergency procedures: fire escape routes, fire extinguishers, hazardous materials information, etc.
* Safe Patient Handling procedures

The orientation will be documented on orientation checklist, and the external staff person will be evaluated each shift worked on an Agency Evaluation Form.

10. Medical assistants performing nursing functions will have competency evaluated every two years for on-going competency by Medical Staff Services with collaboration from Nursing Division. The Nursing Clinical Manager will perform an annual evaluation on all medical assistants who perform nursing functions on their unit. This information will then be submitted to Medical Staff Services for review by the

credentials committee when review is done for the credentialing process.

11. A Performance Improvement Plan will be initiated by the manager/supervisor for the employee who does not meet competency requirements. The plan will include description of the problem, description of the needed behavior(s), the plan to correct the problem (eg, additional orientation) and the time when performance will be re-assessed and competency expected.

12. Staff will have inservices prior to introduction of new equipment, procedures or treatment modalities into the workplace. Performance competency will be validated by a qualified individual within that specialty

(includes manufacturer representatives).

13. All staff are expected to review new and revised department/unit policies as they are distributed. In addition, a number of publications are available to keep associates informed of new services, benefits and programs. These include the Penrose Pulse, Medical Staff Bulletin and various Centura newsletters.

14. All staff are expected to accept responsibility for gaining necessary skills and knowledge for performing their job safely and competently.

15. All staff are eligible to attend educational programs, seminars and workshops offered by PSFHS/Centura, at discounted prices.

16. Education assistance is available for tuition reimbursement as defined in the “Education Assistance Guidelines”.

17. Any special certification, training and/or mandatory classes that are required by the department will be monitored by the manager to assure associate attendance. The associate is required to

maintain an up-to-date Education Record, kept in the department/unit for manager review.

18. A “Competency Report” will be provided to the Board of Directors by HR on annual basis.

**REFERENCES AND SOURCES OF EVIDENCE:**

The Joint Commission.(2012) *2012 Comprehensive Accreditation Manual for Hospitals: The Official Handbook.* HR 01.05.03, HR 01.06.01, WT 03.01.01*,* Oakbrook Terrace IL.

Wright, Donna. (2006). Ultimate Guide to Competency Assessment in Health Care, 3rd edition. Creative Health Care Management, Minneapolis, MN. (Classic Reference).

**DEFINITIONS: NA**

**POLICY VIOLATION**

Any Centura associate who fails to abide by this policy may be subject to disciplinary action, including termination.

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| **REVIEW/REVISIONDATES:** 1/93, 2/95, 2/96, 5/98, 3/01, 3/04 |  |
| **APPROVAL BODY (IES):** *Interdisciplinary Practice Committee* | **APPROVAL DATE:** *11/30/2012* |