Competency is the knowledge, education, skills, and experience an employee possesses for job performance.

Introduction

- Is your competency program doing its job?
- This session will help you to understand what an effective competency program looks like.
- You will be taught how to set up the competency program and to effectively manage it.
Introduction
- Development of a program
- Including all positions
- Core and disciplines specific competency
- Implementing the program

Introduction
- Methods to do competency
- How often?
- Which method?
- Who performs?
- How to evaluate your competency program

Competency
A competency program is designed to ensure employees, sub-contractors, students, and/or volunteers
- Meet job requirements,
- Maintain skills,
- Assess deficiencies,
- Establish a framework for learning opportunities,
- Assess competence after training,
- Seek opportunities for improvement.
CMS Standards - Vague

- **CMS Professional**
  - §484.12(c) Standard: Compliance With Accepted Professional Standards and Principles
  - G121 - The Home Health Agency and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an Home Health Agency.

CMS Standards - Vague

- Condition or Standard Level Deficiencies written also often written under SKILLED NURSING and THERAPY re: Lack of Competence found during survey - home visits, clinical records.....poor patient outcomes result.
- Then will look at the employee file to ascertain competency

Accrediting Bodies

Some Variances between the Accrediting Bodies........but same theme throughout all:

- All personnel to have competency assessments
- Competency assessment done at hire and annually
- ALL personnel to receive training and/or education and to competently perform patient care prior to being assigned to work independently
- Competency must be done prior to any new procedure or task
Confusion about Competencies

- Competency assessment is an ongoing process.
- Validation of skills specific to employee role and job responsibility
- General Competency skills apply to All staff also

What is NOT a Competency?

- Big Difference Between Inservice and Competency
- Big Difference Between Supervisory Visit and Competency
- Self Assessment on Competency is NOT a competency

What is NOT a Competency?

A Competency Can include:
- Inservice
- Supervisory visits
- Self Assessment
- But any of these alone is NOT a competency
What IS a Competency?

- Validation of skills specific to employee role and job responsibility
- Determining personnel are competent to provide quality care may be accomplished through various means
- Agency can set up their own model to ensure competencies – many different programs

What IS a Competency?

- Personnel following agencies policies and procedures
  - Example:
    - An RN performing a wound vac dressing change is doing what the clinical procedure states
    - And the RN has previously been taught how to do this procedure, practiced it, been observed doing it and performed it competently

Development of a Competency Program

Who should have a competency?
EVERYONE, Including Contractors and Volunteers
Examples:
Management – include Administrator, DON, etc
Clerical Support - include Office Assistants, Medical Records, etc
Clinical Staff- All disciplines
Development of a Competency Program

- Competency evaluation tools need to be tailored to each job category and the services provided
- Determining personnel are competent to provide quality care and/or do the tasks that are in the job description
- Develop Core (Agency Wide) And Discipline Specific Competency

Core and Discipline Specific Competency

- Core – Agency Wide for All Personnel
- Examples:
  - Verbalizes knowledge of reporting Patient/Employee incidents
  - Accurate and timely communication with colleagues/supervisor
  - Maintains patient confidentiality/privacy/security

Core and Disciplines Specific Competency

- Examples of Agency Wide:
  - Provides good customer service
  - Completes and submits documentation according to policy
  - Attends team conferences
  - Understanding of Fraud and Abuse, Medicare COP's,
Discipline Specific Examples

Office Assistant:
- Processing orders and maintaining a tracking system to monitor timeliness.
- Maintaining the patient medical record, filing, tallying visits and reviewing charts for completeness.

Billing Representative:
- Raps to Final Claim calculations
- Understanding of:
  - FISS
  - RTP
  - HIQH
  - ADR

Occupational Therapist:
- Functional Muscle Testing and ROM
- Work Simplification/Energy Conservation
- Breathing Techniques
- Transfer/Mobility Training
- Neuromuscular Function Testing/Re-education
Discipline Specific Examples

LPN:
- Gastrostomy Tube Insertion, Tube Maintenance, Feeding, Enteral Pump / Bolus
- Colostomy Irrigation/Care
- Straight Cath (M/F)
- Care of Indwelling Catheter
- Suprapubic Tube Insertion and Care

MSW:
- Psychosocial Function Assessment
- Evaluation of Adequacy of Home Environment
- Evaluation of Adequacy of Support Systems
- Provision of Crisis Intervention

RN Case Manager:
- Coordinates the care of all patients in his/her case load.
- Documentation meets regulatory requirements
- Performs and completes start-of-care, recertifications, resumption-of-care, and discharge Comprehensive OASIS assessment and associated documentation accurately and timely
- Coordinates with other disciplines on patient’s case
Discipline Specific Examples

**Quality Improvement Coordinator:**

- Maintains current knowledge of regulations
- Uses OBQI, Process Measures and Adverse Events to coordinate the agency Quality Improvement Program.
- Provides agency with assistance in setting Quality Improvement priorities, using high risk, high volume and problem prone indicators.

Procedure Specific Competency

**Bag Technique:**
1. Places bag on clean, firm surface, utilizing a barrier if a clean surface is not available.
2. Selects paper towel or plastic/paper bag to be used to discard contaminated equipment.
3. Wash hands with soap and water 10 seconds and dry with paper towel.
4. Reaches into clean part of bag and takes out the equipment needed for visit, placing equipment on a clean paper towel.

Procedure Specific Competency

**Wound Care:**
- Reviews physician's order/instructions.
- Washes hands.
- Gathers appropriate equipment.
- Explains procedure to patient.
- Checks allergies.
- Prepares supplies maintaining sterility.
- Dons non-sterile gloves.
- Removes old dressing, observing drainage, color, odor, consistency and size of wound.
Procedure Specific Competency

Protime Process:

- Follows infection control standards.
- Instructs patient/caregiver bleeding precautions/safety.
- Identifies foods rich in vitamin A, which may interfere with the action of Coumadin.
- Obtains Protime results from lab and calls results to physician prior to 2 p.m. the same day drawn.
- Verbalizes therapeutic INR range.
- Identifies three side effects of Coumadin therapy.

Methods of Performing Competency Assessments

- Many means to ensure competence
- Several should be used, especially if this is a NEW task or procedure
- Or if the Task/Procedure is a High Risk procedure, such as Protime Machine for PT/INR

Methods of Performing Competency Assessments

- Methods include:
  - Direct observation
  - Skills lab review
  - On site supervisory, peer or proctor visits
  - Knowledge based tests
  - Case studies
  - Chart reviews
  - Self assessment
Who does them?

According to Agency Policy BUT must be staff that are already deemed competent in the task/procedure the competency involves

- A Supervisor who has never done a task / procedure and has not been deemed competent cannot perform the competency on staff
- A Peer in the discipline who has been deemed competent can do the competency
- When no one has the appropriate clinical training and experience for a clinical specialty area or task/procedure the agency must provide access to qualified consultation

Who does them?

Examples:
- **Wound Vac** –
  - Have RNs and Supervisor inserviced by a company, such as KCI,
  - Then assign to go to a Wound Clinic for practical exp
- **Physical Therapist** –
  - Supervisor does general Agency Wide, Infection Control and Safety competency on Supervisory visits,
  - Then a PT consultant does the discipline specific by interview and direct observation

How Often?

- Competency assessment is an **Ongoing** process
- Validation of skills specific to employee role and job responsibility needs to be done annually at minimum and **whenever there is a new task**
How Often?

**BEST PRACTICE**

- Utilize the many methods to do competency so that you are doing throughout the year: Tests, Interview, Chart Reviews, Direct Observation, Skills Labs
- Perform Joint visits with appropriate personnel several times a year
  - Even Seasoned, Great Staff need to be checked frequently

Processes

- Have a process to address performance and education of personnel when they do not meet competency requirements
- They cannot perform the task/procedure until they have been reeducated, watched on visits, etc
- Must define the process to assure direct care staff demonstrate competence in any new task *before* being assigned

Ongoing education

- The clinical competency procedures identify learning needs of employees and provide input into staff development/in-service planning.
- Identify issues that arise during competencies for many staff, such as infection control during a wound care procedure or IV
- Then have a competency for that for all, to include inservice by wound care clinic, then skills lab, then joint supervisory visit to watch wound care.
Risk Management

• A Quality Comprehensive Competency Program that is well documented will assist you in risk management

• Having staff following policies and procedures and being competent in all of their tasks and procedures, is the best way to prevent errors from occurring that lead to negative patient outcomes

Conclusion

• A Competency Program is essential in Home Health and Hospice Agencies to ensure quality of care with positive patient outcomes, compliance to regulations, risk mitigation, and customer satisfaction.
• Include ALL employees, sub contractors and volunteers
• Self Assessment Alone is NOT a competency
• Have processes to ensure NEW tasks are competency prior to staff performing

Conclusion

• Use various methods throughout the year to ensure competency
• Do regular joint visits to ensure staff are competent during their home visits
• Include your findings from deficiencies in competency in your education program
• Use your Stars to perform competencies on peers
Thank You!

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