



Accreditation News

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Steven Hirsch & Associates

This issue offers important updates on licensing issues that may impact your successful accreditation.

For over 32 years, Steven Hirsch and Associates has been one of the foremost authorities on successful accreditation, licensure, and Medicare certification. Feel free to contact us with your most pressing regulatory questions and concerns.

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Our mission is to provide dynamic integrated expertise that supports healthcare organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.

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To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the healthcare industry.

OUR VALUES

CREDIBLE • ETHICAL
EXPERT • INTEGRITY
PROFESSIONAL •
RESPONSIVE

The Joint Commission Human Resources Competency Session

By Linda Paternie, RN, BS, MHA, CJCP

The Human Resources (HR) Competence Assessment Session is usually conducted during the latter part of the organization's accreditation survey. The organization must be prepared to demonstrate the orientation, education and competency of staff that care for patients. During mock surveys conducted by Steven Hirsch & Associates over the past months, ample opportunity for organizations to become better prepared has been identified during the mock Competence Assessment tracer.

The following are some suggestions for consideration in preparation for competency review:

- Make sure that job descriptions are current for the role the staff member is performing. Job descriptions shed light on what the organization requires in terms of qualifications, licensure and certification, education, experience and job duties. The surveyors will use this information as a basis for review when assessing an individual's personnel file.
- As may be required by state law, verification that criminal background checks have been performed may be requested by the surveyor.
- For roles in which licensure is required by law or regulation, licensure is demonstrated by primary source verification.
- Be prepared for a broad range of employee files to be selected for review, including staff that administer moderate sedation, dialysis/hemodialysis, high level disinfection, sterilization, those that apply restraints, monitor telemetry, new hires within the last 12 months, CT and MRI technicians, contracted staff, security staff (if not contracted), registered nurses, licensed vocational nurses, certified nurse aides, and environmental services staff. Additionally, the files of the Chief Nursing Officer, Infection Preventionist and Managers/Supervisors can be expected to be requested.
- Successful completion of hospital and departmental orientation may be requested if the individual was hired within the last three years.
- Ensure that the files of personnel who have transferred to a new role or new department have received and have documentation of departmental orientation upon transfer, as well as competency assessments for the new role or setting.
- Contract personnel are to have documented orientation, training and assessment of competencies in a manner comparable to hospital staff.
- Hospital staff that float within the organization are to have hospital orientation, departmental orientation and all requisite competencies to perform as a staff member in the units or departments to which they have floated.
- Documentation of specialized skills required to perform the job, such as EKG rhythm competency, "sitter" training for staff used to provide direct observation of suicidal patients, high level disinfection training for persons cleaning endoscopes, bronchoscopes, any scopes or intracavity probes used in the organization, and any specific education and training related to processing of equipment are high focus areas

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The Joint Commission Human Resources Competency Session

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during the Competence Assessment Session.

- Know that successful completion of annual competencies may be demonstrated electronically, by paper, skills fairs or any media that demonstrates compliance. Therefore, the content or the agenda for the skills fair should be produced in order to define exactly what was included in the competency assessments. It is imperative that hospital staff participating in the Competence Assessment Session be familiar with the course content of the education required/provided in order to be able to demonstrate compliance to the specific Joint Commission standard being reviewed.
- Be prepared to have the Employee Health nurse provide evidence that all required health screenings have been completed and documentation maintained per hospital policy as well as law and regulation.
- Make sure that proof of orientation to key safety content is included in the employee file, as well as documentation that orientation to relevant hospital-wide and unit-specific policies was provided.
- Orientation to specific areas such as infection prevention and control, assessing and managing pain, patient rights, ethical aspects of care, depending on the role being surveyed should be produced as requested.
- Training and education specific to the needs of the patient population being served is to be recorded, as is information on the need to report, and hospital to report, unanticipated adverse events.
- Skills training addressing team communication, collaboration and coordination of care is to be documented.
- Other areas to be addressed include fall reduction activities, as well as identification of change in patient condition and the response to the deteriorating condition.
- If the individual performs waived testing, training and competency is to be demonstrated, documented upon orientation and annually thereafter.
- It is very important to be certain that an individual with the educational background, experience or knowledge and in some cases, competency related to the skills being performed is the individual assessing and “signing off” on the competency of the person being evaluated.
- If an individual does not meet expectations related to his/her competence assessment, documentation should indicate actions taken.
- Performance evaluations are to be conducted once every three years, or as specified per hospital policy or state regulation.
- All contract staff should be treated the same as direct hired hospital staff with documentation provided for all of the above elements, although a contract service may provide evidence of processes comparable to those of the hospital.

As stated in the Joint Commission Hospital Accreditation Standards, “The contribution that human resources management makes to a hospital’s ability to provide safe, quality care cannot be overestimated.”

**For further information on how Steven Hirsch & Associates
can assist you with all your Competency requirements,
call us at (800) 624-3750.**

About Steven Hirsch & Associates

Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987. Beyond accreditation and licensure survey preparedness, our healthcare consulting team can provide assistance in a number of areas including Medicare certification, performance improvement, nursing management, infection prevention and control, Life Safety Code compliance, medical staff services (including credentialing and independent peer review), clinical lab management and compliance with HIPAA. For more information on how Steven Hirsch & Associates can assist you with accreditation and licensure preparedness, Medicare certification and other management challenges, please contact us at (800) 624-3750 or visit www.shassociates.com.

How to Create Competencies that Truly Test The Competence of the Individual

By David Woodard, M.Sc., MT(AMT), CLS, CIC, FSHEA

Competencies can be defined in a number of different ways: a set of skills, knowledge, attitudes and attributes for job function. Competencies are linked to successful performance and should be used for all levels of expertise. Some examples of functional competencies include: teamwork, oral communication, customer focus, adaptability, initiative, professionalism, and cultural sensitivity.

Competencies should be developed by “Subject Matter Experts” (SME) who may be the current job incumbent. The individual who is responsible for the development of the competency must be highly skilled and knowledgeable regarding the material and the tasks being assessed, as well as being aware of new procedures, equipment, and any “lessons learned.”

Competencies should be a practical examination of the acquired or expected skill sets of individuals within various departments. They can be “wet,” whereby the individual being evaluated has to actually demonstrate that they are able to perform the function. Examples of this can be as simple as room set-up for an EVS worker, to setting up an arterial line for ER and ICU registered nurses, or to perform a boiler inspection for the PM program in Facilities.

The other primary type of competency is a “dry” competency where the individual is tested on their knowledge of the material, usually accomplished by a written quiz. Examples of this can include creating a list of the seven steps of hospital room cleaning, listing the possible errors that can occur with a blood draw on an ICU patient, or the interpretation of an EKG strip.

Most people who develop competencies include a passing score, usually 80%, although there are times one might consider 100%, such as the accurate identification of fatal arrhythmias or for a visual test of ABO blood typing and compatibility testing where an error has a high risk of being fatal or causing permanent harm.

Below is a table of how to develop a competency statement. The process begins with an action verb – describing what the individual should be doing; the second is the “object” of the action; the next component is the statement of why the work is done; and lastly is the “how” statement.

Action Verb (What the worker does)	Object of the verb (To whom or what it is done)	Why the work is done (Expected Output)	How the work is done (Procedures, tools, equipment, work aids)
Sort	correspondence and reports	to facilitate filing them	alphabetically

Action Verb (What the worker does)	Object of the verb (To whom or what it is done)	Why the work is done (Expected Output)	How the work is done (Procedures, tools, equipment, work aids)
Evaluate	facility master plans and project plans for organizations	to make recommendations whether or not to fund projects	Using guidelines in the operations manual and facilities plan guidelines.

Good Words	Not Good Words
Account (to furnish) Assign (to specify or delegate tasks) Build (to construct) Compile (to collect or put together information) Create (to bring into existence)	Assist (not specific) Consider (not action) Know (cannot measure) Synthesize (cannot measure) Use (vague)

Each competency should be a discrete item, although there are times when they do fit together both wet and dry. For example: “Set up and explain an arterial line when used in the ICU to monitor arterial pressure, and providing an analysis of the wave form to the physician.”

Frequency for determining competency can vary by the organization. At a minimum they should be done at the time of initial assignment to ensure the candidate can perform the tasks associated with the position description or identify those tasks which will require some degree of oversight. Additionally, competency should be assessed when individuals have been promoted and or have new responsibilities added to their position.

The next interval can be variable. For those “high-risk, problem prone, rarely performed” tasks, the organization may want to evaluate the individuals every six months. Some federal regulatory requirements as we find in laboratory medicine require re-evaluation at six months for all new hires and those recently transferred into a new position. One suggestion for the “when do I decide to do a 6-month repeat” is when you’re dealing with a process, that when done incorrectly will result in harm, death, or even result in a “near miss.”

Consideration to repeat an evaluation may occur when an event occurs has caused harm, death, or a “near miss.” This may also be integral for the completion of a 2567 in response to a CMS review or finding.

There are some competencies that may not ever need to be repeated. For example, if a hospital conducts a competency evaluation on all nursing personnel for confirmation of the skills involved in the determination of vital signs (Temp, BP, Respiration, and Pulse)

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- Management of the Environment of Care (including Life Safety Assessment)

at the time of employment, unless there is an identified problem there is probably no need to repeat this process or, in the operating room, the pre-op skin prep.

Hospitals can also establish “core competencies”, those competencies that are common to all members of a group. An example could include having all clinical laboratory scientists who may be required to do a manual differential, undergo annual competency of cell differentiation by performing a series of cell-type reviews from a known test sample such as that are found in either a textbook or in Proficiency Testing slides.

The organization should develop a task list, and it can or should be based on those basic tasks associated with the position. They can also develop a “core” task list that is the collection of essential tasks that are common to everyone in the cohort.

The scoring can range from a numerical scale of 1-4, four being best or, Novice, Competent, and Expert (Note: **all** of these terms have to be defined). Examples of what would quantify the scoring could be:

1. Novice: Little or no experience (needs frequent assistance)
2. Advanced Beginner: Needs practice/experience (needs occasional reminders)
3. Competent/Proficient: Competently performs (needs no reminders)
4. Expert: (Independent and teaches others)

or

“Needs improvement”

- Further training
- Increase opportunity

“Fully competent”

The organization can “stack” all the competencies: RN I a basic set of competencies, RN II all of RN I plus XYZ. They can also be done in a department specific manner such as in surgery; it could be RN I core and the OR supplement for the registered nurse in the operating room.

The assessment of the competency must be done by a Subject Matter Expert. Although an individual may be a “one up” or a supervisor of the individuals being assessed they have to have an expert understanding of the area being evaluated. Some positions may require more than one individual to assess the respective individual, particularly if their position includes a variety of responsibilities such as a nurse who provides direct patient care, but also writes policies and procedures, or develops teaching materials.

Individuals who are not competent require an education plan to make them competent, or if, after working in the position for a finite period of time are found not competent, there should be a corrective action. This could include remediation, re-education (although this cannot continue time after time, or ultimately removal from the position.)

EXAMPLE OF A COMPETENCY STATEMENT FOR AN INFECTION PREVENTIONIST:

Note 1: The Employee being evaluated must initial the work sheet, the individual evaluating the individual must also initial the worksheet AND include the validation method as well as the competency level.

Note 2: The first column indicates if the competency is essential to the job function, is it applicable (when there are multiple positions included, and one individual may not perform the task, and indication if the competency is age specific.) The organization may also desire to indicate the various age strata that the specific items are addressing.

Essential – (E) Applicable –(A) Not Applicable – (N/ A) * (age specific)	Standards	Criteria What should be done to be “competent”	Employee Initial	Validator Initial	Validation Method	Competency Level Points
E	Assesses, plans, develops and coordinates the organization-wide Infection Control Program.	Develop an IP plan using TJC criteria Create measurable goals for the IP Plan Review the plan with QAPI before committee Conduct the risk assessment in accordance with established guidelines Identify key sources for evidence-based guidelines				