

Competency Management in Long-Term Care

Skills for Validation and Assessment

Barbara A. Brunt, MA, MN, RN-BC, NE-BC
Kelly Smith Papa, RN, MSN

Competency Management in Long-Term Care

Skills for Validation and Assessment

Barbara A. Brunt, MA, MN, RN-BC, NE-BC
Kelly Smith Papa, RN, MSN

HCPPro

Competency Management in Long-Term Care: Skills for Validation and Assessment is published by HCPro, Inc.

Copyright © 2009 HCPro, Inc.

All rights reserved. Printed in the United States of America. 5 4 3 2 1

ISBN: 978-1-60146-633-4

No part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro, Inc., or the Copyright Clearance Center (978/750-8400). Please notify us immediately if you have received an unauthorized copy.

HCPro, Inc., provides information resources for the healthcare industry.

HCPro, Inc., is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks.

Barbara A. Brunt, MA, MN, RN-BC, NE-BC, Author

Kelly Smith Papa, RN, MSN, Author

Adrienne Avillion, DEd, RN, Co-author

Gwen A. Valois, MS, RN, BC, Co-author

Jane G. Alberico, MS, RN, CEN, Co-author

Barbara Acello, MS, RN, Reviewer

Adrienne Trivers, Managing Editor

Elizabeth Petersen, Executive Editor

Emily Sheahan, Group Publisher

Amanda Donaldson, Copyeditor

Amy Cohen, Proofreader

Matt Sharpe, Production Supervisor

Janell Lukac, Graphic Artist

Susan Darbyshire, Art Director

Jean St. Pierre, Director of Operations

Advice given is general. Readers should consult professional counsel for specific legal, ethical, or clinical questions. Arrangements can be made for quantity discounts. For more information, contact:

HCPro, Inc.

P.O. Box 1168

Marblehead, MA 01945

Telephone: 800/650-6787 or 781/639-1872

Fax: 781/639-2982

E-mail: customerservice@hcpro.com

Visit HCPro at its World Wide Web sites:
www.hcpro.com and www.hcmarketplace.com

5/2009
21675

Contents

Figure List	v
About the Authors	vi
Contributing Authors	vii
Preface	viii
Introduction	xi
Chapter 1: Why Is Competency Validation Required?	1
Regulating Competence	3
Chapter 2: What Is Competency Validation?	7
Competency-Based Education	9
Defining Competencies	11
Classifying Competencies by Domains and Levels	11
Who Performs Competency Validation?	12
Mandatory Training Versus Competencies	13
Mapping Competencies for Orientation, Annual Assessments	14
Methods for Validating Competencies	16
Chapter 3: Competency Validation in Job Descriptions and Performance Evaluations	19
The Benefits	22
Key Elements of a Competency-Based Job Description	22
Chapter 4: Train the Staff to Perform Competency Validation	27
Developing a Competency Assessment Training Program	29
Identifying Your Competency Assessors	32
Keeping Your Validation System Consistent	33
Incorporating Population-Specific Competencies	35
Documentation and Recordkeeping	36
Conclusion	37
Chapter 5: Keep Up with New Competencies	39
Potential Categories for New Competencies	41
Interpersonal Communication	42
Guidelines for New Competency Development	43
Best Practices for the Implementation of New Competencies	46
Dimensions of Competencies	48

Contents

Chapter 6: Using Your Skills Checklists	51
Differences between Orientation Checklists and Skills Checklists	54
Skills Checklists for Annual Competency Assessment	55
The Competencies Analyzer	56
Chapter 7: Competencies	73
(See pp. 74–76 for a full listing of competencies.)	

Figure List

Figure 2.1: Comparison of CBE and Traditional Education.....	10
Figure 3.1: Essential Functions.....	24
Figure 3.2: Rating Scale and Definitions.....	25
Figure 4.1: Successful Completion of Competency Assessment Training Form.....	34
Figure 5.1: New Competency Assessment Checklist.....	45
Figure 6.1: Skills Checklist Template.....	59
Figure 6.2: RN Competency-Based Orientation Checklist.....	60
Figure 6.3: CNA Competency-Based Orientation Checklist.....	65
Figure 6.4: Competencies Tracking Sheet.....	71

About the Authors

Barbara A. Brunt, MA, MN, RN-BC, NE-BC, is director of nursing education and staff development at Summa Health System in Akron, OH. Brunt has held a variety of staff development positions, including educator, coordinator, and director, for the past 30 years. She has presented on several topics, both locally and nationally, and has published numerous articles, chapters in books, and books. She served as a section editor for all three editions of the *Core Curriculum for Staff Development* published by the National Nursing Staff Development Organization (NNSDO) and coauthored *Nursing Professional Development: Nursing Review and Resource Manual*, a book published by the American Nurses Credentialing Center Institute for Credentialing Innovation. She was the author of *Competencies for Staff Educators: Tools to Evaluate and Enhance Nursing Professional Development*, published by HCPro, Inc., in Marblehead, MA.

Brunt holds a master's degree in community health education from Kent State University and a master's degree in nursing from the University of Dundee in Scotland. Her research has focused on competencies. She maintains certification in nursing professional development and as a nurse executive, and has been active in numerous professional associations. She is currently serving a two-year term as president of NNSDO and a term as second vice president of the Delta Omega chapter of Sigma Theta Tau International. She has received awards for excellence in writing, nursing research, leadership, and staff development.

Kelly Smith Papa, RN, MSN, is the director of education, research, and dementia care consulting at the Alzheimer's Resource Center of Connecticut. Smith Papa was a fellow in the 2007 Leadership AAHSA Academy and currently is the chair for the program's Shared Learning Alumni Committee. Her experiences in the field of aging services include being a director of nursing, clinical educator, nursing supervisor, and adjunct faculty member at the University of Hartford. She has presented at conferences and seminars for healthcare professionals on topics including creativity in staff development, person-centered care, culture change, dementia care specialists, making dining meaningful, and leadership development. She has authored multiple books and articles focused on the use of creativity in staff development and caring for people with dementia.

She was the author of the *Inservice Training Guide: Strategies for Effective Long-Term Care Staff Education* and *The CNA Training Solution*, both published by HCPro, Inc., in Marblehead, MA.

Contributing Authors

Adrienne E. Avillion, DEd, RN, is the owner of Avillion's Curriculum Design in York, PA. Avillion specializes in designing continuing education programs for healthcare professionals and freelance medical writers. She also offers consulting services in work redesign, quality improvement, and staff development.

Avillion has published extensively, including serving as editor of the first and second editions of *The Core Curriculum for Staff Development*. Her most recent publications include *Evidence-Based Staff Development: Strategies to Create, Measure, and Refine Your Program*, *A Practical Guide to Staff Development: Tools and Techniques for Effective Education*, and *Designing Nursing Orientation: Evidence-Based Strategies for Effective Programs*, all published by HCPro, Inc., and *Nurse Entrepreneurship: The Art of Running Your Own Business*, published by Creative Health Care Management in Minneapolis. She is also a frequent presenter at conferences and conventions devoted to the specialty of continuing education and staff development.

Gwen A. Valois, MS, RN, BC, is the director of education for CiNet Healthcare Learning. Valois has clinical expertise in pediatrics and has served for more than 25 years in various clinical educational and leadership roles.

Valois received her Bachelor of Science in Nursing from Texas Woman's University, her master's degree in HR management and development from National Louis University, and holds certification from the American Nurses Credentialing Center in nursing professional development.

Jane G. Alberico, MS, RN, CEN, has more than 30 years of nursing practice in healthcare. Alberico received her bachelor of science degree from the University of Kentucky and master's degree in health science instruction, with a minor in healthcare administration, from Texas Woman's University.

Alberico is a certified emergency nurse whose clinical expertise includes medical-surgical, home health, pain management, and emergency care. She has served in faculty and leadership roles in school and hospital settings. She is a national speaker for various topics and is currently the supervisor of clinical education at Medical City Dallas Hospital.

Preface

Before you use any methodology for validating and assessing the competency of your nurses to deliver safe resident care, it is essential that you have a system in place for verifying that your nurses are who they say they are prior to allowing them in your facility.

This might sound obvious, but stories of nurses faking credentials, hopping from job to job in various states, and harming residents are stark reminders that you must be diligent in verifying any nursing applicant's licensure, criminal background, education, and employment history.

Nurse-credentialing processes at some facilities may be inadequate. Nurses who have had action taken against them by another state nursing board, have a criminal history, or have incomplete education may slip by and end up working in direct contact with your residents, making those residents vulnerable and your facility liable. You should examine your organization's policies to make sure they protect your patients, and sufficiently screen applicants for dangerous nurses or imposters.

Credentialing nurses usually falls to the HR department in most facilities, and the administrative staff handles physician and advance-practice RN credentialing. For advice on credentialing nurses, HR administrators can consult their nursing directors and administrators, who most likely already have an established credentialing process in place.

The following are some steps you can take to verify nurses' credentials and to ensure your residents' safety and your facility's integrity.

Step 1: Gather Applicant Information

The employment application should be thorough and request the information needed to ensure patient safety in your facility. Ask for the following:

- The applicant's name and any other names he or she has used (e.g., a maiden name)
- Education, the degree obtained, and the name and location of the educational institution
- Professional licensure, the state in which the license was issued, the date issued, the license number, and the expiration date
- Disciplinary actions on the license
- Specialty certification
- Employment history

With many new nursing schools starting up, the organization needs to determine whether it requires nursing applicants to be graduates of an accredited school of nursing. New programs cannot apply for National League for Nursing Accreditation Commission accreditation until after their first class has graduated, which means that organizations that require graduation from an accredited school cannot hire any graduates of these programs.

That also requires that the accreditation status of all schools from which a potential applicant graduated must be verified prior to hire. Is licensure to practice as a nurse in that state sufficient? Whichever policy the organization decides to follow must be followed consistently and must be reflected in the job descriptions.

It is also important to determine whether the applicant has even been convicted of or pleaded guilty or no contest to the following:

- Criminal charges (other than speeding violations)
- Drug- or alcohol-related offenses

If either situation applies, ask the applicant to specify the charges and the dates on which they occurred. Finally, inquire whether he or she has ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (e.g., Medicare or Medicaid) or similar federal, state, or health agency.

Step 2: Verify the Applicant's Information

Verify, to the best of your ability, the information you obtained on the application. Even if you don't find anything, document each verification step to further reduce your facility's liability.

Some facilities hire a third party to verify this information, but most often the HR department performs this task. Either way, make sure a specific, established process is in place.

The best method of checking an applicant's qualifications is to use primary source verification, including education, licensure, and past employment. For the most accurate and up-to-date information, you should check the state board in every state that the applicant nurse has worked. Most state licensing boards post licensure information on their Web sites.

Many organizations require criminal background checks on all applicants, even if the state nursing board runs its own checks. Nurses may have committed a crime after receiving their licenses. In most states, the responsibility is on nurses to notify the state board if they are convicted of a crime, but they may or may not do so, which puts your facility at risk.

Preface

Another important part of the process is to check federal sanctions lists. If you hire a nurse who has been sanctioned by the Office of Inspector General or General Services Administration, you could be fined thousands of dollars. Reasons for sanctions include everything from defaulting on student loans to Medicare fraud.

The following are some other potential “red flags” to consider:

- **Gaps in job history:** HR professionals are well aware of this red flag, but be sure to ask about the gaps. Understand that there could be a perfectly good explanation, such as the birth of a child or a family emergency.
- **Moving from state to state:** When an applicant moves around a lot, his or her licensure information could be buried or lost. Therefore, be sure to check the status of the license in each state in which the applicant practiced.
- **Job hopping:** HR professionals are well aware of this pattern as well, and they will look twice at any applicant with evidence of it. But be sure to call each employer and verify that no disciplinary actions were taken against the applicant.

Step 3: Continually Verify the Employee’s License After the Hire Date

Most facilities check nurses’ licenses when they are up for renewal to make sure that they are current and active. However, it is crucial that you institute a process to verify licensure status more often as well.

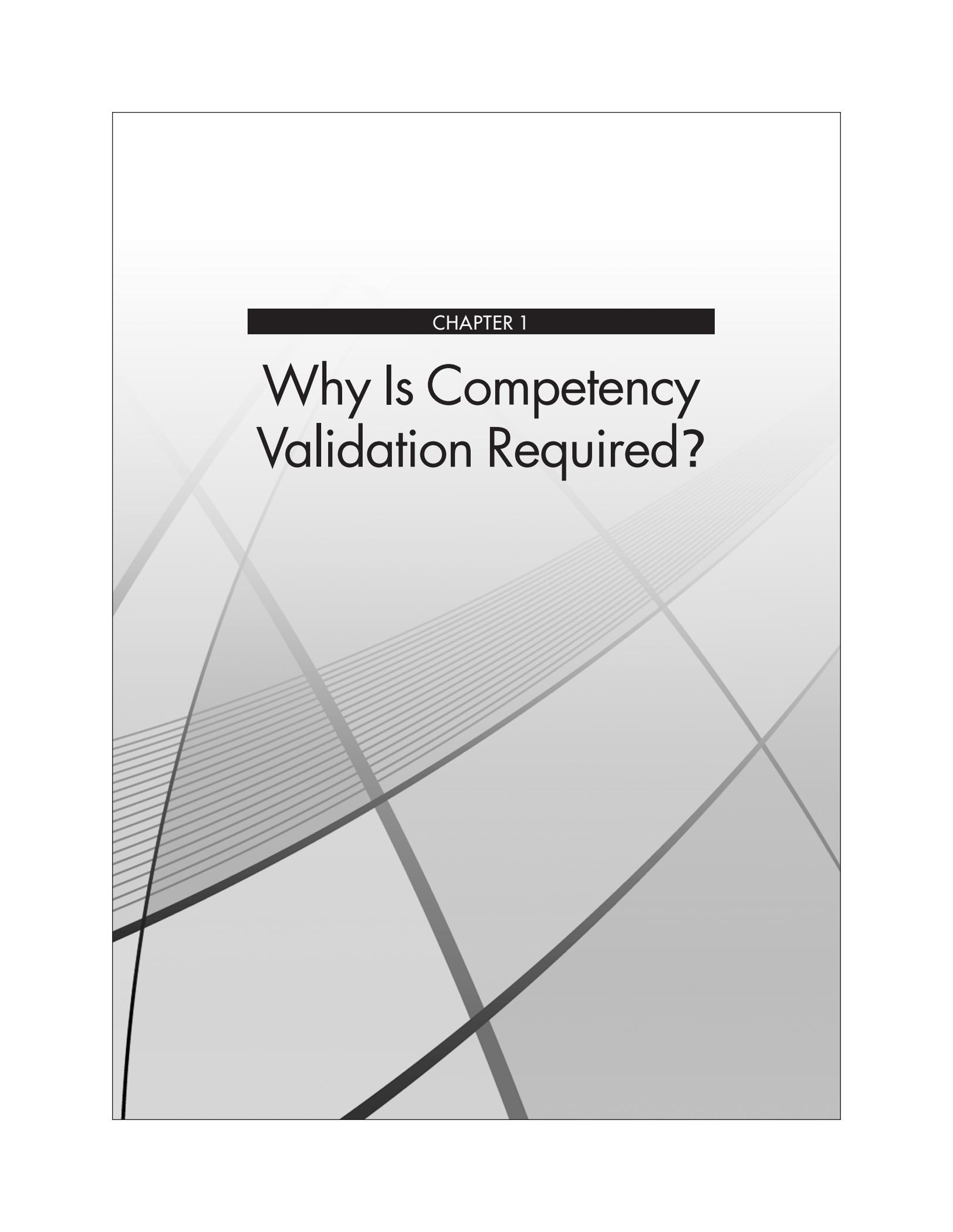
Ensure that your policy spells out that it is the nurse’s responsibility to report any disciplinary action taken against his or her license over the course of his or her employment. If your nurses do not report such action, they could be working on your unit with a suspended or inactive license without your knowledge. Many nursing boards post disciplinary actions against nurses in that state, which can be used as another method to ensure that all employees have a current license with no restriction.

Creating a new credential-verification process or updating your current process is a very important prerequisite to the competency assessment process.

Introduction

In this book, Chapter 1 outlines why competency validation is required, Chapter 2 defines competency validation, and Chapter 3 discusses including information on why competency validation should be a part of job descriptions and the performance-evaluation process. Chapter 4 focuses on the training needed for staff to perform competency validation, and Chapter 5 provides suggestions on keeping up with new competencies. How to use the skills checklists is described in Chapter 6. There are 100 competency validation skills sheets included in this book.

I hope you find the information helpful, whether you are developing a competency management program or refining ones you currently have in place.

The background features a light-to-dark gray gradient. Overlaid on this are several abstract geometric elements: a series of thin, parallel lines forming a fan shape on the left; a thick, dark diagonal line; and several other lines of varying thicknesses and orientations that intersect to create a complex, layered pattern.

CHAPTER 1

Why Is Competency Validation Required?

Why Is Competency Validation Required?

LEARNING OBJECTIVES

After reading this chapter, the participant should be able to:

- ✓ Design a competency plan to effectively assess employee competence

Regulating Competence

Does it seem as though regulatory survey teams visit you every day? Sometimes the survey is announced and sometimes it's a surprise, but the surveyors—regardless of whom they represent—are always concerned about “competency.”

The definition of this word is in the eye of the beholder. For example, *Webster's New World College Dictionary* defines competent as “well qualified, capable, fit” (Agnes 2006). The American Nurses Association (ANA) defines competency as “an expected level of performance that results from an integration of knowledge, skills, abilities, and judgment” (ANA 2007). In healthcare, however, it's not so simple. Your staff members make decisions and carry out responsibilities and job duties that affect residents' lives. When the goal is to achieve positive outcomes—whether to cure or manage a chronic disease process or to allow someone to die a dignified death—will “sufficient ability” be good enough? Should competency apply only to clinical bedside nursing? Should an RN nurse manager have to meet the same competency requirements as a staff nurse? No, no, and no.

Chapter 1

Evidence-based practice involves supporting your actions with research and data, and basing competencies in evidence is becoming the standard in competency validation. Researchers have identified best practices for patient care based on evidence, so staff members' competence should be assessed based on their provision of evidence-based care. By instituting evidence-based practice in your competency assessment, you ensure that the methods by which you are validating your staff members' skills are established and grounded in research.

Protecting the public

Regulatory agencies are rampant in the healthcare industry. Their purpose is to protect the public and to ensure a consistent standard of care for residents and families. Initially, there was only the Joint Commission on Accreditation of Hospitals (JCAH). Ernest Codman, MD proposed the standardization process for hospitals in 1910, and the American College of Surgeons developed the Minimum Standards for Hospitals in 1917 and officially transferred its program to the JCAH in 1952. A trickling of new agencies followed, and in 1964, the JCAH started charging for surveys. JCAH changed its name to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 1987 and as of January 2008 it is now known simply as The Joint Commission (The Joint Commission 2007).

The list of regulators today now looks like an alphabet soup. Political debates regarding the effectiveness of these agencies have multiplied in recent years. In July 2004, for example, Centers for Medicare & Medicaid Services (CMS) began to criticize the validity of Joint Commission accreditations.

However, since its inception, The Joint Commission has never had federal oversight (Knight 2004). In some cases, criteria for federally mandated CMS regulatory standards may exceed those of The Joint Commission.

For long-term care facilities, the agencies that guide and oversee care and, thus, require competency assessment may now include the following:

- The Joint Commission
- CMS
- State departments of health and human services
- State medical foundations
- ANA
- State Board of Nurse Examiners
- Health Quality Improvement Initiatives
- Occupational Safety & Health Administration
- Office of Inspector General
- Quality improvement organizations
- Agency for Healthcare Research and Quality
- The FDA
- Centers for Disease Control and Prevention

Add to this a list of your facility's competency assessment initiatives. Most of these initiatives revolve around the mission, vision, and value statements of the organization. Indicators may include:

- Resident and family satisfaction

Why Is Competency Validation Required?

- Physician satisfaction
- Employee health and satisfaction
- Fiscal responsibility
- Community involvement
- Risk management
- Continuous quality improvement
- Culture change initiatives
- Special needs required for particular health-care situations
- Current standards of professional practice
- Applicable legal and regulatory agency requirements
- Organizational policies and procedures

Those of us working in healthcare started our careers wanting to improve human life, and it is frustrating at times when it seems that the bureaucracy of regulatory mandates keeps growing. But the business of healthcare must consist of personnel who are caring and able to perform their jobs safely and correctly.

Remember that the provision of quality care and services depends on knowledgeable, competent healthcare providers. Every organization should have a competency plan in place to ensure that performance expectations based on job-specific position descriptions are consistently met.

You must design your competency plan with consideration given to:

- The mission, vision, and values of your organization
- The needs of residents and families served
- The extended community
- New services or technologies planned for future services

In addition, the organization should foster learning on a continual basis. The administration and director of nursing should foster building a learning environment and hold the leadership team and staff accountable for expected outcomes. The entire organization must foster a work environment that helps employees discover what they need to learn for self-growth.

The return on this investment is a positive resident/family outcome, such as improved health, the ability to manage a chronic illness or dignified death, job satisfaction, reduced turnover, enhanced facility image, reduced risk of legal exposure, and improved surveys.

A consistent process for competency assessment is essential throughout the organization for all job classes, contract personnel, and, when indicated, affiliating schools. There must be a centralized, organized approach that moves seamlessly throughout the continuum of care and ensures the same standard or practice for all of the residents and families it serves. You might find yourself in a predicament if your main policies and procedures differ from other departments in your facility.

Generating tons of paperwork does not ensure competency in practice. Use the KISS method:

Chapter 1

“Keep it simple, smarty.” Although documenting that standards are being met is important, regulatory surveyors are moving away from looking at paper. The trend is to interview residents, staff members, physicians, vendors, and members of the leadership team to see evidence of compliance. And now more than ever, there are expectations to move beyond merely verifying whether nurses are competent. Thanks in part to advances in technology, nurses have been catapulted into more advanced and specialized care.

It is vital for you and your organization to be survey-ready every day. Ongoing performance must be

measured and assessed. If individual members of your facility do not meet the standards you’ve established, individuals and the leadership team must develop a system for ongoing validation and assessment of personnel based on those standards. Remember: Competency assessment would be necessary even if it were not an accreditation standard.

It is worth framing this discussion on the expectations of regulatory agencies, because understanding their motivations and complying with their recommendations will result in a better understanding of what an effective competency assessment process should look like.

REFERENCES

1. Agnes, Michael (Ed). *Webster’s New World College Dictionary*. Cleveland: Wiley Publishing, 2006.
2. ANA. *Code of Ethics for Nurses with Interpretive Statements*. Washington, DC: ANA, 2001.
3. ANA. *Position Statement on Competency*. Silver Spring, MD: ANA, 2007.
4. College of American Pathologists, *www.cap.org* (accessed November 25, 2007).
5. Knight, Tom. “JCAHO Certification—Dissecting an Institution.” *The Nurses’ Lounge* (September 2004): 26.

HCPro

Order your copy today!

Please fill in the title, price, order code and quantity, and add applicable shipping and tax. For price and order code, please visit www.hcmarketplace.com. If you received a special offer or discount source code, please enter it below.

Title	Price	Order Code	Quantity	Total
				\$
Your order is fully covered by a 30-day, money-back guarantee.			Shipping* (see information below)	\$
			Sales Tax** (see information below)	\$
			Grand Total	\$

Enter your special Source Code here:

Name

Title

Organization

Street Address

City

State

ZIP

Telephone

Fax

E-mail Address

***Shipping Information**

Please include applicable shipping. For books under \$100, add \$10. For books over \$100, add \$18. For shipping to AK, HI, or PR, add \$21.95.

****Tax Information**

Please include applicable sales tax. States that tax products and shipping and handling: CA, CO, CT, FL, GA, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, NC, NJ, NM, NY, OH, OK, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV.

State that taxes products only: AZ.

BILLING OPTIONS:

Bill me Check enclosed (payable to HCPro, Inc.) Bill my facility with PO # _____

Bill my (✓ one): VISA MasterCard AmEx Discover

Signature

Account No.

Exp. Date

(Required for authorization)

(Your credit card bill will reflect a charge from HCPro, Inc.)

Order online at www.hcmarketplace.com

Or if you prefer:

MAIL THE COMPLETED ORDER FORM TO: HCPro, Inc. P.O. Box 1168, Marblehead, MA 01945

CALL OUR CUSTOMER SERVICE DEPARTMENT AT: 800/650-6787

FAX THE COMPLETED ORDER FORM TO: 800/639-8511

E-MAIL: customerservice@hcpro.com

© 2008 HCPro, Inc. HCPro, Inc. is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks. Code: EBKPDF

P.O. Box 1168 | Marblehead, MA 01945 | 800/650-6787 | www.hcmarketplace.com