



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

ADMINISTRATIVE

POLICY AND PROCEDURE

SUBJECT: **COMPETENCY PROGRAM: MANAGEMENT** **Policy No.:** A540
AND ASSESSMENT, INITIAL AND ONGOING **Effective Date:** 04/1997
Page: 1 of 4

Purpose of Procedure: To define the purpose and processes used to: determine competencies to be evaluated, assess initial and ongoing staff competencies, and report the status of competencies to the governing body.

Policies:

I. General Information

- A. All Nursing staff members must demonstrate competency in order to fulfill their assigned responsibilities.
- B. Competency must be demonstrated during orientation and ongoing through participation in the Department's competency program.
- C. Prior to completing generic and unit/area competency validation, patient care assignments may include only those duties and responsibilities for which competency has been validated.
- D. Any nursing staff member unable to demonstrate initial or ongoing competencies as described in this policy, may be subject to disciplinary action that may include demotion or discharge.
- E. Maintaining competency in the care of patients is the responsibility of the individual nursing staff member and includes the renewal of licenses, certifications and other relevant credentials.
- F. Basic Life Support Cardiopulmonary Resuscitation (CPR) is considered a competency and demonstrated through proof of every other year retraining:
 - 1. RNs/LVNs/CMAs/SNWs/SSNWs/CNAs/RAs/NAAs - criteria from the American Heart Association BLS (Basic Life Support) course

II. Initial Assessment of Competency

- A. Initial Competency consists of:
 - 1. Verification of current licensure and certification if applicable (done by Nurse Recruitment)
 - 2. Successful completion of the Rancho Medication Test with a minimum passing score of 80% (RN, LVN and CMA)
 - 3. Demonstration and documentation of clinical competence appropriate for their job classification and assigned area of practice during the Probationary period.
- B. Competencies that are required to deliver safe, quality care based on the needs of the patient population are completed before independent patient care can be assigned.
- C. Probationary employees unable to meet competency requirements during the probationary period will be terminated.
- D. See Nursing Policy A315 – Temporary Agency Personnel, Guidelines for Obtaining and Monitoring of policies specific to the orientation of agency personnel.

III. SUPPLEMENTAL ASSESSMENT/ORIENTATION:

- A. When nursing staff members float to another unit, the staff member will:
 - 1. Review appropriate UNIT CROSS TRAINING PROGRAM information initially before accepting a patient care assignment.
 - a. Done at least every six months, based on the individual needs of the nurse or as the patient population changes
 - b. The staff member will document review of content on the cross training sign-in sheet of the receiving unit
 - 2. Be assigned a resource nurse from the receiving unit who will assist the staff member

IV. ONGOING ASSESSMENT OF COMPETENCY

- A. Competencies are outlined for nursing employees.
- B. The assessment/evaluation of competency is based on criteria and is evaluated by a designated trained evaluator.
- C. Assessment of competencies is completed and documented annually.
- D. The completion of all competencies is documented as part of the employee's annual performance evaluation.
- E. When an individual transfers between units they must meet the competency requirements of the assigned unit by the time orientation/probation is completed.

KEY POINT: Some competency skills are complex, and may require an extended time frame for demonstration. These skills and time frame are at the manager's discretion.

- F. Failure to demonstrate competency:
 - 1. Results in notifying the employee of planned date/time for remediation and retesting.
 - 2. Depending on the nature of the competency and the risk to patient welfare, they may be given a modified assignment or removed from direct patient care until competency criteria are met.
 - 3. If employee fails to pass retesting, they will be referred to Management and Performance Management, as applicable.

V. MANAGEMENT OF THE COMPETENCY PROGRAM

- A. Establishment and maintenance of the Competency Program is the responsibility of the Nursing Executive Council.
- B. Implementation of the Competency Program is the responsibility of the Nurse Management Council.
- C. Coordination, oversight, annual review and revisions of the Competency Program is the responsibility of Clinical Professional Development Department and approved by NEC.
- D. Managers/Supervisors are responsible for assuring there is current documentation for all workforce members regarding their job-related competencies.
- E. Original source testing documentation shall be retained for a minimum of Five (5) years.

VI. REVIEW OF COMPETENCIES

- A. Each unit/area will review the relevancy of all competencies and make recommendations for additional or revised competencies as needed.
- B. This review will be based upon the following criteria and will minimally include:
 - 1. frequency of skill use
 - 2. change in patient population
 - 3. types of procedures conducted
 - 4. risk to the patient for a negative outcome
 - 5. cost of not performing the skill correctly
 - 6. regulatory agency requirements
 - 7. equipment usage
 - 8. performance improvement activity results/outcomes
 - 9. performance evaluation results
 - 10. competency summary
- C. The competency programs will be reviewed every year.

VII. DHS COMPETENCY REPORTING

- A. Each Nurse Manager will monitor competency assessment/reassessment performance of their unit personnel
- B. Nursing will compile a confidential report on nursing staff DHS competence annually. Included in this report are statistics on the following:
 - 1. numbers of nursing employees that demonstrate ongoing competency
 - 2. numbers of nursing employees failing to demonstrate initial DHS competency that were retested, including the type of competency failed
 - 3. numbers of nursing employees failing to demonstrate ongoing DHS competency requirements that are second failures are referred to Performance Management

VIII. EVALUATION OF COMPETENCY

- A. For Competencies completed in a centralized competency evaluation.
 - 1. The nurse manager schedules each employee for centralized competency evaluation (s) each year.
 - 2. Employees will be notified of the scheduled date (s) with sufficient time to prepare/review the appropriate study materials online
 - 3. On the day of the centralized competency evaluation/Skills Fair the employee Bring their unit-specific or generic competency assessment check list as applicable.
 - a. The evaluator:
 - 1) uses the pre-established criteria to measure the individual's competency during the activities related to the competency, asking questions as appropriate to assess the competency
 - 2) gives immediate feedback to the individual being evaluated
 - b. When the individual being evaluated successfully meets the pre-established criteria for competency, the appropriate document will be dated and signed.
- B. For competencies tested in a de-centralized competency evaluation process:
 - 1. The individual needing assessment/reassessment on a specific competency contacts their Nurse Manager or Unit Educator and arranges a mutual date and time.
 - 2. The individual being evaluated:
 - a. Reviews the pre-established criteria or learning materials in advance of the competency assessment/reassessment to ensure awareness of testing criteria

- b. Obtains the orientation/competency checklist from the educational folder
 3. The evaluator:
 - a. Uses pre-established criteria to measure the individual's competency
 - b. Gives immediate feedback to the individuals' being evaluated
 4. When the individual being evaluated successfully meets the pre-established criteria for competency:
 - a. The evaluator dates/signs the appropriate document
 - b. The individual being evaluated returns the checklist to their educational folder
- C. If the individual being evaluated does not successfully meet the pre-established criteria for a competency
 1. The evaluator:
 - a. Gives feedback as to areas of deficiencies and re-directs the individual to the study materials and criteria for review.
 - b. Notifies the Nurse Manager of the individual's difficulty in meeting the competency
 2. The Nurse Manager discusses the failure with the individual and schedules mandatory remediation and re-testing.
 3. Following retesting, if the individual is still unable to meet the pre-established criteria the Nurse Manager and Nursing Director are notified immediately.
- D. An employee unable to perform any skills portion of competencies due to **Physician-documented, long-term physical limitations** is required to perform those aspects of which they are capable. No employee is exempt from all aspects of competency testing.
- E. An employee who is **temporarily** limited in the ability to perform an aspect of skill assessed during their scheduled assessment time is required to reschedule to complete that portion. This rescheduling is done in collaboration with the nurse manager.

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References:

Competency Assessment – Direct & Indirect Patient Care Positions. Policy 780.200, Department of Health Services, County of Los Angeles (8/15/2014).

The Joint Commission (2022) HR. 01.04.01, 01.05.03, 01.06.01, 01.07.01 Title XXII 70213 & 70214 Nursing Competency Standards.

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