



COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

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Los Angeles County Department of Health Services

Policy & Procedure Title:		Competency Assessment – Direct & Indirect Patient Care Positions	
Category:	700-799 Personnel Policy	Policy No.:	780.200
Originally Issued:	6/1/2011	Update (U)/Revised (R):	8/15/2014 (R)
DHS Division/Unit of Origin:	Office of Nursing Affairs		
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Distribution: DHS-wide	<input checked="" type="checkbox"/>	If not DHS-wide, other distribution:	

PURPOSE:

To provide guidelines for establishing and maintaining performance expectations and qualifications of all DHS workforce members, holding direct and indirect patient care positions, assigned to DHS hospitals and health facilities.

SCOPE:

This policy and procedure applies to all workforce members, as defined below, who hold a direct or indirect patient care position and are assigned to a DHS hospital and/or health facility. *Exception: Workforce members governed by Medical Staff By-Laws or the Accreditation Council for Graduate Medical Education (ACGME) provisions and/or who are subject to the credentialing and privileging process.*

DEFINITION(S):

Competency is the application of knowledge, skills, and behaviors that are needed to safely, effectively and ethically perform the duties and expectations of the workforce member’s job in accordance with the scope of practice and/or as determined by a specific set of criteria or standards.

Competency is measured in a variety of ways, which includes but is not limited to:

1. Upon hire/assignment, qualifications/competencies are demonstrated through activities which include possession of professional credentials, criminal background check, primary source verification, General Services Administration/Excluded Parties List System (GSA/EPLS), and Office of Inspector General (OIG) clearances, Medi-Cal

The mission of the Los Angeles County Department of Health Services is to ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

Revision/Review Dates: 06/01/2011 02/28/2013

Department Head/Designee Approval: Signature on File

reimbursement eligibility, health clearances and other minimum qualifications required for a particular job (e.g., medication calculation) and new hire/assignment and facility orientations.

2. Initial competencies which include department and/or unit orientations, evaluation of the workforce member's skills as listed on the Department/Unit Orientation Checklist and the Job Specific Competency Assessment and/or Skills Validation Checklist. General orientation will be provided to affiliates, students and/or volunteers.
3. Ongoing competencies which include probationary evaluation, annual performance evaluation, competency assessment, continuing education, mandatory and voluntary training, skills assessments, and direct observations.

Professional Credentials, as used in this policy, means professional license, certificate, registration and/or permit.

Workforce Member includes employees, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct, in the performance of work for DHS, is under its direct control, whether or not they receive compensation from the County.

POLICY:

All DHS workforce members who hold a direct or indirect patient care position and are assigned to DHS hospitals and health facilities are required to demonstrate competency in their job responsibilities as required by the standards of their profession, state and federal laws and regulations, and/or accreditation agencies.

All DHS workforce members who hold a direct or indirect patient care position and are assigned to hospitals and health facilities are required to maintain and enhance their job skills, and maintain their professional credential(s), by attending mandatory training and continuing education courses in accordance with the requirements of their professional credential(s), the applicable California Business & Professions Code, the hospital and/or facility, and Los Angeles County.

All DHS workforce members mentioned above must participate in the Department's ongoing competency assessment and skills validation process.

Each clinical department head/ancillary division chief is responsible for establishing and providing competency standards and a job description for each workforce member who holds a direct or indirect patient care position and is assigned to a DHS hospital and/or health facility where care, treatment or services are provided on behalf of Los Angeles County.

This policy will be distributed to each workforce member at the time of new hire/assignment and annually thereafter during the performance evaluation period or upon request.

Documentation of annual core competencies must be reported to the Director, Nursing Affairs on an annual basis. The appropriate manager, as designated within the specific department/area, is responsible for submitting the report.

GUIDELINES:

1. All workforce members assigned to direct and indirect patient care positions, must complete and pass initial and annual core competencies, skills validation, and specialty competencies, as applicable.
2. Competency assessments are ongoing and mandatory.
3. All nurses, excluding those subject to the credentialing and privileging process, must complete initial and annual core competency assessments as administered by Nursing Education and/or Nursing Administration.
4. All nurses who report to physicians and who are not credentialed and privileged must complete core and specialty competencies (as applicable) initially and annually through the assigned physician. Nurse clinical practice will be evaluated with the assistance of a Nurse Manager or clinical nurse expert over the specialty.
5. Workforce members holding direct and indirect patient care positions who are not performing the essential duties of the position due to a temporary accommodation associated with the employee's medical work restrictions (e.g., work hardening) must still maintain competencies in core functions and appropriate licensure, certification, registration or permit.
6. Workforce members who have not performed the essential functions of the position for an extended amount of time (i.e. 1 year) must complete the following activities prior to resuming patient care duties:
 - a. Attend and successfully complete department/unit-based orientation
 - b. Complete patient population specific retraining. Time allotted for completion is at the discretion of the clinical department head/ancillary division chief but should not exceed 60 calendar days. Exceptions to this time frame must be documented in writing and retained for a minimum of three (3) years.
 - c. Complete a preceptorship. Time allotted for completion is at the discretion of the clinical department head/ancillary division chief but should not exceed 60 calendar days, or as established by approved discipline specific policy. Exceptions to this time frame must be documented in writing and retained for a minimum of three (3) years.
7. Employees should contact their supervisor prior to the date of the competency test if they feel they need a reasonable accommodation under the Americans with Disabilities Act (ADA) for any portion of the testing. The manager/supervisor shall notify the DHS Risk Management Return-to-Work Division to schedule an interactive process meeting. Further, if the employee's request for an accommodation occurs after the completion of

the testing process, the manager/supervisor shall notify DHS HR Performance Management. DHS will engage in the interactive process once placed on notice of employee disability and/or prior to imposing disciplinary action.

8. Employees will be given two (2) opportunities each (core and/or specialty) to pass competency assessment. Failure to pass competency assessment will result in the following actions:
 - a. Initial – remediation shall be offered to employees.
 - b. 2nd attempt (retest) – referral to the DHS HR Performance Management which may result in suspension, reduction of position to a previously held item, or discharge in accordance with Civil Service Rules.
 - c. Where suspension was applicable, the County workforce member must first serve the suspension and pass competency assessment on the first workday upon return to work. Failure will result in referral to DHS HR Performance Management which may result in reduction of position or discharge, in accordance with Civil Service Rules.
9. Non-County workforce members from registry (e.g., travelers and per diem registry nurses) and faculty will be given two (2) opportunities each (core and/or specialty) to pass competency assessment. Failure to pass competency assessment will result in the following actions:
 - a. Initial – remediation shall be offered to non-County workforce members.
 - b. 2nd attempt (retest) – immediate removal from duty and placed in the “Do Not Send” database.
10. Non-County workforce members (Affiliate Faculty) will be given two (2) opportunities each (core and/or specialty) to pass competency assessment. Failure to pass competency assessment will result in the following actions:
 - a. Initial – remediation shall be offered to non-County workforce members.
 - b. 2nd attempt (retest) – immediate removal from duty and placed in the “Do Not Send” database.
11. Failure to participate in competency assessment as scheduled will be considered a “fail.” Workforce member will be provided consideration based upon proof of extenuating circumstances on a case-by-case basis.
12. Workforce members must be retested after 5 business days of remediation on County time.
13. County workforce members who fail the competency assessment will receive a letter of failure with identification of the specific content areas for remediation, time frame for remediation and consequences of an additional testing failure. A second failure will be referred to DHS HR Performance Management for corrective action, up to and including discharge.

PROCEDURES:

The DHS Competency Assessment and/or Skills Validation Process consist of the following components. Compliance will be documented in the workforce member area/unit files or in a readily accessible area.

1. Upon hire or assignment, all workforce members will receive facility, department and/or unit orientation; job description, initial competency assessment.
2. All workforce members will be evaluated on an ongoing basis:
 - a. New hires or promotions will receive a probationary evaluation at the end of their probationary period.
 - b. Non-County workforce members will receive a performance evaluation at the end of the initial six-month assignment and annually thereafter. Traveler staff will receive a performance assessment at the mid-point and end of their 8- or 13-week assignment. Failure to adequately perform prior to their assessment time period will result in release from assignment and placement in “Do Not Send” status.
 - c. Temporary employees (e.g., Relief Nurses) will receive a performance evaluation at the end of the initial six-month assignment and annually thereafter.
 - d. Each workforce member will receive an annual performance evaluation.
 - e. Each workforce member will participate in an initial and annual department and/or unit-based competency assessment.
 - f. Each workforce member will participate in mandatory ongoing in-service training and continuing education courses.
 - g. Each workforce member will fulfill initial and annual health clearance requirements as required by law or regulation and/or department/facility.

Each workforce member will maintain their professional credentials current and unrestricted. **Primary source verification will be completed no earlier than five (5) days prior to hire/assignment and prior to the expiration date.**

Responsibilities

Clinical Department Heads/Ancillary Division Chiefs are responsible for

- Developing a position/job description for each position that specifies job duties, expectations, qualifications and any special requirements commensurate with the position. All direct and indirect patient care position descriptions will address workforce member responsibilities with respect to population-specific groups served.
- Developing a job-specific competency tool to measure an individual’s initial and annual competency in performing the duties/tasks of the position. The job-specific competency tool will address the population-specific care of the patients being served, (i.e. the knowledge of developmental needs and the skills needed to provide appropriate care, treatment and/or services as demonstrated through compliance with population-specific standards), as applicable. Listed below are recognized assessment methodologies. All

competency assessment tools must include one or more of the following recognized assessment methodologies:

- Direct observation
 - Return demonstration
 - In-service/training/continuing education records
 - Verbal examination
 - Written examinations/materials
 - Other (specify other appropriate methods, e.g. chart review, equipment/proficiency testing, evidence of daily work, quality improvement monitors, case studies, exemplars, discussion/reflection groups)
- Ensuring all workforce members meet all competency requirements within a timely manner and in accordance with established policies, practices and/or regulations.
 - Ensuring remediation activities are completed as soon as possible and appropriately documented (inclusive of method, pass/fail results, dates, times, preceptor, if applicable, and/or referral to Performance Management).

Managers/supervisors are responsible for assuring there is current documentation for all workforce members regarding their job-related competencies. Documentation must be maintained in area files or in an area in the unit or department where they would be immediately available upon request. Original source testing documentation shall be retained for a minimum period of three (3) years. If a DHS entity is subject to a longer documentation retention period due to regulatory/accreditation standards, the documentation must be retained for the longer period.

Core and/or Specialty Competencies

Core and/or specialty competencies that apply to direct and indirect patient care positions in a variety of clinical settings must be initiated immediately upon hire or assignment and completed within 90 calendar days of the date of assignment or as established by hospital/health facility practice or discipline. A plan for remediation must be developed to address any identified deficiencies.

Managers and supervisors are responsible for initial competency assessment of workforce members upon hire or assignment and documenting continued competency annually. Competency assessment is an ongoing process which will be completed at least annually or as required based on new job responsibilities, initiatives, equipment, products, technology, policies and procedures, regulations, etc.

Continued deficiency must be noted and remediation conducted. Workforce members who fail to pass remediation is addressed in the “Remediation” section below.

Unit-Based Core Competency Assessment

Unit-based core competencies must be assessed and reassessed on an ongoing basis. Documentation of satisfactory performance must be available in the workforce member's area file or in a readily accessible area. An initial unit-based competency assessment must be completed within ninety (90) calendar days of the workforce member's assignment date, or as established by approved discipline specific policy.

Management Competency

Management competency shall be completed to address initial as well as ongoing competency (e.g., Administrative Directors, Unit Managers, and Supervisors). Managers/supervisors who perform direct or indirect patient care must complete initial and annual core and/or specialty competency assessment. It is the responsibility of the managers/supervisors of these individuals to assure that competency assessment documents are initiated and completed as required. Management assessment must contain three components: policy review, skills performance, and ongoing education, as applicable to management levels.

Qualified Persons Who Should Be Conducting Competency Assessments

The competency assessment process is based on the use of qualified individuals to assess competence (e.g., nursing educators, clinical supervisors/managers, physicians, clinical nurse specialists, etc.). When there is no qualified individual in the department that performs comparable care, treatment, and services, the department may utilize qualified individuals from other organizations to assist with the competency/skills assessment, or utilize appropriate professional organization guidelines to assess competence. Use of outside organizations (Allied Health) must be approved, in writing, by the clinical department head/ancillary division chief; documentation must be retained for a minimum of three (3) years.

Probationary Evaluation

Non-County workforce members do not serve a probationary period but must have an assessment at the end of their initial six (6) month period. If a non-County workforce member is having difficulties performing his/her duties, the manager/supervisor shall consult DHS HR Performance Management for direction.

County employees serve a probationary period of 6-mo or 12-mo depending on their job classification. Managers and supervisors are responsible for preparing a Report on Probationer on an approved form for all employees at the end of their probationary period for all new appointments and promotions within the DHS hospitals and facilities.

Managers and supervisors must periodically review (no less than annually) the position descriptions and job-specific competency tools and revise them as required based on new job responsibilities, initiatives, equipment, products, technology, policies and procedures, regulations, etc.

Management should review the employee's work performance with him/her at least midway through the probationary period to provide the workforce member with constructive feedback and to take corrective action regarding problems with work performance. If the employee is going to fail his/her probationary period, this must be documented in writing and the probationary report discussed with DHS HR Performance Management at least two months prior to the probationary ending date. If the Report on Probationer is not completed before the rating period is over, the employee automatically becomes permanent. Refer to the DHS Discipline Guidelines for guidance on preparation of performance evaluations.

Annual Performance Evaluation (Work Plans)

Managers/supervisors are responsible for conducting an annual performance evaluation on each workforce member. During the annual Performance Evaluation process, the workforce member will be evaluated on behavioral and professional standards inclusive of competency assessment, attendance, work habits, personal relations, adaptability, and supervisory ability, if applicable.

Non-County and Temporary Workforce Members

Non-County workforce members will receive a performance assessment at the end of the initial six-month assignment and annually thereafter. Traveler staff will receive a performance assessment at the mid-point and end of their 8- or 13-week assignment. Failure to adequately perform prior to their assessment time period will result in release from assignment and placement in "Do Not Send" status.

Temporary employees (e.g., Relief Nurses) will receive a performance evaluation at the end of the initial six-month assignment and annually thereafter.

REFERENCE(S)/AUTHORITY:

Joint Commission Standards, Human Resources, 01.02.01, 01.02.05, 01.06.01, 01.07.01
Title 22, California Code of Regulations
Centers for Medicare and Medicaid Services (CMS) Standards
Civil Service Rules, 12, 18, and 20
DHS Discipline Manual and Guidelines