OLIVE VIEW-UCLA MEDICAL CENTER DEPARTMENT OF NURSING POLICY & PROCEDURE

NUMBER: 1085 VERSION: 3

SUBJECT/TITLE: COMPETENCY BASED PRACTICE (CBP) PROGRAM: MANAGEMENT

AND ASSESSMENT, INITIAL AND ONGOING

MD ORDER: YES [] NO [X]

Workforce Competency Assessment will be completed initially, for all new **POLICY:**

nursing members, and at least annually, on an ongoing basis to ensure safe, timely

delivery of quality care and other services to patient and families.

To ensure that patients and their families receive safe, competent, and culturally **PURPOSE:**

harmonious nursing care based on scientific principles. CBP focuses on the ability of nursing workforce members to provide safe, consistent care to patients when their performance is measured against valid, reliable and objective

evaluation criteria. These criteria ensure that staff meet standards of care for

patients and standards of practice for nursing workforce members.

DEPARTMENTS: NURSING

DEFINITIONS: Workforce Members: Includes RN, LVN, CAN and CMA staff.

> **Competency:** A determination of individual skills, knowledge and capability to meet defined expectations. The demonstrated ability to fulfill the responsibilities

of the position for which a person is hired.

Competency-based practice: A patient care delivery system that emphasizes the workforce member's ability to demonstrate competence in the high risk, high volume, and problem prone aspects of care related to a specific role and clinical setting.

Competency assessment: The process of ensuring that each workforce member possesses the skill sets identified in the job description and competently performs duties/responsibilities (tasks) of the position in accordance with established standards.

Departmental (Core) Competencies: Competencies those nursing workforce members must demonstrate proficiency in order to perform the essential functions of their classification. Before providing direct patient care, nursing workforce members must demonstrate their ability to perform these competencies through a Skills Lab Assessment. Nursing Education facilitates the Skills Lab Assessment

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annually. Any revisions to core competencies require Nursing Executive Committee approval.

All new WFM will attend the Core ORCHID (EHR) training associated with their assigned ORCHID position. This training must be completed with documented competency testing and forwarded to the HELP Desk to obtain access prior to the provision of nursing care.

Nursing Service-specific core competencies: Selected competencies required within a specific nursing service or specialty.

Unit-specific competencies: Competencies that all nursing workforce members on a particular unit or clinic (focused on patient population) must demonstrate proficiency in order to perform the essential functions of their job. Workforce members must demonstrate their ability in unit specific competencies within a specific timeframe.

Initial competencies: The qualifications of a prospective workforce member before beginning an assignment at Olive-View UCLA Medical Center.

Ongoing competencies: Periodic assessment of selected competencies for the nursing staff member practicing within a specific nursing service and on a specific nursing unit.

Primary Source Verification (PSV): Refers to the electronic verification of licenses/certificates on the appropriate regulatory/licensing agency's website. PSV will be completed upon hire/assignment and prior to the expiration date and placed in the official employee file.

PROCEDURE: I. Competence Assessment Process

- 1. Competence Assessment Process for nursing workforce members is based on:
 - Populations served including age ranges and specialties
 - Competencies required for role and patient care
 - Competencies assessed during orientation
 - Unit-specific competencies are assessed at time of assignment and reassessed annually.
 - Appropriate assessment methods
 - Determination of qualifications of persons who assess competencies of nursing workforce members.

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II. General Policies

1. Primary source verification will be conducted at the time of new hire/assignment, renewal, transfer to new work location and during the performance evaluation process.

- 2. All nursing workforce members must demonstrate competency (departmental, nursing service-specific and unit-specific competencies) to ensure the delivery of safe, effective, and efficient nursing care. Workforce members must demonstrate that they are capable of performing competencies before being assigned to direct patient care.
- 3. Workforce members demonstrate this initially during orientation and ongoing.
- 4. Nursing Education uses an orientation and competency checklist to assess demonstrated and ongoing competence.
- 5. Only designated qualified nursing instructors assess the competencies of nursing workforce members.
- 6. Nursing adjusts patient care assignments before the completion of unit specific competency assessment to include only the responsibilities for which the workforce member has demonstrated competency.
- 7. Nursing workforce members are responsible for maintaining their competencies in providing direct patient care. This includes ensuring that they have kept their applicable licenses, certificates and other relevant credentials current.
- 8. Nursing may subject any nursing workforce member who is unable to demonstrate initial and/or ongoing competencies after remediation to disciplinary action including reduction and/or discharge.
- 9. Nurse Manager or designee is responsible for monitoring the competency assessment/reassessment performance of their unit's workforce members.

III. Initial Competency Assessment

- 1. Initial competency assessment includes:
 - Primary Source Verification (PSV) of current licensure and certification if applicable.
 - Successful completion of Medication Calculation Exam for RNs and LVNs. (Nurse Recruitment)
 - Demonstration and documentation of clinical competence appropriate for the job classification and the assigned clinical area during the probationary period. Workforce member must demonstrate ability to perform core competencies before being assigned to the provision of patient care.

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2. Nursing will release from service any nursing workforce member who is unable to meet competency requirements during the probationary period.

IV. Ongoing Competence Assessment

- 1. Ongoing competencies may include:
 - Essential job functions that are performed with high frequency
 - Essential but rarely performed job functions
 - Job functions that have been proven problematic for individuals or group of staff
 - Job functions that one or more regulatory agencies require the organization to review on an annual basis and staff to demonstrate ongoing competence in performing
 - Recently introduced or modified job functions
- 2. Nursing can assess competency through reviewing data from:
 - Risk management reports (patient falls, employee back injuries, sharps exposure)
 - Medication error reports
 - Sentinel events
 - Unit/department monitoring and evaluation activities (organizational performance improvement)
 - Patient satisfaction surveys
 - Complaint logs
 - Critiques following all drills and mock events
 - Critiques following actual events (Ex. disasters)
- 3. Each unit reviews the relevancy of all competencies and makes recommendations for additional or revised competencies as needed.

V. Evaluation of Competency

- 1. The nurse manager schedules each nursing workforce member for centralized competency evaluation (Skills Lab) annually.
- 2. The nurse manager notifies nursing workforce member of scheduled dates with sufficient time to prepare and obtain appropriate study materials.
- 3. The competency evaluator uses pre-established criteria to measure the nursing workforce member's competency and gives immediate feedback on his/her performance.
- 4. When the nursing workforce member successfully meets the preestablished criteria for the competency, the evaluator signs and dates the competency checklist.
- 5. If a nursing staff member does not successfully meet the pre-

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established criteria for a competency (Generic and/or Unit Specific), the following steps will be taken:

- ✓ The evaluator, on-the-spot, gives feedback, redirects him/her to the study materials and suggests ways of improving performance and schedules time to remediate the nursing staff member in the areas of demonstrated deficiency.
- ✓ The evaluator may administer the first retesting anytime within 24 hours following "on-the-spot" improvement discussion with the staff member. This will allow him/her time to study the materials provided.
- If the staff member fails to satisfactorily demonstrate competency in the areas previously identified, after the first remediation, the evaluator immediately notifies the nurse manager in writing, of the nursing staff member's inability to meet competency requirements and recommends a course of action including a second and final remediation. This staff member is given a letter signed by the Nurse Manager identifying the areas where generic or specialty competency needs to be demonstrated, the timeframe for retesting and expectations if the staff member fails to successfully demonstrate competency.
- The nurse manager, in consultation with the educator, schedules the nursing staff member for the second remedial testing of the incomplete competencies within 72 hours from the date of the first remediation. Pending the results of remediation, Nursing will not permit a workforce member to perform those patient care activities or nursing skills for which competencies have not yet been validated.
- Following the second remediation, if the nursing staff member is still unable to demonstrate Generic and/or Unit Specific competency requirements, the evaluator will immediately notify the Nurse Manager. The Manager immediately notifies the CND who recommends referral of the staff member to DHS Performance Management for appropriate action based on the Department's Employee Evaluation and Discipline Guidelines.

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DOCUMENTATION:

- Written checklists of competencies are kept in the unit/area file
- A criteria-based competency assessment performance evaluation is used to evaluate job performance, current competencies, and skills.
- The individual skills competencies will be kept in the employee's file. The Nurse Manager will also maintain a copy. The Nurse Manager or Charge Nurse/Unit Educator will validate skills competency by keeping a Competency "Grid" of all staff that are assigned to their areas/units. A copy of the Competency Grid will be sent to the Administrative Nursing Office Bi-Annually. Patient assignments shall include only those duties and responsibilities for which competency has been validated.

References:

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Employee Evaluation and Discipline Guidelines. Guidelines for Performance Evaluation

Joint Commission of Accreditation of Healthcare Organizations (2014).

Comprehensive Accreditation Manual for Hospitals: The Official handbook

Wright, D. (2005). The ultimate guide to competency assessment in healthcare (3^{rd} ed.). Minneapolis, MN: Creative Health Care Management, Inc.

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COMPETENCY BASED PRACTICE (CBP) PROGRAM: MANAGEMENT AND ASSESSMENT, INITIAL AND ONGOING **SUBJECT/TITLE:**

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