

Nursing Services: Building Competency Evaluations Policy and Procedure

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NURSING SERVICES – BUILDING COMPETENCY EVALUATIONS POLICY AND PROCEDURE

PREFACE

This facility promotes and supports a resident centered approach to care. The purpose of this policy is to define and set expectations regarding a system to evaluate and verify competency of nursing service personnel in the facility to meet the quality of care needs of the resident population. The competency process will assess the knowledge and skills of the nursing staff in the specific skill being assessed. This process will include verification of education and competence for certification or licensure upon hire and on an ongoing basis to substantiate evidence of proficiency and skill for quality resident care.

POLICY

It is the policy of the facility to establish, implement and maintain written policies and procedures for verification of appropriate educational preparation and competency, to include certification and/or licensure in good standing, upon hire and on an ongoing basis while employed in the facility.

Centers for Medicaid and Medicare Services (CMS)

Definition

Competency (F498 - § 483.35(c) Proficiency of nurse aides) in skills and techniques necessary to care for residents' needs includes competencies in areas such as communication and personal skills, basic nursing skills, personal care skills, mental health and social service needs, basic restorative services and resident rights

OBJECTIVE OF NURSING SERVICES-COMPETENCY POLICY AND PROCEDURE

The objective for this requirement is to establish a policy and procedure for the facility to verify evidence of preparation for certification and licensure for nursing staff. The objective also includes the requirement for ongoing evaluation of competency and education to include both remedial and regular clinical programs, consisting of evidence based best practices and general nursing skills and facility policies and procedures to provide quality of care for the resident population in the facility as indicated in the Facility Resource Assessment

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PROCEDURE

1. Onboarding

Prior to hire, Human Resources will verify from the registry that the nurse aide has completed the training and competency evaluation program approved by the State.

- a) Exceptions (*facility specific option/exception*) for less than 4 months enrolled in a State approved program or deemed or determined competent as provided unless the individual:
 - a. Is a full-time employee in a State-approved training and competency evaluation program;
 - b. Has demonstrated competence through satisfactory participation in a State approved nurse aide training and competency evaluation program or competency evaluation program; or
 - c. Has been deemed or determined competent as provided in §483.150(a) and (b).
- b) The facility will not use non-permanent employees who do not meet the nurse aide training and competency evaluation and registry verification requirements
- c) If the individual can prove recent successful completion of a State approved training and competency evaluation program or competency evaluation program and has not yet been included in the registry. Note: Follow up is required to verify individual has been registered
- d) Prior to work, Human Resources will seek information from every State registry that the facility believes will include information about the individual
 - a. Insert State specific requirements
- e) If the individual has had a continuous period of 24 consecutive months in which no nursing or nursing-related services for monetary compensation was completed, the individual must complete a new training and competency evaluation or a new competency evaluation program
- f) Human Resources will verify prior to working a unit, staff qualifications for professional staff. Verification of Licensure, Certification and/or Registration in accordance with State law will be verified.
- g) The facility Director of Nursing, or designee, will verify licensure for temporary or agency personnel with the professional licensing board.

2. Orientation

New Employee Orientation, in-service education and verification of skills will be completed upon hire for all nursing services personnel. Follow up evaluation of understanding and competency will be obtained with post-test, skills check list, etc. (Insert facility specific process), as necessary.

Areas for education and evaluation can include, but not limited to:

- a) Abuse
- b) Resident's Rights and Dignity



- c) Communication
- d) Fire Safety
- e) Quality Assurance and Quality Assurance and Performance Improvement (QAPI)
- f) Dementia Care
- g) Infection Prevention and Control
- h) Fall Prevention and Resident Safety
- i) Feeding Program
- j) HIPAA
- k) Resident Mood and Behavior
- l) ADL's
- m) Employee Safety
- n) MSDS
- o) Restraints
- p) Behavior Management
- q) Resident Change in Condition
- r) Nutrition, Hydration, Weight Management
- s) Wound Care and Prevention
- t) Pain Management
- u) Incontinence
- v) ADL Care and Restorative Nursing
- w) Medication Management and Pharmacy Services
- x) Oxygen Use and Storage
- y) Lab and Radiology Services
- z) Quality Assurance and Performance Improvement
- aa) Documentation
- bb) Financial Reimbursement
- cc) New and Updated Policies and Procedures

3. Performance Review

The facility will complete a performance review of every nurse aide at least once every 12 months and provide regular in-service education based on the outcome of these reviews. Required in-service training, specific to nurse aides, will include at least 12 hours per year.

Topics for education include:

- a) Activities of Daily living and function
- b) Resident Rights
- c) Resident behaviors
- d) Following facility policies and procedures
- e) Change of Resident Condition
- f) Infection Prevention and Control
- g) Safety Procedures

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Additional topics required include:

- a) Dementia management
- b) Resident Abuse Training
- c) Care of the resident who is cognitively impaired (for staff caring for cognitively impaired residents)

The facility will complete a performance review of licensed nursing personnel on an annual basis or as needed. The following clinical skills competency reviews will be conducted at a minimum via the annual performance review:

- a. (Insert specific skill sets based upon facility assessment, programmatic needs, QAPI trends, specialty programs, disease state requirements, strategic partnerships for service delivery, etc. – i.e. dementia, cardiac, pulmonary, ortho, IV, infusion suite, telehealth, teleconsultation, etc.)

4. Specialty programs, resident populations and disease state specialization

The facility will have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services, for those residents who are assessed to participate in specialized services, specialty facility programs and/or specific disease state management protocols as identified (*insert facility specific programs, services, unit designations here*)

- a. Competency will be assessed in areas including prerequisite skills, preparation, technical skills, procedure and knowledge integration
- b. Disease state specific training, competency skills check relative to facility programmatic specifications (*insert facility specific disease state and specialty programs and competency requirements*)
- c. (*Insert specific specialty programs, skills to be assessed, frequency of assessment – per programmatic and population policies*)

5. Competency Evaluation and Plan

The Director of Nursing, in collaboration with facility leaders, will plan and provide education and evaluation for the licensed nurses based upon the Facility Resource Assessment (Phase II), outlining resident population needs, standards of practice, regulatory requirements, facility policies and procedures, nursing skills and systems and any new procedures or requirements.

- a. Skill competency will be evaluated at hire, annually and with identified need.

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REFERENCES

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities
10/04/16:

<https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

CMS Memo Ref: S&C 17-07-NH: Advance Copy – Revisions to State Operations Manual (SOM),
Appendix PP- Revised Regulations and Tags, 11/09/16:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>

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