

The Staff Competency Toolkit©

Overview, Instructions and Resources

Section 1

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PREFACE

This toolkit, prepared by Pathway Health Services, Inc., is intended to provide skilled nursing facilities' operational and clinical leaders, with helpful staff competency implementation guidelines, training plans, templates, resources, and tools. The staff competency sections were designed to assist you with the successful implementation of specific competency requirements per the Requirements of Participation (RoP), affecting day to day operations.

The material in this manual ranges from leadership guides, operational implementation guides, customizable competency templates, training plans, targeted training with educator's notes, to the tools necessary for inclusion in your organization's training plan, facility assessment and Quality Assurance and Performance Improvement (QAPI) plan.

The competency sections and resources in this manual are subject to change per survey and certification updates. Additionally, this toolkit cannot anticipate state and organization specific needs. Therefore, we designed the templates as customizable – allowing you, the leader, to add specific detail to meet your state specific and organization's requirements.

Pathway Health would like to acknowledge the National Advisory Committee, which included national leaders and Pathway thought leaders with clinical, regulatory, public policy, and skilled nursing operational expertise, for their insight related to the specific competency sections and provider needs.

If you have any questions about the policies and procedures, resources and tools included, or need assistance in customizing these to your organization's needs, please contact us at:

877-777-5463 or at www.pathwayhealth.com

Pathway Health Services, Inc. and the purchaser, shall each indemnify and hold the other harmless from any claim or cause of action arising out of, or in connection with, the indemnifying party's acts or omissions under this manual, including the acts of its agents and employees, and from any loss or expense or attorneys' fees and court costs arising out of any claim or cause of action.



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Introduction: Staff Competency Toolkit

The Requirements of Participation for Skilled Nursing Facilities **§483** and Appendix PP include multiple references and interrelated F-Tags related to staff competency, including nursing staff competencies as well as mandatory competencies for all facility staff. In both the Requirements of Participation and Appendix PP, there is specific language that discusses the need for sufficient staff as well as competency of staff providing care and services to the residents. The competency and skill needs of your staff are to be based upon the facility resident population, per the facility assessment **§483.70(e)** F838, assess staff current knowledge, skill and abilities (KSA), and design a competency based training plan which will provide continuing education and training of staff members in order to meet the needs of your residents.

Determining staff competency needs follows a general guiding principle process:

- Based upon the facility assessment and mandatory requirements
- Competencies are related to your facility mission
- Current policies and procedures for resident care and quality outcomes
- Utilize policies and procedures as a foundation for competency development
- Follow the KSA approach (Knowledge, skills and ability) needed for individual performance and improvement needs
- Incorporate competency process into your overall training plan
- Align competencies with staff job descriptions
- Incorporate competency review and monitoring process per the facility Quality Assurance and Performance Improvement Plan

The **Staff Competency Toolkit** © is designed to assist leaders with the tools, resources and staff education to complete and support staff competency needs based upon their individual facility assessment and mandatory requirements. This comprehensive Toolkit provides practical, step-by-step guidance for organizations as they work with their teams to evaluate the facility resident population, competency systems, training plan in order to meet the inter-related competency requirements. This toolkit is not all encompassing; however, it provides 25 specific KSA areas that align with the mandatory staff competencies and common competency needs in skilled nursing facilities.



The **Staff Competency Toolkit** © is designed with leaders in mind. Section 1 of the toolkit provides insight to the staff competency requirements, leadership implementation strategies, tools and resources. Section 2 includes 25 targeted competency KSA areas, including mandatory competencies, that were determined by a poll of industry leaders from across the country. Each KSA area includes the following tools and resources:

- **KSA Competency General Information**
 - Overview of the KSA area and link to requirements
- **Leadership Overview and Guide**
 - **Leadership “need to know” strategies**
- **Facility Implementation Guide and Checklist**
 - A leader’s guide for successful implementation.
- **Competency Tool(s) based upon KSA requirements**
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- **Competency Test Answer Key**
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- **References and Resources**

Competency Overview and Definitions

Competency: Evaluation of Staff Knowledge and Skills

The complexity of the health care environment requires that staff in the facility participate in educational programs that ensure they have the knowledge, skills and abilities to provide individualized care promoting the health, safety and welfare of the resident population. There are competencies required by federal nursing home regulations, state nursing home regulations, and other governing organizations for persons working in healthcare organizations. Some of the organizations overseeing rules and laws that apply to staff and leaders include the Occupational Health and Safety Administration, the U.S. Equal Employment Opportunity Commission, Medicare and Medicaid integrity program, State and Federal labor laws, State and Federal Building codes, and practice rules for licensed, certified and registered professionals.

The Requirements of Participation outline specific competencies needed by nursing and all staff within a facility. The Implementation Checklist outlines the specific F Tags in which nursing staff and all staff competencies are described. Designing training and education program that coordinate with resident population needs, facility requirements, state and federal regulations and standards of practice is expected. The overall premise is that staff have the knowledge, skills, and resources to provide care and services to the resident population.

Definitions

“Competency” – is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. This is not dependent solely upon qualifications or licensure.¹

Knowledge, Skills and Abilities (KSA) - KSAs are knowledge, skills, and abilities that a staff member needs to possess in order to perform their duties of their position, aligning with their respective roles and responsibilities.

Knowledge – focuses on the understanding of concepts, the subjects, topics, and items of information that a staff member should know at the time of employment, annually or as determined necessary.

Skills – capabilities or proficiencies developed through training or hands-on experience. Skills should be measurable and observable.

¹Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Abilities – traits or talents that a person brings to their role or the facility or the job position.

Competency Evaluations

All personnel who work in a long-term care facility are required to have specific knowledge and demonstrate their understanding on specific topics including:

- Abuse, neglect, exploitation, and misappropriation of resident property (abuse prevention)
- Resident Rights
- Dementia care and management
- Infection control
- Change of Condition identification and notification
- Cultural competency
 - Areas defined by the Facility Assessment
 - Emergency preparedness
 - Department specific requirements and competencies
 - Professional standards of practice requirements and competencies as applicable
 - And other areas as defined by state/federal regulations

Nursing Services

The regulation lists minimum competency requirements for nursing staff, as indicated below:

- a. “Competency in skills and techniques necessary to care for residents’ needs includes but is not limited to competencies in areas such as;
- Resident Rights;
 - Person centered care;
 - Communication;
 - Basic nursing skills;
 - Basic restorative services;
 - Skin and wound care;
 - Medication management;
 - Pain management;
 - Infection control;
 - Identification of changes in condition;
 - Cultural competency”²

² Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

This list is not an all-encompassing, rather it requires the facility to review its resident population, clinical systems, technology, resources and standards of practice to develop the competency requirements for licensed and non-licensed staff.

Fundamentally, the facility must identify the residents' needs and determine, beyond the required topics, what knowledge, skills, abilities, behaviors, and other characteristics are needed

Staff Competency is reflected in multiple areas of the Requirements of Participation

F726 §483.35 Nursing Services

“The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).

§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.

§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident’s needs.

§483.35(c) Proficiency of nurse aides.

The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.”³

INTENT §483.35(a)(3)-(4), (c)

“To assure that all nursing staff possess the competencies and skill sets necessary to provide nursing and related services to meet the residents’ needs safely and in a manner that promotes each resident’s rights, physical, mental and psychosocial well-being”.⁴

DEFINITIONS §483.35

“**Competency**” is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.”⁵

^{3,4,5} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf

GUIDANCE §483.35(a)(3)-(4), (c)

“All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations.

Many factors must be considered when determining whether or not facility staff have the specific competencies and skill sets necessary to care for residents’ needs, as identified through the facility assessment, resident-specific assessments, and described in their plan of care. A staff competency deficiency under this requirement may or may not be directly related to an adverse outcome to a resident’s care or services. It may also include the **potential** for physical and psychosocial harm.

As required under F838, §483.70(e), the facility’s assessment must address/include an evaluation of staff competencies that are necessary to provide the level and types of care needed for the resident population. Additionally, staff are expected to demonstrate competency with the activities listed in the training requirements per §483.95, such as preventing and reporting abuse, neglect, and exploitation, dementia management, and infection control. Also, nurse aides are expected to demonstrate competency with the activities and components that are required to be part of an approved nurse aide training and competency evaluation program, per §483.152.

Staff Competencies in Identifying Changes in Condition

“A key component of competency is a nurse’s (CNA, LPN, RN) ability to identify and address a resident’s change in condition. Facility staff should be aware of each resident’s current health status and regular activity and be able to promptly identify changes that may indicate a change in health status. Once identified, staff should demonstrate effective actions to address a change in condition, which may vary depending on the staff who is involved. For example, a CNA who identifies a change in condition may document the change on a short form and report it to the RN manager. Whereas an RN who is informed of a change in condition may conduct an in-depth assessment, and then call the attending practitioner.

These competencies are critical in order to identify potential issues early, so interventions can be applied to prevent a condition from worsening or becoming acute. Without these competencies, residents may experience a decline in health status, function, or need to be transferred to a hospital. Not all conditions, declines of health status, or hospitalizations are preventable”⁶.

Cultural Competencies

“Cultural competencies help staff communicate effectively with residents and their families and help provide care that is appropriate to the culture and the individual. The term cultural competence (also known as cultural responsiveness, cultural awareness, and cultural

sensitivity) refers to a person’s ability to interact effectively with persons of cultures different from his/her own. Regarding health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.”⁷

Demonstration of Competency

“Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff’s ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre- and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

Nursing leadership with input from the Medical Director should delineate the competencies required for all nursing staff to deliver, individualize, and provide safe care for the facility’s residents. There should also be a process to evaluate staff skill levels, and to develop individualized competency-based training, that ensure resident safety and quality of care and service being delivered. A competency-based program might include the following elements:

- a. Evaluates current staff training programming to ensure nursing competencies (e.g. skills fairs, training topics, return demonstration).
- b. Identifies gaps in education that is contributing to poor outcomes (e.g. potentially preventable re-hospitalization) and recommends educational programming to address these gaps.
- c. Outlines what education is needed based on the resident population (e.g. geriatric assessment, mental health needs) with delineation of licensed nursing staff verses non-licensed nursing and other staff member of the facility.
- d. Delineates what specific training is needed based on the facility assessment (e.g. ventilator, IV’s, trachs).
- e. Details the tracking system or mechanism in place to ensure that the competency-based staffing model is assessing, planning, implementing, and evaluating effectiveness of training.

^{6,7} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

- f. Ensures that competency-based training is not limited to online computer based but should also test for critical thinking skills as well as the ability to manage care in complex environments with multiple interruptions.”⁸

Competency Cross Reference F Tags

F607 §483.12(b) The facility must develop and implement written policies and procedures that: Effective November 28, 2017

§483.12(b)(1) “Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property”⁹,

F657 §483.21(b) Comprehensive Care Plans

F726 (competency and skills to identify and address a change in condition)

F684 § 483.25 Quality of care

F726 (competency and skills to identify and address a change in condition)

F689 §483.25(d) Accidents.

“The facility must ensure that –

§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.”¹⁰

F694 § 483.25(h) Parenteral Fluids.

“Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident’s goals and preferences”.

F695 §483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.

“The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents’ goals and preferences, and 483.65 of this subpart”¹¹

^{8,9} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

^{10,11,12,13} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

F698 §483.25(l) Dialysis.

“The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences”¹²

F 725 § 483.35(a) Sufficient Staff

“§ 483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- (i) Except when waived under paragraph (e) of this section, licensed nurses; and
- (ii) Other nursing personnel, including but not limited to nurse aides

§ 483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

§ 483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.

§ 483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident’s needs”¹³.

F728 §483.35(d) Requirement for facility hiring and use of nurse aides-

F729 §483.35(d)(4) Registry verification.

F730 §483.35(d)(7) Regular in-service education.

“The facility must complete a performance review of every nurse aide at least once every 12 months and must provide regular in-service education based on the outcome of these reviews. *In-service training must comply with the requirements of §483.95(g)*”¹⁴

F741 §483.40

“(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with §483.70(e). These competencies and

^{14,15,16,17,18} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3).¹⁵

F755 §483.45 Pharmacy Services

“The facility must provide routine and emergency drugs and biologicals to its residents or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse”.¹⁶

F826 §483.65(b) Qualifications

“Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.”¹⁷

F835 § 483.70 Administration

“The facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”¹⁸

F838 §483.70(e) Facility assessment.

§483.80(f) Annual review. Infection Control

The facility will conduct an annual review of its IPCP and update their program, as necessary.¹⁹

§483.95 Training Requirements

- F940 {PHASE-3} Training Requirements -General
- F941 {PHASE-3} Communication Training
- F942 {PHASE-3} Resident’s Rights Training
- F943 Abuse, Neglect, and Exploitation Training

^{19,20} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf



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- F944 {PHASE-3} QAPI Training
- F945 {PHASE-3} Infection Control Training
- F946 {PHASE-3} Compliance and Ethics Training
- F947 Required In-Service Training for Nurse Aides
- F948 Training for Feeding Assistants
- F949 {PHASE-3} Behavioral Health Training

Intent of Competency Evaluations

The intent of the regulations is to assure that all nursing staff possess the competencies and skill sets necessary to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being. In addition, that all staff have the competencies to promote the health, safety and welfare of all residents in accordance to standards of practice and resident care needs.²⁰

Implementation Guide

The below serves as a staff competency implementation tool for facility leadership to utilize with their team, aligning with the Requirements of Participation, as it relates to specific staff competency requirements. The checklist provides leaders with recommended action steps to review current operational/clinical systems, policies and procedure review recommendations, education recommendations and other areas for consideration.

(To assist an individual facility in identifying all the required steps for the development and implementation of their competencies in accordance to the Requirements of Participation, the following checklist captures specific suggested action items for successful completion. The far-left column represents the actual RoP language and the right column indicates suggested leadership strategies for successful completion and implementation of the facility assessment requirements. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable.)

Suggested Implementation Checklist: Competency – Nursing Services and All Staff

Regulation	Recommended Actions
<p>F 726 § 483.35 Nursing Services “The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of facility’s resident population in accordance with the facility assessment required at § 483.70(e). (c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care;”²¹</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review, revise and implement the Nursing Services Policy and Procedures in accordance with the new RoP, definitions and competency requirements as indicated. <input type="checkbox"/> Include the core competencies as indicated in the interpretive guidance, including but not limited to: <input type="checkbox"/> Competency in skills and techniques necessary to care for residents’ needs includes but is not limited to competencies in areas such as; <ul style="list-style-type: none"> • Resident Rights; • Person centered care; • Communication; • Basic nursing skills; • Basic restorative services; • Skin and wound care; • Medication management; • Pain management; • Infection control; • Identification of changes in condition;

²¹ Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf



Regulation	Recommended Actions
	<ul style="list-style-type: none"> • Cultural competency. <input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge <input type="checkbox"/> Design training programs based upon resident population needs, facility assessment evaluation, incorporate into orientation program <input type="checkbox"/> Specific elements and criteria in a facility training plan recommended to include, but not limited to: <ul style="list-style-type: none"> • Evidenced based practice • Standards of practice • Regulatory requirements (federal, state, and local) • Scope of practice • Specialty program requirements • Facility policies and procedures • Facility expectations • Facility assessment results • Staff learning needs and competencies • Past training needs • Other areas determined by operational, clinical, and organization needs <input type="checkbox"/> Ensure that the nursing services competency policy contains provisions to evaluate compliance with appropriate competencies and skills sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident
<p>F607 “§483.12(b) The facility must develop and implement written policies and procedures that: Effective November 28, 2017</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p><i>Guidance Description</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility policy and procedure related to abuse prevention. Include facility process for verification of staff knowledge and competency related to abuse prevention – identification, safety, reporting, response, protection, etc. <input type="checkbox"/> Review and revise facility orientation process for staff and contractual staff, vendors and volunteers



Regulation	Recommended Actions
<p>The facility can then determine whether – in consideration of current staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environment, and equipment- it can safely and competently provide the necessary care to meet the resident’s needs.”²²</p>	<p>as it relates to abuse prevention and competency - demonstration of competencies – ability to use and integrate their knowledge</p>
<p>F657 §483.21(b) Comprehensive Care Plans F726 (competency and skills to identify and address a change in condition)</p> <p>F684 § 483.25 Quality of care F726 (competency and skills to identify and address a change in condition)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review, revise and implement the Nursing Services Policy and Procedures in accordance with the new RoP, definitions and competency requirements as indicated. <input type="checkbox"/> Include the core competencies as indicated in the interpretive guidance, including but not limited to: <input type="checkbox"/> Competency in skills and techniques necessary to care for residents’ needs includes but is not limited to competencies in areas such as; <ul style="list-style-type: none"> • Resident Rights; • Person centered care; • Communication; • Basic nursing skills; • Basic restorative services; • Skin and wound care; • Medication management; • Pain management; • Infection control; • Identification of changes in condition; • Cultural competency. <input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge <input type="checkbox"/> Design training programs based upon resident population needs, facility assessment evaluation, and incorporate into orientation program as well

²² Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf



Regulation	Recommended Actions
<p>F689 §483.25(d) Accidents. “The facility must ensure that – §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.”²³</p>	<p><input type="checkbox"/> Review facility specific policy and procedure for accident prevention to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p>
<p>F694 § 483.25(h) Parenteral Fluids. “Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident’s goals and preferences.”²⁴</p> <p>F695 “§483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents’ goals and preferences, and 483.65 of this subpart”²⁵</p> <p>F698 §483.25(l) Dialysis. “The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences”²⁶</p>	<p><input type="checkbox"/> Review facility specific policy and procedures related to specific clinical process as identified per the facility assessment evaluation as well as specialty programs and services - to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p> <p><input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p> <p><input type="checkbox"/> Design training programs based upon resident population needs, facility assessment evaluation, incorporate into orientation program</p>
<p>F 725 § 483.35(a) Sufficient Staff “§ 483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of</p>	<p><input type="checkbox"/> Review facility policy and procedure for verification of licensed nurse competencies consistent with resident acuity, resident population and</p>

^{24,25,26} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

^{27,28,29} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf



Regulation	Recommended Actions
<p>personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans”²⁷</p>	<p>documented resource competency needs identified in the facility assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Design a facility assessment policy and procedure which includes that facility specific processes for the identification of resources and competencies based upon the evaluation of the resident population
<p>F 729 § 483.35(d) Requirements for facility hiring and use of nurse aides- § 483.35 (d)(1) General Rule “A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless- (that individual is competent to provide nursing and nursing related services; and (ii)(A) that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of § 483.151 through § 483.154; or (B) That individual has been deemed or determined competent as provided in § 483.150(a) and (b)”²⁸</p> <p>F729 §483.35(d)(4) Registry verification.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review policies and procedures for hiring Nurse Aides to ensure verification of completion of a State approved training and competency evaluation program <input type="checkbox"/> Review policies and procedures for facility competency evaluation upon hire and at least annually <input type="checkbox"/> Review facility practices and system for registry verification and documentation for nurse aides <input type="checkbox"/> Review facility policy and system for follow up verification of employee who has completed a State approved training and competency evaluation program recently and had not yet been included in the registry
<p>§ 483.35(d)(6) Required retraining. “If, since an individual’s most recent completion of a training and competency evaluation program there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program”²⁹</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility policy and practice for evidence of employment to ensure that the potential employee has not had a continuous period of 24 consecutive months without nursing or nursing related services for monetary compensation without completing a new training and competency evaluation program
<p>F 730 § 483.35(d)(7) Regular in-service education “The facility must complete a performance review of every nurse aide at least once every 12 months and must</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility in-service policy and practice for performance review to ensure that:

^{30,31} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf



Regulation	Recommended Actions
<p>provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of § 483.95(g):</p> <p>§ 483.95(g)(1): Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year</p> <p>§ 483.95(g)(2): Include dementia management training and resident abuse prevention training</p> <p>§ 483.95(g)(3): Address areas of weakness as determined in nurse aides’ performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff</p> <p>§ 483.95(g)(4): For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired”³⁰</p>	<ul style="list-style-type: none"> • Performance reviews for nurse aides are completed once every 12 months • In-service education is based on the outcome of the performance review <p><input type="checkbox"/> Review facility in-service policy and practice to verify evidence that all nurse aides receive at least 12 hours to include dementia management, abuse prevention and areas identified as areas of weakness on the annual performance evaluation. Per the interpretive guidance, the facility must:</p> <ul style="list-style-type: none"> • Identify the skills and competencies needed by staff to work effectively with residents (both with and without mental disorders and psychosocial disorders). • Staff need to be knowledgeable about implementing non-pharmacological interventions. • The skills and competencies needed to care for residents should be identified through an evidence-based process that could include the following: an analysis of Minimum Data Set (MDS) data, review of quality improvement data, resident-specific and population needs, review of literature, applicable regulations, etc. • Once identified, staff must be aware of those disease processes that are relevant to enhance psychological and emotional well-being. • Competency is established by observing the staff’s ability to use this knowledge through the demonstration of skill and the implementation of specific, person-centered interventions identified in the care plan to meet residents’ behavioral health care needs. • Additionally, competency involves staff’s ability to communicate and interact with residents in a way that promotes psychosocial and emotional well-being, as well as meaningful engagements.
<p>F741” §483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide</p>	<p><input type="checkbox"/> Review facility specific policy and procedures related to specific clinical process as identified per the facility assessment evaluation as well as specialty</p>



Regulation	Recommended Actions
<p>nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for: §483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3).”³¹</p>	<p>programs and services - to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge <input type="checkbox"/> Design training programs based upon resident population needs, facility assessment evaluation, incorporate into orientation program
<p>F755 §483.45 Pharmacy Services “The facility must provide routine and emergency drugs and biologicals to its residents or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.”³²</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility specific policy and procedures related pharmacy services as identified per the facility assessment evaluation as well as specialty programs and services - to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge <input type="checkbox"/> Evaluate the facility training program to assure it aligns with the new interpretive guidelines and includes the core competencies, clinical system competencies, facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge <input type="checkbox"/> Design training programs based upon resident population needs, facility assessment evaluation, incorporate into orientation program

³¹ Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

³² Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf



Regulation	Recommended Actions
<p>F 811§ 483.60(h) Paid feeding assistants “§ 483.60(h)(1) State approved training course A facility may use a paid feeding assistant, as defined in §488.301 of this chapter, if-</p> <p>(i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and (ii) The use of feeding assistants is consistent with State Law</p> <p>§ 483.60(h)(2) Supervision (i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). (ii) In an emergency, a feeding assistant must call a supervisory nurse for help</p> <p>§ 483.95(h) Required training of feeding assistants A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants, as specified in §483.160</p> <p>Interpretive Guidance for F373: The supervisory nurse should monitor the provision of the assistance provided by paid feeding assistants to evaluate on an ongoing basis:</p> <ul style="list-style-type: none"> • Their use of appropriate feeding techniques; • Whether they are assisting assigned residents according to their identified eating and drinking needs; • Whether they are providing assistance in recognition of the rights and dignity of the resident; and • Whether they are adhering to safety and infection control practices”³³ 	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility policy for use of paid feeding assistants <input type="checkbox"/> Review facility policy for evidence of ongoing evaluation of feeding assistants to include: <ul style="list-style-type: none"> • Their use of appropriate feeding techniques; • Whether they are assisting assigned residents according to their identified eating and drinking needs; • Whether they are providing assistance in recognition of the rights and dignity of the resident; and • Whether they are adhering to safety and infection control practices
<p>F826 §483.65(b) Qualifications “Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.”³⁴</p>	

^{34,35,36} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf



Regulation	Recommended Actions
<p>§ 483.70 Administration “The facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”³⁵</p>	<p><input type="checkbox"/> The facility resource assessment should include means to identify resource training and management based on the resident population and acuity</p>
<p>F838 § 483.70(e) Facility Assessment “The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include: (1) The facility’s resident population, including but not limited to, (i) Both the number of residents and the facility’s resident capacity; (ii)The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; (iii)The staff competencies that are necessary to provide the level and types of care needed for the resident population”³⁶</p>	<p><input type="checkbox"/> The facility resource assessment should include means to identify resource training and management based on the resident population and acuity</p> <p><input type="checkbox"/> Develop a policy and procedure related to facility assessment process, including the key elements described in the regulation</p> <p><input type="checkbox"/> Develop and implement a process for conducting an evaluation of the facility training program</p> <p><input type="checkbox"/> Include the core competencies as indicated in the interpretive guidance</p>
<p>“§ 483.70(e)(2) The facility’s resources, including but not limited to, (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;”³⁷</p>	<p><input type="checkbox"/> Review and Revise system to ensure licensed nurses have received the education, training and a system for verification of valid licensure with the State professional licensing board and is in good standing</p> <p><input type="checkbox"/> Review and Revise policy and systems to verify competency evaluations for all licensed nurses to</p>

^{37,38} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Regulation	Recommended Actions
	include any licensed nurses working in the facility under contract
<p>“§ 483.40 Behavioral health services § 483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with § 483.70(e). These competencies and skills sets include but are not limited to, knowledge of and appropriate training and supervision for: § 483.40(a)(1) Caring for residents with a mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to § 483.70(e) and [§ 483.40(a)(1) will be implemented beginning November 28, 2019 (Phase 3)].³⁸</p>	<p><input type="checkbox"/> Review and Revise competency evaluation for nursing staff related to residents with mood and behavior disorders to include residents with a history of trauma and/or post-traumatic stress disorder</p>
<p>“§483.80(f) Annual review. Infection Control The facility will conduct an annual review of its IPCP and update their program, as necessary.”³⁹</p>	<p><input type="checkbox"/> Review facility specific policy and procedures related to Infection Prevention and the knowledge and skills of the IPCP, to ensure the policy includes how an organization delineates facility specific competencies and demonstration of competencies – ability to use and integrate their knowledge</p>

The below areas serve as a cross reference for facility leaders to conduct addition policy and procedure review across departments to incorporate the changes set forth in **the Requirements for Participation**. This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

^{39,40} Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf



Cross Reference

CMS Definitions
Hiring Practices
Employee Orientation
Vendor and Volunteer Orientation
Employee Performance Evaluations
Annual Training Requirements
Human Resources
Nursing Services
Interdisciplinary Departments
Behavioral Health
Specialized Services
Clinical System Policies
Special Services – Resource provision of care
Facility Resource Assessment
Resident comprehensive assessment
Resident comprehensive care planning
Quality Assurance and Performance Improvement
Staff Training and Education

Resources

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17):

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

LTC Survey Pathways (Download): <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>



Leadership Insight and Overview

Skilled Nursing Facilities must adapt quickly to the changing health care environment, regulatory requirements, resident population needs, and staff KSA needs to determine competency needs for quality outcomes. The overall goal of competencies, per CMS Requirements of Participation, is that a facility has to have a process

To determine competency levels and needs for their staff, facility leaders may follow the below general process to target specific competencies and training needs.

- Based upon the facility assessment and mandatory requirements
- Competencies are related to your facility mission
- Current policies and procedures for resident care and quality outcomes
- Utilize policies and procedures as a foundation for competency development
- Follow the KSA approach (Knowledge, skills and ability) needed for individual performance and improvement needs
- Incorporate competency process into your overall training plan
- Align competencies with staff job descriptions
- Incorporate competency review and monitoring process per the facility Quality Assurance and Performance Improvement Plan

Leadership Strategies

The **Staff Competency Toolkit** © provides practical guidance for organizations as they evaluate their staff competency and training program needs. The following are key leadership strategies that facilities may use to develop and implement the staff competency process for their organization.

1. Team Approach

- a. The overall process for determination of competencies and training needs cannot rely on one individual within an organization. Utilizing a team approach to evaluate and determine the competency and trainings needs for the facility will engage team members into the process and will provide additional insight for successful outcomes.

2. Current Market Place, Organization Data and Facility Mission

- a. Data is the heart of strategic decision making in healthcare operations – marketplace needs, clinical, financial, operational systems and quality outcomes. This data leads to insights – resident population demographics, resident acuity, resident conditions, resource utilization and allocation, and staff competency needs to name a few. It is important that facility leadership review the facility assessment, organization data, marketplace or partnership needs, and well as

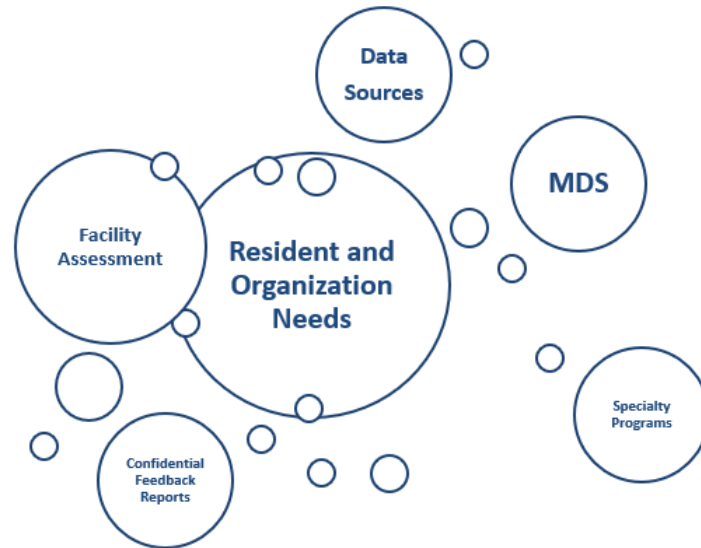


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other key data sources as indicated in the below diagram. This data will assist the team in determining facility competency needs – mandatory, facility specific and in alignment with the facility mission.



3. Competency Determination

- a. Determine – based upon the outcomes of the facility assessment and organization data review, the team will outline the mandatory and facility specific competency needs per specific job positions. Compile a list of potential competencies based upon the below key areas (identified in diagram below) and prioritize for approval.



b. Competency Priority Grid

Below is a sample format that facility leadership can use with their team to determine and prioritize competencies for their organization: (See end of section for sample tool)

Competency Determination and Priority List

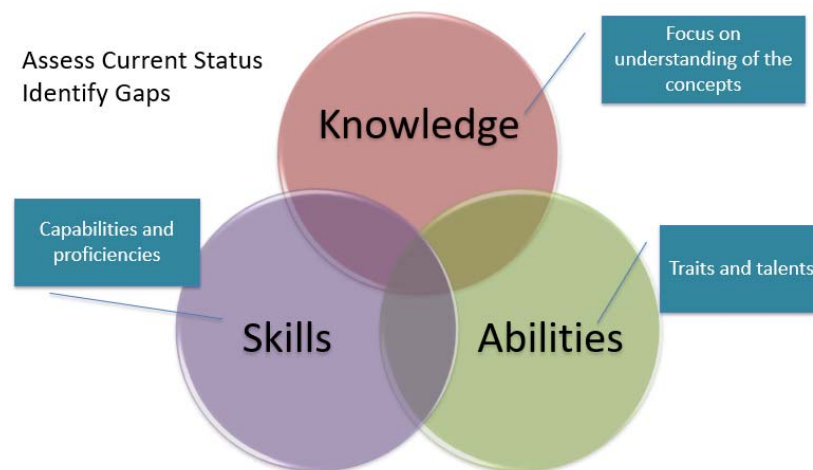
Priority		Competency type			KSA Area	Department		
High Risk	Low Risk	Mandatory	Core	Other		Nursing	All Staff	Other

c. Identify Roles for Competency Expectations

- i. The team will need to determine specific job position competency expectations



1. All staff
 2. Licensed Nursing Staff
 3. Direct Care Staff
 4. Non-direct Care Staff
 5. Interdisciplinary Team
 6. Contracted Staff
 7. Vendors
 8. Volunteers
 9. Leadership
 10. Governing Body
 11. Others
- d. Assess current KSAs/Competencies -It is recommended that the facility assess and identify potential gaps in staff KSA's per competency based upon facility trends or individual staff development needs.
- e. The assessment will assist in identifying strengths and growth areas among staff as well as determine priorities at an individual and facility wide level.



Competency Assessment Resource:

- [CMS Toolkit 1: Nursing Home Staff Competency Assessment](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html)
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html>
- [Resource Tool: Competency Level Determination](#) (located at the end of this section)



4. Incorporate into Competency-Based Training Program

- a. Upon determination of competency priorities, the team will incorporate the competencies into the facility training plan. This will include mandatory, facility specific, job position specific and other required competencies as determined. The training plan needs to include competencies for new staff, existing staff, individuals providing services under a contractual agreement (as applicable) and volunteers (as applicable)
- b. A competency-based training program:
 - i. Evaluates current staff training program to ensure competencies
 - ii. Identifies gaps in education that may contribute to poor outcomes
 - iii. Outlines what education is needed based on resident population
 - iv. Delineates what specific training is needed based on facility assessment
 - v. Details the tracking system used to ensure competency program is assessing, planning, implementing, and evaluating effectiveness of training
 - vi. Ensures the competency training is not limited to online computer based but also test for critical thinking skills as well as the ability to manage care in complex environments with multiple interruptions
 - vii. Source: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
- c. Validation of Competency – The facility is required to document how the specific competency was verified. Verification methods are used to measure an individual’s understanding, knowledge and skill level of the specific area. The following are some of the common methods of validation:
 - i. Lecture with return demonstration for physical activities
 - ii. Written or Verbal Tests - A pre-test and post-test for documentation issues
 - iii. Skills Demonstration - Demonstrated ability to use tools, devices, or equipment that were the subject of the training and used to care for residents
 - iv. Direct Observation
 - v. Self-Assessment
 - vi. Simulation
 - vii. Preceptor
 - viii. Case Study
 - ix. On Line Simulation
 - x. Peer Review
 - xi. Skills Checklist
 - xii. Oral Testing
 - xiii. Skills Lab or Skills Fair



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5. Monitor and Evaluate Outcomes (QAPI Process)

- a. The team will determine a monitoring process competency training outcome and will incorporate into the QAPI Plan and process. (See Training Program Requirements)



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A Dynamic Process

A solid competency-based training program is a dynamic not static process. The team will need to review the facility assessment, changes in strategic direction of the organization, or changes in the industry to refine competency priorities and needs.

Resource: Competency Determination and Priority List

Priority		Competency type			KSA Area	Department		
High Risk	Low Risk	Mandatory	Core	Other		Nursing	All Staff	Other



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Resource Tool: Competency Level Determination

Facility leadership need to work with department managers to determine the position specific training, education and competency demonstration needed in order to meet standards of practice, regulatory requirements and the needs of the facility resident population.

When working with the department management team, one way to address competency needs is to determine the levels of competencies needed for each level of staff based on their interaction level with the residents. These are the topics covered in general orientation when staff from all departments is together for education.

Think of competency requirements as an inverted pyramid (*see below*).

- The job categories requiring the fewest competencies are represented by the tip of the pyramid.
- The next level of competencies is for staff that works in resident care areas, but do not provide direct care. Consider this to be Level II competencies. These staff must have the basic level competencies and additional knowledge and skills to appropriately and safely interact with residents. Those staff may include housekeepers, laundry staff, maintenance staff and volunteers, as well as others identified in your facility.
- Level III of the competency pyramid is for direct care givers who do not have responsibility for assessment and treatment of residents. Nursing assistants will be the largest group in this level. Nursing assistants will need the Basic Level and Level II competencies, as well as a list required by the Requirements of Participation.
- Continue to add levels and build on the competencies from prior levels as you define competencies needed for nurses, therapists, the consulting pharmacist and other professionals who provide care and services to the residents.
- Include a competency level for staff that supervises other staff and oversee care, as well as participate in assessments of residents' needs and development of their care plans. Determine what knowledge, skills, abilities, behaviors, and other characteristics that these staff need to provide care to residents, including indirect care provided through others.
- The largest number of competencies will be required for the positions that have responsibility and accountability for the systems, policies and procedures, protocols and standards for resident care across the entire facility. These positions will include the Medical Director, the Administrator, The Director of Nursing and others, as defined by your facility.



Competency Level – Overview





Level	Possible Staff Included	Topic Considerations (and others identified through the assessment of residents' needs)	Leadership Review with Department Manager
<p>I</p> <p>Basic Components for All Facility Staff</p>	<p>Required – All Staff</p>	<p>Identify the Basic competencies required for all staff who work in the facility. The regulations specify:</p> <ul style="list-style-type: none"> • Abuse, neglect, exploitation, and misappropriation of resident property, • Dementia management and • Infection control • Other areas as identified through the Facility Assessment <p>You can add knowledge, skills and abilities required by other organizations, such as OSHA. Examples include:</p> <ul style="list-style-type: none"> • OSHA Hazard communication • HIPPA, • QAPI <p>Additional topics for all staff may include:</p> <ul style="list-style-type: none"> • Response to Emergency Codes, such as fire 	
<p>II</p> <p>Staff Working in Resident Care Areas</p>	<p>Environmental Services Plant Operations Volunteers Therapy aides</p>	<p>Level I topics and - Consider these suggested topics and more:</p> <ul style="list-style-type: none"> • Communication • Fall Prevention • Operation of exit alarms • Transmission-based precautions • Reporting changes in residents' conditions • Job specific competencies • Competencies identified by the assessment of residents' needs 	
<p>III</p> <p>Direct Care Givers</p>	<p>Certified Nursing Assistants Medication Aides or Techs Mental Health Team Therapy Assistants</p>	<p>Level I and II topics and - Consider these topics:</p> <ul style="list-style-type: none"> • Person centered care • Communication • Basic nursing skills • Basic restorative services • Skin and wound care • Medication management • Pain management • Additional Infection control topics • Identification of changes in condition • Cultural competency • Specific care skills as identified through the Facility Assessment 	



Level	Possible Staff Included	Topic Considerations (and others identified through the assessment of residents' needs)	Leadership Review with Department Manager
<p>IV Licensed Staff</p>	<p>Licensed Nurses Registered Nurses PT, OT, SLP Nurse Practitioners, PA Others</p>	<p>Level I, II and III topics and - <i>Consider these topics and others identified through the assessment of residents' needs:</i></p> <ul style="list-style-type: none"> • Job specific evaluation and assessment skills • Documentation • Care plan development • State and Federal Long-Term Care requirements • Standards of practice • Specific care skills as identified through the Facility Assessment 	
<p>V Supervise Others</p>	<p>Director of Nursing Department Heads Program Managers</p>	<p>Level I, II, III and IV topics and - <i>Consider these suggested topics and more:</i></p> <ul style="list-style-type: none"> • Delegation • Effective communication for supervisors • Task specific competencies, such as infection data collection • Human Resources policies and procedures • Develop and utilize competencies • Effective staff performance evaluation • State and Federal Long-Term Care requirements • Standards of practice 	
<p>VI Organization-Wide Responsibilities</p>	<p>Administrator Medical Directors Pharmacist Governing Body - possible</p>	<p>All prior levels <i>Consider these suggested topics and more:</i></p> <ul style="list-style-type: none"> • Federal and State nursing home regulations • Nursing home survey process • Budgeting • Data collection, interpretation and management • Policy and procedure development and management • Role specific knowledge and skills 	

Additional Competency Development Considerations

There are a set of additional considerations that a facility may consider when determining and prioritizing competencies for the organization.

Category or Area	Description
Policy and Procedure – Current	<p>Review of current policies and procedures as well as clinical/operational outcomes for:</p> <ul style="list-style-type: none"> ▪ Technical expertise requirements ▪ Performance expectations ▪ Performance gaps based upon trends
Policy and Procedure – New	<p>Review of new or proposed Policies and Procedures or initiatives and desired clinical/operational outcomes for:</p> <ul style="list-style-type: none"> ▪ Changes that affect specific job positions ▪ Technical expertise requirements ▪ Performance expectations ▪ Current performance and opportunities for improvement
Professional Standards	<p>Review of professional standards, resident population and quality outcomes for incorporation into competency process</p> <ul style="list-style-type: none"> ▪ Updated standards ▪ Best Practice ▪ Technical expertise requirements – high skill level (i.e. IV, PICC, enteral, isolation, blood products, lab point of care testing, etc.)
Specialty Programs or Specialty Population	<p>Review of facility mission and service delivery for specialty program competency requirements and inclusion into the overall facility competency-based training program (i.e. Transitional Care Unit, memory care, cardio-pulmonary rehab, total joint program, bariatrics, behavioral health, etc.)</p>
Equipment and Technology	<p>Conduct an assessment of current technology and equipment used for resident care to assess competency needs. Remember to consider specialty equipment, resident care equipment, electronic health record, clinical equipment and others.</p>
Medical Director, Practitioners, and Consultants	<p>Incorporate and utilize your Medical Director as well as other practitioners including primary care physicians, physician extenders, specialists, and consultants to assist with competency training and verification.</p>
Vendors (Lab, X Ray, Pharmacy, Medical Supplier, Others)	<p>Incorporate and utilize your Vendors (Lab, X Ray, Pharmacy, Medical Supplier, Others) to assist with competency training and verification.</p>

TRAINING PROGRAMS and COMPETENCY

Evaluating a training program is a means for a facility to gather information that can be reviewed and interpreted to make decisions regarding learning and development that aligns with standards of practice, professional scope of practice, requirements, staff knowledge and competencies and correlation with the facility assessment.

Once facility leadership works with individual departments to determine training needs, requirements and competencies the need to determine the type of training and how to assess knowledge and competencies will need to be individualized.

The following depicts a process to evaluate a training program utilizing the facility Quality Assurance and Performance Improvement process.



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1. Determination of Training Needs

- a. The facility will incorporate the required training components into their orientation program, annual training plan, professional/certification requirements, facility assessment findings, as well as other clinical and operational needs.
- b. Specific elements and criteria in a facility training plan should include, but not limited to:
 - i. Evidenced based practice
 - ii. Standards of practice
 - iii. Regulatory requirements (federal, state, and local)
 - iv. Scope of practice
 - v. Specialty program requirements
 - vi. Facility policies and procedures
 - vii. Facility expectations
 - viii. Facility assessment results
 - ix. Staff learning needs and competencies
 - x. Past training needs
 - xi. Other areas determined by operational, clinical, and organization needs
- c. Additional determination of training needs includes any identified areas of deficit or opportunities for improvement based upon quality assurance and performance improvement findings

2. Provide Education

- a. Development of specific training/education programs should provide evidence of learning needs and overall objectives. Specific components may include, but are not limited to:
 - i. Training description or summary of educational content
 - ii. Learning objectives
 - iii. Methodology – Method of instruction such as:
 1. Lecture
 2. Demonstration
 3. Protocol or procedure review
 4. Self-Learning package
 5. On-line
 6. Skills Fair
 7. Simulation
 8. Clinical practice
 9. Other
 - iv. Handouts
 - v. Method of understanding to demonstrate learner knowledge post training