Assess, measure, and validate the competencies of your nurses. This practical, easy-to-use manual and CD-ROM set explains the logic behind competency validation and offers guidance to instructors about how to test staff competencies effectively and efficiently.

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- Save time by combining competency assessments and performance reviews
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Also of interest:
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- Clinical Documentation
Competency Management in Long-Term Care

Skills for Validation and Assessment

Barbara A. Brunt, MA, MN, RN-BC, NE-BC
Kelly Smith Papa, RN, MSN
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Preface

Before you use any methodology for validating and assessing the competency of your nurses to deliver safe resident care, it is essential that you have a system in place for verifying that your nurses are who they say they are prior to allowing them in your facility.

This might sound obvious, but stories of nurses faking credentials, hopping from job to job in various states, and harming residents are stark reminders that you must be diligent in verifying any nursing applicant’s licensure, criminal background, education, and employment history.

Nurse-credentialing processes at some facilities may be inadequate. Nurses who have had action taken against them by another state nursing board, have a criminal history, or have incomplete education may slip by and end up working in direct contact with your residents, making those residents vulnerable and your facility liable. You should examine your organization’s policies to make sure they protect your patients, and sufficiently screen applicants for dangerous nurses or imposters.

Credentialing nurses usually falls to the HR department in most facilities, and the administrative staff handles physician and advance-practice RN credentialing. For advice on credentialing nurses, HR administrators can consult their nursing directors and administrators, who most likely already have an established credentialing process in place.

The following are some steps you can take to verify nurses’ credentials and to ensure your residents’ safety and your facility’s integrity.

Step 1: Gather Applicant Information

The employment application should be thorough and request the information needed to ensure patient safety in your facility. Ask for the following:

- The applicant’s name and any other names he or she has used (e.g., a maiden name)
- Education, the degree obtained, and the name and location of the educational institution
- Professional licensure, the state in which the license was issued, the date issued, the license number, and the expiration date
- Disciplinary actions on the license
- Specialty certification
- Employment history
With many new nursing schools starting up, the organization needs to determine whether it requires nursing applicants to be graduates of an accredited school of nursing. New programs cannot apply for National League for Nursing Accreditation Commission accreditation until after their first class has graduated, which means that organizations that require graduation from an accredited school cannot hire any graduates of these programs.

That also requires that the accreditation status of all schools from which a potential applicant graduated must be verified prior to hire. Is licensure to practice as a nurse in that state sufficient? Whichever policy the organization decides to follow must be followed consistently and must be reflected in the job descriptions.

It is also important to determine whether the applicant has even been convicted of or pleaded guilty or no contest to the following:

- Criminal charges (other than speeding violations)
- Drug- or alcohol-related offenses

If either situation applies, ask the applicant to specify the charges and the dates on which they occurred. Finally, inquire whether he or she has ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (e.g., Medicare or Medicaid) or similar federal, state, or health agency.

**Step 2: Verify the Applicant’s Information**

Verify, to the best of your ability, the information you obtained on the application. Even if you don’t find anything, document each verification step to further reduce your facility’s liability.

Some facilities hire a third party to verify this information, but most often the HR department performs this task. Either way, make sure a specific, established process is in place.

The best method of checking an applicant’s qualifications is to use primary source verification, including education, licensure, and past employment. For the most accurate and up-to-date information, you should check the state board in every state that the applicant nurse has worked. Most state licensing boards post licensure information on their Web sites.

Many organizations require criminal background checks on all applicants, even if the state nursing board runs its own checks. Nurses may have committed a crime after receiving their licenses. In most states, the responsibility is on nurses to notify the state board if they are convicted of a crime, but they may or may not do so, which puts your facility at risk.
Preface

Another important part of the process is to check federal sanctions lists. If you hire a nurse who has been sanctioned by the Office of Inspector General or General Services Administration, you could be fined thousands of dollars. Reasons for sanctions include everything from defaulting on student loans to Medicare fraud.

The following are some other potential “red flags” to consider:

- **Gaps in job history**: HR professionals are well aware of this red flag, but be sure to ask about the gaps. Understand that there could be a perfectly good explanation, such as the birth of a child or a family emergency.

- **Moving from state to state**: When an applicant moves around a lot, his or her licensure information could be buried or lost. Therefore, be sure to check the status of the license in each state in which the applicant practiced.

- **Job hopping**: HR professionals are well aware of this pattern as well, and they will look twice at any applicant with evidence of it. But be sure to call each employer and verify that no disciplinary actions were taken against the applicant.

**Step 3: Continually Verify the Employee’s License After the Hire Date**

Most facilities check nurses’ licenses when they are up for renewal to make sure that they are current and active. However, it is crucial that you institute a process to verify licensure status more often as well.

Ensure that your policy spells out that it is the nurse’s responsibility to report any disciplinary action taken against his or her license over the course of his or her employment. If your nurses do not report such action, they could be working on your unit with a suspended or inactive license without your knowledge. Many nursing boards post disciplinary actions against nurses in that state, which can be used as another method to ensure that all employees have a current license with no restriction.

Creating a new credential-verification process or updating your current process is a very important prerequisite to the competency assessment process.
Introduction

In this book, Chapter 1 outlines why competency validation is required, Chapter 2 defines competency validation, and Chapter 3 discusses including information on why competency validation should be a part of job descriptions and the performance-evaluation process. Chapter 4 focuses on the training needed for staff to perform competency validation, and Chapter 5 provides suggestions on keeping up with new competencies. How to use the skills checklists is described in Chapter 6. There are 100 competency validation skills sheets included in this book.

I hope you find the information helpful, whether you are developing a competency management program or refining ones you currently have in place.
Why Is Competency Validation Required?
Why Is Competency Validation Required?

Regulating Competence

Does it seem as though regulatory survey teams visit you every day? Sometimes the survey is announced and sometimes it’s a surprise, but the surveyors—regardless of whom they represent—are always concerned about “competency.”

The definition of this word is in the eye of the beholder. For example, Webster’s New World College Dictionary defines competent as “well qualified, capable, fit” (Agnes 2006). The American Nurses Association (ANA) defines competency as “an expected level of performance that results from an integration of knowledge, skills, abilities, and judgment” (ANA 2007). In healthcare, however, it’s not so simple. Your staff members make decisions and carry out responsibilities and job duties that affect residents’ lives. When the goal is to achieve positive outcomes—whether to cure or manage a chronic disease process or to allow someone to die a dignified death—will “sufficient ability” be good enough? Should competency apply only to clinical bedside nursing? Should an RN nurse manager have to meet the same competency requirements as a staff nurse? No, no, and no.
Evidence-based practice involves supporting your actions with research and data, and basing competencies in evidence is becoming the standard in competency validation. Researchers have identified best practices for patient care based on evidence, so staff members’ competence should be assessed based on their provision of evidence-based care. By instituting evidence-based practice in your competency assessment, you ensure that the methods by which you are validating your staff members’ skills are established and grounded in research.

**Protecting the public**

Regulatory agencies are rampant in the healthcare industry. Their purpose is to protect the public and to ensure a consistent standard of care for residents and families. Initially, there was only the Joint Commission on Accreditation of Hospitals (JCAH). Ernest Codman, MD proposed the standardization process for hospitals in 1910, and the American College of Surgeons developed the Minimum Standards for Hospitals in 1917 and officially transferred its program to the JCAH in 1952. A trickling of new agencies followed, and in 1964, the JCAH started charging for surveys. JCAH changed its name to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 1987 and as of January 2008 it is now known simply as The Joint Commission (The Joint Commission 2007).

The list of regulators today now looks like an alphabet soup. Political debates regarding the effectiveness of these agencies have multiplied in recent years. In July 2004, for example, Centers for Medicare & Medicaid Services (CMS) began to criticize the validity of Joint Commission accreditations.

However, since its inception, The Joint Commission has never had federal oversight (Knight 2004). In some cases, criteria for federally mandated CMS regulatory standards may exceed those of The Joint Commission.

For long-term care facilities, the agencies that guide and oversee care and, thus, require competency assessment may now include the following:

- The Joint Commission
- CMS
- State departments of health and human services
- State medical foundations
- ANA
- State Board of Nurse Examiners
- Health Quality Improvement Initiatives
- Occupational Safety & Health Administration
- Office of Inspector General
- Quality improvement organizations
- Agency for Healthcare Research and Quality
- The FDA
- Centers for Disease Control and Prevention

Add to this a list of your facility’s competency assessment initiatives. Most of these initiatives revolve around the mission, vision, and value statements of the organization. Indicators may include:

- Resident and family satisfaction
Why Is Competency Validation Required?

- Physician satisfaction
- Employee health and satisfaction
- Fiscal responsibility
- Community involvement
- Risk management
- Continuous quality improvement
- Culture change initiatives

Those of us working in healthcare started our careers wanting to improve human life, and it is frustrating at times when it seems that the bureaucracy of regulatory mandates keeps growing. But the business of healthcare must consist of personnel who are caring and able to perform their jobs safely and correctly.

Remember that the provision of quality care and services depends on knowledgeable, competent healthcare providers. Every organization should have a competency plan in place to ensure that performance expectations based on job-specific position descriptions are consistently met.

You must design your competency plan with consideration given to:
- The mission, vision, and values of your organization
- The needs of residents and families served
- The extended community
- New services or technologies planned for future services
- Special needs required for particular healthcare situations
- Current standards of professional practice
- Applicable legal and regulatory agency requirements
- Organizational policies and procedures

In addition, the organization should foster learning on a continual basis. The administration and director of nursing should foster building a learning environment and hold the leadership team and staff accountable for expected outcomes. The entire organization must foster a work environment that helps employees discover what they need to learn for self-growth.

The return on this investment is a positive resident/family outcome, such as improved health, the ability to manage a chronic illness or dignified death, job satisfaction, reduced turnover, enhanced facility image, reduced risk of legal exposure, and improved surveys.

A consistent process for competency assessment is essential throughout the organization for all job classes, contract personnel, and, when indicated, affiliating schools. There must be a centralized, organized approach that moves seamlessly throughout the continuum of care and ensures the same standard or practice for all of the residents and families it serves. You might find yourself in a predicament if your main policies and procedures differ from other departments in your facility.

Generating tons of paperwork does not ensure competency in practice. Use the KISS method:
“Keep it simple, smarty.” Although documenting that standards are being met is important, regulatory surveyors are moving away from looking at paper. The trend is to interview residents, staff members, physicians, vendors, and members of the leadership team to see evidence of compliance. And now more than ever, there are expectations to move beyond merely verifying whether nurses are competent. Thanks in part to advances in technology, nurses have been catapulted into more advanced and specialized care.

It is vital for you and your organization to be survey-ready every day. Ongoing performance must be measured and assessed. If individual members of your facility do not meet the standards you’ve established, individuals and the leadership team must develop a system for ongoing validation and assessment of personnel based on those standards. Remember: Competency assessment would be necessary even if it were not an accreditation standard.

It is worth framing this discussion on the expectations of regulatory agencies, because understanding their motivations and complying with their recommendations will result in a better understanding of what an effective competency assessment process should look like.

REFERENCES


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