

Ambulatory Surgery Center Association

# **2016 Webinar Series**

Managing the Fundamentals of Competencies Ann Geier, MS, RN, CNOR, CASC **Chief Nursing Officer SourceMed** SourceMed Professional Services -Consulting



#### **Learning Objectives**

- Define competencies by type
- Identify resources that have existing competencies for the ASC's use
- Discuss ways to establish time for conducting competencies for all the employees

Competencies

## History

- 1995, Pew Commission proposed: "States should require each board (of nursing) to develop, implement and evaluate continuing competency requirements to assure the continuing competence of regulated health care professionals."<sup>1</sup>
- Purpose:
  - To protect the public
  - Advancement of profession through professional development of nurses

### Definitions

Although they may sound similar, competence and competency are not necessarily synonymous.

Competence refers to a potential **ability** and/or a **capability** to function in a given situation.

Competency focuses on one's **actual performance** in a situation. This means that competence is required before one can expect to achieve competency.<sup>2</sup>

#### **Competency – Nursing Context**

The professional attributes of an individual in a particular practice setting that blend knowledge, skills, attitudes and judgment.<sup>1</sup>



# Another Way of Putting It – Competence

- The ability to do something successfully or efficiently.
- The scope of a person's or group's knowledge or ability.
- The state or quality of being adequately or well qualified; ability.

### Competencies

- Competencies groups of skills, behaviors, or knowledge that are identified as performance standards for a particular job.
- Competencies applied to a particular job rather than an individual employee.
- Typically validated by employees who are performing the competency at least at an acceptable level.
- When writing competencies, consider how each will be evaluated.
- Program is a living document; evaluate annually to ensure that it remains current<sup>3</sup>

## **Two Types of Competencies**

- Knowledge
  - can be measured by an objective test or question.
  - Ex. Age-related behaviors
- Skill/behavior
  - must be demonstrated or observed.
  - Ex. IV starts

#### Importance of Validating Competency

- Patient safety
- Quality of care
- Consistency in level of care provided
- Ensures a level of continuity in staff performance expectations
- Compliance with facility's policies & procedures, regulatory agencies, & local, state and federal standards

## Staff Competency

The 5 general reasons for performing competency assessments are to:

- Evaluate individual performance
- Evaluate group performance
- Meet standards set by a regulatory agency, such as the Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC), or the Occupational Safety and Health Administration (OSHA)
- Address problematic issues within the organization
- Evaluate the performance appraisal process Courtesy of Renae Battié, AORN President

## Written Policy

- Include statement regarding competency
  - Required competencies: core & job-specific
  - How often they are assessed
  - Who must be evaluated
- May be included in the orientation and training policy
- Review state regulations to ensure compliance

## Job Descriptions

- Relate competencies to job requirements
- Include all categories of employees clinical and business office
- Evaluate sub-categories, i.e. instrument processing done by surgical techs
- Consider mandatory tasks may require competencies
  - Patient positioning OR staff
  - IV starts Pre-op/PACU nurses
  - Patient Rights Business Office

## **Basic Principles**

- Skills and understanding
  - develop over time,
  - through a sound educational base,



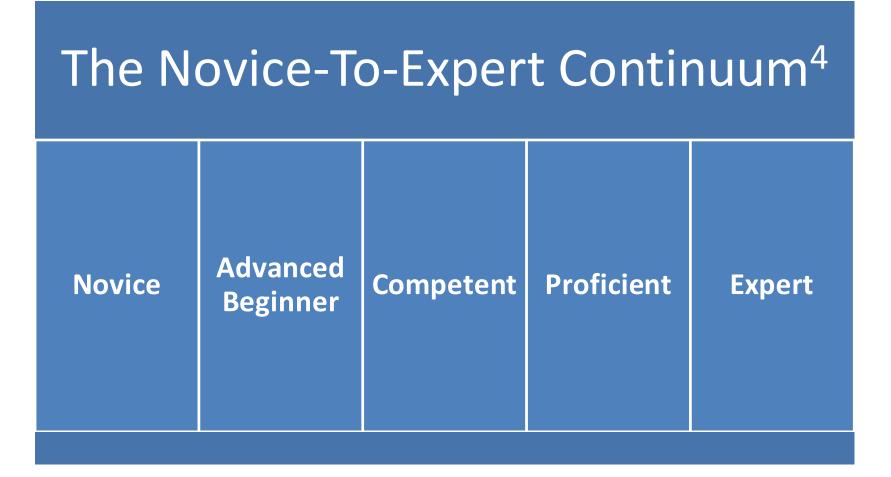
- plus experience in the care environment
- There are limits to what can be learned in the classroom
- No one begins at competent
- It takes 2 3 years of experience in the same work to function at the competent level

## **Basic Principles**

- Each step builds on the previous one
  - Abstract principles are refined and expanded by experience
  - Learner gains clinical expertise
    - Possible to learn the skill (knowing how) without learning the theory (knowing why)



 Experience is a prerequisite for expertise. You must have practical work experience to be an expert



## **Developing Competencies**

- Don't reinvent the wheel
- Consider using available tools:
  - AORN Perioperative Competencies, Position
    Descriptions, and Evaluation Tools for Inpatient
    and Ambulatory Settings (Purchase at aorn.org)
  - HealthStream subscription fee plus monthly fee
  - Institute for Healthcare Improvement (<u>www.IHI.org</u>)
    - Hand hygiene <u>http://www.shea-</u> online.org/Assets/files/IHI\_Hand\_Hygiene.pdf

ASC Quality Collaboration (ascquality.org) Tools for Infection Prevention (TIPS)

- Hand Hygiene Toolkit
- Safe Injection Practices Toolkit
- Point of Care Devices Toolkit
- Environmental Infection Protection Toolkit
- Single-use Device Reprocessing Toolkit
- Endoscope Reprocessing Toolkit
- Sterilization and High-level Disinfection Toolkit

#### Tools for Infection Prevention (TIPS)

- Each toolkit is available in two versions, **BASIC** and **EXPANDED**:
- The **BASIC** version of the toolkit includes only essential resources.
- The **EXPANDED** version of the toolkit contains both essential resources and a broader array of materials, such as assessment tools, implementation aids, training materials, monitoring tools, workplace reminders, and guidelines from leading authorities.
- These toolkits are **free** for internal use in your centers

## **Other Sources**

- Manufacturer of piece of equipment Ex. Steris competency (search Google)
  - <u>http://www.4nursingmanagers.com/operating-room/sample-steris-</u> <u>competency</u>
  - <u>http://www.ambulatorypractice.org/dls/cvts/clinical\_cvts/148\_cvt\_clinical\_cvts/148\_cvts/148\_cvts</u>
- Clinical educators employed by manufacturers
  - Webinars
  - On site training
- Listserv subscribe to online groups that share policies, procedures and sample forms

- ASCA Members Community (available only to members)

## **Additional Sources**

- Learning modules from national meetings (AORN Surgical Conference & Expo CEU offerings in the exhibit hall)
- Becker's ASC Review online:

http://www.beckersasc.com/downloadablepatient-safety-tools-and-resources.html

## **Additional Sources**

- <u>http://www.ascquality.org/sterilizationhighlev</u> <u>eldisinfectiontoolkit.cfm</u>
  - Ex. APIC Competency : Instrument Cleaning, Wrapping/Packaging, and Sterilization
  - Endoscope Reprocessing Competency (UNC)
- <u>www.cc-institute.org/whitepaper</u>

- 1.5 CEUs after completion of the post-test

## Testing

- Education program with written test
- Verbal description or demonstration
- Observed performance of task in the course of work
- Attestation of competency

Core Competencies<sup>3</sup> (include at Orientation)

- Human Resources (Employee Handbook)
- Mandatory inservices (OSHA, blood-borne pathogens, universal precautions, exposure control plan, electrical and fire safety, ergonomics
- Regulatory compliance (corporate compliance, HIPAA, privacy & security, required patient forms)

Core Competencies (include at Orientation)

- Workplace Safety & Risk Management (diversity & cultural competency, sexual harassment, violence in the workplace, disaster plans
- Informatics (computer & keyboarding skills)
  - Business office employees require a higher level of competency
  - Privacy & security

## Sample List of Competencies

- Age-specific
- Infection control
- Immediate-use Sterilization
- Environmental cleaning
- Malignant Hyperthermia
- Medication Administration

- Universal precautions
- Patient positioning
- IV Conscious Sedation (IVCS)
- IV starts
- Point of use devices, i.e. glucometers
- Sterilization & high-level disinfection
- Equipment

#### Documentation

- Keep it simple
- Use checklist summaries: list the competencies
  Competent\_\_\_\_\_ Not competent\_\_\_\_\_
- Keep the actual competency tests available for review
- Be diligent about completing the testing at the required intervals

## **Education Day**

- Pick 1 day for **mandatory** training/testing
- Set the date well in advance
- Consider a Saturday or a day when the center is closed
- Employees must be paid for attendance
- Make it fun!

## **Education Day**

- Hold mandatory inservices first fire training, BLS, ACLS, PALS, etc.
  - This would include all employees
- When complete, break into groups to complete competency testing and evaluation based on job descriptions
  - Utilize "experts" to assist in training CRNAs, physicians, etc.
- Make arrangements for people who cannot attend at the last minute
- Per diems MUST participate

## The Problem With Skills Fairs

- One point in time
- Not a full picture
- Learner can be coached

Even very complex skills can be broken down to a collection of sub-tasks and actions



## What Has Changed?

- Increased call for accountability
- Variety of public and private organizations
  - Joint Commission
  - AAAHC
  - AAMI
  - CMS
  - Institute of Medicine (IOM)



## Value-Based Purchasing

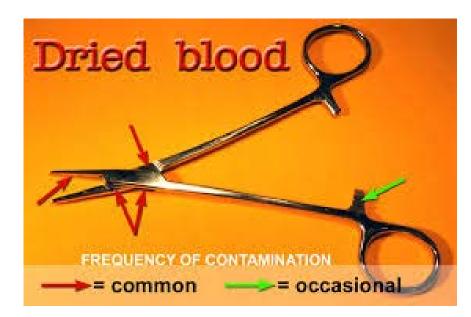
Transforms Medicare (CMS) from a passive payer to a prudent purchaser.

Payment is made for quantity but also, increasingly, for **<u>quality</u>**.

Methods:

- 1. Mandatory data reporting
- 2. Quality measures formulated from the data reported
- 3. Payment based on performance against the quality measures

## In addition



- Greater public scrutiny
- Pervasiveness of media access
- And ... some recent, well-publicized incidents

#### **RECENT, WELL- PUBLICIZED INCIDENTS**

Dirty surgical tools put patients at risk, NBC Nightly News



#### Today Show segment: How clean are surgical tools used in the O.R.?

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## Filthy surgical instruments: The hidden threat in America's operating rooms

SLIDESHOW: Danger in dirty instruments

By Watch News Letinery 22,2032



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#### How dirty medical devices expose patients to infect

By Jas Laton 🖪 worki 2000 with February 27, 2022 Optics with 2000 products (F, 2002

Inseemed simple enough at the time. In 2009, John Harrison, a 63-year-old oil industry sales manager in Mission, Texas, had surgery to repair the rotator ouffin his rightshoulder, a routine procedure that usually requires at most a single night's stay in the hospital, followed by physical therapy. For Harrison, however, there was nothing routine about the ordeal that ensued.

## **CMS** Reimbursement Policies

CMS will not reimburse for the treatment of surgical site infections and complications:

- Foreign objects retained after surgery
- Surgical Site Infection (SSI) after laparoscopic bariatric surgery for obesity
- SSI after certain orthopedic procedures
- Other payers may follow
- The list may be expanded



## Implications

The competency and performance of any **one** person working in the OR or the perioperative area can have an impact on the organization and its finances.



## Summary

- Competencies:
  - Support practice
  - Promote patient safety
  - Identify educational needs
  - Keep employees current on industry changes
  - Fulfill regulatory requirements

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## **Other Ideas**

 What do some of you do to ensure that all employees are trained and that they complete competency testing? Please e-mail me with your ideas.



## Questions



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