



Ambulatory Surgery
Center Association

2016 Webinar Series

Managing the Fundamentals of Competencies

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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.”¹
- 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. ²

Competency – Nursing Context

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



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 current³

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



The Novice-To-Expert Continuum⁴

Novice

**Advanced
Beginner**

Competent

Proficient

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 (www.IHI.org)
 - Hand hygiene - http://www.shea-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)
 - <http://www.4nursingmanagers.com/operating-room/sample-steris-competency>
 - http://www.ambulatorypractice.org/dls/cvts/clinical_cvts/148_cvt_clin_use1_SterisProcessorforSterilization.doc
- 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/downloadable-patient-safety-tools-and-resources.html>

Additional Sources

- <http://www.ascquality.org/sterilizationhighlevelinfectioncontroltoolkit.cfm>
 - Ex. APIC Competency : Instrument Cleaning, Wrapping/Packaging, and Sterilization
 - Endoscope Reprocessing Competency (UNC)
- www.cc-institute.org/whitepaper
 - 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 Competencies³

(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 quality.

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.?

Like Be the first of your friends to like this. Tweet Share Print Mail

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

SLIDESHOW: Danger in dirty instruments

By Watch News | 11/19/2010



How dirty medical devices expose patients to infect

By Joe Batten | 11/19/2010

It seemed 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 cuff in his right shoulder, 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

References

1. Whittaker, S. Smolenski M, Carson W. (June 30, 2000): Assuring continued competence – policy questions and approaches: How should the profession respond? *Online Journal of Issues in Nursing*. Available at http://www.nursingworld.org/ojin/topic10_4.htm
2. *Competence Literature Review* (October 2008). Schroeter, K. Published by the Competency and Credentialing Institute.
3. McLane, Dawn Q. (March 31, 2008): The Essentials of Competency Programs for Ambulatory Surgery and Hospital Outpatient Settings. *Outpatient Surgery Magazine*. Available at <https://www.outpatientsurgery.net/>

References

4. Benner. P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley, pp. 13-34.
5. *Let's Talk About the Big "C" – Competency*. Stobinski, James X. (Oct. 16, 2014) Presented at OR Excellence 2014, New Orleans, LA. Slides used with permission.

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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