

Staff Competency Policy

[Logo]	TITLE Staff Competency Policy		IDENTIFICATION NUMBER [Number]
ORGANIZATION(S) [Organization name]	LEVEL <input type="checkbox"/> System <input type="checkbox"/> Organization <input type="checkbox"/> Division <input type="checkbox"/> Department	CATEGORY <input type="checkbox"/> Clinical <input type="checkbox"/> Management <input type="checkbox"/> Regulatory	POSTING DATE [MM/DD/YYYY] EFFECTIVE DATE [MM/DD/YYYY]
REVIEW CYCLE <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years LAST REVIEW DATE: [MM/DD/YYYY]		REPLACES TITLE: Staff Competency Policy EFFECTIVE DATE(S): [MM/DD/YYYY]	

POLICY STATEMENT

All staff members who provide patient care, treatment, or services are competent to perform their job duties and responsibilities.

PURPOSE

To establish a standardized process for assessing and documenting staff competency at established times and intervals to minimize risk of harm to patients, maintain a consistently high quality of care, and to comply with laws and regulations.

SCOPE

Applies to all staff members who provide care, treatment, or services in the organization.

Does not apply to staff members contracted to provide care, treatment, or services on behalf of the organization. Qualification verification for contracted employees is addressed in the Contracted Services Policy.

DEFINITION

Competency – The demonstrated knowledge and skill necessary to perform a task or job safely, successfully, and efficiently.

RESPONSIBILITIES

Leadership is responsible for the following:

- Maintaining and implementing this policy
- Collaborating with leadership and department managers to create the Staffing List and maintain its contents
- Identifying appropriate individuals to assess competence

Human Resources staff is responsible for the following:

- Arranging staff orientation activities, including competency assessments
- Maintaining documentation on initial and ongoing staff competency in personnel files

PROCEDURES

Defining Job Responsibilities and Staff Qualifications

Leadership, in collaboration with human resources staff, does the following:

1. Creates a written Staffing List that identifies job types in the organization (for example, home health aide, licensed practical nurse, and so on).
2. Identifies the following for each job type on the Staffing List:
 - Job duties and responsibilities
 - Competencies required to perform the job duties and responsibilities
3. Includes the following competencies for technical staff:
 - Delivery and setup of equipment
 - Provision of services
 - Training patients and caregivers
4. Identifies individuals in the organization who are qualified to perform competence assessments for each applicable competency or skill, based on the following:
 - Educational background
 - Experience
 - Knowledge
5. Identifies individuals outside the organization who are qualified to perform competence assessments, to be used only when a suitable individual cannot be found in the organization.
6. Identifies competency guidelines from appropriate professional organizations, to be used to evaluate competency only when a suitable individual cannot be found inside or outside the organization.

For home health agencies and hospices that elect to use The Joint Commission deemed status option

Leadership, in collaboration with managers does the following:

1. Ensures that competency assessments of home health aides/hospice aides are performed by a registered nurse.
2. Includes the following competencies for home health aides/hospice aides:
 - Communication skills
 - Observation, reporting, and documentation of the following:
 - Patient status
 - Care, treatment, and service provided
 - Reading and recording the following:
 - Temperature
 - Pulse
 - Respiration
 - Basic procedures for infection control
 - Basic elements of body function
 - Changes in body function that must be reported to a supervisor
 - Maintenance of a clean, safe environment that supports health
 - Recognizing emergencies
 - Implementing emergency procedures
 - Physical, emotional, and developmental needs of the population served
 - Ways to work with the population served
 - How to respect the patient, his or her privacy, and his or her property
 - Nutrition and fluid intake
 - Ability to read, write, and verbally report clinical information

For home health agencies and hospices that elect to use The Joint Commission deemed status option

The staff member's registered nurse supervisor does the following:

1. Performs competency evaluations of home health aides/hospice aides.

Observes a home health or hospice aide's performance of the tasks with a patient or pseudo-patient as part of a simulation in performing the following tasks:

- Appropriate safe techniques for personal hygiene and grooming, including:
 - Bathing (bed, sponge, tub, and shower)
 - Shampoo (sink, tub, and bed)
 - Nail and skin care
 - Oral hygiene
 - Toileting and elimination
- Safe techniques for transfer and ambulation
- Normal range of motion and positioning

Performing Competency Assessments

Human Resources staff, in collaboration with leadership staff, does the following:

1. Arranges staff orientation for all new staff members, prior to providing care, treatment, or services.
2. Includes competency assessment in the staff orientation activities.
3. Defines intervals for ongoing competency assessments, following one of the following criteria:
 - Once every three years
 - AND
 - More frequently, if required by law and regulation
4. Uses the Staffing List to assign an appropriate individual to perform each competency assessment.

The individual performing the competency assessment does the following:

1. Performs initial and ongoing competency assessments according to established schedules.
2. Identifies activities that allow the staff member to demonstrate the required competencies defined in the Staff List.
3. Evaluates the staff member's competence relative to the applicable requirements described in the Staffing List.
4. Uses one or more of the following methods to perform the assessment:
 - Observing the staff member performing the identified activities.
 - Asking the staff member questions intended to clarify or explain actions or demonstrate knowledge.
 - Seeking input from patients, staff members, and others who interact with the staff member during the competency assessment, as appropriate.
 - Using a written or oral examination
 - Other methods, as appropriate
5. Intervenes if the staff member performs or is about to perform an action that might result in harm.
6. Determines whether the staff member meets the competency criteria.
7. Documents the competency assessment on the appropriate competency checklist including the following details:
 - Name of the staff member
 - Name of the individual performing the assessment
 - Date(s) the assessment was completed
 - Activities related to job duties and responsibilities that were performed as part of the assessment
 - Observations related to the new staff member's safe and effective performance of job duties and responsibilities

APPLICABILITY

- Home Health Hospice
 REQUIRES WRITTEN DOCUMENTATION

- Result of the assessment (such as an individual found to be satisfactory or unsatisfactory for each assessed competency)
8. Provides the assessment documentation to Human Resources staff.

Human Resources staff retains all documentation related to all competency assessments in each staff member's personnel file.

For organizations that elect to use The Joint Commission Community-Based Palliative Care Certification option

Program leaders do the following:

1. Assess each program staff member's competence through observation.
2. Perform competency assessments within the time frames established by the program.
3. Document all competency assessments.

REFERENCES

Joint Commission Standard HR.01.06.01, EP 1. The organization defines the competencies it requires of its staff who provide patient care, treatment, or services.

Joint Commission Standard HR.01.06.01, EP 3. An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.

Joint Commission Standard HR.01.06.01, EP 4. **For home health agencies and hospices that elect to use The Joint Commission deemed status option:** A registered nurse performs the competency evaluation of a home health aide or hospice aide.

For home health agencies that elect to use The Joint Commission deemed status option: The registered nurse performs the competency evaluation of a home health aide in consultation with other skilled professionals as appropriate.

Joint Commission Standard HR.01.06.01, EP 5. Staff competence is initially assessed and documented as part of orientation.

Joint Commission Standard HR.01.06.01, EP 6. Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.

Joint Commission Standard HR.01.06.01, EP 7. **For home health agencies and hospices that elect to use The Joint Commission deemed status option:** Home health aides and hospice aides successfully complete a competency evaluation before providing patient care.

Joint Commission Standard HR.01.06.01, EP 8. **For home health agencies and hospices that elect to use The Joint Commission deemed status option:** The home health aide and hospice aide competency evaluation includes the following skills:

- Communication skills
For home health agencies that elect to use The Joint Commission deemed status option: This includes the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other home health agency staff
- Observation, reporting, and documentation of patient status and the care, treatment, and service furnished
- How to read and record temperature, pulse, and respiration
- Basic infection control procedures

- Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor
- Maintenance of a clean, safe, and healthy environment
- Recognizing emergencies and knowing how to institute emergency procedures
- The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property
- Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, and shower bath; sink, tub, and bed shampoo; nail and skin care; oral hygiene; and toileting and elimination
- Safe transfer techniques and ambulation
- Normal range of motion and positioning
- Adequate nutrition and fluid intake
- **For home health organizations that elect to use The Joint Commission deemed status option:** Skills not covered in the basic checklist
- Other tasks that the organization may choose to have the aide perform as permitted under state law

Joint Commission Standard HR.01.06.01, EP 9. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The supervisor evaluates the following areas by observing a home health or hospice aide's performance of the tasks with a patient or pseudo-patient as part of a simulation:

- Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; toileting and elimination
 - Safe transfer techniques and ambulation
 - Normal range of motion and positioning
- For home health agencies that elect to use The Joint Commission deemed status option:** The supervisor evaluating the aide must be a registered nurse.

Joint Commission Standard HR.01.06.01, EP 10. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization evaluates the following subject areas through written examination, oral examination, or after observation of a home health aide or hospice aide with a patient:

- Communication skills
- For home health agencies that elect to use The Joint Commission deemed status option:** This includes the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other staff
- Observation, reporting, and documentation of patient status and the care or service furnished
 - Reading and recording temperature, pulse, and respirations
 - Basic infection control procedures
 - Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor
 - Maintenance of a clean, safe, and healthy environment
 - Recognizing emergencies and initiating necessary emergency procedures
 - The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property
 - Adequate nutrition and fluid intake

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- Any other task that the home health agency or hospice may choose to have the home health aide or hospice aide perform as permitted under state law

Joint Commission Standard HR.01.06.01, EP 14. Technical staff are competent to deliver and set up equipment, provide services, and train patients and caregivers.

Joint Commission Standard HR.01.06.01, EP 17. **[For hospices that elect to use The Joint Commission deemed status option:]** The hospice has written policies and procedures that describe its method of assessing skills and competence for all individuals furnishing care and services, including volunteers.

Joint Commission Standard HR.01.06.01, EP 27. **[For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:]** Program leaders assess each program staff member’s competence to perform job responsibilities through observation within program-defined time frames. This assessment is documented.

ATTACHMENT
Staff Orientation Plan

APPROVAL

NAME AND CREDENTIALS [Name and Credentials]	NAME AND CREDENTIALS [Name and Credentials]
TITLE [Title]	TITLE [Title]
SIGNATURE	DATE [MM/DD/YYYY]
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Home Oxygen Safety Risk Assessment Procedures

[Logo]	TITLE Home Oxygen Safety Risk Assessment Procedures		IDENTIFICATION NUMBER [Number]
ORGANIZATION(S) [Organization name]	LEVEL <input type="checkbox"/> System <input type="checkbox"/> Organization <input type="checkbox"/> Division <input type="checkbox"/> Department	CATEGORY <input type="checkbox"/> Clinical <input type="checkbox"/> Management <input type="checkbox"/> Regulatory	POSTING DATE [MM/DD/YYYY] EFFECTIVE DATE [MM/DD/YYYY]
REVIEW CYCLE <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years LAST REVIEW DATE: [MM/DD/YYYY]		REPLACES TITLE: Home Oxygen Safety Risk Assessment Procedures EFFECTIVE DATE(S): [MM/DD/YYYY]	

PROCEDURES STATEMENT

The organization manages risks associated with home oxygen therapy.

PURPOSE

To establish a standardized process for assessing and addressing risks associated with home oxygen therapy, particularly the risk of fire, to minimize risk of harm to patients and to comply with laws and regulations.

SCOPE

Applies when oxygen is in use or being stored in the home environment.

DEFINITION

Risk assessment, proactive – An assessment that examines a process in detail including sequencing of events, actual and potential risks, and failure or points of vulnerability and that prioritizes, through a logical process, areas for improvement based on the actual or potential impact (that is, criticality) of care, treatment, or services provided.

RESPONSIBILITIES

Leadership and clinical field staff are responsible for maintaining and implementing this policy.

Staff members who perform patient safety assessments are responsible for the following:

- Conducting home oxygen safety risk assessments and reassessments
- Educating patients and/or family on safe use of home oxygen therapy
- Addressing observed unsafe practices that increase risks associated with home oxygen therapy

PROCEDURES

Performing the Risk Assessment

Staff members who perform patient safety assessments do the following:

1. Conduct a home oxygen safety risk assessment prior to starting oxygen therapy in a patient’s home and when home care services are initiated.
2. Include the following elements in the home oxygen safety risk assessment:
 - Presence of smoking materials in the home
 - Presence of functioning smoke detectors in the home

APPLICABILITY

- Home Health Hospice
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- Other fire safety risks, such as potential for open flames (for example, fireplaces, candles)
- 3. Determine if smoke detector(s) are functioning by interviewing the patient or family and assessing their verbal response.
- 4. Identify any potential risks, including risk of fire.
- 5. Document the risk assessment in the patient's record, including any identified risks and recommended interventions to mitigate those risks.
- 6. Inform the patient, family, and/or caregiver of the findings of the risk assessment.

Educating the Patient, Family, and/or Caregiver

1. Educate the patient, family, and/or caregiver about the following:
 - Causes of fire related to home oxygen therapy
 - Fire risks for neighboring residences and buildings
 - Use of home oxygen in a manner that supports safety, including the following:
 - Storage of oxygen tanks
 - Movement of oxygen tanks
 - Position and placement of oxygen tanks
 - Placement of oxygen tubing
 - Ventilation
 - Electrical safety related to outlets, plugs, and cords
 - Liquid oxygen safety
 - Precautions to take to prevent fires and fire-related injuries
 - Recommended interventions to mitigate identified risks, which might include any of the following:
 - Participating in a smoking cessation program
 - Managing home oxygen equipment storage areas to ensure proper ventilation, cleanliness, and other safety factors
 - Installing signs on all doors to inform visitors that oxygen is in use
 - Installing “no smoking” signs on doors and in other appropriate places in the home
 - Avoiding use of bedding that produces static electricity
 - Avoiding use of electric razors, hair dryers, or other electrical appliances that produce heat and have a motor
 - Turning oxygen equipment off when not in use
 - Installing and/or maintaining smoke detectors
 - Obtaining a working fire extinguisher and training the patient and others to use it
 - Planning and practicing fire response, including evacuation
 - Other fire safety-related activities
2. Assess whether the patient, family, and/or caregiver understands the education and information provided.
3. Document the education, including the following:
 - Provision of education
 - Content of education
 - Comprehension of education by patient, family, and/or caregiver

Identifying Additional Risk

1. Identify any damage, defects, improper function, or other problems that could preclude safe use of the equipment.
2. Avoid use of any equipment that is damaged, defective, or functions improperly.

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Home Health

Hospice

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3. Conduct additional home oxygen safety risk assessments when new risks are identified, to follow up risks previously identified, and at least at the time of recertification.*
4. Document all additional risk assessments using the patient's record.
5. Assess patient, family, and/or caregiver compliance with safety protocols during each home visit.
6. Identify any unsafe practices related to home oxygen use that are observed in the home.
 - If staff observes unsafe practices, they should notify the physician, especially if the patient lives in a multi-family dwelling unit.
7. Identify appropriate interventions to address compliance. These may include the following:
 - Informing the licensed independent practitioner who ordered the oxygen of compliance issues when unsafe practices are observed in the home.
 - Providing additional education
 - Using written signs or notices to remind the patient, family, and/or caregiver of proper safety measures
 - Exploring alternative living arrangements with the patient and family
 - Transferring or discharging patient consistent with law and regulation
8. Implement identified interventions.
9. Document the following:
 - Observed unsafe practices
 - Identified interventions
 - Implementation of these interventions

REFERENCES

Joint Commission Standard NPSG.15.02.01, EP 1. Conduct a home oxygen safety risk assessment before starting oxygen therapy in the home and when home care services are initiated that addresses at least the following:

- Whether there are smoking materials in the home
- Whether or not the home has functioning smoke detectors
- Whether there are other fire safety risks in the home, such as the potential for open flames

Document the performance of the risk assessment.

Joint Commission Standard NPSG.15.02.01, EP 2. Reevaluate potential fire risks at intervals established by the organization. Evidence of unsafe practices leading to potential risk is used to establish these intervals. Document the reevaluation of potential fire risks.

Joint Commission Standard NPSG.15.02.01, EP 3. Inform and educate the patient, family, and/or caregiver about the following:

- The findings of the safety risk assessment
- The causes of fire
- Fire risks for neighboring residences and buildings
- Precautions that can prevent fire-related injuries
- Recommendations to address the specific identified risk(s)

Document the provision of information and education.

Joint Commission Standard NPSG.15.02.01, EP 4. Assess the patient's, family's, and/or caregiver's level of comprehension of identified risks and compliance with suggested interventions during home visits. Document this assessment.

Joint Commission Standard NPSG.15.02.01, EP 5. Implement strategies to improve patient and/or family compliance with oxygen safety precautions when unsafe practices are observed in the home. This includes notifying the licensed independent practitioner ordering the oxygen. Document the implementation of strategies to address compliance.

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<p>SIGNATURE</p>	<p>DATE [MM/DD/YYYY]</p>

*Text shaded yellow is content that goes above and beyond Joint Commission standards and, therefore, is not specifically required. However, the information is included to assist in developing best-practice policies and procedures.