
Staff Competency: Keys to Quality of Care and Life and Staff Satisfaction





Staff Competency

Your presenter today is:

Sophie A. Campbell, MSN, RN, CRRN, RAC-CT, CNDLTC

Director, Clinical Advisory Services

Baker Tilly Virchow Krause, LLP

sophie.campbell@bakertilly.com



Staff Competency

Disclaimer

The information included in this presentation was current at the time that it was developed. Federal policy changes frequently so there may be changes to what is included here after this session is completed.



Staff Competency

Objectives:

1. Review the regulatory requirements for Phase 3 ROPs to be implemented Nov. 27, 2019
2. Outline the impact of staff competency on quality of care and life and staff satisfaction
3. Discuss the various methods for evaluating staff competence



Staff Competency

Requirements of Participation Phase 3:

- Integrated in the facility assessment
- Regulatory requirements include:
 1. § 483.35 Nursing Services
 2. § 483.40 Behavioral Health (Phase 3)
 3. §483.60 Food & Nutrition Services
 4. §483.70 Administration – Facility Assessment 483.70(e)
 5. §483.80 Infection Control
 6. §483.95 Training Requirements (Phase 3)



Staff Competency

Definition: competency

Competency: “An expected level of performance that integrates knowledge, skills, abilities and judgment.”

ANA 2008

Competent staff are more likely to engage residents and families in a knowledgeable, honest manner!



Staff Competency

Positive outcomes from the facility assessment/competencies

- Improved resident and employee satisfaction
- Improved staff retention and recruitment
- Improved census secondary to resident and representative satisfaction
- New program development
- Decreased re-admissions/ED visits
- Improved communication with community partners
- Improved Five Star Rating: through health inspections and quality measures
- Measurable improvement in resident quality of care and quality of life



Staff Competency

Studies have demonstrated that **individual competence at work** (food service workers, environmental workers, management, healthcare workers and administrative assistant workers, to name a few) **is strongly correlated to job satisfaction** and satisfaction at work, as well as, increased productivity and organizational loyalty.

Staff Competency

Satisfaction (staff and resident):

It is a measure of how products and services supplied by a company meet or surpass **customer** expectation. **Customer satisfaction** is defined as "the number of **customers**, or percentage of total customers, whose reported experience with a firm, its products or its services (ratings) exceeds specified **satisfaction** goals."

Staff Competency

Satisfaction (staff and resident):

“Management plays an integral role in the level of care provided even when they are not directly involved,” they wrote.

According to the report, a primary determining factor of an employee’s satisfaction and loyalty is the relationship with his or her direct supervisor. “When management helps an employee feel engaged and offers them the support and resources necessary to provide quality patient care, employees are not only more satisfied with their employer but also remain more loyal,” the authors wrote. And that, in turn, can reduce costly turnover and enhance retention.

“Managers and leaders can do that by making sure that employees have all the resources and training necessary to do their jobs well,” said John Griffith, M.B.A., a professor at the University of Michigan’s School of Public Health.

Staff Competency

Quality of Care (F676):

§483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable.

Staff Competency

Quality of Life:

§ 483.24 Quality of Life (F675)

Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

Staff Competency

§483.35 Nursing Services (F725 and F726)

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).*

Staff Competency

§ 483.40 Behavioral Health

Provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, includes residents with dementia

These competencies and *skills sets include*, but are not limited to, knowledge and/or appropriate training and supervision for:

- Care for residents with mental disorders 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), including implementing non-pharmacological interventions.

Staff Competency

§483.60(a) Food & Nutrition

The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)

Staff Competency

§483.80(a) Infection Control

*The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of *communicable* diseases and infections.*

§483.80(a) Infection *prevention* and control program

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

(1) A system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases for all residents, staff, volunteers, visitors and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards



Staff Competency

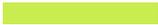
Cultural competence

- Culturally competent care focuses on recognizing individual needs
- Includes language, customs, beliefs and perspectives
- Includes cultural sensitivity as a foundation to compassion and respect for the dignity, worth and unique attributes of every person
- Requires:
 - Cultural awareness
 - Cultural knowledge
 - Cultural desire
 - Cultural skill
 - Cultural encounter

Staff Competency

Person-centered care

- Means that residents are supported in achieving the level of physical, mental and psychosocial well-being that is individually practicable.
- Honors the importance of keeping the **person** at the center of the **care** planning and decision-making process
- Take time to connect with the **person** as a unique individual
- Approaches, such as shared decision making and self-management support, specifically aim to enable people to play a more active role in defining the outcomes



Staff Competency

§483.95 Training Requirements

A facility must develop, implement and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.70(e)

Staff Competency

F940 – Facility must have an effective training program in place for all new and existing staff, contract employees and volunteers (consistent with roles)

- Minimum training topics include:
 - Communication (Phase 3)
 - Resident’s rights and facility responsibilities
 - Prevention of resident abuse, neglect, misappropriation and exploitation
 - QAPI (Phase 3)



Staff Competency

F940

- Infection control (Phase 3)
- Compliance and ethics (Phase 3)
- Behavioral health training (Phase 3)
- Required in-service training for nurse aides
- Training for feeding assistants
- Amount and types of training must be based on the facility assessment



General areas of staff competency required for all facility staff

1. Resident rights
2. Infection prevention and control
3. Prevention of abuse, neglect and misappropriation
4. Dementia care
5. Fire safety

Staff Competency

Staff competencies

Primary/general areas of nursing staff competency required:

- Physical and cognitive systems assessments
- Technical procedures using evidenced-based tools
- Use of medical equipment/supplies for treatment

General area of non-nursing staff competency required:

- Use of equipment/supplies involved in the completion of the job tasks
- Technical procedures included in the completion of job tasks
- Specific items that are related to work in resident care areas

Staff Competency

§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

Goals from review of the facility assessment:

- To determine staffing requirements
- Establishing the facility QAPI program
- Conducting emergency preparedness planning

Staff Competency

CMS Facility Assessment Tool intent and purpose

Purpose: to determine what resources are necessary to care for residents competently during day-to-day operations and emergency situations

- May be used to make decisions about direct care staff
- Number of staff as well as capabilities required to provide services

Intent: for the facility to evaluate their resident population and identify the resources needed to provide person-centered care and services

Staff Competency

Guiding principles **MUST** be based on **YOUR** Facility Assessment

- Relate your competencies to your mission/vision/philosophy and goals
- 1. Who do you admit to the facility and when are admissions accepted?
- 2. What does the answer to #1 require of all staff?
- 3. What resources are needed to provide the services for our residents?
- 4. What equipment is present in the facility and on the grounds of the facility?
 - Directions and evaluation for use
- 5. How do we prepare for meeting the intent of our policies and procedures?
 - Competencies related to procedures

Staff Competency

Reviewing your competency process

- Which competencies do you assess?
- Are they core and job-specific?
- How often, what methods are used and who assesses?
- How do you document?
- What's working well and what isn't?
- How do you promote accountability for competency?
- Does your process incorporate cultural competency and person-centered care?

Staff Competency

Competency helpful hints

- Link competencies to resident population, acuity and diagnoses
- Build on experience, certification and education
- Ensure competencies are job- and team-specific
- Involve key people and ask for input
- Competency assessment/verification
- Ensure all staff are evaluated: contract staff, vendors, volunteers and MDs as appropriate for the role in the facility

Staff Competency

Developing competencies

- Involve key people – not *only* the staff development manager
- Department managers *must* determine department-specific competencies
- Determine best methods to assess and verify competencies
- Consider combination of self evaluation, expert evaluation and feedback from stakeholders (i.e., meeting and exceeding expectations)

Staff Competency

Staff competency education and evaluation is required for all staff

- Not just staff who provide direct resident care
- Anyone in the facility who does something or uses something in their work that they are not familiar with or have never used before
- When there is a new piece of equipment introduced in any department
- Some areas “feel” like they are specific to nursing, but if the team member has any contact or opportunity for contact with residents these are required
- Use your facility assessment related to equipment, care tasks, other tasks



Staff Competency

Competency assessment/verification

- Competency performance assessments
- Interactive scenarios or role plays
- Observations of daily work or practices
- Return demonstrations
- Written or verbal pre- and post-tests
- Checklists correlated to directions or procedures
- Peer reviews
- Self-assessment
- Combinations

Staff Competency

Competency assessment in the long-term care survey process

- Be prepared to describe your process for determining staff competencies
- Ensure that the method of verification correlates to type of competency being assessed
- Lecture and read and sign are not enough to ensure competence
- Include competency education and evaluation in the QAPI process
- Address competence as part of root cause analysis with resident event reports
- Incorporate competency education and evaluation in the plan of correction
- Address new equipment and policies/procedures/protocols in competency

Staff Competency

Competency assessment in the long-term care survey process

- Surveyors may:
 - Ask staff to demonstrate a specific task or skill during the survey
 - Observe staff performing various tasks (e.g., wound care, catheter insertion, peri-care, tube feeding, hand hygiene, etc.)
 - Observe areas that don't conform to policies and procedures (e.g., snow removal, call bell response, smoking, hand hygiene, etc.)
 - Note potential competency areas related to resident events (e.g., equipment use, equipment failure, equipment availability, etc.)

Staff Competency

Competency assessment in the long-term care survey process

- Surveyors may:
 - Observe staff interacting with residents to determine how they address
 - Person-centered care (e.g., asking for permission to perform various tasks, informing residents of what will happen, facilitating resident choice)
 - Behaviors for residents with dementia
 - ADL care to help residents attain their highest level of independence
 - Resident rights and providing a homelike environment
 - Safety and accident prevention in the physical environment

Staff Competency

CMS has competency assessments available for CNAs, managers, RNs and other nursing team members as part of the program utilizing CMP funds.

- Available on the CMS website
- Available as a toolkit
- Available free of charge
- However, don't be lulled into believing these are the only competency assessments that you need
- It is a good start and one that includes the areas that are most often addressed by surveyors as well as high volume and high risk and for the largest group of team members in the facility with greatest number of items for evaluation

Staff Competency

NHA responsibilities related to competency

- Imperative for NHA to request and review information related to competency
- Each department should provide competency education and evaluation data for the NHA to review
 - Should be completed on hire and at least annually or when there is a concern
 - Should be specific to department and task/position/job
- Non-clinical departments can also impact residents if they are not competent in what they are doing
- All competency education and evaluation cannot be the responsibility of the staff development manager

Staff Competency

- Imagine...
 - Being the team member who was onboarded to their role in the facility during orientation using a slide show that was the same for all team members being hired regardless of department
 - Followed by days and weeks of confusion related to what this team member is supposed to do and resentment from the rest of the team because they “can’t”
 - Then one day the department manager calls the team member in to discipline them because of a complaint from a resident representative related to their work
- Did the team member fail, did the manager fail and/or did the system fail?

Staff Competency

- When we develop and market our admission criteria, we are saying to referral sources, the community, the potential residents and hosts of others that we **CAN** perform all tasks associated with these criteria
- Our facility assessment gives us the opportunity to clearly note what we **MUST** be able to perform with competence
- When we write and have the resident/representative sign an admission agreement we are agreeing that we **CAN** provide the care and services that they require and that we **WILL** provide these based on standards and procedures

Staff Competency

So...

Do these sound like *only* nursing functions?

Staff Competency

We need to remember that if a resident requires a service and we cannot meet that need, regardless of department, we must not admit or we must consider a transfer

- Flooding in the facility/loss of power for an extended period/weather emergency
- Treatments or medications that we have not had experience with/cannot obtain
- Specific diet that we cannot provide for whatever reason (e.g., Kosher kitchen)
- Younger resident for whom we cannot meet activity interests
- Behavior management needs that team members are not educated on
- Infections for which we do not have the capacity to provide specific isolation

Staff Competency

- It is no longer appropriate, safe and/or reasonable to hire our neighbor who needs a job but cannot perform and that is why he/she is available for work
- We don't necessarily need people who know the regulations – we need people who will “do the right thing”
- Our facility policies and procedures/protocols and directives should include the standards of practice and the regulations – takes the guess work out of what we all should be doing and whether we are compliant
- If our team members are compliant with the policies and procedures/protocols that we have developed that incorporate the regulations and standards, then we are compliant as a provider to competently address resident needs

Staff Competency

Competency does not just address situations such as a resident falling from a mechanical lift; there are many other areas:

- Injury to a resident’s lower limb that resulted in amputation as the result of an injury from a large floor buffer
- Injury to a team member while using the meat slicer for holiday ham
- Death of a resident related to door locks that did not lock but team members did not know they were to check the locks as part of a “door check”
- Serious change in resident condition resulting in re-admission and near death secondary to moving lab results at the nurses station during routine cleaning
- Quarantine of facility as the result of infection believed to be spread by a dining services team member after working with food while ill and not wearing gloves



Staff Competency

“No human being will work hard at anything unless they believe that they are working for competence.”

-- William Glasser

“Competence brings confidence.”

-- Anonymous quote



Staff Competency

Questions?

An elderly couple is walking away from the camera in a park. The ground is covered in fallen autumn leaves in shades of orange, yellow, and brown. The woman on the left is wearing a dark purple jacket and light-colored pants. The man on the right is wearing a teal sweater and dark pants. They are holding hands. In the background, there are trees with some green and some yellow leaves, and a bright sky. A black rectangular box is overlaid on the right side of the image, containing the text "Thank you for attending!" in a bright yellow-green font. Above the text is a short horizontal line of the same color.

**Thank you
for attending!**