BREAK OUT FROM THE COMPETENCY ASSESSMENT TRAP!

LORI KNOCH, MSN, RN, CNS
MAY 2016
DISCLOSURE AND CONFLICT OF INTEREST

- The presenter has declared no conflict of interest that relates to this presentation
OUTCOME

- The learner will be able to identify common issues with traditional competency assessment and will be able to apply the bedside competency format into current practice
WHAT IS THE TRAP?

- Assessing a large number of competencies
- Measuring the same competencies every year
- Measuring competencies based solely on regulatory requirements
- Focusing only on technical skills
- Process with many checklists
CHARACTERISTICS OF STRONG COMPETENCY PROGRAMS

- Emphasis on outcomes
- Flexibility & adequate time for achievement of outcomes
- Use of self-directed activities
- Use of educator as facilitator & resource
- Use of various learning & assessment styles
INITIAL COMPETENCIES

- First six months to one year
- Core job functions
ONGOING COMPETENCIES

- Build on the initial competencies; dynamic and responsive to the changing environment
  - HR.01.07.01: The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. This evaluation is documented.

- Staff should complete only one type of competency in a given year
COMPETENCY DEVELOPMENT

- Needed by 100% of employees in the job class
- Not a list of educational in-service needs
- Select 10 or fewer competencies
COMPETENCY DEVELOPMENT

- Based on quality improvement data; items that are new, changed, high risk or problematic

- Collaborative effort between managers and staff

- Prioritize
ACCOUNTABILITY

Manager
- Creates environment for success
- Monitors employee progress
- Evaluates process

Employee
- Completing competencies
- Participate in development
- Evaluates process

Educator
- Expertise to support process
- Expertise on matching verification methods to competency
- Separating education need from a competency
VERIFICATION METHODS

Mock Events/Surveys
Exemplars
Return Demos
QI data
Tests
Evidence of daily work
Presentations
Peer Reviews
Self Assessment
Discussion/Reflection Groups
Case Studies
VERIFICATION METHODS
TESTS AND EXAMS
Measures Cognitive Skills & Knowledge Only

**Across**
5. This is an important component in maintaining good control of diabetes.
6. This is the type of insulin that peaks in 6–10 hours and lasts at least 18 hours.
8. This can happen to tissue if injection sites are not rotated.
11. You do not have to do this to the site after an insulin injection.
12. This type of hemoglobin test shows how well diabetes has been controlled over a 2–3 month period.
14. Used to treat an unconscious person with diabetes.
16. Always check this date on the insulin bottle.
17. What the body breaks down when glucose is not available for cell energy.
18. Diabetes should carry some form of this with them at all times.
20. When insulin is not available or working as it should, it cannot enter the muscle cells, and builds up in the blood stream.
22. This urine test should be done any time the blood glucose is greater than 300, or if the patient feels sick or has signs of hyperglycemia.

**Down**
1. Signs of this include nausea, vomiting, weakness, lethargy, headaches, heavy breathing, abdominal pain, and high blood glucose levels.
2. Insulin absorption will ___ according to the injection site chosen.
3. This needs to be known, specified, ordered about the type of insulin the patient takes before administering any insulin. It is another name for source.
4. This should be assessed on a daily basis at home and at the hospital.
7. When a long and a short acting insulin are given at the same time, this one is drawn up first.
9. The frequency with which patients should record blood glucose levels, insulin taken, and reactions.
13. Illness usually ____ (increase or decrease) the blood glucose level.
15. A sign of hypoglycemia.
19. The species of insulin or insulin source most used.
23. When glucose can no longer enter the muscles cells and builds up in the blood stream, what condition is the result?
24. Exercise ____ (increases or decreases) need for insulin, when the beginning blood glucose level is <240.
25. Name the insulin site which is to be used for most patients ≥7 years of age.

**Bonus Questions**
23. When glucose can no longer enter the muscles cells and builds up in the blood stream, what condition is the result?
24. Exercise ____ (increases or decreases) need for insulin, when the beginning blood glucose level is <240.
25. Name the insulin site which is to be used for most patients ≥7 years of age.
## RETURN DEMONSTRATION

Measures Technical Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Required for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Foley Catheter Discontinuation Policy Guideline 12-48</td>
<td>Observation of Foley Discontinuation by a Nurse</td>
</tr>
<tr>
<td></td>
<td>Nurse Signature</td>
</tr>
<tr>
<td>B. Collecting UA/UC from Indwelling Catheters Policy Guideline 12-48</td>
<td>Observation of Collecting UA/UC from Indwelling Catheter by a Nurse</td>
</tr>
<tr>
<td></td>
<td>Nurse Signature</td>
</tr>
<tr>
<td>C. Hemovac/Jackson Pratt Drain Stripping Follow Policy Guideline 37-13</td>
<td>Observation by a Nurse or skilled Paraprofessional*</td>
</tr>
<tr>
<td></td>
<td>Nurse or Paraprofessional Signature</td>
</tr>
<tr>
<td>D. Hemovac/Jackson Pratt Dressing Change Follow Policy Guideline 37-15</td>
<td>Observation of Hemovac/Jackson Pratt Dressing Change by a Nurse</td>
</tr>
<tr>
<td></td>
<td>Nurse Signature</td>
</tr>
</tbody>
</table>
EVIDENCE OF DAILY WORK
Measures Technical Skills
Case Study A
Edward is 30 years old and has been hospitalized following a fractured hip sustained in a skiing accident two days ago. Your assessment yields the following information:

- No history of allergies or chronic illness; receiving vitamins and diet supplements; weight 165; BP = 120/80; HR = 80; R = 18; on a scale of 0 to 5 (0 no pain/discomfort, 5 worst pain/discomfort), Edward rates his hip pain as 4.

1) On the patient’s record you must mark his pain on the scale below. Circle the number that represents your assessment of Edward’s pain:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain/discomfort</td>
<td>Worst pain/discomfort</td>
<td></td>
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</tbody>
</table>

2) Your assessment, above, is made four hours after Edward received morphine 10 mg. IM. During the 3 hours following the injection, Edward’s pain ratings ranged from 3 to 4 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. His physician’s order for analgesia is “morphine IM 5 to 15 mg q3-4h PRN pain relief.” Check the action you will take at this time:

- _____ a) Administer no morphine at this time.
- _____ b) Administer morphine 5 mg. IM now.
- _____ c) Administer morphine 10 mg. IM now.
- _____ d) Administer morphine 15 mg. IM now.
Last week I was caring for Mrs. F., a rehab patient. In the Kardex I read the care plan written by the primary nurse. It said we needed to increase her fluid intake over the next few days. As the NA, I have been assisting Mrs. F. with her meals. She has a tough time holding a glass. She does better with a mug. She can even pick up a mug by herself. I have been setting up a mug full of water or juice every 2 hours for Mrs. F. This encourages her to drink a little all day. I also wrote that she handles a mug better than a glass in the Kardex for the primary nurse and other caregivers.

Mary Lipton, NA
PEER REVIEW
Measures Both Critical Thinking & Interpersonal Skills

Coping with and Managing Change
Peer Review Worksheet

This form may be used to verify your competency related to “coping with and managing change.” Managing change is a skill that we will all need to survive the changes occurring in healthcare today. Give this form to a peer and ask him or her for feedback related to your skills in coping with and managing change.

1. When confronted with a new idea, this individual reflects on the idea before responding.  
   Never  Rarely  Sometimes  Frequently  Always
   1  2  3  4  5

2. When a system or issue needs changing, this person is comfortable collecting information about the problem and its possible solutions.  
   Never  Rarely  Sometimes  Frequently  Always
   1  2  3  4  5

3. Most of the time this individual appears to have energy to cope with the fast-paced change occurring around him or her.  
   Never  Rarely  Sometimes  Frequently  Always
   1  2  3  4  5

4. This person accepts responsibility for his or her personal response to the change.  
   Never  Rarely  Sometimes  Frequently  Always
   1  2  3  4  5

5. This person accepts accountability to educate him or herself in becoming more comfortable with the change process.  
   Never  Rarely  Sometimes  Frequently  Always
   1  2  3  4  5

6. This individual accepts responsibility for how to share his or her discomfort with the difficult parts of change—for example, knowing when, where, and how to appropriately share or discuss issues.  
   Never  Rarely  Sometimes  Frequently  Always
   1  2  3  4  5

Total = ________

Person being reviewed _____________ Peer completing the review _______________
SELF-ASSESSMENT

Best Used To Measure The Affective Domain (Values, Beliefs, Opinions & Attitudes)

Coping with and Managing Change
Self Assessment Worksheet

This form may be used to verify your competency related to “coping with and managing change.” Managing change is a skill that we all need in order to survive the changes occurring in health care today. Take some time to reflect on the skills you need to deal with change.

1. When I am confronted with a new idea, I reflect on the idea before responding.  
   - Never 1  - Rarely 2  - Sometimes 3  - Frequently 4  - Always 5

2. When a system or issue needs changing I feel comfortable collecting information about the problem and possible solutions.  
   - Never 1  - Rarely 2  - Sometimes 3  - Frequently 4  - Always 5

3. Most of the time I feel I have enough energy to cope with the fast-paced change occurring around me.  
   - Never 1  - Rarely 2  - Sometimes 3  - Frequently 4  - Always 5

4. I accept responsibility for my personal response to the changes around me.  
   - Never 1  - Rarely 2  - Sometimes 3  - Frequently 4  - Always 5

5. I accept accountability to educate myself in becoming more comfortable with the change process.  
   - Never 1  - Rarely 2  - Sometimes 3  - Frequently 4  - Always 5

6. I accept responsibility for how I share my discomfort with the difficult parts of change. For example, I know when, where, and how to appropriately share or discuss.  
   - Never 1  - Rarely 2  - Sometimes 3  - Frequently 4  - Always 5

Total =

Total up the numbers you circled for each statement. If your total is between 21 and 30, you are doing great. Keep up the good work. If your total score is between 11 and 20, you have made a great start. Keep it up. If your total is between 0 and 10, we appreciate your honesty, and encourage you to participate in one of the “Managing Change” activities offered throughout the year.
DISCUSSION/REFLECTION GROUPS
Measures Critical Thinking Skills As Well As Promotes Group Cohesiveness & Support

Describe a situation involving communication that has occurred recently that caused you to feel uneasy or frustrated.

If you were in this situation...
How could you show to the individual(s) in this situation that you were listening to them?

In what way could you provide direct, honest and respectful feedback or communication?

Describe some ways you could respectfully clarify differences or show disagreement?
PRESENTATIONS
Measures Knowledge And Understanding
Methodology

- High-fidelity simulator placed in a non-ICU room with an unannounced code blue button activated.
- Evaluations indicated a knowledge deficit on the roles and responsibilities of the responders.
- Format changed in August of 2015 to include 15 minutes of education on the roles and responsibilities, which took place prior to the code.
MOCK EVENTS/SURVEYS
Measures Responses In Daily Work Or Practice
QUALITY IMPROVEMENT MONITORS
Measures Technical Skills, Critical Thinking Skills & Interpersonal Skills

<table>
<thead>
<tr>
<th>Indicators</th>
<th>+</th>
<th>-</th>
<th>NA</th>
<th>expected</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employee wore gloves to touch any body substance (blood, stool, drainage, etc.).</td>
<td></td>
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<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>2. Employee wore gloves to touch any item, bed clothes, or skin soiled with body substances.</td>
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<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>3. Employee wore gloves to touch non-intact skin of patient and/or protect his or her own non-intact skin.</td>
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<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>4. Employee wore a gown when he or she anticipated clothing might become soiled with body substances.</td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>5. Employee wore a mask during any procedure in which he or she anticipated body substance might splash or spray.</td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>6. Employee wore protective eyewear during any procedure in which he or she anticipated body substance might splash or spray. (Personal glasses need solid side shields, permanently affixed.)</td>
<td></td>
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<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>7. Employees washed their hands after removing gloves.</td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
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<td>8. Employee discarded needles and other sharp instruments in a puncture-resistant container.</td>
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<td>100%</td>
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</tr>
<tr>
<td>9. Employee did not recap dirty needles.</td>
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</tbody>
</table>
CURRENT CONDITION

- Traditional competency day:
  - HomeCare
  - Therapy-PT/OT/ST
  - Home Hospice
  - Inpatient Hospice
  - Transitional Care Center
  - Rehab
  - DME-home medical equipment

(131 nurses 58 aides 66 therapists-255 total)
PROBLEM ANALYSIS

- Focus heavily on technical skills
- Unable to address real-time issues due to controlled environment
- Validators are educating
- Staff miss scheduled dates due to vacation, illness, pregnancy, forgetfulness
PROBLEM ANALYSIS

- Staff bring children
- New hires coming in for education on competency day
- Assistant managers taken off the floor for 8 hours
- Staff taken off the floor to complete competencies
COST ANALYSIS

4 assistant managers to “man” a station for 8 hours x 3 days = $2900
WRIGHT METHOD OF COMPETENCY ASSESSMENT

- Robert Wood Johnson University Hospital, Somerville, New Jersey
- North Kansas City Hospital, North Kansas City Missouri
- St Luke’s Health System, Boise, Idaho
- Children’s Mercy Hospital, Kansas City, Missouri
- Virginia Commonwealth University Health System, Richmond, Virginia
- Morton Plant Mease Health Care, Clearwater, Florida
- Avera McKennan Hospital & University Health Center, Sioux Falls, South Dakota
“Before each skills fair we provided study guides that spoon-fed the information and skills being tested, as if staff would wake up one morning and forget how to perform an everyday skill they’d been performing for years.”
“Resistance to changing our current process, a marathon skills fair, was strong because a lot of staff complete the process in a short time. I knew our current process had very little meaning in growing our staff. Like many hospitals, we held house-wide and department specific skills fairs; ours consisted of approximately 20 stations that all clinical licensed staff completed over a four-day period. Some staff members were downright angry as they came through the marathon days of the skills fair. There was very little emphasis on improving professional practice for the provision of excellent patient care. Staff were frustrated because the process meant little other than a hurdle to jump over in order to keep their jobs.”
“Units have moved away from competency fairs. The responsibility to complete the identified competencies is shifted from the manager to the employees, who are expected to complete their competencies during April through November using a variety of predetermined methods of validation.”
“Everyone appreciated the reduction in time spent at a central skills lab, which equated to reduced cost in time and dollars. Staff members bring back a signed competency sheet for management to have available for surveyors and performance evaluations. The educators are not telling staff what they should be doing; instead, the focus is on staff telling the educators what they know. We can identify gaps in knowledge and reinforce the correct information in real time.”
“Historically, staff spent hours on “skills day” being educated on and verifying the same skills or concepts annually because we have always done it that way. A goal was to save financial resources by reducing hours spent on skills day and verifying competencies via evidence of daily work and in the departments.”
IMPLEMENTATION OF BEDSIDE COMPETENCIES IN THE POST-ACUTE DIVISION
TARGET UNITS

Total 123

74 nurses & 49 aides

TCC Hawthorn

TCC Willow

Rehab

Inpatient Hospice
NEEDS ASSESSMENT

- Met with managers (individually) to identify topics
- Staff identified topics in Shared Governance meetings
- Prioritized topics
**NEEDS ASSESSMENT**

<table>
<thead>
<tr>
<th>Competency Needs:</th>
<th>Priority (Hi-Med-Low):</th>
<th>Patient Outcome (Hi-Med-Low):</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the NEW procedures, policies, equipment, initiatives, etc. that affect this job class.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the CHANGES in procedures, policies, equipment, initiatives, etc. that affect this job class.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the HIGH RISK aspects of this job. (High risk is anything that would cause harm, death or legal action to an individual or the organization.)</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Mock Codes</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Blood Draws and Labeling</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>What are the PROBLEMATIC aspects of this job. (These can be identified through quality data, incident reports, patient surveys, staff surveys and any other form of formal or informal evaluation.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Teachback</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Urine Specimen Collection and Labeling</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Chair &amp; Bed Alarms</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>FIM Certification</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>NIH Certification</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Plan of Care (deficits, home going)</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Admission &amp; Discharge</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Insertion of peripheral IV catheter</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Shift Report</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Try to limit your focus to 10 or fewer competencies each year. Trying to focus on more than that can be confusing and overwhelming to both staff and leaders.
VALIDATION

- Validators selected
- Validator expectations
- Staff options
<table>
<thead>
<tr>
<th>Demonstrates how to properly operate the bladder scanner</th>
<th>Observation of bladder scanner use on a patient OR Observation of bladder scanner use on one of the above individuals.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Follow Policy Guideline</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Signature/Date</strong></td>
<td></td>
</tr>
<tr>
<td>Demonstrates how to correctly apply and set a chair and bed alarm</td>
<td>Observation of setting a chair and bed alarm with a patient OR Set a chair and bed alarm with one of the above individuals acting as the patient.</td>
</tr>
<tr>
<td><strong>Follow Policy Guideline</strong></td>
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<tr>
<td><strong>Signature/Date</strong></td>
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</tr>
<tr>
<td>Demonstrates the ability to apply HRO tools and tones during patient interaction</td>
<td>Submit two HRO Peer Reviews completed by two different coworkers OR Submit one customer service exemplar based on information from a patient/family member. Include cards, letters, or patient satisfaction information that identifies you by name.</td>
</tr>
<tr>
<td><strong>Follow HRO Training</strong></td>
<td></td>
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<tr>
<td><strong>Signature/Date</strong></td>
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</tr>
</tbody>
</table>
PROCESS

- January: communicated new format
- Binders placed on units
- Began February 16th
- Email reminders-monthly, weekly
- Completion October 31st
COMPETENCY CYCLE

Beginning of the year

Employees working on competencies

End of year deadline

Employees working on competencies

Employees working on competencies
### 2015 Nurse Aide Competencies- all due October 31st
Place a checkmark next to each when complete

<table>
<thead>
<tr>
<th>Collect and label a urine specimen</th>
<th>Shift report</th>
<th>Set-up an isolation room</th>
<th>Apply and set a chair and bed alarm</th>
<th>Apply HBO tools and tubes during patient interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIGHT SHANNON M</td>
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<tr>
<td>CANTWELL MURIEL L</td>
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<tr>
<td>FONTE ANGELA R</td>
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<tr>
<td>FOSTER LOREAL N</td>
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<tr>
<td>HARDMAN TIANA M</td>
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<tr>
<td>HUBBARD KIMBERLY L</td>
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<tr>
<td>JONES KALI M</td>
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<tr>
<td>MARHEFKA RACHEL R</td>
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<tr>
<td>MARTINIS JACEY M</td>
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<tr>
<td>MAYLE ALISA F</td>
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<tr>
<td>NALLEY CHRISTINA M</td>
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<tr>
<td>SINNETT NICOLE M</td>
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<tr>
<td>TOLLEY RUTH M</td>
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</tbody>
</table>

### 2015 Nurse Competencies- all due October 31st
Place a checkmark next to each when complete

<table>
<thead>
<tr>
<th>Insertion of peripheral IV catheter</th>
<th>Report a thorough Plan of Care</th>
<th>Medication Feedback</th>
<th>Collect and label a urine specimen</th>
<th>Completion of admission, including discharge</th>
<th>Peripheral blood draws and labeling</th>
<th>Apply and set a chair and bed alarm</th>
<th>Apply HBO tools and tubes during patient interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>BONNER SUSAN D</td>
<td></td>
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<td>BRANT JULIE M</td>
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<td>BURNS SHAKEILAH C</td>
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<tr>
<td>CASSIDY CARRIE A</td>
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<tr>
<td>CHURCH KARA R</td>
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<tr>
<td>DINARDA SUSAN L</td>
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<tr>
<td>DIPIETRO SANDRA K</td>
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<tr>
<td>EDIF-COLEMAN TINA M</td>
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<td>KUNTZMAN MICHELLE L</td>
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<tr>
<td>MANKO ERIC D</td>
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<tr>
<td>STEFANIAK HOLLIE M</td>
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POST-SURVEY RESULTS

- 53% of staff completed evaluation
- Strengths of bedside competency format
  - Convenience
  - Own pace
  - Accountability
  - Facilitate critical thinking skills
  - Easier to perform competency while performing the actual task instead of a scenario
  - Unit specific
- Issues relating to the communication of the new competency process
  - None
  - Confusing
ISSUES WITH BEDSIDE COMPETENCY

- Validator not available
- Difficulty finding specific patient
- Did not know what to do
- Lack of practice time

- TCC Nurses
- TCC Aides
- Rehab Nurses
- Rehab Aides
- CCC Nurses
- CCC Aides
WAS SUPPORT AVAILABLE

- TCC Nurses
- TCC Aides
- Rehab Nurses
- Rehab Aides
- CCC Nurses
- CCC Aides

Yes
No
Competency Day

Bedside Competency
WHAT METHOD ACCURATELY MEASURES YOUR LEVEL OF COMPETENCY?

Competency Day
- TCC Nurses
- TCC Aides
- Rehab Nurses
- Rehab Aides
- CCC Nurses
- CCC Aides

Bedside Competency
REASONS AGAINST BEDSIDE COMPETENCIES

- TCC Nurses
- TCC Aides
- Rehab Nurses
- Rehab Aides
- CCC Nurses
- CCC Aides
LIMITATIONS

- Skill focused
  - Need reflective practice verification
  - Need outcome measurements of daily work
  - Need critical thinking verification

- Measuring the same competencies
BENEFITS

- Staff not taken off the floor
- Assistant managers not taken off floor for 8 hours
- Live environment to address issues
- Total savings = $2900
FUTURE STATE

- All units 2016
- Repeat survey end of 2016
REFERENCES


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THANK YOU!