

HEADS UP...

TOPIC: Competency assessments

SETTING: Office-based surgery (OBS)



Why is this important?

The COVID-19 pandemic has brought a number of quality and safety topics to the forefront for healthcare organizations. Office-based surgery practices are responsible for ensuring staff are competent (they have the knowledge, technical skills and ability) to perform their duties and provide safe and quality care to their patients. It is also essential for health care workers to be trained and competent to protect themselves to reduce their exposure to on-the-job hazards. This Heads-Up report focuses on the need for office-based surgery practices to ensure and maintain staff competency to perform their duties in a safe and effective manner for patients and themselves.

***Note: COVID-19 caused a significant reduction in the number of surveys performed in the first half of 2020. As such, this Heads Up report is focused less on recent observations and more on inquiries and feedback we received during this time period. The information and resources provided are intended to help organizations as they navigate this difficult and unprecedented time. Please see [Clarification re: resuming survey activities](#) for more information.**

Scope of the Problem:

Time period for inquiries: January 1, 2020 through September 1, 2020

Relevant Standard/EPs: HR.01.06.01 Staff are competent to perform their responsibilities. **EP 5** Staff competence is initially assessed and documented as part of orientation. **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.

Sample survey observations [from surveyor notes and inquiries] (and contributing factors)

- As required by the practice, incomplete or lack of documentation for initial competency assessments (e.g., use of Cidex OPA, staff performing sterilizations and/or high-level disinfection, or others as required by the organization).
- The technician's competency assessment for scope processing was greater than three years.
- The competency file for the medical assistant lacked evidence of competency for the Medivator and the use of high-level disinfectant, Rapiocide™.

Potential contributing factors:

- Unclear, incomplete, or inadequate processes/procedures regarding competency assessment (during orientation and ongoing assessment).
- Lack of new hire orientation and ongoing competency assessments of staff members.
- Individual responsible for competency assessments was not qualified to do so by educational background, experience, or knowledge related to the skills being reviewed.
- Lack of a monitoring tool or tracking system to ensure the staff competencies are completed in a timely manner.
- Leadership failed to ensure that assigned staff who had oversight of the clinical areas followed through with competency assessments.
- Leadership was unaware of requirements for competencies.

How to identify potential problems in your practice

Review your policies and procedures

- What processes does the practice have in place for competency assessment (for all types of staff)?
 - Does the practice have clearly defined processes and procedures for competency assessments?
 - How are these processes documented?
 - What guidelines are used to assess core competencies?
 - How often are competencies assessed? What is the frequency for re-assessment?
 - How does the practice ensure that competency assessments meet applicable regulations and requirements?
 - Does the practice have a process to assess temporary or contracted staff competencies? Is this addressed in the contract?
- What structure does the practice have in place to oversee the practice's competency assessment processes?
- Who is responsible for performing for completing competency assessments? Are they qualified to do so?
- Is education/training regarding competency assessments provided to staff?

Interview staff

- Does staff understand what the process is for an initial competency assessment? How does this differ from the reassessment process?
- Can staff demonstrate knowledge of skills, traits, and behaviors necessary for competency assessments?
- Do leaders provide appropriate oversight and ensure that competency assessments are complete?
- Are staff aware of the competencies that they are responsible for and must maintain for assigned job responsibilities?

Assess your environment

- Review the collection and documentation process to ensure that competencies are thoroughly assessed and completed.
- Review competency records to ensure that forms collect and capture relevant information (names of staff members, date of completion, etc.).
- Ensure that designated leaders review and verify competency requirements specific to each role under their supervision.

Evaluate implementation

- Annually review HR records to ensure that competencies were appropriately assessed and documented within the required timeframe.
- Review the policy and procedures for competency assessments annually to ensure that processes are updated.

What are some resources that can assist in mitigating risks in these areas?

- The Joint Commission. Competency Assessment vs Orientation. 17 April 2020. <https://www.jointcommission.org/standards/standard-faqs/office-based-surgery/human-resources-hr/000002152/>
- The Joint Commission. Competency Assessment vs Education and Training. 11 August 2020. <https://www.jointcommission.org/standards/standard-faqs/office-based-surgery/human-resources-hr/000002254/>
- The Joint Commission. Contract Staff - Applicability of Human Resource Standards (HAP, CAH, AMB, OBS, NCC). 1 September 2020. <https://www.jointcommission.org/standards/standard-faqs/office-based-surgery/human-resources-hr/000001417/>