


The Key to Unlocking a Competency-Based Approach to Staffing

Amy Stewart, MSN, RN, DNS-MT, QCP-MT, RAC-MT, RAC-MTA
 Vice President of Curriculum Development for AAPACN


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Learner Objectives

- Compare and contrast competency-based educational offerings with knowledge-based in-service offerings
- Identify three benefits of providing competency-based staff education
- Learn how to conduct competency-based audits of staff members during day-to-day clinical interactions

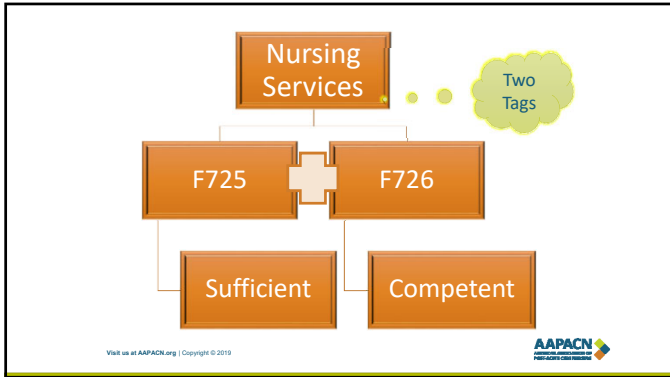
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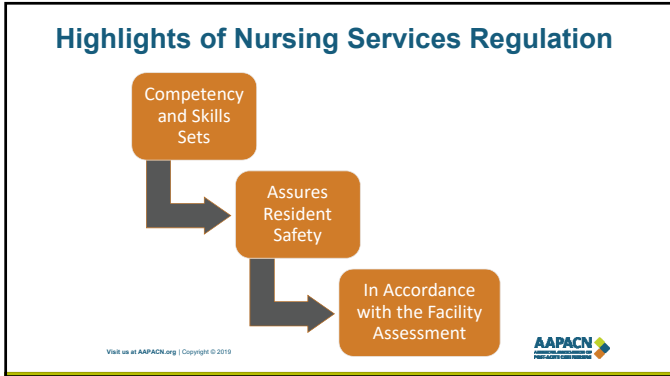


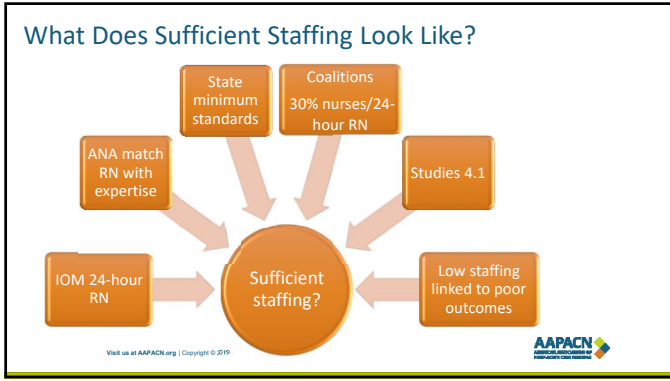
Sufficient & Competent Staffing Regulations

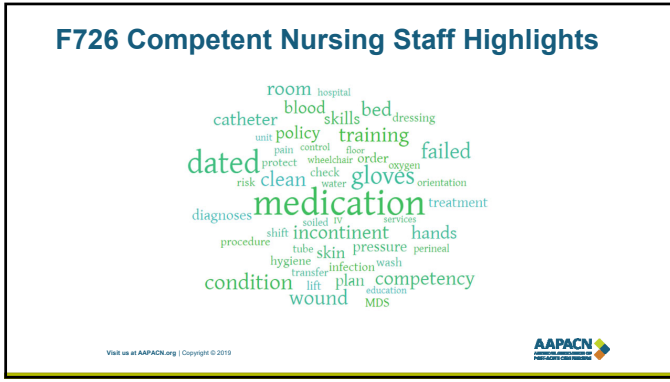
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- ### Wisconsin Highlights
- Failure to orient agency staff
 - Change in condition
 - Leading to negative resident outcomes
 - Competency education
 - Abuse
 - Specialty treatments
 - PICC lines, Unna boots, Foley, suction machine, wound vac
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Knowledge-Based Versus Competency-Based Education

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Knowledge


- A clear and certain perception of something
- An act, factor, state of knowing, understanding
- Through formal training or experience



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Nursing Skill Sets



Skill Sets

- Assessment skills
- Synthesizing data skills
- Critical thinking skills
- Specialty knowledge skills
- Communication skills
- Advocacy skills
- Collaboration skills

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Competencies

Measurable pattern of knowledge, skills, abilities, behaviors, and characteristics that an individual needs to perform work roles or occupational functions successfully

Used for:

- Assessing and selecting candidates for a job
- Assessing and managing employee performance
- Workforce planning
- Employee training and development

U.S. Office of Personnel Management

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Components of Competency-Based Training

People retain:

- 10% of what they read;
- 20% of what they hear;
- 30% of what they see; BUT
- 90% of what they've seen demonstrated and are given the opportunity to practice

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Competency Means

Knowledge

Skills

Action

Intended outcomes

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Benefits of Competency Education

- Higher quality care
- Better outcomes
- Lower cost
- Increased staff retention
- Improved community reputation



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How Do You Determine Sufficient & Competent Staff?




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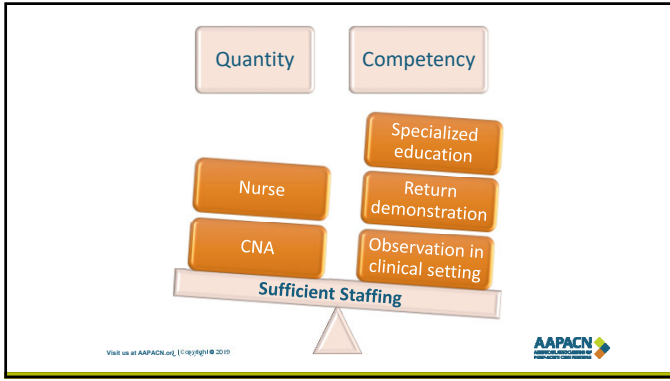


Based on Resident Assessments & Care Plans

<p>Assignment A</p> <ul style="list-style-type: none"> • 15 residents • 5 residents are dependent for all care • 7 residents have complex wound treatments • 8 residents are diabetic, requiring blood sugar monitoring four times daily • 8 residents receive tube feedings • 8 residents have a trach and require tracheostomy care • 4 residents on ventilators • 3 residents have IV antibiotics 	<p>Assignment B</p> <ul style="list-style-type: none"> • 25 residents • 3 residents are dependent for all care • 4 residents have wound treatments • 6 residents are diabetic, requiring blood sugar checks four times daily • 7 residents receive therapy • 3 residents were recently diagnosed with UTIs and are on antibiotics
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What Determines Competent Staff?

- ### Ask Yourself...
- Are resident outcomes appropriate?
 - If not, could this be related to competency needs of staff?
 - Does staff use appropriate clinical judgement?
 - Are resident outcomes reflecting this?
 - Are staff bringing educational requests to facility leadership?
 - Do new admissions ever require immediate staff competency education?
 - How do you measure good clinical decisions?
 - What is being monitored in QAA meetings?

Competency & Resident Outcomes

- UTI Quality Measure = 7%
- Survey citations included: F880-infection control and F690-bowel and bladder incontinence
- Antibiotic use increased this quarter by 5%
- Hospital readmission rates were up slightly
- Supply costs for gloves, briefs, and hand sanitizer were lower than previous months
- A local hospital has just opened a specialty stroke unit


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Competency Considerations

- Tenure versus high turnover
- New graduate versus experienced staff
- Number of new nurse aides versus experienced nurse aides
- Cross shift distribution of new and tenured staff
- Aligning staff across shifts/units based on competencies

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Finding Competency Opportunities


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Facility-Wide Assessment

ICD-9-CM	Diagnosis	No. of Residents	% Total Census
10100	Cancer (with or without metastasis)		
Heart/Circulation			
10200	Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)		
10300	Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardia and tachycardia)		
10400	Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (AHDC))		
10500	Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), or Pulmonary Thrombo-Embolism (PTE)		
10600	Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)		
10700	Hypertension		
10800	Orthostatic Hypotension		
10900	Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)		
11000	Subclinical Coronary Disease (SCCD) or Coronary Artery Calcium		
11100	Diabetes Mellitus		


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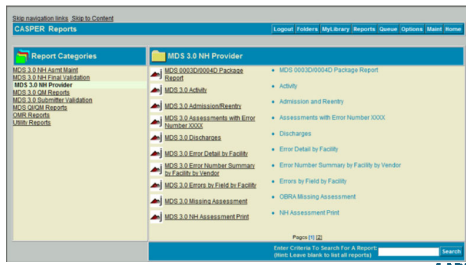
Using Facility-Wide Assessment Data

- 65% of residents have a diagnosis of diabetes
 - Competency education related to insulin, monitoring for hypo/hyperglycemia and subcutaneous injections
- 40% of residents suffer from depression
 - Competency education on adverse effects of antidepressants; non-pharmacological interventions, signs of suicidal ideation, and PHQ-9
- 25% of resident have fallen in the last year
 - Competency education related to fall prevention or fall risk assessment
- 15% rate of infections last year
 - Competency education related to hand hygiene, isolation practices

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CASPER Reports




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CASPER Report Examples

- For the last three years the facility was cited for medication administration issues
 - Educate on common themes
- Last year the facility was cited for dental care
 - Educate on recent issues
- UTI Quality Measure flagging above 75th percentile
 - Educate on peri-care, toileting programs, catheter care
- Weight loss Quality Measure trending upwards
 - Educate on feeding techniques, obtaining weights

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QAA/QAPI Meetings

- Training related to facility-identified risks:
 - Pressure ulcer prevention
 - Fall prevention
 - Infection prevention & control
 - Elopement
 - Medication management
 - Code status
 - Near misses



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Lessons Learned

Practice Drills

- Response to choking incident
- Response to CPR
 - Include a tracheostomy resident
- Response to community-based emergency
 - Shipping residents
 - Receiving residents
- Response to resident-to-resident altercation or behaviors
- Response to allegation of abuse, neglect, or exploitation

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Performance Reviews

Look for areas of concern

- Assessment
- Monitoring
- Implementing interventions
- Specific skills needed
- Medication administration
- Documentation
- Identifying condition changes


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Building a Competency Training Plan

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Current and Future Education

Use what works

- Hands-on education with return demonstration
- Computer-based education with observation
- Professional development courses
- Orientation/onboarding process


Conduct a needs assessment

- What do staff need/want to know more about
- What do they need to do their job better

Future skills required

- To meet growing demands
- To help grow business with referral sources


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Educational Considerations

- Language barriers/ESL considerations
- Literacy status
- Culturally sensitive
- Computer-based learning challenges
 - Allowing time at work
 - If accessing at home, then how to ensure it's the learner taking it?
 - How do they ask questions/seek clarification?


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Enhancement Opportunities

- Pre-employment competency evaluation
- Offer geriatric assessment courses
- Communication enhancement courses
- Reality drills
- Teamwork education


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Planning for Education

- Determine the instructor
- Determine the objectives
- Determine the teaching and evaluation method(s)
- Determine the dates/times
 - All shifts
 - One-time event
- Resources and budget
 - Time
 - Equipment
 - Labor cost


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Types of Educational Offerings

- Lecture
 - With return demonstration
 - With discussion
 - With post-test
- Power Point
- Video
- Computer-based
- External courses
- Simulation exercises
- Independent study
- Reading assignments
- Role play
- Guest speaker
- Community-based
 - Emergency preparedness drill
- Case studies
- Just-in-time education

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Educational Calendar

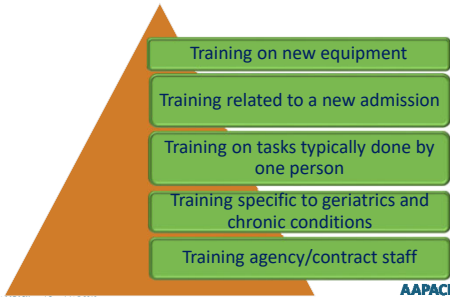


- Schedule and post upcoming education for the year
- Budget for other educational opportunities
 - Related to survey
 - New equipment
 - New technology
 - New services

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Educational Considerations



- Training on new equipment
- Training related to a new admission
- Training on tasks typically done by one person
- Training specific to geriatrics and chronic conditions
- Training agency/contract staff

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Risk/Benefit Analysis of Education


Education Costs


- Average hourly RN wage \$30 x 20 hours of annual education = \$600 annually
- There are 30 RNs in the facility 30 x \$600 = \$18,000 per year
- Cost of replacement for RNs (OT): \$45 x 30 = \$1,350
- If every education session required OT replacement: \$1,350 x 20 = \$27,000
- Total: **\$45,000 annual cost** for RN education that benefits ALL residents & staff

Civil Money Penalties

- Staff were unable to perform CPR appropriately
- The resident passed away due to staff's inability to provide CPR appropriately
- The facility was fined \$300,500
- Total cost to clear the immediate jeopardy and pay fines = **\$425,000 for this one incident**


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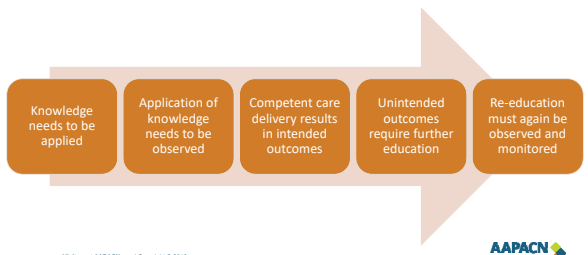


Competency Evaluation


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Ensuring Competency




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Use Current Resources for Data Gathering

- CMS Sufficient and Competent Staffing Review form**
 - Walks through several areas to determine if there is sufficient staffing
- Employee satisfaction surveys**
 - Do employees feel that education & training are a priority?
- Resident satisfaction surveys**
 - Are residents mentioning staffing issues?
- Resident/Family Council meeting**
 - What are residents/family members saying about staffing issues?

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CMS Mandatory Task Review

DEPARTMENT OF HEALTH AND SENIOR SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES


Sufficient and Competent Nurse Staffing Review

Surveyors should evaluate if the facility has sufficient and competent nursing staff 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. States who have mandatory nurse-to-resident ratios are not exempt from this regulation.

Coordination:

- Every surveyor assesses the facility for compliance with the requirements for sufficient and competent nursing staffing throughout the survey.
- At the end of each day, one surveyor consolidates the information related to staffing from other surveyors. This shall include information obtained from any observation or interview conducted as part of the activities in this task listed below, or based on other activities such as general resident interviews or investigations. Information obtained shall include examples that demonstrate a lack of sufficient and/or competent staff with either:
 - the potential for negative outcomes or harm, or
 - actual negative outcomes or harm.
- After consolidating this information, the surveyor assigned to this task then evaluates the information and determines further actions or investigations.

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Monitor Resident Needs & Outcomes

- Changes in resident trends**
 - Staff may need training or retraining
- Increase or change in the number of admissions with a specific diagnosis**
 - Consider implementing annual training
- Recent increase in a new treatment/medication**
 - Be sure staff are familiar with it and can apply/administer it appropriately

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Internal Audits

Assess staff competency regarding policies and procedures


- Handwashing
- Incontinence care
- Catheter care
- Wound care
- Risk assessments

Observe care delivery

- Use a checklist to assess that knowledge has turned to action
- Conduct audits at various times of the day

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Thank You

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 Phone: 224-422-0756
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