


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: Human Resources, Hospital-wide	EFFECTIVE DATE: January 22, 2018	POLICY NO.: A-HR300	PAGE: 1 of 8
TITLE: COMPETENCY ASSESSMENT/VALIDATION				
LAST REVIEWED/REVISED: 10/2017				
ENDORSED: EMC 10/2017				

PURPOSE:

To outline the competency assessment process utilized by the Guam Memorial Hospital Authority (GMHA) through the use of effective job descriptions, orientation, competency assessments and performance evaluations for all positions held with GMHA except physicians whose competencies are guided by the Guam Memorial Hospital Medical Staff by laws.

To outline the competency assessment process utilized for all other service providers from external contractors who performs services on behalf of the hospital.

POLICY:

It is GMHA's policy to ensure that all GMHA personnel, in classified, unclassified, and contractual positions, are competent to fulfill their assigned responsibilities. An evaluation of each staff member's competence shall be conducted during the initial employee orientation process and at least once every three (3) years, or more frequently as needed. Competencies that are required to be evaluated are those essential skills and responsibilities the staff members need to successfully perform his/her job.

DEFINITION

Competence is defined as a person's capacity to perform his/her job function---possessing the knowledge, skills, behaviors, attitudes, and personal characteristics necessary to function well in delivering care according to expectations. The following factors must be considered:

1. **Populations Served:** Staff members must successfully complete competency assessments specific to the age ranges, cultural, ethnic and clinical conditions associated with the population serviced by the department

2. The specified competencies that need to be assessed and reassessed on an on-going basis, based on techniques, procedures, technology, equipment, medications and skills needed to provide care, treatment and services within the given department to the specific patient population served by that department.

PROCEDURE:

I. COMPETENCY VALIDATION:

- A. Validation of basic competency is accomplished through the following activities as applicable for employee position.
 1. The employee meets the requirements of assigned job description, which shall specify the knowledge, skills, education, competency and training required for position of practice.
 2. Current license and certification to practice as applicable for position.
 3. Satisfactory or above satisfactory performance evaluation. This evaluation shall include an objective assessment of the individual's performance in delivering patient care services in accordance with specific patient populations.
 4. Completed and validated competency checklists appropriate to area of practice.
 5. Completion of mandatory education requirements, as applicable to area of practice.
 6. Attendance at mandatory in-service education programs and instructional sessions reviewing proper use and functioning of new equipment.
 7. Current BLS and ACLS, PALS, NRP, as appropriate to area of practice. Certification must be from an American Heart Association approved Training Center.
 8. Compliance with unit-based quality improvement indicators.
 9. Meeting the physical requirements of the job as per the job description.
- B. Competencies requiring annual validation are documented for each clinical area based on low volume procedures, high risk clinical situations, regulatory requirements, problem prone tasks or procedures (as identified by Performance Improvement Studies, Near Miss Adverse Occurrences, or Sentinel Events, Proactive Risk Assessment or Risk Reduction Studies/Strategies, Patient Satisfaction Surveys, etc.). Therefore, different units may have different skills selected for competency verification.
- C. Competency criteria and verification should be consistent throughout service lines for the same skill.

- D. Competency validation is ongoing. Baseline competency/skills will be initially assessed during department orientation or during initial performance of the competency/skill when encountered (ex. new equipment, supply, procedure).
- E. Methods for assessing competency/skills include, but are not limited to:
1. Return Demonstration of a Skill: A person who has already demonstrated competency can supervise and evaluate another employee's actual performance in relation to a specific objective.
 2. Satisfactory completion of written testing as applicable.
 3. Peer input
 4. Physician or other professional input
 5. Daily or frequent performance of a procedure
 6. Attendance at an in-service
 7. Mock events
 8. Performance Improvement indicators
 9. Presentations
 10. Discussion Groups/case studies
 11. Current licensure/certification validation, as applicable
 12. Satisfactory compliance to Standards of Care/Standards of Practice, policies and procedures and job descriptions
 13. Completion of department specific checklist
 14. On line training and/or testing
 15. Outside/Sole Provider
- F. Detail competency/skills files will be maintained by the department head so as to ensure easy access in the following situations.
1. For review when conducting performance evaluations.
 2. For determining appropriate patient assignments.
 3. In the event an employee's competency/skills comes into question.
 4. For tracking and reporting purposes.
- G. The hospital-wide employee competency summary form shall be completed and submitted to the Human Resources office for file in the employee's official personnel jacket. (See Attachment I)
- H. The competency validation/assessment for contractors/vendors shall be the responsibility of the department manager whose department is being serviced with oversight by the Hospital Materials Management Administrator for compliance.
- I. The Human Resources Department shall conduct on-site audits of the service department's competency records to ensure hospital compliance.

CORRECTIVE ACTION (FOR NON-COMPLIANCE)

- A. It is the responsibility of employees to assure that they remain in compliance with all hospital requirements at all times. Failure to maintain current competency requirements will subject the employee to progressive disciplinary action.
- B. It is the responsibility of the Department Manager or designee to ensure that all necessary corrective actions are taken for contractors who fail to meet the contractual obligations to GMHA.

II. REQUIRED COMPETENCIES HAVE TWO CLASSIFICATIONS:

- A. Regulatory Requirement:

The group of requirements listed below is of such importance that a failure to remain compliant will result in immediate disciplinary action. Life support certification infractions will also result in the employee being placed on leave without pay status until compliance is met. Non-compliance for all other regulatory requirements will result in the issuance of a written warning. The employee has thirty (30) calendar days from the issuance of the written warning to attain compliance. Failure to obtain compliance within the thirty (30) calendar day period may lead to progressive disciplinary action.

 - 1. General Orientation
 - 2. Environmental of Care training
 - 3. Hospital Mandatory Training
 - 4. Life Support Certification – where required (certification must be from an American Heart Association approved Training Center)
 - a. Basic Life Support/CPR
 - b. Neonatal Resuscitation Program (NRP)
 - c. Pediatric Advanced Life Support (PALS)
 - d. Adult Cardiac Life Support (ACLS)
 - 5. Professional Licensure/Organization Membership – where required
- B. Core Competencies and Other department Requirements:

This classification is intended to cover all other competencies within GMHA that are required of an employee or contractor in their role. Failure to remain compliant will result in a written warning being issued. The staff/contractor has thirty (30) calendar days from the issuance of the written warning to attain compliance. Failure to obtain compliance within the thirty (30) calendar day period may result in:

 - 1. Progressive disciplinary action
 - 2. Contract termination for GMHA contractors.

IV. DURATION

Staff shall have a documented competency assessment completed as a part of their orientation and once every three (3) years, or more frequently as needed.

Fulfillment of competency requirements will be monitored through the employee's performance evaluation rating period.

V. COMPLIANCE

- A. It is the responsibility of the department manager to ensure that when an employee with a performance deficiency(ies) is unable or unwilling to improve:
1. the staff member's work assignment may be revised;
 2. that additional education and training is provided;
 3. that appropriate corrective action(s) is taken to ensure the acceptable and established level of competency is met.
- B. It is the responsibility of the Department Manager or designee to ensure that all contractual services are in compliance with this policy.

VI. MONITORING COMPLIANCE

- A. The Human Resources department shall ensure that the department/units are in compliance with this policy.
- B. The Human Resources Department shall maintain a tracking profile of employees to ensure compliance.
- C. The Human Resources shall on a monthly basis perform:
1. Audits will be conducted in three (3) units per month.
 2. Audits of ten (10) files for units/department with ten (10) or more personnel and 100% for units/department with less than ten (10) personnel.
 3. The Human Resources Department shall provide the Hospital Administrator a list of employee names and their respective department/unit not in compliance with this policy.
 4. The Human Resources Department will notify in writing the respective departments/units not in compliance with this policy.
 5. The Department Manager/Supervisor will have five (5) working days from the date of notice to be compliant.

RESCISSION:

Policy No. 8650-1.203, Competency Assessment/Validation, of the Human Resources Manual made effective March 2012.

ATTACHMENT:

- I. [Hospital-wide Employee Competency Summary Form](#)

ATTACHMENT I

GUAM MEMORIAL HOSPITAL AUTHORITY
Hospital-wide Employee Competency Summary Form

Attachment (A)

Print Employee Name: _____ Dept.: _____ Job Title: _____ Immediate Supervisor: _____
Competency Period From _____ to _____

Competency Type: () New Hire Orientation () 5 Month Review () Annual Review () On-going Review () Clinical () Non-clinical

JC Standard: Demonstrate proficiency in performing procedures appropriately and effectively in accordance with standards as evidenced by unit-specific criteria, and age specific criteria for direct patient-care providers.

COMPETENCY ASSESSMENT KEY: All KEY factors must be reported in the checklist below.				
<u>Level of Competence (LOC)</u>	<u>Population: (POP)</u>	<u>Knowledge Based Verification Method: (VM)</u>	<u>Measurement Tool: (MT)</u>	<u>Action Plan: (AP)</u>
0) Cannot perform skill independently 1) Requires practice/assistance to perform skill 2) Competent-performs skill independently 3) Competent-performs skill independently and able to assess competency of others X) Not applicable	N – Neonate P - Pediatric AA - Adolescent A - Adult G – Geriatric X – Not applicable	NEO – New Hire Orientation CBT – Computer Based Training I – In-service V- Videos M – Mentoring P – Preceptoring CS – Case Studies LM – Learning Modules (self study) X – Other (Must Specify)	C – Checklist O- Observation D – Demonstration SL – Skills Lab (simulation) IS – Incident Summary PR – Peer Review RR – Record Review L - Licensure/Certification VT – Verbal Test WT – Written Test X – Other (Must Specify)	A) Praise & Recognition B) Review policy C) Practice with supervision D) Needs teaching & education E) Re-assignment F) Progressive Corrective Action X) Other (Must Specify)

REQUIRED COMPETENCIES ASSESSMENT CHECKLIST	Self Eval LOC	LOC	POP	VM	MT	AP	Evaluator Initials
A. REGULATORY REQUIREMENTS							
1. Hospital Orientation							
2. Unit Orientation							
3. Patient Safety Training – All Modules							
4. Environment of Care Compliance Training							
5. Professional Licensure/Certification # _____ expiration: _____							
6. National Incident Management System (NIMS)							
7. Life Support Certification (American Heart Association certification)							
a. Basic Life Support/CPR (BLS) TO: _____ exp. _____							
b. Neonatal Resuscitation Program (NRP)							
c. Pediatric Advanced Life Support (PALS)							
d. Adult Cardiac Life Support (ACLS)							
8. Other (specify)							

B. CORE COMPETENCIES AND OTHER FACILITY/UNIT REQUIREMENTS Covers all other competencies required of employees in their roles	Self Eval LOC	LOC	POP	VM	MT	AP	Evaluator Initials
1. Dept/Unit Policies							
2. Dept/ Unit Procedures							
3. Dept/Unit Equipment							
4. Customer Service Skills							
5. Professional Conduct							
6. Attendance & Punctuality							

I acknowledge that I have reviewed the detailed supporting documentation of my competency assessment and that it shall be filed with the unit I am assigned to and that the Human Resource office shall have access to these files to ensure compliance. This summary form shall be filed in my official personnel file in the Human Resources office.

Next Competency Review Date: _____

Print Employee Name:	Print Evaluator Name	Print Supervisor Name:
Employee Signature:	Evaluator's Signature	Supervisor Signature
Date:	Date:	Date:
Comments:		
Reviewed by Human Resources Representative:		
Print Name:	Signature	Date:
Comments:		

New: April 2010