Leading Change in Competency Assessment: In With the New

Steve Risch MSN, RN, CCRN, CCNS
Cynthia Heer MSN, RNC-BC, RN-BC
Disclosures

• We do not have any relevant financial relationships with any commercial interests

• We do not endorse/approve any commercial products
Objectives

• Describe the process of implementing an evidence-based competency assessment program

• Discuss outcomes related to an accountability-based competency assessment method

• Discuss challenges associated with leading a change in competency assessment
What’s all the fuss?

- Regulatory Requirements *(JC, Department of Health, OSHA)*
- Professional Nursing Standards *(ANA)*
- Organizational Policies *(Human Resources)*
- Patient Safety
- JCAHO HR.01.06.01
  - Staff are competent to perform their competencies.
  - EP #6: Staff competence is assessed and documented every 3 years, or more frequently as required by hospital policy or in accordance with law and regulation

- This does **not** mean, however, that they have to be performed together at the same time.
482.28(a)(3)
Tag: A-0622
There must be administrative and technical personnel competent in their respective duties.
According to the 2008 ANA Professional Role Competence Position Statement, **competency** is defined as:

“An expected level of performance that integrates knowledge, skills, abilities and judgment”
Patient Safety

Safe patient care

Competency Performance Standard
History of Competency Assessment at MGUH

• Up until 2009 (Conventional Method)
  – Hospital Wide Skills’ Blitz
  – All competencies standard, only tested skill level
  – Often teaching sessions
  – No formal process

• 2010-2012
  – Department /Unit Specific Skills’ Blitz
  – Competencies relevant to unit

• 2013
  – Time for a change
Evaluations of our conventional method revealed:

- Nurse dissatisfaction
- Poor resource utilization
- Skills labs were thought of as “cattle calls”
- Time intensive for managers and educators pursuing nurses to get competencies done
- Lack of nurse accountability with process
- Questionable measure of competency assessment
Evaluation from “The JC” in 2011

- “Too many competencies”
- “Should be done on a three year cycle”
- “Should be population based”
- “Document competency during the event “
- “Should be more real life”
Quality Improvement Using the PDCA Model

June 20, 2013

Knowledge and Compassion Focused on You
PLAN

Identify a Problem

• Our conventional method of competency assessment wasn’t working

• We needed to find a new method based on evidence
PLAN
Look for best practices based on evidence

• Asking the question
  – What is the best method for identifying competencies?
  – What process involves nurse input/buy in?
  – Promotes nurses’ accountability?
  – Captures nurses in the moment?
PLAN

• Nurse Educators attended the 2011 ANPD Conference
• All the hospital educators read Donna Wright’s book “The Ultimate Guide to Competency Assessment in Health Care”

## PLAN

### Competency Assessment Comparison

<table>
<thead>
<tr>
<th>Conventional Competency Assessment</th>
<th>Accountability-Based Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competencies determined by educators</td>
<td>Collaborative approach between clinical nurses and leadership team</td>
</tr>
<tr>
<td>Competency verification done by only a few methods</td>
<td>Many different methods of verification available</td>
</tr>
<tr>
<td>Competency Skills Fair</td>
<td>Real-time on the job verification</td>
</tr>
<tr>
<td>Expensive</td>
<td>Cost savings achievable</td>
</tr>
<tr>
<td>No consistent method for competency assessment</td>
<td>Standardized approach to competency assessment</td>
</tr>
<tr>
<td>Lack of completion accountability</td>
<td>Enhanced professional responsibility</td>
</tr>
</tbody>
</table>
DO

Steps to a New Model of Competency Assessment

Step 1 Marketing

Step 2 Select Competencies

Step 3 Choose Validation Process

Step 4 Perform Validation Training

Step 5 Competency Validation of Nurses
DO
Step 1 - Marketing “Getting the Word Out and Getting Buy In”

• Key stake holders identified

• Current policy review and SWOT Analysis
DO

SWOT Analysis of Conventional Competency Assessment Process

Strengths:
• We had a program that met the basic needs of our units
• Educators have a variety of skills & knowledge levels

Weakness
• Didn’t really measure nurses’ critical thinking skills
• Accountability issues
• Didn’t represent evidence of daily practice
• Contained only one validation option
DO

SWOT Analysis of Conventional Competency Assessment Process

Opportunities
• Ability to allow for professional accountability in our adult learners
• Strengthen knowledge and skill base of our nurses

Threats
• Administrative buy in
• Nurses not complying with new policy
• Investment of energy to create new program
DO

Nurse Educator Competencies

The Nurse Educators pilot tested the new process with their own competencies
DO

Step 2- Establish Process to Select Competencies

• Unit based Competency Selection Committees established-(included educators, managers and clinical nurses)

• Responsibilities
  – Select competencies
  – Select validation methods

June 20, 2013
DO

Step 2- Selecting Competencies

• What are the NEW procedures, policies, equipment, initiatives, etc. that affect this job class?
• What are the CHANGES in procedures, policies, equipment, initiative, etc., that affect this job class?
• What are the HIGH RISK aspects of this job?
• What are the PROBLEMATIC aspects of this job?

DO

Step 3 - Validation Process

• Reviewed competencies and selected validation methods
• Created a standard competency template to be used by all units
• Created educational material for nurses to review prior to their competency validation (no more teaching during competency validation)
DO

Step 4- Validator Training

- Selected Validators based on chosen criteria
- All Validators had to attend a training session
- Validators’ competencies were validated by the educators
- Validators were expected to follow criteria and hold nurses accountable
  - Need educator support !!!
Step 5 - Competency Validation of Nurses

- Started validating competency of nurses
- Nurses were held accountable by manager for incomplete competencies
# CHECK

## Outcomes-Increased Nurse Satisfaction

| Nursing Satisfaction with New Competency Methods | 1= Strongly Disagree  
5= Strongly Agree |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I preferred the new process of competency assessment over the traditional method</td>
<td>Average score= 4.3</td>
</tr>
<tr>
<td>I think the new process of competency assessment is a more accurate method of validating my clinical competency as compared to the traditional method</td>
<td>Average score= 4.1</td>
</tr>
<tr>
<td>Overall, I would rate the new method of competency assessment as excellent for completing yearly competencies</td>
<td>Average score= 4.3</td>
</tr>
</tbody>
</table>

June 20, 2013
Outcomes-Increased Nurse Satisfaction

Nurses’ open-ended responses from evaluation tool:

“Really unit based and actual work environment”

“We can do our skills at our own pace, not being rushed”

“Not having to come in on day off or stand in long lines at skills blitz”

“Flexible for our time, more personalized, less stressful, more friendly setting, emphasis on improving skills and demonstrating ability vs. testing atmosphere”

“I feel like the new process more accurately assessed our skills & knowledge”

June 20, 2013
CHECK
Outcomes- Decreased cost and time spent validating competencies

<table>
<thead>
<tr>
<th></th>
<th>FY 11</th>
<th>FY 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Rate of Pay</td>
<td>29.38</td>
<td>29.38</td>
</tr>
<tr>
<td>Ed Hours</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Per RN</td>
<td>205.66</td>
<td>29.38</td>
</tr>
<tr>
<td>Total RN bodies</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>Competency Expense</td>
<td>$11,106</td>
<td>$1,587</td>
</tr>
<tr>
<td>Saving for C6-3</td>
<td></td>
<td>$9,519</td>
</tr>
<tr>
<td>Savings per RN</td>
<td>176.28</td>
<td></td>
</tr>
</tbody>
</table>

June 20, 2013

Knowledge and Compassion Focused on You
ACT

Based on the outcomes:

• Revised Division of Nursing Policy on Competency Assessment

• Revised policy was approved by the Nursing Leadership Team (Educators, Managers, Directors) and became an official nursing policy
ACT

Based on the outcomes:

• New Competency Assessment Process became part of the Nursing Education Department’s Strategic Plan
ACT

Based on the outcomes

*Promoted Professional Development*

- Managers and clinical nurses became more involved with the competency assessment process
- Mentoring opportunities arose for Validators interested in pursuing leadership/educator roles
- Became an element in the Clinical Advancement Program
Future Directions for Competency Assessment

• Choosing different competencies based on Benner ‘s Novice to Expert Model

• Using this process for competency validation of Unlicensed Assistive Personnel

• Selecting a “competency of the month”
Challenges to Leading a Change in Competency Assessment

• Getting buy-in from all involved parties
• Educating nurses that this is competency validation, not a coaching or educational session
• Catching nurses “in the moment”
• Getting a policy changed
• Everyone trying to complete competencies at the last minute
Challenges to Leading a Change in Competency Assessment

Validator Challenges:

• Selecting enough nurses to be Validators (include night and weekend shifts)
• Difficulty scheduling Validator training
• Having nurses select validation methods
  – Inter-rater reliability
Celebrate

June 20, 2013

Knowledge and Compassion **Focused on You**
Resources


