Competency Based Staffing
And the New RoPs
Objectives

- Discuss how the Facility Assessment correlates to qualified and competent staff expectations
- Explore the new requirements for staff competency
- Discuss best practices and strategies to evaluate our staff to determine competency level
- Discuss strategies to operationalize the training process to meet the staff competency requirements
§483.35 Nursing Services

- F726 (formerly known as F353)
- The facility **must** have sufficient nursing staff with the appropriate competencies and skills sets 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 and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).
§483.35 Nursing Services

- §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.

- §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident’s needs.
§483.35 Nursing Services

§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.
§483.35 Nursing Services

- INTENT §483.35(a)(3)-(4),(c)
  - To assure that all nursing staff possess the competencies and skill sets necessary to provide nursing and related services to
    - meet the residents’ needs safely, and
    - in a manner that promotes each resident’s rights, physical, mental and psychosocial well-being
  - “Competency” is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.
§483.35 Nursing Services

- Must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations.

- Significant factors:
  - Facility Assessment,
  - Resident-specific assessments, and
  - Care plan

- Surveyor will not only consider adverse reactions or outcomes, but also potential for physical and psychosocial harm
§483.70 Facility Assessment

- Facility Assessment F838
- *The facility must* conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.
- Determined Population drives staff competencies and qualifications
- Diagnoses, Conditions, Acuity, Ethnic & Cultural considerations
  - Additional resources, such as equipment and supplies
  - Physical environment
Example - Resident Population (types of diseases)

% of residents affected

- Heart/Circulatory: 41%
- Neurological: 81%
- Psychiatric: 48.00%
- Metabolic: 62%

Legend:
- Heart/Circulatory
- Neurological
- Psychiatric
- Metabolic
Anxiety
Depression
Psychotic Disorder

Example - Resident Population
(types of diseases - Cardiac)

Cardiac Diagnosis 10/1/2016 - 9/30/2017
- PVD
- Ortho, HTN
- Hypertension
- Heart Failure
- DVT
- CAD
- A-fib
- Anemia
0 50 100 150 200 250

Example - Resident Population
(types of diseases - Psychiatric/Mood Dis.)

Psychiatric/Mood Diagnoses 10/1/2016 - 9/30/2017
- PTSD
- Schizophrenia
- Psychotic...
- Manic...
- Depression
- Anxiety...
Example - Resident Population (types of conditions)

- Contractures
- Incontinent of Bladder
- Ambulation with assistive device
- Fall Risk
- Elopement Risk
The Population ...

Types of Diseases

Example - Resident Population (types of diseases)

- Heart/Circulatory: 41%
- Neurological: 48.00%
- Psychiatric: 5%
- Metabolic: 8%

Types of Conditions

Example - Resident Population (types of conditions)

- Contractures: 25%
- Incontinence of Bladder: 33%
- Ambulation with Assistive Device: 40%
- Fall Risk: 8%

Don’t forget about the one-offs

1 trach
2 dialysis
2 hospice
1 tube feeding
6 neb tx.
### Example - Resident Population (acuity)

<table>
<thead>
<tr>
<th>Major RUG-IV Categories</th>
<th>Number/Average or Range of Residents</th>
<th>Assistance w/ADLs</th>
<th>Independent</th>
<th>Assist of 1-2 Staff</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehab Plus ES</td>
<td></td>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extensive Services</td>
<td></td>
<td>Transfer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Care High</td>
<td></td>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Care Low</td>
<td></td>
<td>Toileting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinically Complex</td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Symptoms and Cognitive Performance</td>
<td></td>
<td>Independent Assistive Device Used to Ambulate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced Physical Function</td>
<td></td>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Don't forget about other feedback!
Ethnic & Cultural Preferences

- Cultural competencies help staff communicate effectively with residents and their families and help provide care that is appropriate to the culture and the individual. The term cultural competence (also known as cultural responsiveness, cultural awareness, and cultural sensitivity) refers to a person’s ability to interact effectively with persons of cultures different from his/her own. With regard to health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.
Ethnic & Cultural Preferences

- What ethnic, cultural, or religious factors or personal resident preferences that may potentially affect the care provided to residents by your facility.
  - Activities
  - Food and nutrition
  - Languages
  - Clothing preferences
  - Access to religious services, or
  - Religious-based advanced directives
<table>
<thead>
<tr>
<th>Resident Specific Assessments &amp; Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities of daily living</strong></td>
</tr>
<tr>
<td><strong>Mobility and fall/fall with injury prevention</strong></td>
</tr>
<tr>
<td><strong>Bowel/bladder</strong></td>
</tr>
<tr>
<td><strong>Skin integrity</strong></td>
</tr>
<tr>
<td><strong>Mental health and behavior</strong></td>
</tr>
<tr>
<td><strong>Medications</strong></td>
</tr>
<tr>
<td><strong>Pain management</strong></td>
</tr>
<tr>
<td><strong>Infection prevention and control</strong></td>
</tr>
</tbody>
</table>
### Resident Specific Assessments & Care Plan

<table>
<thead>
<tr>
<th>Management of medical conditions</th>
<th>Assessment, early identification of problems/deterioration, management of medical and psychiatric symptoms and conditions such as heart failure, diabetes, chronic obstructive pulmonary disease (COPD), gastroenteritis, infections such as UTI and gastroenteritis, pneumonia, hypothyroidism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy</td>
<td>PT, OT, Speech/Language, Respiratory, Music, Art, management of fractures, splints</td>
</tr>
<tr>
<td>Other special care needs</td>
<td>Dialysis, hospice, ostomy care, tracheostomy care, ventilator care, continence care, palliative care, end of life care</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Individualized dietary requirements, liberal diets, specialized diets, IV nutrition, tube feeding, cultural or ethnic dietary needs, assistive devices, fluid monitoring or restrictions, hypothermolyics</td>
</tr>
<tr>
<td>Provide person-centered/directed care: Psychological/spiritual support</td>
<td>Build relationship with resident/get to know him/her, engage resident in conversation, find out what resident’s preferences and routines are; what makes a good day for the resident, what upsets him/her and incorporate this information into the care planning process. Make sure staff caring for the resident have this information; record and discuss treatment and care preferences; support emotional and mental well-being; support helpful coping mechanisms; support resident having familiar belongings; provide culturally competent care; learn about resident preferences and practices with regard to culture and religion; stay open to requests and preferences and work to support those as appropriate; provide or support access to religious preferences, use or encourage prayer as appropriated/desired by the resident; provide opportunities for social activities/life enrichment (individual, small group, community); support community integration if resident desires; prevent abuse and neglect; identify hazards and risks for residents; offer and assist resident and family caregivers (or other proxy as appropriate) to be involved in person-centered care planning and advance care planning.</td>
</tr>
</tbody>
</table>
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.

General Observation and Interview Concepts to Consider When Considering Compliance:

  • Odors, call-lights, census, and staff’s ability to complete assignments are used to assess if the facility has sufficient staff to meet the residents’ needs.
  
  • The Facility Assessment is used to assess if the facility appropriately considers the facility’s census and residents’ acuity to determine the number and competency of staff required to meet each resident’s needs.
  
  • The use of position-change alarms, devices that may restrict a resident’s movement, and medications that subdue or sedate residents are used to assess if the facility is using these items as potential restraints because they don’t have sufficient staff to monitor each resident effectively.
  
  • Hospitalizations and the staff’s ability to identify and address residents’ changes in condition are used to assess if the facility’s staff possess the required competencies to care for each resident.
  
  • Agency staff are used to assess if agency staff possess the required competencies to care for each resident.
  
  • Trainings are used to assess if staff retained the information provided by training to maintain the required competencies to meet each resident’s needs.
  
  • Turnover and QAA are used to assess if the facility is operating an effective QAA process.

List of Observations Made While Completing the Initial Pool Process and/or Investigations: During team meetings, the team should discuss whether any of the areas listed below were concerns to alert the team of potential concerns with sufficient or competent staff.

☐ Are there offensive odors? If so, what is the source?
Sufficient and Competent Nurse Staffing Review

- If mid-morning (e.g., 9-11 a.m.) or later, are residents still in bed and not dressed?
- Are residents sitting around the nurse’s station, in the hallways, or in front of the television without any interaction from staff?
- Are call lights and alarms responded to timely?
- Are residents displaying behavioral or pain concerns such as being combative, yelling, or crying out?
- Are residents who wander unsupervised and susceptible to, or creating, issues?
- Do staff appear rushed when providing resident care? Do licensed nurses help nursing aides when asked for assistance?
- Are residents provided assistance with eating during meals and are nursing staff monitoring the dining area during meals?

Potential use of restraints:
- Are residents subdued or sedated, indicating the potential use of chemical restraints; or
- Are there devices or practices in use that restrict residents’ freedom of movement indicating the potential use of physical restraints?

Are residents’ choices honored and their dignity maintained? For example:
- Do residents remain unkempt or unclean for extended periods of time (e.g., after sleeping or eating); or
- Are residents woken up and assisted with activities, such as eating, bathing, or dressing at times that is convenient for staff (e.g., during shift change), rather than at the residents’ preference (within reason)?

- Is there a delay in residents receiving their medications timely?
- Are residents repositioned or turned timely in accordance with their plan of care?

- Is there a high incidence of position-change alarm use? ★

- Do staff explain to residents what they are doing when assisting or providing services to the resident?

Are residents experiencing avoidable accidents (e.g., falls), elopements, or incidences of resident-to-resident altercations or abuse? ★

- If concerns about staff responsiveness exist, the surveyor should activate the call light and record the response time of the staff.

When observing care or services provided to residents by nursing staff, determine if they demonstrate competency. Such as, their abilities to provide care according to professional standards in the following areas: Refer to other regulations and IGs as appropriate.

- Inability for staff to identify any obvious signs of residents’ change in condition; ★
- Transfers and Positioning (e.g., use of mechanical lifts, bed to chair); ★
- Infection Control Techniques, including wound care and residents on isolation precautions;
- Tracheostomy, Ventilator care, or Tube feeding; and
- Incontinence, including Catheter care.
Sufficient and Competent Nurse Staffing Review

INTERVIEWS:
Residents/Resident Representatives or Family Members:

Staff Sufficiency (list of probes addressed during the initial pool process): During team meetings, the team should discuss whether any of the areas listed below were concerns to alert the team of potential concerns with sufficient or competent staff.

☐ Do you feel that there is enough staff to meet your needs and concerns, such as answering your call light timely or responding quickly to your alarm if you have one? If not, why, and what care or services do you feel are not provided, such as receiving or refilling a cup of water, toileting, dressing, eating, going to activities? Is there a specific time of day or weekends that are more problematic?

☐ Has anything occurred because you had to wait for staff to respond and assist you, such as being incontinent, missing a shower, or falling? How often does this occur?

☐ Do you routinely eat in your room? If so, is this your choice and if needed, is assistance provided to help you? Are room trays delivered timely?

☐ Are you able to wake, dress, eat, or engage in other activities at times that are preferable to you?

☐ Does staff interact with you and explain to you what care or services they are providing and why? Does staff rush you when they provide care?

☐ Do you get your medications on time?

☐ Do you now or have you ever had a position-change alarm used — for example, a device that makes a sound when you change your position while sitting or in bed? If so, do you know why these alarms are used for you?

☐ Do you receive medications that make you sleepy, tired, lethargic, or sedated?

Staff Competency (surveyors should ask residents about staff competency throughout the survey):

☐ Do you feel safe and comfortable when staff assist you?

☐ Do you think the nursing staff are experienced and knowledgeable when providing your care? If not, what concerns have you experienced?

☐ Do you recall a time when you didn’t feel well? Did you tell a staff member? What happened? For example, did you get better or worse?

☐ Have you been transferred to the hospital? For what reason?

Nursing Aide and Licensed Nurse Interview: If concerns are identified with sufficient or competent staff, complete the following interviews.

Staff Sufficiency:

☐ How many residents are you responsible for on a regular basis during your shift?

☐ Do you have enough time to complete your required assignments each day? If not, why not, and what assignments are you not able to complete? How often does this occur?
This all ties back to the facility assessment and resident population.
Is your staff competent?

Observations:
- Infection prevention and control policies and procedures must be implemented (i.e., hand hygiene immediately before and after contact with a resident or any equipment used on resident, access site care for hemodialysis and catheter site care for peritoneal dialysis).
- Is soap, water, and a sink readily accessible in locations where dialysis care is provided?
- Does staff perform hand hygiene (even if gloves are worn) in a manner consistent with the current standards of infection control practices?
- Is PPE appropriately implemented?
- Are qualified personnel accessing and providing maintenance of central venous catheters (CVCs), shunts, fistulas, or other vascular access catheters using aseptic technique:
  - The access insertion date is documented and the indication for use is documented and assessed regularly.
- Does the resident require injections related to dialysis care?
  - Injections are prepared using aseptic technique in an area that has been cleaned and is free of contamination (e.g., visible blood, or body fluids).
  - The rubber septum on any med vial, whether unopened or previously accessed, is disinfected with alcohol prior to piercing.
  - Med vials are entered with a new needle and a new syringe, and Med administration tubing, connectors, and bags of IV solutions are used for only one resident (and not as a source of flush solution for multiple residents).
- Are care-planned and ordered interventions in place and followed?
  - Provide direct visual monitoring of the access site before and after dialysis; and
  - Provide ongoing monitoring and care of the resident’s vascular access (fistula, graft, or central venous catheter) for HD, catheter for PD as ordered, and provide ongoing monitoring for dialysis related complications (e.g., bleeding, access site infection, or hypotension).

For a resident receiving dialysis at a certified dialysis facility, did the nursing home:
- Assess and document vital signs, including the blood pressure in the arm where the access site is not located, weights if ordered and communicate the information including the resident’s status with the dialysis facility prior to and post dialysis;
- Provide assistance and safe transportation to and from dialysis;
- Administer meds or meals before or after dialysis as ordered;
Briefly review the most recent comprehensive assessments, comprehensive care plan and orders to identify whether the facility has recognized, assessed, provided interventions and implemented care and services according to professional standards of practice in order to meet the resident’s dialysis care needs under investigation. This information will guide observations and interviews to be made in order to corroborate concerns identified. In addition, investigate to assure that there are sufficient numbers of trained, qualified and competent staff to provide the interventions identified for a resident receiving dialysis care and services.
A new resident was recently admitted to the nursing home with a diagnosis of diabetes. Upon interview several staff stated that they were not familiar with using this new blood sugar monitor. As a result the resident’s blood sugar levels were inaccurate and not reliable. The levels continued to fluctuate from very high to very low and in each case the amount of insulin administered to the resident was adjusted based on these results. As a result after 3 days the resident went into diabetic shock and was hospitalized.
Example #2
Level 4 - Immediate Jeopardy

- The facility failed to ensure that licensed nurses had the skills and knowledge to detect changes in a resident’s condition. After the nurse’s aide notified the nurse on duty that the resident has swelling in her feet, the nurse determined that the resident has 2+ pitting edema and documented the finding in the medical record. No further action was taken. The nurse did not review the medical record which identified the resident’s history of congestive heart failure (CHF). The next day the resident’s edema increased, the nurse notified the attending physician but did not inform the physician of the resident’s history of CHF. The nurse did not conduct any further assessment of the resident, secure orders from the physician, or document a request for intervention from the physician. On day three the resident experienced respiratory distress and was admitted to the hospital with CHF exacerbation. The inability of the nursing staff to conduct a thorough assessment and to recognize the signs and symptoms of CHF resulted in heart failure and placed the resident at risk for serious harm or death.
Putting this all together ...

- Evaluates current staff training programming to ensure nursing competencies (e.g. skills fairs, training topics, return demonstration)
- Identifies gaps in education that is contributing to poor outcomes (e.g. potentially preventable re-hospitalization) and recommends educational programming to address these gaps.
- Outlines what education is needed based on the resident population (e.g. geriatric assessment, mental health needs) with delineation of licensed nursing staff vs. non-licensed nursing and other staff member of the facility.
- Delineates what specific training is needed based on the facility assessment (e.g. ventilator, IV’s, trachs).
Putting this all together ...

- Details the tracking system or mechanism in place to ensure that the competency-based staffing model is assessing, planning, implementing, and evaluating effectiveness of training.

- Ensures that competency-based training is not limited to online computer based but should also test for critical thinking skills as well as the ability to manage care in complex environments with multiple interruptions.
Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre- and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.
Putting this all together ...

- Develop a competency program leveraging the resident population
- The expectation is that we ensure staff competency meets the expectation of current licensure or certifications
  - Pre hire screening
  - Orientation
  - With facility assessment modifications
  - Ad-hoc
  - Tracking of completion and oversight
- Always know the why and document the decision making
Lastly …

- Incorporate Compliance & Ethics Program
  - Policies and procedures, training, monitoring and auditing
  - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff’s ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.
  - Maintaining competency is key
  - Staff behavior must exhibit competency
- Consider other requirements: QAPI, ICP, Training Plan, etc.
Liz Davidson
Director of Clinical Services, LeadingAge Iowa
Ph. 515-440-4630
Email: ldavidson@leadingageiowa.org