



EDUCATIONAL RESOURCES

PRACTICAL GUIDE TO HOME HEALTH COMPETENCY PROGRAM

Presented by:

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LEARNING OBJECTIVES

- Review regulatory requirements related to home health competency program
- Review the impact of home health competency program on staff, patients, and management
- Identify primary components of home health competency program necessary for quality performance and outcomes

POLL QUESTION #1

Does your home health agency have a formally organized competency program in place?

COMPETENCY IS DEFINED AS...

- Merriam-Webster definition: “possession of sufficient knowledge or skill” (7)
- The American Nurses Association (ANA) defines competency as “an expected level of performance that integrates knowledge, skills, abilities and judgment” (6)
- “State of having the knowledge, judgment, skill, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities” (9)
- “Demonstration of knowledge and skills in meeting professional role expectations” (3)

COMMON MISCONCEPTIONS ABOUT COMPETENCY

- Competency is (NOT):
 - × Formality/Administrative burden
 - × Self-assessment form
 - × Equivalent of orientation or in-service
 - × Equivalent of “shadow” and/or supervisory visits
 - × Not required for staff with home health experience

WHAT IS COMPETENCY?

- Competency is:
 - Formal process of determining that direct care personnel are competent to provide care within the scope of practice. Competency includes both theoretical and practical knowledge
 - Validation of skills specific to each employee's role and responsibilities that can be attained via various methods, including clinical observation, skills lab review, knowledge-based tests and case studies
 - Inclusive of self assessment, on-going training/education, in-services, observation of duty and/or supervisory visits
 - Competency is an ongoing process. Competency is not only performed at hire (initial competency) and annually, but also every time when a new task/skill is identified (before a staff member is being assigned to the new task)

WHY IS COMPETENCY IMPORTANT?

- Regulatory compliance
- Personnel confidence, satisfaction, commitment
- Patient quality of care



REGULATORY COMPLIANCE

CMS Conditions of Participation for HHA:

- §484.105(f)(2) All HHA services must be provided in accordance with current clinical practice guidelines and accepted professional standards of practice. (7)

REGULATORY COMPLIANCE

ACHC

- Each agency is required to design and implement a competency assessment program based on the care and service provided for all direct care personnel. Competencies are to be conducted initially, annually and prior to providing new tasks. Validation of skills is specific to each employee's role and responsibilities. Competencies can be provided through clinical observation, skills lab review, knowledge-based tests and case studies. (1)

CHAP

- Personnel providing patient care or services demonstrate competency in the performance of their assigned duties. (4)

JCAHO

- While not formally defined, competency may be described as a combination of observable and measurable knowledge, skills, abilities and personal attributes that constitute an employee's performance. The ultimate goal is that the employee can demonstrate the required attributes to deliver safe, quality care. (10)

PERSONNEL CONFIDENCE, SATISFACTION & COMMITMENT

- *“When you work as a nurse in home health care.... We usually work by ourselves and it is not always possible immediately get hold of a physician. Then it is nice to be prepared.... I feel comfortable in front of the patient when I know that I have the skills”
– Registered Nurse (5)*

PERSONNEL CONFIDENCE, SATISFACTION & COMMITMENT

- *“You feel some kind of satisfaction in your body ... a harmonious feeling that makes you want to continue to work...to advance a little more and think in new ways” – Registered Nurse (2)*

PERSONNEL CONFIDENCE, SATISFACTION & COMMITMENT

Personnel Challenges

Increase in acuity of patients at home (patients frequently require high-tech care and use of advanced medical technology)

Significant sense of responsibility for patient's care and treatment (anxiety related to lack of expertise)

Working environment (unique environment, autonomy and independent practice, limited interaction with peers and experience sharing)

High work load and time constraints (limited ability to keep up with new knowledge and/or participate in self-education, professional development, and growth)

Lack of support and recognition from the leadership (sense of uncertainty, vulnerability, anxiety)

Outcome

- Poor patient outcomes
- Professional burnout
- High turnover rates

"In instances when managers are not aware of individual nurses' or team needs this will reflect on HHA performance." (2)

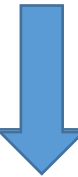
PERSONNEL CONFIDENCE, SATISFACTION & COMMITMENT

- Personnel perception of the competency- why is competency important?
- Competency provides a sense of:
 - Being capable
 - Being useful
 - Being confident
 - Being safe (experience and knowledge provides safety)
 - Feeling prepared and knowledgeable in front of the patient
 - Having increased job satisfaction

“Nurses requested organized training opportunities that address advanced needs in home health care. They emphasized that training increases knowledge, contributes to independence, and enhances quality of care. Participants underlined the importance of feeling comfortable and confident in one’s professional role. ” (5) (6)

PATIENT QUALITY OF CARE

- The higher the competencies in healthcare professionals, the smaller the risk of harm to the patients and deficiency in patient safety
- Competency assessment allows to identify baseline level of competency, areas of strength and growth, and as result, promotes efficient and effective patient assignments
- Competency training promotes standardization and consistency of care according to the industry standards of practice and decreases variance, risk of harm and adverse events



IMPROVED PATIENT OUTCOMES AND PATIENT SATISFACTION

MANAGEMENT'S ROLE IN DEVELOPING A COMPETENCY PROGRAM

- Do not impose a culture of a “regulatory check box”
- Allow professional staff in the organization to become skilled in their profession/role within a home health setting
- Be observant and understand the needs and what competency each individual and professional discipline as a group must develop for successful practice in home health
- Recognize staff competencies and encourage further development
- Develop or employ(outsource) a structured comprehensive competency program that requires continuous learning (theoretical and practical)

GOAL: Close the gap between the competencies demanded by the home health setting and environment and competencies possessed by staff.

HOW TO DEVELOP A SUCCESSFUL HOME HEALTH COMPETENCY PROGRAM?

- Determine the scope of the competency program (i.e., direct care staff, office personnel, etc.)
- Identify regulatory requirements you need to comply with (i.e., state specific requirements, discipline specific requirements: RN vs. HHA).
 - Note: requirements may vary from state to state
- Identify staff members involved in the development of the competency program (i.e., leadership, QA, in-take, peers, etc.)
- Determine agency-wide (general) components of the competency program as well as discipline/position specific components
- Plan out implementation of the competency program (i.e., in-house vs. outsourced)
- Develop a document formally describing your competency program (i.e., description of the competency evaluation process, qualification of team members performing competency assessment, etc.)
- Develop documentation system for tracking staff competency completion
 - Note: All competency assessments and training must be documented

DEVELOPING IN-HOUSE COMPETENCY

- Identify a team member who will be responsible for completing competencies
 - Assure that the selected team member is competent in all areas (theoretical and practical) of the competency program.
 - Assure that skills validation part of the direct care personnel competencies is performed by respective disciplines (i.e. RN performs skills validation for RNs/LPNs; PT for PT, etc. RN cannot perform PT's skills validation).
- Establish the process of addressing areas that were identified as deficient during the competency assessment
- Establish the process of identifying opportunities for additional training/on-going education as well as resources to meet identified needs
- Establish the process of evaluating the effectiveness of your competency program
- Consider incorporating your competency program into QAPI

OUTSOURCING COMPETENCY PROGRAM

- For some agencies, outsourcing may be the best option.
- Outsourcing provides:
 - Simplified administrative process
 - Access to a greater variety of professionals and training resources
 - Greater convenience for staff

OUTSOURCING COMPETENCY PROGRAM

- When outsourcing a competency program, always assure that a third-party provider:
 - Has qualified personnel
 - §484.80(e) Standard: Qualifications for instructors conducting classroom and supervised practical training. Classroom and supervised practical training must be performed by a registered nurse who possesses a minimum of 2 years nursing experience, at least 1 year of which must be in home health care, or by other individuals under the general supervision of the registered nurse. (7)
“Other individuals” include PT, OT, ST, MSW, LPN/LVN/Nutritionist
 - Is knowledgeable of current regulatory requirements and offers a regulatory compliant product
- Verify competency’s content (theoretical and practical, theoretical only etc.); method of delivery (in-person, remote, etc.), and structure (lecture, training, skills validation, exam, etc.)

CASE STUDY:

Summary:

A local home health agency utilizes competency- based orientation as a part of their on-boarding process for newly hired personnel. The competency-based orientation consists of a general orientation, as well as competency assessment/training that the agency outsources to a third- party vendor and peer preceptorship completed by the agency's leadership and designated field personnel.

The Agency hired a clinician with an extensive experience as a correctional care nurse, but no experience in home health care. As a part of the on-boarding process, the nurse was scheduled for a 5 -hour competency assessment/training session with a third-party vendor and a week of “shadowing” with the Agency's preceptor. The Clinical Instructor who performed competency assessment/training noted in the comments to the Agency that the nurse would benefit from additional training in the areas of IV infusion, PICC line care, and PICC line lab collection. The Agency's leadership noted the above and subsequently arranged for “shadowing” assignments that focused on the identified areas of improvement/growth as well as requested an additional 1:1 training session by a third- party vendor to focus on the areas identified for improvement.

Discussion:



POLL QUESTION #2

Have you considered using an outside resource for ongoing compliance support with your competency program?

SPECIAL CONSIDERATIONS-HOME HEALTH AIDE COMPETENCY

- CoP/Standard HH4-12F: The aide competency assessment has been expanded to allow the skills to be observed while the aide is performing the care with a patient or a pseudo-patient in a simulated environment (revised in November of 2019)
- The following skills must be evaluated by observing the aide's performance while carrying out the task with a patient. (7)
 - Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff
 - Reading and recording of vital signs: blood pressure, temperature, pulse, and respiration

SPECIAL CONSIDERATIONS-HOME HEALTH AIDE COMPETENCY (CONT)

- Appropriate and safe techniques in performing personal hygiene and grooming tasks that include:
 - Bed bath; Sponge, tub, and shower bath
 - Nail and skin care
 - Toileting and elimination
 - Normal range of motion and positioning
 - Hair shampooing in sink, tub, and bed
 - Oral hygiene
 - Safe transfer techniques and ambulation

SPECIAL CONSIDERATIONS-HOME HEALTH AIDE COMPETENCY

- Assure that your agency is allowed to perform home health aide competency (i.e. does not fall into the exception categories as specified by CoPs, §484.80(f)(1) – (7))

Example:

- The Agency was subjected to an extended (or partially extended) survey as a result of having been found to have furnished substandard care (7)
- The Agency was found under any federal or state law to have been subjected to a suspension of Medicare payments to which it otherwise would have been entitled (7)
- The Agency was found to have compliance deficiencies that endanger the health and safety of the HHA's patients and has had a temporary management appointed to oversee the management of the HHA



QUESTIONS?



THANK YOU



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