


Name of Policy: <u>Competency Assessment</u> Policy Number: 3364-110-06-11 Department: Nursing Service Approving Officer: AVP Patient Care Services/Chief Nursing Officer (CNO) Responsible Agent: AVP Patient Care Services/Chief Nursing Officer (CNO) Scope: The University of Toledo Medical Center (UTMC)	 Effective Date: 3.15.2021 Initial Effective Date: 6/1991
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

Nursing Staff members will be competent in completing assigned tasks and procedures, and responsibilities specific to their role.

(B) Purpose of Policy

To assure that Nursing Service staff members are informed and capable regarding the knowledge, skills, and abilities necessary to fulfill their professional roles as delineated in their respective job description. Competency moves along a continuum of education and experience and it varies by job duties and included responsibilities.

(C) Procedure

UTMC Nursing Staff is to achieve, maintain, and demonstrate competence through a variety of methods, including but not limited to the following:

1. Current Ohio licensure for LPN's and RN's needs to be maintained according to the Ohio Board of Nursing, along with the required 24 contact hours per 2-year renewal period which includes 1 hour focusing on Nursing law.
2. Successful completion of orientation.
3. Current BLS training (according to job description).
4. Completion of annual training.
5. Unit specific safety training annually.
6. Criteria based performance appraisals annually.
7. When introducing new procedures/techniques and using updated technology/equipment, each affected staff member will attain new knowledge or demonstrate competence through training (e.g. train the trainer).
8. After initial orientation and demonstration of competency, individual competency will continue to be assessed by observation of ongoing performance. Competency issues identified through the organization's measurement, assessment, and improvement activities (i.e. performance improvement activities, risk report, patient satisfaction survey, performance appraisals, new initiatives, problematic areas, changes in procedures and policies, and peer review) will be addressed through additional training or other appropriate actions. Failure to maintain unit specific competencies and/or orientation requirements may result in corrective action up to and

including discharge.

9. Annual competency training will be unit specific to meet the unique knowledge and skill gaps in each unit.

<p>Approved by:</p> <p>/s/ _____</p> <p>Monecca Smith, MSN, RN AVP Patient Care Service/Chief Nursing Officer <i>Review: Policy & Standard Committee, 4/15, 4/18, 3/21</i> <i>Revision Completed By: Nancy Gauger, MSN, RN</i></p>	<p>Review/Revision Date:</p> <p>1/1993 7/8/2008 1/1999 4/6/2009 5/1995 4.27.15 12/1999 4/2018 10/2000 3/2021 12/2003 6/2005</p> <hr/> <p>Next Review Date: 3/2024</p>
<p>Policies Superseded by This Policy: 6-11</p>	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.