

Name of Policy:	<u>Competency Assessment</u>	
Policy Number:	3364-101-08-05	
Department:	Ambulatory Services	
Approving Officer:	COO, UTMC	
Responsible Agent:	Senior Administrative Director for Ambulatory Clinics	
Scope:	Ambulatory Services	
		Effective Date: 5/20/2021
		Initial Effective Date: 7/1/1993
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		
<input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

Registered Nurses (RNs), Licensed Practical Nurses (LPNs, working as MAs in the clinical setting), Certified Medical Assistants (CMAs), Registered Medical Assistants (RMAs), collectively referred to as the clinical staff employed in the Ambulatory Services office setting, will be competent in fulfilling assigned responsibilities.

(B) Purpose of Policy

To ensure that the members of the Ambulatory Services clinical staff are capable of performing the skills required to fulfill their professional roles as delineated in their respective job descriptions.

(C) Procedure

Each Ambulatory Services clinical staff member achieves, maintains and demonstrates competence through a variety of methods, including but not limited to the following:

1. Current Ohio licensure for LPNs and RNs 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. CMAs and RMAs are required to maintain credentials. Failure to maintain may result in corrective action up to and including discharge.
3. Successful completion of orientation.
4. Current BLS training (according to job description).
5. Completion of annual training (i.e., Safety, Abuse, etc.)
6. Unit specific safety training every two years. (Skills lab)
7. Criteria based performance appraisals annually.
8. 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).
9. 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, 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.
10. Each clinic will determine if the need exists for specific competency training based on high risk, low volume, procedures, activities, or changes in patient population.
11. Ongoing observation of provision of patient care as defined with office’s scope of service.

<p>Approved by:</p> <p><u>/s/</u> <u>06/14/2021</u> Christine Stesney-Ridenour Chief Operating Officer, UTMC Date</p> <p><u>/s/</u> <u>06/14/2021</u> Rick Swaine Chief Executive Officer - UTMC Date <i>Review/Revision Completed By:</i> <i>Ambulatory Services</i></p>	<p>Review/Revision Date:</p> <p>1/95 8/99 11/00 5/02 6/05 10/07 10/10 4/15/2011 3/1/2014 4/3/2015 5/1/2018 5/20/2021</p> <p>Next Review Date: 5/1/2024</p>
<p>Policies Superseded by This Policy: 8-05</p>	