


Name of Policy: <u>Competency Verification Problem Prone/High Risk Procedures</u> Policy Number: 3364-137-PT-01 Department: Rehabilitation Services Approving Officer: Chief Operating Officer - UTMC Responsible Agent: Director, Therapy Services Scope: Rehabilitation Services	 Effective Date: 12/1/2022 Initial Effective Date: 10/1993				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy				
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy				

(A) Policy Statement

Any procedure which is performed by employees of Rehabilitation Services which is identified as high risk, problem prone, and which requires additional training beyond that received in professional education for licensure, will have competency criteria established. Any employee performing these designated procedures will be determined to be competent prior to performing the procedure.

(B) Purpose of Policy

To ensure patient care is provided by trained and qualified personnel.

(C) Procedure

1. All non-licensed employees will be trained in all procedures within their scope of work. Orientation checklist will serve as verification that the appropriate training has been completed.
2. A skill checklist will be completed with licensed employees to ensure initial job competency.
3. Per hospital policy 3364-100-50-33, the following level of competency is designated for Therapy Service staff members: Heart Saver CPR (physical therapists, physical therapy assistants, occupational therapists, certified occupational therapy assistants, speech-language pathologists, rehabilitation aide, care coordinator, and psychologists).
4. All employees may also be required to be competent in other areas as designated by the institution or department.
5. The procedures that have been designated to require competency verification prior to their performance by staff are located in the "Job Description/Criteria-Based Performance Evaluation".
6. The verification of competency is the responsibility of the Therapy Administrative staff. Forms will be maintained in the departmental personnel files.

Approved by: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <u>/s/</u> Alison Matson PT, DPT, NCS Director, Therapy Services </div> <div style="width: 45%; text-align: center;"> <u>8/3/24</u> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <u>/s/</u> Christine Stesney-Ridenour, COO </div> <div style="width: 45%; text-align: center;"> <u>2/11/2025</u> Date </div> </div> <div style="border-bottom: 1px solid black; height: 20px; width: 40%; margin-left: 0;"></div>		Review/Revision Date: 5/96 8/2003 12/96 7/2006 2/97 7/2009 10/97 7/2012 2/98 7/2013 9/98 7/2014 9/99 11/1/2016 10/2000 12/2019 9/2002 12/2022
		Next Review Date: 12/1/2025
Policies Superseded by This Policy: 23-PT-01		

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