HealthTechS3 is a 45 year old, award-winning healthcare consulting and strategic hospital services firm based in Brentwood, Tennessee with clients across the United States.

We are dedicated to the goal of improving performance, achieving compliance, reducing costs, and ultimately improving patient care. Leveraging consultants with deep healthcare industry experience, HealthTechS3 provides actionable insights and guidance that supports informed decision making and drives efficiency in operational performance.

Our consultants are former hospital leaders and executives. HealthTechS3 has the right mix of experienced professionals that service hospital clients across the nation. HealthTechS3 offers flexible and affordable services, consulting, and technology as we focus on delivering solutions that can be implemented and provide a positive, measurable impact.
GOVERNANCE & STRATEGY
- Affiliation Consulting
- Executive & Management Leadership Development
- Strategic Planning & Market share Analysis
- Community Health Needs Assessment
- Compliance Consulting Services

FINANCE
- Performance Optimization / Margin Improvement
- Revenue Cycle & Business Office Operations
- Productivity & Staffing Consulting

CLINICAL CARE & OPERATIONS
- Continuous Survey Readiness
- Quality Assurance Performance Improvement
- Lean Culture
- Customer Experience
- Clinical Resource Management
- Care Coordination – Primary Care Practice
- Physician Practice & Clinic Assessment
- Long Term Care Consulting
- Swing Bed Consulting
- Perioperative Services Consulting

RECRUITMENT
- Executive Recruitment
- Manager and Clinical Positions
- Physician / Provider Recruitment
- Information Technology Professionals
- Interim Placement
SECOND QUARTER 2018 WEBINARS

Survey Readiness, Part 1 – A Comparison of Deeming Authorities
Host: Diane Bradley, PhD, RN, NEA-BC, CPHQ, FACHE, FACHCA
Regional Chief Clinical Officer HealthTechS3
Email: diane.bradley@healthtechs3.com
Date: April 6th, 2018
Time: 12:00pm CT
Register Here: http://bit.ly/2oG2So2

What do you get with an Interim Executive?
Host: Mike Lieb, FACHE
Vice President HealthTechS3
Email: michael.lieb@healthtechs3.com
Date: April 11th, 2018
Time: 12:00pm CT
Register Here: http://bit.ly/2t9hn9m

Survey Readiness Part 2 – Challenging Standards for Hospitals – Strategies for Success
Host: Carolyn St.Charles, RN, BSN, MBA
Regional Chief Clinical Officer HealthTechS3
Email: carolyn.stcharles@healthtechs3.com
Date: April 20th, 2018
Time: 12:00pm CT
Register Here: http://bit.ly/2HVLkv

Survey Readiness Part 3 - Human Resource and Competency Regulatory Standards - Strategies for Success
Host: Carolyn St.Charles, RN, BSN, MBA
Regional Chief Clinical Officer HealthTechS3
Email: carolyn.stcharles@healthtechs3.com
Date: May 4th, 2018
Time: 12:00pm CT
Register Here: http://bit.ly/2oHKuLK

Creating a Lean Culture in Healthcare
Hosts: Faith M Jones, MSN, RN, NEA-BC
Director of Care Coordination and Lean Consulting HealthTechS3
Email: faith.jones@healthtechs3.com
Date: May 8th, 2018
Time: 12:30pm CT

Survey Readiness, Part 4 – A Focus on Governance and Leadership
Host: Diane Bradley, PhD, RN, NEA-BC, CPHQ, FACHE, FACHCA
Regional Chief Clinical Officer HealthTechS3
Email: diane.bradley@healthtechs3.com
Date: May 18th, 2018
Time: 12:30pm CT
Register Here: http://bit.ly/2ozq3RQ

Swing Bed – Just the Questions Please!
Host: Carolyn St.Charles, RN, BSN, MBA
Regional Chief Clinical Officer HealthTechS3
Email: carolyn.stcharles@healthtechs3.com
Date: June 1st, 2018
Time: 12:00pm CT
Register Here: http://bit.ly/2oxfyr

Aligning the Social Determinants of Health to the CHNA
Host: Diane Bradley, PhD, RN, NEA-BC, CPHQ, FACHE, FACHCA
Regional Chief Clinical Officer HealthTechS3
Email: diane.bradley@healthtechs3.com
Date: June 15th, 2018
Time: 12:00pm CT
Register Here: http://bit.ly/2F6U05Q

Care Coordination: Adding Behavioral Health to your Chronic Care Management Program
Hosts: Faith M Jones, MSN, RN, NEA-BC
Director of Care Coordination and Lean Consulting HealthTechS3
Email: faith.jones@healthtechs3.com
Date: June 28th, 2018
Time: 12:00pm CT
Register Here: http://bit.ly/2FbZFad

© HTS3 2018
Carollyn began her healthcare career as a staff nurse in Intensive Care. She has worked in a variety of staff, administrative and consulting roles and has been in her current position as Regional Chief Clinical Officer with HealthTechS3 for the last fifteen years.

In her role as Regional Chief Clinical Officer, Carollyn St.Charles conducts mock surveys for Critical Access Hospitals, Acute Care Hospitals, Long Term Care, Rural Health Clinics, Home Health and Hospice. Carollyn also provides assistance in developing strategies for continuous survey readiness and developing plans of correction.

Carollyn also has extensive experience in working with rural hospitals to both develop and strengthen Swing Bed programs.

carolyn.stcharles@healthtechs3.com
360-584-9868
HealthTechS3 hopes that the information contained herein will be informative and helpful on industry topics. However, please note that this information is not intended to be definitive. HealthTechS3 and its affiliates expressly disclaim any and all liability, whatsoever, for any such information and for any use made thereof. HealthTechS3 does not and shall not have any authority to develop substantive billing or coding policies for any hospital, clinic or their respective personnel, and any such final responsibility remains exclusively with the hospital, clinic or their respective personnel. HealthTechS3 recommends that hospitals, clinics, their respective personnel, and all other third party recipients of this information consult original source materials and qualified healthcare regulatory counsel for specific guidance in healthcare reimbursement and regulatory matters.
AGENDA – WHAT WE’LL COVER

1. The Basics

2. Orientation or Competency or Both

3. Challenges

4. Who Does What

5. Performance Evaluations

6. Questions
THE BASICS
CoPs

C-0154: Standard: Licensure, Certification or Registration of Personnel

Staff of the CAH are licensed, certified, or registered in accordance with applicable Federal, State, and local laws and regulations.

Interpretive Guidelines §485.608(d)
All CAH staff must meet all applicable standards required by State or local law for CAH personnel. This would include at a minimum:
• Certification requirements;
• Minimum qualifications; and
• Training/education requirements

A-0023: The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.

Interpretive Guidelines §482.11(c)
All staff must meet all applicable standards required by State or local law for hospital personnel. This would include at a minimum:
• Certification requirements;
• Minimum qualifications;
• Training/education requirements; and
• Permits (such as food handlers permits).
C-0154
Survey Procedures
• Verify for those personnel required to be licensed by the State, that the CAH has established, and follows, procedures for determining that personnel providing patient care services are properly licensed.
• Check a sample of personnel files to verify that licensure information is up to date. Verify that appropriate categories of staff and personnel are licensed in accordance with State requirements. Verify state licensure compliance of the direct care personnel, as well as administrators and supervisory personnel, and any contracted personnel.
• Verify that there are procedures in place to guarantee licensure of employees working at the CAH under contract or agreement.
• Review CAH policies regarding certification, licensure, and registration of personnel. Are the CAH policies compliant with State and local laws? Are the personnel in compliance with CAH policy?

A-0023
Survey Procedures
• Verify for those personnel required to be licensed, certified, and/or permitted by the State, that the hospital has established, and follows procedures for determining that personnel are properly licensed, certified, and/or permitted.
• Verify that staff and personnel are licensed, certified, and/or permitted in accordance with State and local requirements.
• Verify that staff and personnel meet all standards (such as continuing education, basic qualifications, etc.) required by State and local laws or regulations. Verify that the hospital has a mechanism established and enforced to ensure compliance.
• Review a sample of personnel files to verify that licensure and/or other required credentials information is up to date. Verify State licensure compliance of the direct care personnel as well as administrators and supervisory personnel.
# LICENSE or PERMIT

<table>
<thead>
<tr>
<th></th>
<th>2 points</th>
<th>1 point</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES – 100% of the time</td>
<td>Most of the time but not always</td>
<td>We don’t have this in place – we don’t do this</td>
</tr>
<tr>
<td>1.</td>
<td>We use primary source verification of licenses and/or permit for: At the time of hire and Renewals--including Travelers; Registry; Contract Staff; Administrative Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>We have a reliable process for ensuring that license and/or permit is current for EVERY member of our staff – including Travelers; Registry; Contract Staff; Administrative Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>We have a policy stating what actions to take if a license or permit expires</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>We don’t allow a staff person to work if their license or permit is expired</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL POINTS**

Don’t forget food handlers permit
# QUALIFICATIONS

<table>
<thead>
<tr>
<th></th>
<th>2 points</th>
<th>1 point</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES – 100% of the time</td>
<td>Most of the time but not always</td>
<td>We don’t have this in place – we don’t do this</td>
</tr>
</tbody>
</table>

1. Qualifications are included in every job description
2. We have a **reliable process** for ensuring that qualifications are met and are current including Travelers; Registry; Contract Staff; Administrative Staff
3. We have a policy stating what actions to take if qualifications are not current and/or not met
4. We don’t allow staff to work if their qualifications are not current
5. If staff must differentiate color (hemoccult, gastroccult, etc.) it is included on their job description AND they are tested for color-blindness

**TOTAL POINTS**

---

**Surveyor Guidance:**

Review the personnel file of the infection control officer(s) to determine whether he/she is qualified through ongoing education, training, experience, or certification to oversee the infection control program.
## CERTIFICATION

<table>
<thead>
<tr>
<th>Don’t forget providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL POINTS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 points</th>
<th>1 point</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES – 100% of the time</td>
<td>Most of the time but not always</td>
<td>We don’t have this in place – we don’t do this</td>
</tr>
</tbody>
</table>

1. Certification requirements are included in ALL applicable job descriptions
2. Certification requirements are appropriate to the job responsibilities
3. IF certification is required at a future point (6 months after hire for example) --- job duties DO NOT include responsibilities that would require certification before certification is completed
4. We have a reliable process for ensuring that certification is current for EVERY member of our staff – including Travelers; Registry; Contract Staff; Administrative Staff
5. We have a policy stating what actions to take if a certification is not current or expires

© HTS3 2018
# Certification Requirements are Appropriate for Job Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>CPR AED</th>
<th>BLS</th>
<th>ACLS</th>
<th>PALS</th>
<th>NRP</th>
<th>TNCC</th>
<th>Position</th>
<th>CPR AED</th>
<th>BLS</th>
<th>ACLS</th>
<th>PALS</th>
<th>NRP</th>
<th>TNCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medical imaging Tech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB LVN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nuclear Med. Tech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB CNA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ultrasound Tech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Physical Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER Tech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Occupational Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Speech Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med-Surg RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dietitian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PACU RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dietary Aide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR Circulator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cook</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infusion Center RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Laboratory Scientists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phlebotomist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperbaric RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Business Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperbaric Tech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Admitting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cath Lab RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marketing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cath Lab Tech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Administrative Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have AEDs – staff must be trained to use them (think OP depts.)

One more: ALSO – Advanced Life Support in Obstetrics

Do you require **ALL** staff to have at least CPR or BLS? Why or Why Not?
Timing of Training and/or Certification

IF certification is required at a future point (6 months after hire for example) – how do you assign job responsibilities in the interim?

Job duties **SHOULD NOT** include responsibilities that would require training or certification due to the potential of

- Providing a different standard of care – and –
- Risk management / safety concerns

If you allow a grace period for re-certification – it needs to be included in policy
# TRAINING / EDUCATION

<table>
<thead>
<tr>
<th></th>
<th>2 points</th>
<th>1 point</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES – 100% of the time</td>
<td>Most of the time but not always</td>
<td>We don’t have this in place – we don’t do this</td>
</tr>
</tbody>
</table>

1. Training / education requirements are included in every job description.

2. We have a reliable process for ensuring that training / education qualifications are met (current) including Travelers; Registry; Contract Staff; Administrative Staff

3. We have a policy stating what actions to take if training / education is not current

4. We don’t allow staff to work if their training / education is not current

## TOTAL POINTS

**Risk Areas**

- Infection Control
- Medical Assistant
# JOB DESCRIPTIONS

<table>
<thead>
<tr>
<th></th>
<th>2 points</th>
<th>1 point</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES – 100% of the time</td>
<td>Most of the time but not always</td>
<td>We don’t have this in place – we don’t do this</td>
</tr>
</tbody>
</table>

1. Job Descriptions are reviewed at least every 1 – 2 years

2. Job Descriptions are sufficiently complete so that staff can easily understand their job duties and responsibilities

3. Job Descriptions include training / education / certification requirements

4. We have a reliable process for ensuring that license and/or permit is current for EVERY member of our staff – including Travelers; Registry; Contract Staff; Administrative Staff

5. We have a policy stating what actions to take if a license or permit expires

6. We don’t allow a staff person to work if their license or permit is expired

7. Job Descriptions are provided to staff whenever there is a change made – and there is documentation that they received and reviewed the revised job description

**TOTAL POINTS**
<table>
<thead>
<tr>
<th></th>
<th>2 points</th>
<th>1 point</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES – 100% of the time</td>
<td>Most of the time but not always</td>
<td>We don’t have this in place – we don’t do this</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Job Descriptions or other documents clearly identify requirements for immunizations and other employee health requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ALL staff meet employee health / immunization requirements including Travelers; Registry; Contract Staff; Administrative Staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL POINTS**
HOW DID YOU DO?

54 Points TOTAL

90% – 100% (48 – 54)
80% - 90% (43 – 47)
70% - 80% (42 – 38)
60% - 70% (37 – 32)

Starbucks Cup of Coffee
for everyone who got 90% or above!
ORIENTATION OR COMPETENCY OR BOTH
The Joint Commission's glossary defines orientation as "A process used to provide initial training and information while assessing the competence of clinical staff relative to job responsibilities and the organization’s mission and goals."

Orientation may be further described as an introductory program and/or activities intended to guide a person in adjusting to new surroundings, employment, policies/procedures, essential job functions, etc. Each organization is responsible for determining when and how long a person is considered to be in orientation.

The requirements found at HR.01.04.01 outline specific topics to be included in an employee's orientation process and documented. For example, orientation to Key Safety Content that must be completed before staff provides care, treatment, and services often include:

- Fire Safety and response
- Infection prevention and control
- Emergency response (code blue, rapid response, etc.)
- Active shooter
- Bomb threats
- Personal safety
- Emergency Management (internal/external disaster plans)
- Medical equipment failure and reporting process
- Utility system disruptions and reporting process

Additional examples may include:

- Work schedule
- Employee attendance, time and resource management expectations
- Employee responsibilities in the event of an internal or external disaster
- Managing a patient's pain
- Sensitivity to cultural diversity
- Patient Rights
- Code of conduct expectations
- Infection prevention and control
- Maintaining privacy and security of protected health information; sometimes referred to as HIPAA training.
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.

Competency assessment timeframes may vary greatly based on the individual’s entry skill level and the complexity of the task(s) the individual will be required to safely perform.

For example, demonstrating competency on performing a bedside glucometer test will take less time to achieve than caring for a patient who has just undergone an open heart procedure that involves managing/monitoring complex equipment and highly refined assessment skills.

Because of the variability involved in both the number and complexity of competencies an individual must be deemed competent, organizations often give consideration to these factors rather than assigning a finite period of time in which competency must be achieved, however, this would be an organizational decision.

While The Joint Commission does not define required competencies that must be completed, organizations should consider the following: • When determining competency requirements, consideration should be given to needs of its patient population, the types of procedures conducted, conditions or diseases treated, and the kinds of equipment it uses. Competency assessment then focuses on specific knowledge, technical skills, and abilities required to deliver safe, quality care. • Competency assessments for knowledge and technical skills intrinsic to an individual’s professional education are generally not required. For example: – Administration of oral, IM or sub-q medications may be intrinsic to professional education, but the use of a programmable infusion pump for IV administration may be a required competency. • Basic assessment skills, such as heart/lung sounds may be part of education, but assessment skills required to care for patients on a neuro-surgical unit may require advanced competency assessments in evaluating a patient’s neurological status. • Basic infection prevention and control knowledge may be part of education, however, knowledge and skills related to sterile technique, sterilization, and high-level disinfection would be competencies expected of an OR Nurse, surgical assistants and sterile processing staff.

Survey activities will focus on the organization’s requirements, compliance with evidence-based guidelines, standards of practice and regulatory requirements. The accreditation requirements that address orientation and competency are found in the Human Resource (HR) chapter of the accreditation manual. Each Joint Commission-accredited organization has a copy of the manual containing these requirements.
COMPETENCY

“…. 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”. (The Joint Commission)

“The ability to perform a specific task in a manner that yields desirable outcomes” (Kak, Burkhalter, Cooper)

“The integrated knowledge, skills, judgment, and other attributes that people need to perform a job effectively” (Binkski)
FRAMEWORK

1. Identify services you provide and populations you serve (Hospital and Department)
2. Identify regulatory requirements
3. Identify low volume / high risk – or – problem prone areas
4. Identify what education / training / competency is needed for the services you provide and the populations you serve – including any regulatory requirements
5. Identify a standardized assessment template / format
6. Identify methods for assessment
7. Identify the frequency of assessment
8. Define WHO can assess competency
Step 1: Identify the Services you Provide and the Populations you Serve for the Hospital and each Dept.

- Services (Example)
  - ER (Level)
  - Obstetrics (Level)
  - Nursery (Level)
  - Telemetry
  - Swing Bed
  - ICU (Type and Level)
  - Pediatrics OP / IP
  - Step-Down
  - Telemetry
  - Surgery
    - Orthopedic
    - Bariatric
  - Radiology
    - Ultrasound
    - MRI
    - X-Ray
    - Nuclear Medicine
    - Interventional
  - Cath Lab
  - Wound Care
  - Hyperbaric
  - Gero-Psych

- Populations with Special Needs / Cultural Competency
  - Non-English Speakers
  - Hmong
  - Hispanic
  - Native American
  - Religious affiliation such as Jehovah’s Witnesses
  - Homeless
  - Undocumented
  - Poor or limited health literacy

- Services (little more detail)
  - Chronic mentally ill
    - ER
    - Inpatient for acute illness
  - Acute and Chronic substance abuse
    - ER
    - Inpatient for acute illness
  - Pediatrics
    - ER
    - Inpatients for minor / short-term needs – primarily croup
  - Diabetes (Adults only)
  - Heart Disease
  - Cardiovascular Disease
  - Cerebrovascular Disease
  - Interventional Radiology
    - Biopsy

© HTS3 2018
STEP 1: IDENTIFY THE SERVICES YOU PROVIDE AND THE POPULATIONS YOU SERVE FOR THE HOSPITAL AND EACH DEPT.

- **Nursery Level of Care**
  - Level 1 Nursery
  - Level 2 Nursery
  - Level 3 Nursery
  - Stabilize and Transport to higher level of care – but must have capacity to provide immediate care to a critically ill infant
  - Provide emergency deliveries in ER only

- **Care Delivery Model**
  - LDRP
  - LDR
  - C-Sections done in OB by OB staff
  - C-Sections done in Surgery by Surgery staff

- **Volume**
  - Annual volume normal newborn
  - Annual volume neonates requiring transfer to higher level of care
  - Annual volume Level 2 and/or Level 3 nursery
  - Annual volume deliveries in the ER
  - Annual volume Inductions
  - Annual volume C-sections
  - Number of Obstetrical emergencies (you need to train for emergencies even if you haven’t had any)

- **Populations with Special Needs / Cultural Competency**
  - Native American
  - Homeless
  - Poor or limited health literacy

- **Other Populations**
  - Alcohol or drug addicted mothers (and neonates)
  - Low birth weight neonates
  - Adolescent mothers
  - Less than adequate pre-natal care
  - Gestational diabetes
  - Infections such as HIV / Hepatitis / Syphilis

- **Disciplines**
  - OB RNs
  - Nursery RNs
  - OB CNAs or LVNs
  - Surgery
  - Respiratory Therapy
  - CRNA
  - ER Providers
  - OB Physicians

Ensure you include low volume / high risk / problem prone!
STEP 1: IDENTIFY THE SERVICES YOU PROVIDE AND THE POPULATIONS YOU SERVE FOR THE HOSPITAL AND EACH DEPT.

- **Emergency Department**
  - Level 1
  - Level 2
  - Level 3
  - Level 4
  - Level 5
  - Stabilize and Transport to higher level of care – but must have capacity to provide immediate care to a critically ill patient
  - Provide emergency deliveries

- **Care Delivery Model**
  - RN only
  - RN with LVN and/or Tech
  - Physician in-house 24 hours
  - Physician on-call

- **Volume**
  - Annual volume (total)
  - Annual volume stroke
  - Annual volume cardiac event
  - Annual volume trauma
  - Annual volume deliveries
  - Annual volume transfers to higher level of care
  - Annual volume of patients requiring resuscitation
  - Annual volume of patients with acute psychiatric disorder
  - Annual volume of patients with acute drug related issues
  - Annual volume of patients requiring restraints and/or seclusion due to danger to self or others
  - Annual volume accompanied by law enforcement
  - Annual volume of patients with involuntary commitment

- **Populations with Special Needs / Cultural Competency**
  - Undocumented
  - Non-English speakers
  - Homeless
  - Poor health literacy
  - Chronic mentally ill

- **Other Populations**
  - Frequent use of ED
  - Drug Seeking

- **Disciplines providing care in ER**
  - RN
  - LVN
  - CNA / Tech
  - Respiratory Therapy
  - Social Work
  - Case Management
  - Radiology
  - Laboratory
  - Security

Ensure you include low volume / high risk / problem prone!
STEP 1: IDENTIFY THE SERVICES YOU PROVIDE AND THE POPULATIONS YOU SERVE FOR THE HOSPITAL AND EACH DEPT.

- **Respiratory Therapy**
  - Ventilator Management – emergency and transport
  - Ventilator Management – ongoing and weaning
  - Intubation
  - CPAP / BIPAP
  - Nebulizer Treatments
  - Oxygen Therapy
  - Neonatal resuscitation
  - Pediatric resuscitation
  - Adult resuscitation
  - Intubation
  - Pulmonary Function
  - EKG
  - EEG

- **Care Delivery Model**
  - RT only
  - RT and RT Techs
  - Nursing after-hours

- **Volume**
  - Annual volume (total)
  - Annual volume ventilator management adults
  - Annual volume ventilator management neonates
  - Annual volume ventilator management pediatrics
  - Annual volume resuscitation adults, pediatrics, neonates
  - Annual volume pulmonary function
  - Annual volume EKGs

- **Populations with Special Needs / Cultural Competency**
  - Non-English speakers

- **Other Populations**
  - Cardiac
  - COPD
  - Asthma

Ensure you include low volume / high risk / problem prone!
STEP 2: IDENTIFY REGULATORY REQUIREMENTS

- Conditions of Participation (CoPs)

- State Department of Health Services and/or other state regulations

- Standards from accrediting organization (TJC / DNV, etc.)

- OSHA

- HIPAA

- EMTALA
  - Nurse Triage
  - Infant Born Alive

I have to look in all those places???
A-0175: The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy.

…before applying restraints, implementing seclusion, or performing associated monitoring and care tasks, staff must be trained and able to demonstrate competency in the performance of these actions.

A-0176: Physician and other licensed independent practitioner training requirements must be specified in hospital policy. At a minimum, physicians and other licensed independent practitioners authorized to order restraint or seclusion by hospital policy in accordance with State law must have a working knowledge of hospital policy regarding the use of restraint or seclusion.

• At a minimum, physicians and other LIPs authorized to order restraint and seclusion must have a working knowledge of hospital policy regarding the use of restraint and seclusion.
• Hospitals have the flexibility to identify training requirements above this minimum requirement based on the competency level of their physicians and other LIPs, and the needs of the patient population(s) that they serve.

A-0194: Once initial training takes place, training must be provided frequently enough to ensure that staff possesses the requisite knowledge and skills to safely care for restrained or secluded patients in accordance with the regulations. The results of skills and knowledge assessments, new equipment, or QAPI data may indicate a need for targeted training or more frequent or revised training.

A-0196: Training Intervals - Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion –

• (i) Before performing any of the actions specified in this paragraph;
• (ii) As part of orientation; and
• (iii) Subsequently on a periodic basis consistent with hospital policy.

Surveyor Guidance
Does the hospital have documented evidence that all levels of staff, including agency or contract staff, that have direct patient care responsibilities and any other individuals who may be involved in the application of restraints (e.g., security guards) have been trained and are able to demonstrate competency in the safe use of seclusion and the safe application and use of restraints?

A-0199: However, standard (f) specifies that individuals providing staff training must be qualified as evidenced by education, training, and experience.
The patient has the right to receive care in a safe setting. **Education and Training**

Hospitals must provide the appropriate level of education and training to staff regarding the identification of patients at risk of harm to self or others, the identification of environmental patient safety risk factors and mitigation strategies.

Staff includes direct employees, volunteers, contractors, per diem staff and any other individuals providing clinical care under arrangement.

Hospitals have the flexibility to tailor the training to the particular services staff provide and the patient populations they serve.

Hospitals are expected to provide education and training to all new staff initially upon orientation and whenever policies and procedures change.

However, CMS recommends initial training and then ongoing training at least every two years thereafter.
C-0278: The policies include the following:

(vi) A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.

- Is there evidence of training of staff in infection control practices pertinent to their roles?

A-0749: The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

- Infection control policies should be specific to each department, service, and location, including off-site locations, and be evaluated and revised when indicated. The successful development, implementation and evaluation of a hospital-wide infection prevention and control program requires frequent collaboration with persons administratively and clinically responsible for inpatient and outpatient departments and services, as well as, non-patient-care support staff, such as maintenance and housekeeping staff.

- New employee and regular update training in preventing and controlling healthcare-associated infections and methods to prevent exposure to and transmission of infections and communicable diseases
A-0409: Intravenous (IV) medications and blood transfusions must be administered by qualified personnel, regardless of whether they are practitioners or non-practitioners.

- Personnel must be able to demonstrate competency in venipuncture, in accordance with State law and hospital policy.
- If other types of vascular access are utilized, staff must have demonstrated competency in appropriate usage, care, and maintenance. Staff must also be trained in early detection of and timely intervention for IV opioid-induced over-sedation and respiratory depression.
- Other non-practitioners, for example, licensed practical nurses or licensed vocational nurses, with demonstrated competence may also administer IV medications and blood transfusions if they are acting in accordance with State law, including scope of practice law, and the hospital’s approved medical staff policies and procedures. For non-practitioners, the appropriate competencies must be documented in the qualified staff person’s employee record.

Note: BOTH refer to Opioids

Don’t forget: Radiology – Cath Lab – Other(s)

C-0297: Training or continuing education topics regarding medication administration may include but are not limited to the following:

- Safe handling and preparation of drugs, biologicals, and IV medications;
- Knowledge of the indications, side effects, drug interactions, compatibility, and dose limits of administered medications; and
- Equipment, devices, special procedures, and/or techniques required for medication administration.
- Policies and procedures must address the required components of the training and if the training provided during CAH orientation imparts sufficient education or whether ongoing in-services or continuing education will be required to demonstrate competence.

Are staff knowledgeable with respect to:

- Venipuncture techniques;
- Safe medication administration practices, including general practices applying to all types of medications and practices concerning IV tubing and infusion pumps;
- Maintaining fluid and electrolyte balance;
- Patient assessment for risk related to IV medications and appropriate monitoring;
- Early detection and intervention for IV opioid-induced respiratory depression in post-operative patients;
- With respect to blood transfusions:
  - Blood components;
  - Process for verification of the right blood product for the right patient; and
  - Transfusion reactions: identification, treatment, and reporting.
Education and training regarding these procedures are typically included in the nurse’s hospital orientation. Nursing staff who receive training for intravenous medication administration and/or blood transfusion administration during hospital orientation or during other continuing education programs would meet the requirements of this regulation. Content of the training must address each required component of the approved medical staff policies and procedures.

*Appendix A*

Medication administration education and training is typically included in the CAH’s orientation or other continuing education programs for nursing staff and other authorized healthcare personnel.

*Appendix W*
REGULATORY – MEDICATION MANAGEMENT

A-0508: Drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending physician and, if appropriate, to the hospital’s quality assessment and performance improvement program.

Interpretive Guidelines: Hospitals must establish policies and procedures for reporting of medication errors, ADRs, and incompatibilities, and ensure that staff is aware of the reporting process.

C-0277: Adverse Drug Reactions
(v) Procedures for reporting adverse drug reactions and errors in the administration of drugs.

Does the CAH have evidence of training staff on reporting expectations?
A-0492: Drug storage area in lieu of pharmacy day-to-day operations of pharmaceutical services must be under the supervision of an individual who, if not a pharmacist, nevertheless has documented competency to oversee compliance with all the pharmaceutical services.

C-0276 / A-0501: Compounding
Specifications and related personnel training, including competency assessment and evaluation of skill in aseptically preparing CSPs using visual observation as well as bacterial sampling of glove fingertips and “media-fill testing” at specified intervals;

Personnel training and competency assessment, including but not limited to accuracy/precision in identifying and measuring ingredients; cleansing and garbing; aseptic manipulation skills; environmental quality and disinfection; appropriate work practices within and adjacent to the direct compounding area; verification/calibration of equipment; sterilization; and post-production quality checks.
A-0621: There must be a qualified dietitian, full-time, part-time or on a consultant basis.

Interpretive Guidelines §482.28(a)(3)
Administrative and technical personnel must be competent in their assigned duties. This competency is demonstrated through education, experience and specialized training appropriate to the task(s) assigned. Personnel files should include documentation that the staff member(s) is competent in their respective duties.
A-0547: Only personnel designated as qualified by the medical staff may use the radiologic equipment and administer procedures.

Hospitals are expected to **regularly reassess staff competency and to provide periodic training needed to keep staff skills up-to-date.** The hospital must document training completion dates and evidence of satisfactory competence. Staff that complete training but cannot demonstrate satisfactory competence must not be permitted to use radiologic equipment and/or administer procedures.

C-0283: There must be written policies that are developed and approved by the governing body or responsible individual and are consistent with State law, that designate **which personnel are qualified to use the radiological equipment and administer procedures.**
**Step 3: Identify High Risk / Low Volume / Problem Prone**

- **Med-Surg and Emergency Department**
  - Restraints are used infrequently – but when they are, staff and providers are unfamiliar with hospital policy including assessment and documentation requirements

- **ICU**
  - We have a balloon pump but it is only used 1 – 2 times / year

- **Med-Surg**
  - We have a significant number of new graduates that have gaps in their knowledge base, specifically as it pertains to performing basic procedures

- **Obstetrics**
  - Deliveries are around 75 – 100 per year. Critically important to maintain skills – including skills related to obstetrical and neonatal emergencies for RNs, RT and Providers
  - OB nurses are responsible for Triage of patients presenting in ER or OB - and then calling physician with assessment *(They MUST have education / training / competency and be approved by the medical staff)*

- **Emergency Department**
  - We don’t have an OB department. We do about 1 – 2 emergency deliveries in ER annually
  - Three (3) violent patients in the ER under the influence of drugs or alcohol have caused injury to staff and/or to themselves within the last year
  - ER nurses are responsible for Triage and then calling physician with assessment *(They MUST have education / training / competency and be approved by the medical staff)*

**Education – Competency**

**DOES NOT HAVE TO BE DONE JUST ONCE / YEAR**

**Take opportunities when they occur**
STEP 4: IDENTIFY EDUCATION / TRAINING / COMPETENCY REQUIREMENTS

• **ALL Employees**
  - HIPAA
  - Advance Directives
  - Recognition of Abuse & Neglect
  - Basic safety (fire, disaster, etc.)
  - Infection Control (including hand hygiene)
  - **AND --** Special Populations
    - Homeless
    - Non-English speakers
    - Poor or limited health literacy
    - Bariatric
    - Risk of harm to self or others

• **Employee Groups or Depts.**
  - ALL Clinical Staff
  - ALL RNs
  - Surgical Services Staff
  - Emergency Department Staff
  - Obstetric RNs
  - Nuclear Medicine
  - Phlebotomists
  - Security
  - Dietary
  - Environmental Services
  - Central Sterile Processing

Yes – I know there’s more basic info you provide – just an example
<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Method</th>
<th>ALL STAFF</th>
<th>ALL Clinical Staff</th>
<th>ALL Surgical Services</th>
<th>ER RNs</th>
<th>Cooks</th>
<th>EVS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA</td>
<td>Orientation Annual</td>
<td>Health Streams Module</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advance Directives</td>
<td>Orientation Annual</td>
<td>Health Streams Module</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Triage</td>
<td>Orientation Annual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restraints</td>
<td>Orientation 2X year</td>
<td>Written Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstration Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chart Audit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency</td>
<td>Orientation 2X year</td>
<td>Written Test</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Step 5: Use a Standardized Template / Format

<table>
<thead>
<tr>
<th>Mission Vision Values</th>
<th>Specific Competency</th>
<th>References Learning Activities</th>
<th>Applicable Staff Frequency</th>
<th>Method Scoring</th>
<th>Assessment Responsibility</th>
<th>Proficiency Circle One</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptional Customer Service to Every Patient and Every Visitor Every Time</td>
<td>Complete an accurate and timely Swing Bed Nursing Admission Assessment</td>
<td>Appendix W Swing Bed Assessment §483.20 Policy 101: Swing Bed Assessment EMR: Swing Bed Assessment RN Swing Bed Assessment Check List Swing Bed Video</td>
<td>Registered Nurse At Hire and Annually</td>
<td>Written Test Passing Score 95%</td>
<td>Education</td>
<td>Manager or Charge Nurse</td>
<td>Novice Advanced Beginner Competent Proficient Expert</td>
</tr>
</tbody>
</table>
## Step 5: Use a Standardized Template / Format

<table>
<thead>
<tr>
<th>Method of Evaluation</th>
<th>DO-Direct Observation</th>
<th>VR-Verbal Response</th>
<th>WE-Written Exam</th>
<th>OT-Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Code Standardization Process</strong></td>
<td>Method of Evaluation</td>
<td>Initials</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Safety:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to emergency code policy and procedure.</td>
<td>VR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definitions of each emergency code.</td>
<td>WE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to call each emergency code.</td>
<td>WE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When is it appropriate to call each code.</td>
<td>VR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff responsibilities after calling or hearing a code.</td>
<td>WE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Person Validating the Skills: __________

Signature of Skills Validator: ___ Date: _______

I received a copy of the Standardized Emergency Codes (Policy or Badge-Buddy).
I understand the Emergency Code procedures for the hospital and my role in patient safety.
I agree with this competency assessment.
I will contact my supervisor, manager or director if I require additional training in the future.

Employee Signature: ________ Date: ________

**IMPORTANT**
For clinical / direct patient care skills ---- a verbal response is
USUALLY not acceptable

**CAUTION ---- it’s not just a paper process**

© HTS3 2018
## Step 6: Identify Methods for Assessment

<table>
<thead>
<tr>
<th>Mission Vision Values</th>
<th>Specific Competency</th>
<th>References Learning Activities</th>
<th>Applicable Staff Frequency</th>
<th>Method Scoring</th>
<th>Assessment Responsibility</th>
<th>Proficiency Circle One</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptional Customer Service to Every Patient and Every Visitor Every Time</td>
<td>Complete an accurate and timely Swing Bed Nursing Admission Assessment</td>
<td>Appendix W Swing Bed Assessment §483.20 Policy 101: Swing Bed Assessment EMR: Swing Bed Assessment RN Swing Bed Assessment Check List Swing Bed Video</td>
<td>Registered Nurse At Hire and Annually</td>
<td>Written Test Passing Score 95% Minimum of 5 Observations # of Observations # Meeting Standard</td>
<td>Education</td>
<td>Manager or Charge Nurse</td>
<td>Novice Advanced Beginner Competent Proficient Expert</td>
</tr>
</tbody>
</table>

Try to rely on “observable” info – not just “she/he does a good job”
### Step 7: Identify Frequency of Assessment

<table>
<thead>
<tr>
<th>Mission Vision Values</th>
<th>Specific Competency</th>
<th>References Learning Activities</th>
<th>Applicable Staff Frequency</th>
<th>Method Scoring</th>
<th>Assessment Responsibility</th>
<th>Proficiency Circle One</th>
<th>Follow-Up</th>
</tr>
</thead>
</table>
**STEP 8: IDENTIFY WHO CAN ASSESS**

The person assessing the skills – must be competent to complete the assessment!

**Examples please! And what should we do?**

Staff assigned to assess competency of other staff **must not just have the skills they are assessing ---- but knowledge and training about HOW to assess**

A nurse is not competent to assess the skills of a dietitian

A nurse (without IC credentials or experience) is not competent to assess the skills of the Infection Control Practitioner

A Radiology Tech without interventional radiology experience / competency is not competent to assess the skills of a Radiology Tech who is assisting with interventional radiology procedures

Consider Proxies if there is only a single person with a specific skill set in the facility

- Other hospital staff
- Vendors (be careful with this one but it sometimes works)
- Physicians or Providers
- It doesn’t always have to be the manager
- External Test or Certification

**Restraint Standard A-0199:** …… standard (f) specifies that individuals providing staff training must be qualified as evidenced by education, training, and experience.
But.....I have a RN license

But.....I am licensed as a Respiratory Therapist

But.....I am licensed as a Radiology Tech

But.....I am a Registered Dietitian

But.....The agency validated my competency

That may be true—but we still need to validate that you have the skills you need to do your job—and provide our patients the best possible care
CHALLENGES

1. Registry / Travelers
   – YES – you still need to verify skills and determine competency the same way you do staff who
     you employee
   – YES – it can be expensive but RISK is high if you don’t
   – IF you accept information from the agency (i.e. medication test) – make sure it is
     comprehensive --- AND --- equivalent to yours

2. New Graduates
   – It takes time!
   – Develop a structured program for new graduates

3. High Risk / Low Volume
   – Use SIMS
   – Use providers
   – Send staff to other facilities
A-0398 - Non-employee licensed nurses who are working in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of the clinical activities of non-employee nursing personnel which occur within the responsibility of the nursing services. Non-employee licensed nurses who are working at the hospital must adhere to the policies and procedures of the hospital. The hospital and the director of the nursing service are responsible for ensuring that non-employee nursing personnel know the hospital’s policies and procedures in order to adhere to those policies and procedures.

The hospital and the director of the nursing service ensure that each non-employee nursing care staff person is adequately supervised and that their clinical activities are evaluated. This supervision and evaluation of the clinical activities of each non-employee nursing staff person must be conducted by an appropriately qualified hospital-employed RN.

Survey Procedures §482.23(b)(6)
Review the method for orienting non-employee licensed nurses to hospital policies and procedures. The orientation should include at least the following:
• The hospital and the unit;
• Emergency procedures;
• Nursing services policies and procedures; and
• Safety policies and procedures.

Determine if non-employee nursing personnel are appropriately oriented prior to providing care.
• If the hospital uses non-employee licensed nurses, are they supervised by a RN who is a regular employee of the hospital?
• Observe the care provided by non-employee nursing personnel.
• Do they know and adhere to hospital policies?
• Do they know appropriate emergency procedures?
• Are they adequately supervised by an appropriately experienced hospital employed RN?
• Are their clinical activities being evaluated adequately?
• Are they licensed in accordance with State law?
• Confirm with the director of nurses that a non-employee nurse’s performance is evaluated by the hospital at least once a year. If the performance evaluation is not considered confidential, review two evaluations.
WHOSE JOB IS IT?

It Depends

But...If everyone is responsible – no one is responsible
<table>
<thead>
<tr>
<th>Application / New Hire / Contract staff</th>
<th>Human Resources</th>
<th>Dept. Manager</th>
<th>Education Dept.</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employment Verification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Certification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• References</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I-9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• License – Primary Source</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Criminal Background Check</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hire and/or contract staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Employee Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hire and/or contract staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Department Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hire and/or contract staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Skills requiring competency review (ALL RNs for example)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Department specific competency review</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual or Periodic Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hospital-Wide</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual or Periodic Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Department specific</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual or Periodic Competency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hospital-Wide</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual or Periodic Competency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Department specific</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Who is responsible for providing? Who is responsible for tracking? Who is responsible for keeping records?

Is it different for Registry / Travelers? Why or Why Not?
## Performance Evaluations

<table>
<thead>
<tr>
<th>Evaluations - Completing</th>
<th>Human Resources</th>
<th>Dept. Manager</th>
<th>Education Dept.</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 90 Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 6 Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Annual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bi-Annual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Contract Labor</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluations - Tracking</th>
<th>Human Resources</th>
<th>Dept. Manager</th>
<th>Education Dept.</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 90 Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 6 Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Annual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bi-Annual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Contract Labor</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluations – Keeping Records</th>
<th>Human Resources</th>
<th>Dept. Manager</th>
<th>Education Dept.</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 90 Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 6 Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Annual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bi-Annual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Contract Labor</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is your on-time evaluation rate?
Do you provide Senior Leaders / Board data?

Do you evaluate contract staff? Why or Why Not?

Bonus points if timely evaluations are above 90% AND you are evaluating contract labor
PLEASE CONTACT ME IF YOU WOULD LIKE TO SCHEDULE A MOCK SURVEY – OR IF YOU HAVE QUESTIONS

CAROLYN ST.CHARLES

carolyn.stcharles@healthtechs3.com

Office: 360-584-9868
Cell: 206-605-3748