

Human Resources

<p>1. Question:</p> <p>How do you ensure that your unit or department is staffed adequately to provide patient care? (HR.1.10)</p>	<p>Answer:</p> <p>The units have staffing plans that are based on volume except for the ICUs which are based on acuity. Anyone with the responsibility of making assignments and/or scheduling should be familiar with that staffing plan.(S-46)</p>
<p>2. Question:</p> <p>If you use agency nurses, therapists or other licensed practitioners, do these individuals know the tasks that they are responsible for and are they knowledgeable of safety guidelines? (HR.2.20)</p>	<p>Answer:</p> <p>The unit or department should be able to demonstrate that the clinical expectations for agency staff are clearly defined. Orientation and competency documentation should also be available.</p>
<p>3. Question:</p> <p>What JCAHO Patient Safety Goals are applicable to your unit or department and what corresponding training have you received? (HR.2.20)</p>	<p>Answer:</p> <p>Staff in a unit or department should be knowledgeable of patient safety goals that impact their work area. Also, if policies or procedures were adapted to address a safety goal, there should be documentation that the staff were notified and trained as appropriate.</p>
<p>4. Question:</p> <p>How does LSUSHC-S provide an adequate number and mix of staff to meet the care, treatment, and service needs of the patient? (HR.1.10)</p>	<p>Answer:</p> <p>All employees have job descriptions Performance Evaluations are performed annually Nursing Staffing Policy S-46, S-47, S-48</p>
<p>5. Question:</p> <p>How are assignments made on your unit? (LD.3.70, HR.1.10, HR.1.20)</p>	<p>Answer:</p> <p>(All staff) Assignments are made based on patient needs and the competencies of the staff members involved in their care.</p>

<p>6. Question:</p> <p>Manager or Charge Nurse Question: What equipment does your staff have to demonstrate competency on at hire? Annually? At other times? (HR.3.10, HR.2.30)</p>	<p>Answer:</p> <p>Competency evaluation starts at orientation. Then it should be integrated into the performance appraisal process. Each department/unit should have a list of equipment that staff must be evaluated on at least annually.</p>
<p>7. Question:</p> <p>Manager or Charge Nurse Question: What do you need to be sure is in place prior to hiring a new employee? (Hire competency) (LD.3.70, HR.1.20)</p>	<p>Answer:</p> <p>Job description and minimal requirements for the position.</p>
<p>8. Question:</p> <p>Manager or Charge Nurse Question: What are the two components of the competency assessment that will be completed by each employee prior to the first six months of employment? (Initial competency) (HR.2.10)</p>	<p>Answer:</p> <p>Hospital and departmental orientation</p>
<p>9. Question:</p> <p>Manager or Charge Nurse Question: What components of the competency assessment process will you complete on an annual basis for each of your employees? (Ongoing competencies) (HR.3.10, HR.3.20, HR.2.30)</p>	<p>Answer:</p> <p>Performance appraisal, unit-based competency assessment, mandatory hospital training and departmental requirements</p>

<p>10. Question:</p> <p>Manager, Charge Nurse or Staff Question: Define competency, competence and unit-based competencies. (LD.3.70)</p>	<p>Answer:</p> <p>Competency- the demonstrated ability to integrate the knowledge, skills and attitudes required for such performance. Competence- the potential ability to integrate the knowledge, skills and attitudes for performance in a designated role or setting. Unit-based competency- collection of skills, abilities and behaviors that are needed to address the changing nature of the job for a given period of time.</p>
<p>11. Question:</p> <p>Manager or Charge Nurse Question: What should you base your initial competencies on? (HR.2.10, HR.3.10, HR.1.20)</p>	<p>Answer:</p> <p>Focus on core job functions, frequently used job functions and accountabilities and high-risk job functions. An orientation checklist should be developed and used to document that the new employee has demonstrated core job functions to a qualified observer.</p>
<p>12. Question:</p> <p>Manager or Charge Nurse Question: What should you base your annual ongoing unit-based competencies on? (HR.3.10, HR.3.20)</p>	<p>Answer:</p> <p>New initiatives, procedures, technologies, policies or practices (this includes equipment). Changes in initiatives, procedures, technologies, policies or practices. High-risk job functions and accountabilities. Problematic areas identified by PI data, patient surveys, staff surveys, incident reports or any other evaluation process – whether formal or informal</p>

<p>13. Question:</p> <p>Manager Question: How many unit-based competency assessments should you do? (HR.3.10, HR.3.20, LD.3.70)</p>	<p>Answer:</p> <p>All employees providing direct patient care will have age-specific and restraints done on an annual basis. Both of these competencies shall have a testing and checklist component. These employees may have other unit-based competency assessments done based on an assessment by the supervisor. All other employees shall have a minimum of one unit-based competency done on an annual basis.</p>
<p>14. Question:</p> <p>Manager, Charge Nurse or Staff: What are some common verification methods for unit-based competency assessments? (HR.3.10)</p>	<p>Answer:</p> <p>Demonstration checklist, case study, test, direct observation, puzzles, review of documents, etc.</p>
<p>15. Question:</p> <p>Manager or Charge Nurse: How do you know staff is competent to provide care? (HR.1.20, HR.3.10, HR.2.30)</p>	<p>Answer:</p> <p>Successful completion of the competency assessment program. Job description, prior education and experience, hospital orientation, departmental orientation, performance appraisal, unit-based competency assessment, mandatory hospital training and required departmental training (in-service and continuing education).</p>
<p>16. Question:</p> <p>Manager, Charge Nurse or Staff Question: If someone floats to your department, how can you find out what they are competent to do? (HR.3.10)</p>	<p>Answer:</p> <p>Refer to the competency list maintained on their home department. Refer to competency records kept in the employees file. Ask the employee's supervisor. Observe their performance. The manager and charge nurse are responsible for ensuring that the employee</p>

	<p>floated to their unit is competent to provide care.</p>
<p>17. Question:</p> <p>Manager or Charge Nurse Question: Are assignments made around geographical locations? (HR.3.10)</p>	<p>Answer:</p> <p>This is okay if the patient's acuity and needs match the staff's competency. JCAHO wants supervisors and staff to realize that assignments must be based on the staff's competency to do the job.</p>
<p>18. Question:</p> <p>Manager, Charge Nurse or Staff Question: How is staff updated on new policies, QI findings, safety issues, etc? (HR.2.30, HR.2.20)</p>	<p>Answer:</p> <p>Departments/units should have documented staff meetings at least six times per year. Supervisors can disseminate information through bulletin boards and memos. They can send staff to in-services or provide in-services in their areas.</p>
<p>19. Question:</p> <p>Manager or Charge Nurse Question: How do you make patient assignments? (HR.3.10)</p>	<p>Answer:</p> <p>Based on the competency of the staff. Competency should be documented on the unit by the supervisor. This information should be readily available to the supervisor or charge personnel so that they make daily assignments based on the information. Examples: Chart of employees names with the skills they are able to perform.</p>

<p>20. Question:</p> <p>Manager or Charge Nurse Question: How do you determine that your staff is competent to provide age specific care for patients on your unit? (HR.3.10)</p>	<p>Answer:</p> <p>Age-specific competency should initially be verified during orientation. The preceptor to the new employee should assess and document the employees' demonstrated ability to provide age-specific care. In addition, the employee that provides direct-patient care shall have an annual unit-based competency assessment that addresses each age group that they care for. This can be based on growth and development, but shall be specific to the care given on that unit. The age specific considerations can be incorporated into any unit-based module that is developed for new or changing policies, procedures or initiatives, high-risk job functions or problematic job functions. For example: on a pediatric unit age specific considerations can be included in a unit-based competency module for any new piece of equipment. If a unit is having difficulty with blood pressures on elderly adults, they may include age – specific considerations in a unit-based module for nursing assistants on performing vital sign checks.</p> <p>**All competency assessments must be verified through observation, case study, return demonstration, etc.</p>
<p>21. Question:</p> <p>Manager or Charge Nurse Question: Show me a list of unit specific competencies maintained in your unit/department. (HR.3.10)</p>	<p>Answer:</p> <p>Charge personnel should be knowledgeable about unit specific competency requirements, have access to this information and be able to present it to the person asking questions.</p>

<p>22. Question:</p> <p>Manager, Charge or Staff Question: What is one recent QI issue, safety issue, or policy that was covered in a staff meeting? Show me this in your staff meeting minutes. Who attended this meeting that is working today? (HR.2.30, HR.2.20)</p>	<p>Answer:</p> <p>Person asking questions wants to determine that staff is aware of QI issues and that documentation is available.</p>
<p>23. Question:</p> <p>Manager or Charge Nurse Question: How have you encouraged self-development and learning among your staff? (HR.2.30)</p>	<p>Answer:</p> <p>Staff meetings, Journals, books, unit-based in-services, continuing education seminars, house-wide educational in-services, encourage staff to obtain certifications, encourage involvement in local and national professional organizations.</p>
<p>25. Question:</p> <p>Manager or Charge Nurse Question: How have you developed standards of practice and policies/procedures for your unit or department? Where are they located? (LD.3.70, HR.1.20, HR.3.10, LD.2.10, HR.2.30, HR.2.10. HR.3.10, HR.3.20)</p>	<p>Answer:</p> <p>We have a policy in place. Refer them to the hospital policy: Staff Rights Mechanism 3.2.</p>
<p>26. Question:</p> <p>Manager or Charge Nurse Question: When staff want to utilize the staff rights</p>	<p>Answer:</p> <p>The department head, manager or supervisor shall reassign duties, if reasonable and</p>

<p>policy, how do you as the manager ensure that care or service is not compromised by their absence? What is the staff rights policy? (RI.1.10)</p>	<p>possible, to accommodate the request and meet the needs of the patient. Refer to Hospital Policy: Staff Rights Mechanism 3.2</p>
<p>27. Question:</p> <p>Manager or Charge Nurse Question: Are your students and/or volunteers competent to provide care? How do you know? (HR.3.10, HR.2.20)</p>	<p>Answer:</p> <p>This can be determined by competency assessment. How are students/volunteers trained before they come to your department and how is it documented? You should know exactly what they have been trained to do and where to access that information. A unit orientation with demonstrated ability checklist is required for students and/or volunteers.</p>
<p>28. Question:</p> <p>Manager or Charge Nurse Question: How do you monitor the learning needs of your employees? (HR.2.30)</p>	<p>Answer:</p> <p>The learning needs of employees can be identified by employee performance, request for information, implementation of new policies and procedures, changes in job responsibilities, or learning needs identified by needs assessment or identified by other departments; i.e.: Safety, Quality Management, Infection Control, Patient Care Services, etc.)</p>
<p>29. Question:</p> <p>What do the Hospital Leaders do to identify and solve problems/issues that relate to patient outcomes that may be indicative to staffing effectiveness? (HR.1.30)</p>	<p>Answer:</p> <p>Hospital Administration uses data collected and analyzed from selected indicators to identify potential staffing effectiveness issues when performance varies from expected targets and takes necessary action to improve</p>

	staffing.
<p>30. Question:</p> <p>Manager or Charge Nurse Question: How do you make sure that your staff has access to journals, videos, and other educational materials? (HR.2.30)</p>	<p>Answer:</p> <p>The Patient Care Services-Education and Standards Department has educational videos and materials available. Also the LSUHSC-S Library offers an extensive list (more than 2338) of journals in either print or electronic format. The library also has an extensive audiovisual collection that includes audiotapes, compact disks, slides, and X-rays. The library provides access to 81 databases and 339 electronic books.</p>
<p>31. Question:</p> <p>Charge Nurse or Staff Question: Have you been trained to use any medical equipment that you operate? (HR.3.10, HR.2.30)</p>	<p>Answer:</p> <p>Staff should be trained on all new equipment. The training shall include a checklist showing that the employee has demonstrated their ability to use the equipment. The demonstrated ability shall be documented by a qualified observer.</p>
<p>32. Question:</p> <p>Manager, Charge Nurse or Staff Question: What kinds of special knowledge or skills - unit/departmental competencies - are necessary to work on this unit or in this department? (HR.3.10, HR.2.30)</p>	<p>Answer:</p> <p>All employees on the unit should be very familiar with the terms competency, competency assessment, and unit-based competency. They should know what unit-based competencies they are responsible for and be a part of the planning process that determines each year's competencies.</p>
<p>33. Question:</p> <p>Manager, Charge Nurse or Staff Question: What kinds of in-services have you attended in the past year that helped you provide better patient care or helped you to perform your job duties more</p>	<p>Answer:</p> <p>This is specific to your unit and could be related to new equipment, software, new technology, treatment for patients, medications, etc.</p>

efficiently or effectively? (HR.2.30)	
<p>35. Question:</p> <p>Manager, Charge Nurse or Staff Question: Are you familiar with your current job description? Is your performance appraisal based on your job description? Where can you get a copy of your job description and performance appraisal? (LD.3.70, HR.1.20, HR.3.20)</p>	<p>Answer:</p> <p>You should have a current job description on file in the area where you work. A performance appraisal should be done annually based on your job description.</p>
<p>36. Question:</p> <p>Manager or Charge Nurse Question: How does the hospital collect aggregate data on competency patterns and trends? How does this help to identify staff's learning needs? (HR.2.30)</p>	<p>Answer:</p> <p>The Clinical Board oversees an annual review of competency trends for the hospital submitted by Human Resources. In addition, the Clinical Board receives a report quarterly of performance by staff which includes, percent attending orientation, completed performance evaluations, percent turnover, etc.</p>
<p>37. Question:</p> <p>Where are the emergency disaster and biological terrorism plans located?</p>	<p>Answer:</p> <p>The Hospital emergency preparedness plan can be found in the safety manual #2.14, and the biological terrorism pan, # 2.24 and the Nursing policy D-16 & D17).</p>
<p>38. Question:</p> <p>When a disaster occurs, can an outside practicing physician render services to the hospital as a volunteer?</p>	<p>Answer:</p> <p>Yes, if practicing physician meets all the requirements needed for safe care of practice and patients. The Medical staff Director or</p>

	<p>Emergency Incident Commander must approve prior to volunteer physicians are allowed to treat patients. (Safety Manual, 2.14; 2.20; 2.22)</p>
<p>39. Question:</p> <p>What mechanism is use to identify and assign volunteer practitioners responsibilities during a disaster?</p>	<p>Answer:</p> <p>The hospital describes in writing the mechanism in which volunteering practitioners will be observed, mentored and clinical record reviewed. (Safety Manual #2.14; 2.20; 2.22)</p>
<p>40. Question:</p> <p>What information must be provided before volunteer practitioners can assume responsibilities at a disaster.</p>	<p>Answer:</p> <p>Volunteer practitioners must complete the Volunteer Physicians Credentialing Log. The volunteer practitioner shall provide one of the following means of identification: current license to practice; current picture hospital ID accompanied by the physicians license number; or verification of the volunteer practitioner's identity by a current member of the hospital's medical staff. (Safety Manual #2.14; 2.20; 2.22)</p>
<p>41. Question:</p> <p>Who is responsible for the practicing volunteers?</p>	<p>Answer:</p> <p>The hospital is responsible for over seeing the professional practice of the volunteer practitioners. (Safety Manual #2.14; 2.20; 2.22)</p>