Purpose:

To define the mechanism of establishing and maintaining qualifications and performance expectations of employees providing services and/or patient care at the University Hospital. To provide a mechanism at the department level for competency assessment of employees.

Definitions:

Competence is the potential ability to integrate the knowledge, skills, and attitudes required for performance in a designated role or setting.

Competency is the demonstrated ability to integrate the knowledge, skills, and attitudes required for such performance.

Employee –
- Individuals hired by LSUHSC-S,
- Individuals hired by the Medical School providing direct patient care in the University Hospital or in the Medical School, and
- Physical plant employees.

Exception—Medical staff governed by Medical Staff By-laws will meet the requirements of the By-Laws to ensure competency and will not be required to meet the requirements of this policy.

A. Position description (HR.1)

1. Each department head or supervisor shall maintain a position description that specifies job duties, expectations, qualifications and special requirements commensurate with the position, i.e., ADA. All direct patient care position descriptions will address employee responsibility in caring for age-specific groups.

2. Positions will be reviewed any time there is a turnover in the positions and updated if there are any changes. Position descriptions shall also be updated when the tasks, duties, and/or
3. Responsibilities of the position are changed or altered to significantly impact the performance of the job duties.

B. Performance appraisal (HR.3 and HR.5)

Each department head/supervisor shall develop and utilize a performance appraisal, specific to the job description, (Civil Service format for classified) for each employee that includes an evaluation of performance and competency.

C. Unit-based competency assessment

1. Direct patient care providers
   Shall participate in an ongoing unit-based competency assessment program that will include high priority performance specific competencies. The components of the assessment shall include an assessment of the employee knowledge (written or oral testing) and of the employee’s demonstrated ability to do the skill (demonstration in simulated or clinical situation, case study, etc).

   Example:
   a. Employee successfully completed written test requirements and demonstrated the ability to perform the following skills: drawing of blood gases, application of restraints and appropriate age-specific skills for the pediatric patient.
   b. Employee verbalized understanding of procedure and demonstrated the ability to perform the following skills: cleaning of bedrails, sterilizing of equipment, and handling of contaminated trash.

   Shall be assessed for age-specific competency on an ongoing basis.

2. Non-patient care providers – the unit-based competency assessment shall be addressed as outlined above or shall be documented with a criteria-based performance appraisal. If the criteria-based performance appraisal is used it shall be based on the job description and shall be objective and measurable.

   Example:
   a. Meets budgetary goals.
   b. Takes off orders without errors.

3. The department head/supervisor shall be able to produce verification documents (ex: written tests, documentation of oral questions, case studies, observation checklists, etc.) that validate the employee’s competency for high priority unit-specific competencies.

D. All staff of LSUHSC-S shall participate in a continuous competency assessment program. The department head/supervisor is responsible for ensuring that employees meet the requirements of the program.
E. The program shall consist of the following components and compliance will be documented in the employee departmental file by the manager or department head.

1. All employees, on initial hire:
   a. Will receive a hospital orientation and departmental orientation (Hospital Policy 3.1) and
   b. Shall be seen in the Occupational Health Clinic.

2. All licensed employees providing direct patient care, including licensed contract services, on initial hire will meet above listed components and shall have licensure and certification verified.

3. All employees, on an on-going basis will:
   a. Be evaluated annually for performance,
   b. Participate in a unit-based competency assessment (refer to 3A),
   c. Complete all CED requirements
   d. Be seen in the OHC as required for their job duties
   e. Meet specific departmental requirements. (Example: Mandatory Education Day for Patient Care Services)

4. All licensed employees providing direct patient care, including licensed contract services providing patient care, on an on-going basis will meet above listed components and shall have licensure and certification verified prior to expiration.

5. The safety office will assume responsibility for providing and documenting mandatory requirements for contracted employees when interim life safety is imposed.

6. Practitioners, such as, CRNA’s, PA’s and NP’s will initially be credentialed by the clinical board. After initial credentialing, the independent practitioner will be responsible for meeting and submitting the above listed requirements (5C and 5D) on an annual basis to the medical staff office. The medical staff office, on an annual basis, will be responsible for reminding the practitioner in writing that documents are to be submitted to the medical staff office showing that the requirements have been met for the year. The medical staff office will assume responsibility for storing the documents and notifying the employee’s supervisor and/or Clinical Chief when documents are not submitted in a timely manner. The Assistant Hospital Administrator for Patient Care Services, will be notified by the Medical Staff Office of Nurse Practitioner and CRNA compliance to this policy.

7. Contract services, not providing direct patient care for LSUHSC-S on-site will:
On an on-going basis will:

a. Meet requirements of their contract, this includes meeting JCAHO and employee health care standards,
b. Have their services evaluated annually as a group,
c. Complete CED requirements and
d. Meet specific departmental requirements.

8. All contracted services, professional and non-professional will meet the requirements listed in this policy. The department head that contracts for the services is responsible for evaluating services provided and documenting that the contracting agency is meeting above listed requirements; if requirements are not met, the contract will not be renewed.

9. All agencies that have affiliated agreements will meet JCHAO and health care requirements.

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