



Department of Veterans Affairs Office of Inspector General

Combined Assessment Program Summary Report

Evaluation of Registered Nurse Competency Processes in Veterans Health Administration Facilities

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Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections completed an evaluation of registered nurse (RN) competency assessment and validation processes in Veterans Health Administration facilities. The purposes of the evaluation were to determine whether facilities: (1) established policy/process requirements for initial and ongoing RN competency assessment and validation, (2) addressed key components in competency assessment and validation documentation, (3) completed RN competency assessment and validation in accordance with local policy, and (4) identified actions to be taken when an individual cannot demonstrate competency.

Inspectors evaluated RN competency assessment and validation processes at 29 facilities during Combined Assessment Program reviews conducted from April 1–September 30, 2011.

Strong competency assessment and validation processes ensure that nursing staff are able to demonstrate the skills required to perform their assignments and that hospitals are able to identify and initiate appropriate actions when deficiencies are identified. We identified three areas where RN competency assessment and validation processes needed improvement. We recommended that the Under Secretary for Health establish specific RN competency assessment and validation requirements to ensure consistency among facilities. We also recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility senior managers, ensure that:

- Competency validation documentation includes all elements required by Joint Commission standards and local policy.
- All competency documentation is present in competency folders and is current and validated.
- Appropriate actions are taken when competency expectations are not met.



DEPARTMENT OF VETERANS AFFAIRS
Office of Inspector General
Washington, DC 20420

TO: Under Secretary for Health (10)

SUBJECT: Combined Assessment Program Summary Report – Evaluation of Registered Nurse Competency Processes in Veterans Health Administration Facilities

Purpose

The VA Office of Inspector General Office of Healthcare Inspections evaluated registered nurse (RN) competency assessment and validation processes in 29 Veterans Health Administration (VHA) facilities. The purposes of the evaluation were to determine whether facilities: (1) established policy/process requirements for initial and ongoing RN competency assessment and validation, (2) addressed key components in competency assessment and validation documentation, (3) completed RN competency assessment and validation in accordance with local policy, and (4) identified actions to be taken when an individual cannot demonstrate competency.

Background

The Joint Commission (JC) defines competence as the knowledge, skills, ability, and behaviors to perform a job correctly, skillfully, and appropriately. When an individual is not competent to perform his or her job, he or she lacks some of these characteristics and is more likely to make errors, misjudgments, and oversights, which can lead to serious consequences for others and the individual. A hospital cannot provide safe, reliable, and appropriate health care if its staff members are not competent.¹ Competency assessment and validation is the process of verifying an individual's ability to perform and to apply knowledge and skills. Core competencies, such as medication administration, are skills typically required for all RNs. Unit/position-specific competencies are skills unique to a particular area of patient care, such as an intensive care unit.

The JC requires that hospital staff are competent to perform their responsibilities. The JC's Elements of Performance include the following:

¹ Joint Commission Resources, *Assessing Hospital Staff Competence*, 2007.

- Staff competence is assessed and documented once every 3 years or more frequently as required by hospital policy or in accordance with law and regulation.
- The hospital uses assessment methods, such as test taking, return demonstration, or simulation, to determine the individual's competence in the skills being assessed.
- An individual with the education, background, experience, or knowledge related to the skills being reviewed assesses competence.
- Staff competence is initially assessed and documented as part of orientation.
- The hospital takes action when a staff member's competence does not meet expectations.

VHA implemented a high performance development model, which proposes that training, selection, and promotion of employees be based on a set of eight core competencies. However, this model does not specifically address methods for initial and ongoing competency assessment and validation for clinical staff.

Previous Office of Healthcare Inspections reviews have found RN competency assessment and validation to be areas with opportunities for improvement.

A healthcare inspection found that nursing staff were not competent in the use and understanding of telemetry monitoring equipment to ensure that the correct patient parameters were set and that alarms sounded when necessary to alert staff to potential problems.² One RN caring for a patient had not had telemetry use competency assessment and validation completed for 13 years despite facility annual competency requirements. We recommended that staff receive initial and refresher training on the telemetry monitoring system in accordance with VHA and facility policies.

A healthcare inspection found that lack of RN competency and training affected patient care on a telemetry unit.³ Even though managers were aware of skill deficiencies, the facility did not have an ongoing process to assess and validate cardiac monitoring competencies for RNs assigned to this unit. We recommended that all staff complete competency assessments for their specific positions and that training be provided as needed to maintain competency.

During Combined Assessment Program (CAP) reviews conducted from July 1, 2008–June 30, 2009, we evaluated whether emergency department/urgent care clinic (ED/UCC) staff had documentation of annual competency assessment and validation of ED/UCC-specific competencies and documentation of point-of-care testing competencies.⁴ Eleven (24 percent) of the 46 facilities evaluated did not meet VHA and

² *Healthcare Inspection – Alleged Telemetry Unit Deficiencies, VA New York Harbor Healthcare System, New York, New York*, Report No. 11-02545-15, October 27, 2011.

³ *Healthcare Inspection – Telemetry Monitoring Issues, VA Eastern Colorado Health Care System, Denver, Colorado*, Report No. 09-01047-69, January 21, 2010.

⁴ *Healthcare Inspection – Evaluation of Emergency Departments and Urgent Care Clinics in Veterans Health Administration Facilities*, Report No. 07-03165-139, April 28, 2010.

local competency requirements. We recommended that VHA ensure compliance with competency evaluations.

During CAP reviews conducted from January 1–December 31, 2009, we evaluated whether RNs working in VHA facilities through contracts or agencies had competencies evaluated prior to providing patient care.⁵ Of the 168 RN competency records reviewed, 32 (19 percent) did not have evidence of competency evaluation. We recommended that VHA ensure facilities evaluate contracted/agency RN competence prior to provision of patient care and annually thereafter.

Other Office of Healthcare Inspections reviews identified RN competency assessment and validation issues in dialysis, mental health, long-term care, spinal cord injury, endoscopy procedure areas, the operating room, and the cardiac catheterization laboratory and with reusable medical equipment. Additionally, we evaluated clinical staff competency assessment and validation during VA Community Based Outpatient Clinic reviews conducted from April–September 2011 and identified opportunities for improvement.

Scope and Methodology

We performed this review in conjunction with 29 CAP reviews of VHA medical facilities conducted from April 1–September 30, 2011. The facilities reviewed represented a mix of size, affiliation, geographic location, and Veterans Integrated Service Networks (VISNs). We interviewed nurse managers and reviewed documents, including facility self-assessments and fiscal year 2010 competency records.

We generated an individual CAP report for each facility. For this report, we analyzed the data from the individual facility CAP reviews to identify system-wide trends. We used 90 percent as the general level of expectation in the areas discussed.

Inspectors conducted the reviews in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

Issue 1: Competency Assessment and Validation Policies/Processes

The JC requires RN competency assessment and validation minimally every 3 years or more frequently if required by local policy or in accordance with law and regulation. Although all 29 facilities had policies/processes for RN competency assessment and validation, we identified inconsistencies among facilities for specific elements. For

⁵ *Healthcare Inspection – Evaluation of Contracted/Agency Registered Nurses in Veterans Health Administration Facilities*, Report No. 10-02288-193, July 15, 2010.

example, if defined, competency assessment and validation responsibility, methods, and documentation requirements were not consistently addressed or implemented.

We recommended that VHA establish specific RN competency assessment and validation requirements to ensure consistency among facilities.

Issue 2: Competency Assessment and Validation Documentation

At least three of The JC’s Elements of Performance are fulfilled if facilities define competency assessment and validation documentation processes that include the dates of assessments, the methods used to determine competency, the names and signatures of the individuals (validators) performing assessments, and the signatures of the employees being assessed. We reviewed competency assessment and validation documentation for 349 RNs to determine whether core and unit/position-specific competency validation forms included key elements. Table 1 provides non-compliance results for these elements.

Table 1

| Element | Validation Date | Method of Assessment | Validator Signature | Employee Signature |
|---|-----------------|----------------------|---------------------|--------------------|
| Core competency validation forms included: | 75/349 (21%) | 57/349 (16%) | 86/349 (25%) | 71/349 (20%) |
| Unit/position-specific validation forms included: | 81/349 (23%) | 75/349 (21%) | 92/349 (26%) | 74/349 (21%) |

We reviewed core and unit/position-specific competency assessment and validation documentation for 349 RNs to determine whether competencies were present, completed, and validated in accordance with local policy. Table 2 below summarizes review elements and findings. RN competency documentation was not complete, current, and in compliance with local policy/process requirements at 15 of the 29 facilities.

Table 2

| Element | Non-Compliance |
|--|----------------|
| Core and unit/position-specific competencies required by the facility were: | |
| <ul style="list-style-type: none"> Present in folders/files | 59/349 (17%) |
| <ul style="list-style-type: none"> Completed for fiscal year 2010 | 65/349 (19%) |
| <ul style="list-style-type: none"> Validated | 100/349 (29%) |

We recommended that competency validation documentation include all elements required by JC standards and local policy. We also recommended that all RN

competency documentation be present in competency folders and be current and validated.

Issue 3: Actions for Competency Deficiencies

The JC requires that hospitals take action when staff competence does not meet expectations. Fifty-eight (17 percent) of 349 RNs did not demonstrate competency in one or more required skills. We did not find documentation of actions taken to address the deficiencies for 24 (41 percent) of the 58 RNs.

We recommended that appropriate actions be taken when competency expectations are not met.

Conclusions

All 29 facilities had RN competency assessment and validation policies/processes in place. However, these policies/processes varied among VHA facilities and were not consistently followed. VHA could strengthen this process by defining RN competency assessment and validation requirements. Managers should encourage strong competency validation practices, such as documenting validation of each individual skill with dates and methods of assessment, validator signatures, and evidence of employee involvement. Competency assessment and validation processes must reflect the skills required to perform nursing assignments. Appropriate actions need to be taken when competency expectations are not met.

Recommendations

Recommendation 1. We recommended that the Under Secretary for Health establish specific RN competency assessment and validation requirements to ensure consistency among facilities.

Recommendation 2. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensure that competency validation documentation includes all elements required by JC standards and local policy.

Recommendation 3. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensure that all RN competency documentation is present in competency folders and is current and validated.

Recommendation 4. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensure that appropriate actions are taken when competency expectations are not met.

Comments

The Under Secretary for Health concurred with the findings and recommendations. The implementation plan is acceptable, and we will follow up until all actions are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Under Secretary for Health Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 09, 2012

From: Under Secretary for Health (10)

Subject: **OIG Draft Report, Combined Assessment Program
Summary Report: Evaluation of Registered Nurse
Competency Processes in Veterans Health Administration
Facilities**

To: Assistant Inspector General for Healthcare Inspections (54)

1. I have reviewed the draft report and concur with the report's recommendations.
2. Thank you for the opportunity to review the draft report. Attached is the complete corrective action plan for the report's recommendations. If you have any questions, please contact Linda H. Lutes, Director, Management Review Service (10A4A4) at (202) 461-7014.

(original signed by:)
Robert A. Petzel, M.D.

Attachment

**VETERANS HEALTH ADMINISTRATION (VHA)
Action Plan**

**OIG Draft Report, Combined Assessment Program Summary Report:
Evaluation of Registered Nurse Competency Processes in Veterans
Health Administration Facilities (VA IQ TBD)**

Date of Draft Report: January 30, 2012

| <u>Recommendations/ Actions</u> | <u>Status</u> | <u>Completion Date</u> |
|-------------------------------------|---------------|----------------------------|
|-------------------------------------|---------------|----------------------------|

OIG Recommendations

Recommendation 1. We recommended that the Under Secretary for Health establish specific RN competency assessment and validation requirements to ensure consistency among facilities.

VHA Response

Concur

The Veterans Health Administration (VHA) has developed a VHA Nursing Handbook that is currently being processed for approval and distribution. The handbook establishes specific Registered Nurse (RN) competency assessment and validation requirements to ensure consistency among facilities.

| | |
|------------|---|
| In process | Handbook to be issued NLT December 31, 2012 |
|------------|---|

Recommendation 2. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensure that competency validation documentation includes all elements required by JC standards and local policy.

VHA Response

Concur

Recommendation 4. We recommended that the Under Secretary for Health, in conjunction with VISN and facility senior managers, ensure that appropriate actions are taken when competency expectations are not met.

VHA Response

Concur

VHA agrees that facilities must ensure that all nursing personnel have current, validated and documented competencies, and no nursing personnel will be allowed to perform procedures for which they have expired competencies until those competencies have been re-validated and documented. Local policy will dictate actions to be taken when validation of an individual's required competencies is not met. The Deputy Under Secretary for Health for Operations and Management will distribute a memorandum to VISNs requesting the development of local policy that appropriately establishes action for all levels of VISN and facility leadership to take when competency expectations are not met.

ONS will conduct random reviews during field-based visits to ensure compliance with this memorandum. Also, the VHA Nursing Handbook will address this issue as described previously in this response.

| | |
|------------|---|
| In process | Memorandum to be issued NLT May 30, 2012 |
| | Random field reviews to begin September 30, 2012 |
| | Handbook to be issued NLT December 31, 2012 |

OIG Contact and Staff Acknowledgments

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|--------------|---|
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