#### SULLIVAN COUNTY PUBLIC HEALTH SERVICES

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Revised:

POLICY: NURSE COMPETENCIES

**POLICY:** 

It is the Agency's policy to assess the competence of new nursing staff, provide annual assessments and as needed, reassessments for existing nurses, and provide the opportunity for self-education and training.

**PURPOSE:** 

To provide a process by which employed nurses validate their ability to practice in home health care and the public health community care setting by return demonstration of tasks and completion of a competency checklist.

**RESPONSIBLE PARTY**: All nursing staff

**REFERENCE(S):** NYCRR Title 10- 763.4(c)(1-2) and (h)(3)

763.11 (13)(ii)(b),(14)(i)(a)

**RELATED POLICIES**: "Nursing Standards of Practice for the Home Health Setting"

"Nursing Standard of Practice for Public Health".

"Orientation" Policy and Procedure

#### **GENERAL INFORMATION:**

Competence itself is defined as an individual's possession of the knowledge, skills, and behaviors to perform assigned tasks within the nurse's scope of practice.

All nurses hired by the Agency meet competency training requirements and will be assessed for competency training within their scope of practice on an as needed basis.

Nurse cross-training may be the most appropriate method to determine or refresh the nurse's competency; the Supervisor and /or DPS (Director of Patient Services) will make this determination.

Training and return demonstration can be provided on a model, during a home visit, or in another clinical setting.

Upon referral, the Intake Nurse or Supervisor is responsible to make every effort to clarify type of equipment to be used. The Intake Nurse or Supervisor will be cognizant of the staff assigned to the patient. The Intake Nurse or Supervisor will make every effort, within the restrictions of staff availability, to assure that assignments for care most appropriately match the patient's care needs.

The DPS will oversee the policy, corrective program, and report all corrective actions related to nurse competency to the Professional Advisory Board.

## 1. The probationary period

- Each staff nurse is evaluated for competency skills during the probationary period. Supervisors and/or staff mentors are responsible for identifying and addressing competency needs during the probationary period.
- If a prospective nurse demonstrates competency in some, but not all of the content and skills evaluated, additional individual training as appropriate may be provided. Re-evaluation of competency is required only in those areas identified as being deficient.

## 2. Annually and as required

- It will be up to the DPS's discretion as to whether only a portion or all competencies will be reassessed on each individual nurse or based upon the Supervisor's input and assurance that the nurse is competent to perform within his/her scope of practice.
- SPHNs/DPSs are responsible for corrective re-training specific to the needs of the nurse.

# **Nurse Responsibilities:**

• Once the probationary period is over, staff nurses are responsible to communicate to their supervisor any competency needs.

## **Competency Documentation:**

- Periodic review of the contents of the competency checklist will be conducted by nursing management staff.
- Only reputable clinical references obtained by the Agency can be used in the content of competency training.
- If training has been completed, the nurse and the Supervisor or peer mentor will sign on the appropriate location on the checklist, as a confirmation that the nurse is proficient in the specific skill(s).
- Upon completing the competency checklist and corrective retraining program, if applicable, the nurse and Supervisor will sign and date it. The checklist will be included in the performance appraisal and placed in the personnel file.

Assessment			
a. adult			
b. pediatric			
c. newborn			
Venipuncture			
Interpret lab data			
Wound care			
a. sterile			
b. clean			
c. Unna Boot			
application			
Central Line Care			
a. access			
b. flush			
c. blood draw			
d. medication			
administration			
e. dressing change			
Catheterization			
a. straight cath M/F			
b. Foley cath M/F			
c. irrigation			
Suprapubic Tube a. insertion			
b. dressing change			
Ostomy Care			
a. gastrointestinal			
b. genitourinary			
Nasogastric tube insertion			
Gastrostomy tube care			
PEG tube care			
Enteral feedings			
Suture removal			
Staple removal			
Nephrostomy Tube			
irrigation			
Nephrostomy Tube			
dressing			
Biliary Tube /T-tube			
a. irrigation			
b. dressing			
Jackson Pratt - care of			
site and emptying			

Page 3 of 4

Skills List	Comp	NS	T	Date Demo'd	Evaluator's signature	Orientee's signature
Penrose drain-site care						
Injections						
a. IM adult						
b. IM child						
c. IM infant						

d. SC adult				
e. SC child/infant				
f. Intraderrmal				
Tracheostomy Care				
a. suctioning				
b. dressing/tie changes				
c. care and cleaning				
CPR certification				
Additional experience				
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skillschecklist.doc

Page 4 of 4