Clinical Competency Verification for RDs with Order Writing Privileges

Wendy Phillips, MS, RD, CNSC, CLE, FAND
Gisele LeBlanc, MS, RD, LDN, CNSC, FAND

CNM DPG Symposium April 2016

Speakers’ Note: This handout provides the text of the rules and regulations governing competency assessment of practitioners in acute care hospitals. It also helps explain the influence of the Academy’s Standards of Performance and Standards of Professional Practice on competency assessment. During the presentation, we will review the information provided in this handout with more detailed information, while focusing on how to practically implement the knowledge gained.

Objectives:
Participants will be able to…
1. Develop a system to determine clinical competence of RDs applying for order writing privileges in a hospital setting.
2. Develop a system for ongoing monitoring and documentation of competency for RDs with order writing privileges.
3. Create an outcomes assessment system to assess quality, cost-effectiveness, and safety of orders written by RDs.

Competency Assessment Regulations

Centers for Medicare and Medicaid Services (CMS) regulations:
The Medical Staff Condition for Coverage at § 416.45 requires the governing body be accountable for the medical staff, and to ensure that such staff members are legally and professionally qualified for the positions to which they are appointed and for the performance of the privileges granted. (Federal Register Feb 7, 2013).

“A privileging process that results in a practitioner being granted privileges based on other than the medical staff’s assessment of that individual practitioner’s qualifications and demonstrated competencies would not comply with CMS requirements.”

The Joint Commission (TJC) regulations:
TJC Standard HR.01.02.01: “The hospital defines staff qualifications.
TJC Standard HR.01.02.05: “The hospital verifies staff qualifications.”
- EP2: When the hospital requires licensure, registration, or certification not required by law and regulation, the hospital both verifies these credentials and documents this verification at time of hire and when credentials are renewed.
- EP3: The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
TJC Standard HR.01.05.03: Staff participate in ongoing training and education
- EP1: Staff participate in ongoing education and training to maintain or increase their competency.
TJC Standard HR.01.06.01: “Staff are competent to perform their responsibilities.”
- Description: Competence assessment lets the hospital know whether its staff have the ability to use specific skills and to employ the knowledge necessary to perform their jobs.
Definition

**Competency**: The Joint Commission defines Competency as the demonstrated ability to carry out the primary responsibilities of the job.

- Competency is a synthesis of knowledge, skills, abilities, behaviors and other characteristics an individual must demonstrate in order to perform work roles or occupational functions successfully.
- Assessing competence is evaluating the individual’s skill set to perform the job. Verification of the knowledge or ability to perform the skill is essential to a competence assessment. The evaluation must be performed by a qualified person. Education alone, is not a measure of competence, unless it includes a validation component.

---

**How does competency assessment relate to tools provided by the Academy, like the SOPs and SOPPs?**

The Academy’s Scope of Practice, Standards of Practice (SOP) and Standards of Professional Performance (SOPP) provide the framework which guides the development and demonstration of competence from the time of dietetic internship, by meeting the educational requirements set forth by ACEND (Accreditation Council for Education in Nutrition and Dietetics); and throughout the career of the credentialed RDN, by meeting the requirements of the CDR (Commission on Dietetic Registration).

---

**How does competency assessment relate to privileging?**

Clinical privileges should not be granted until the RDN has demonstrated competency to perform the tasks for which he/she is being privileged.

- TJC Standard MS.08.01.03 Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.
- EP3: The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).
When should competency assessment begin? Before or after privileges have been granted?

Competency validation should start at the time of hire, using a competency-based job description, to ensure that an individual is qualified to enter the worksite and perform the functions of that job.

Competency assessment should be assessed during the application process for specific privileges
- Self-evaluation
- CNM evaluation
- Medical staff evaluation

Measuring competency for an individual RDN

Competency expectations should be…
- Communicated upon hire, and at regular intervals (such as annually during the performance evaluation process)
- Specific and measurable – how do you know when someone is meeting the standard?
- Comparable against evidence based standards/benchmarks

Knowledge Based
- Compare against national standards of care
- Learning module followed by a post-test
- Specialty certification exams
- CEUs – journal clubs, article with post-test

Practice based – document ability to apply knowledge to provision of care
- Chart reviews
  - General competency
  - Specific to order writing privileges granted
  - Follow-up on response to care provided
- Observations
- Waive testing (glucometer checks, feeding tube placement, etc.)

Outcome Studies – Care provided by an individual RDN
- Glycemic control when tube feeding orders are written by the RDN
- Electrolyte management when PN orders written by the RDN
- Cost of labs/tests ordered by the RDN (possibly compare to baseline prior to RDN OWPs)

QAPI Projects – Care provided by the clinical nutrition team
- Timeliness of nutrition intervention
- Safety of care provided
How specific should the competency assessment program be?

Needs to be customized based on the privileges granted to the individual RDN

- The Clinical Nutrition Manager must consider each RDN individually when designing the competency assessment program. Using the individual’s job description, the CNM will also consider the SOP/SOPP to assess the level of practice of the clinician and will decide what measurements will be needed to demonstrate initial and ongoing competence. It is essential that the job description accurately reflects the responsibilities of the practitioner. Developing an effective competency-based job description is the first basic step towards competency validation.

Recommended items to include in the competency assessment policy:

- When competency assessment occurs
- Who determines competency
- How the competency assessment is tailored to the individual RDN
- Reasons privileges might be revoked
- Periodic reassessment of competency

SELECTED REFERENCES


