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1. Review the regulations requiring nursing competencies
2. Describe the elements of competency
3. Identify the core nursing competencies

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This presentation is current as of December 26, 2018 and will be updated as information is shared by CMS

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Regulatory Guidance



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F725 Nursing Services

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The facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).



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F725 Nursing Services

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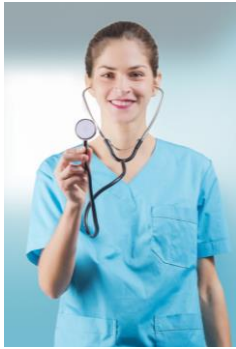
Sufficient Staff

- The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:
- Except when waived under paragraph (e) of this section, licensed nurses; and
- Other nursing personnel, including but not limited to nurse aides.
- Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

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F726 Nursing Services
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- The facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment.

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F726 Nursing Services
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- The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments and described in the plan of care.
- Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

Proficiency of nurse aides

- The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments and described in the plan of care.

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F726 Nursing Services
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INTENT

- To assure that all nursing staff possess the competencies and skill sets necessary to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being.

DEFINITIONS

- "Competency" is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

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Nursing Competencies

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Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as:

- Resident Rights;
- Person-centered care;
- Communication;
- Basic nursing skills;
- Basic restorative services;
- Skin and wound care;
- Medication management;
- Pain management;
- Infection control;
- Identification of changes in condition;
- Cultural competency.



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Nursing Competencies

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Staff Competencies in Identifying Changes in Condition

A key component of competency is a nurse's (CNA, LPN, RN) ability to identify and address a resident's change in condition. Facility staff should be aware of each resident's current health status and regular activity, and **be able to promptly identify changes that may indicate a change in health status.** Once identified, staff should **demonstrate effective actions to address a change in condition,** which may vary depending on the staff who is involved.

For example, a CNA who identifies a change in condition may document the change on a short form and report it to the RN manager. Whereas an RN who is informed of a change in condition may conduct an-depth assessment, and then call the attending practitioner.

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Nursing Competencies

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These competencies are critical in order to identify potential issues early, so interventions can be applied to prevent a condition from worsening or becoming acute. **Without these competencies, residents may experience a decline in health status, function, or need to be transferred to a hospital.** Not all conditions, declines of health status, or hospitalizations are preventable.



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Nursing Competencies

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Through the facility assessment, facilities are required to address the staff competencies that are necessary to provide the level and types of care needed for the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population.

Furthermore, facilities must determine the amount and types of training based on the facility assessment.

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Nursing Competencies

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We also note that the curriculum of a nurse aide training program must include training on recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor.

Therefore, facility staff are expected to know how to identify residents' changes in conditions, and what to do once one is identified.

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Cultural Competencies

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Cultural competencies help staff communicate effectively with residents and their families and help provide care that is appropriate to the culture and the individual.

The term cultural competence (also known as cultural responsiveness, cultural awareness, and cultural sensitivity) refers to a person's ability to interact effectively with persons of cultures different from his/her own.

Cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.

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Examples for Evaluating Competencies

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- Lecture with return demonstration for physical activities;
- A pre-and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency, or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

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Delineation of Competencies

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Nursing leadership with input from the Medical Director should delineate the competencies required for all nursing staff to deliver, individualize, and provide safe care for the facility's residents. There should also be a process to evaluate staff skill levels, and to develop individualized competency-based training that ensures resident safety, quality of care, and service being delivered.

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Examples of Competencies

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- A competency-based program might include the following elements:
- a. Evaluates current staff training program to ensure nursing competencies (e.g. skills fairs, training topics, return demonstration).
 - b. Identifies gaps in education that may contribute to poor outcomes (e.g. potentially preventable re-hospitalization) and recommends educational programing to address these gaps.
 - c. Outlines what education is needed based on the resident population (e.g. geriatric assessment, mental health needs) with delineation of licensed nursing staff versus non-licensed nursing and other staff member of the facility.

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Examples of Competencies Consulting | Talent | Training | Resources

A competency-based program might include the following elements:

- d. Delineates what specific training is needed based on the facility assessment (e.g. ventilator, IV's, trachs).
- e. Details the tracking system or mechanism in place to ensure that the competency-based staffing model is assessing, planning, implementing, and evaluating effectiveness of training.
- f. Ensures that competency-based training is not limited to online computer based but should also test for critical thinking skills as well as the ability to manage care in complex environments with multiple interruptions.



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F728 Hiring and Use of Nurse Aides Consulting | Talent | Training | Resources

General rule.

- A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless—
 - That individual is competent to provide nursing and nursing related services; and
 - That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; or
 - That individual has been deemed or determined competent.

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F728 Hiring and Use of Nurse Aides Consulting | Talent | Training | Resources

Minimum Competency

- A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual—
 - Is a full-time employee in a State-approved training and competency evaluation program;
 - Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or
 - Has been deemed or determined competent as provided in §483.150(a) and (b).

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F730 In-service Training

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Regular in-service education.

The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews.



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F741 Psychosocial Competencies

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- The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skill sets. These competencies and skill sets include, but are not limited to, knowledge of and appropriate training and supervision for:
 - Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning **November 28, 2019 (Phase 3)**.
 - Implementing non-pharmacological interventions.
- In phases one and two of implementation of the Reform of Requirements for Long-term Care Facilities, it is the expectation that all facility staff members, including non-nurse aide staff, assisting residents living with behavioral health needs should be competent in care areas.

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F741 Psychosocial Competencies

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INTENT

- The intent of this requirement is to ensure that the facility has sufficient staff members who possess the basic competencies and skill sets to meet the behavioral health needs of residents for whom the facility has assessed and developed care plans.
- The facility must consider the acuity of the population and its assessment. This includes residents with mental disorders, psychosocial disorders, or substance use disorders. Facility staff members must implement person-centered care approaches designed to meet the individual needs of each resident. Additionally, for residents with behavioral health needs, non-pharmacological interventions must be developed and implemented.

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F741 Psychosocial Competencies Consulting | Talent | Training | Resources

Skill and Competency of Staff

- The facility must identify the skills and competencies needed by staff to work effectively with residents (both with and without mental disorders and psychosocial disorders). Staff need to be knowledgeable about implementing non-pharmacological interventions.
- The skills and competencies needed to care for residents should be identified through an evidence-based process that could include the following: an analysis of Minimum Data Set (MDS) data, review of quality improvement data, resident-specific and population needs, review of literature, applicable regulations, etc.
- Once identified, staff must be aware of those disease processes that are relevant to enhance psychological and emotional well-being.

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F741 Psychosocial Competencies Consulting | Talent | Training | Resources

- Competency is established by **observing the staff's ability** to use this knowledge through the demonstration of skill and the implementation of specific, person-centered interventions identified in the care plan to meet residents' behavioral health care needs.
- Additionally, competency involves staff's ability to communicate and interact with residents in a way that promotes psychosocial and emotional well-being, as well as meaningful engagements.

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F741 Psychosocial Competencies Consulting | Talent | Training | Resources

- Under the requirements for approval of a nurse aide training and competency evaluation program, nurse aides are required to complete and provide documentation of training that includes, but is not limited to, competencies in areas such as:
 - Communication and interpersonal skills;
 - Promoting residents' independence;
 - Respecting residents' rights;
 - Caring for the residents' environment;
 - Mental health and social service needs; and
 - Care of cognitively impaired residents.

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F 838 Facility Assessment

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The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility assessment must address or include:

- The facility's resident population, including, but not limited to,
 - Both the number of residents and the facility's resident capacity;
 - The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
 - The staff competencies that are necessary to provide the level and types of care needed for the resident population.

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F 838 Facility Assessment

Consulting | Talent | Training | Resources

- The facility assessment must address or include:

The facility's resources, including but not limited to:

- All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care.

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F 838 Facility Assessment

Consulting | Talent | Training | Resources

The regulation outlines that the individualized approach of the facility assessment is the foundation to determine staffing levels and competencies

Furthermore, the assessment must include a competency-based approach to determine the knowledge and skills required among staff to ensure residents are able to maintain or attain their highest practicable physical, functional, mental, and psychosocial well-being and meet current professional standards of practice. This also includes any ethnic, cultural, or religious factors that may need to be considered to meet resident needs, such as activities, food preferences, and any other aspect of care identified.

Finally, the assessment should consider a review of individual staff assignments and systems for coordination and continuity of care for residents within and across these staff assignments.

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F 838 Facility Assessment

Consulting | Talent | Training | Resources

The assessment must include or address an evaluation of the facility's training program to ensure any training needs are met for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles.

The assessment should also include an evaluation of what policies and procedures may be required in the provision of care and that these meet current professional standards of practice. If there are any concerns regarding training refer to §483.95 Training.

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F 839 Staff Qualifications

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- The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.
- Professional staff must be licensed, certified, or registered in accordance with applicable State laws.
- "Licensed health professional" as defined at §483.5 is a physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; physical or occupational therapy assistant; registered professional nurse; licensed practical nurse; or licensed or certified social worker; or registered respiratory therapist or certified respiratory therapy technician.

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Training requirements

Consulting | Talent | Training | Resources

F607 - The facility must develop and implement written policies and procedures that:

- Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property;
- Establish policies and procedures to investigate any such allegations; and
- Include training.

II. Training: The facility must have written policies and procedures that include training new and existing nursing home staff and in-service training for nurse aides in the following topics which include:

- Prohibiting and preventing all forms of abuse, neglect, misappropriation of resident property, and exploitation;
- Identifying what constitutes abuse, neglect, exploitation, and misappropriation of resident property.

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Training requirements

Consulting | Talent | Training | Resources

F607 Training new and existing nursing home staff and in-service training for nurse aides in the following topics which include:

- Recognizing signs of abuse, neglect, exploitation and misappropriation of resident property, such as physical or psychosocial indicators;
- Reporting abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources, and to whom and when staff and others must report their knowledge related to any alleged violation without fear of reprisal.

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Training requirements

Consulting | Talent | Training | Resources



F607 Training new and existing nursing home staff and in-service training for nurse aides in the following topics which include:

- Understanding behavioral symptoms of residents that may increase the risk of abuse and neglect and how to respond. These symptoms, include, but are not limited to, the following:
 - Aggressive and/or catastrophic reactions of residents;
 - Wandering or elopement-type behaviors;
 - Resistance to care;
 - Outbursts or yelling out; and
 - Difficulty in adjusting to new routines or staff.

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Training requirements



Consulting | Talent | Training | Resources

F678 - Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and are subject to related physician orders and the resident's advance directives.

- CPR Certification - Staff must maintain current CPR certification for Healthcare Providers through a CPR provider whose training includes hands-on practice and in-person skills assessment; online-only certification is not acceptable. CPR certification that includes an online knowledge component, yet still requires an in-person demonstration and skills assessment to obtain certification or recertification, is acceptable.

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Training requirements

F689 - Accidents.

- The facility must ensure that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents.
- "Supervision/Adequate Supervision" refers to an intervention and means of mitigating the risk of an accident. Facilities are obligated to provide adequate supervision to prevent accidents. **Adequate supervision is determined by assessing the appropriate level and number of staff required, the competency and training of the staff, and the frequency of supervision needed.** This determination is based on the individual resident's assessed needs and identified hazards in the resident environment. Adequate supervision may vary from resident to resident and from time to time for the same resident.

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Training requirements

- F695 - Respiratory care:** The policies and procedures, based on the type of respiratory care and services provided, may include, but are not limited to: Emergency care which includes staff training and competency for implementation of emergency interventions for, at a minimum, cardiac/respiratory complications
- F698 - Dialysis:** Residents of a nursing home may receive dialysis treatments through two main options: Medicare Certified Dialysis Facility; or Dialysis in a Nursing Home; Receive home hemodialysis (HHD) or peritoneal dialysis (PD) treatments in the nursing home by trained and qualified staff who have received training and competency from the dialysis facility.
- The facility must maintain documentation of the required ongoing dialysis training in order to assure qualified staff/caregivers are capable of providing the PD treatments.

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Training requirements

- F755 - Pharmacy Services** - Training regarding the operation, limitations, monitoring, and precautions associated with medication administration devices or other equipment, if used.
- F771 Lab services** - The facility must provide or obtain laboratory services to meet the needs of its residents. Personnel performing blood and/or blood component transfusions shall have the competencies and training to perform these services and identify and manage adverse events appropriately.
- F882 - Infection preventionist** - (Phase 3 November 2019) Have completed specialized training in infection prevention and control.

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Training requirements Consulting | Talent | Training | Resources



F944 - A facility must include as part of its **QAPI program** mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program.

F945 - A facility must include as part of its **infection prevention and control program** mandatory training that includes the written standards, policies, and procedures for the program.

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Training requirements Consulting | Talent | Training | Resources

- F947 - Required in-service training for nurse aides.** In-service training must:
- Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.
 - Include dementia management training and resident abuse prevention training.
 - Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address the special needs of residents as determined by the facility staff.
 - For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

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Training requirements Consulting | Talent | Training | Resources



- F947** - All facilities must develop, implement and permanently maintain an in-service training program for nurse aides that is appropriate and effective, as determined by nurse aide evaluation or the facility assessment.
- Changes to the facility's resident population, the facility's physical environment, staff turnover, and modifications to the facility assessment may necessitate ongoing revisions to the facility's training program.

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Training requirements Consulting | Talent | Training | Resources



F947 - There are a variety of methods that could be used to provide training. For example, nurse aide training may be facilitated through any combination of in-person instruction, webinars and/or supervised practical training hours.

- Supervised practical training means training in a setting in which instruction and oversight are provided by a person who has relevant education and/or experience specific to the subject of the training being provided.
- All training should support current scope and standards of practice through curricula which detail learning objectives, performance standards and evaluation criteria, and addresses potential risks to residents, staff, and volunteers if procedures are not followed.
- There should be a process in place to track nurse aide participation in the required trainings.

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Training requirements Consulting | Talent | Training | Resources

F947 - The adequacy of the in-service education program may be measured not only by documentation of hours of completed in-service education, but also by demonstrated competencies of nurse aide staff through written exam and/or in consistently applying the interventions necessary to meet residents' needs as identified in the facility assessment.

- Observations of nurse aides that indicate deficiencies in their nurse aide skills may be the result of an inadequate training program and/or inadequate performance review.

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Training requirements Consulting | Talent | Training | Resources



F948 - Required training of feeding assistants. A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants.

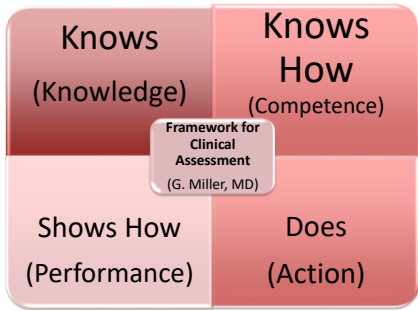
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- A **competency** is an expected level of performance that integrates knowledge, skills, abilities, and judgment.
- **Knowledge** encompasses thinking, understanding of theories, professional standards of practice, and insights gained from context, practical experiences, personal capabilities, and leadership performance.
- <http://nursingworld.org/position/practice/role.aspx>

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Elements of Competency Consulting | Talent | Training | Resources

- **Skills** include communication, interpersonal, and problem-solving skills.
- **Ability** is the capacity to act effectively. It requires listening, integrity, self-awareness, emotional intelligence, and openness to feedback.
- **Judgment** includes critical thinking, problem solving, ethical reasoning, and decision making.
- <http://nursingworld.org/position/practice/role.aspx>

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Determine Knowledge Consulting | Talent | Training | Resources

- **Procedural knowledge** - "know how " or information about how to carry out sequences of operations
- **Acquaintance knowledge** – knowledge of something through experience
- **Declarative knowledge** - Awareness and understanding of factual information about the world
- <http://www.oxfordreference.com/search?q=knowledge%20by%20acquaintance.%20and%20knowledge%20by%20description>

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Determine Knowledge Consulting | Talent | Training | Resources

Some examples of knowledge tests:

- Self-assessment
- Multiple choice or True/False test
- Case Studies
- Checklist completion
- Credentialing or certification



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Skills and Abilities Consulting | Talent | Training | Resources



Examples of competency testing for skills and abilities:

- Return demonstration
- Skills lab or simulation testing
- Direct practice observation
- Resident satisfaction surveys

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judgment Consulting | Talent | Training | Resources



Some examples of evaluation of judgment:

- Resident outcomes
- Case review
- Resident record documentation
- Post-event evaluation

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Core Nursing Competencies



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Required in Regulations Consulting | Talent | Training | Resources

- Resident Rights
- Person-centered care
- Communication
- Basic nursing skills
- Basic restorative services
- Skin and wound care
- Medication management
- Pain management
- Infection control
- Identification of changes in condition
- Cultural competency
- Identifying Changes in Condition
- Recognizing abnormal changes in body functioning
- Assisting residents living with behavioral health needs
- Communication and interpersonal skills
- Promoting residents' independence
- Respecting residents' rights
- Caring for the residents' environment
- Mental health and social service needs
- Care of cognitively impaired residents

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Required in Regulations Consulting | Talent | Training | Resources

- Abuse Prevention, which includes:**
- **Prohibiting and preventing** all forms of abuse, neglect, misappropriation of resident property, and exploitation;
 - **Identifying what constitutes** abuse, neglect, exploitation, and misappropriation of resident property;
 - **Recognizing signs** of abuse, neglect, exploitation and misappropriation of resident property, such as physical or psychosocial indicators;
 - **Reporting** abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources, and to whom and when staff and others must report their knowledge related to any alleged violation without fear of reprisal; and
 - **Understanding behavioral symptoms** of residents that may increase the risk of abuse and neglect and **how to respond**. These symptoms, include, but are not limited to, the following:
 - Aggressive and/or catastrophic reactions of residents;
 - Wandering or elopement-type behaviors;
 - Resistance to care;
 - Outbursts or yelling out; and
 - Difficulty in adjusting to new routines or staff.

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Required in Regulations Consulting | Talent | Training | Resources

- Required training of **feeding assistants**
- **CPR Certification**
- **Adequate supervision to prevent accidents**
- **Emergency care** for respiratory conditions for implementation of emergency interventions for, at a minimum, cardiac/respiratory complications
- Ongoing **dialysis training** in order to assure qualified staff/caregivers are capable of providing the PD treatments
- Training regarding the operation, limitations, monitoring, and precautions associated with **medication administration devices or other equipment**, if used

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Required in Regulations

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- Address **areas of weakness** as determined in nurse aides' **performance reviews** and **facility assessment** and may address the special needs of residents as determined by the facility staff
- Types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts identified in the **Facility Assessment**
- **Changes to the facility's** resident population, the facility's physical environment, staff turnover, and modifications to the facility assessment

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STAFFING TO MEET RESIDENTS NEEDS

Document the average number of residents in the last year with these care needs, based on CMS 672, CMS 802 and _____ reports.

Resident care need	Average # residents / year	Appropriate position or role	# needed	Type of competency*
		RN - Registered Nurse	AM shift	Documentation needed
		LPN/LVN - Licensed Practical/Vocational Nurse	PM shift	BD - Behavior - based
		PHN/PA/Physician Assistant	NOC shift	KT - Knowledge test
		CNA - Certified Nursing Assistant		OA - Observed ability
		WOC - Woundcare		OB - Observed behavior
		PCA - Pain Medication Assistant		PR - Performance review
		TMA - Trained evaluation aide		*See page 3 for CNA definitions
EXAMPLE	30	CNA	AM shift 3-4	OA, PR
Transfer with staff assist		LPN & CNA on noc shift	PM shift 3-4	BD for lifts and resident specific interventions
ADLs				
Transfer with staff assist			AM shift	
Transfer with staff assist			PM shift	
Staff assist for eating			Noc shift	
Bed Mobility with staff assist			AM shift	
Bed Mobility with staff assist			PM shift	
Incontinence care			Noc shift	
			AM shift	
			PM shift	

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Other Competency Tools

- Manufacturer's Directions
- Procedure checklists
- Chart audits
- Nurse Aide Training Book
- Learning management systems
- Employee Evaluation Process based on job description
- Facility Policies and Procedures



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Thank you!

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Resources

- **State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues**
- www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf
- **Professional Role Competence**
- Position Statement November 12th , 2014
- **American Nurses Association**
- <http://nursingworld.org/position/practice/role.aspx>

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