COMPETENCY-BASED JOB DESCRIPTION
ADMINISTRATIVE GUIDE

RUTGERS
BIOMEDICAL AND HEALTH SCIENCES

Department of Human Resources Compensation Services

"Transforming the Delivery of Human Resources"

April 2013 (Updated)
Legacy UMDNJ positions

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OVERVIEW

The Competency-Based Job Description Administrative Guide provides step-by-step instructions for completing a Competency-Based Job Description. Job descriptions serve as the foundation of a quality competency program and provide the starting point for this process. While often considered a tedious task, a well-researched and written job description serves as the basis of control in the hiring and performance evaluation processes. It should be used to guide the orientation process. The Joint Commission requires hospitals to have a process to ensure that a person's qualifications are consistent with their responsibilities. This requirement is directed at staff and students and includes volunteers that work in the same capacity as staff that provide patient care, treatment, and services. Job descriptions that are competency-based are the cornerstone in meeting these expectations. Leaders of the organization are expected to define the required competence and qualifications of staff.

Developing a Competency-Based Job Description is the first basic step to competency validation. A Competency-Based Job Description should include the primary responsibilities/essential duties of the job, qualifications, primary source verification and patient populations to whom care is to be delivered (if applicable) must be defined clearly in the job description as well as physical demands, work environment and other duties as assigned. Departments are responsible for ensuring legal compliance in job requirements.

The Joint Commission defines Competency as the demonstrated ability to carry out the primary responsibilities of the job. The primary responsibilities of the job should be indicated in the "essential duties and responsibilities section" of the job description. Competency-Based validation ensures each employee possesses the skills identified in the job description and adequately performs the essential duties.

Compliance with these guidelines and other regulations affecting employers ensures that we have addressed The Joint Commission and should any ADA issue arise.

Organization's Responsibility
Organizations must assess all staffs', students' and volunteers' ability to meet performance expectations as stated in the job description. Competency validation at the time of hire is a process of ensuring that an individual is qualified to enter the worksite. It is incumbent on the organization to ensure that he or she meets the qualifications stated in the job description.

Competency Assessment Compliance Tip: Avoiding The Joint Commission citations in the area of competency assessment begins with the job description itself, which should clearly delineate the qualifications for the job.

See Addendum containing The Joint Commission's Human Resources Standards, for ADA compliance - Physical Demands and Work Environment Check Off Lists, and The Joint Commission on Accreditation of Healthcare Organizations - Setting the Standard for Quality in Health Care Booklet.

>   Contact us:
>   Office of Compensation Services - 932-972-4845

http://uhr.rutgers.edu/uhr-units-offices/consulting-staffing-compensation/compensation-classification-services

"Our goal is to provide you with excellent customer service to meet the needs of your organization."

Competency-Based Job Description Template

School/Operating Unit
Competency-Based Job Description

Job Title: Fill In legacy UMDNJ Job Title
Department: Fill In Department
Division/Section: Fill In Division/Section If Applicable
Operating Unit: Fill in Operating Unit
Reports To: Fill In legacy UMDNJ Title That This Position Reports To
Approved By: Final Job Descriptions Must Be Approved by Compensation Services – Human Resources
Approved Date: Date Job Description is approved by Compensation Services

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MISSION STATEMENT:
(Insert Miss Statement for School or Operating Unit)

SUMMARY (*Basic purpose of the job*):
The primary purpose of the Fill in legacy UMDNJ Job Title position is to

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Age/Patient Population(s) Served
Double Click on Box(es) for Your Selection;
Select Checked; Click OK for All that Apply

AGE/PATIENT POPULATION(S) SERVED KEY

Age of Patient Population Served	Population
☐ Neonate (birth - 28 days)	☐ Bariatric Patients: BMI greater than 40, or greater than 35 with weight related comorbidities
☐ Infant (29 days – less than 1 year)	
☐ Pediatric (1 - 12 yrs)	☐ Patient with exceptional communication needs
☐ Adolescent (13 – 17 yrs)	☐ Patient with developmental delays
☐ Adult (18 – 64 yrs)	☐ Patient at the end of life
☐ Geriatric (65 yrs & older)	☐ Patient under isolation precautions
☐ Nonage Specific Task (N/A)	☐ All Populations

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following.   Other duties may be assigned. *(List Essential Duty Responsibility Statements.) Core Competency is the demonstrated ability to carry out the primary responsibilities of the job which should be reflected in the essential duties section of the job description.*

1.

2.

3.

4.

5.

6.

7.

8. Performs other related duties as assigned.

CORPORATE COMPLIANCE RESPONSIBILITIES
(Make Appropriate Selections from the Following and List as Part of the Essential Duties and Responsibilities.)

Understands and adheres to legacy UMDNJ's compliance standards as they appear in Legacy UMDNJ's Corporate Compliance Policy, Code of Conduct and Conflict of Interest Policy. *(To be included in all job descriptions.)*

Keeps abreast of all pertinent federal, state and legacy UMDNJ regulations, laws, and policies as they presently exist and as they change or are modified. *(To be included in all professional, supervisory and managerial job descriptions.)*

Ensures that the staff are trained and evaluated on their knowledge of and adherence to compliance policies and procedures specific to their jobs. *(To be included in all supervisory and managerial job descriptions.)*

JOB REQUIREMENTS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed must be representative of the knowledge, skills, minimum education, training, licensure, experience, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- **Credential Required**:   (Specify for Clinical Positions)
- **Primary Source Verification**: (Specify for Clinical Positions)

(Specify Significant Physical Demands and Work Environment Conditions in the Job Requirements Section. Keep copies of the ADA Physical Demands and Work Environment Documentation Check Off Lists in your files.

PHYSICAL DEMANDS:

WORK ENVIRONMENT:

EMPLOYEE   ACKNOWLEDGEMENT

I, _____, Acknowledge Review of This Job Description.
   (Employee's Name - PRINT Name)

_____   Date: _____
Employee's Signature

_____   Date: _____
Supervisor's Signature

This form is available on the CompToolKit as either a Microsoft Word document or pdf file (PDF files can be read/printed with Acrobat Reader). The Competency-Based Job Description should be submitted electronically using this Template.

Competency-Based Job Description Instructions

I. **Job Title:**   Fill In legacy UMDNJ Job Title
    Department: Fill In Department
    Division/Section: Fill In Division/Section if Applicable
    Operating Unit: Fill in Operating Unit
    Reports To: Fill In legacy UMDNJ Title That This Position Reports To
    Approved By: Final Job Descriptions must be approved by Compensation Services – Human Resources
    Approved Date: Date Job Description is Approved by Compensation Services

II. **MISSION STATEMENT**

(Specific to each School/Operating Unit)

III. **SUMMARY**

(Briefly, state the overall job responsibilities in fifty (50) words or less. Refer to the generic job description library for suggested language. Differentiate this job from others in the department. Focus on the central purpose of the job using action verbs such as provides, performs, researches, coordinates and plans. Age/Patient Population(s) Served statements that are specific to the patients receiving care must be included within the job summary of the position.) Feel free to contact Compensation Services if you need examples that are not on the CompToolKit.

IV. **AGE/PATIENT POPULATION(S) SERVED DEFINITION**

This section should be included in all patient-care job descriptions if appropriate. Identification of the population and ages served within the job description offers the new employee the opportunity to assess his/her skills and desire to work with the age and population defined. Competency as it relates to various age-specific components of assessing, evaluating, treating, and providing care to patients is The Joint Commission's expectation. Select the appropriate age related or population related code. There may be more than one code in the Key that you select. Be inclusive of all populations served in your Key selection. The Age/Patient Population Served Key corresponds with the Competency-Based Template's Key. Place an "X" in the box(es) for all that apply.

Example I: C – Pediatric (1-12 yrs)
Example II: M – All Populations)

Age/Patient Population(s) Served
Double Click on Box(es) for Your Selection;
Select Checked; Click OK for All that Apply

AGE/PATIENT POPULATION(S) SERVED KEY

Age of Patient Population Served	Population
☐ Neonate (birth - 28 days)	☐ Bariatric Patients: BMI greater than 40, or greater than 35 with weight related comorbidities
☐ Infant (29 days – less than 1 year)	☐ Patient with exceptional communication needs
☐ Pediatric (1 - 12 yrs)	☐ Patient with developmental delays
☐ Adolescent (13 – 17 yrs)	☐ Patient at the end of life
☐ Adult (18 – 64 yrs)	☐ Patient under isolation precautions
☐ Geriatric (65 yrs & older)	☐ All Populations
☐ Nonage Specific Task (N/A)	

V. **ESSENTIAL DUTIES AND RESPONSIBILITIES**

(List the top eight (8) or ten (10) critical duties in order of importance and frequency that must be performed by the incumbent. When considering these critical duties, focus on what must be accomplished within the department. Duties performed less frequently should be included towards the end of the list.) These should be the essential duties that are required in order for the employee to perform the task satisfactorily.

Integrate responsibility and expected practice. Define those tasks that are necessary to the fulfillment of the position. Talk with employees that are currently serving in the role to ensure the job description and requirements match the actual job.

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VI.   PERFORMS OTHER RELATED DUTIES AS ASSIGNED

Establish the premise that the job's essential duties list is not all inclusive, and other functions may be added dependent upon certain situations. Include expectations such as committee membership, required education/classes, and preceptorship as appropriate.

VII.   ADA COMPLIANCE

1. *Essential Duties of a Position:* *The essential duties of a position are defined by ADA as job duties that are so fundamental to the position that the individual cannot do the job without being able to perform them. A function is considered to be essential if the performance of this function is the reason the job exists, there are a limited number of other employees who could perform the function, or if the function is specialized and the incumbent is hired on the basis of his or her skill/ability to perform the function.*

2. *Employer's Judgment:* *ADA gives consideration to the employer's judgment as to what functions of a position are essential. A written job description is considered evidence of the essential duties of the position and should be developed before advertising or interviewing applicants for the position.*

3. *Reasonable Accommodation:* *ADA requires employers to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment unless this would cause an undue hardship. The employee still has his or her responsibility to be able to perform the essential duties of the position. "Undue Hardship" means significant difficulty or expertise would be incurred and focuses on the resources and overall circumstances of the employer in terms of the cost or difficulty in providing a specific accommodation.*

VII.   CORPORATE COMPLIANCE RESPONSIBILITIES

*(Must be on All Job Descriptions; make appropriate selections from the following **and list as part of the Essential Duties and Responsibilities**.)*

Understands and adheres to legacy UMDNJ's compliance standards as they appear in legacy UMDNJ's Corporate Compliance Policy, Code of Conduct and Conflict of Interest Policy. *(To be included in all job descriptions.)*

Keeps abreast of all pertinent federal, state and legacy UMDNJ regulations, laws, and policies as they presently exist and as they change or are modified. *(To be included in all professional, supervisory and managerial job descriptions.)*

Ensures that the staff are trained and evaluated on their knowledge of and adherence to compliance policies and procedures specific to their jobs. *(To be included in all supervisory and managerial job descriptions.)*

VIII.   JOB REQUIREMENTS

Indicate the Minimum Requirements to Perform the Essential Duties of the Position in this section. (Indicate Minimum Education and/or Experience; Legal Compliance for Clinical Positions, any significant Physical Demands specifics or Work Environment Conditions in this section.) Consider the specific knowledge, skills and abilities required to perform the essential duties successfully. Relate each required qualification such as education and/or experience, computer application skills and communication skills, to the job and not the previous incumbent. Work Environment conditions impacting the job should be typed in the Template. The job requirements section of the job description consists of the following three categories. Fill in the appropriate information in this section.

JOB REQUIREMENTS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed must be representative of the knowledge, skills, minimum education, training, licensure, experience, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. **EDUCATION and/or EXPERIENCE/QUALIFICATIONS**
 *(**Refer to the Human Resources Compensation Services CompToolKit for Assistance.**) The qualifications should be consistent with the employee's job responsibilities.)*

2. **LEGAL COMPLIANCE FOR CLINICAL POSITIONS**
 • **Required for employees who occupy a clinical position to ensure the Legal requirements of the position are specified as well as Compliance with The Joint Commission's regulations and HR standards.**

Credential requirements and Primary Source Verification should be indicated in the job requirements section of the job description and is important for The Joint Commission Compliance. ***The department head is responsible for defining the required qualifications and ensuring legal compliance in terms of credentials and updating requirements with Compensation Services when the regulations change.*** Current credentials are required for all practitioners requiring a license, certification or registration to perform their job responsibilities. ***When current licensure, certification, or registration <u>is required</u> by law or regulation to practice a profession, it is the responsibility of the hospital's leadership to verify these credentials with the primary source at the time of hire and upon expiration of the credentials.*** All operating units who employ licensed, registered or certified professionals are responsible for verifying these credentials through primary source verification (certifying agencies) in accordance with state & other regulating agency's regulations. Job requirements for these clinical positions must indicate the "specific current and active licensure, registration or certification" required "which must be maintained in good standing." The practitioner will be responsible for maintaining the credential indicated in the requirements of the position, with the issuing/certifying agency. The operating unit is responsible for monitoring expiration dates and requesting a written "primary source" verification with the above stated agency no later than the expiration date of last primary source verification performed. "Healthcare professionals" include individuals licensed or authorized to practice a healthcare profession regulated by DCA (Division of Consumer Affairs) and other professional and occupational licensing boards including physicians; podiatrists; nurses; pharmacists; physical, occupational and respiratory therapists; nurses aids and personal assistants; psychologists; psychoanalysts; social workers; speech and language pathologists; optometrists; opticians; dentists; orthotics and prosthetic providers; marriage and family therapists; veterinarians and chiropractors; and acupuncturists. ***When the department requires current licensure, certification, or registration that <u>are not required</u> by law or regulation, the department should verify the credential at the time of hire and upon expiration of the credential. The Director of Regulatory Affairs should be consulted with as required.***

PRIMARY SOURCE VERIFICATION and CREDENTIALS REQUIRED MUST BE INCLUDED IN THE JOB REQUIREMENTS SECTION OF THE JOB DESCRIPTION IF APPLICABLE:

IE. - **Credential Required**: Licensed as a Registered Nurse
 - **Primary Source Verification**: N.J. Division of Consumer Affairs, Board of Nursing

3. **PHYSICAL DEMANDS**
Physical Demands required to perform the Essential Duties of the Position. (The requirements of the job description should denote physical demands for ADA Compliance that would affect the ability to perform the job. Specify Physical Demands that may affect job performance in the requirements section of the job description. (See Physical Demands Addendum).

WORK ENVIRONMENT
Specify Significant Work Environment conditions in the job requirements. *Keep copies of the ADA Physical Demands and Work Environment Documentation Check Off Lists in your files.*

IX. **EMPLOYEE ACKNOWLEDGEMENT**

*Employee acknowledgement is required for all Operating Units who have The Joint Commission Review for Accreditation. Employee must acknowledge receipt of his/her job description and a copy must be given to the employee. **Supervisors are responsible for maintaining a signed copy for their records. When job descriptions are revised and approved by Compensation Services, a copy also must be given to the employee and acknowledged.***

I, _____, Acknowledge Review of This Job Description.
 (Employee's Name - PRINT Name)

_____ Date: _____
Employee's Signature

_____ Date: _____
Supervisor's Signature

NEXT STEPS…COMPETENCY VALIDATION PROCESS

STEP 1:

*Develop your **Competency-Based Job Description**.*

STEP 2:

Review the essential duties that you have outlined in the job description.

STEP 3:

Use the competency validation template to establish core and ongoing competencies for staff by specific job title. Core competencies must be validated during the orientation period to assess if the staff has the demonstrated ability to carry out the primary responsibilities of the job.

STEP 4:

It is then necessary to validate staff competency during orientation and thereafter on an ongoing basis after orientation is completed. Competency validation is the process used by the organization to ensure staff possess the skill set identified in their job description and safely perform the tasks or activities for their position according to established hospital standards. Ongoing competencies must be validated on an ongoing basis to assess aspects of the job that are mandated, low volume or high risk, problem prone and new or changed to ensure the staff is competent to perform them.

STEP 5:

Use the current Performance Evaluation until the Competency-Based Performance Evaluation is developed by the Project Team. Leaders should complete the evaluations with the frequency established in organizational policy and address the employee's ability to meet performance expectations stated in his/her job description (for example, adherence to organization-wide and departmental policies, professional standards, etc.)

Surveyors expect a competency validation process that includes all employees not just those in clinical positions. They expect to see a process that validates the ability of staff providing care, treatment, or service to patients of different ages and different population groups to do this in a way that is appropriate to the ages and populations of the patients to whom they provide the care, treatment, or service. Age-specific competency validation should reflect the actual care given. Generalized approaches to validating age-appropriate care concepts, with no clear delineation of what this care actually entails or how it actually differs for the various age groups or populations, are no longer sufficient. Surveyors expect to see the methodology used to validate competency and not place a check mark next to the competency or state that the employee provides age-appropriate care without supporting evidence.

SURVEYORS' EXPECTATIONS

Surveyors are looking for the following:

- *Current job description*
- *Evidence of orientation, if hired after 1992*
- *Competency validation, both at the end of orientation and ongoing competency validation*
- *Completed performance review*
- *Evidence of current licensure/registration/certification, if required for the job (as a performance expectation)*
- *Continuing Education*

Addendum

PHYSICAL DEMANDS DOCUMENTATION CHECK OFF LIST
Maintained in Department File Only

Required:
Documentation in a job description to accurately reflect the essential duties of the job and physical demands.

Specify Significant PHYSICAL DEMANDS for the Job Requirements:
Clarify how much on-the-job time is spent on the physical activities required to perform the job effectively.
Use the chart below to develop your description of physical demands by checking the appropriate boxes.

1. **How much daily/weekly on-the-job time is spent on the following physical activities?**

Amount of Time

	None	Under 1/3	Up To 2/3	Over 2/3
Stand	☐	☐	☐	☐
Walk	☐	☐	☐	☐
Sit	☐	☐	☐	☐
Use hands to finger, handle, or feel	☐	☐	☐	☐
Reach with hands and arms	☐	☐	☐	☐
Climb or balance	☐	☐	☐	☐
Stoop, kneel, crouch, or crawl	☐	☐	☐	☐
Talk or hear	☐	☐	☐	☐
Taste or smell	☐	☐	☐	☐

2. **Does this job require that weight be lifted or force be exerted?   If so, how much and how often?**

Amount of Time

	None	Under 1/3	Up To 2/3	Over 2/3
Up to 10 pounds	☐	☐	☐	☐
Up to 25 pounds	☐	☐	☐	☐
Up to 50 pounds	☐	☐	☐	☐
Up to 100 pounds	☐	☐	☐	☐
More than 100 pounds	☐	☐	☐	☐

3. **Does this job have any special vision requirements?**
☐ **Close vision (clear vision at 20 inches or less)**
☐ **Distance vision (clear vision at 20 feet or more)**
☐ **Color vision (ability to identify and distinguish colors)**
☐ **Peripheral vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)**
☐ **Depth perception (three-dimensional vision, ability to judge distances and spatial relationships)**
☐ **Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus)**
☐ **No special vision requirements**

Specify the essential job duties that require the physical demands indicated above.
    i.e., Position requires standing 1/3 of the time.
    i.e., Position requires lifting 1/3 of the time up to 10 pounds.

Any special physical demands should be clearly communicated to any applicant applying for this position and all employees occupying this position.

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WORK ENVIRONMENT DOCUMENTATION CHECK OFF LIST
Maintained in Department File Only

Required:
Documentation in a job description to accurately reflect the essential duties of the job and work environment.

Specify Significant WORK ENVIRONMENT for the Job Requirements:
Clarify how much on-the-job time work environment conditions are required to perform the job effectively.
Use the chart below to develop your description of work environment by checking the appropriate boxes.

1. **How much daily/weekly exposure to the following environmental conditions does this job require?**

	Amount of Time		
None	**Under 1/3**	**Up To 2/3**	**Over 2/3**
Wet or humid conditions (non-weather) ☐	☐	☐	☐
Work near moving mechanical parts ☐	☐	☐	☐
Work in high, precarious places ☐	☐	☐	☐
Fumes or airborne particles ☐	☐	☐	☐
Toxic or caustic chemicals ☐	☐	☐	☐
Outdoor weather conditions ☐	☐	☐	☐
Extreme cold (non-weather) ☐	☐	☐	☐
Extreme heat (non-weather) ☐	☐	☐	☐
Risk of electrical shock ☐	☐	☐	☐
Risk of radiation ☐	☐	☐	☐
Vibration ☐	☐	☐	☐

2. **How much noise is typical for the work environment of this job?**

☐ **Very quiet conditions (examples: forest trail, isolation booth for hearing test)**
☐ **Quiet conditions (examples: library, private office)**
☐ **Moderate noise (examples: business office with computers and printers, light traffic)**
☐ **Loud noise (examples: metal can manufacturing department, large earth-moving equipment)**
☐ **Very loud noise (examples: jack hammer work, front row at rock concert)**

Specify the essential job duties that require the work environment conditions indicated above.

Any special work environment and/or safety conditions should be clearly communicated to any applicant applying for this position and all employees occupying this position.

School/Operating Unit Sample
Competency-Based Job Description

Job Title: Supervising Advanced Practice Nurse
Department: Fill In Department
Division/Section: Fill In Division/Section If Applicable
Operating Unit: Sample
Reports To: Fill In legacy UMDNJ Title That This Position Reports To
Approved By: Compensation Services Approval
Approved Date: Compensation Services Approval

MISSION STATEMENT:
(Insert Mission Statement for School/Operating Unit)

SUMMARY (*Basic purpose of the job*):
The primary purpose of the Supervising Advanced Practice Nurse position is to serve as an expert in the delivery of nursing care. Utilizes advance practice nursing expertise in the provision of care to patients, staff orientation and ongoing staff development. Directs and supervises professional and paraprofessional staff members within the Department. Maintains a clinical track faculty appointment and serves as a preceptor for students.

Age/Patient Population(s) Served
Double Click on Box(es) for Your Selection;
Select Checked; Click OK for All that Apply

AGE/PATIENT POPULATION(S) SERVED KEY

Age of Patient Population Served	Population
☒ Neonate (birth - 28 days)	☐ Bariatric Patients: BMI greater than 40, or greater than 35 with weight related comorbidities
☒ Infant (29 days – less than 1 year)	☐ Patient with exceptional communication needs
☒ Pediatric (1 - 12 yrs)	☐ Patient with developmental delays
☒ Adolescent (13 – 17 yrs)	☐ Patient at the end of life
☒ Adult (18 – 64 yrs)	☐ Patient under isolation precautions
☒ Geriatric (65 yrs & older)	☒ All Populations
☐ Nonage Specific Task (N/A)	

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned. *(List Essential Duty Responsibility Statements.) Core Competency is the demonstrated ability to carry out the primary responsibilities of the job which should be reflected in the essential duties section of the job description.*

1. Provides advanced practice nursing expertise service to patients, families, significant others, and health care team members.

2. Collaborates with Physicians, Nursing Directors, nursing management and staff to establish emergency care programs and policies.

3. Supervises assigned paraprofessional and professional staff members employed within the Emergency Department.

4. Recommends the hiring, firing, promoting, demoting, merit increases, transfers and/or disciplining of employees and other personnel changes.

5. Works collaboratively with physicians, nurses, social workers, and other members of the multidisciplinary health care team.

6. Provides direct patient care to a select group of patients.

7. Provides patient/family education, health counseling, and health advocacy services to patients, their families and significant others.

8. Conducts and participates in research and engages in quality improvement activities.

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9. Manages day-to-day activities in accordance with University Hospital policies and procedures.

10. Maintains a high level of professional responsibility and performance.

11. Develops and interprets policies, procedures, and standards of practice in collaboration with nursing and institution-wide committees.

12. Provides staff development programs (orientation, inservice and continuing education) for health care providers and community education programs related to emergency care.

13. Participates as an active member on committees as assigned.

14. Understands and adheres to legacy UMDNJ's compliance standards as they appear in legacy UMDNJ's Corporate Compliance Policy, Code of Conduct and Conflict of Interest Policy.

15. Keeps abreast of all pertinent federal, state and legacy UMDNJ regulations, laws and policies as they presently exist and as they change or are modified.

16. Ensures that the staff are trained and evaluated on their knowledge of and adherence to compliance policies and procedures specific to their jobs.

17. Performs other related duties as assigned.

JOB REQUIREMENTS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below must be representative of the knowledge, skills, minimum education, training, licensure, experience, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Certified as an Advanced Practice Nurse in the State of New Jersey. Three (3) years of nursing experience, at least two (2) of which shall have been as an Advanced Practice Nurse in a related specialty, preferred, but not required. One (1) year of supervisory/managerial experience preferred.

  - **Credential Required**: Licensed as a Registered Nurse and APN Nurse Practitioner
  - **Primary Source Verification**: N.J. Division of Consumer Affairs, Board of Nursing

PHYSICAL DEMANDS:
Position requires standing 2/3 of the time, walking 2/3 of the time, requires sitting under 1/3 of the time, use of hands to finger, handle or feel 2/3 of the time, reach with hands and arms, under 1/3 of the time, stoop, kneel, crouch or crawl under 1/3 of the time, talk or hear over 2/3 of the time. Position requires lifting up to 10 lbs up to 1/3 of the time.

WORK ENVIRONMENT:
Moderate noise (examples: business office with computers and printers, light traffic). Exposure to bloodborne pathogens that requires use of personal protective equipment.

EMPLOYEE ACKNOWLEDGEMENT

I, _____, Acknowledge Review of This Job Description.
  (Employee's Name - PRINT Name)

_____   Date: _____
Employee's Signature

_____   Date: _____
Supervisor's Signature

School/Operating Unit Sample
Competency-Based Job Description

Job Title: Data Control Clerk I
Department: Fill In Department
Division/Section: Fill In Division/Section If Applicable
Operating Unit: Sample
Reports To: Fill In legacy UMDNJ Title That This Position Reports To
Approved By: Compensation Services Approval
Approved Date: Compensation Services Approval

MISSION STATEMENT:
"To improve the quality of life for all those we touch through excellence in patient care, education, research and community service."

SUMMARY (*Basic purpose of the job*):
The primary purpose of the Data Control Clerk I position is to oversee and coordinate data compilation and is responsible for the accurate processing and entry on information into the computer system. Provides administrative and general office services as required by the Department.

Age/Patient Population(s) Served
Double Click on Box(es) for Your Selection;
Select Checked; Click OK for All that Apply

AGE/PATIENT POPULATION(S) SERVED KEY

Age of Patient Population Served	Population
☐ Neonate (birth - 28 days)	☐ Bariatric Patients: BMI greater than 40, or greater than 35 with weight related comorbidities
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☐ Adolescent (13 – 17 yrs)	☐ Patient at the end of life
☐ Adult (18 – 64 yrs)	☐ Patient under isolation precautions
☐ Geriatric (65 yrs & older)	
☒ Nonage Specific Task (N/A)	☒ All Populations

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following.   Other duties may be assigned*.*

1. Oversees and coordinates the gathering and input of all pertinent data as necessary for accurate and proper completion of grant application, manuscripts, abstracts, publications, project reports, adhering to instructions, guidelines and prescribed format.

2. Responsible for typing correspondence, reports, manuals, etc. using current software.

3. Organizes assigned word processing work, reviews and analyzes the problems related to work and develops effective work methods to improve the workflow.

4. Assists in short and long-range planning by identifying needs and retrieving relevant information for use in the computer program database.

5. Retrieves data and information stored on departmental computers and updates as required.

6. Assists in monitoring the attainment of goals and objectives and in projecting future needs with respect to data collection services.

7. Assists with word processing problems and training, as needed. Assists in the training of new personnel.

8. Provides administrative and general office services. Composes and types routine letters. Maintains a follow-up file on correspondence awaiting replies.

9. Understands and adheres to legacy UMDNJ's compliance standards as they appear in legacy UMDNJ's Corporate Compliance Policy, Code of Conduct and Conflict and Conflict of Interest Policy.

10. Performs other related duties as assigned.

JOB REQUIREMENTS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed must be representative of the knowledge, skills, minimum education, training, licensure, experience, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Three (3) years prior clerical experience, including knowledge of PC software programs, particularly Microsoft Word and Excel is required.

PHYSICAL DEMANDS:
This position requires standing under 1/3 of the time, walking 2/3 of the time, requires sitting over 2/3 of the time, use of hands to finger, handle or feel over 2/3 of the time, reach with hands and arms under 1/3 of the time, climb or balance as well as stoop, kneel, crouch or crawl none of the time, talk or hear over 2/3 of the time, taste or smell none of the time. This position requires up to 10 pounds of weight be lifted under 1/3 of the time. There are no special vision requirements.

WORK ENVIRONMENT:
Moderate noise (examples: business office with computers and printers, and somewhat heavy traffic).

EMPLOYEE   ACKNOWLEDGEMENT

I, _____, Acknowledge Review of This Job Description.
   (Employee's Name - PRINT Name)

_____   Date: _____
Employee's Signature

_____   Date: _____
Supervisor's Signature

COMPENSATION FREQUENTLY ASKED QUESTIONS

1. Do we still use Criteria-Based Job Descriptions?

No, this has been replaced with the *Competency-Based Job Description* for all positions in facilities that require The Joint Commission Review.

2. What has changed from the Criteria-Based Job Description?

There is a major focus on population served and legal compliance for clinical positions. This should be indicated in the job requirements section of the job description if significant or having an impact on job performance.

3. What is a *Competency-Based Job Description*?

Based on The Joint Commission requirements and Human Resources - Compensation Services has designed the *Competency-Based Job Description Template*.

The Joint Commission sets the standard for quality in health care. Why is this important? Safety and the quality of patient care and patient satisfaction are important to today's consumer. To be compliant with The Joint Commission means the health care organization is accredited and has met high standards in patient care and safety.

4. How do *Competencies* impact job descriptions?

A Job Description is the foundation to build Core Competencies. The Core Competencies validates the process of ensuring that staff possess the skill set identified in the essential duties in his or her job description and perform the tasks or activities for the position according to established standards.

   a. What is Core Competency?

It is the demonstrated ability to carry out the primary responsibilities of the job. Core Competencies must be validated by the end of the orientation period. Some of these are expectations of all staff, specific job groups, and possibly individuals in specific cohorts and areas/locations within the organization.

5. Should *Competencies* be indicated on the job description?

Yes, competencies should be specified under job responsibilities and minimally in job requirements.

6. How do I develop a *Competency-Based Job Description?*

Fill in the following information. Use the *Competency-Based Job Description Instructions* to develop the *Job Description*.
   Job Title, Department, Division/Section, Operating Unit, Reports to, Approved By & Approved Date
   Summary
   Age/Patient Population(s) Served
   Essential Duties and Responsibilities
   University Corporate Compliance Responsibilities
   Job Requirements
   Education and/or Experience
   Physical Demands
   Work Environment
   Employee Acknowledgement

Clearly define the Essential Duties and Responsibilities of the Position: Specific needs are developed by each Department or Operating Unit according to the job required. For assistance with benchmark positions job responsibilities refer to the Legacy UMDNJ Resources and Templates. *Refer to Competency-Based Job Description Instructions.*

Clearly define the Age/Patient Population(s) Served: A *Patient Population Served Key* was developed to select the appropriate ages of the population and the population served. *Refer to Competency-Based Job Description Instructions.*

Corporate Compliance: Must be on all *Competency-Based Job Descriptions. Refer to Competency-Based Job Description Instructions for selections.*

Minimum requirements must be indicated include *Education and/or Experience* including licensure. *Refer to Competency-Based Job Description Instructions.*

Legal Compliance for Clinical Positions should be reflected in the job requirements *including Primary Source Verification and Credentialing Required in this section. Refer to Competency-Based Job Description Instructions.*

Ensures *ADA* (Americans with Disabilities Act) requirements are stipulated. *Indicate significant Physical Demands and Work Environment. Refer to Competency-Based Job Description Instructions.*

Employee Acknowledgement: A copy of the current *Competency-Based Job Description* signed by the employee must be given to the employee. Supervisors are also responsible for maintaining a signed copy for their records, which is required for all Operating Units who have The Joint Commission Review for Accreditation. *Refer to Competency-Based Job Description Instructions.*

7. What if I need to revise the Competency-Based Job Description after my competencies are developed?

Compensation Services views this as a progressive document that should be updated accordingly. Once competencies are developed, send the revised job description with the revised or additional information to Compensation Services for review and approval.

The Joint Commission HR Standards 2013

The Joint Commission E-dition
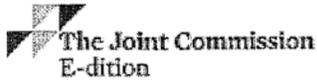
Program: Hospital

Chapter: Human Resources

Overview:

The contribution that human resources management makes to a hospital's ability to provide safe, quality care cannot be overestimated. The quality of the hospital's staff will, in large part, determine the quality of the care, treatment, and services it provides. The World Health Report 2000—Health Systems: Improving Performance * states that human resources is the most important contribution to the quality of health care because "the performance of health care systems depends ultimately on the knowledge, skills, and motivation of the people responsible for delivering services."

This same report describes staff education and training as key investment tools: "Unlike material capital, knowledge does not deteriorate with use. But, like equipment, old skills become obsolete with the advent of new technologies. Continuing education and on-the-job training are required to keep existing skills in line with technological progress and new knowledge." After staff are hired, even the smallest hospital has a responsibility to see that they receive the education and training they need to provide quality care and to keep patients safe.

Footnote *: World Health Organization (WHO): World Health Report 2000—Health Systems: Improving Performance. Geneva: WHO, 2000.

About This Chapter:

The standards and elements of performance in this chapter address the hospital's responsibility to establish and verify staff qualifications, orient staff, and provide staff with the training they need to support the care, treatment, and services the hospital provides. After staff are on the job, human resources must provide for the assessment of staff competence and performance.

Chapter Outline:

I. Staff

    A. Staffing (HR.01.01.01) (HR.01.01.03 and HR.01.01.05 are not applicable tohospitals)

    B. Qualifications (HR.01.02.01, HR.01.02.05, HR.01.02.07) (HR.01.02.03 is notapplicable to hospitals)

    C. Not applicable to hospitals (HR.01.03.01)

    D. Orientation (HR.01.04.01)

    E. Training and Education (HR.01.05.03) (HR.01.05.01 is not applicable tohospitals)

    F. Competence (HR.01.06.01) (HR.01.06.03, HR.01.06.05, HR.01.06.07, andHR.01.06.09 are not applicable to hospitals)

    G. Evaluation of Performance (HR.01.07.01)

II. Licensed Independent Practitioners

    A. Not applicable to hospitals (HR.02.01.01, HR.02.01.03, HR.02.01.04, HR.02.01.05,HR.02.01.07)

    B. Not applicable to hospitals (HR.02.02.01)

    C. Not applicable to hospitals (HR.02.03.01)

    D. Not applicable to hospitals (HR.02.04.01, HR.02.04.03)

III. Primary Care Medical Home

  A. Not applicable to hospitals (HR.03.01.01)

EP Attributes Icon Legend:

CMS	CMS Crosswalk	⚠**1**	EP Criticality level is 1 - Immediate Threat to Health or Safety
A	EP belongs to Scoring Category 'A'	⚠**2**	EP Criticality level is 2 - Situational Decision Rules
C	EP belongs to Scoring Category 'C'	△**3**	EP Criticality level is 3 - Direct Impact.
M	EP requires Measure of Success	**D**	Documentation is required
ESP-1	EP applies to Early Survey Option	**NEW**	EP is new or changed as of the selected effective date.

Chapter: Human Resources

HR.01.01.01: The hospital has the necessary staff to support the care, treatment, and services it provides.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

ID Description

28 For hospitals that use Joint Commission accreditation for deemed status purposes: A full-time, part-time, or consulting pharmacist develops, supervises, and coordinates all the activities of the pharmacy department or pharmacy services.

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	CMS			- Organizational Structure - Staffing		A	

Program: Hospital

Chapter: Human Resources

HR.01.02.01: The hospital defines staff qualifications.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

ID Description

1 The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)
Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).
Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/regs/toc.aspx .
Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital.
Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.

EP Attributes

New FSA	CMS	MOS	CR PFA	DOC	SC	ESP
- Contract Services - Patient Centered Communication/Disparities of Care - Patient Flow	CMS		- Communication - Organizational Structure - Staffing		A	ESP-1

Program: Hospital

Chapter: Human Resources

HR.01.02.05: The hospital verifies staff qualifications.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

ID Description

1 When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)
Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.
Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.
Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services - Diagnostic Imaging - Staffing	CMS			- Credentialed Practitioners - Information Management - Organizational Structure - Staffing	D	A	

ID Description

2 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. (See also HR.01.02.07, EP 2)

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services - Diagnostic Imaging - Staffing	CMS	M		- Information Management - Staffing	D	C	

ID Description

3 The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services - Diagnostic Imaging - Staffing	CMS	M		- Information Management - Staffing	D	C	

ID Description

4 The hospital obtains a criminal background check on the applicant as required by law and regulation or hospital policy. Criminal background checks are documented.

EP Attributes

24

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
- Contract Services		M		- Organizational Structure - Staffing	D	C	

ID Description

5 Staff comply with applicable health screening as required by law and regulation or hospital policy. Health screening compliance is documented.

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
- Contract Services		M		- Information Management - Organizational Structure - Staffing	D	C	

ID Description

6 The hospital uses the following information from HR.01.02.05, Elements of Performance 1–5, to make decisions about staff job responsibilities:
- Required licensure, certification, or registration verification
- Required credentials verification
- Education and experience verification
- Criminal background check
- Applicable health screenings

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
- Contract Services	CMS			- Information Management - Staffing		A	

ID Description

7 Before providing care, treatment, and services, the hospital confirms that nonemployees who are brought into the hospital by a licensed independent practitioner to provide care, treatment, or services have the same qualifications and competencies required of employed individuals performing the same or similar services at the hospital.
Note 1: This confirmation can be accomplished either through the hospital's regular process or with the licensed independent practitioner who brought in the individual.
Note 2: When the care, treatment, and services provided by the nonemployee are not currently performed by anyone employed by the hospital, leadership consults the appropriate professional hospital guidelines for the required credentials and competencies.

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
- FSA Direct Impact EPs - Contract Services			△3	- Communication - Staffing		A	

ID Description

10 Physician assistants and advanced practice registered nurses who practice within the hospital are credentialed, privileged, and re-privileged through the medical staff process or an equivalent process.
Note: Advanced practice registered nurses who are licensed independent practitioners are credentialed and privileged only through the medical staff credentialing and privileging process. (See the "Medical Staff" [MS] chapter)

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
- FSA Direct Impact EPs - Contract Services	CMS		△3	- Credentialed Practitioners - Organizational Structure		A	ESP-1

ID Description

11 The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital is approved by the governing body.

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EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services	CMS			- Credentialed Practitioners - Organizational Structure		A	ESP-1

ID Description

12 The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital includes the following: An evaluation of the applicant's credentials. The evaluation is documented.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services	CMS			- Credentialed Practitioners - Information Management - Staffing	D	A	ESP-1

ID Description

13 The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital includes the following: An evaluation of the applicant's current competence. The evaluation is documented.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services	CMS			- Credentialed Practitioners - Information Management - Staffing	D	A	ESP-1

ID Description

14 The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital includes the following: Peer recommendations. The peer recommendations are documented.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services	CMS			- Communication - Credentialed Practitioners - Information Management	D	A	ESP-1

ID Description

15 The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital includes the following: Input from individuals and committees, including the medical staff executive committee, in order to make an informed decision regarding requests for privileges.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services	CMS			- Communication - Credentialed Practitioners		A	ESP-1

Program: Hospital

Chapter: Human Resources

HR.01.02.07: The hospital determines how staff function within the organization.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

ID Description

1 All staff who provide patient care, treatment, and services possess a current license, certification, or registration, in accordance with law and regulation.

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
			⚠2	- Organizational Structure - Staffing		A	ESP-1

ID Description

2 Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	CMS		⚠2	- Organizational Structure - Staffing		A	ESP-1

ID Description

5 Staff oversee the supervision of students when they provide patient care, treatment, and services as part of their training.

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
		M		- Communication - Staffing		C	

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Chapter: Human Resources

HR.01.04.01: The hospital provides orientation to staff.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

ID Description

1 The hospital determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EPs 1-3)
Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.

EP Attributes

New FSA	CMS	MOS	CR PFA	DOC	SC	ESP
- Cleaning, Disinfection and Sterilization	CMS		- Organizational Structure - Orientation and Training		A	ESP-1

ID Description

2 The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. (See also EC.02.03.01, EP 10 and IC.01.05.01, EP 6)

EP Attributes

New FSA	CMS	MOS	CR PFA	DOC	SC	ESP
- Cleaning, Disinfection and Sterilization - Diagnostic Imaging	CMS	M	- Communication - Orientation and Training	D	C	

ID Description

3 The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.

EP Attributes

New FSA	CMS	MOS	CR PFA	DOC	SC	ESP
- Cleaning, Disinfection and Sterilization - Contract Services - Diagnostic Imaging	CMS	M	- Communication - Information Management - Orientation and Training	D	C	

ID Description

4 The hospital orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7; IC.02.04.01, EP 2; RI.01.01.01, EP 8)

EP Attributes

New FSA	CMS	MOS	CR PFA	DOC	SC	ESP
- Cleaning, Disinfection and Sterilization - Contract Services - Diagnostic Imaging	CMS	M	- Communication - Information Management - Orientation and Training	D	C	

ID Description

5   The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
- Patient Centered Communication/Disparities of Care		M		- Communication - Information Management - Orientation and Training	D	C	

ID Description

6   The hospital orients staff on the following: Patient rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	CMS	M		- Communication - Information Management - Orientation and Training	D	C	

ID Description

7   The hospital orients external law enforcement and security personnel on the following:
    - How to interact with patients
    - Procedures for responding to unusual clinical events and incidents
    - The hospital's channels of clinical, security, and administrative communication
    - Distinctions between administrative and clinical seclusion and restraint

EP Attributes

New FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
		M		- Communication - Orientation and Training		C	

Program: Hospital

Chapter: Human Resources

HR.01.05.03: Staff participate in ongoing education and training.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

ID Description

1   Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Cleaning, Disinfection and Sterilization - Diagnostic Imaging - Staffing	CMS	M		- Information Management - Orientation and Training	D	C	

ID Description

4   Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Cleaning, Disinfection and Sterilization - Contract Services - Diagnostic Imaging		M		- Information Management - Orientation and Training	D	C	

ID Description

5   Staff participate in education and training that is specific to the needs of the patient population served by the hospital. Staff participation is documented. (See also PC.01.02.09, EP 3)

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Cleaning, Disinfection and Sterilization - Contract Services - Diagnostic Imaging		M		- Information Management - Orientation and Training	D	C	

ID Description

6   Staff participate in education and training that incorporates the skills of team communication, collaboration, and coordination of care. Staff participation is documented.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
			M		- Information Management - Orientation and Training	D	C	

ID Description

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7   Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented.

EP Attributes

New	FSA		CMS	MOS	CR	PFA	DOC	SC	ESP
				M		- Information Management - Orientation and Training	D	C	

ID Description

8   Staff participate in education and training on fall reduction activities. Staff participation is documented.

EP Attributes

New	FSA		CMS	MOS	CR	PFA	DOC	SC	ESP
				M		- Orientation and Training - Patient Safety	D	C	

ID Description

13 The hospital provides education and training that addresses how to identify early warning signs of a change in a patient's condition and how to respond to a deteriorating patient, including how and when to contact responsible clinicians. Education is provided to staff and licensed independent practitioners who may request assistance and those who may respond to those requests. Participation in this education is documented.

EP Attributes

New	FSA		CMS	MOS	CR	PFA	DOC	SC	ESP
	- FSA Direct Impact EPs			M	△3	- Credentialed Practitioners - Orientation and Training	D	C	

Chapter: Human Resources

HR.01.06.01: Staff are competent to perform their responsibilities.

Rationale: Not applicable.

Introduction: Introduction to Standards HR.01.06.01 and HR.01.07.01

A close relationship exists between competence assessment and performance evaluation. Sometimes this relationship can be confusing. 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.

When the hospital defines specific competencies, it should consider the needs of its patient population, the types of procedures conducted, conditions or diseases treated, and the kinds of equipment it uses.

Where competency assessment focuses on specific knowledge, skill, and ability, performance evaluations are broader in scope. Performance evaluations are not only focused on a staff member's competence, they also include other expectations that have been established for each staff member. For example, a performance evaluation might include expectations relative to whether a staff member participates in education and training offered by the hospital, or how well he or she carries out job responsibilities and manages time.

What competency assessments and performance evaluations share is the requirement that they are performed at least once every three years. This does not mean, however, that they have to be performed together at the same time. Some hospitals, often those that are smaller in size, may choose to combine competency assessments with performance evaluations. Others may choose to handle these activities separately. If a hospital chooses to combine the activities, it needs to make sure that the performance evaluation contains specific competencies. However these two activities are conducted, feedback on performance is most useful to staff if it is given whenever an opportunity arises.

Elements of Performance

ID Description

1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)

    EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Diagnostic Imaging - Information Technology - Patient Flow - Staffing	CMS			- Staffing		A	ESP-1

ID Description

2 The hospital uses assessment methods to determine the individual's competence in the skills being assessed.
Note: Methods may include test taking, return demonstration, or the use of simulation.

    EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services - Diagnostic Imaging - Staffing				- Staffing		A	

ID Description

3 An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.
Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize

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an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Diagnostic Imaging	CMS	M		- Staffing		C	

ID Description

5 Staff competence is initially assessed and documented as part of orientation.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services - Diagnostic Imaging - Information Technology - Staffing	CMS	M	⚠3	- Information Management - Orientation and Training - Staffing	D	C	

ID Description

6 Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Diagnostic Imaging - Information Technology - Staffing	CMS	M		- Information Management - Organizational Structure - Staffing	D	C	

ID Description

15 The hospital takes action when a staff member's competence does not meet expectations.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- FSA Direct Impact EPs - Diagnostic Imaging			⚠3	- Organizational Structure - Staffing		A	

Chapter: Human Resources

HR.01.07.01: The hospital evaluates staff performance.

Rationale: Not applicable.

Introduction: Introduction to Standards HR.01.06.01 and HR.01.07.01

A close relationship exists between competence assessment and performance evaluation. Sometimes this relationship can be confusing. 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.

When the hospital defines specific competencies, it should consider the needs of its patient population, the types of procedures conducted, conditions or diseases treated, and the kinds of equipment it uses.

Where competency assessment focuses on specific knowledge, skill, and ability, performance evaluations are broader in scope. Performance evaluations are not only focused on a staff member's competence, they also include other expectations that have been established for each staff member. For example, a performance evaluation might include expectations relative to whether a staff member participates in education and training offered by the hospital, or how well he or she carries out job responsibilities and manages time.

What competency assessments and performance evaluations share is the requirement that they are performed at least once every three years. This does not mean, however, that they have to be performed together at the same time. Some hospitals, often those that are smaller in size, may choose to combine competency assessments with performance evaluations. Others may choose to handle these activities separately. If a hospital chooses to combine the activities, it needs to make sure that the performance evaluation contains specific competencies. However these two activities are conducted, feedback on performance is most useful to staff if it is given whenever an opportunity arises.

Elements of Performance

ID Description

1   The hospital evaluates staff based on performance expectations that reflect their job responsibilities.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
			M		- Staffing		C	

ID Description

2   The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. This evaluation is documented.

EP Attributes

New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- Contract Services		M		- Information Management - Organizational Structure - Staffing	D	C	

ID Description

5   When a licensed independent practitioner brings a nonemployee individual into the hospital to provide care, treatment, and services, the hospital reviews the individual's competencies and performance at the same frequency as individuals employed by the hospital.
Note: This review can be accomplished either through the hospital's regular process or with the licensed independent practitioner who brought staff into the hospital.

EP Attributes

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New	FSA	CMS	MOS	CR	PFA	DOC	SC	ESP
	- FSA Direct Impact EPs - Contract Services		M	/3\	- Staffing		C	

Joint Commission
on Accreditation of Healthcare Organizations
Setting the Standard for Quality in Health Care

The Joint Commission

is focused on improving the safety and quality of care provided to the public. The Joint Commission accomplishes this goal by accrediting health care organizations and offering health care performance improvement services.

Since 1951, the Joint Commission has maintained state-of-the-art, performance-based standards and evaluated the quality and safety of care by assessing the compliance of health care organizations with these national standards. The Joint Commission's Gold Seal of Approval™, a distinctive seal that is proudly displayed at accredited organizations and certified programs, is recognized nationwide as a symbol of quality that reflects a commitment to meeting certain performance standards. A not-for-profit organization, the Joint Commission is the oldest and largest health care accrediting body. The Joint Commission accredits and certifies more than 15,000 health care organizations and programs including:

- Hospitals, including psychiatric, children's, rehabilitation and critical access hospitals.
- Health care networks, including managed care plans, preferred provider organizations, integrated delivery networks, and managed behavioral health care organizations.
- Home care organizations, including those that provide services for home health, personal care and support, home infusion, durable medical equipment and hospice.
- Nursing homes and other long term care facilities, including subacute care programs, dementia special care programs and long term care pharmacies.
- Assisted living facilities.
- Behavioral health care organizations, including services for mental health and addiction, and for persons with developmental disabilities.
- Ambulatory care providers, for example, outpatient surgery facilities, rehabilitation centers, infusion centers, group practices and office-based surgery.
- Clinical laboratories, including independent or freestanding laboratories, blood transfusion and donor centers, and public health laboratories.
- Disease-Specific Care Certification of services for certain chronic illnesses, including asthma, diabetes, congestive heart failure, and primary stroke care, among others.
- Health Care Staffing Certification (October 2004)
- Lung Volume Reduction Surgery Certification (Fall 2004)
- Left Ventricular Assist Device Implantation Certification (2005)

Improving safety and quality

The Joint Commission is committed to improving the safety of care provided to patients in health care organizations. Accreditation and certification are risk-reduction activities; compliance with standards is intended to reduce the risk of adverse outcomes. The Joint Commission demonstrates its commitment to safety through numerous efforts, including:

- Standards are heavily focused on patient safety, particularly in the areas of medication use, infection control, surgery and anesthesia, transfusions, restraint and seclusion, staffing and staff competence, fire safety, medical equipment, emergency management, and security.
- The Sentinel Event Policy helps health care organizations identify and prevent sentinel events (an unexpected death or serious physical or psychological injury).

- The *Sentinel Event Alert* newsletter identifies specific sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences.
- Annual National Patient Safety Goals that accredited organizations are required to use to address specific areas of patient safety, for example medication safety and infection control.
- The Office of Quality Monitoring evaluates and tracks complaints and concerns about quality of care issues at Joint Commission accredited organizations. Information about accredited organizations and certified programs may be provided directly to the Joint Commission at (800) 994-6610.

Providing supportive services

Joint Commission Resources, a not-for-profit affiliate of the Joint Commission, provides educational programs and publishes periodicals and books that cover the standards, survey process, performance measurement and organizational improvement. It also provides consultative technical assistance to health care organizations. The Joint Commission and Joint Commission Resources maintain strict policies and have established a "firewall" that prohibits the Joint Commission and the consulting services of Joint Commission Resources from sharing with the other any confidential information about identified organizations or certified programs. For more information, visit Joint Commission Resource's website, www.jcrinc.com, or call the toll-free customer service line at (877) 223-6866.

Publishing standards and publications

Joint Commission standards are available for purchase from Joint Commission Resources, as well as other publications, including the newsletters *Joint Commission Perspectives on Patient Safety* and *Environment of Care News*. Numerous books, pamphlets and online resources are also available on the subjects of environment of care, preventing medical errors, and preventing sentinel events, among others. For more information, visit the Joint Commission Resource's website, www.jcrinc.com, or call the toll-free customer service line at (877) 223-6866. The Joint Commission publishes a number of free newsletters, including program-specific newsletters—*Ambulatory Advisor, BHC News, DSC Update, Home Care Bulletin, Lab Focus, LTC Update, Network News*—and *Sentinel Event Alert*, which identifies specific sentinel events and suggests steps to prevent occurrences in the future. These publications are available on the Joint Commission's website, www.jcaho.org.

Addressing current issues

To promote dialogue on important issues affecting health care organizations and our society today, the Joint Commission is conducting a series of public policy initiatives. These forums include roundtables with experts and other knowledgeable stakeholders, white papers to explore the problem and propose solutions, and national symposia and follow-up regional summits to permit in-depth exploration and facilitate resolution. Current issues include nurse staffing, emergency preparedness, Emergency Department overcrowding, organ donation, health care professional education, and tort resolution and injury prevention. Information about upcoming symposiums and summits is available on the Joint Commission Resources website, www.jcrinc.com. Published white papers are available on the Joint Commission website, www.jcaho.org.

Providing information to consumers

Increasingly, consumers look to the Joint Commission for information about accredited health care organizations. At the Joint Commission website, www.qualitycheck.org, consumers can access Quality Check®, a guide that provides the current Joint Commission accreditation or Disease-Specific Care Certification status of organizations and programs. For accredited organizations, Quality Check® also provides Quality Reports, which include an organization's performance on applicable National Patient Safety Goals and National Quality Improvement Goals. The Joint Commission's National Patient Safety Goals address specific areas of patient safety, for example medication safety and infection control. National Quality Improvement Goals require that hospitals report their quality improvement efforts in three of the four following areas: heart attack care, heart failure treatment, pneumonia or pregnancy and related conditions.

For more information

The Joint Commission website, www.jcaho.org, has extensive information about accreditation, certification, and patient safety, among other topics. The website also includes an extensive directory at http://www.jcaho.org/contact+us/directory.htm.

The general Joint Commission phone number is (630) 792-5000 and the Customer Service phone number is (630) 792-5800.

Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard,
Oakbrook Terrace, Illinois 60181
www.jcaho.org

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