



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Nursing		
Document:	Department Policy and Procedure		
Title:	Nursing Competency Assessment Program		
Applies To:	All Nursing Staff		
Preparation Date:	January 08, 2025	Index No:	NR-DPP-062
Approval Date:	January 22, 2025	Version :	1
Effective Date:	February 22, 2025	Replacement No.:	NR-DPP-062 (N)
Review Date:	February 22, 2028	No. of Pages:	5

1. PURPOSE:

- 1.1 Ensure that nursing staff are competent to provide safe nursing care to patients within the scope of their practice and as covered in by their job description and that they remain professionally current and proficient at all times.
- 1.2 To provide a mechanism for directing and evaluating the competencies needed by employees to provide quality health care services. To identify areas of growth and development and provide opportunities for on-going learning to achieve continuous quality improvement.

2. DEFINITONS:

- 2.1 **Competency** – an individual's capacity and demonstrated ability to do certain tasks based on understanding in an appropriate and effective manner consistent with the expectations for a person qualified by education and training in a particular profession or specialty.
- 2.2 **Competency Assessment** – is an ongoing process of initial development, maintenance of knowledge and skill, educational consultation, remediation and redevelopment.
- 2.3 **Orientation Base Competency OBC** (first three (3) months of employment) – includes attending hospital orientation and receiving a departmental orientation.
- 2.4 **Assessment**- determine the extent to which an individual reaches a desired level of competence in knowledge, skill, attitude or understanding in relation to a specified goal. Assessment measures the integration and application of theory
- 2.5 **USSC** – Unit Specific Skill Competency

3. POLICY:

- 3.1 Nursing staff competencies are assessed on an ongoing basis (at least annually and whenever needed).
- 3.2 Competency assessment of MCH shall include 1st and 3rd month performance appraisal, unit orientation checklist (fulfil and validated within 3 months of employment), unit specific skills competency and orientation based competency.
- 3.3 Initial competency assessment and reassessment will include validation of :
 - 3.3.1 Job Description
 - 3.3.2 Hospital and Unit/Departmental Orientation
 - 3.3.3 Annual Staff Evaluation
- 3.4 Every year the head nurse of the unit must verify if that competency of the staff is current.
- 3.5 Orientation based competency review will be on an on-going basis annually or as needed according to staff needs to ensure that nursing skills and knowledge remain current. It will be provided to each new employee during their orientation.
- 3.6 Unit specific skills competency must be done according to nursing skills performed in the units with the corresponding frequency and risk rating. The nurse leaders and the nursing education department in consultation with the director of nurses developed a set of USSC in determining the skills that nursing staff need in order to be most effective.

- 3.7 Competency must be done based on training, education and experience and to be assessed at the time staff are hired and at regular interval thereafter to ensure that individual have adequate knowledge and skills to perform their duties.
- 3.8 Unit supervisors, head nurses, nursing educations and education link are required to assess, maintain, demonstrate, track and improve competencies of the staff as well as development unit specific skills competencies.
- 3.9 When completed, the orientation documents and unit specific skills competencies assessment and reassessment must be stored originally copy furnished to the Personnel affairs.
- 3.10 The staff is under the tracking and monitoring program of the Continuing Nursing Education.
- 3.11 Orientation Base Competency (on going annually).

3.11.1 **List of Orientation Base Competency**

- 3.11.1.1 Vital Signs
- 3.11.1.2 Assessment /Reassessment of Patients
- 3.11.1.3 Medication Administration
- 3.11.1.4 IV Therapy
- 3.11.1.5 Infection Control Guidelines
- 3.11.1.6 Patient Falls
- 3.11.1.7 Use of Pulse Oximetry
- 3.11.1.8 Nursing Role in Cardiac/Respiratory Arrest
- 3.11.1.9 NGT, Gastrostomy and Feeding Tubes
- 3.11.1.10 Urinary Catheter
- 3.11.1.11 Sterile Dressing
- 3.11.1.12 Skin Care and Prevention and Care of Pressure Ulcer
- 3.11.1.13 Nursing Role in Disaster, Fire and other Emergencies
- 3.11.1.14 Use of Restraints
- 3.11.1.15 Operation of Blood Sugar Testing Equipment
- 3.11.1.16 Managing Chemical Spill
- 3.11.1.17 Use of Blood and Blood Products

3.12 Unit Specific Skills Competencies:

- 3.12.1 Unit Specific Competencies (Neonatal Intensive Care Unit)
 - 3.12.1.1 Insertion of Peripherally Inserted Central Catheter (PICC)
 - 3.12.1.2 Central venous line – changing and tubing
 - 3.12.1.3 Recognizing critical ECG changes including arrhythmias
 - 3.12.1.4 Assisting physician in placing central/arterial lines and/or umbilical arterial/venous lines
 - 3.12.1.5 Obtaining arterial blood gas samples and blood drawing form umbilical catheters.
 - 3.12.1.6 Commonly used medications; knowledge of dosage range, side effects and complications
 - 3.12.1.7 Infection control principles
 - 3.12.1.8 Blood transfusion and exchange transfusion
 - 3.12.1.9 Sarnat and Thompson scoring
 - 3.12.1.10 Use of defibrillator
 - 3.12.1.11 Care of patients on ventilators
 - 3.12.1.12 Care of endotracheal tube (ETT)
 - 3.12.1.13 Care of patient with tracheostomies
 - 3.12.1.14 Care of terminally ill and end of life patients
 - 3.12.1.15 Care of patient in incubator
- 3.12.2 Unit Specific Competencies (Pediatric Intensive Care Unit)
 - 3.12.2.1 Infection control principles
 - 3.12.2.2 Use of defibrillator
 - 3.12.2.3 Care of patients with tracheostomies
 - 3.12.2.4 Commonly used medications in pediatric critical care; knowledge of dosage range, side effects and complications

- 3.12.2.5 Recognizing critical ECG Changes including arrhythmias
- 3.12.2.6 Assisting physician in placing central lines or arterial lines
- 3.12.2.7 Assessing Glasgow Coma Scale (GCS)
- 3.12.2.8 Obtaining Arterial Blood Gas Samples
- 3.12.2.9 Care of patients on ventilators
- 3.12.2.10 Reading central venous pressure
- 3.12.2.11 Care of endotracheal tube
- 3.12.2.12 Pressure ulcer prevention and care
- 3.12.2.13 Pain assessment and management
- 3.12.2.14 Monitoring and management of IV infiltration, phlebitis and extravasations
- 3.12.3 Unit Specific Competencies (Maternal Intensive Care Unit)
 - 3.12.3.1 Infection control principles
 - 3.12.3.2 Use of defibrillator
 - 3.12.3.3 Care of patient with tracheostomies
 - 3.12.3.4 Pressure ulcers preventions and care
 - 3.12.3.5 Commonly used medications in critical care; knowledge of dosage range, side effects and complications
 - 3.12.3.6 Recognizing critical ECG changes including arrhythmias
 - 3.12.3.7 Assisting physician in placing central lines/ arterial lines
 - 3.12.3.8 Assessing GCS
 - 3.12.3.9 Obtaining arterial blood gas samples
 - 3.12.3.10 Care of patients on ventilator
 - 3.12.3.11 Reading CVP
 - 3.12.3.12 Care of endotracheal tube (ETT)
- 3.12.4 Unit Specific Competencies (Operating Room)
 - 3.12.4.1 Use of equipment
 - 3.12.4.2 Use of defibrillator
 - 3.12.4.3 Use of Pulse Oximetry
 - 3.12.4.4 Infection control
 - 3.12.4.5 Blood transfusion
 - 3.12.4.6 Central sterilization policy
 - 3.12.4.7 Maintenance of sterile field
 - 3.12.4.8 Draping and gowning
 - 3.12.4.9 Surgical table operation and safe positioning of patients
 - 3.12.4.10 Assistance in operation of their speciality surgical area
 - 3.12.4.11 Pre and post procedural handling and disposing of surgical equipment
 - 3.12.4.12 Safe operation of variable surgical equipment according to speciality
- 3.12.5 USSC form shall be given the staff orientee from Head Nurse or designee on the first day of joining the clinical area.
- 3.12.6 The unit supervisor/ head nurse must ensure competency of each staff member of the work in their unit.
- 3.12.7 The education link and the orientee will review the orientee perceived level of expertise as a basis for identification of learning needs. This will be used in planning unit specific skills competency.
- 3.12.8 The education link will date and initial the individual topic/skills when competency in that topic/ skill has been demonstrated according to an identified standard.
- 3.12.9 If changes in assignments such as floating, transfers and unit modification are made, the staff's home unit may be requested to provide evidence of competency. It is the responsibility of the unit of which reassigned staff is working to ensure competency of that member to work in their unit.
- 3.13 Methods of assessing staff competencies:
 - 3.13.1 Discussion, direct observation and return demonstrations as observed By Nurse Educators, Head Nurse, Education link.

- 3.13.2 Nursing staff are informed ahead of time that they are due for the assessment and reassessment of their competencies or specific parts of their competencies. They should not be taken unaware.
- 3.14 Competency checklist:
 - 3.14.1.1 Evaluation of the demonstrated knowledge/ skill.
 - 3.14.1.2 The nursing staff should receive 'met' (2) rating in all steps of the procedure to be competent.
 - 3.14.1.3 The response 'not met' (0) requires an explanation of nursing staff actions.
 - 3.14.1.4 If competencies are not met, indicate the competency and the reason.
 - 3.14.1.5 All explanations should be entered in the comment space provided.
 - 3.14.1.6 All competencies should be validated with signature when completed.
 - 3.14.1.7 In signing, the evaluator or the preceptor acknowledges responsibility for nursing staff performance of the performance criteria on the competency.
 - 3.14.1.8 Until proven competent, the nursing staff will not perform unmet skill unsupervised (e.g. medication administration).
 - 3.14.1.9 Plan for unmet competencies should be written in the summary/ or comment column.
- 3.15 All nurses are expected to be successful in achieving the identified OBC and USSC.
- 3.16 Head nurses must ensure that if nursing staffs is found to be deficient in some competencies, development activities must take place to correct deficiency:
 - 3.16.1 The nurse educator and head nurses should work together in making plan for remedial activities:
 - 3.16.1.1 Developmental plan: Once a nursing staff has been evaluated the head nurse must work with her to develop improvement plan and does the following:
 - 3.16.1.1.1 Head nurse presents each nursing staff with the result of the skill assessment.
 - 3.16.1.1.2 Negotiate goals for improving various competencies with each nursing staff.
 - 3.16.1.2 Develop a time table that is workable:
 - 3.16.1.2.1 If nursing staff is judged to be weak in some areas; priority is set and an effort is made to work on high priority skills first before proceeding to others.
 - 3.16.1.2.2 The process continues until the weak areas have been achieved and improved.
 - 3.16.1.3 Periodic assessment should be made.
- 3.17 Nursing staff who did not achieve required competency must be re-assessed after the completion of the remedial activities.
- 3.18 Staff clinical privilege:
 - 3.18.1 All nursing staff upon the successful completion of the required competency is considered privilege to perform activities or aspects of care related to the achieved competency.

4. PROCEDURE:

- 4.1 All Nursing staff of Maternity and Children Hospital, Hafer Al Batin participated in an ongoing and annually competency assessment and reassessment program.
All staff are given orientation in the following:
 - 4.1.1 Job Description
 - 4.1.2 Hospital and Departmental
- 4.2 The nursing Director/ Supervisor/ Head Nurse determines the Unit Competencies that must be verified and documented which must be generally based on:
 - 4.2.1 New changing initiatives, policies, procedures and techniques.
 - 4.2.2 High risk issues, and/or problematic issues based on management reports.
 - 4.2.3 Every 3 years: unit based competency assessment and reassessment.

- 4.2.4 The staff demonstrates the knowledge and skills necessary to provide care appropriate to the age of patients served on his/her unit.
- 4.2.5 The head nurse ensures that the competency of the staff is current and updated.
- 4.2.6 Written examinations to determine competency is administered by the continuing Nursing education and in service training program.

4.3 The head nurse of the unit ensures and counter checks completed required orientation competencies within the first six months of employment thereafter.

5. MATERIALS AND EQUIPMENT:

- 5.1 Competency Assessment Form

6. RESPONSIBILITIES:

- 6.1 Director of Nursing
- 6.2 Nurse Educator
- 6.3 Education Link
- 6.4 Head nurse
- 6.5 Staff Nurse

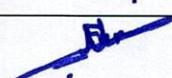
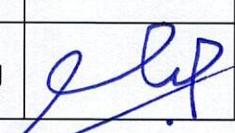
7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 MOH, General Nursing Administration Index Number:-GNR-01-016
- 8.2 CBAHI NURSING CHAPTER STANDARD,NR.5.2.2

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Bashayer Alshammary	CNE Educator		January 08, 2025
Reviewed by:	Ms. Teflah Alsahali	CNE Coordinator		January 13, 2025
Reviewed by:	Ms. Rasha Anwar	Nursing QM&PS Supervisor		January 15, 2025
Approved by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		January 22, 2025