

Heemstra, Sarah

From: Heemstra, Sarah
Sent: Tuesday, February 19, 2019 1:46 PM
To: Heemstra, Sarah
Subject: Infection Prevention Champions Program: Competency

Infection Prevention Champions Program



Dear Champion,

Competency moves beyond education and training to assessing progress and performance of a defined set of behaviors. It enables the identification, evaluation and development of behaviors in individual staff members.

Competency in healthcare settings is the cornerstone of how we define or align our employees and coworkers to impact and improve patient care. Competence simply defined is a merging of knowledge, skills and behaviors. The application and evaluation of those traits is how we validate competence.

In our everyday work life it is a challenge to define what our competencies should look like and to develop competencies that are meaningful for our staff and not some mindless activity that we force them to complete in order to meet regulatory, state or accreditation standards. It is both the organization and the employee's responsibility to ensure competency. The organization must create a culture that is conducive to competent practice and the individual must participate and be accountable for maintaining their competence.

Competencies are usually a once a year or "on hire" validation tool, but it is important to understand that competence is an ongoing systematic evaluation of an individual's knowledge, skill and behaviors. In an effort to successfully initiate a meaningful competency program we must ask ourselves essential questions when developing or revamping our competency programs.

- Are the competencies meaningful?
- Are the competencies required?
- Who needs the competency?
- Is there an appropriate method for validating each competency?
 - Does it require education, a skills check-off or a combination of both?
- How often do we evaluate competency?
 - On hire, annually or combination of both?
- How will we determine any issues with failed competencies?

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- How do we engage staff in the competency process?
 - How do we hold staff accountable?

While those questions seem simple enough to answer, we all know that having a comprehensive competency program is difficult to maintain. It is also hard to discern which competencies are really necessary and which ones we do just because we always have.

Historically, we can look to our accreditation, state and federal agencies to help identify core competencies as our starting point. We also have the benefit of belonging to organizations such as SGNA that provides standards and best practice such as the document [Standards of Infection Control in Reprocessing of Flexible Gastrointestinal Endoscopes](#).

Using these standards for guidelines helps us to develop competencies that identify both specific employees and areas that require a more in-depth evaluation of competency. Ensuring we have competent employees that understand and perform the essential tasks of endoscope reprocessing creates a safe environment for our patients, our employees and the organization as a whole.

The reprocessing document suggests that the below examples are used to help maintain infection control principles which is essential in providing safe instruments for use. As we all know, there is a narrow margin of safety when reprocessing endoscopes. It is essential to validate competency for this process or we could increase the risk of infection in our patients.

Recommendations for competency topics include:

1. Standard Precautions
2. Personal Protective Equipment
3. OSHA rules on occupational exposure to blood-borne pathogens
4. Reprocessing procedures for endoscopes and accessory equipment
5. Mechanisms of disease transmission
6. Maintenance of a safe work environment
7. Safe handling of High Level Disinfectants and Sterilants
8. Procedures for waste management

We should document our competencies at least:

1. Annually
2. During initial orientation
3. Whenever new endoscopes, automatic reprocessors and accessories are introduced

The competency process should be ongoing and fluid and not allowed to become stagnant. It is everyone's responsibility to ensure that best practice is used and that knowledge gained from training and competence is incorporated into everyday practice.

[Requirements](#) should either be emailed to Champions@sgna.org or faxed to 312-673-6694 as due. The the upcoming assignments are as follows:

1. Review the resources under the **Mentoring** tab on the [Education Resources](#) page.
2. Continue to develop and implement infection prevention education for your peers (total of 120 minutes)
3. Seek opportunities to educate yourself on infection prevention topics (total of 180 minutes).

These bi-monthly letters will be [archived](#) for you to access as needed. As always, SGNA is available for any questions or difficulties you may have.

Sincerely,
The SGNA Infection Prevention Work Group

References:

The Ultimate Guide to Competency Assessment in Healthcare, Donna Wright.

SGNA Standards of infection control in reprocessing of flexible

gastrointestinal endoscopes, Pages 6-8

ANA position Statement regarding competencies.

Health stream article "What is competence in healthcare (Part II)" Posted

by Stephen McClure 11/2/2011

The Infection Prevention Champions Program is generously supported by Boston Scientific.



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