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Situation, Background, Assessment, Recommendation: Competency Assessment for Agency Nurses in Radiology

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ABSTRACT

Agency (daily registry) nurses play a crucial role in health care. Agencies provide supplemental staffing for health-care organizations on an as-needed basis. Health-care organizations are required to apply the same standards for competency assessment for agency nurses as they would for their own staff. Radiology is a highly specialized area that demands a high level of competency for all staff nurses, permanent or temporary. This article outlines the process one organization used to assess and develop competency assessment of agency nurses in radiology.

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Introduction

Ensuring nurse competency is essential for patient safety and optimal patient outcomes. Competency is defined as the knowledge, skills, and behaviors needed to carry out a job (Wright, 2005). Competency assessment is the verification or validation that an individual has the knowledge, skills, and behaviors required for the job (Wright, 2005). Federal and state regulatory agencies, boards of nursing, and accrediting agencies require that all staff, permanent or temporary, be validated for their competency and ability to deliver safe, effective, and quality care (Wright, 2005). The Joint Commission human resource standards, for example, require that health-care organization provide all staff with initial training while assessing them for competence relative to the required job responsibilities (The Joint Commission: Contract Staff – Applicability of Human Resource Standards, 2016). This requirement further outlines that all the human resource standards be applied to temporary staff as well (The Joint Commission: Contract Staff – Applicability of Human Resource Standards, 2016). Radiology is a highly specialized area that demands a high level of competency for all staff nurses, permanent or temporary. As such, it is important that radiology nurse leaders and hospital administrators address

the need for competency assessments for temporary agency nurses in their radiology departments.

Situation

Short- and long-term absences, unfilled vacancies, increase in patient volumes, and high patient acuities resulted in the need and use of agency nurses in our radiology department. Agency nurses, for the purpose of this article, are nurses contracted by the hospital via a temporary staffing agency that provide supplemental staffing on a daily basis. Agency nurses must possess the same knowledge, skills, and behaviors as permanent hospital staff nurses (Aiken et al., 2007; The Joint Commission: Contract Staff – Applicability of Human Resource Standards, 2016). This led us to ask, how were competencies for agency nurses in our hospital's radiology department being assessed?

Background

Adequate nurse staffing is imperative for safe and effective care and optimal patient outcomes (Aiken et al., 2007). In the absence of permanent staff and/or during high patient volumes or acuities, agency nurse supplement staffing is provided to ensure standards of care are met. These agency nurses must be competent in caring for patients in the specialty areas they are assigned to work (Hennerby & Joyce, 2011; Shaffe & Kobs, 1997). Although agency nurses have similar educational qualifications as permanent staff,

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(Aiken et al., 2007) they are generally not provided the same opportunities for competency assessment and development as per-manent staff nurses (Hennerby & Joyce, 2011; Wieczoreck et al., 1998). Owing to the temporary nature of their work, agency nurses do not participate in routine initial and ongoing competency assessments as would permanent staff nurses (Shaffe & Kobs, 1997). Nonetheless, health-care organizations are obligated to adhere to regulatory requirements that all staff must have demonstrated competencies to perform their job (Hennerby & Joyce, 2011; Shaffe & Kobs, 1997; Wieczoreck et al., 1998; Wright, 2005; Zupanc & Beltran, 2017). Nurse leaders have an obligation to ensure safe delegation of care (Aiken et al., 2007; Hennerby & Joyce, 2011; Zupanc & Beltran, 2017). The process of delegation of care includes verifying the competency level of the staff nurse being assigned patient care responsibilities (California Board of Registered Nursing, 2019; Hennerby & Joyce, 2011; Shaffe & Kobs, 1997). Failure to verify competency may lead to detrimental patient outcomes, which could lead to disciplinary actions on that nurse leader (California Board of Registered Nursing, 2019).

Nurses' quality of work and impact on patient safety must be monitored closely. Many times, deviations from the norm are reported to the supplemental staffing agencies for corrective or disciplinary action on the agency nurse (Novak, 2005; Wieczoreck et al., 1998). But, without measuring the agency nurse's proficiency in the provision of safe, high-quality care, how is disciplinary action just for the agency nurse? Working with agency nurses who are not competent places a burden on regular staff. Therefore, ensuring that agency nurses are competent can boost staff morale and increase physician and staff satisfaction (Hennerby & Joyce, 2011; Novak, 2005; Wieczoreck et al., 1998).

Assessment

We were employing agency nurses frequently within our radiology department. Although competency of these agency nurses was assessed, we realized we were using a general competency validation tool used in inpatient nursing units. This tool was not fully assessing radiology-specific competencies for nurses in the department. Radiology departments are high-risk, highly specialized, and technologically advanced areas for care (Association of Radiologic and Imaging Nurses & American Nurses Association, 2013; Jeffery & Wertham, 2015) We recognized it was imperative that all nurses in radiology understand and have the skill to care for patients with multisystem acuity issues requiring diagnostic and therapeutic radiologic and imaging procedures.(Association of Radiologic and Imaging Nurses & American Nurses Association, 2013; Jeffery & Wertham, 2015). As a result, we set off on a process-improvement project to ensure that all agency nurses had demonstrated and documented competencies to care for patients in our radiology department. The project was reviewed by our institutional review board and did not require approval as it was deemed a process-improvement project. In reviewing evidence of the need for competency assessment, we found there is a critical shortage of literature for competency assessment of agency nurses, especially in radiology nursing. In developing our unit-specific competencies, the following evidence-based recommendations were implemented.

Recommendations

Consider the Audience

Competency assessment should not be a one-size-fits-all approach, but rather, it should be customized to an individual or a specific audience (Jeffery & Wertham, 2015; Zupanc & Beltran,

2017). Agency nurses are generally experienced nurses with an advanced level of thinking and skill acquisition (Wieczoreck et al., 1998). They also may receive premium dollars for their labor. For these reasons, competency assessment for agency nurses should be concise but effective and adequate to measure their skills and quality of work (Hennerby & Joyce, 2011).

Identify Key Competencies

Authors Jeffery and Wertham, 2015 provide radiology-specific strategies for competency assessment for nurses. They recommend four core competency categories that can be assessed, including the nursing process, medication administration, documentation, and communication (Jeffery & Wertham, 2015). A customized and condensed competency assessment tool can be developed, highlighting subcategories of these four core competencies. Figure 1 illustrates a condensed competency assessment tool we developed for validation of agency nurses in the radiology department.

Validator of Competency

Accurate verification and evaluation of nurse competency are essential (Hennerby & Joyce, 2011; Jeffery & Wertham, 2015; Wright, 2005; Zupanc & Beltran, 2017). A radiology charge nurse, seasoned staff nurse, or nurse manager who has demonstrated an expert level of competency themselves can assess the competency of agency nurses (Jeffery & Wertham, 2015; Zupanc & Beltran, 2017). Generally, the validator of competency must have received education such as a "preceptor class" to ensure standards of evaluation are consistently applied for every agency nurse, every time (Zupanc & Beltran, 2017). Expectations regarding the validator's role must be clearly outlined, and each validator must understand what the competency assessment tool is designed to assess (Hennerby & Joyce, 2011; Wright, 2005; Zupanc & Beltran, 2017).

Methods and Timing of Assessment

There are different methods of competency assessment that can be used including self-study modules and written tests, return demonstration, observation of daily work, discussion, chart review, and so forth (Wright, 2005; Zupanc & Beltran, 2017). The timing and method for competency assessment for agency nurses must be carefully considered (Hennerby & Joyce, 2011). Depending on the assessment methods chosen, competency assessment can be done before the first shift, on the actual first shift, and then ongoing as needed (Hennerby & Joyce, 2011; Novak, 2005). For example, completing a written test should be ideally done before first shift. This would give the agency nurse an opportunity to study and successfully complete a written test without barriers or challenges that come about while providing patient care on a shift.

First, department leadership can contractually arrange for organization-specific self-study modules and tests with the help of the respective supplemental staffing agencies and ensure agency nurses complete them (Novak, 2005; Wieczoreck et al., 1998). These should be completed before the first shift in the department. The self-study modules and tests such as procedural sedation test and hospital-specific compliance tests can be specific to radiology.

Second, on the first shift, an assigned validator, ideally a charge nurse, can use a competency validation tool, such as that shown in Figure 1, to document competency of the agency nurse. This tool should be condensed such that it can be completed within a single shift (Hennerby & Joyce, 2011). Direct observation of daily work and return demonstration can be used to validate the skills and

Agency RN Name: _____**Date for validation:** _____

Validator RN name _____

Initials confirm RN has a basic level of competency

Knowledge, Skills and Behaviors maybe validated through **Direct observation of daily work (DO), Return Demo (RD) or Discussion (D)**

Competency	Validation method	Validator initials*
Patient care process: Demonstrates knowledge of image guided procedures and care of the special procedure's patients *list modality specific procedures as needed*.	□D □ RD □DO	
Pre-procedure: Demonstrates knowledge of pre-procedure admission assessment and screening e.g. NPO status, home meds, fall risk etc. and pre-sedation assessment. Completes pre-op checklist.	□D □ RD □DO	
Equipment setup: Independently places all procedure required equipment including, set alarms correctly and able to assess and document vital signs accurately and appropriately.	□D □ RD □DO	
Universal Protocol: Demonstrates knowledge of the Universal Protocol	□D □ RD □DO	
Moderate sedation: appropriately and accurately manages and administer moderate sedation medication. *Direct observation* of Procedure: _____	□DO	
Medication management: Correct labelling of all medication; Appropriately titrates IV medications (push and drips); Appropriate use of the automated dispensing system, order review and completion, verbal orders and repeat back intra-op, high risk meds, 7 rights, narcotic waste etc.	□D □ RD □DO	
Device management: Safely manages patient devices, tubes, and drains (i.e. IV pumps, central line catheter, mechanical ventilation support, Foley catheters, etc.)	□D □ RD □DO	
Basic Monitoring: Use patient data (i.e. vital signs, lab data, patient condition, etc.) to determine next steps in patient care and potential clinical impact based on standards; including hemodynamic monitoring and vasoactive drip management.	□D □ RD □DO	
Airway management: Consistently manages patient airway including positioning, use of adjunct airways, oxygen and devices, suctioning per standards of care.	□D □ RD □DO	
Reversal agent management: Demonstrates knowledge of reversal agent management per policy and standard of care.	□D □ RD □DO	
Urgent-Emergent response: Ability to manage of urgent/emergent medical situations (e.g. cardiac arrest, procedural complication, contrast reactions etc.)	□D □ RD □DO	
Dressing and site management: Appropriately places dressings to procedure site as per policy and standard of care.	□D □ RD □DO	
Documentation: Completes documentation of patient care in the electronic chart accurately and timely per department policy and standards as appropriate to patient situation.	□DO	
Hand-off: Demonstrates knowledge of Hand-off communication.	□D □ RD □DO	
Recovery: Demonstrate knowledge of Post-procedural care.	□D □ RD □DO	
RN circulator role: Demonstrates knowledge of the RN role in general or monitored anesthesia cases.	□D □ RD □DO	
Radiology safety: Consistently follows standard of care and policy to maintain radiation and magnet safety for self, patients, visitors, and other staff.	□D □ RD □DO	

I have completed the above competency assessment and verification process. I believe that I am a competent provider of this service as a result of training, experience and/or competency verification.

Agency RN signature _____ **Date** _____

Validator signature _____ **Date** _____

Figure 1. A condensed unit-specific competency assessment tool for validation of agency nurses in radiology. Used with permission of Radiology Nursing Administration at Keck Medical Center of USC.

behaviors required for patient care (Jeffery & Wertham, 2015; Wright, 2005; Zupanc & Beltran, 2017). These methods of validation also allow for real-time feedback and just-in-time training (Jeffery & Wertham, 2015; Wright, 2005; Zupanc & Beltran, 2017). The validator can dedicate time to observe and sign off the agency nurses during the agency nurses' first assigned case of the shift. The validator or another permanent staff nurse must then avail themselves as a resource to the agency nurse for the rest of the shift (Novak, 2005). This can increase the agency nurse's confidence level, provide support, and develop a safe environment to ask for assistance and questions (Novak, 2005).

In some instances, discussion can be used as a validation method when return demonstration or direct observation is not possible. For example, reversal medication management or response to contrast media reaction may not occur during the shift (Jeffery & Wertham, 2015). Discussion assists the validator in determining the critical thinking and reasoning skills of the agency nurse (Wright, 2005; Zupanc & Beltran, 2017). Finally, the validator can perform a chart review for documentation accuracy, which can be completed throughout or at the end of the shift (Zupanc & Beltran, 2017). Accurate and complete documentation in a patient chart demonstrates the agency nurses' understanding of care processes and standards of care in radiology.

Ongoing

All competencies must be documented and filed in a central location that is easily accessible to the charge nurse, the nurse manager, or other team members such as staffers (Hennerby & Joyce, 2011). Agency nurses who come into the department must be assessed for competency and reassessed as needed on an ongoing basis (Hennerby & Joyce, 2011; Wright, 2005; Zupanc & Beltran, 2017). Competency assessment is continuous; new equipment and procedures require validation from agency nurses who will work in the department (Wright, 2005). Any competency assessment pending completion must be clearly flagged and identified for the need for follow-up (Hennerby & Joyce, 2011). Figure 2 is a summary of the evidence-based process we created for competency assessment of agency nurses in the radiology department.

SBAR: Competency assessment for agency nurses in radiology
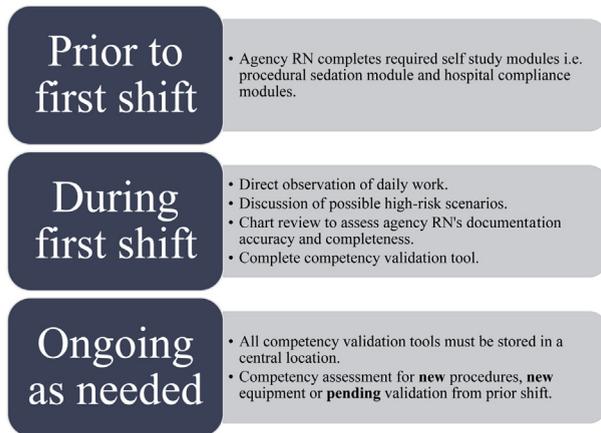
Figure 2. Summary of the evidence-based process for competency assessment of agency nurses in the radiology department. Used with permission of Radiology Nursing Administration at Keck Medical Center of USC.

Conclusion

Competencies for agency nurses must be monitored and updated continuously (Hennerby & Joyce, 2011; Novak, 2005). Investing in robust processes for competency assessment for agency nurses ultimately assures patients will receive high-quality, safe care. Radiology nursing is unique, and the environment is dynamic (Association of Radiologic and Imaging Nurses & American Nurses Association, 2013; Jeffery & Wertham, 2015). No assumption can be made regarding the competency of nurses who work in the radiology area (Association of Radiologic and Imaging Nurses & American Nurses Association, 2013; Jeffery & Wertham, 2015).

Radiology nurse leaders owe it to their patients and health-care organization that verified competent nursing staff, permanent or temporary alike, work in the radiology department. Recommendations for the future include: retrospectively assessing patient outcomes and the number of reported deviations to temporary staffing agencies before and after implementation and also assessing physician, staff and agency nurse satisfaction with the competency assessment process.

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