The new survey process by the Joint Commission on Accreditation of Healthcare Organizations is quite different than it has been in the past. One new feature is the tracer methodology, where surveyors select a patient and use that person’s chart as a roadmap for evaluating compliance with the standards and the organization’s systems for providing care.

How does the new process affect one of the toughest standards for hospitals to meet—assessing the competence of staff?

Two experts, Maureen Carr, project director, and Caroline Christensen, associate project director, in JCAHO’s Division of Standards & Survey Methods, responded to questions about how surveyors will address staff competence.

Q How does competence assessment for staff fit in with the new survey process, particularly the tracer methodology?

JCAHO: As surveyors move through the tracer process and encounter staff who are in direct contact with patients, they may identify individuals or topics they want to explore in the competence assessment session. Surveyors may or may not be looking at files in this session—we don’t want it to be a review of files. We want it to be a broader system discussion.

The other thing we hope our surveyors pick up during the tracer activity are any issues regarding the organization’s overall approach to competence assessment. In other words, surveyors would be learning from the staff they encounter in interviews about the organization’s approach to orientation, in-services, support for continuing education, and how the organization learns about how staff meet requirements if they are required to have continuing education as part of their profession. These would then carry over to a more systemwide discussion of issues surrounding competence.

This is not intended to be an audit. In the past, it may have appeared to have been an audit of files for selected individuals. Now we want our surveyors to focus on the organization’s system and processes for ensuring that it has a competent staff.

Q Would you give an example of a competence issue that might arise during the tracer process?

JCAHO: An example might be new medication that is being introduced. The surveyor may have learned about the medication while tracing a patient. The surveyor may ask a nurse who is responsible for administering that drug what kind of education the nurse received about possible adverse drug reactions and other aspects of that medication. If the nurse says, “Well, there was nothing in particular, beyond the drug coming up with an order telling me how to administer it,” and there was no further education, the surveyor might take that topic back to the competence assessment session. In that session, the surveyor might talk about medications in general and ask how new meds are introduced to the staff. That might raise a systemwide issue related to staff education about medications, all generated by one medication delivered to one patient who happened to be the subject of a tracer.

Q How is the competence assessment session going to work?

JCAHO: That is one of the scheduled discussion sessions. It’s about an hour. It’s intended to be specific to the organization rather than a general discussion of human
resources. It’s intended to look at the system of how the organization establishes and maintains a competent staff. Sources of information for the discussion come from the tracer activity. There may be issues about orientation, in-services, new technology, new medications, and how the organization makes sure staff are prepared to utilize new technologies and medications. The discussion may also include how the organization addresses patient safety issues and other new initiatives from beyond their walls, like the National Patient Safety Goals.

Surveyors will also be exploring the process for assessing competence itself—how do you go about doing periodic reviews of a person’s competence? That is so they can understand if the review is comprehensive and covers everybody it should cover, such as contract employees.

**Q** How do you suggest organizations establish a framework for areas of competence to be assessed?

**Previously, a recommended framework was to identify issues with high risk/high volume, high risk/low volume, and new technology.**

JCAHO: It is up to the organization—we are not going to dictate that. We are not saying the criteria previously included in the standards are bad. We are not being prescriptive. We want organizations to take a broader approach based on needs of the populations they serve. We want them to base their job descriptions and competencies on those populations and the types of services they are providing. Those areas that were in the standards previously are still valid, but it was a limited list. The idea is to broaden it to let organizations choose.

**Q** Are there areas of competence assessment that would be identified through the presurvey steps, such as the self-assessment and PFP, that would be looked at during the on-site survey?

JCAHO: In the midpoint self-assessment, or periodic performance review (PPR), the organization evaluates its compliance with the standards. The PPR has nothing to do with the on-site survey and does not influence the on-site survey.

The PFP, or priority focus process, identifies organization-specific processes relevant to patient safety and quality. The PFP identifies issues for initial focus in the survey through information we get from a number of sources—these could be complaints, past recommendations, the survey application, and probably new data sources that will be developed over time. We have mapped our standards to these topic areas, one of which is staffing. The surveyors may initially focus on competence if staffing is identified as an issue through the PFP.

**Q** Could temporary or contract personnel be interviewed during the tracer?

JCAHO: Yes, they would be included if encountered during a patient tracer. We would ask the organization how it knew this staff person was qualified to do what she was doing. We would ask the individual how she was oriented to the organization, to the unit she was working on, and to the patient she would be working with. The same might be true for a new employee. Surveyors might purposely seek out those kinds of people.

**Q** What about age-specific competence?

JCAHO: The reference to age-specific competence has been removed from the standards. The standard has been changed to refer to populations served. We want our surveyors to take a broader approach to competencies of working with populations. Some of this might be age related, such as a pediatric population, but it also could be cultural and linguistic, such as primarily Hispanic populations. It might be based on specialties or diagnoses, such as working with patients with diabetes or Alzheimer’s disease. We didn’t want staff competence to be limited to age. It is up to the organization to define staff competencies based on the popula-
tions served. We want the organization to understand its population, then determine what kind of services and staff it needs to provide.

Q Do you have impressions from surveys done so far of what kinds of competence issues are arising?

JCAHO: Not at this point. We haven’t accumulated enough data yet to aggregate.