



# Trouves Health Care

TITLE:	TRAINING	POLICY 28.06
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Authority: [WAC 388-78A-2600, Policies and procedures](#)  
[WAC 388-78A-2474, Training and home care aide certification](#)  
[WAC 388-78A-2500, Specialized training for mental illness](#)  
[WAC 388-78A-2510, Specialized training for dementia](#)

Reference: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision

**PURPOSE:**

This policy outlines mandatory trainings, competency and evaluation.

**SCOPE:**

This policy applies to all Trouves Health Care employees.

**DEFINITIONS:**

**Competency:** The application of knowledge, skills, and behaviors needed to fulfill organizational, departmental, and work setting requirements.

**Clinical Staff:** All employees who are involved in direct and regular resident care activities within their job function.

**Non-Clinical Staff:** All employees who are involved in resident support activities (e.g., technical staff, clerical staff, electricians, etc.)

**Mandatory Training:** Training that is required by the Revised Code of Washington (RCW), Washington Administrative Code (WAC), Department of Social and Health Services (DSHS), Centers for Medicare and Medicaid (CMS), or Trouves Health Care Cooperation.

**POLICY:**

- A. Trouves promotes employee education to provide safety and quality resident care. Each employee is expected to maintain current knowledge and practices in their field. When a license or certification is a minimum qualification for a position, the employee in that position is responsible to maintain that qualification.



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- B. All training and education is recorded Trouves training database.
- C. Mandatory trainings must be completed and documented.
  - 1. Mandatory Trainings may be provided online, on grounds, or off campus.
  - 2. Supervisors facilitate their staff’s completion of mandatory trainings.
  - 3. Trainings may be required annually, periodically, or once only.
- D. The Administrator is responsible for annual updates to mandatory courses. All employees are required to complete these annual updates during the year. They are tracked in Trouves training database.
- E. Competency assessments occur every three (3) years or more frequently if required by law, regulation or standard. Competencies are identified during hospital and discipline orientation, prior to use of a procedure or device, and then on a periodic basis.

## **PROCEDURES**

- A. Staff Development creates and the supervisor manages, the employee’s education/supervisor folder.
  - 1. When an employee moves from one supervisor to another, the educational/supervisor folder transfers to the new supervisor.
  - 2. This folder is available to the employee for inspection upon request.
- B. Mandatory Trainings
  - 1. Mandatory Trainings include, but are not limited to, the list below.
    - a. Annual Abuse and Neglect Reporting Training (All Staff)
    - b. Annual Report of Incident Update (All staff).
    - c. Annual Compliance Update (All staff).
    - d. Annual HazCom Hazardous Materials Safety (All staff).
    - e. Annual HIPAA Update (All staff).
    - f. Annual Infection Control Update (All staff).



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- g. Annual Public Records Update (All staff).
- h. CPR Certification every two years (Nursing staff; American Heart Association Instructor Lead Training).
- i. American Red Cross or Medic First Aid (RNs, LPNs, Physicians).

C. The designated supervisor will:

1. Receive and distribute information regarding competency assessment;
2. Establish a mechanism to identify specific competencies with staff involvement;
3. Create an environment that promotes timely competency assessment and ongoing growth and development;
4. Provide education to employees on the competency process;
5. Monitor the employee’s progress and coach, guide and ensure that employees perform only tasks that they are competent to perform;
6. Participate in the evaluation of the competency process;
7. Maintain the employee’s educational/supervisory folder; and
8. Schedule employees for mandatory training and skill updates.
9. The supervisor will validate annually that the employee has successfully completed the competency assessment process.
10. The employee is deemed competent with the completion of the competencies identified for that individual.
11. If successful completion has not been achieved, the employee is not yet deemed competent. The supervisor will initiate a plan to assist the employee to achieve competency.

**EXCEPTIONS:**

No exceptions to this policy may be granted without the prior written approval of Trouves Health Care Director.

**SUPERCEDES:**

None