



North Carolina Department of Health and Human Services  
Division of Public Health

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TO: Local Health Directors, Directors of Nursing and Nursing Supervisors, and Public Health Management Teams

FROM: Phyllis Mangum Rocco, RN, BSN, MPH  
Branch Head  
Local Technical Assistance and Training &  
Public Health Nursing & Professional Development

DATE: October 7, 2015

SUBJECT: RE-RELEASE: Validation of Staff Competency - ALL CONTENT IS STILL RELEVANT

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BY: DR. JOY REED

“I have heard from many Division of Public Health consultants that they are concerned about the lack of verification and documentation of competency for local health department employees related to the tasks they are hired or assigned to do. It is the consultants’ perception that local health department supervisors (see \* below for specific language for nursing supervisors) do not always know that this is a part of their responsibility. The need for verification of competency is relevant to all staff in any role (e.g., clinical staff, interpreters, social workers, health educators, etc.) It is the agency’s responsibility to assure that all staff are clear about job expectations (including having a copy of a up-to-date job description), that their initial competency has been determined, and that there is on-going monitoring of competency. The agency should have a “workforce development” policy that includes the process for verifying competency and the process (e.g., additional training, supervised practice, etc.) to be used if the individual is not able to demonstrate competency on the initial or on subsequent attempts.

\* *For those with nursing responsibilities within the agency, this is a responsibility of nursing leaders in the agency as defined in 21 NCAC 36.0224 “Components of Nursing Practice for the Registered Nurse” (j)(4)(C): “a mechanism to validate qualifications, knowledge and skills of nursing personnel.”*

When new staff are hired, they may need to have the opportunity to observe another competent individual performing the task or activity. If not, then they should, *at a minimum*, be observed performing the activity by another individual competent in that task/activity using some form of checklist covering the components of the task/activity. For staff new to the agency or to a specific program within the agency, documentation of assigned tasks or activities should be monitored until it is clear that their documentation meets all Program and agency requirements. Periodically, but at least annually in conjunction with performance appraisal, their competency

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should be re-verified, including their continued ability to appropriately document their assigned tasks or activities consistent with all agency and program requirements.

As some of you may have heard, we have had a number of local health departments that have had to pay money back to Medicaid based on either the absence of or inappropriate (based on CSC Program requirements) documentation of services billed. We have also found agencies where nursing staff's lack of knowledge about appropriate follow-up of test results and/or lack of documentation of appropriate follow-up have created potential liability for the agency. So this is not just a "nice to do" activity, this is a necessity to protect your "bottom line."

**Editorial Note:**

The concerns voiced in the preceding paragraph are still occurring. Please assure that nurses in leadership and supervisory roles have the support they need to implement competency checks and to hold staff accountable for accurate documentation and appropriate nursing follow-up.

If you have questions, please contact your Nurse Consultant from the Public Health Nursing & Professional Development Unit (Lynn Conner, Rhonda Wright, Pamela Cochran, Susan Little, or Gay Welsh.) They have tools and other resources to assist local health departments with this issue. PMRocco

Cc: DPH Section Chiefs  
DPH Consultants