

	Do you have supervisors or managers overseeing other disciplines? For example, do you have a PT supervisor who oversees PTs and OTs?	Do you have supervisors/managers sign performance reviews of staff from other disciplines? For example, does a PT manager complete a performance review for an OT?	Do you have annual job-specific competencies that are separate from the performance review?
A	Yes, I have both- an OT managing PTs and a PT managing OTs.	Yes. Our reviews are not necessarily based on competency per se. More on standards of behavior and essential functions- examples, teaming and documentation, you don't have to be from 1 discipline to understand someones performance in regards to teaming or documentation.	Yes. We have general competencies (OT and PT) and then programmatic competencies- we also have orientations related to these. The programmatic ones are signed off on by the specialty expert within that discipline—for example feeding-OT; or Ortho PT
B	Yes, The inpatient Manager is a PT, but she oversees PT, OT, and SLP staff.	Yes	Yes
C	No	N/A	Yes and No --- we do have several ways we check competencies formally (audits, observations) . We then integrate these all into the performance review

D	Yes, we have identified “front line leaders” who are supervisors (or managers or directors) in each of the areas. They supervise people on the teams, regardless of their discipline. There is joint accountability to either a supervisor, manager or director within their specific discipline and they are responsible for performance together.	Yes, They do these together, so there is someone who is the supervisor (in whatever title that may be) within their team and also one within their discipline if they are not of the same discipline. We have managers for each of the disciplines as well, and they perform the evaluations with the team leaders.	We are CARF accredited (along with DNV). There are specific competencies that need to be accomplished. These are separate from performance reviews, but are reviewed during the PR process.
E	Yes	Yes	Yes, We use the Donna Wright Model for competencies.
F	Yes	Yes	Yes
G	Yes- in outpatient settings / No- in inpatient acute rehab	yes in some settings	yes, related to CARF/discipline standards
H	Yes	Yes	Yes

I	Yes, we supervise by service line, outpatient, inpatient, inpatient rehab, etc. We have clinical specialists by service line (they also treat).	Yes, with input from the clinical specialist	Yes
J	No	No	No
K	Yes, Our managers can (and have been) either an OT, PT, ST, Athletic trainer or Audiologist	Yes	Yes, We have all therapy caregivers complete an annual skills assessment. We have adapted this over the years (would love to know what others do) from a simple checklist for certain modalities to a 20 question test regarding common diagnosis, practices, etc for each discipline with questions that we pulled from the state and national board exams.
L	YES - I am a PT managing/overseeing RNs, SLP's & Audiologists	Yes, Have same discipline senior assess & sign-off on annual age competency & clinical competency (Senior SLP does all age specific & clinical competencies annually; I do "HR" portion of review)	No, they are part of the perf review
M	Yes	Yes	They are a separate process.

	Yes, Rehab director program is co-led by a half time PT and a half time OT who oversee PT/OT/SLP; rehab supervisor is currently a PT	Yes this does happen. The PT and OT co-director split the load of performance reviews, review each other's and sign off on all of them. The PT co-director tends to write most/all of the PT staff appraisals and the OT co-director writes most/all of the OT/SLP appraisals. The rehab supervisor may contribute to the appraisals with some verbal or written remarks but is not responsible for the reviews.	yes, some separate and some that overlap with each PT/OT/SLP discipline
N			
	Yes, managers can be different discipline, not supervisor	Yes, manager does in collaboration with the supervisor of the discipline.	yes, but discussed/documentated in the review
O			
	Yes they oversee the day to day operations and we have discipline specific clinical coordinators overseeing the clinical aspect of our staff	No, We have signatures from the department director as well as the discipline specific clinical coordinator. So for the example above, PT manager signs the document as well as the OT clinical coordinator.	Yes, we have equipment competencies and specialty competencies (NICU)
P			
Q	No	N/A	Yes

<p>Children's of Alabama</p>	<p>Yes, We just promoted an SLP to oversee audiology. We have another SLP over some audiology and AVT</p>	<p>Yes, The supervisors (SLPs) will be completing performance reviews on audiologists. The audiologists will complete peer reviews as well on one another and do a peer skills assessment</p>	<p>Yes</p>
<p>R</p>	<p>No We have managers for each discipline</p>	<p>No</p>	<p>yes. These are discipline specific</p>

S	Yes, : We have long had Outpatient OT, PT and Speech overseen by a Speech Therapist. We have only recently moved in to OTs supervising OTs, etc. We have one PT (Inpatient) who supervises OT, PT and Speech.	Yes - Absolutely – see no issues with this practice.	Yes, We just started this year to hold an annual Skills Day that allows pass off on core competencies. We have also moved away from a pure competency model (based this on work down by Children’s Healthcare of Atlanta) to preferred practice patterns, specialty skills, etc. These are not subject to the q 3 year review required by TJC; however, we find this process to be more robust and will be reviewing annually. Happy to talk further about this if that would be helpful.
T	Yes, I (as DOR and an OT by training) oversee all disciplines. We are a flat organization, at this time there is no mid-level managers, all clinicians report directly to me.	Yes, I sign perf reviews for all	Yes, We are currently in the development phase of that as we speak
U	Yes, currently a PT supervises PT and OT.	Yes	There are a few but we are in the process of updating and devleoping more.

Are those competencies always signed off by someone of the same discipline?	How do you handle this issue when you have only one person of a specific discipline?	Have you had experience with this practice (cross-discipline sign off of competencies or performance reviews) when visited by Joint Commission?
For programmatic yes, general no-it is the direct supervisor, manager, and myself		Yes, it did not come up.
No, it depends on the competency. Some of ours are generic and the person with the most skill is in charge of signing others off on the competency. Anything directly related to a specific discipline is done by someone within the discipline.		No, Joint Commission has never mentioned this in any of the surveys.
Yes observations; No Audits – but must have majority of audits by same discipline.	N/A	Yes

<p>Depends on what the competency is. For example, our rehab psychologist signs off on behavior management competencies for all team members regardless of their discipline; PTs sign off on transfers, etc.</p>	<p>We don't currently only have one person of any specific discipline. We did in the past and they rolled up to the director in terms of performance reviews, competencies were based on both their role within the organization (patient populations they were working with), as well as professional competencies as defined by their oversight body that we asked them to review.</p>	<p>this has been our structure for a little while. We are not currently accredited by Joint Commission, but rather by DNV. We have not had issue with this, but I don't know if they have specifically looked at it or not when they have been here. Because we have the dotted line reporting structure, I don't anticipate they would have issues as we have both the professional and the case load oversight and competencies covered.</p>
<p>No</p>		<p>Yes, Reference the Donna Wright Model</p>
<p>No</p>	<p>N/A</p>	<p>Yes</p>
<p>no, depends on setting</p>		<p>Unaware</p>
<p>No, We always use same discipline to validate initial/core competencies. But for ongoing/annual competencies, it truly depends on the competency being validated. While typically all/most are signed off by same discipline, you can make the case that the healthcare provider w/ the most appropriate level of education, experience and expertise (such that they could mentor others) for whatever skill to be validated could be the evaluator. Could be a respiratory therapist, a physician or an ARNP, etc. Examples: Appropriate choice and safe use of patient lifting equipment, use of endoscopes, etc.</p>	<p>We never have competencies validated by a different discipline just because we didn't have another one in that department. If there is only one PT/OT/SLP in a small department, we make arrangements for a therapist from another department to come validate competencies.</p>	<p>I will say that at our last survey, the surveyor was specific in the HR review session that the competencies be validated by someone of the same discipline. We are due for our next survey in a few weeks/months.</p>

Yes	We haven't had that issue.	No
		No
Yes, If a discipline specific task or competency is reviewed then yes, we have someone from the same discipline sign off on their competency. If it is a more general review of knowledge (such as the test mentioned above), we just keep the test results as validation of their skills.	In the past we have had a related discipline (ex: speech therapy for audiology) complete the sign off and skills assessment.	No, We have never had this become an issue for Joint Commission.
Yes	Do not have this scenario although one of my RN's functions quite separately & differently from the other 2 RN's so I get input from one of the hospital's nursing supervisors for her clinical competency & age specific competency annual review. No suggestions if you do not have this resource in your system	Historically, we did but learned that it is not aligned with TJC standards so we have modified our practice
Yes, most of the time. There are shared modalities that have been signed off by an OT for a PT for example. It has never been a problem	We have used a physician of a related specialty to determine competency. I have used both competency forms and I have also used a letter. The review was done either because of the proximity of the practice (work closely together) or through chart review.	Never a problem with JC for the performance assessment. Nor have we had problems when disciplines share a modality; it has been a point of discussion, but never a problem.

Often, but not necessarily	When we only had one SLP, the OT co-director usually signed off on the SLP competencies and or had an SLP from a different program here (cleft lip and palate program) sign off on 1-2 with technical skills	No, hasn't been an issue so far.....but who knows this time around
No, if it is a competency that could be completed by 2 disciplines, either could sign off	Don't have this issue	Yes, We've never been questioned about it by a surveyor...
Yes	Not really as the clinical coordinators oversee all clinicians across the system	No
Yes	Has not been an issue.	No

No	<p>It's not easy! This will be the first year that ALL of audiology has assessment by SLP... to be continued... historically, when the hearing impaired program had an audiologist overseeing SLP and AUD, the SLPs would feel "cheated" and now it's vice versa. The importance of peer assessments and confidential review are going to be critical this year. I am an audiologist so I can do some skills assessment and chart reviews so we are not totally one sided.</p>	<p>Joint Commission was here in June 2016. They were most concerned with "how do you know your staff is competent to train other staff?" This was discussed with one of the surveyors in a meeting one afternoon during their visit re: (along with nursing) how we use competency lists, annual "high risk, low volume" assessments, etc. Nursing discussed how they complete annual assessments for specific items and staff take an online assessment and quiz. We are looking into that for AUD/SLP (and probably PT/OT). The American Academy of Audiology is offering a formal "Preceptor Training" with specific modules for training students and new hires so we are jumping on that wagon for additional ideas to use for speech and PTOT.</p>
Yes		

<p>Yes</p>	<p>We are a large Level 1 Pediatric Trauma Hospital with four freestanding outpatient therapy locations, so we have not encountered this situation.</p>	<p>No, I can see this working where there is crossover, e.g., between OT and PT and between OT and Speech.</p>
<p>No, Example, for Modified Barium Swallows, we have OTs and STs who complete and my OT (who is the subject matter expert) signs off on all for MBS (OT or ST)</p>	<p>When we first opened I (DOR) signed off on all of them</p>	<p>Yes, there was never an issue providing you can speak to how your practice of doing this insures clinical competence.</p>
<p>No, signed off by supervisor or subject matter expert.</p>	<p>Not currently an issue</p>	<p>Our adult department recently was surveyed and was told that competencies always had to be signed off within the same discipline. Our manager was able to provide more insight into our current practice which was paritally accepted.</p>