

**HOME HEALTH FOUNDATION
CLINICAL TEAM COMPETENCY
Clinical Bag Technique**

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: Demonstrates the proper bag technique according to APIC and CDC guidelines

Disciplines Involved: Clinicians

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)
		1	2	3	4	5	6	7	8	9	10	
		Demonstrates knowledge of infection control as it relates to bag technique.			X	X						
Demonstrates proper bag technique according to agency policy & procedure.			X	X								
Demonstrates knowledge of proper transportation and storage of nursing bag.			X	X								

Summary Assessment Findings:

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

Specify plan to promote level of competency

***Method of Assessment Legend**

- | | |
|----------------------------------|-------------------------|
| 1) Review credentials/experience | 6) Post Test |
| 2) Review Cont. Ed./In-services | 7) Team Mts./Case |
| 3) Observation of Performance | 8) Yearly Performance |
| 4) Verbal Review | 9) Review of Self Study |
| 5) Record Review | 10) Other (specify) |

Competency reevaluation in: ____6mos. ____1year ____other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

**HOME HEALTH FOUNDATION
CLINICAL TEAM COMPETENCY
TITLE OF COMPETENCY**

Tuberculosis Competency

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: Clinician will demonstrate knowledge related to tuberculosis protective equipment and tuberculosis testing.

Disciplines Involved:

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)	
		1	2	3	4	5	6	7	8	9	10		
Verbalizes knowledge regarding infection transmission and infection control practices.					X								
Demonstrates knowledge regarding the N95 and is able to distinguish between a N95 Tuberculosis mask and a face mask.					X								
Demonstrates knowledge regarding signs and symptoms of TB.					X								
Demonstrates knowledge regarding accurate reading of a Mantoux skin test.					X								

Summary Assessment Findings:

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

Specify plan to promote level of competency

Competency reevaluation in: ____6mos. ____1year ____other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

***Method of Assessment Legend**

- 1) Review credentials/experience
- 2) Review Cont. Ed./In-services
- 3) Observation of Performance
- 4) Verbal Review
- 5) Record Review
- 6) Post Test
- 7) Team Mts./Case
- 8) Yearly Performance
- 9) Review of Self Study
- 10) Other (specify)

Form to be filed in employee's personal record in Human Resources.

5/11 Competency form revised: Karen Watson RN, BSN

**HOME HEALTH FOUNDATION
CLINICAL TEAM COMPETENCY
Home Health Aid (HHA) Supervision**

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: *Clinicians will demonstrate knowledge of laws and regulations regarding HHA Supervision.*

Disciplines Involved: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)	
		1	2	3	4	5	6	7	8	9	10		
Demonstrates/Verbalizes knowledge of CMS regulations regarding HHA Supervisory visits.					X								
Demonstrates accurate documentation on HHA Supervision.					X								
Verbalizes knowledge of HHF policy regarding HHA supervisions					X								

Summary Assessment Findings:

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

Specify plan to promote level of competency

Competency reevaluation in: ____ 6mos. ____ 1year ____ other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

***Method of Assessment Legend**

- 1) Review credentials/experience
- 2) Review Cont. Ed./In-services
- 3) Observation of Performance
- 4) Verbal Review
- 5) Record Review
- 6) Post Test
- 7) Team Mts./Case
- 8) Yearly Performance
- 9) Review of Self Study
- 10) Other (specify)

**HOME HEALTH FOUNDATION
CLINICAL TEAM COMPETENCY
PULSE OXIMETRY**

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: *Clinicians will demonstrate knowledge of the purpose, function, and benefits of pulse oximetry.*

Disciplines Involved: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)	
		1	2	3	4	5	6	7	8	9	10		
Verbalize principles of oxygenation of the blood.					X								
Describe the purpose and benefits of using pulse oximetry.					X								
Demonstrate correct technique regarding use of the oximeter.				X									
Identify normal ranges for oxygen saturation.					X								
Demonstrate accurate documentation of readings.				X	X								
Discuss abnormal readings and when physician should be notified.					X								
Identify technical factors that effect accuracy.					X								
Demonstrate appropriate cleaning of unit.				X	X								

Summary Assessment Findings:

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

Specify plan to promote level of competency

Competency reevaluation in: ____6mos. ____1year ____other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

***Method of Assessment Legend**

- 1) Review credentials/experience
- 2) Review Cont. Ed./In-services
- 3) Observation of Performance
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- 5) Record Review
- 6) Post Test
- 7) Team Mts./Case
- 8) Yearly Performance
- 9) Review of Self Study
- 10) Other (specify)

**HOME HEALTH FOUNDATION
CLINICAL TEAM COMPETENCY
GLUCOMETER & INSULIN PEN**

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: *Demonstrates accurate use of glucometer.*

Disciplines Involved: Nursing

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)	
		1	2	3	4	5	6	7	8	9	10		
Demonstrates accurate use of glucometer and lancing device (see guidelines for use of Contour and Microlet 2)				X									
Verbalizes knowledge of high & low limits of glucometer & understands how to trouble shoot for problems with glucometer.					X		X						
Demonstrates proficient infection control during glucometer procedure.				X									
Verbalizes and/or demonstrates purpose and use of control solution.				X	X		X						
Demonstrates accurate use of insulin pens.				X			X						
Verbalizes knowledge of how and why to perform air shot (priming) before injection.					X		X						
Demonstrates proficient infection control during insulin pen procedure.					X		X						
Verbalizes and/or demonstrates how to set insulin pen dose and give injection.				X	X		X						
Verbalizes knowledge of proper storage of insulin pens.					X		X						

Summary Assessment Findings:

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

Specify plan to promote level of competency

Competency reevaluation in: ____6mos. ____1year ____other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

***Method of Assessment Legend**

- | | |
|----------------------------------|-------------------------|
| 1) Review credentials/experience | 6) Post Test |
| 2) Review Cont. Ed./In-services | 7) Team Mts./Case |
| 3) Observation of Performance | 8) Yearly Performance |
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| 5) Record Review | 10) Other (specify) |

Form to be filed in employee's personal record in Human Resources.

5/11 Competency form revised: Karen DiPietro CDE

**HOME HEALTH FOUNDATION
CLINICAL TEAM COMPETENCY
INSULIN SAFETY PEN NEEDLE**

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: *Demonstrates accurate use of insulin safety pen needle.*

Disciplines Involved: Nursing

Performance Criteria	Date	*Method of Assessment										Skill met (M) or unmet (U)
		(√ all that apply)										
		1	2	3	4	5	6	7	8	9	10	
Demonstrates accurate use of safety pen needle.				X			X					
Verbalizes when and why a safety pen needle is used.				X		X						
Demonstrates proficient infection control during procedure.				X		X						
Verbalizes how to obtain orders for safety pen needles.				X		X						
Verbalizes knowledge of how to acquire safety pen needle from agency.				X		X						

Summary Assessment Findings:

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

Specify plan to promote level of competency

***Method of Assessment Legend**

- 1) Review credentials/experience
- 2) Review Cont. Ed./In-services
- 3) Observation of Performance
- 4) Verbal Review
- 5) Record Review
- 6) Post Test
- 7) Team Mts./Case
- 8) Yearly Performance
- 9) Review of Self Study
- 10) Other (specify)

Competency reevaluation in: ____6mos. ____1year ____other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

Form to be filed in employee's personal record in Human Resources.

11/12 Competency form revised: Karen DiPietro CDE

**HOME HEALTH FOUNDATION
CLINICAL TEAM COMPETENCY
PROTHROMBIN TIME TESTING**

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: *The staff member will demonstrate competent operation of the prothrombin machine and will explain the techniques associated with obtaining an accurate result.*

Disciplines Involved: Nursing

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)	
		1	2	3	4	5	6	7	8	9	10		
Demonstrates competent basic system operations including: the test strip, batteries, readings, ranges, meter display.				X									
Demonstrates competence regarding finger stick technique, including site selection, use of lancet, collection of and application of the sample.				X									
Demonstrates accurate operation of hemosence machine including: inserting the strip, reading the strip code, change the code if it doesn't match, applying the sample, reading and recording the results, checking the quality control (QC), and disposing of contaminated materials.				X									

Summary Assessment Findings:

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

Specify plan to promote level of competency

***Method of Assessment Legend**

- 1) Review credentials/experience
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- 9) Review of Self Study
- 10) Other (specify)

Competency reevaluation in: ____6mos. ____1year ____other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

Form to be filed in employee's personal record in Human Resources.

5/11 Competency form revised: Karen Watson RN, BSN