HOME HEALTH FOUNDATION CLINICAL TEAM COMPETENCY Clinical Bag Technique

EMPLOYEE STAFF PC	STAFF POSITION							Dat			
COMPETENCY STATEMENT: Demonstrates the proper bag techniq Disciplines Involved: Clinicians	ue according	to AF	PIC a	ınd (CD	C gu	ideli	nes			
Performance Criteria	Date		<u>letho</u> all tl		Skill met (M) or						
		1	2	3 4	4 5	5 6	7	8	9	10	unmet (U)
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 1) Review 2) Review 3) Observa 4) Verbal 5) Record	creden Cont. I ation of Review	tials/6 Ed./Ir Perfo	expe	rieno vices	ce s		7) 8) 9)	Tear Year Revi	rly Periew of	./Case rformance Self Study pecify)
Competency reevaluation in:6mos1yearother											
Employee's Signature: Date											
Evaluator's Signature: Date											

HOME HEALTH FOUNDATION CLINICAL TEAM COMPETENCY TITLE OF COMPETENCY

Tuberculosis Competency

EMPLOYEE STAF	F POSITION _	Da							Date	te			
COMPETENCY STATEMENT: Clinician will demonstrate know testing. Disciplines Involved:	ledge related to	tub	ercı	ılosi	is pr	oteo	ctive	e eq	uip	mer	nt an	d tuberculosis	
Performance Criteria	Date			od o		Skill met							
		`			appl		5 7	7 9	2 (9 1	Λ	(M) or unmet (U)	
Verbalizes knowledge regarding infection transmission and infection control practices.		1			X	<u>, </u>	, <u>, , , , , , , , , , , , , , , , , , </u>				<u> </u>	unite (C)	
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					X								
test.													
Summary Assessment Findings:	*Method											!	
☐ Knowledge/skill level satisfactory ☐ Knowledge/skill level needs improvement Specify plan to promote level of competency	2) Revie 3) Obser 4) Verba	eview credentials/experience eview Cont. Ed./In-services bservation of Performance erbal Review ecord Review								6) Post Test7) Team Mts./Case8) Yearly Performance9) Review of Self Study10) Other (specify)			
Competency reevaluation in:6mos1yearother													
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 $\,$

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

EMPLOYEE STAFF	POSITION _								Γ	Date	 -			
COMPETENCY STATEMENT: Clinicians will demonstrate know Disciplines Involved: Nursing, Physical Therapy, Occupational Th	0 0		_		ions	rego	ard	ling	HF	IA S	Supe	rvision.		
Performance Criteria	Date	*Method of Assessment (√all that apply)										Skill met (M) or		
		1 2 3 4 5 6 7						7 8	5 9) 1	0	unmet (U)		
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:	*Metho	d of	Asse	essm	ent L	egen	ıd				•	,		
☐ Knowledge/skill level satisfactory	1) Revie									6) Post Test				
☐ Knowledge/skill level needs improvement	2) Revie						š					Mts./Case		
	3) Obser				orma	nce						y Performance		
Specify plan to promote level of competency	4) Verbal Review5) Record Review							9) Review of Self Study 10) Other (specify)						
Commetency recognization in the American Ivacan other														
Competency reevaluation in:6mos1yearother														
Employee's Signature: Date														
Evaluator's Signature: Date														

HOME HEALTH FOUNDATION CLINICAL TEAM COMPETENCY PULSE OXIMETRY

Performance Criteria	Date		erapy *Method of Assessment $(\sqrt{\text{all that apply}})$										
			an tn 2 3			•	7	8 9) 1	0	(M) or unmet (U)		
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	*Method of Assessment Le 1) Review credentials/exper 2) Review Cont. Ed./In-serv 3) Observation of Performar 4) Verbal Review 5) Record Review							8) Y 9) F	s./Case erformance f Self Study pecify)				
Competency reevaluation in:6mos1yearother											•		
Employee's Signature: Date													

HOME HEALTH FOUNDATION CLINICAL TEAM COMPETENCY GLUCOMETER & INSULIN PEN

EMPLOYEE STAFF	FPOSITION _							Da	ate	
COMPETENCY STATEMENT: Demonstrates accurate use of gli	icometer.									
Disciplines Involved: Nursing										
Performance Criteria	Date	*M	ethod	Skill met						
			all tha						(M) or	
			2 3			6 7	7 8	9	10	unmet (U)
Demonstrates accurate use of glucometer and lancing device (see				X						
guidelines for use of Contour and Microlet 2)										
Verbalizes knowledge of high & low limits of glucometer & understands				X		X				
how to trouble shoot for problems with glucometer.										
Demonstrates proficient infection control during glucometer procedure.				X						
Verbalizes and/or demonstrates purpose and use of control solution.				XX		X				
Demonstrates accurate use of insulin pens.			2	X		X				
Verbalizes knowledge of how and why to perform air shot (priming)				X		X				
before injection.										
Demonstrates proficient infection control during insulin pen procedure.				X	_	X			\bot	
Verbalizes and/or demonstrates how to set insulin pen dose and give				XX		X				
injection.									_	
Verbalizes knowledge of proper storage of insulin pens.									$\perp \perp$	
Summary Assessment Findings:									() D	· TD · ·
☐ Knowledge/skill level satisfactory ☐ Knowledge/skill level needs improvement									/	ost Test eam Mts./Case
Li Knowledge/skill level needs improvement	*Method of Assessment Legend 1) Review credentials/experience 2) Review Cont. Ed./In-services 3) Observation of Performance									early Performance
Specify plan to promote level of competency	4) Verba			110111	iuiicc	,			,	eview of Self Study
	5) Reco								,	Other (specify)
Competency reevaluation in:6mos1yearother										
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 DiPietro CDE

HOME HEALTH FOUNDATION CLINICAL TEAM COMPETENCY INSULIN SAFETY PEN NEEDLE

EMPLOYEE STAFF	F POSITION _								Г	ate				
COMPETENCY STATEMENT: Demonstrates accurate use of ins Disciplines Involved: Nursing	sulin safety per	ı need	dle.											
Performance Criteria	Date			od of hat a			smer	<u>1t</u>				Skill met (M) or		
		ì	2	3		-	6	7	8	9	10	unmet (U)		
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	*Metho 1) Revie 2) Revie 3) Obse 4) Verb 5) Reco	ew cre ew Co rvatio al Rev	edent ont. E n of l view	ials/e d./In Perfo	expe -ser	rien vice	ce s			7) T 8) Y 9) R	5) Post Test 7) Team Mts./Case 8) Yearly Performance 9) Review of Self Study 0) Other (specify)			
Competency reevaluation in:6mos1yearother														
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 I	POSITION	SITION							Date							
COMPETENCY STATEMENT: The staff member will demonstrate techniques associated with obtaining an accurate result. Disciplines Involved: Nursing	competent ope	eratio	n of i	the p	rothro	omb	pin m	achi	ne an	d will explain th						
Performance Criteria	Date		Meth		Skill met											
			all t		10	(M) or unmet (U)										
Demonstrates competent basic system operations including: the test stribatteries, readings, ranges, meter display.	ip,			X		Ĭ										
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.	g			X												
Summary Assessment Findings: ☐ Knowledge/skill level satisfactory ☐ Knowledge/skill level needs improvement Specify plan to promote level of competency	*Method 1) Review 2) Review 3) Observa 4) Verbal 5) Record	creder Cont. ation of Review	exper n-serv	ience ices			7) Te 8) Ye 9) Re	early P	t ts./Case erformance of Self Study specify)							
Competency reevaluation in:6mos1yearother																
Employee's Signature: Date																
Evaluator's Signature: Date																