

**ATTACHMENT 13 – NON-SPECIALTY
RN ORIENTATION CHECKLISTS**

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: 4 South

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency						
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)				
A. GETTING INTO THE SYSTEM												
Attends New Employee Orientation and Patient Care Orientation					E			D O V P				
<ul style="list-style-type: none"> Attends appropriate computer training (CPRS, TMS, Swank, Omnicell, ect.) 					E			D O V P				
Meets with Manager for Initial meeting/paperwork					M							
<ul style="list-style-type: none"> Functional Statement, unit expectations 					M			D				
<ul style="list-style-type: none"> Locker assignments, keys 					M			V				
<ul style="list-style-type: none"> Schedule, assignment of preceptor, orientation expectations 					M			O				
<ul style="list-style-type: none"> Tour 					M			O				
<ul style="list-style-type: none"> Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE) 					M			O				
Unit Communications					E			V				
<ul style="list-style-type: none"> Chain of command for nursing and physicians 					E			V				
<ul style="list-style-type: none"> Telephone, copier, fax, VA & UK pager systems 					E			D,V				
<ul style="list-style-type: none"> ON Call schedule (Location) 					E			D				
<ul style="list-style-type: none"> Unit staffing schedule, requesting time off 					E			D,V				
<ul style="list-style-type: none"> PI board and activities 					E			V				
Clinical Privileges look up for resident and attending physicians					D,E			D				
Accessing facility and service memorandums, Lippincott, Mosby procedure manuals and Krames					D,E			D				
Report of Contact					E,C,D			D				
Patient compliant procedure-resolve at the point of service, then follow chain of command for resolutions prior to referring to the patient advocate (ICARE					E,C,D			V				

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Principles: Integrity, Commitment, Advocacy, Respect, Excellence								
Verbal/telephone order memorandum and procedures (read back)					E, C, D			V
Advanced Directives (CPRS face sheet location, VISTA Imaging location)					E, C, D			V
B. SAFETY/INFECTON CONTROL								
Patient identification procedure (full name, full social)					P, P, C, D			D, O
Pre-OP check list-Universal Protocol					P, P, C, D, VT			D, V
Code Cart, RRT procedures (code cart location and QA checks) Acute Change In Patient Condition					P, P, E, VT			D, V
Completion of respiratory fit testing					E, VT			P
AMA Process					C, D			D, O, V
Review of Emergency Operation Procedures (red book)					E, D			V
MSDS sheet review (locate and search)					E			V
Oxygen cut off valve location and procedure					E, D			V
Suicide Precautions (1:1 observation within arm length)					C, D			D, O, V
Infection Control (manual location and unit procedures for isolation) MRSA swabbing procedures, hand washing expectations NO hand gel, SOAP ONLY for CDiff					E, D			D, V
Fire alarm and extinguisher locations and procedures (RACE, PASS, Evacuation locations and fire rated doors)					E, D			V
Arm Band Color notifications (Wander Guard)					E, C, D			D
Incident Reporting, (ASSIST) (EPIR)					E, D			D, O, V
DNR procedures (including procedures for resident or attending orders)					E			D, O, V
Reusable Medical Equipment Procedures including non critical cleaning schedule								

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)				
& O2 Tank Security Procedure					VT			D, O				
Intentional Rounding, Fall Prevention, Sitter Algorithm					E, D			D, O				
Ticket to Ride process					E, D			D, O, V				
Temp Trak					C,D			D, O, V				
Handoff Communications					E, D			D, O, V				
ISBAR Report					E, D			D, O, V				
Post Procedure vitals process					E, D			D, O, V				
Patient Transfer (In house, Inter Facility and Outside)					E, D			D, O, V				
Unit Safety					E, D			D, VT				
C. EQUIPMENT, TUBES, DRAINS												
Blood glucose monitor procedures (includes hypoglycemia, protocol expectations)					VT			D				
Wireless Phone					E, D			D				
Bladder Scanner					E			D, O, V				
Blood Pressure Machine/Monitor					D			D				
Stryker Stretcher					E, D			V				
Code Cart					E			V				
Doppler					D			D				
ARJO Lift					E			D, O, V				
D. NURSING PROCESS/DOCUMENTATION												
Initial Nursing Assessment 1 & 2 & Psychiatric Assessment					D			D				
4 South Behavior Interdisciplinary Plan Of Care					D			D				
Shift Rounding Sheets					D			D, V				
4 South Psych Reassessment					D			D				

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Consults					D			D, V
View Alerts					D			D
Telephone Orders					D			D, V
Nursing Notes					D			D
Foley Note					E, D			V
D/C Instructions & D/C Behavioral Health Note					D			D
MSRA- Orders/Document					E, D			V
Immunization Flu/ Pneumonia					E, D			V
EPIR					E, D			D,V
Post Fall Note					E, D			D, V
Vital Signs & Weights					D			D
Intake & Output Sheets					E, D			D, V
Withdrawal Check Sheets- Alcohol- Sedative/Opioid					D, VT			D
VANOD Skin Initial and Re-assessment Notes					D			D
PRN Effectiveness					E			V
Insulin Sub Q double verified					E			V
Master Psychiatric Interdisciplinary Part 2					D			D
Assignment Sheets					D			D
Restraint Sheets/Seclusion					E, VT			V
Inventory of Patient Personal Belongings					D, VT			D
Behavioral Health Daily Nursing Note					D			D

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)	
Check out Sheets					D, VT			D	
E. MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES									
Medication Use Manual					E, D			D	
Medication Administration Policy (118-x)					PP, E, D			D	
Nursing 24 Hour Order Verification Note					D			D	
Nurse Driven Protocols					VT			V	
VANOD Skin Care Protocols					PP			V	
Fall Prevention Protocol					PP			V	
Chart Check Unit Process					E			D	
Sitter Algorithm					E			V	
Heparin Protocol					PP, E			V	
Hypoglycemia					PP, E, VT			D, V	
Blood draws					E			V	
High risk, High alert Medication Precautions (like sounding drugs not stored together, TALL man lettering)					E			V	

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: 4 South

Employee: _____ Date _____

Supervisor: _____ Date _____

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse/LPN

Employee Name: _____

Unit: 4W/Dialysis

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency							
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)					
A. GETTING INTO THE SYSTEM													
Attends New Employee Orientation and Patient Care Orientation		N/A			E			Attendance					
<ul style="list-style-type: none"> Signs up for any initial training needed 					S			Attendance record,					
<ul style="list-style-type: none"> Attends appropriate computer training (CPRS) 					E, S			Attendance record					
Meets with Manager for Initial meeting/paperwork (Functional statement, unit expectations, locker assignment, keys, key pad accesses, tour)					M			D, O, V					
<ul style="list-style-type: none"> Functional statement(RN) or Position description (LPN), unit expectations 					M, E, C			D,O, V					
<ul style="list-style-type: none"> Locker assignment, keys, key pad accesses 								D, O, V					
<ul style="list-style-type: none"> Schedule, assignment of preceptor, orientation expectations 								D, O, V					
<ul style="list-style-type: none"> Tour 								D, O, V					
<ul style="list-style-type: none"> Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE) 								D, O, V					
Unit communication								D, O, V					
<ul style="list-style-type: none"> Chain of command for nursing and physicians 								D, O, V					
<ul style="list-style-type: none"> Telephone, copier, fax, VA and UK pager systems 								D, O, V					
<ul style="list-style-type: none"> On call schedule 								D, O, V					
<ul style="list-style-type: none"> Nurse call system 								D, O, V					
<ul style="list-style-type: none"> Unit staffing schedule, requesting time off 								D, O, V					
<ul style="list-style-type: none"> PI board and activities 								D, O, V					
Clinical Privileges look up for resident and attending physicians								D, O, V					
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals					E,C,			D, O, V					

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse/LPN

Employee Name: _____

Unit: 4W/Dialysis

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Validation of Competency			
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Incident reporting		N/A			E,D			D,O, V
Report of Contact					E,D			D, O, V
Patient compliant procedure – resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence					E,D			D, O, V
Verbal/telephone order memorandum and procedures (read back)					E,D			D, O, V
Advanced Directives (CPRS face sheet location, VISTA imaging location)					E,D			D, O, V
B. SAFETY/INFECTION CONTROL								
Patient identification procedures (full name, full social)		N/A			C,D			D, O, V
Universal Protocol					C,D, VT			D,O, V
Code Cart or AED, RRT procedures (code cart location and QA checks)					C,D, VT			D,O, V
Completion of respiratory fit testing					C,D			D,O, V
Review of Emergency Operations Procedures (red book)					C,D			D,O, V
MSDS sheet review (locate and search)					C,D			D,O, V
Oxygen cut off valve location and procedure					C,D			D,O, V
Infection Control (manual location and unit procedures for isolation)- MRSA swabbing procedures, hand washing expectations, dialysis IC procedures, NO hand gel, SOAP ONLY for CDIff					C,D			D,O, V
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					C,D			D,O, V
Arm Band Color notifications					C,D			D,O, V
DNR procedures (including procedures for resident or attending orders)- RN ONLY					C,D			D,O, V
Reusable Medical Equipment Procedures including non critical cleaning schedule					C,D			D,O, V

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Position Title: Registered Nurse/LPN

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Unit: 4W/Dialysis

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		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					C,D			D,O, V
Ticket to Ride process and handoff communication (SBAR report)-RN ONLY					C,D			D,O
Chart Check Unit Process- RN ONLY					C,D			D,O
Preventing misconnections (trace back prior to connecting any tubing)					C,D			D,O
Suicide Precautions (1:1 observation within arm length)					C, D			D, O, V
Temp Trak					C, D			D, O ,V
Post procedure vitals (unless otherwise ordered: Q15min x 4, every 30 min x 4, hourly x 4 or until patient becomes stable)-RN ONLY					C,D			D,O
Blood product administration (memorandum and procedures)-RN ONLY					PP,C,D			D,O
C. EQUIPMENT, TUBES, DRAINS								
Blood glucose monitor procedures (includes hypoglycemia protocol expectations)					PP, C,D			D,O
Safe Patient Handling:					C,D			D,O
Celing Lift					C,D, VT			D,O
Arjo Maxi Lift					C,D, VT			D,O
SARA Patient assist device					C, D, VT			D,O
Dialysis machines-Hemodialysis, Peridontal Dialysis, CRRT					C,D, VT			D,O
Zoll Defibrillator/Crash Cart- RN ONLY					C,D, VT			D,O
Omniceil- RN ONLY					C,D,VT			D,O
Water System					C,D, VT			D,O
Dialysis Catheters					C,D, VT			D,O
Portable water treatment system					C,D,VT			D,O
D. NURSING PROCESS/DOCUMENTATION								

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Demonstrates nursing assessment appropriate to patient acuity- RN ONLY					C,D			
Pre-Dialysis Assessment – RN ONLY, LPN DATA COLLECTIONS AND REPORTING					C,D			
Initiation of Dialysis					C,D			
Monitoring during dialysis					C,D			D,O
Termination of dialysis					C,D			D,O
Troubleshooting dialysis alarms					C,D			D,O
Responding to consultations of dialysis- RN ONLY					C,D			D,O
Vascular access care					C,D			D,O
• AV fistula					C,D			D,O
• AV graft					C,D			D,O
• Non tunneled dialysis catheter					C,D			D,O
• Tunneled dialysis catheter					C,D			D,O
• Peritoneal Dialysis- RN ONLY					C,D			D,O
• Continuous Renal Replacement Therapy- RN ONLY					C,D			D,O
• Nursing care of dialysis patient/Role of Primary Dialysis – RN ONLY					C,D			D,O
Documentation method for unit-					C,D			D,O
Dialysis note/CP Hemo					C,D			D,O
Encounter Data					C,D			D,O
Post Fall Note- RN ONLY					C,D			D,O
Patient Kardex/dialysis clipboard					C,D			D,O
Dialysis Orders/Order sets – RN ONLY					C,D			D,O
CRRT documentation – RN ONLY					C,D			D,O

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Labs					C,D			D,O
Monthly Nursing Summary/Medication Reconciliation-RN ONLY					C,D			D,O
Continuation of Nursing Process-RN ONLY					C,D			D,O
Nursing Care of Acute Dialysis-RN ONLY					PP,C,D			D,O
Nursing Care of Peritoneal dialysis patient-RN ONLY					C,D			D,O
Emergency Procedures (per scope of practice)					C,D			D,O
• Air embolus					C,D			D,O
• Hemolysis					C,D			D,O
• Cardiac Arrest					C,D			D,O
• Emergency termination of dialysis/evacuation					C,D			D,O
• Emergency take off					C,D,VT			D,O
• R.O. bypass					C,D,VT			D,O
MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES								
Medication Use Manual					C,D			D,O
Medication Administration Policy (118-x)					C,D			D,O
Blood Administration –RN ONLY					C,D			D,O
Skin Care Protocols					PP,C,D			D,O
Fall Prevention Protocol					PP,C,D			D,O
Dialysis catheters					C,D			D,O
CRRT Citrate Protocol-RN ONLY					PP, C,D			D,O
CRRT Protocol- RN ONLY					PP,C,D			D,O
Monthly dialysis lab protocol					PP,C,D			D,O

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		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)		
		Mixing special dialysis bath- RN ONLY					C,D			D,O
		Dialysis Medication Administration					C,D			D,O
		• EPOGEN					C,D			D,O
		• IV Iron Products- RN ONLY					C,D			D,O
		• IDPN- RN ONLY					C,D			D,O
		• Antibiotics- RN ONLY					C,D			D,O
		• TPA- RN ONLY					C,D			D,O
		• Anticoagulation for dialysis					C,D			D,O

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: _____ Date _____

Supervisor: _____ Date _____

Lexington VA **Orientation** Competency Checklist

Position Title: Licensed Practical / Registered Nurse Employee Name: _____ Unit: 29-1

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T = Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Validation of Competency								
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)					
A. GETTING INTO THE SYSTEM													
Attends New Employee Orientation and Patient Care Orientation		N/A			E			N/A					
<ul style="list-style-type: none"> Staff Introductions: LPN's, MHT's, Social Work, Psychology, EMS, Peer Support, NP, Psychiatrist Treatment Coordinator 					M			Attendance record, certification card					
<ul style="list-style-type: none"> Attends appropriate computer training (CPRS, BCMA, Care Tracker, ICIP, etc) 					E, S			Attendance record					
Meets with Manager for Initial meeting/paperwork (Functional statement, unit expectations, locker assignment, keys, key pad accesses, tour)								D,VT,O					
<ul style="list-style-type: none"> Functional statement, unit expectations 					M			D,VT,O					
<ul style="list-style-type: none"> Locker assignment, keys, key pad accesses 								D,VT,O					
<ul style="list-style-type: none"> Schedule, assignment of preceptor, orientation expectations 								D,VT,O					
<ul style="list-style-type: none"> Tour 								D,VT,O					
<ul style="list-style-type: none"> Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE) 								D,VT,O					
Unit communication								D,VT,O					
<ul style="list-style-type: none"> Chain of command for nursing and physicians 								D,VT,O					
<ul style="list-style-type: none"> Telephone, copier, fax, VA and UK pager systems and patient phones 								D,VT,O					
<ul style="list-style-type: none"> On call schedule 								D,VT,O					
<ul style="list-style-type: none"> Nurse call system 								D,VT,O					
<ul style="list-style-type: none"> Unit staffing schedule, requesting time off 								D,VT,O					
<ul style="list-style-type: none"> PI board and activities 								D,VT,O					
<ul style="list-style-type: none"> Clinical Privileges look up for resident and attending physicians 								D,VT,O					

Lexington VA **Orientation** Competency Checklist

Position Title: Licensed Practical / Registered Nurse Employee Name: _____ Unit: 29-1

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals		N/A			D			D,VT,O
Incident reporting					D			D,VT,O
Report of Contact					D			D,VT,O
Patient compliant procedure – resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate					D			D,VT,O
Verbal/telephone order memorandum and procedures (read back)					p			D,VT,O
Advanced Directives (CPRS face sheet location, VISTA imaging location)					D			D,VT,O
B. SAFETY/INFECTION CONTROL								
Patient identification procedures (full name, full social)		N/A			D			D,VT,O
Universal Protocol					P, D			D,VT,O
Code Cart or AED, RRT procedures (code cart location and QA checks)					D			D,VT,O
Completion of respiratory fit testing								D,VT,O
Review of Emergency Operations Procedures (red book)					D			D,VT,O
MSDS sheet review (locate and search)					D			D,VT,O
Oxygen cut off valve location and procedure or Storage					D			D,VT,O
Infection Control (manual location and unit procedures for isolation)- MRSA swabbing procedures, handwashing expectations					D			D,VT,O
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					D			D,VT,O
Arm Band Color notifications					D			D,VT,O
DNR procedures (including procedures for resident or attending orders)					D			D,VT,O

Lexington VA **Orientation** Competency Checklist

Position Title: Licensed Practical / Registered Nurse Employee Name: _____ Unit: 29-1

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation VT = Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Reusable Medical Equipment Procedures including non critical cleaning schedule					D			D,VT,O
Chart Check Unit process					D			D,VT,O
Intentional rounding (rounds q 2 hours) (MN& 6am room checks)					D			D,VT,O
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					D			D,VT,O
Ticket to Ride process and handoff communication					D			D,VT,O
Unit Safety – Fire Door /stair well exit alarms, front door alarm					E			D,VT,O
Post procedure vitals					E			D,VT,O
Panic Alarms					E			D,VT,O
C. EQUIPMENT, TUBES, DRAINS								
Unit Phones					D			D,VT,O
O2 Tank					D, V			D,VT,O
V/S Machine/Thermometers					D, V			D,VT,O
Breathalyzer					D, V			D,VT,O
DVD/VCR					D, V			D,VT,O
Polycom Viewstation					E			D,VT,O
Patient Med Lockers					E			D,VT,O
Exam Table					E			D,VT,O
Computers/Printers/Fax					E			D,VT,O
Resident Washer/Dryer					E			D,VT,O
Fitness Equipment					E			D,VT,O
Unit Camera system					E			D,VT,O
D. NURSING PROCESS/DOCUMENTATION								

Lexington VA **Orientation** Competency Checklist

Position Title: Licensed Practical / Registered Nurse Employee Name: _____

Unit: 29-1

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T = Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Admission Process					E, CP			D,VT,O
Data Collection Tool V/S & Weight on Admission, Admission Orders for meds/labs/diet					E, CP			D,VT,O
Inventory of Patient Belongings and Contraband Checks					E, CP			D,VT,O
Urine Drug Screens Orders on Admission/Pass//PRN					V T,D			D,VT,O
Breathalyzer on Admission/Pass Return/PRN					V T,D			D,VT,O
Storage of UDS					V T,D			D,VT,O
Review of Unit Handbooks					E			D,VT,O
Resident Room Assignments, Access Codes/ Key Assignments					E			D,VT,O
H&P by NP					E			D,VT,O
Patient Rights					E			D,VT,O
Urine Drug Screen					E			D,VT,O
Breathalyzer on admission, for room searches, passes and PRN					E			D,VT,O
Patient ID's					E			D,VT,O
Psychiatrist Role					E			D,VT,O
Treatment Team					E			D,VT,O
Treatment Planning					E			D,VT,O
CPRS Documentation					E			D,VT,O
Progress Notes (Group Notes/Nursing Notes)					E			D,VT,O
Vital Sign Package					E			D,VT,O

Lexington VA **Orientation** Competency Checklist

Position Title: Licensed Practical / Registered Nurse

Employee Name: _____

Unit: 29-1

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
PCS Unit Staffing: ((NM/LPN/MHT's)					E			D,VT,O
Minimum staffing					E			D,VT,O
Unit Coverage					E			D,VT,O
Mandatory coverage					E			D,VT,O
Schedules					E			D,VT,O
Schedule Requests					E			D,VT,O
Annual Leave Sign UP					E			D,VT,O
Evaluations					E			D,VT,O
Clinical House Supervisor (CHS)					E			D,VT,O
Administrative Officer of the Day (AOD)					E			D,VT,O
VA Police Contact					E			D,VT,O
24 Hour Nursing Report					E			D,VT,O
Timekeepers					E			D,VT,O
MSA					E			D,VT,O
Entering leave in VISTA					E, D			D,VT,O
MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES								
Medication Use Manual					E			D,VT,O
Medication Administration Policy (118-x)					D			D,VT,O
PRN Follow – Up (BCMA/MAR)					D			D,VT,O
BCMA/Scanner					D			D,VT,O
Omniceil (removing meds, Friday cycle count)					D			D,VT,O
Self Medication Policy					D			D,VT,O

Lexington VA **Orientation** Competency Checklist

Position Title: Licensed Practical / Registered Nurse

Employee Name: _____

Unit: 29-1

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Dependent Medication Administration					D			D,VT,O
Semi-dependent Medication Administration					D			D,VT,O
Independent					D, V			D,VT,O
Printing 7 day MAR					D, V			D,VT,O
Order verification in CPRS					D, V			D,VT,O
Medication Keys Accountability					E			D,VT,O
Look Alike Sound Alike (LASL) Medications					E			D,VT,O
High Alert Medications					E			D,VT,O
Chart Check Process					D			D,VT,O
Use of Individual Med lockers in med room					D			D,VT,O
Transcribing Orders to medication administration record					D			D,VT,O
Treatment Contract for program					E, CP			D,VT,O
Resident Car registration forms					E, CP			D,VT,O
Maps					E			D,VT,O
Pass Request					E, CP			D,VT,O
Photo Consent					E, CP			D,VT,O
Sign In/Sign Out forms					E, CP			D,VT,O
Refrigerator Checks for residents/staff					V T, CP			D,VT,O
AED Checks					V T			D,VT,O
2 hour rounds					CP			D,VT,O
Midnight and 0600 Room Checks					CP			D,VT,O
Daily Room Checks/Inspection					E, CP			D,VT,O
Identifying Contraband					E			D,VT,O

Lexington VA **Orientation** Competency Checklist

Position Title: Licensed Practical / Registered Nurse

Employee Name: _____

Unit: 29-1

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Pass List					E			D,VT,O
Putting Resident on/Removing Residents from Pass					E			D,VT,O
Release of Information					E			D,VT,O
Recreation Outings					E			D,VT,O
Environment of Care Rounds					E			D,VT,O
Weekly Unit EOC Rounds					E			D,VT,O
Sick Leave Call					E			D,VT,O
Coding/Workload Capture					E			D,VT,O
SARRTP Admission Criteria					E			D,VT,O
PRRP Admission Criteria					E			D,VT,O
Dual Diagnosis					E			D,VT,O
Axis I, Axis II, Axis III, Axis IV, Axis V (DSM Diagnosis)					E			D,VT,O
Special Procedures:								
Missing Residents					E			D,VT,O
Medical Emergencies					E			D,VT,O
Psychiatric Emergencies					E			D,VT,O
Unit Smoking Policy					E			D,VT,O
Hospital Smoking Policy					E			D,VT,O
Recreation Room					E			D,VT,O
Resident Mail					E			D,VT,O
PPD's on admission					E			D,VT,O
Group Schedules					E			D,VT,O
Psychoeducational Groups					E			D,VT,O
Trauma Groups					E			D,VT,O

Lexington VA **Orientation** Competency Checklist

Position Title: Licensed Practical / Registered Nurse

Employee Name: _____

Unit: 29-1

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation VT= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Daily Goals Meeting (daily schedule, reminders, changes, issues/concerns)					E			D,VT,O
Community Group (patient elections each week, community leaders, unit patient leaders, responsibilities, Issues/concerns/suggestions)					E			D,VT,O
Activity Group (planning age appropriate activities, strategies, working with residents, assignments)					E			D,VT,O
Patient Assignments: (all residents – clean & straighten bedrooms, clean and straightened dining room, meal trays, tables and chairs, nourishment room)					E			D,VT,O
Refreshment Station: Clean microwave, refrigerator, dispose of outdates milk, food, storage containers, proper labeling of resident personal food					E			D,VT,O
Day Room – straighten return items to their place, keep coffee area straight, clean and stocked, dispose of old coffee, make fresh coffee					E			D,VT,O
Quiet Room - straighten and clean and return items home					E			D,VT,O
Shower Room – dirty laundry into bags					E			D,VT,O
JCAHO Standards								
Ethics, Rights and Responsibilities					E			D,VT,O
Management of Environmental of Care					E			D,VT,O
Provision of Care and Treatment					E			D,VT,O
Medication Management					E			D,VT,O
Surveillance, PV, Control of Infection					E			D,VT,O
Management of Information					E			D,VT,O
Management of HR					E			D,VT,O
Leadership					E			D,VT,O
Improving Organization Performance					E			D,VT,O

Lexington VA **Orientation** Competency Checklist

Position Title: Licensed Practical / Registered Nurse Employee Name: _____ Unit: 29-1

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: _____ Date _____

Supervisor _____ Date _____

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: CLC

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee				Validation of Competency						
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)				
A. GETTING INTO THE SYSTEM												
Attends New Employee Orientation and Patient Care Orientation												
<ul style="list-style-type: none"> Completes Modules as assigned by Learning Resource Center signed up for initial training needed 					E			D O V P				
<ul style="list-style-type: none"> Attends appropriate computer training (CPRS, TMS, Swank, Omnicell) 					E			D O V				
Meets with Manager for Initial meeting/paperwork												
<ul style="list-style-type: none"> Functional Statement, unit expectations, annual proficiencies 					M			D V				
<ul style="list-style-type: none"> Locker assignments, keys, key pad accesses, mail box 					M			D V				
<ul style="list-style-type: none"> Schedule, assignment of preceptor, orientation expectations 					M			D V				
<ul style="list-style-type: none"> Tour 					M			D V				
<ul style="list-style-type: none"> Provides copy of BLS card, manager reviews requirements and expectations (ie, NO LAPSE) 					M			D V				
Unit Communications												
<ul style="list-style-type: none"> Chain of command for nursing and providers 					M			D V				
<ul style="list-style-type: none"> Telephone, copier, fax, VA pager systems 					C			D V				
<ul style="list-style-type: none"> ON Call schedule (Location) 					C			D V				
<ul style="list-style-type: none"> Nurse Call system 					C D			D V				
<ul style="list-style-type: none"> Unit staffing schedule, requesting time off, Comp time, OT 					M			D V				
<ul style="list-style-type: none"> Call in Sick 					M			D V				
<ul style="list-style-type: none"> Performance Improvement board and activities 					M			D V				
<ul style="list-style-type: none"> Access email via Outlook and Vista/Gui 					C D			D V				
Clinical Privileges look up for resident and attending physicians					C D			D V				
Access facility and service memorandums, Mosby procedure manuals, Krames					C D			D V				

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: CLC

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Report of Contact					C D			D V
Veteran complaint procedure-resolve at the point of service, then follow chain of command for resolutions prior to referring to the Veteran advocate					C D			D V
Telephone order memorandum and procedures (read back)					PP			D V
Advanced Directives (CPRS face sheet location, VISTA Imaging location)					PP			D V
Patient Abuse					PP			D V
B. SAFETY/INFECTON CONTROL								
Veteran identification procedure (full name, full social)					PP C			D O V
Pre-op check list-Universal Protocol					PP C			D O V
Code Blue, AED, ambu bag					PP C			D O V
Completion of respiratory fit testing					PP C			D O V
AMA Process					PP C			D O V
Review of Emergency Operation Procedures (red book)					PP C			D O V
MSDS sheet review (locate and search)					PP C			D O V
Oxygen cut off valve location and procedure					PP C			D O V
Infection Control (manual location and unit procedures for isolation) MRSA swabbing procedures, hand washing expectations					PP C			D O V
Fire alarm and extinguisher locations and procedures (RACE, PASS, Evacuation locations and fire rated doors)					PP C			D O V
Arm Band Color notifications: (AND/ DNR Intermediate AND/DNR Comfort Care, Fall Risk, Allergies)					PP C			D O V
Incident Reporting, (ASSIST)					PP C			D O V
Allow Natural Death AND/DNR procedures (including procedures for Provider orders)					PP C			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Reusable Medical Equipment Procedures including non critical cleaning schedule					PP C			D O V
Report and tag broken equipment					PP C			D O V
Contingency Plan for Computer Outage					PP C E			D O V
Intentional Rounding, Fall Prevention, Sitter Algorithm					PP C E			D O V
Ticket to Ride process					PP C E			D O V
Handoff Communications					PP C E			D O V
SBAR Report					PP C E			D O V
Post Procedure vitals process					PP C			D O V
Suicide Precautions					PP C			D O V
Resident Elopement and Wanderguard					PP C			D O V
Review of National Patient Safety Goals					PP C			D O V
Resident Transfer (In house, Inter Facility and Outside) Hand off report form					PP C E			D O V
Evacuated					PP C E			D O V
C. EQUIPMENT, TUBES, DRAINS								
Blood glucose monitor procedures (includes hypoglycemia, protocol expectations)					PP E C D VT			D O V
Wireless Phone					C D			D O V
Bladder Scanner					C D			D O V
Wound Vac					C D			D O V
Vital Signs machines (blood pressure, temperature, pulse oximeter)					C D			D O V
Wheelchair					PP C D			D O P
IV Pumps					VT			D O V
Lock Box for narcotic infusions					C D			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: CLC

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Oxygen, Wall and Portable, securing tank for transport, masks					VT			D O V
BIPAP, CPAP					VT			
Bed and chair alarms, floor mats, hip protectors					C D			D O V
Bed scale, floor scale					C D			D O V
Feeding Pump					C D			D O V
Feeding tubes: PEG, J-tube, Dobhoff					C D			D O V
Bowel Management System					VT			D O V
Denver drain					VT			D O V
Foley Catheter, Supra Pubic Catheter, CUD					C D			D O V
Continuous Bladder Irrigation					C D			
Low Air Loss Mattress					C D			D O V
Bariatric Equipment					C D			D O V
Compression Device-SCDS					C D			D O V
Safe Patient Handling Equipment:					VT			D O V
Arjo MaxiSky 600 Ceiling Lift					VT			D O V
Carendo Bath Chair					VT			D O V
HoverMat					VT			D O V
Arjo Maxi Move					C D			D O V
Arjo Stand Assist Sara 3000					C D			D O V
Arjo Sara Stedy					C D			D O V
Stryker Zoom (motorized stretcher)					C D			D O V
Broda Chairs					C O			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)	
D. NURSING PROCESS/DOCUMENTATION									
Initial Nursing Assessment Part 1 & 2					PP C D			D O	
Nursing Reassessment Part 1 & 2					PP C D			D O	
ASIH Part 1 & 2					PP C D			D O	
Treatment Sheets					C D			D O	
Nursing Skin Reassessment Note					C D			D O	
Interdisciplinary Plan of Care					C D			D O	
Intentional Rounds					PP C D			D O	
View Alert					C D			D O	
Nursing Progress Note					C D			D O	
Nursing Death Note- CLC					C D			D O	
Vital Signs, weights					C D			D O	
Pain Assessments, PRN effectiveness					C D			D O	
Telephone Orders					PP C D			D O	
Foley Note					C D			D O	
Discharge Note					C D			D O	
Krames Teaching sheets					C D			D O	
MSRA- Orders/Document					C D			D O	
Immunization Flu/ Pneumonia					C D			D O	
EPIR- Post Fall Note					C D			D O	
Caretracker					C D			D O	

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: CLC

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
MDS 3.0					C D E			D O
BIMS					C D			D O
CLC Dialysis note					C D			D O
Behavior Intervention Note (BIN)					C D			D O
Psychotropic medication prn documentation								
CLC Psychotropic Med Note								
Caretracker documentation								
E. MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES								
Medication Use Manual					PP C D			D O V
Medication Administration Policy (118-x)					PP C D			D O V
BCMA: Order verification					PP C D			D O V
Chart check					C D			D O V
Omniceil					C D			D O V
Medication Reconciliation					C D			D O V
Continuous Subcutaneous / IV Opioid Infusion					C D			D O V
IV maintenance, set up, bag tubing change/labels					C D			D O V
Preventing IV misconnections: (trace back prior to connecting any tubing)					C D			D O V
PICC/Implantable Device medication administration, SAGE					C D			D O V
Hypoglycemia					C D			D O V
Psychotropic medications					C D			D O V
High Risk, High Alert Medication Precautions (like sounding drugs note stored together TALL man lettering)					C D			D O V
Administers medications per policy: Topical, Injections (IM, SC, Intradermal),					C D			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: CLC

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)	
Suppositories, ophthalmic, nasal, ear									
F. PROVISION OF CARE: Provides Care according to protocol/procedure									
Fall risk assessment/Prevention Protocol, Sitter Algorithm, Yellow Star					C D			D O V	
VANOD skin care protocols					C D			D O V	
Wound and Ostomy care					C D				
PICC Catheter/Implantable device management and care/ SAGE care with PICC					C VT			D O V	
Pain management assessments/interventions					C			D O V	
Total hip precautions					C D			D O V	
Pronouncing Death					C D			D O V	
Post Mortem care					C D			D O V	
Care of residents with dementia; communication techniques, responding to behavioral expressions of unmet needs, physical environment, activities, BWAB					C D			D O V	
Respiratory Compromise					C D			D O V	
Care of residents with dysphagia					C D			D O V	
Palliative Care/Hospice Care Philosophy					PP C			D O V	
HEN modules					S			D O V	
End of life care: Symptom management					C D			D O V	
Bereavement					C D			D O V	
Restorative Nursing care competencies: bed mobility/resident transfer Toileting Program/CUD, Progressive Ambulation, Eating/Swallowing, Prosthetic Care/Stump wrapping, Communication, AROM and PROM exercise programs					E VT			D O V	
Charge Nurse Role and Documentation					C D			D O V	
Care of resident's receiving dialysis					C D			D O V	

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: CLC

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: _____ Date _____

Supervisor: _____ Date _____

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: HBPC

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency							
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)					
A. GETTING INTO THE SYSTEM													
Attends New Employee Orientation and Patient Care Orientation		N/A			E			Attendance					
<ul style="list-style-type: none"> Organizational Structure 					E			D,O					
<ul style="list-style-type: none"> Attends appropriate computer training (CPRS) 					E,C,D			D,O					
Meets with Manager for Initial meeting/paperwork (Functional statement, unit expectations, locker assignment, keys, key pad accesses, tour)					C,D			D,O					
<ul style="list-style-type: none"> Functional statement, unit expectations 					M			D,O,V					
<ul style="list-style-type: none"> Schedule, assignment of preceptor, orientation expectations 								D,O,V					
<ul style="list-style-type: none"> Tour 								D,O,V					
<ul style="list-style-type: none"> Provides copy of BLS card, manager reviews requirements and expectations (ie, NO LAPSE) 								D,O,V					
Unit communication								D,O,V					
<ul style="list-style-type: none"> Chain of command for nursing and physicians 								D,O,V					
<ul style="list-style-type: none"> Telephone, copier, fax, VA and UK pager systems 								D,O,V					
<ul style="list-style-type: none"> Telephone triage 								D,O,V					
<ul style="list-style-type: none"> Unit staffing schedule, requesting time off 								D,O,V					
<ul style="list-style-type: none"> PI board and activities (EPRP,local satisfaction survey) 								D,O,V					
Clinical Privileges look up for resident and attending physicians								D,O,V					
Accessing facility and service memorandums, Mosby procedure manuals								D,O,V					
Incident reporting								D,O,V					
Report of Contact					C,D,E			D,O,V					
Patient complaint procedure – resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate (ICARE) Integrity,					C,D,E			D,O,V					

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

Unit: HBPC

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Commitment, Advocacy, Respect, Excellence								
Verbal/telephone order memorandum and procedures (read back)					C,D,E			D,O,V
Advanced Directives (CPRS face sheet location, VISTA imaging location)					C,D,E			D,O,V
Cellular Phones					C,D,E			D,O,V
Storage of medical records					C,D,E			D,O,V
B. SAFETY/INFECTION CONTROL								
Patient identification procedures (full name, full social)					C,D			D,O
Universal Protocol					C,D,VT			D,O
Suicide precautions (1:1 observation within arm length)					C, D			D,V,O
AED					C,D,VT			D,O
Review of Emergency Operations Procedures (red book)					C,D			D,O
Infection Control (manual location and unit procedures for isolation)- MRSA swabbing procedures, hand washing expectations(No hand gel, SOAP ONLY for CDiff)					C,D			D,O
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					C,D			D,O
DNR procedures (including procedures for resident or attending orders)					C,D			D,O
Reusable Medical Equipment Procedures including non critical cleaning schedule					C,D,VT			D,O
Chart Check Unit process					C,D			D,O
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					C,D			D,O
C. HPBC SPECIFICS								
VHA Directives					E,C,D			D,O,V
HBPC Policy/Procedure Manual					E,C,D			D,O,V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
JCAHO Home Care Manual					E,C,D			D,O,V
MSDS					E,C,D			D,O,V
Infection Control					E,C,D			D,O,V
Emergency Preparedness Plan					E,C,D			D,O,V
D. NURSING PROCESS/DOCUMENTATION/SERVICES								
Demonstrates nursing assessment appropriate to patient acuity					E,C,D			D,O,V
VHA Directives for HPBC					E,C,D			D,O,V
Eligibility					E,C,D			D,O,V
Admission and Discharge Criteria					E,C,D			D,O,V
Interdisciplinary Team					E,C,D			D,O,V
Team Composition and functions					E,C,D			D,O,V
• Team roles/responsibilities					E,C,D			D,O,V
• Program Coordinator					E,C,D			D,O,V
• Medical Director					E,C,D			D,O,V
• Nurse Practitioner					E,C,D			D,O,V
• Staff Nurse					E,C,D			D,O,V
• Social Worker					E,C,D			D,O,V
• Dietician					E,C,D			D,O,V
• Physical Therapist					E,C,D			D,O,V
• PSA					E,C,D			D,O,V
• Chaplain					E,C,D			D,O,V
• Meetings					E,C,D			D,O,V

Lexington VA **Orientation** Competency Checklist

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
<u>Process of Care</u>					E,C,D			D,O,V
• Referral –electronic					E,C,D			D,O,V
• Referral Response					E,C,D			D,O,V
• Coverage					E,C,D			D,O,V
• Admission Process					E,C,D			D,O,V
• Admission Packet					E,C,D			D,O,V
• Informed consent					E,C,D			D,O,V
• Cost of services					E,C,D			D,O,V
• Patient rights/responsibilities					E,C,D			D,O,V
• Confidentiality					E,C,D			D,O,V
• Treatment Planning					E,C,D			D,O,V
• Delivery of care					E,C,D			D,O,V
• Care Coordination					E,C,D			D,O,V
<u>HBPC Case Management</u>					E,C,D			D,O,V
• Telephone Care					E,C,D			D,O,V
• Visits					E,C,D			D,O,V
• Patient and staff safety					E,C,D			D,O,V
• Infection Control					E,C,D			D,O,V
• Psychosocial aspects					E,C,D			D,O,V
• Travel					E,C,D			D,O,V
1. Patient travel					E,C,D			D,O,V
2. GSA Vehicle					E,C,D			D,O,V

Lexington VA **Orientation** Competency Checklist

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
3. Car Stock					E,C,D			D,O,V
• Continuation of services					E,C,D			D,O,V
1. 90 day reviews					E,C,D			D,O,V
2. Yearly service review					E,C,D			D,O,V
3. Change in level of care					E,C,D			D,O,V
• Advance Directives					E,C,D			D,O,V
• Medications					E,C,D			D,O,V
• Patient/caregiver education					E,C,D			D,O,V
1. Medical Emergency					E,C,D			D,O,V
2. Disaster preparation					E,C,D			D,O,V
• Patient abuse and neglect					E,C,D			D,O,V
• Discharge					E,C,D			D,O,V
• Ethical issues					E,C,D			D,O,V
• Death instruction					E,C,D			D,O,V
Documentation					E,C,D			D,O,V
Assessments					E,C,D			D,O,V
• Admission Assessment					E,C,D			D,O,V
• Pain					E,C,D			D,O,V
• Environmental					E,C,D			D,O,V
• Learning needs					E,C,D			D,O,V
• Preventative Health					E,C,D			D,O,V
Demographic database information					E,C,D			D,O,V
Patient Rights and Responsibilities					E,C,D			D,O,V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Informed Consents					E,C,D			D,O,V
Screening tools:					E,C,D			D,O,V
• Nutrition					E,C,D			D,O,V
Depression					E,C,D			D,O,V
Rehabilitation					E,C,D			D,O,V
Social Work					E,C,D			D,O,V
Advanced Directives					E,C,D			D,O,V
Safety					E,C,D			D,O,V
Emergency Preparedness					E,C,D			D,O,V
Interim plan of care					E,C,D			D,O,V
Patient Plan of care					E,C,D			D,O,V
Patient participation-plan of care					E,C,D			D,O,V
Progress Notes					E,C,D			D,O,V
Consults					E,C,D			D,O,V
Orders					E,C,D			D,O,V
Discharge					E,C,D			D,O,V
Incident Reports					E,C,D			D,O,V
Post Fall note					E,C,D			D,O,V
<u>Diagnostic and Therapeutics</u>					E,C,D			D,O,V
• Laboratory					E,C,D			D,O,V
1. Services					E,C,D			D,O,V
2. Procedures					E,C,D			D,O,V
• Prosthetics					E,C,D			D,O,V
1. Eligibility					E,C,D			D,O,V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
2. Consults					E,C,D			D,O,V
3. Equipment					E,C,D			D,O,V
• Home Oxygen					E,C,D			D,O,V
• PM&R					E,C,D			D,O,V
1. Speech					E,C,D			D,O,V
2. Rehab Medicine					E,C,D			D,O,V
• Nail Care					E,C,D,VT			D,O,V
• Trilogy Ventilator					E,C,D,VT			D,O,V
<u>Geriatrics and Extended Care</u>					E,C,D			D,O,V
Community Nursing					E,C,D			D,O,V
• Discharge Planning					E,C,D			D,O,V
• Community Nursing					E,C,D			D,O,V
• HH/HA Program					E,C,D			D,O,V
• Home Hospice					E,C,D			D,O,V
• Home Respite					E,C,D			D,O,V
Community Nursing Home Program					E,C,D			D,O,V
Residential Care Program					E,C,D			D,O,V
Inpatient Respite					E,C,D			D,O,V
Inpatient Hospice					E,C,D			D,O,V
Adult Day Health					E,C,D			D,O,V
Social Work					E,C,D			D,O,V
<u>Support Services</u>					E,C,D			D,O,V
• Eligibility criteria (Cat A,C)					E,C,D			D,O,V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: _____

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
• Means test					E,C,D			D,O,V
• Release of Information					E,C,D			D,O,V
• Enrollment					E,C,D			D,O,V
Billing/MCCR					E,C,D			D,O,V
Encounter forms					E,C,D			D,O,V
Veterans Benefit Counselor					E,C,D			D,O,V
Cost Recovery					E,C,D			D,O,V
Patient Representative					E,C,D			D,O,V

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: _____ Date _____

Supervisor: _____ Date _____

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse/LPN

Employee Name: _____

Unit: Primary Care

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency							
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)					
A. GETTING INTO THE SYSTEM													
Attends New Employee Orientation and Patient Care Orientation		N/A			E			N/A					
<ul style="list-style-type: none"> Attends appropriate computer training (CPRS, VISTA) 					E,S			Attendance record					
Meets with Manager for Initial meeting/paperwork (Functional statement/Position description, unit expectations, locker assignment, keys, key pad accesses, tour)													
<ul style="list-style-type: none"> Functional statement, unit expectations 					M			V					
<ul style="list-style-type: none"> Locker assignment, keys, key pad accesses 								V					
<ul style="list-style-type: none"> Schedule, assignment of preceptor, orientation expectations 								V					
<ul style="list-style-type: none"> Tour- Primary Care 								V					
<ul style="list-style-type: none"> Provides copy of BLS card, manager reviews requirements and expectations (ie, NO LAPSE) 								V					
Unit communication								V					
<ul style="list-style-type: none"> Chain of command for nursing and physicians 								V					
<ul style="list-style-type: none"> Telephone, copier, fax, VA and UK pager systems 								V					
<ul style="list-style-type: none"> On call schedule 								V					
<ul style="list-style-type: none"> Unit staffing schedule, requesting time off 								V					
<ul style="list-style-type: none"> PI Boards and activities 								V					
Clinical Privileges look up for Resident and Attending physicians					D,C			V,D					
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals					D			D,O,V					
Incident reporting					D			D,O,V					

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse/LPN

Employee Name: _____

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Report of Contact					D			D,O, V
Patient complaint procedure – resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence					D			D,O,V
Verbal/telephone order memorandum and procedures (read back)- RN ONLY					D			D,O,V
Advanced Directives (CPRS face sheet location, VISTA imaging location)					D			D,O,V
B. SAFETY/INFECTION CONTROL								
Patient identification procedures (full name, full social)					D			D,O,V
Universal Protocol					D, VT			D,O,V
Patient Emergency,AED, RRT procedures (code cart location and QA checks)					D,VT			D,O
Review of Emergency Operations Procedures (red book)					D			V,D
MSDS sheet review (locate and search)					D			V,D
Oxygen tank storage (Full/Empty)					D			V,D
Infection Control (manual location and unit procedures for isolation)- handwashing expectations(NO hand gel, SOAP ONLY for CDiff)					D			V,D
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					D			V,D
Reusable Medical Equipment Procedures including non critical cleaning schedule					D			D,O,V
Temp Trak					C, D			D,V,O
Suicide precaution (1:1 observation within arm length)					C, D			D,V,O
Poison Control					D			D,O,V
Specimen Collection					D			D,O,V
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					D,C			D,O

Lexington VA **Orientation** Competency Checklist

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Ticket to Ride process Primary Care and handoff communication (SBAR report)								V,O	
C. EQUIPMENT, TUBES, and DRAINS									
Nebulizer Treatments					D, VT ?			D,O	
Blood Glucose monitor procedures (includes hypoglycemia protocol expectations)					D			D,O	
Unna Boots					C,D			D,O	
Liquid Nitrogen Tank					C,D			D,O	
Safe Handling Equipment SARA 3000, ARJO Maxi-move, Scales, Hi-lo exam tables					C,D,VT			D,O	
Portable Oxygen					C,D			D,O	
Portable Suction					C,D			D,O	
Poison Control					C,D			D,O	
BLS/ACLS Certification					D,VT,C			D,O	
Activation of Fire and Code Blue Systems					D,VT,C			D,O	
Management of Code Blue Pager (Leestown ONLY)- RN ONLY					D,VT,C			D,O	
Defibrillator/AED Inventory					D, VT,C			D,O	
D. NURSING PROCESS/DOCUMENTATION									
Demonstrates nursing assessment appropriate to patient acuity- RN ONLY								D,O,V	
Telephone Assessment, Triage, Advice (VHG/TRM)- RN ONLY								D, O,V	
Face to Face and Back up Assessment, Triage and Advice (Briggs Protocols)-RN ONLY								D, O, V	
Telephone Care Program					M,PP,E,D			D, O, V	
RN Assessment Clinics					M,PP,E,D			D, O, V	
Case Management/Care Management- RN ONLY								D, O, V	
High Risk Registry- RN ONLY								D, O, V	

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PACT (Patient Aligned Care Teams) Delivery of Care Model					M,PP,E,D			D,O,V
PC Enrollment, PCMM (Primary Care Management Module)					M,PP,E,D			D,O,V
Preventative Health Screening/Clinical Reminders					M,PP,E,D			D,O,V
Chronic Disease Indexes (CDC, Hbale, etc)					M,PP,E,D			D,O,V
Continuity					M,PP,E,D			D,O,V
Specialty Consults/Service Agreements					M,PP,E,D			D, O, V
Home Health Services					M,PP,E,D			D,O,V
Community Resources					M,PP,E,D			D,O,V
Inpatient Services					M,PP,E,D			D,O,V
Clinic Profiles					PP,D,C			D,O,V
Patient Assignments					PP,D,C			D,O,V
Provider Panels					PP,D,C			D,O,V
LPN Clinics					PP,D,C			D,O,V
Pharm D. Clinics					PP,D,C			D,O,V
Group Clinics					PP,D,C			D,O,V
Tours of Duty					PP,D,C			D,O,V
PACT- Access, System Redesign, Care Management • Aims/Goals					PP,D,C			D,O,V
Interdisciplinary Team Composition					PP,D,C			D,O,V
Roles, MD, ARNP, RN, LPN, HT					PP,D,C			D,O,V
Clerk, Pharm D., MSW, BHL, RD					PP,D,C			D,O,V
VHG/TRM- RN ONLY					PP,D,C			D,O,V
Proficiencies/ Performance Appraisals					M, PP, E, D			D,O,V

Lexington VA **Orientation** Competency Checklist

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Workload Reports					M, PP,E,D			D,O,V
PCMM Reports					M, PP,E,D			D,O,V
Encounter Capture					PP, E, D, C			D, O, V
Screens/Clinical Reminder for Educational Barriers					PP,E,D,C			D,O,V
Teaching Resources/Materials					PP,E,D,C			D,O,V
Family/Caregiver involvement					PP,E,D,C			D,O,V
Functional/Rehab Screens					PP,E,D,C			D, O, V
Fall Risk (MORSE)					PP,E,D,C			D,O,V
Nutritional Screens					PP,E,D,C			D,O,V
Social Screens/Victims of Abuse					PP,E,D,C			D,O,V
Skin Assessment					PP,E,D,C			D,O,V
Pain Scale					PP,E,D,C			D,O,V
Resources- Diabetes Educator, Skin/Ostomy Specialist, Transplant Coordinator, Polytrauma Nurse Suicide Prevention Coordinator, LRC					PP,E,D,C			D,O,V
Schedule Mandatory Education within 12 months of entry to PACT Role - <u>document scheduled dates</u> : Scheduling / Appointment Management _____, Motivational Interviewing _____, TEACH _____, Prevention and Management of Disruptive Behavior _____.					PP,E,D,C			D,O,V
Team Meetings and Team Process					PP, E, D,C			D,O,V
PDSA/VA Tammacs/LEAN					PP,E,D,C			D,O,V
Post Discharge Phone calls- RN ONLY					PP,E,D,C			D, O, V
Medication Reconciliation					PP,E,D,C			D,O,V
Nursing Protocols (review of protocol RN/LPN , completion of nutrition consult validation tool RN only)					PP,E,D,C, VT			D,O,V
Assisting with pelvic exam					E, D, C, VT			D, O, V

Lexington VA **Orientation** Competency Checklist

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E. MEDICATION ADMINISTRATION, PROTOCOLS								
Medication Use Manual					D,C			D,O,V
Storage/Security					D,C			D,O,V
Expiration dates					D,C			D,O,V
Multi-Dose Vial Policy					D,C			D,O,V
Orals, Injectables, Intravenous (Allergy injection protocol- COBC only)					D,C			D,O,V
Documentation					D,C			D,O,V
Medication Refrigerators					D,C			D,O,V
Shingles Vaccine Freezer					D,C			D,O,V
Medication Rooms (carts)					D,C			D,O,V
Refrigerator Temp Trak					D,C			D,O,V
TB Skin Testing					D,C			D,O,V
Issuance of Home Glucometer					D, C, VT			D,O,V
Home oxygen assessment & Pulse Dose Conserver Testing (CBOC only)					D, C, VT			D,O,V

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: _____ Date _____

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse/LPN Employee Name: _____ Unit: Primary Care

Supervisor: _____ Date _____

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse/LPN

Employee Name: _____

Unit: Medicine Specialty

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency						
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)				
A. GETTING INTO THE SYSTEM												
Attends New Employee Orientation and Patient Care Orientation					E			D O V				
<ul style="list-style-type: none"> Attends appropriate computer training (CPRS, TMS, Swank, Omnicell, ect.) 					E			D O V				
Meets with Manager for Initial meeting/paperwork (Functional statement, unit expectations, locker assignment, keys, key pad accesses, tour)					M							
<ul style="list-style-type: none"> Functional statement, unit expectations 					M			D				
<ul style="list-style-type: none"> Locker assignment, keys, key pad accesses 					M			V				
<ul style="list-style-type: none"> Schedule, assignment of preceptor, orientation expectations 					M			O				
<ul style="list-style-type: none"> Tour 					M			O				
<ul style="list-style-type: none"> Provides copy of BLS card, manager reviews requirements and expectations (ie, NO LAPSE) 					M			O				
Unit communication					E			V				
<ul style="list-style-type: none"> Chain of command for nursing and physicians 					E			V				
<ul style="list-style-type: none"> Telephone, copier, fax, VA and UK pager systems 					E			D,V				
<ul style="list-style-type: none"> On call schedule 					E			D				
<ul style="list-style-type: none"> Unit staffing schedule, requesting time off (types of leave), 					E			D, V				
<ul style="list-style-type: none"> PI board and activities 					E			V				
Clinical Privileges look up for resident and attending physicians					D, E			D				
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals					D, E			D				

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Incident reporting					E, C, D			D
Report of Contact					E, C, D			D
Patient compliant procedure – resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence					E, C, D			V
Verbal/telephone order memorandum and procedures (read back)- RN ONLY					E, C, D			V
Advanced Directives (CPRS face sheet location, VISTA imaging location)					E, C, D			V
B. SAFETY/INFECTION CONTROL								
Patient identification procedures (full name, full social)					P, P, C, D			D, O
Universal Protocol					P, P, C, D, VT			D, V
Code Cart or AED, RRT procedures (code cart location and QA checks)					P, P, E, VT			D, V
Completion of respiratory fit testing					E, D			D, O, V
Review of Emergency Operations Procedures (red book)					D			
MSDS sheet review (locate and search)					E, D			V
Oxygen cut off valve location and procedure					E			V
Temp Trak					C, D			D, V, O
Suicide precautions (1:1 observation within arm length)					C, D			D, V, O
Infection Control (manual location and unit procedures for isolation)- MRSA swabbing procedures, handwashing expectations (No hand gel, SOAP ONLY for CDiff)					E, D			D, V
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					E, D			V

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Reusable Medical Equipment Procedures including non critical cleaning schedule								D,O
Chart Check Unit process					E, D			D, O, V
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					E, C			D, O, V
Ticket to Ride process					E, D			D, O, V
Handoff communication (SBAR report)					E, D			D, O, V
Blood product administration (memorandum and procedures)					PP			D
Incident Reporting (ASSIST) (EPIR)					E, D			D, O, V
C. EQUIPMENT, TUBES, DRAINS								
Blood glucose monitor procedures (includes hypoglycemia protocol expectations)					VT			D
Electronic thermometer, Blood Pressure Machine and pulse oximeter					E,D			D, O
Oxygen tanks					D			D, O
Wall and portable suction					D			D, O
Defibrillator					VT			D
scales					D			D, O
Ceiling/maxi mover lift					E, VT			D, O
Evacuation chair					E, VT			D, O
Stryker stretcher					D			D, O
D. NURSING PROCESS/DOCUMENTATION								
Demonstrates nursing assessment appropriate to patient acuity-RN ONLY					D			D
Intake notes					D			D
Clinical Reminders (learning readiness, med reconciliation, Immunization Flu/ Pneumonia)					D			D

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Plan of Care					D			D
Exit notes					D			D
Patient Education (barriers, resources)					D			D
Consults					D			D
View Alerts					D			D
Surrogates					D			D
Telephone/Policy Orders					D			D, V
Nursing Notes (OPC notes, chart checks)					D			D
Vital Signs & Weights					D			D
EPIR					D			D
Transfer note- RN ONLY					D			D
Post Fall note- RN ONLY					D			D
Injection note					D			D
Outpatient Nurse Control note					D			D
Encounters					D			D
Case Management- RN ONLY					D,C			D,O
Electronic Wait List					D,C			D,O
Consult- test result process					D,C			D,O
Order protocol- (recall if applicable)					D,C			D,O
MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES								
Medication Use Manual					E, D			D

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Medication Administration Policy					PP, E, D			D	
<ul style="list-style-type: none"> Storage/security (oral/injections) double lock 					E, D			D, O	
<ul style="list-style-type: none"> Reordering medications for OPC 					E, D			D, O	

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: _____ Date _____

Supervisor: _____ Date _____