

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

I. ORIENTATION							
Presented at Ambulatory Services Orientation: E-mail; Internet; Kronos							
Presented at Ambulatory Services Orientation: Performance Evaluation Process							
Presented at Ambulatory Services Orientation: Electronic version of Ambulatory Service Manual & Health Administration Manual							
Locates:							
Safety Manual							
Infection Control Manual							
Decentralized Lab Manual							
Lab Procedure Manual							
Drug Sample Log Book							
UMG Practice Manual-binder and electronic version							
Understands vacation/time off request protocol for unit							
Accesses library data bases-ie. Micromedex, PubMed, etc.							
See Unit Specific Page							
II. SAFETY/INFECTION CONTROL							
Presented at Health Center Clinical Orientation							
Locates emergency equipment							
Demonstrates ability to activate codes							
Disposes of needles/sharps/catheters in designated containers per protocol							
Demonstrates appropriate use/disposal of red bag waste							
Maintains clean & organized environment							

Initials/Name: us/Ute Schroeder
Competency Checklist Updated: 9/05, 7/07, 1/08, 4/08

Initials/Name: _____

Initials/Name: _____

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

Acts as a resource for, and promotes culture of safety ;identifies and documents concerns using safety reporting system							
Locates link to Patient Safety Net							
Locates fire extinguishers							
Locates fire alarm pull boxes on unit							
See Unit Specific Page							
III. EQUIPMENT							
Utilizes standard unit specific technology and advance technology as appropriate.							
Operates the following equipment according to protocol:							
Computer							
Expediter Call System							
Telephone/beeper system							
See Unit Specific Page							
IV. DOCUMENTATION/COMMUNICATION							
Presented at Ambulatory Services/UMG Orientation: Phone Etiquette							
Documents data in patient medical record per protocol							
Reviews schedules for patient appointments							
Documents triage interactions							
Documents medications, performance of procedures, patient responses, & instructions							
Completes lab requisitions accurately and correctly							
Completes radiology requisitions accurately and correctly							
Completes consultation forms correctly							
Reviews minutes from staff meetings							

Initials/Name: us/Ute Schroeder
Competency Checklist Updated: 9/05, 7/07, 1/08, 4/08

Initials/Name: _____

Initials/Name: _____

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

Demonstrates ability to use electronic correspondence/forms							
Accesses patient information in LCR and EMR							
Demonstrates ability to order necessary forms per protocol							
Attends CPT/ICD-9 coding class with documentation in patient record							
Completes e-triage messages							
Utilizes secured messaging application							
Documents office visit notes and phone conversations on a daily basis according to established procedures.							
Completes forms in a timely manner, i.e. disability, workers comp., DPH, etc.							
Communicates/reinforces treatment plan to patient, and documents encounter in medical record							
See Unit Specific Page							
V. PERFORMANCE IMPROVEMENT							
Identifies and participates in unit performance improvement activities							
Delegates responsibility to team members based on assessment of competencies							
Shows commitment to learning new knowledge and skills to enhance service to customer/patients and achieve organizational goals							
Evaluates one's own clinical practice through self-reflection and feedback from others.							
Participates in unit based continuous quality improvement projects							

Initials/Name: us/Ute Schroeder
Competency Checklist Updated: 9/05, 7/07, 1/08, 4/08

Initials/Name: _____

Initials/Name: _____

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

Awareness of the APRN peer review committee							
Awareness of unit specific outcome measures							
See Unit Specific Page							
VI. DECENTRALIZED LAB							
See Unit Specific Page							
VII. PROVISION OF CARE							
Assessment of Patient:							
Develops a comprehensive medical history							
Performs thorough examination of patient based on age and history							
Identifies health and medical risk factors							
Orders appropriate evaluation testing necessary for medical evaluation							
Identifies medical needs based on accurate interpretation of clinical and physical examination data							
Develops a list of differential diagnoses based on findings obtained during patient history and physical exam.							
Seeks multidisciplinary input/consultation in the assessment of patient needs							
Recognizes the need for urgent/emergency medical intervention							
Recognizes and adapts to the individual training needs of patients and families							
Planning of Patient Care:							
Develops medical plan of care in consultation with							

Initials/Name: us/Ute Schroeder
Competency Checklist Updated: 9/05, 7/07, 1/08, 4/08

Initials/Name: _____ Initials/Name: _____

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments	
			Competent		Initials			Date
			Yes	No				

attending physician							
Demonstrates knowledge of variations in illness presentation and disease management across culturally diverse patient populations.							
Identifies barriers and enhancers for plan of care.							
Communicates plan of care to patient/family and multidisciplinary team members							
Modifies plan of care as clinical needs/status changes							
Delivery of Patient Care:							
Utilizes approved clinical and system resources as basis for clinical practice							
Communicates changes in clinical status to supervising medical staff							
Orders appropriate labs and diagnostic tests consistent with active clinical problems and diagnostic efforts							
Accurately interprets lab and diagnostic tests consistent with active clinical problems and diagnostic efforts							
Demonstrates proficiency at therapeutic and diagnostic procedures							
Prescribes controlled and non-controlled substances in accordance with Sate of Connecticut Statues of Prescriptive Authority							
Provides appropriate medical stabilization in urgent/emergency situations							
Demonstrates awareness of the impact behavior and communication style have on patient, family and multidisciplinary team members							

Initials/Name: us/Ute Schroeder
Competency Checklist Updated: 9/05, 7/07, 1/08, 4/08

Initials/Name: _____

Initials/Name: _____

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments	
			Competent		Initials			Date
			Yes	No				

Evaluation of Patient Care:							
Evaluates patient's response to therapeutic intervention							
Modifies plan of care according to changes in patient status and/or clinical data							
Facilitates patient participation in health and medical care by providing needed information to make healthcare decisions and choices.							
Communicates changes in clinical status to appropriate supervising medical staff and multidisciplinary team members within an appropriate time frame							
Collaborates with members of interdisciplinary team and community resources to effect continuity of established plan of care							
Supports research activities throughout the management of patient care							
Evaluate, assess, and develop treatment plan for patients seen in the department in collaboration with physicians							
Demonstrates knowledge of ethical and legal standards in collaborative practice.							
Coordinate and monitor follow up care for chronic patients in collaboration with physicians							
Assists physician with procedures as needed							
Utilizes the UMG Case Manager in the planning and implementation of patient's plan of care as appropriate.							
Collaborates with the Diabetes Educator in the planning, delivery, and evaluation of care of diabetic patients as appropriate.							

Initials/Name: us/Ute Schroeder
Competency Checklist Updated: 9/05, 7/07, 1/08, 4/08

Initials/Name: _____

Initials/Name: _____

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

Assist in identifying and contracting patient's appropriate for a Medication Use Agreement.							
Patient education and teaching-use of available patient education tools (Carenotes, approved pamphlets and brochures)							
Interprets current research findings for inclusion into evidence based practice.							
Maintains professionalism in interactions with patients and staff.							
Accesses and utilizes CPOE when treating in-patients							
See Unit Specific Page							
VIII. AGE SPECIFIC							
Age Specific presentation presented at Health Center Clinical Orientation							
Appropriately evaluates patient, family and staff educational needs							
Chooses and applies appropriate educational materials.							
Communicates information to patients and family in language that is clearly understood.							
Provides age specific care based on diverse patient and family population.							
See Unit Specific Page							
IX. CUSTOMER SERVICE							
Presented at Ambulatory Services Orientation: Customer Service Skills							
Committed to determining and exceeding patient/customer needs and promotes area service standards							

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

X. CLERICAL SKILLS							
Presented at Ambulatory Services orientation: Patient flow describing duties of Clerk, COA, PSR, Provider							
Utilizes telephone/beeper system per protocol							
Prepares vouchers according to protocol							
Demonstrates the process of disposing printed materials which contain patient information							
Identifies the number for IT call center (x4400)							
See Unit Specific Page							
XI. FISCAL RESPONSIBILITY							
Complies with unit policies regarding patient charges, supplies/requests, etc.							
Participates in unit activities aimed at evaluation/improving fiscal outcomes of care							
Awareness of the importance of providing cost effective care while maximizing health potential							
Billing voucher completion on a daily basis per protocol							
Utilizes assigned case numbers for patient visits associated with research studies, motor vehicle accidents, and workers compensation.							
ABN validation for Medicare Part A & B patients							
Use of proper CPT and ICD9 codes when submitting requisitions and vouchers.							
Understands and utilizes established medical coding guidelines							
Knowledge of Pharmaceutical Patient Assistance programs							
Knowledge of pre-certification process							

Initials/Name: us/Ute Schroeder
Competency Checklist Updated: 9/05, 7/07, 1/08, 4/08

Initials/Name: _____

Initials/Name: _____

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

Knowledge of documentation criteria for DRG							
See Unit Specific Page							
XII. IDX SCHEDULING & REGISTRATION SYSTEM and Clinical Information Systems							
Presented at Ambulatory Services/UMG Orientation: Access to IDX							
Presented at Ambulatory Services/UMG Orientation: Access to LCR Systems, Caremedic, EMR							
Presented at Clinical Systems Training Part 1: IDX Scheduling System							
Demonstrates ability to locate patient in database							
Demonstrates knowledge of basic selections of ADT, BAR							
Performed mini- registration of new patient							
Performed scheduling & canceling of appointment							
Performed linking of appointment for deaf interpreter							
Presented at Ambulatory Services/UMG Orientation: LCR System							
XIII. EDUCATION							
Presented at Ambulatory Services Orientation: Ability to access HealthStream Education System							
Completes required yearly education courses as noted in HealthStream system:							
Safety							
IC							
CPR							
Code Blue							

Initials/Name: us/Ute Schroeder

Initials/Name: _____

Initials/Name: _____

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

Laboratory							
Age Specific							
Unit Specific							
Corporate Compliance							
HIPAA							
Attends job related in-services throughout the year							
CEUs for certification							
Attends clinic staff meetings as scheduled.							
Initiates membership to the UCHC nurse practitioner forum							
Maintains BCLS certification							
See Unit Specific Page							

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

UNIT SPECIFIC CHECKLIST:							
III. EQUIPMENT							
Prucka recording system							
Siemens fluoroscopy							
Device programmers:							
Medtronic							
St. Jude							
Guidant							
ELA							
Biotronic							
VII. PROVISION OF CARE							
Pre-operative patient visits: H&P, patient teaching, lab test ordering and interpretation							
Post-operative visits:							
Wound checks							
S/P device insertion							
Follow up visits:							
EPS/ablation							
Arrhythmia follow up							
Device interrogations and interpretations:							
Pacemakers							
ICDs							
Remote device monitoring, including enrollment and interpretation via:							
Carelink system							

Initials/Name: us/Ute Schroeder

Initials/Name: _____

Initials/Name: _____

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Nurse Practitioner

Department: Electrophysiology Lab

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent		Initials		
			Yes	No			

Housecall system							
Lattitude system							
Research activities: IRB application submission, study enrollment, data collection							
Performs pre-operative exam for hospitalized patients pending EPS procedures							
Conducts arrhythmia consults for hospitalized patients.							
XII. IDX SCHEDULING & REGISTRATION SYSTEM and Clinical Information Systems							
Access MAK							
XIII. EDUCATION							
Maintains BLS/ACLS certification							