

INITIAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Licensed Practical Nurse

Department: Pediatrics

Employee Name:

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

| I. ORIENTATION   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Presented at Ambulatory Services/UMG Orientation: E-mail; Internet; Kronos   |  |  |  |  |  |  |  |
| Presented at Ambulatory Services/UMG Orientation: Performance Evaluation Process   |  |  |  |  |  |  |  |
| Presented at Ambulatory Services/UMG 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  |  |  |  |  |  |  |  |
| 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 and safe environment  |  |  |  |  |  |  |  |
| Promotes culture of safety; identifies and documents concerns  |  |  |  |  |  |  |  |

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

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|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| using safety reporting.   |  |  |  |  |  |  |  |
| Locates link to Patient Safety Net  |  |  |  |  |  |  |  |
| Participates in routine checking of emergency cart supplies and equipment, and orders replacement supplies as needed. |  |  |  |  |  |  |  |
| Locates fire extinguishers  |  |  |  |  |  |  |  |
| Locates fire alarm pull boxes on unit   |  |  |  |  |  |  |  |
| Utilizes mechanical aids and uses proper body mechanics when transferring, transporting patients                      |  |  |  |  |  |  |  |
| See Unit Specific Page  |  |  |  |  |  |  |  |
| <b>III. EQUIPMENT</b>   |  |  |  |  |  |  |  |
| Utilizes standard unit specific technology and advance technology as appropriate.                                     |  |  |  |  |  |  |  |
| Operates the following equipment according to protocol:   |  |  |  |  |  |  |  |
| Computer  |  |  |  |  |  |  |  |
| Expediter Call System   |  |  |  |  |  |  |  |
| Telephone/beeper system   |  |  |  |  |  |  |  |
| Patient Lift System   |  |  |  |  |  |  |  |
| See Unit Specific Page  |  |  |  |  |  |  |  |
| <b>IV. DOCUMENTATION/COMMUNICATION</b>  |  |  |  |  |  |  |  |
| 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                                   |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Completes lab requisitions accurately and correctly  |  |  |  |  |  |  |  |
| Completes radiology requisitions accurately and correctly  |  |  |  |  |  |  |  |
| Completes consultation forms correctly   |  |  |  |  |  |  |  |
| Reviews minutes from staff meetings  |  |  |  |  |  |  |  |
| Demonstrates ability to use electronic correspondence/forms  |  |  |  |  |  |  |  |
| Accesses patient information in LCR and EMR  |  |  |  |  |  |  |  |
| Provides factual information to patient or patient designee ensuring HIPAA compliance  |  |  |  |  |  |  |  |
| Maintains patient confidentiality and assures disposal of documentation containing patient information appropriately           |  |  |  |  |  |  |  |
| Accesses courier services as necessary   |  |  |  |  |  |  |  |
| Demonstrates ability to order necessary forms per protocol   |  |  |  |  |  |  |  |
| Attend CPT/ICD-9 coding class with documentation in patient record   |  |  |  |  |  |  |  |
| Completes e-triage messages  |  |  |  |  |  |  |  |
| Communicates/reinforces treatment plan to patient, and documents encounter in medical record.                                  |  |  |  |  |  |  |  |
| See Unit Specific Page   |  |  |  |  |  |  |  |
| <b>V. PERFORMANCE IMPROVEMENT</b>  |  |  |  |  |  |  |  |
| Participates in performance improvement activities   |  |  |  |  |  |  |  |
| Delegates responsibility to team members based on assessment of competencies   |  |  |  |  |  |  |  |
| Defines oneself as a member of the multidisciplinary team  |  |  |  |  |  |  |  |
| Shows commitment to learning new knowledge and skills to enhance service to customer/patients and achieve organizational goals |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Participates in unit based continuous quality improvement projects.  |  |  |  |  |  |  |  |
| See Unit Specific Page   |  |  |  |  |  |  |  |
| <b>VI. DECENTRALIZED LAB</b>   |  |  |  |  |  |  |  |
| See Unit Specific Page   |  |  |  |  |  |  |  |
| <b>VII. PROVISION OF CARE</b>  |  |  |  |  |  |  |  |
| Performs routine procedures, i.e. vital signs in accordance with protocol and reports deviations to provider or RN                       |  |  |  |  |  |  |  |
| Performs clinical procedures as delegated and in accordance with UCHC standards and scope of practice                                    |  |  |  |  |  |  |  |
| Assists doctors, mid-level practitioners and RNs in general care and treatment of patients following patient's plan of care per protocol |  |  |  |  |  |  |  |
| Reports on patient condition and behavior  |  |  |  |  |  |  |  |
| Explains procedure(s) to patient, putting them at ease   |  |  |  |  |  |  |  |
| Maintains patient privacy, comfort and dignity   |  |  |  |  |  |  |  |
| Reinforces appropriate patient education   |  |  |  |  |  |  |  |
| Maintains patient confidentiality and disposes of documentation containing patient information appropriately                             |  |  |  |  |  |  |  |
| Completes appropriate documentation in accordance with UCHC standards  |  |  |  |  |  |  |  |
| May perform emergency first aid  |  |  |  |  |  |  |  |
| Prepares rooms and work areas including stocking of rooms and carts with appropriate equipment and materials                             |  |  |  |  |  |  |  |
| Schedules and prioritizes workflow; manages multiple priorities  |  |  |  |  |  |  |  |
| Monitors expiration dates of unit stock medications, medication  |  |  |  |  |  |  |  |

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|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| samples   |  |  |  |  |  |  |  |
| Assists physician with procedures as needed   |  |  |  |  |  |  |  |
| Delegates responsibility to team members based on assessment of competencies  |  |  |  |  |  |  |  |
| 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) |  |  |  |  |  |  |  |
| DPH Reportable Disease Submission and Follow Up   |  |  |  |  |  |  |  |
| Use of pain scale in assessing pain   |  |  |  |  |  |  |  |
| Participates in the training of medical assistant student externs   |  |  |  |  |  |  |  |
| See Unit Specific Page  |  |  |  |  |  |  |  |
| <b>VIII. AGE SPECIFIC</b>   |  |  |  |  |  |  |  |
| Age Specific presentation presented at Health Center Clinical Orientation   |  |  |  |  |  |  |  |
| Communicates information to patients and family in language that is clearly understood.                               |  |  |  |  |  |  |  |
| Seeks and distributes appropriate education materials.  |  |  |  |  |  |  |  |
| See Unit Specific Page  |  |  |  |  |  |  |  |
| <b>IX. CUSTOMER SERVICE</b>   |  |  |  |  |  |  |  |
| Presented at Ambulatory Services/UMG Orientation: Customer Service Skills   |  |  |  |  |  |  |  |
| Committed to determining and exceeding patient/customer needs and promotes area service standards                     |  |  |  |  |  |  |  |
| Takes responsibility for job by reporting to work on time and   |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|
| considering the needs of the unit when requesting time off  |  |  |  |  |  |  |  |
| Recognizes how actions will affect others and uses problem solving skills and creativity to address identified opportunities          |  |  |  |  |  |  |  |
| <b>X. CLERICAL SKILLS</b>   |  |  |  |  |  |  |  |
| Presented at Ambulatory Services/UMG 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  |  |  |  |  |  |  |  |
| <b>XI. FISCAL RESPONSIBILITY</b>  |  |  |  |  |  |  |  |
| Complies with policies regarding patient charges, supplies, etc.  |  |  |  |  |  |  |  |
| Participates in activities aimed at evaluating and improving fiscal outcomes of care  |  |  |  |  |  |  |  |
| Billing voucher completion following nursing encounter  |  |  |  |  |  |  |  |
| Utilizes assigned case numbers for patient visits associated with research studies, motor vehicle accidents and workers compensation. |  |  |  |  |  |  |  |
| Completes ABN validation for Medicare Part A&B patients   |  |  |  |  |  |  |  |
| Use of proper CPT and ICD9 codes when submitting requisitions and vouchers.   |  |  |  |  |  |  |  |
| See Unit Specific Page  |  |  |  |  |  |  |  |
| <b>XII. IDX SCHEDULING &amp; REGISTRATION SYSTEM AND CLINICAL INFORMATION</b>   |  |  |  |  |  |  |  |

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| SYSTEMS   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Presented at Ambulatory Services/UMG Orientation: Access to IDX                                   |  |  |  |  |  |  |  |
| Presented at Ambulatory Services/UMG Orientation: Access to LCR Systems, Caremedic, EMR, e-triage |  |  |  |  |  |  |  |
| 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                                      |  |  |  |  |  |  |  |
| See Unit Specific Page  |  |  |  |  |  |  |  |
| XIII. EDUCATION   |  |  |  |  |  |  |  |
| Presented at Ambulatory Services/UMG Orientation: Ability to access HealthStream Education System |  |  |  |  |  |  |  |
| Completes required yearly education courses as noted in HealthStream system                       |  |  |  |  |  |  |  |
| Safety  |  |  |  |  |  |  |  |
| IC  |  |  |  |  |  |  |  |
| CPR   |  |  |  |  |  |  |  |
| Code Blue   |  |  |  |  |  |  |  |
| Laboratory  |  |  |  |  |  |  |  |
| Age Specific  |  |  |  |  |  |  |  |

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|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Unit Specific                                       |  |  |  |  |  |  |  |
| Corporate Compliance                                |  |  |  |  |  |  |  |
| HIPAA   |  |  |  |  |  |  |  |
| Attends job related in-services throughout the year |  |  |  |  |  |  |  |
| CEUs for certification                              |  |  |  |  |  |  |  |
| See Unit Specific Page                              |  |  |  |  |  |  |  |

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| UNIT SPECIFIC CHECKLIST:  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <b>III. EQUIPMENT</b>   |  |  |  |  |  |  |  |
| Pulse oximeter  |  |  |  |  |  |  |  |
| Thermometer: digital, tympanic  |  |  |  |  |  |  |  |
| Nebulizer   |  |  |  |  |  |  |  |
| EKG machine   |  |  |  |  |  |  |  |
| Clinitek 50 Urine Analyzer  |  |  |  |  |  |  |  |
| Suction machine   |  |  |  |  |  |  |  |
| Audiometer  |  |  |  |  |  |  |  |
| Tympanogram   |  |  |  |  |  |  |  |
| <b>VI. DECENTRALIZED LAB</b>  |  |  |  |  |  |  |  |
| Urine dipstick testing  |  |  |  |  |  |  |  |
| Rapid strep test  |  |  |  |  |  |  |  |
| Urine pregnancy   |  |  |  |  |  |  |  |
| Hemoccult slide processing  |  |  |  |  |  |  |  |
| <b>VII. PROVISION OF CARE</b>   |  |  |  |  |  |  |  |
| Vaccine administration  |  |  |  |  |  |  |  |
| Adheres to state regulations for the ordering, storage and tracking of state provided vaccines. |  |  |  |  |  |  |  |
| Ear lavage  |  |  |  |  |  |  |  |
| Urinary catheterization   |  |  |  |  |  |  |  |
| Application of pediatric urinary collection bag   |  |  |  |  |  |  |  |
| Miscellaneous dressing changes i.e.; DSD, wet to dry, burn dressings                            |  |  |  |  |  |  |  |
| Application of air casts  |  |  |  |  |  |  |  |

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|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Prescription refills per approved UMG policy and procedure                            |  |  |  |  |  |  |  |
| Nebulizer treatments  |  |  |  |  |  |  |  |
| Snellen vision test   |  |  |  |  |  |  |  |
| Ishihara color vision test  |  |  |  |  |  |  |  |
| Audiometry  |  |  |  |  |  |  |  |
| Performs state mandated immunization chart audits and patient follow up               |  |  |  |  |  |  |  |
| Assist with medication monitoring i.e.; ADHD  |  |  |  |  |  |  |  |
| Administers age appropriate screening questionnaires                                  |  |  |  |  |  |  |  |
| Submits prior authorization requests for prescription medications                     |  |  |  |  |  |  |  |
| DCF referral form completion  |  |  |  |  |  |  |  |
| Miscellaneous form completion: i.e.; WIC, School, Athletics, Camp, etc.               |  |  |  |  |  |  |  |
| <b>XII. IDX SCHEDULING &amp; REGISTRATION SYSTEM AND CLINICAL INFORMATION SYSTEMS</b> |  |  |  |  |  |  |  |
| Labcalls  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |