**Licensed Nurse Competency Checklist Transition Care**

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| Evaluator complete Licensed Nurse Competency Checklist-Transition Care | Demonstrates /verbalizes understanding Regarding medication reconciliation |  |  |  |  |  |  |  |
| Verbalizes transition of care occurs at multiple levels and across health states.   * Identifies multiple levels of transition care. |  |  |  |  |  |  |  |
| Demonstrates ability to utilize information from the preadmission assessment:   * Identify areas where additional information is needed * Perform a comprehensive medication reconciliation * Identify resident discharge planning preferences to begin care plan * Collaborates with the IDT on the plan of care |  |  |  |  |  |  |  |
| Educate/teaches medication management re: Medication use   * + Medication schedule   + Administration demonstration and plan for return demonstration   + Side effects   + Ability to acquire medications   + Herbs and OTCs |  |  |  |  |  |  |  |
| Licensed nurse demonstrates documentation responsibilities for Transition are/Discharge Planning:   * Assessment Process * RAI Process * Care Plan Development, Implementation and Revisions * Communication * Education * Etc. |  |  |  |  |  |  |  |
| Develops and uses Transition care/Discharge Planning care plan that is individualized with interventions and goals. |  |  |  |  |  |  |  |
| Verbalizes understanding of Federal Requirements as it related to Other Tags, Care Areas (CA) and Tasks (Task) to Consider:   * Participate in Care Plan F553, * Notification of Change F580, * Professional Standards F658, * Medically Related Social Services F745, * Resident Records F842, * QAA/QAPI (Task), * Orientation for Transfer or Discharge F62 |  |  |  |  |  |  |  |
| Verbalizes understanding of Federal Requirements for discharge planning as it relates to Transition care |  |  |  |  |  |  |  |
| Demonstrates teaching/education in chronic disease management   * Understanding of medical conditions   + Signs and symptoms of trouble * Communication with Providers   + When to call, who to call * Health monitoring   + E.g. blood glucose monitoring * Medical treatments   + E.g. nebulizer |  |  |  |  |  |  |  |
| Demonstrates a comprehensive communication process between facility IDT and other entities |  |  |  |  |  |  |  |
| Collaborates and communicates with other entities and resident representative/caregiver/ therapies regarding care plan changes related to changes in resident |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

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**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***

**References**

Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP-Guidance to Surveyors for Long Term Care Facilities. (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

AMDA Clinical Practice Guideline: Transitions of Care in the Long-Term Care Continuum: [http://www.amda.com](http://www.amda.com/)