**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 DemonstrationO = Performance ObservationW = Written TestV = 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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**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/)