**Management and Supervisor Local Hospital Competency Checklist**

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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** |
| **Infection Preventionist** | Has developed comprehensive COVID-19 prevention and mitigation plan |  |  |  |  |  |  |  |
| Oversees COVID-19 program implementation |  |  |  |  |  |  |  |
| Communicates with local, regional, state and federal officials regarding community COVID spread and risk levels |  |  |  |  |  |  |  |
| Participates with admissions team to determine staff capability  |  |  |  |  |  |  |  |
| Is involved in determining ability to accept recovering COVID admissions |  |  |  |  |  |  |  |
| Participates in monitoring bed availability at referring hospital(s) |  |  |  |  |  |  |  |
| **Director of Nursing and Admissions Coordinator** | Assesses bed use within the facility and potential for admissions |  |  |  |  |  |  |  |
| Communicates with referring hospital regarding hospital bed availability for COVID and non-COVID patients |  |  |  |  |  |  |  |
| **Administrator** | Audits and updates written transfer agreements  |  |  |  |  |  |  |  |
| Participates with designation of the COVID-19 treatment location  |  |  |  |  |  |  |  |
| Communicates with families and significant others regarding facility status  |  |  |  |  |  |  |  |
| Maintains awareness of facility COVID-19 case load and admission and re-admission resident statuses |  |  |  |  |  |  |  |
| Maintains dialog with local, state, and federal officials to ensure knowledge of current guidelines  |  |  |  |  |  |  |  |
| **QAPI**  | Reviews infection control and COVID-19 Prevention and mitigation policies, trends, and monitoring to ensure compliance |  |  |  |  |  |  |  |
| **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 & Medicaid Services 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>

Centers for Medicare & Medicaid Services. Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes. November 2020, Version 13: <https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf>

United States Department of Health & Human Services. HealthData.gov: COVID-19 Reported Patient Impact and Hospital Capacity by State: <https://healthdata.gov/dataset/covid-19-reported-patient-impact-and-hospital-capacity-state>

Centers for Medicare & Medicaid Services. Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes. November 2020, Version 13: <https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf>