

## NURSING SOC COMPETENCY ASSESSMENT

Provider Name: \_\_\_\_\_

Team: \_\_\_\_\_

Date: \_\_\_\_\_

Purpose of co-visit: \_\_\_\_\_ Orientation \_\_\_\_\_ Educational/Remedial \_\_\_\_\_ Probationary

\_\_\_\_\_ Annual Evaluation Other: \_\_\_\_\_

COMPETENCY	MET	Partially Met	NOT MET	N/A	COMMENTS
A. Explains patient's rights, responsibilities, including HIPAA, and consent forms via use of Handbook. (2 points)					
B. Obtains signed consent prior to hands-on care. (3 points)					
C. Explains Advanced Directives (or MOLST) (1 point)					
D. Explains financial responsibility, checks insurance card, Photo ID, verifies Social Security number (2 points)					
E. Explains service access to VNA and complaint process, including State Hotline number. (2 points)					
F. Assures plans for follow-up with medical provider (2 points)					
G. Reviews Medicare criteria for Skilled Care and homebound status (1 point)					
H. Performs thorough home safety evaluation: 1. Kitchen (1 point)					
2. Bathroom (1 point)					
3. Stairs (1 point)					
4. Walkways/Unobstructed paths (1 point)					
5. Emergency access/smoke detectors/escape plan (1 point)					
6. Electricity/Running Water (1 point)					
7. Medications/Supply Storage/Equipment (DME) (1 point)					
8. Bedroom/sleep area (1 point)					
I. Completes comprehensive assessment:					
1. Past Medical/Surgical/Allergies/Immunization History (2 points)					
2. Physical Assessment General Systems (alert, posture, dress) (2 points)					
a. Cardiac Assessment (heart sounds, BP (orthostatic), edema) (2 points)					

b. Respiratory Assessment (breath sounds, sleep apnea, tobacco use) (2 points)					
c. Neurologic Assessment (hand dominance, symmetry of movement, symmetry of strength) (2 points)					
d. Musculoskeletal (fall risk, strength/weakness, assistive device) (2 points)					
e. Genitourinary (incontinence, discharge, prostate disease) (2 points)					
f. Gastrointestinal (last BM, N/V/C/D, appetite, diet) (2 points)					
g. Eyes, Ears, Nose, Throat (glasses, dentures, dentition, hearing, aides to hearing, dysphagia) (2 points)					
h. Pain (location, severity, relief obtained?) (2 points)					
i. Endocrine (hypo/hyperglycemia, BS monitoring, thyroid disease) (2 points)					
j. Psychological (PHQ-2 screen, anxiety, other mental health treatment, substance dependency history or current use) (2 points)					
k. Skin (Braden scale, wound measurement, prevent skin breakdown, signs/symptoms infection) (2 points)					
l. Height and Weight (BMI) (2 points)					
3. Psychosocial/Support System (living environment, caregivers) (2 points)					
4. Barriers to Care (knowledge, financial, safety, lack of support) (2 points)					
5. Medication Reconciliation (done with patient and/or caregiver – assure safe and accurate medication use until next visit) (3 points)					
a. Notify medical provider of Level 1 or 2 medication interactions (1 point)					

6. ADL's/IADL's (direct observation of ADL's, IADL's) (2 points)					
7. Evidence of Abuse/Neglect/Risk (1 point)					
8. Identification of willing Caregiver (2 points)					
9. Hospitalization Risk (1 point)					
J. Identifies priorities appropriate to patient needs/expectations and initiates appropriate plan, i.e., pain, safety, additional services. (3 points)					
K. Confirms the POC with medical provider (list medical provider in SOC note) (2 points)					
a. Assures SOC performed when requested (1 point)					

L. Explains services/goal of independence/visit frequency/discharge plans. (3 points)					
M. Teaches MD alerts and Action Plan (2 points)					
N. Effectively provides health teaching specific to patient (2 points)					
O. Effectively provides hands on care (wound, tube feeding, trach care, etc.) (2 points)					
P. Completes documentation accurately and correctly according to standards of care/OASIS if applicable (3 points)					
Q. Documentation completed and sync'd back timely (2 points)					
R. Notifies team of any safety issue or special requests by patient/caregiver (2 points)					
S. Plot visits on the calendar for all disciplines involved (3 points)					
T. Able to identify and access clinical experts, if applicable (2 points)					
U. Assure patient has VNA contact information and is aware of 24 hour on call VNA nurse (2 points)					
<b>PROFESSIONALISM</b>	<b>MET</b>	<b>Met Part</b>	<b>NOT MET</b>	<b>N/A</b>	<b>COMMENTS</b>
A. Wears name badge and VNA uniform according to VNA dress code. (3 points)					
B. Structures the visit in methodically organized manner. (1 point)					
C. Greets the patient/family in a professional manner. (2 points)					
D. Demonstrates respect and empathy for patient/caregiver through verbal and nonverbal communication (2 points)					
E. Answers patient's/caregiver's questions completely and professionally in a receptive and understanding manner while providing opportunity for feedback. (3 points)					
F. Demonstrates awareness of HIPAA policies and confidentiality (2 points)					
<b>INFECTION CONTROL</b>	<b>MET</b>	<b>Met Part</b>	<b>NOT MET</b>	<b>N/A</b>	<b>COMMENTS</b>
A. Hand washing (before, during and after visit/between gloves changes). (3 points)					
B. Proper bag organization (clean/dirty, supplies current, Personal Protective Equipment). (2 points)					
C. Proper bag technique (surface preparation, clean hands into clean section of bag) (2 points)					
D. Cleaning equipment each visit (reusable equipment such as stethoscope) (2 points)					

E. Hazardous wastes/materials (double bag dressings, sharps in appropriate containers) (2 points)					
F. Teaches safe supply storage: medical and IV. (2 points)					
G. Teaches hand washing and other infection control practices, as appropriate. (2 points)					
H. Trunk Organization - Clean/Dirty (2 points)					
<b>PERSONAL SAFETY</b>	<b>MET</b>	<b>Met Part</b>	<b>NOT MET</b>	<b>N/A</b>	<b>COMMENTS</b>
A. Door locks/contents secured. (1 point)					
B. Assesses personal safety/Escorts appropriate. (1 point)					
C. Accessing car/trunk. (1 point)					
D. Body mechanics (2 points)					

Total possible points \_\_\_\_\_ points

Clinician earned points \_\_\_\_\_ points

Percent met \_\_\_\_\_ %

**Items of Discussion (Provider is expected to discuss and demonstrate knowledge of each area as to policy –If unable to discuss, is to be assigned a time to receive retraining on the item:**

ITEM	Discuss/Knowledgeable	
	Yes	No
Organizational Chart- Chain of Command		
Conflict of Interest Policy		
Confidentiality Statement and HIPAA		
Conveying of Charges		

Areas of Strength:

Plan for Improvement:

Recommendations:

Provider Comments:

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_