

COORDINATOR OF COMMUNITY BASED SERVICES COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Center assigned:
BLS renewal date (every two years)*:	Hospital nursing CBO completed: Yes / No Date:
ACLS renewal date (if applicable):	Specialty certification (if applicable): Expiration date:
Other:	Unit specific competency testing score:

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
1. Tour of (<i>PACE program</i>)	Guided tour by program director and/or site supervisor										3m			
2. Dress code	Policy #										3m			
3. Sign in/out	Policy #										3m			
4. Telephone system/intercom system	Policy #										3m			
5. Location of manuals	Guided tour/preceptor										3m			
6. Department meetings (staff, in-service, management team)	Clinical manual										3m			
7. Beeper paging	Policy #										3m			
8. Standards of practice	ANA Standards and Scope of Gerontological Nursing Practice										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Fire safety procedure*, including check of fire alarm system	Disaster manual, P&P manual										3m			
Disaster plan/evacuation plan*	Disaster manual, P&P manual										3m			
Location of safety manuals*	Unit tour										3m			
MSDS notebook-agents used *	Hazardous materials manual										3m			
Water analysis	Manual										3m			
Hazardous waste precautions	Hazardous materials manual										3m			
Body mechanics*	PT program										3m			
CPR/basic life support	Policy #										3m			
911 system	Preceptor, guided tour										3m			
Use of restraints* ♦ Lap buddy	Policy # PT program										3m			
Fall precautions/participant safety	Nursing P&P										3m			
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions *	Policy #										3m			
Disposal of infectious waste	Policy #										3m			
Isolation protocols	Infection Control Manual										3m			
TB control/fit check	Policy #										3m			
Immunizations (PPD yearly)	Policy #										3m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
D. RESOURCE MANAGEMENT														
Tour of supply room(s)/cabinets	Guided tour										3m			
Ordering supplies ♦ Requisition	P&P manual, section # Supply list										6m			
Scheduling of staff	P&P manual										3m			
Managing center budget	P&P manual										6m			
Human resource management of assigned staff	Policy #										6m			
E. MANAGEMENT OF CENTER INFORMATION														
Maintains the following administrative reports for inspection:	P&P manual, section #										3m			
♦ Statistical log	P&P manual, section #										3m			
♦ Daily menus and substitutions (for 30 days)	P&P manual, section #										3m			
♦ Record of center activities (for one year)	P&P manual, section #										3m			
♦ Current center staff, volunteer and intern education, experience and training records	P&P manual, section #										6m			
Collects or ensures the collection of the following information:														
♦ Incident (occurrence) reporting	Policy #										6m			
♦ Adverse drug reaction reporting and medication errors reporting	Policy #										6m			
Medical record	Medical record manual										6m			
Documents teaching of staff	Policy #										6m			
Participant confidentiality	Policy #										6m			
Death notification	Policy #										6m			
♦ Physician	Policy #										6m			
♦ Coroner	P&P manual, section #										6m			
Oversees transfers of participants into and out of (PACE program)	P&P manual, section #										6m			
Oversees disenrollment process	P&P manual, section #										3m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Performs baseline assessment of participants if needed	Charting tools, policy #										3m			
Physical assessment data	Policy #										3m			
♦ Fall risk assessment	Fall risk assessment tool										3m			
F. RESPIRATORY MANAGEMENT														
Operation of Oxygen equipment, including O2 concentrator*	P&P Manual, section #										3m			
Supplemental O2 Therapies *	P&P Manual, section #										3m			
G. ELIMINATION MANAGEMENT														
Incontinent care	Policy #, skin care resource book										3m			
H. USE OF EQUIPMENT														
Pressure relieving devices	Equipment manuals, situational analysis, unit learning resources										3m			
Glucometer (use and calibration)	"										3m			
Waffle boot	"										3m			
Waffle wheelchair/head cushion	"										3m			
Hoyer/maxi lift											3m			
I. CARE OF PARTICIPANTS														
Venipuncture	Policy #										3m			
Specimen collection	Policy #										3m			
Pressure ulcers	Policy #										3m			
Death and dying (including post-mortem management)	Policy #										6m			
Emergency intervention, including fire and disaster drills	Situational analysis, drill reports, P&P manual, section #										3m			
J. PARTICIPANT SPECIFIC COMPETENCIES														
Age specific	Self-study module										3m			
Latex allergy	Self-study module										3m			
Cultural sensitivity/diversity	Self-study module										3m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
K. GENERAL														
Administrative call	P&P manual, section #										6m			
Reports to management team	P&P manual, section #										6m			
Handling of grievances	P&P manual, section #										6m			
Chairs program-wide committees	P&P manual, section #										6m			
L. QUALITY CONTROL CHECKS														
Chart review	P&P manual										3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)