

**Department of Education**



Princeton HealthCare System

Redefining Care.

Competency Title: **Centricity Orientation Checklist**

Competency Statement: \_\_\_\_\_

|  |                               |
|--|-------------------------------|
| <b>Method of Competency Assessment and Review Key:</b> |                               |
| DO = Direct Observation                                | V = Verbalization             |
| PR = Peer Review                                       | PT = Post test                |
| SLP = Self-Learning Package                            | VT = Video and Test           |
| IST = Inservice and test                               | RD = Return Demonstration     |
| IS = Inservice   | CBT = Computer Based Training |

| Behavioral Objective  | Competent            |     |    |    | Initiate Action Plan on last page if a competency is not met. Identify type of review below. |                |
|---|----------------------|-----|----|----|--|----------------|
|   | Method of Assessment | Yes | No | NA | Date Reassessed  | Type of Review |
| Able to toggle between Centricity & QCPR  |                      |     |    |    |  |                |
| Different in computer types: GE Workstation vs Thin client  |                      |     |    |    |  |                |
| Transfer in QCPR for all patient moves except to the OR & back  |                      |     |    |    |  |                |
| Log on/Log off – Changes password   |                      |     |    |    |  |                |
| Select a patient by Unit/Name/MR#   |                      |     |    |    |  |                |
| Creates a patient when not pre-registered   |                      |     |    |    |  |                |
| Selects the correct 'View' by menu bar button or Security drop-down   |                      |     |    |    |  |                |
| <b>Admissions:</b>  |                      |     |    |    |  |                |
| Current Adm Date/Time & all Current Adm screens   |                      |     |    |    |  |                |
| Admission Assessment  |                      |     |    |    |  |                |
| Medication List (for Neo & Anes to see)   |                      |     |    |    |  |                |
| Outpatient visit needs acuity level assigned  |                      |     |    |    |  |                |
| History, Med/Surg, Infectious, Family Hx and Anes screens on all inpatients – optional if you have time for outpatients |                      |     |    |    |  |                |
| Initiate Care Plans   |                      |     |    |    |  |                |
| Remember 'Go Home' if lost  |                      |     |    |    |  |                |
| <b>Form documentation:</b>  |                      |     |    |    |  |                |
| Normal form – information can be added at any time  |                      |     |    |    |  |                |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Date/Time form – Always return to the time you started with when you go back in to add information- (Current Admission or OR record) |  |  |  |  |  |  |
| Check for additional buttons associated with a form  |  |  |  |  |  |  |
| Chart documentation: Assessments & Flowsheets – Pick up the Pencil!  |  |  |  |  |  |  |
| ‘Normal Value’ charting  |  |  |  |  |  |  |
| Changing a column time   |  |  |  |  |  |  |
| Copying a column   |  |  |  |  |  |  |
| Correcting out a column  |  |  |  |  |  |  |
| Adding an annotation to a field  |  |  |  |  |  |  |
| Set up I&O   |  |  |  |  |  |  |
| Surveillance/Strip charting:   |  |  |  |  |  |  |
| Access active strip  |  |  |  |  |  |  |
| Access stored strip  |  |  |  |  |  |  |
| Use of Split strip   |  |  |  |  |  |  |
| Use of Split Strip Stored  |  |  |  |  |  |  |
| Acknowledging alarms   |  |  |  |  |  |  |
| All FHR tracing documentation flows to the Flowsheet chart except the ROM date/time  |  |  |  |  |  |  |
| Specialty documentation  |  |  |  |  |  |  |
| Hemorrhage Risk Assessment – Adm, Ongoing, Recovery  |  |  |  |  |  |  |
| PreOp Checklist  |  |  |  |  |  |  |
| IntraOp Record   |  |  |  |  |  |  |
| WBN/NICU Fenton size calculations  |  |  |  |  |  |  |
| Neonatal Abstinence Scoring  |  |  |  |  |  |  |
| Mother.Baby/NICU Hand-Off screen   |  |  |  |  |  |  |
| RTS screen   |  |  |  |  |  |  |
| SBAR –Provider calls   |  |  |  |  |  |  |
| M/B Shift worksheets   |  |  |  |  |  |  |
| Outpatient Log book  |  |  |  |  |  |  |
| Maternal Transfer Log  |  |  |  |  |  |  |
| How to access Provider screens:<br>OB<br>Peds<br>Neonatology   |  |  |  |  |  |  |
| Discharge Instructions:<br>LD Outpatient<br>PP Breastfeeding vs Formula<br>NICU<br>Perinatal Loss                                    |  |  |  |  |  |  |

If "NO" is checked in any category above, please document an action plan for the orientee to meet competence in the table below.

Action Plan

|                                   |  |
|-----------------------------------|--|
| Competency requiring review:      |  |
| Plan for education of competency: |  |
| Target date for review:           |  |
| Date competency met:              |  |

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

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

Resources: