



Hospitalization at Home Program Competency Checklist Nursing Workflow

Telehealth Visit Field Visit

Name: _____

Employee ID#: _____

Date: _____

Procedure	Met	Not Met
1. Confirms with team patient visit time, priority, & type (i.e. RN only or RN/Provider telehealth visit at 8:15am)		
2. Contacts patient to confirm visit time and instructs patient/caregiver: to take out all meds for med rec (i.e. oral/injectables/inhalers/creams), pill box, nebulizer, glucometer & to remove IV meds from refrigerator*		
3. Utilizes interpreter services for limited English proficiency patients*		
4. Reviews RN orders and patient progress notes in EMR.		
5. Confirms unclear RN orders with provider, requests updated orders prn and reports estimated visit time and/or delays in a timely manner		
6. Ensures nursing bag with adequate HAH supplies: Lab/PIV start kits and/or PPE/disposable stethoscopes†		
7. Explains HAH role and visit purpose. Adheres to infection control procedures: hand hygiene and/or PPE/disinfects equipment		
8. Obtains chief complaint and history/review of systems based on patient's diagnoses		
9. Assessed medication adherence: patient taking meds from HAH pill box qvisit and reason for missed meds		
10. Performs comprehensive physical examination based on patient's diagnoses and orders.		
11. Obtains accurate vital signs manually as per orders (i.e T, orthostatic BP, HR, RR (at rest) & SpO2 with and without O2, at rest and with ambulation)		
11a. Assessed orthostatic BP accurately: BP & HR sitting at rest for 5 minutes, repeats BP & HR standing after 1 minute and after 3 minutes*		
11b. Assessed SpO2 at rest (room air); with activity (room air); at rest (on oxygen); with activity (on oxygen)*		
12. Screens for SEPSIS: Rigors? Suspected infection? Altered Mental Status? $\geq 100.4F$ or $\leq 96.4F$? SBP < 90 or SBP decrease >40 points from last BP? HR > 90? RR > 20? O2 sat < 90% or increased O2 requirements?		
13. Assessed patient/home safety including psychosocial, rehab and/or DME needs		
14. If unstable/septic/unsafe patient: STOP, calls 911 (emergent only) and contacts provider immediately (emergent and urgent)*		
15. Obtains specimen collection accurately: Blood cx \rightarrow blue \rightarrow gold \rightarrow green \rightarrow lavender. Labels specimen. Arranges courier lab pick-up. If unsuccessful attempt X 2, notifies team to deploy other clinician and notifies HAH provider. Properly stores specimens (refrigerate vs room temp on clean surface) and teaches patient/caregiver to hand deliver labs to courier upon arrival to the home*		
16. Assessed/flushed peripheral line qvisit. If PIV >72hrs or not patent/infiltrated: replaces PIV or if unsuccessful attempt X 2, notifies team to deploy other clinician and notifies HAH provider		
17. Assessed HAH equipment/supplies: telehealth kit, digital stethoscope, IV/POmed/RN supplies, and properly stores medication (refrigerate vs. room temp). Ensures adequate supplies (meds, syringes-for drawing up med, sharps container, PIV start kits, flushes, gloves, alcohol swabs, protector caps)- reports low/missing supplies to HAH team immediately		
18. Performs comprehensive med rec (SOC/DC visit/med changes): compares home meds to med list, (oral, injectable, IV), ensures all meds/adequate supply in home and reports missing meds to HAH team		
19. Provides sign-out to provider while in the home: pertinent findings, med rec discrepancies, confirms meds to prepour, hold and/or administer. Reports med prepour refusal/issues and offers RN recommendations.		
20. Confirms patient's allergies prior to medication administration*		
21. Reviews RN orders prior to med administration: 5 Rights- patient, medication, dose, route & date/time*		
22. Implements RN interventions per orders. Administers IV meds AFTER discussing findings w/ provider		



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23. Disposes sharps in sharps container and unused fluids/medications per agency policy		
24. Demonstrates skills-based knowledge per agency policy: <ul style="list-style-type: none"> • Medication Management (i.e Med rec, med prepour, injectables) • Phlebotomy • Infusion Therapy: • Gravity • Ambulatory Pump • PIV Management • PICC Management • MIDLINE Management • Oxygen Management • Blood Glucose monitoring • Incentive Spirometry • Peak Flow Meter Monitoring • Inhalation Therapy Management • Indwelling Catheter Management • Wound Care Management • Other: _____ 		
25. Pre-pours medication after medication reconciliation with provider (SOC/DC visit/med changes):*		
26. During telehealth visits, coordinates visits with HAH team and demonstrates proper use of telehealth equipment and digital stethoscope*		
27. Provides patient teaching via teach-back and return-demonstration(SOC/DC visit): Reviews HAH folder: Action plan, My daily chart, magnet on fridge, updated med list; treatments and telehealth monitoring*; and/or D/C paperwork*		
28. DNR/DNI patients: ensures completed pink MOLST Form posted on refrigerator door*		
29. Telehealth Kit – ensures plugged to power outlet and informs patient tablet must remain charging 24/7		
30. Accurate documentation completed in timely manner per agency policy		
31. Prioritizes nursing assessments and interventions appropriately		

*If applicable

† Patients on contact precautions (i.e COVID-positive, C-diff, Herpes Zoster, MRSA, MSSA, ESBL, Bedbugs, etc)

Comments:

Nurse Signature: _____

Date: ___/___/___

Validated by: _____

Date: ___/___/___