

Associate	Department					
Job Title <u>Telemetry Tech</u>	Evaluation Peri	od				
<b>Instructions:</b> Record each activity to be evaluate performance expectations for the skill/competent correction, a repeat evaluation, and a competence column.	cy. A rating of "Does Not	t Meet"	requires d	ocume	ntation of	f an action plan for
SKILL/PROCEDURE/EQUIPMENT	DATE OBSERVED/ REVIEWED BY** (Initials)	DNM R = TC	M = M EXPECTA A = DOES EXPECTA = REVIEV FIND RH = NOT A	ATION NOT ATION VED, A ESOUH	MEET NS ABLE RCES	COMMENTS/ACTION PLAN
I. COMMUNICATES PERTINENT INFORM	MATION TO THE HEAD	LTH C	ARE TEA	<u>M:</u>		
A. Interacts with patients, visitors, physicians/ co-workers, Nurse Managers and interdiscij team in professional manner utilizing AIDE communication model.	olinary	М	DNM	R	N/A	
B. Performs timely and accurate documentatio	n.	М	DNM	R	N/A	
C. Utilizes military time		М	DNM	R	N/A	
D. Reports to next shift, including Telemetry L	og	М	DNM	R	N/A	
E. Utilizes assignment sheets		М	DNM	R	N/A	
F. Demonstrates understanding of Buddy Syst	em	М	DNM	R	N/A	
II. DEMONSTRATES PROFESSIONAL RE	ESPONSIBILITY UTILI	ZING	VISION &	x VAL	UES BY	OBSERVING:
A. Chain of command		М	DNM	R	N/A	
<ul> <li>B. Confidentiality</li> <li>1. Disclosure of protected health information (PHI)</li> </ul>		М	DNM	R	N/A	
<ol> <li>Disposal of PHI</li> <li>Limited EPIC access to business based r</li> </ol>	easons	M M	DNM DNM	R R	N/A N/A	
C. Dress Code		М	DNM	R	N/A	
D. Employee Handbook Rules and Regulation	S	М	DNM	R	N/A	
E. Staffing Guidelines		М	DNM	R	N/A	



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F. Safety Representative		М	DNM	R	N/A	
G. Care team delivery system		М	DNM	R	N/A	
H. Patient Rights		М	DNM	R	N/A	
<ul> <li>I. Population specific needs: <ol> <li>Pediatric</li> <li>Adolescent</li> <li>Adult</li> <li>Older Adult</li> </ol> </li> <li>5. Special need individuals (vision, speech, hearing, physical and mental impairments; non English speaking)</li> </ul>		M M M M	DNM DNM DNM DNM DNM	R R R R	N/A N/A N/A N/A	
<ul> <li>J. Completes Population Served Competency Checklist (located in pathways)</li> <li>K. Completes EKG training: <ol> <li>Classroom training</li> <li>Passes EKG test</li> <li>Completes training CD for Monitoring System (Phillips)</li> <li>Locates &amp; utilizes Telemetry Manual (Phillips)</li> </ol> </li> </ul>		M M M M	DNM DNM DNM DNM DNM	R R R R R	N/A N/A N/A N/A	
L. Demonstrates Effective Time Management		М	DNM	R	N/A	
M. Knows and follows Job Description		М	DNM	R	N/A	
<ul> <li>N. Recognizes responsibilities/roles of:</li> <li>1. Team leader</li> <li>2. Charge nurse</li> <li>3. RN</li> <li>4. LPN</li> <li>5. Clerical coordinator</li> <li>6. Social worker</li> <li>7. Case manager</li> <li>8. Utilization review nurse</li> </ul>		M M M M M M M	DNM DNM DNM DNM DNM DNM DNM	R R R R R R R	N/A N/A N/A N/A N/A N/A	
<ul> <li>O. P.I. studies</li> <li>1. Identifies unit based and organization-wide studies.</li> </ul>		М	DNM	R	N/A	
<ul> <li>P. HCAHPS</li> <li>1. Identifies unit specific and system wide efforts related to customer satisfaction.</li> </ul>		М	DNM	R	N/A	



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<ul> <li>Q. Core Measures (performs appropriate tasks/documentation to meet core measures as appropriate for tele role and pt):</li> <li>1. Perinatal</li> <li>2. Acute MI</li> <li>3. SCIP</li> <li>4. Influenza</li> <li>5. VTE</li> <li>6. Stroke</li> <li>7. ED Throughput</li> <li>8. Tobacco/Screening/Counseling/Treatment</li> </ul>		M M M M M M M	DNM DNM DNM DNM DNM DNM DNM DNM	R R R R R R R R	N/A N/A N/A N/A N/A N/A N/A	
III. LOCATES AND UTILIZES:						
A. Policy (Compliance 360)		М	DNM	R	N/A	
<ul> <li>B. Intranet Access for: <ol> <li>ICARE</li> <li>Netlearning</li> <li>Pathways</li> <li>Self Serve</li> <li>Kronos</li> <li>Success Factors</li> <li>Midas RDE</li> <li>Corporate Compliance</li> <li>Employee Injury Report</li> <li>OPIM Exposure Incident Report</li> <li>OPIM Exposure Incident Report</li> <li>Biomed/Clinical Engineering Work Request Application</li> <li>IS Support Request</li> <li>Other</li> </ol> </li> </ul>		M M M M M M M M M M M	DNM DNM DNM DNM DNM DNM DNM DNM DNM	R R R R R R R R R R R R	N/A N/A N/A N/A N/A N/A N/A N/A N/A	
C. Time Clock Processes & exception forms/binder		М	DNM	R	N/A	
D. Staff Meetings		М	DNM	R	N/A	
E. Unit Specific Reference Materials		М	DNM	R	N/A	
<ul> <li>F. Outlook: <ol> <li>Checks email frequently</li> <li>Demonstrates ability to change password</li> </ol> </li> <li>G. Pneumatic Tube System <ol> <li>Sends tubes</li> <li>Receives tubes</li> </ol> </li> </ul>		M M M M	DNM DNM DNM DNM	R R R R	N/A N/A N/A	
H. Imprivata		М	DNM	R	N/A	



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TION, CLEAN	ING &	TROUB	LESHO	DOTING	<u>S EQUIPMENT:</u>
	M M	DNM DNM	R R	N/A N/A	
	M M M M	DNM DNM DNM DNM	R R R R	N/A N/A N/A N/A	
	М	DNM	R	N/A	
	M M	DNM DNM	R R	N/A N/A	
	M M M	DNM DNM DNM	R R R	N/A N/A N/A	
	M M M M M	DNM DNM DNM DNM DNM	R R R R R	N/A N/A N/A N/A N/A	
	M M M M	DNM DNM DNM DNM	R R R R	N/A N/A N/A N/A	
	BY** (Initials)	BY** (Initials) TION, CLEANING & MM M M M M M M M M M M M M M M M M M	BY** (Initials)       R = REVIEW TO FIND RENNA = NOT ATALANA         ATION. CLEANING & TROUBLE         M       DNM         M       DNM	BY** (Initials)       R = REVIEWED, A TO FIND RESOUR N/A = NOT APPLIC         TION, CLEANING & TROUBLESHO         M       DNM       R         M       DNM       R <td>BY** (Initials)       R = REVIEWED, ABLE TO FIND RESOURCES N/A = NOT APPLICABLE         TION, CLEANING &amp; TROUBLESHOOTING         M       DNM       R       N/A         M</td>	BY** (Initials)       R = REVIEWED, ABLE TO FIND RESOURCES N/A = NOT APPLICABLE         TION, CLEANING & TROUBLESHOOTING         M       DNM       R       N/A         M



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V. OBSERVES SAFETY BY COMPLYING WITH P	OLICY/PROCEI	DURE	& RELAT	TED II	NTERVI	ENTIONS FOR:
A. Smoking Regulations		М	DNM	R	N/A	
B. Two patient identifiers – verifies both when performing tasks		М	DNM	R	N/A	
<ul><li>C. Critical Alert Lab Results – notifies nurse</li><li>1. Call nurse to take results</li></ul>		М	DNM	R	N/A	
VI. OBSERVES INFECTION CONTROL PRACTICE	<u>ES</u>					
<ul> <li>A. Hand Hygiene (must demonstrate skills): <ol> <li>When hands are visibly dirty</li> <li>Before eating &amp; after using a restroom</li> <li>Before direct contact with a patient</li> <li>After contact with a patient's intact skin</li> <li>Before donning sterile gloves</li> <li>After removing gloves or other PPE</li> <li>After contact with body fluids or secretions, mucous membranes, non-intact skin and wound dressings</li> <li>When moving from a contaminated body site to a clean body site during patient care</li> <li>After contact with inanimate objects in the immediate vicinity of the patient (e.g. items likely to be touched by the patient)</li> </ol> </li> <li>B. Obtaining supplies (blankets, ice, beverage, etc.) for patients as needed, verifying with nurse or chart any specific restrictions.</li> </ul>		M M M M M M M	DNM DNM DNM DNM DNM DNM DNM DNM	R R R R R R R R	N/A N/A N/A N/A N/A N/A N/A	
<ul> <li>C. Sets up room on patient arrival (as appropriate)</li> <li>1. Zero-out bed scale</li> <li>2. Greet patient &amp; introduce self</li> <li>3. Deliver fresh water pitcher/drinking cup (if appropriate for patient)</li> <li>4. Turn TV to Care Channel</li> <li>D. Standard Precautions</li> </ul>		M M M M	DNM DNM DNM DNM DNM	R R R R R	N/A N/A N/A N/A	
E. Contact Precautions (aware of precautions)		М	DNM	R	N/A	
F. Droplet Precautions (aware of precautions)		М	DNM	R	N/A	
G. Airborne Precautions (aware of precautions)		М	DNM	R	N/A	



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H. Cleaning/Disinfection of Equipment as needed		M DNM R N/A

\*Skills specific to licensure are to be reviewed by someone of like discipline.

Initials	Signature	Title

Initials	Signature	Title

Date:	Associate Signature:
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Date:\_\_\_\_\_Manager Signature:\_\_\_\_\_