Johns Hopkins Hospital
Introductory Competency Assessment Tool
Revised 5-2017

Employee Name:	Job Title: Clinical Customer Service Representative (CCSR)	Department/Unit
Manager Name:	Phase: ONE	Review Period (Dates Covered): From: To:

This form includes required education and competencies you must complete prior to the end of the covered review period. For the required education portion, **the employee** will record the date that required education is completed. For the required competencies section, **the preceptor** will document the date and verification method of completed required competencies, mid-term & final evaluation. The completed form will be returned to your manager or designee at the end of orientation/covered review period.

Required Education:

Hospital Required myLearning (Self-assessment)	Completion Date	Unit/Department myLearning Courses (Self-assessment)	Completion date
Bloodborne Pathogens			
Compliance Basics			
Electronic Information Security & Data Management Training			
Fire Safety and Hazard Communication			
Patient Privacy for Workforce Members			
Preparing for an Active Shooter			
Prevention of Discrimination and Harassment			
Hospital Orientation Classes			
NEO Day 1 (8 hours)			
NEO Day 2 (4 hours)			
Service Excellence Day 1 (8 hours)			
Service Excellence Day 2 (8 hours)			
EPIC Unit Clerk (4 hours)			
Medical Records (1 hour)			
Managing Grief & Bereavement (2 hours)			

Johns Hopkins Hospital
Introductory Competency Assessment Tool
Revised 5-2017

Employee Name: _____

Required Competencies

> VERIFICATION METHODS: DO = Direct Observation of Daily Work; RD = Return Demonstration; CS = Case Studies; MS = Mock Scenario; E = Exemplar;
>
> T = Tests; P = Presentations; QI = Quality Improvement Monitors/Audits; PR = Peer Review; SA = Self-Assessment; DG = Discussion Group

	COMPETENCY	VERIFICATION METHOD	VALIDATOR INITIALS/DATE
Practice	**Demonstrates patient movement effectively (Admissions).** Complete the following: 1) Notifies charge nurse & nursing personnel of patient admission. 2) Promptly admits patient to the correct bed in EPIC. 3) Obtains admissions paperwork from Forms on Demand and accurately assembles patient's chart. 4) Prints patient armband from EPIC and places name/ labels on patient's door (i.e. name alert, isolation signs, and fall risk). 5) Documents appropriate patient information in admissions and/or accountability book, as applicable. **Demonstrates patient movement effectively (Outgoing transfers).** Complete the following: 6) Input patient transport request in EPIC, if applicable. 7) Prepares medical record for transfer of patient. 8) Follows correct patient movement workflow in EPIC. 9) Update staff assignment in Nurse Call System, if applicable 10) Accurately documents patient's information in admissions and/or accountability book, as applicable. **Demonstrates patient movement effectively (Discharges).** Complete the following: 11) Dissembles medical record paperwork in physical chart, securing the medical record paperwork in specified location.	P1 ❑ DO P2 ❑ DO P3 ❑ DO P4 ❑ DO P5 ❑ DO P6 ❑ DO P7 ❑ DO P8 ❑ DO P9 ❑ DO P10 ❑ DO P11 ❑ DO	

12) Accurately documents patient information in admissions and/or accountability book, as applicable.	P12 ☐ DO
13) Discharges patient in EPIC, inputting the correct discharge date, time, disposition, and destination.	P13 ☐ DO
14) Prints appropriate discharge paperwork.	P14 ☐ DO
15) Verbalizes the correct workflow for discharge by death.	
	P15 ☐ DO
✦ **Scheduling Patient Testing and Activities.**	
	P16 ☐ DO
Complete the following:	
16) Schedules patient tests/ appointments as ordered, if applicable.	P17 ☐ DO
17) Requests Transport and equipment via EPIC as needed	
18) Provides a printout of the "Trip Ticket" for transport and facility transfer if applicable.	P18 ☐ DO
✦ **Administers and documents IMM (Important Message from Medicare Notice) to patient while still admitted.**	P19 ☐ DO
Complete the following:	
19) Sets up missing discharge IMM work queue.	P20 ☐ DO
20) Updates expected discharge date within EPIC.	
21) Completes discharge IMM paperwork and documents within work queue.	P21 ☐ DO
22) Runs daily report of missing Discharge IMM for received and signed document.	
✦ **Follows proper policies and procedures in order to carry out unit operations.**	P21 ☐ DO
Complete the following:	P22 ☐ DO
23) Demonstrates the ability to appropriately direct and triage phone calls and requests to meet customer needs.	P23 ☐ DO
24) Assesses unit supply inventory and cost effectively orders supplies appropriately.	
25) Proactively assesses unit equipment and places repair order to the facility department when needed.	P24 ☐ DO
26) Discusses/demonstrates responsibilities and procedures for Downtime	
✦ **Demonstrates competence in applying principles of time management and effective organization in day to day unit operations, including completion of assigned workload by end of shift.**	P25 ☐ DO
	P26 ☐ DO
27) Routinely demonstrates timely completion of all admission, transfer, and discharge workflows.	
	P27 ☐ DO

Johns Hopkins Hospital
Introductory Competency Assessment Tool
Revised 5-2017

Employee Name: _____

VERIFICATION METHODS: DO = Direct Observation of Daily Work; RD = Return Demonstration; CS = Case Studies; MS = Mock Scenario; E = Exemplar; T = Tests; P = Presentations; QI = Quality Improvement Monitors/Audits; PR = Peer Review; SA = Self-Assessment; DG = Discussion Group

	COMPETENCY	VERIFICATION METHOD	VALIDATOR INITIALS/DATE
Communication	**Demonstrates tolerance and respect for others using courteous and caring behaviors.** Complete the following: 1) Answers the telephone and patient call system (per Service Excellence Standards) in a timely manner, properly triaging calls. 2) Appropriately uses the chain of command to meet patient care and unit needs. 3) Effectively uses all systems related to patient and staff communication (e.g. CORUS, pagers, ASCOM, nurse call, Outlook). 4) Clearly and accurately explains issues, policies, procedures, and any other pertinent information to patients, staff, and visitors.	C1 ❏ DO ❏ E ❏ MS C2 ❏ DO ❏ MS C3 ❏ DO ❏ E C4 ❏ DO	
Safety/Quality Improvement/EBP	**Follows appropriate infection control practices and supports a safe working environment in compliance with safety guidelines.** Complete the following: 1) Assists Nursing staff with notifying (calling/paging) necessary personnel (ex. STAT pages/calls appropriate team based on situation) 2) Calls for replacement emergency (crash) cart & drug boxes. 3) Verbalizes/demonstrates correct procedures to follow per Hospital policy in emergent situations (i.e. Fire, Bomb threat, Disaster, Suspicious or threatening person or Weather). 4) Demonstrate fiscal responsibility in use of resources (i.e. not overstocking, limiting waste, completing work in a timely manner, etc.). 5) Performs the proper procedures in the event a patient expires.	S1 ❏ DO ❏ SA ❏ E S2 ❏ DO ❏ E S3 ❏ DO S4 ❏ E S5 ❏ DO ❏ E	

Johns Hopkins Hospital
Introductory Competency Assessment Tool
Revised 5-2017

Employee Name: _____

VERIFICATION METHODS: DO = Direct Observation of Daily Work; RD = Return Demonstration; CS = Case Studies; MS = Mock Scenario; E = Exemplar; T = Tests; P = Presentations; QI = Quality Improvement Monitors/Audits; PR = Peer Review; SA = Self-Assessment; DG = Discussion Group

	COMPETENCY	VERIFICATION METHOD	VALIDATOR INITIALS/DATE
Core Values	✛ **Collaborates with the patient, family, and healthcare team to provide service excellence in a healing and caring manner.** Complete the following: 1) Effectively and appropriately communicates with other members of the health care team 2) Provide an example of a way in which you facilitated Service Recovery with a patient and/or family. 3) Act as a patient advocate in a manner that displays confidence, professionalism, & patient centered care. ✛ **Presents positive image of JHH through professional appearance and behaviors.** Complete the following: 4) Consistently arrive for work as scheduled, prepared to provide high quality service. 5) Provides an exemplar to preceptor that demonstrates use of skills that demonstrate commitment to high quality customer care and satisfaction (i.e. Language of Caring skills) for all customers (i.e. patients, families, co-workers, vendors, etc.). 6) Applies Family-Centered Care concepts.	CV 1 ❑ DO ❑ E CV2 ❑ DO ❑ E CV 3 ❑ DO ❑ E CV 4 ❑ DO CV 5 ❑ DO CV 6 ❑ DO	

Employee Name: _____

VERIFICATION METHODS: DO = Direct Observation of Daily Work; RD = Return Demonstration; CS = Case Studies; MS = Mock Scenario; E = Exemplar; T = Tests; P = Presentations; QI = Quality Improvement Monitors/Audits; PR = Peer Review; SA = Self-Assessment; DG = Discussion Group

	COMPETENCY	VERIFICATION METHOD	VALIDATOR INITIALS/DATE
Core Values	♦ **Identifies own learning needs and steps/resources needed for meeting needs.**	CV 7 ❑ DO	
	Complete the following: 7) Identifies 4 resources that are available to you to assist with your job 8) Demonstrate or provide 2 examples of how you successfully integrated information provided by other related disciplines to your plan for providing service excellence.	CV 8 ❑ DO	
		CV 9 ❑ E ❑ DO	
	9) Demonstrate or share 2 experiences during orientation that demonstrated the concepts of "Learning on the Fly".		
	♦ **Adheres to the Service Excellence Standards of Behavior.**	CV 10 ❑ DO ❑ E CS	
	Exhibits the following: 10) Self-management – knows, understands and abides by the policies and procedures of JHH 11) Teamwork – Willing to accept additional responsibility, tries to make other's job easier 12) Ownership & Accountability – Treats customer's property and JHH property with care and respect.	CV 11 ❑ DO ❑ E ❑ CS	
	13) Continuous Performance Improvement – Continually strives to suggest and implement ways to improve personal, departmental, and institutional performance.	CV 12 ❑ DO	
		CV 13 ❑ DO	

Johns Hopkins Hospital
Introductory Competency Assessment Tool
Revised 5-2017

Employee Name: _____

VERIFICATION METHODS: DO = Direct Observation of Daily Work; RD = Return Demonstration; CS = Case Studies; MS = Mock Scenario; E = Exemplar; T = Tests; P = Presentations; QI = Quality Improvement Monitors/Audits; PR = Peer Review; SA = Self-Assessment; DG = Discussion Group

	COMPETENCY	VERIFICATION METHOD	VALIDATOR INITIALS/DATE
Unit Comp	⚜ **Demonstrates adherence to unit specific competencies.** 1)	UC 1 ❑ DO	

CCSR Evaluation

1. **Summary of strengths and areas for continued growth:**

2. **Developmental plans (mutually agreed upon by preceptor, CCSC, and nurse manager):**

3. **Comments by preceptor, CCSC:**

4. **Comments by CCSR:**

Signature of Preceptor: _____   **Date:** _____

Signature of Nurse Manager: _____   **Date:** _____

Signature of CCSC: _____   **Date:** _____