## Competency Checklist

**Date:**

**Employee Name:**

**Preceptor/Evaluator’s Name:**

**Competency:** Discharge of Patient

### INDICATORS OF PERFORMANCE LEVEL SUMMARY

<table>
<thead>
<tr>
<th>How Met</th>
<th>Level of Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Direct Observation/Return Demonstration</td>
</tr>
<tr>
<td>V</td>
<td>Verbalization/Discussion</td>
</tr>
<tr>
<td>T</td>
<td>Test</td>
</tr>
<tr>
<td>NA</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

**Reviewed policy # NUR-804-008**

**Explain Discharge Process to patient /caregiver:**

a. Verifies Physician Orders

b. Ensure completed medication reconciliation.

c. Complete Exit Care discharge teaching instructions follow up information and medication reconciliation.

d. Obtain valuables from safe/medications from pharmacy, if applicable, and return to patient.

e. Ensure safe departure of patient by escorting patient to hospital exit or their mode of transportation.

f. Notify Environmental Services of discharge for terminal cleaning.

g. Return equipment to appropriate areas

h. Complete discharge note in HMS Patient Care notes.

i. Have patient/caregiver sign exit care / instructions and provide copy for reference.

j. Remove Telepack, IV Catheter, Foley Catheter, Control line, PICC line etc. as per MD order.

☐ Employee is competent to perform the above tasks independently and without supervision

☐ Employee’s level of competence is below 2. Reassess competency on: ______________________

**Employee’s Signature**

**Evaluator’s Signature**