

New Hire Name:	Unit: Pos	ition Clinical Administrative Ca	are Partner (CACP)
<u>Instructions</u> : To complete this form, the new hire CACP must indep and dating. The Preceptor(s) and new hire CACP must print and sign	•	• • •	
Note: The unit/department may have a unit specific checklist to co	mplete in addition to this fo	rm.	
Age Group(s)	Served (Check all that app	ly)	
□ Neonates (< 30 Days)	□ Adolescents (>= 13 Years & < 18 Years)	
□ Infants (>= 30 Days & < 1 Year)	□ Adults (>= 18	Years & < 65 Years)	
□ Pediatrics (>=1 Year & < 13 Years)	□ Geriatrics (>=	65 Years)	
QSEN Competency Assessment Criter	ia	Validation of	Competency
Example on how to complete this form:		Preceptor Initials	Date
1. Read the directions above before starting this form		ĴΡ	1/31/20
A. Patient/Family Centered Care		Preceptor Initials	Date
Admit a patient:			
1. Orient patient/family to room, visiting hours, and phone			
2. Give family written admission information			
3. Activate Bedside Tablet		1000	
Transfer a patient:			
1. Make sure patient has all personal belongings			
2. Call patient transport, if required			
3. Discharge the patient in Bedside Tablet			
4. Transfer the patient in CareConnect			
5. Take current monitor with the patient			
6. Bring replacement monitor from receiving unit			
7. Clean monitor/telemetry box with disinfectant wipes and store	on unit		
Discharge a patient:			
1. Make sure patient has all personal belongings			
2. Help set up transportation and discharge location			
3. Call patient transport, if required			
4. Discharge the patient in Bedside Tablet, CareConnect, and mon	itor		



5. Clean monitor/telemetry box with disinfectant wipes and store on unit		
B. Teamwork and Collaboration	Preceptor Initials	Date
Communicate with healthcare team:		
1. Ask RN if you have any questions about patient care		
2. Ask other CACPs for help, as needed		
3. Provide help to other CACPs, as needed		
Communicate with patient and family:		
1. Use CICARE (connect, introduce, communicate, ask, respond, exit) each time you enter/exit		
a patient room		
2. Use CICARE during every patient/family interaction and procedure		
3. Use CICARE at the greeter stations and while doing administrative duties		
4. Update the whiteboard in each patient bed space per unit process		
Use chain of command:		
1. Tell RN of patient issues right away		
2. Tell charge RN if patient needs are not being met by the team		
3. Tell unit leadership (Unit Director, Supervisor) if charge RN cannot resolve issue		
Order and restock supplies:		
1. Order supplies per unit process		
2. Restock supplies per unit process		
C. Evidence-Based Practice	Preceptor Initials	Date
Perform job duties within the CACP scope and job description:		
1. Review UCLA Health Policy/Guideline and Lippincott Procedures, as needed		
2. Complete mandatory education		
3. Perform high touch wipe down on all high touch surfaces in places other than patient bed		
space, under direction of charge RN		
4. Provide oral feeding to stable infants with no feeding issues, > 35 weeks gestation, under		
direction of RN (SM NICU)		
5. Take vital signs on infants under the direction of RN (SM NICU)		
6. Ask RN if you have questions about patient care (SM NICU)		
D. Quality Improvement	Preceptor Initials	Date
N/A	N/A	N/A
E. Safety	Preceptor Initials	Date
Provide assistance in Emergency Response (Code Blue, Code Stroke, Rapid Response):		
1. Press Staff Assist/Code Blue button		



2. Dial #36 on nearest prone 3. Bring Crash cart to bedside 4. Activate Code NICU under direction of charge nurse (SM NICU) Put on and remove Personal Protective Equipment (PPE): 1. Perform hand hygiene (soap and water or alcohol-based hand sanitizer) each time you enter/exit room and before all patient contact (Standard Precautions) 2. For Contact/Spore Precautions (ex: C-Diff), perform hand hygiene with soap and water only (do not use hand sanitizer) 3. Place isolation signs on patient door, as directed by RN (ex: Contact, Contact/Spore, Droplet, Airborne precautions) 4. Use required PPE as shown on the isolation precaution signs 5. Put on PPE in this order: gown, mask/respirator, goggles/face shield, gloves 6. Take off PPE in this order: gloves, goggles/face shield, gloves 7. Informatics Preceptor Initials Date 1. Use correct canister (ex: det canister for blood) 2. Make sure canister is closed completely and latched 3. Include paperwork, as needed 4. Check that system saye "salection accepted" 5. Select destination from list 6. Check that system saye "selection accepted" 7. Send broken canisters to Facilities Use the Pneumatic Tube System to receive items: 1. Check for broken/leaking items 2. Tell charge RN right away wif items are broken/leaking 3. Clean canisters RN right away wif items are broken/leaking 3. Clean canisters for the MR per unit process (RR NICU) 6. Take extra canisters from bin 7. Sender the anister of the process (RR NICU) 6. Take extra canisters transfer out of unit in CareConnect: 1. Update patient transfer out of unit in CareConnect: 1. Update patient transfer to the unit in CareConnect: 1. Update patient transfer to the unit in CareConnect:	2. D'. LU2C		
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Document patient transfer to the unit in CareConnect:	2. Reset Bedside Tablet		
	Document patient transfer to the unit in CareConnect:		



1. Update room number, admission status, accommodation, and level of care	
2. Admit patient at bedside and central monitor	
3. Activate Bedside Tablet	
G. Department of Nursing Required Modules	
Age Specific Care	
Crisis Intervention	
NICU Emergency Evacuation	
Patient Education Bundle for In-Patient Nursing	



ew Hire Name:	Unit:	Po	osition: <u>Clinical Admin</u>	istrative Care Pa	artner (CA
Preceptor Printed Name	Preceptor Signature	Preceptor Initials	Preceptor Employee ID	Preceptor Unit	Date
signing this Initial Competency Validat	ion Checklist, the New Hire CAC	P has demonstrated	the skills required to p	orovide safe pat	ient care
propriate to the age groups served.					
ew Hire Printed Name:		New Hire Signature	:		
ew Hire Employee ID:		Date:			
nit Director/Manager Printed Name:		Unit Director/Mana	nger Signature:		
nit Director/Manager Employee ID:		Date:			
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