

Name: _____

Date Begun: _____

Unit: _____

Completion Date: _____

PowerChart Rehab Services (OT) Orientation Skills Checklist
PC-OR
PC-PF

	Date of Completion:	Date of Completion:
PowerChart Assignment/Skill	<i>Preceptor initial and date each skill area taught.</i>	<i>Preceptor initial and date competency verified.</i>
HealthStream PowerChart Assignments:		
<ul style="list-style-type: none"> • PowerChart Basics Curriculum 		NA
PowerChart Basics-Results, Organizer, Confidentiality		
1. Navigates Clinical Notes/Results Review to view results & reports.		
2. Honors & protects patient confidentiality request & health information privacy.		
3. Uses "refresh" between actions.		
Order Entry		
1. Views orders using standardized approach. Check: <ul style="list-style-type: none"> • Non-categorzed-Obs. Bed status • ADL-activity • Rehab Therapy orders • Post-operative orders, etc. 		
2. Sets filter view for proper view of order display.		
3. Reviews current orders prior to placing new orders.		
4. Adds, modifies, completes, and discontinues orders via single order format.		
5. Order Entry Communication type: <ul style="list-style-type: none"> • Verbal Orders uses POE VORB/TORB • Order modification <ul style="list-style-type: none"> ○ Check for current OT order ○ Enter provider's name in communication field ○ Click POE Cosign.Power 		
6. Selects delete/void to remove orders entered incorrectly.		
7. Cancels orders in correct sequence.		
8. Enters Discharge PowerPlan when appropriate. <ul style="list-style-type: none"> • Selects Therapy Occupational Recommendations order. 		
Continued		
Form Documentation		

1. Form documentation-Documents assessment & care using appropriate Ad Hoc forms.		
2. Modifies, uncharts form documentation by going to FORMS tab.		
3. myPatient Views-A7 patients only <ul style="list-style-type: none"> • Updates rounding tool. 		
Downtime		
1. Follows Downtime process ie., uses ad hoc form to doc. downtime.		
2. Follows departments downtime/uptime process.		

Plan for Remediation: _____

<u>Preceptor Signature</u>	<u>Preceptor Initials</u>
1.	
2.	
3.	
4.	

When completed:

1. Manager or coordinator:
 - a. Fax the completed skill checklist to Lisa Beckwith in staff development: FAX: 935-2592.
 - b. Manager or coordinator keeps a copy.
 - c. Orientee keeps a copy for proof of completion.