



## Annual Competency Assessment Registered Nurse

**Validation Method:** Return Demonstration

**Competency Focus:** PPH Risk Assessment Tool and Quantification of Blood Loss

**Review Period:**

**Employee Name:**

**Employee Number:**

**Department Number:**

**Department:**

**Job Title: Registered Nurse**

**Date(s) of event:**

Assessing the actions we *demonstrate on a daily basis to do our job* is a valid form of competency assessment. Keep in mind that the observer of the finished product or action can be the educator or any one of the following individuals:

**Prerequisite(s):**

**Validation Criteria:**

- Applies prerequisite knowledge to correctly complete the Maternal Obstetrical Hemorrhage Risk Assessment Tool at the correct intervals and to accurately quantify blood loss. Screen shots from your selected patient should be attached to this sheet for the validator to sign off on competency.

**Performed**

1. Correctly completes the MOH Risk Assessment tool upon admission and every shift.

Yes

No

2. Completes reassessment of MOH Risk Assessment tool pre-birth, post-birth and at any other indicated occurrence.

Yes

No

3. Confirms appropriate flagging of risk in the banner bar.

Yes

No

4. Completes all orders associated with the maternal risk category and documents notification of provider.

Yes

No

5. Records all blood loss in the Intake and Output computer flowsheet.

Yes

No

6. Return demonstration of quantification of blood loss.

Yes

No

Competency demonstrated     Not yet deemed competent, action plan required (indicated below)

**Validator/Observer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor/Manager signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_