

RENAISSANCE HOME HEALTH

In Home Supervisory Visit - Performance Evaluation -RN

Name: _____

Date of Employment: _____

Date of Supervisory Visit: _____

Visit Type: _____

_____ Initial

_____ Annual

Responsibility, Skill, or Procedure	Yes	No	N/A
SOC Documentation			
Consent for Treatment			
Start of Care Documents discussed and completed appropriately			
Verification of Insurance Cards			
Completes the following Assessments thoroughly and accurately:			
Assesses Vital Signs: <i>(2 Blood Pressure and 2 Heart Rate per SOC protocol)</i>			
Cardiopulmonary System			
Respiratory System			
Gastrointestinal System			
Genitourinary System			
Head, Eyes, Ears, Nose & Throat			
Neurological System			
Psychological			
Endocrine			
Integumentary System			
Comfort/Pain Level			
ADLs/Environment/Social			
Medication Profile			
Nutritional Profile			
Clinical Notes			
Identifies and assists client/family in accessing community resources including:			
Durable Medical Equipment/Supplies			
Access to other resources through referral to other team members or community programs relative to client's needs			
Supervision of Home Health Aide:			
Develops Home Health Aide Plan of Care as Required			
Instructs Home Health Aide in Plan of Care as Required			
Performs Home Health Aide Supervisory Visits every 14 days			
Other areas/skills:			
Case Conferences with Team Members:			
Maintains client confidentiality/HIPAA:			
Conducts self in a professional manner:			

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Responsibility, Skill, or Procedure	Yes	No	N/A
Reports to Supervisor as needed and appropriate:			
Performs teaching to client/family/home health aide:			
Maintains Guidelines for wound technique/procedure			
Maintains proper bag technique			
Summary of Performance			

My signature below does not imply my agreement with the content of this evaluation, but that the above evaluation has been reviewed with me.

Employee Signature: _____ **Supervisor Signature:** _____

Date: _____

Date: _____