

The Provider Training Matrix Checklist

This checklist was created to help agency personnel track completed training as outlined in the Idaho Department of Health and Welfare Provider Training Matrix.

Instructions:

Please indicate the date training was completed for each Focus Area in the designated boxes on the checklist. For all nonapplicable areas, specifically those outlined in the Participant Specific Endorsement section of the Provider Training Matrix Checklist, please list 'N/A'.

Example:

Focus Area	Competency Determined By:	Written Test	Demonstrated Ability	Documentation
Home Repair	Agency Personnel			4/17/17
Oxygen Therapy	RN, RT	4/16/17	4/18/17	
Maintenance Exercises	PT, OT, RN		N/A	

Provider Training Matrix Checklist

Agency Name: _____

Caregiver Full Name (Printed): _____

Focus Area	Competency Determined By:	Written Test	Demonstrated Ability	Documentation
GENERAL				
Communication	Agency Personnel			
Infection Control	RN			
Confidentiality	Agency Personnel			
Documentation	Agency Personnel			
Participant Rights & Preferences	Agency Personnel			
PERSONAL CARE AND ATTENDANT CARE				
Documentation	RN			
Eating Meals	RN			
Toileting	RN			
Mobility	RN, PT			
Transferring	RN, PT			
Personal Hygiene	RN			
Dressing	RN			
Bathing	RN			
Medications	RN			
HOMEMAKER				
Meal Preparation	Agency Personnel, Dietician			
Shopping	Agency Personnel			
Laundry	Agency Personnel			
Housework	Agency Personnel			
NON-MEDICAL TRANSPORTATION				
CHORE SERVICES				
Home Maintenance	Agency Personnel			
Home Repair	Agency Personnel			
PARTICIPANT SPECIFIC ENDORSEMENTS				
Maintenance Exercises	PT, OT, RN			
Mechanical Lift	PT, RN			

Focus Area	Competency Determined By:	Written Test	Demonstrated Ability	Documentation
Catheter Care	RN			
Bowel Care	RN			
Orthotics	RN, PT, OT, Orthotics expert			
Ostomy Care	RN			
Oxygen Therapy	RN, RT			
Inhalation Equipment	RN, RT			
Gastrostomy Tube Feeding	RN			
Feeding Complications	RN, RD, ST, OT			
Special Diets	RN, RD			
Medication Assistance (*Documentation of course completion)	RN			
Treatments	RN			
Cognitive Impairments (*QIDP course completion documentation)	RN, SW			
Psychological or Social Disorders	RN, SW			

The above listed Caregiver has completed all appropriate training as outlined in the IDHW Provider Training Matrix: Standards for Direct Care Staff and Allowable Tasks/Activities.

Signatures

Caregiver: _____ Date: _____

Agency Personnel: _____ Date: _____

Agency RN: _____ Date: _____