Case Management Skills Checklist

Name: _____   **Date: _____**

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (√) in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Case Management				
Written Communication Skills				
Verbal Communication Skills				
Negotiation Skills				
Computer Skills				
Ability to prioritize				
Concurrent Review				
Retrospective Review				
Disability Review				
Long Term Disability Case management				
Short Term Disability Case management				
Workers Compensation Review				
Telephonic Case Management				
Workers Compensation Case Management				
PAC-pre-certification/pre-admission certification				
CSR-Continued Stay Review				
MCM-Medical Case Management				
DP-Discharge Planning				
*ISD-A Interqual-crteria for hospital admissions				
*Intensity of service-diagnosis/Therapeutic services				
*Discharge Screens-specific discharge indicators of ability				
*Appropriateness of Care-diagnosis/therapeutic				
DRG-Diagnosis related grouping				
ECD 9-CM				
CPT				
SSO				
SIMS-Interqual criteria for SSO waiver				
Miliman and Robertson Criteria				
PPR-Prospective procedure review				
Physician Advisor				

Skill Level	1	2	3	4
Skilled Environments				
Acute Care/Hospitals				
Managed Care				
SNF/Long term care				
Other:				
Age Specific Practice Criteria				
Newborn/Neonate (birth - 30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School age children (5 - 12 years)				
Adolescents (12 - 18 years)				
Young adults (18 - 39 years)				
Middle adults (39 - 64 years)				
Older adults (64+ years)				
EMR				
AllScripts				
Canopy				
Epic				
Cerner				
Eclipsys				
McKesson				
Meditech				
Other Computerized System				
Computerized Physician Order Entry				
Bar Coding for Medication Administration				

Please list any areas of expertise below:

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I hereby certify that ALL information I have provided to Wellspring Nurse Source on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: _____ Date: _____