



Augusta Health Registered Nurse Professional Development Program

Roadmap Supporting Documentation Template

****One Category per Sheet****

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

Description/Details of Activity:

While on shift, observe fellow team members of the hospital staff on entry/exit of patient rooms to ensure proper hand hygiene is being completed. This task is done to reduce the transmission of disease/germs from room to room and individual to patient. Hand hygiene is especially important during this time of the pandemic, where transmission of the Covid-19 virus is still a learning curve. Charting of the audits are completed in Huron for the days the task was done.

Dates of Meetings/Involvement:

See "AH NPDP Supporting Documentation Log" for evidence of dates

Clinician Signature: Anne R. Huskey Date 9/19/21

Supporting Signature: AS Oubey RN Date 9/21/21

(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)



Augusta Health Registered Nurse Professional Development Program

Supporting Documentation Log

****One Category per Sheet****

- Transformational Leaders
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

Date	Time (Total Hours)	Activity or Event Name	Name of student / new team member	Activity description / Topics discussed	Validation Signature* (see pg. 2)
February 2021	30 audits				Sabine Dukes, BSN, RN, PCCN- CMC
March 2021	55 audits				Sabine Dukes, BSN, RN, PCCN- CMC
April 2021	62 audits				Sabine Dukes, BSN, RN, PCCN- CMC
May 2021	53 audits				Sabine Dukes, BSN, RN, PCCN- CMC
June 2021	54 audits				Sabine Dukes, BSN, RN, PCCN- CMC
July 2021	54 audits				Sabine Dukes, BSN, RN, PCCN- CMC
August 2021	55 audits				Sabine Dukes, BSN, RN, PCCN- CMC
September 2021	58 audits				Sabine Dukes, BSN, RN, PCCN- CMC

Clinician Name: Anne R. Liskay Date: 9/19/21

Clinician Signature: Anne R. Liskay Date: 9/19/21

VALIDATION SIGNATURE PAGE

**Validation signatures must be someone in leadership role or in attendance at the activity/event to verify your involvement in the stated hours on the Supporting Documentation Log*

Activity / Event Name: Hand Hygiene Audits Date: 9/20/21

Validation Signature: [Signature] RN Date: 9/21/21

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

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****Each activity from log on pg. 1 should have a corresponding signature for validation***