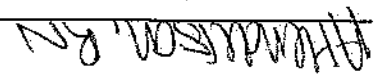
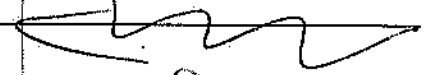
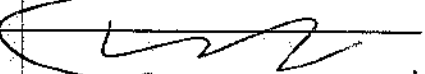
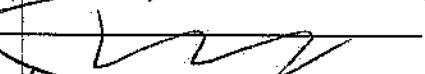
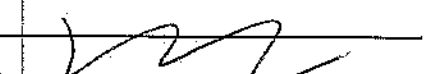


\*Each activity from log on pg. 1 should have a corresponding signature for validation

Activity / Event Name: Cross Trained Shifts Work	Validation Signature: 	Date: 7-22-21
Activity / Event Name: Internal Recognition	Validation Signature: 	Date: 7-22-21
Activity / Event Name: Department Change RN	Validation Signature: 	Date: 7-22-21
Activity / Event Name: Patient Experience Round RN	Validation Signature: 	Date: 7-22-21
Activity / Event Name: Super - Union Equipment	Validation Signature: 	Date: 7-22-21
Activity / Event Name:	Validation Signature:	Date:
Activity / Event Name:	Validation Signature:	Date:
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Activity / Event Name:	Validation Signature:	Date:

\*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

**VALIDATION SIGNATURE PAGE**

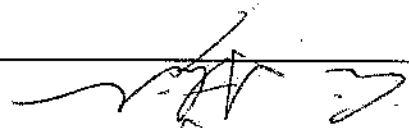
# Augusta Health Registered Nurse Professional Development Program Supporting Documentation Log

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

- Transformational Leadership
- 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 (see pg. 2)	Validation Signature*
10/8/20	8	Cross Trained Department Cardiovascular Device Clinic Shift	Eric Stajdunar	Remote device transmission and interpretation report creation	
10/12/20	8	Cross Trained Department Cardiovascular Device Clinic Shift	Eric Stajdunar	Remote device transmission and interpretation report creation	
10/16/20	8	Cross Trained Department Cardiovascular Device Clinic Shift	Eric Stajdunar	Remote device transmission and interpretation report creation	
10/30/20	8	Cross Trained Department Cardiovascular Device Clinic Shift	Eric Stajdunar	Remote device transmission and interpretation report creation	
11/3/20	8	Cross Trained Department Cardiovascular Device Clinic Shift	Eric Stajdunar	Remote device transmission and interpretation report creation	

Date: 7-22-21	Date: 7-22-21		Clinician Signature:
Date: 7-22-21	Date: 7-22-21	Eric St. John	Clinician Name:

**Augusta Health  
Registered Nurse  
Professional Development  
Program  
Supporting Documentation Log**

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

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



Date	Number of activities	Activity or Event Name	Name of colleague	Activity description / Topics discussed	Validation Signature* (see pg. 2)
10/23/21	1	Shining Star received	Enca Maddox	Device clinic staffing	
11/3/20	1	Daisy Nomination	Daniel Grantham		
2/17/21	1	Shining Star received	Will Harding	Patient Centeredness	
3/5/21	1	Shining Star received	Mary Mannix	Teamwork	
4/22/21	1	Letter of recognition received	Emily Wyant	Teamwork	
6/2/21	1	Shining Star received	Tricia Shifflett	Teamwork	
7/22/21	1	Letter of recognition received	Faith Huff	Teamwork	

Clinician Name: Eric Stajdhar Date: 7-22-21  
 Clinician Signature: [Signature] Date: 7-22-21

Reason for Recognition: Teamwork

To: Eric Stajdhar

I wanted to tell Jonathan, Eric, and Dave, Thank you again! These guys stepped up to do a job that wasn't theirs to ensure device patients were taken care of while I was on medical leave. You are each appreciate beyond words!

From: Erica Maddox

Received On: 10/23/2020

Reply to Sender

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Stajduhar, Eric

From:

Sent:

To:

Grantham, Daniel  
Tuesday, November 03, 2020 12:45 PM  
Banas, Andrew; Coleman, Jonathan; Dubova, Michael; Gibson, Wendy; Grantham, Daniel; Harding, Will; Henderson, Allison; Jude, Amber; King, Sara; Long, Andy; Mack, Celeste; Marinelli, Daniel; Murray, Derek; Polen, Michael; Russell, Matthew; Schneider, Laura; Shifflett, Tricia; Smith, Lara; Squier, Haley; Stajduhar, Eric  
Daisy Nominations

Subject:

Good afternoon Team-

I wanted to send out a quick message and let everyone know that we had a few Daisy nomination from the Cath Lab. The following received nominations:

Lara Smith  
Andy Banas  
Matt Russell  
Eric Stajduhar  
Derek Murray  
Daniel Marinelli

Please congratulate each of them for their nominations! Thanks to all of you for taking such great care of our patients and community!

*Daniel Grantham, MBA, (RT)(R)(MR)*

Director Cardiovascular Services

Augusta Health

P.O. Box 1000 | 78 Medical Center Drive

Fishersville, VA 22939

drgrantham@augustahhealth.com | www.augustahhealth.com

Office: (540) 332-4992 Fax: (540) 332-4147



Augusta HEALTH

Reason for Recognition: Patient & Community - Centerness

To: Eric Stajuhar

You guys are the best, helping that patient reschedule and getting into the lab today instead of tomorrow. Keeping safe from weather as well as saving money they would have spent on a hotel. Great job!!

From: Will Harding  
Received On 02/17/2021

[Reply to Sender](#)  
[Print a copy](#)



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Reason for Recognition: Teamwork

To: Eric Stajdunar

On Team Member Appreciation Day, I want to take a moment to recognize your dedication and hard work throughout the past year! It's hard to believe everything that we've been through together. During this time, we have embraced our spirit of determination in order to care for our community in unprecedented ways. I will always be grateful to the contributions of each and every team member in our Augusta Health family!

Our friends and neighbors know they can rely on us. I know I can rely on you. And you know you can rely on me. Together, we've got this!

mm

From: Mary Manly

Received On 03/05/2021

Reply to Sender

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Stajduhar, Eric

**From:** Wyant, Emily  
**Sent:** Thursday, April 22, 2021 8:46 AM  
**To:** Stajduhar, Eric  
**Subject:** RE: PAT baseline

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged  
**Categories:** Orange Category

Hey Eric,  
Thank you, and Jonathan, for taking the time to help me iron out this process. The items you sent me are extremely helpful. I really like the procedural checklist with all of the different procedures. I would actually like to implement this in their department. I will have to sit down with Dr. Hidley to see what he wants for each procedure. I think one of the biggest barriers for them are what labs they need, and what medications the patient need to hold. Honestly, I am not that great with it either... is there a time that we can sit down for you to explain that to me? That way, I can explain it to them when we do our 8 hour training day?  
Thank you again for all of this,  
Em

**From:** Stajduhar, Eric  
**Sent:** Wednesday, April 21, 2021 1:57 PM  
**To:** Wyant, Emily  
**Subject:** RE: PAT baseline

Hey Em,  
I spoke with Jonathan briefly about the different types of preps the patients would need for all the IR procedures, and we figured the EP scheduling checklist covered most of their bases. I tweaked it a bit and added a few things that should cover everything. That plus the PCS pre-op instruction intervention for the actual call to pt.  
I attached it here, but I'm also going to bring you over a checklist we have for our prep/recovery area that helps all the staff confirm they have everything needed before a procedure (ie, EKGs, H&Ps, special labs...) It seems to be really helpful discerning what is needed for each procedure especially for newer staff. They would have to change it to fit their needs or make a brand new one, but might be helpful as an example.  
Hope this helps!  
E

**From:** Stajduhar, Eric  
**Sent:** Wednesday, April 21, 2021 7:46 AM  
**To:** Wyant, Emily  
**Subject:** PAT baseline

Hey Emily,  
I'm sending you what we have for our PAT stuff as a baseline, then JC and I can retrofit them to your needs for IR later. With IR switching to Meditech, there is a Pre-Procedural Instruction Intervention in PCS that gets filled out for all patients that also acts as a guide. I'd be happy to show you how to access it. Here is what it looks like.

<b>COVID Screening</b> Symptoms of fever, short of breath, cough or loss of smell?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to Answer
Two or more Other COVID Symptoms? Chills, Muscle Pain, Headache, Sore Throat, or Loss of Taste		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to Answer
Positive test last 30 days/contact with anyone w/ symptoms? Have you tested positive for COVID in the last 30 days or had close contact with a person who has symptoms of COVID?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to Answer
<b>Contact &amp; Arrival</b> Phone Call Contact		<input type="radio"/> Family <input type="radio"/> Patient <input type="radio"/> No Answer <input type="radio"/> Left Message
Arrival Date:		<input type="text"/>
Arrival Time:		<input type="text"/>
<b>Medication Instructions</b> Medications to be Taken Morning of Surgery		
<input type="radio"/> All Medications <input type="radio"/> All Medications Except <input type="radio"/> No Medications		
Medications to be STOPPED Prior to Surgery		<input type="text"/>
<b>Dietary Instructions</b>		
Instructed NPO Date		<input type="text"/>
Instructed NPO Time; Except Meds w/Sips		<input type="text"/>
<b>Instructions</b> <input type="checkbox"/> Ride Home Needed <input type="checkbox"/> Bring CPAP <input type="checkbox"/> Bring Med List/Bottles <input type="checkbox"/> Other		

It will soon be updated to include questions on vaccination status. Hope these are helpful giving you a baseline on what we look at for PAT calls. I'm sure the meds we hold and the meds they hold are different so some additional insight from Jonathan later will be helpful. I'll get back with you later when we have a chance to sit down. Have a great day,

E

Pre-Operative COVID Instructions		Additional Instructions
<input type="radio"/> Yes	Schedule COVID Test with Call Center	
<input type="radio"/> Yes	Instructed on Quarantine Practice	
<input type="radio"/> Yes	Instructed to Report Exposure/New Symptoms	
<input type="radio"/> Yes	Instructed on Importance of Following Guidelines	
<input type="radio"/> Yes	Reviewed Process for Receiving Results	
<input type="radio"/> Yes	Reviewed Visitor Restrictions	
<input type="radio"/> Yes	Reviewed Mask Policy	
<input type="radio"/> Yes	Reviewed Screening Questions	
<input type="radio"/> Yes	Home Meds/Allergies	
<input type="radio"/> Verified/Confirmed	Home Medication List Status	
<input type="radio"/> Verified/Confirmed	Allergies	
<input type="radio"/> Verified/Confirmed	Home Med/Allergy Comment	
Additional Pre-Operative Instructions		

Reason for Recognition: Teamwork

To: Eric Stajdhar

Eric is an excellent charge nurse and leader in the Cath Lab. He leads by example and always has a big smile on his face. He keeps the procedures and the unit as a whole running smoothly. He is a very hard worker and consistently goes above and beyond his assigned duties. We had a particularly busy day last week that Eric was in charge. He kept all of us apprized of add-ons and helped the day to run very efficiently and smoothly. Eric is a pleasure to work with!

From: Tricia Shiffert

Received On: 06/02/2021

Reply to Sender

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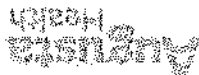
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**Stajduhar, Eric**

**From:** Huff, Faith  
**Sent:** Thursday, July 22, 2021 12:31 PM  
**To:** Stajduhar, Eric  
**Subject:** Thank you!

Eric,  
Sorry I didn't get to tell you in person, but thanks so much for coming and helping us out in our crunch today. We appreciate you!!

**Faith Huff, MSN, MHA, RN-BC**  
Nurse Lead, Interventional Radiology



Office: 540-332-4134 | Mobile: 540-784-0080  
[fhuff@augustahhealth.com](mailto:fhuff@augustahhealth.com)

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**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:

I function as a charge RN for my department >50% of my shifts.

Dates of Meetings/Involvement:  
10/20-10/21

Clinician Signature: [Signature] Date: 7-22-21  
 Supporting Signature: [Signature] Date: 7/22/21

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



**Augusta Health  
Registered Nurse  
Professional Development Program  
Roadmap Supporting  
Documentation Template**

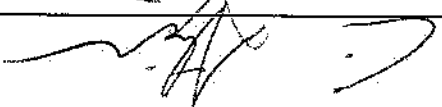
**\*\*One Category per Sheet\*\***

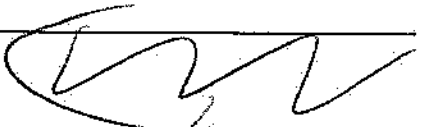
- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

Description/Details of Activity:

I have completed the mandatory training for Patient Experience Rounding and complete greater than the minimum requirements of patient rounding as the Cath Lab charge RN

Dates of Meetings/Involvement:  
10/20-10/21

Clinician Signature:  Date: 7-22-21

Supporting Signature:  Date: 7/22/21

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



Menu

Log Out

### View Round

Rounder

Eric Stajduhar  
(CARDIAC  
CATH)

Date Round Completed

04/15/2021 15:14:53

Time Spent

47 seconds

Roundee Details

First Name  
MERLE

Last Name  
BEATTY

Room

Bed

Admit Reason

ABNORMAL  
STRESS TEST  
93458

Attending Physician  
Lewis, Siegel

Admit Date

04/15/2021 08:47

Date of Birth

10/24/1954

MRN

### Cath Lab Leader Round

#### Answers

1 Our goal is to keep you as informed as possible prior to, and following your procedure. How well informed do you feel? Is there anything I can help clear up for you?

PT HAS NO QUESTIONS CURRENTLY, FELT VERY WELL INFORMED BEFORE AND AFTER PROCEDURE

2 We want to prepare you as well as we can prior to your discharge to ensure your success at home. Are you aware of what to do if there are any complications following your procedure (bleeding, nausea, infection, pain, etc)?

PT FEELS COMFORTABLE WITH DISCHARGE AND ANY COMPLICATION THAT MAY OCCUR

4 Has our staff been attentive to your needs?

Yes

5 Do you have any questions or concerns that I may be able to assist with at this time?

No

6 Is there anyone you would like to recognize for going above and beyond for you during your visit with us?

No

#### Issues

Delete

Edit

Go Back



M0334700  
Menu  
Account Number

M00091278374

Sex  
M

Age  
66

Location

Group  
Augusta Health

Facility  
Augusta Health

Department  
Cath Lab

Augusta Rounding Eric Stajduhar (CARDIAC C...

Log Out

Go Back

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Delete

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**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:

I created competency tool for mechanical thrombectomy device Penumbra, created education tool for the equipment, and became super-user for the device and was responsible for yearly competency check offs and inservice.

Dates of Meetings/Involvement:  
7/20-7/22

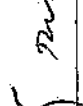

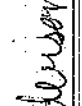
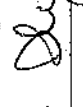
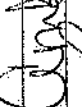

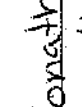
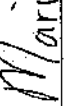
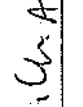
Clinician Signature: [Signature] Date: 7-22-21  
Supporting Signature: [Signature] Date: 7/22/21

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



Augusta Health  
Educational Program Attendance Roster

Course Title: Penumbra Mechanical Thrombectomy Competency      No. Sessions: \_\_\_\_\_  
 Date: 7/21/21      Length: 30 min      Time: \_\_\_\_\_  
 Location: CCL      Presenter & Department: Eric Stojubar / CCL

Employee ID #	Printed Name (Write clearly)	Signature	Title	Department	Other (Specify)
11134	Will Hendry		rn	CCL	
10100	Allison Henderson		RN	CCL	
11373	Haley Henderson		RT/RF	CCL	
01892	Tricia Sniffert		RD	CCL	
16107	Amber Juoke		PRK	CCL	
06586	BANAS, Amy		RN	ERC	
04683	Coleman Sonathon		RN	CCL/EP	
15171	Daniel Marinelli		RN	CCL	
16307	Michael Polca		FTK	EP/CCL	

**Augusta Medical Center  
Cardiac Catheterization Laboratory  
Penumbra**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee #: \_\_\_\_\_

Competency: Understand and perform duties necessary to

Performance Criteria	Date Reviewed	Date Demonstrated	Comments
1. Review/discuss Flow switch, pressure release valve and power control operations.			
2. Review/discuss sheath sizes and lengths for different mechanical thrombectomy systems and procedures.			
3. Review/discuss/demonstrate separator tool use and catheter removal.			
4. Review/discuss treatments for bradycardia.			
5. Review/discuss Documentation:			

Reviewed by: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_