Williamson, Jenn

From: tst_support@jointcommission.org
Sent: Monday, April 26, 2021 9:26 AM
To: Williamson, Jenn
Subject: TST Access Granted

Dear Jennifer Williamson:

Congratulations, you now have access to the Targeted Solutions Tool (TST). You can access the TST now at https://apps.jointcommission.org/TST/ [apps.jointcommission.org], using the following login information:

User name: jw2190220@augustahealth.com
Password: q767jutf

When you log in to the TST for the first time, you will be directed to change this temporary password. Please choose a password with at least 8 characters including at least one upper-case letter, one lower-case letter, one numeral, and one special character. You will also need to agree to the Terms of Use prior to using the TST.

Please type in the temporary password in the Password field. Copying and pasting the temporary password can inadvertently add additional blank spaces to the password, rendering it invalid.

For additional questions or assistance, please contact TST Support via our website, https://www.centerfortransforminghealthcare.org/contact-us [centerfortransforminghealthcare.org].

This is an automatically generated message.

Certificate of Successful Completion

Compassion Fatigue Certification Training for Healthcare, Mental Health and Caring Professionals

Speaker(s): DEBRA PREMASHAKTI ALVIS, PH.D.

6/2/2021 FISHERSVILLE, VA (Live In-person)

The following participant

JENN WILLIAMSON

License Number: _____

has completed the above-referenced educational activity in its entirety or as indicated below.

This certificate provides sponsor verification of individual attendance and may be used for your records or for any licensing not listed below. PESI, Inc. maintains attendance records for 7 years. PESI, Inc. offers continuing education programs and products under the brand names, PESI, PESI HealthCare, PESI Rehab, PESI Kids, PESI Publishing and Media (PPM) and Psychotherapy Networker.

CHAPLAINS/CLERGY: This activity is designed to qualify for 6.25 continuing education hours.

Virginia Counselors: This course consists of 6.0 clock hours of continuing competency instruction for Virginia Counselors. The Virginia Board of Counseling recognizes continuing competency activities in the behavioral health field that are approved by the National Association of Social Workers (18VAC115-20-105). This program is approved by the National Association of Social Workers (Approval #886759332-7395) for 6.0 Social Work continuing education contact hours.

Nurses, Nurse Practitioners, and Clinical Nurse Specialists: PESI, Inc. is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. Nurses in full attendance will earn 6.25 contact hours.

Physicians: PESI, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

PESI, Inc. designates this live activity for a maximum of 6.0 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Virginia Psychologists: This course consists of 6.25 continuing education credit hours for Virginia Psychologists. The Virginia Board of Psychology (S.18VAC125-20-122) confirms acceptance of programs by any continuing education provider approved by a psychological association or psychology board in another state or jurisdiction. PESI, Inc. is approved by the Kentucky Board of Examiners of Psychology to offer continuing education for psychologists. PESI maintains responsibility for this program and its content.

Social Workers (NASW): This program is approved by the National Association of Social Workers (Approval 886759332-7395) for 6.0 Social Work continuing education contact hours.

OTHER PROFESSIONS: This activity qualifies for 380 minutes of instructional content as required by many national, state and local licensing boards and professional organizations. Retain your certificate of completion and contact your board or organization for specific filing requirements.

DISCLAIMERS: ** It is your ethical responsibility to report accurate hours to your licensing board. If you are in partial attendance a revised certificate will be sent to you, upon your request, approximately 30-45 days after the activity. ** Even though you have received this Certificate of Attendance, if you have a balance due, the balance must be paid in full within 30 days. ** All participants are provided a post-test/evaluation from that is to be completed and turned in at the conclusion of the seminar. If you require a copy of the post-test/evaluation, please have a copy made at the seminar. Or you may call our customer service department and a copy of your post-test/evaluation will be emailed to you. Please allow 30-45 days. PESI, Inc. offers continuing education programs and products under the brand names PESI, PESI HealthCare, PESI Rehab, PESI Kids and Psychotherapy Networker.

**It is your ethical responsibility to report accurate hours to your licensing board. If you are in partial attendance a revised certificate will be sent to you, upon your request, after the activity. Please allow 30-45 days.

**Even though you have received this Certificate of Attendance, if you have a balance due, the balance must be paid in full within 30 days.

**All participants are provided a post-test/evaluation form that is to be completed and turned in at the conclusion of the seminar. If you require a copy of the test/evaluation, please print at the time you take the test. Or you may call our customer service department and a copy of your test/evaluation will be emailed to you. Please allow 30-45 days.

Deana L. Cantley, Continuing Education Administrator &Post-Reporting Lead

PESI, Inc., P.O. Box 1000, Eau Claire, WI 54702-1000 1.800.844.8260

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

Nurses Week Leader

Date	***Time (Total Hours)***	***Activity or Event Name***	***Name of student / new team member***	***Activity description / Topics discussed***	***Validation Signature**** *(see pg. 2)*
EXAMPLES 1/1/2021	*0800-1200 (4 hours)*	*Shadowed Nursing Student (per shift)*	*Jane Doe*	*Safe Medication admin, proper pre-op procedures*	*Instructor Smith RN, See pg.2*
5/4/21	10a-4:30p (6h30m)	Nurses Wk Leader		Serve lunch	
	8:30p-10p (1h30m)	↳ servedinner		serve dinner	

Clinician Name: Jennifer Williamson Date: 5/7/21

Clinician Signature: Jennifer Date: 5/7/21

Augusta Health
Registered Nurse
Professional Development Program

Supporting Documentation Log

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- ☐ 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)*
EXAMPLES 1/1/2021	*0800-1200 (4 hours)*	*Shadowed Nursing Student (per shift)*	*Jane Doe*	*Safe Medication admin, proper pre-op procedures*	*Instructor Smith RN, See pg.2*

Clinician Name: _____ Date: _____

Clinician Signature: _____ Date: _____

Revised 3/5/2020

Augusta Health
Registered Nurse
Professional Development Program

Supporting Documentation Log

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Training

Date	***Time (Total Hours)***	***Activity or Event Name***	***Name of student / new team member***	***Activity description / Topics discussed***	***Validation Signature**** *(see pg. 2)*
EXAMPLES 1/1/2021	*0800-1200 (4 hours)*	*Shadowed Nursing Student (per shift)*	*Jane Doe*	*Safe Medication admin, proper pre-op procedures*	*Instructor Smith RN, See pg.2*
2/6/21	11-1500 4hr	training program		working c new training program	
2/7/21	1400-1700 3hr	↓		↓	
2/12	2100-2345 2h45m				
2/13	10:45-11:30 45m				
2/16	2030-2130 1 hr				
2/17	12:30-14:15 1h45m				
3/8	8a-1pm				

Clinician Name: Jennifer Williamson Date: 3/8/21

Clinician Signature: _____ Date: _____

Revised 3/5/2020

Augusta Health
Registered Nurse
Professional Development Program

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Date	***Time (Total Hours)***	***Activity or Event Name***	***Name of student / new team member***	***Activity description / Topics discussed***	***Validation Signature**** *(see pg. 2)*
EXAMPLES 1/1/2021	*0800-1200 (4 hours)*	*Shadowed Nursing Student (per shift)*	*Jane Doe*	*Safe Medication admin, proper pre-op procedures*	*Instructor Smith RN, See pg.2*

Clinician Name: _____ Date: _____

Clinician Signature: _____ Date: _____

Revised 3/5/2020

Augusta Health
Registered Nurse
Professional Development Program

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Date	***Time (Total Hours)***	***Activity or Event Name***	***Name of student / new team member***	***Activity description / Topics discussed***	***Validation Signature**** *(see pg. 2)*
2/4/21	*1300-1700*	*COVID clinic*		*Administering vaccinations*	

Clinician Name: _____ Date: _____

Clinician Signature: _____ Date: _____

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: Vaccination Clinic Date: 2/4/21

Validation Signature: [signature] Date: 24/8/21

Activity / Event Name: ____________ Date: ________

Validation Signature: ____________ Date: ________

Activity / Event Name: ____________ Date: ________

Validation Signature: ____________ Date: ________

Activity / Event Name: ____________ Date: ________

Validation Signature: ____________ Date: ________

Activity / Event Name: ____________ Date: ________

Validation Signature: ____________ Date: ________

Activity / Event Name: ____________ Date: ________

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Activity / Event Name: ____________ Date: ________

Validation Signature: ____________ Date: ________

Activity / Event Name: ____________ Date: ________

Validation Signature: ____________ Date: ________

Activity / Event Name: ____________ Date: ________

Validation Signature: ____________ Date: ________

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

Augusta Health
Registered Nurse
Professional Development Program

Supporting Documentation Log

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- ☐ Transformational Leaders
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Date	Time (Total Hours)	Activity or Event Name	Name of student / new team member	Activity description / Topics discussed	Validation Signature* (see pg. 2)
2/4/21	1300-1700	COVID clinic		Administering vaccinations	
4/14/21	1200-1730	COVID Vaccine clinic		Administering vaccines	

Clinician Name: Jenn Williamson Date: _____

Clinician Signature: _____ Date: _____

Revised 3/5/2020

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: Vaccination Clinic Date: 3/6/21

Validation Signature: [signature] Date: 3/18/21

Activity / Event Name: Vaccination Clinic Date: 4/14/21

Validation Signature: [signature] Date: 4/21/21

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

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

Augusta HEALTH

EDUCATIONAL PROGRAM ATTENDANCE ROSTER

Course Title: CHF Hospice 101 Education

Date: 5/7/21 **Length:** 1 hr. **Time:** 0930 **No. Sessions:** 1 of 1

Location: Web Ex - online **Presenter and Department:**

Roster Attendance by Chat Box

Employee ID #	Printed Name (Write Clearly)	Signature	Title	Department	Other (Specify)
	Doug Jena		Dir	Hospice	
	M. Greenwood		CC		
	Joey Mooneyham		CC		
	D. Brown		RN		
	A. Monterroso		RN		
	L. Summey		RN		
	A Eye		RN		
	P. Barco		MD Dir		
	L Cochenour		RN		
	K. Lowry		RN		
	C. Powers		RN		
	L Eye		R		
	M. Fletcher		RN	—	

Augusta Health
Registered Nurse
Professional Development Program

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Date	***Time (Total Hours)***	***Activity or Event Name***	***Name of student / new team member***	***Activity description / Topics discussed***	***Validation Signature**** *(see pg. 2)*
EXAMPLES 1/1/2021	*0800-1200 (4 hours)*	*Shadowed Nursing Student (per shift)*	*Jane Doe*	*Safe Medication admin, proper pre-op procedures*	*Instructor Smith RN, See pg.2*
8/2/21	0800-5:15				
8/3/21					
8/4/21	0730-0530pm	Main preceptor	Jeannie Place	new hire orient learning role	
8/[illegible]/21	0800-5pm				
8/12/21	0800-0530p				
8/13/21	0915-1830				
8/16/21	0730-1630				
8/17/21	0700-5pm				
8/18/21	0715-1630				
8/19/21					

Clinician Name: _____ Date: _____

Clinician Signature: _____ Date: _____

Revised 3/5/2020

Augusta Health
Registered Nurse
Professional Development Program

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Date	***Time (Total Hours)***	***Activity or Event Name***	***Name of student / new team member***	***Activity description / Topics discussed***	***Validation Signature**** *(see pg. 2)*
EXAMPLES 1/1/2021	*0800-1200 (4 hours)*	*Shadowed Nursing Student (per shift)*	*Jane Doe*	*Safe Medication admin, proper pre-op procedures*	*Instructor Smith RN, See pg.2*
7/19/21	1pm-4:30p	Main preceptt	Jeannie Pace	new hire orientation	
7/20/21	8a-5:15pm				
7/21/21	8a-4:15p				
7/22/21	10a-4pm				
7/23/21	0800-4:15pm				
7/24/21	0800-3pm				
7/27/21	0800-3:45p				
7/28/21	0800-4pm				
7/29/21	0800-4:15p				
7/30/21	0800-3:15pm				

Clinician Name: _____ Date: _____

Clinician Signature: _____ Date: _____

Revised 3/5/2020

Augusta Health
Registered Nurse
Professional Development Program

Supporting Documentation Log

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- ☐ New Knowledge, Innovation, & Improvements

Preceptor Hours

Date	***Time (Total Hours)***	***Activity or Event Name***	***Name of student / new team member***	***Activity description / Topics discussed***	***Validation Signature**** *(see pg. 2)*
EXAMPLES 1/1/2021	*0800-1200 (4 hours)*	*Shadowed Nursing Student (per shift)*	*Jane Doe*	*Safe Medication admin, proper pre-op procedures*	*Instructor Smith RN, See pg.2*
	0800-430p	Tanya Fulton-	shadow prcpt	New hire Nursing job duties	
	0800-430p	Tonya Fulton-	↓	↓	
1/19/21	8-3p	Laura Craig Simms	daylight	job duties	
1/20/21	12-3				
2/15/21	8-4:30p				
2/16/21	7:45-15:30				
2/17/21	9:30-4:30				
3/11/21	9-2p				
3/12/21	9-2p				
5/5/21	9a-10a				

Clinician Name: _____ Date: _____

Clinician Signature: _____ Date: _____

Revised 3/5/2020

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Date	***Time (Total Hours)***	***Activity or Event Name***	***Name of student / new team member***	***Activity description / Topics discussed***	***Validation Signature**** *(see pg. 2)*
EXAMPLES 1/1/2021	*0800-1200 (4 hours)*	*Shadowed Nursing Student (per shift)*	*Jane Doe*	*Safe Medication admin, proper pre-op procedures*	*Instructor Smith RN, See pg.2*
3/8/21	09-2p	New Team Train	Laura Craig Sims	learn sdaylight	-man precept
3/10/21	08-3p	New Team Train	Laura Craig Sims	learning daylight	man precept
4/5/21	08-5pm	Preceptor New Team Training	Charlie Power	2nd precept	
4/16/21	7:30a-4pm	Preceptor New Team Train	Charlie Power	2nd precep	

Clinician Name: _____ Date: _____

Clinician Signature: _____ Date: _____