



**Transcription Medication Management System (TMMS) Competency Evaluation Tool**

**Instruction:** The competency should be completed with initial medication pass once staff is certified and biennially with recertification. If not trained on eHana, add “N/A”.

Forward completed form to asktraining@bamsi.org

<b>Staff demonstrates an understanding of BAMSI Transcription Policy</b>	
<b>Staff demonstrates an understanding of BAMSI Electronically generated paper documents.</b>	
<b>Staff demonstrates understanding of components of the TMMS</b>	
<b>Staff demonstrates how the MAP-registered site generates and receives a new HCP Order.</b>	
<b>Staff demonstrates how to transcribe a medication order using the HCP Order and the Pharmacy Label information.</b>	
<b>Staff demonstrates how to transcribe a medication order using the HCP Order and the Pharmacy Label information in the BAMSI approved EHR (Ehana)</b>	
<b>Staff demonstrates how to post, verify new HCP order and complete monthly accuracy check.</b>	
<b>Staff demonstrates how to contact the MAP Consultant if the HCP Order and Pharmacy Label do not agree.</b>	
<b>Staff demonstrates how to document discontinued medication on the medication sheet/MAR</b>	
<b>Staff demonstrates how to document discontinued medication on the medication sheet/MAR and in BAMSI approved EHR (Ehana)</b>	
<b>Staff demonstrates how to post and verify an HCP order.</b>	
<b>Staff demonstrates how to complete a Monthly Accuracy Check of HCP Orders.</b>	
<b>Staff demonstrates how changes in HCP Orders are communicated.</b>	
<b>If applicable, staff demonstrates who to contact if there is an ‘IT’ issue.</b>	

**Staff Name:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Trainer Name/Title:** \_\_\_\_\_ **Trainer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Trainer Phone Number:** \_\_\_\_\_