

# Clinical Skills Check

Please complete the checklist for each area using direct observable cues as listed in each section.

## \* 1. HAND HYGIENE: Soap and Water method:

|  | Yes                   | No                    | N/A                   |
|--|-----------------------|-----------------------|-----------------------|
| Removes jewellery  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wets hands with warm water   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Applies enough soap for all hand surfaces  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rubs hands together vigorously and distributes evenly over hands, between fingers and wrists | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rinses hands under running water, turn off tap allowing water to drip from fingertips        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Thoroughly pat dries hands and wrists with paper towel                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dispose of paper towel   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \* 2. HAND HYGIENE: Hand Rub Method

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Removes jewellery   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Squirts sufficient product into cupped hand, enough to cover all surfaces       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rolls hands to distribute over palms, back of hands, between fingers and wrists | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rubs hands together until all surfaces are dry                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \* 3. HAND HYGIENE: Observes five (5) moments of hand hygiene

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| 1. Before touching patient                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Before procedure                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Post procedure                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Post touching a patient                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Post touching a patient's surrounds or equipment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# Clinical Skills Check

## \*4. PATIENT IDENTIFICATION AND PROCEDURE MATCHING: Inpatient

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Patient name:                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Date of birth (asks patient to state this): | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Checks UR number:                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Checks identification band on patient       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*5. PATIENT IDENTIFICATION AND PROCEDURE MATCHING: Ambulatory Patient

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Patient name:                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Date of birth (asks patient to state this): | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Address (patient must state own address):   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Checked against hard copy information:      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*6. PATIENT IDENTIFICATION AND PROCEDURE MATCHING: Procedure Verification (Time Out)

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Introduced self and their role/designation: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confirmed site:                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confirmed procedure:                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confirmed patient:                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confirmed patient concerns:                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confirmed procedure length:                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confirmed consent form:                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*7. CLINICAL HANDOVER: Identification (ISBAR element)

|                        | Yes                   | No                    | N/A                   |
|------------------------|-----------------------|-----------------------|-----------------------|
| Patient details given: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient name stated:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient age stated:    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient gender stated: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*8. CLINICAL HANDOVER: Situation (ISBAR element)

|                                 | Yes                   | No                    | N/A                   |
|---------------------------------|-----------------------|-----------------------|-----------------------|
| Provisional diagnosis stated:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presentation history described: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# Clinical Skills Check

## \*9. CLINICAL HANDOVER: Background (ISBAR element)

|                               | Yes                   | No                    | N/A                   |
|-------------------------------|-----------------------|-----------------------|-----------------------|
| Past history stated:          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Previous presentations given: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*10. CLINICAL HANDOVER: Assessment (ISBAR element)

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Medications patient is currently on stated: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interventions stated:                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*11. CLINICAL HANDOVER: Recommendation (ISBAR element)

|                                    | Yes                   | No                    | N/A                   |
|------------------------------------|-----------------------|-----------------------|-----------------------|
| Treatment plan described:          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Proposed investigations suggested: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Proposed length of stay suggested: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# Clinical Skills Check

## \*12. MEDICATION SAFETY: Inpatient Medication

|  | Yes                   | No                    | N/A                   |
|--|-----------------------|-----------------------|-----------------------|
| Adverse drug reaction indicated on each chart, type, reaction and ADR sticker attached | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chart numbers documented   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Variable doses written on correct part of chart  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If warfarin ordered, target INR written  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| VTE prophylaxis correctly completed  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Indication completed   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Route of medication correct  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dose of medication given   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Frequency of medication given  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Generic name of medication used  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Signature on each medication present   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Name of prescriber printed, including contact numbers                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dates completed in every section   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sustained release clearly indicated  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 13. MEDICATION SAFETY: Related Chart

|  | Yes                   | No                    | N/A                   |
|--|-----------------------|-----------------------|-----------------------|
| Dates completed in every section:                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Verification of correct patient label signed:      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sustained release clearly indicated:               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Aware of need to sign phone orders within 24 hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# Clinical Skills Check

## \*14. MEDICATION SAFETY: Intravenous Orders

|                                    | Yes                   | No                    | N/A                   |
|------------------------------------|-----------------------|-----------------------|-----------------------|
| Bradmas attached                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chart dated:                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Correct volume given               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Correct fluid and strength written | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Correct rate given                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chart signed                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*15. ASEPTIC TECHNIQUE:Action:

|  | Yes                   | No                    | N/A                   |
|--|-----------------------|-----------------------|-----------------------|
| Clears area or nearby environmental risk factors   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifies the correct patient:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Privacy and dignity is ensured, such as drawing curtains and avoiding unnecessary skin exposure  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Procedure and rationale are explained to patient, including time for patient to ask questions  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Removes jewellery  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Decontaminates hands with soap and water or alcoholic based hand rub   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rubs/rolls hands together and allows 15-20 seconds to dry  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cleans trolley/tray/surface:Critical aseptic field: Inside of the sterile package and micro-critical fields are used as required (caps and covers over key parts) (or)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cleans trolley/tray/surface: General aseptic field: includes tray or surface that has been detergent/disinfectant wiped (allowed to dry for 30 seconds), the inside of sterile packaging and micro-critical fields are used as required (caps and covers over key parts) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gathers equipment required, if using a trolley   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# Clinical Skills Check

place on the bottom shelf of the trolley

Takes trolley/tray to patient, have the prepared surface is close to the patient




## \*16. ASEPTIC TECHNIQUE: Procedure

Yes

No

N/A

Decontaminate hands with alcohol hand rub (rubs/rolls hands together and allow 15-20 seconds to dry) or, if hands visibly soiled, then use soap and water (for at least 15 seconds and then dry with paper towel). No jewellery, one plain band (eg wedding band) may be worn




Open sterile pack, taking care to protect key parts and aseptic field




Put a pair of non-sterile gloves on to remove the patient's dressing/device, discard in the prepared bag/sharps bin then remove and discard gloves




Hand Hygiene: Decontaminate hands with an alcohol hand rub or if hands visibly soiled then use a soap and water.




If required put on personal protective equipment (PPE)




Use sterile/non sterile gloves to perform the procedure




The clinician cleans the key site




Does not contaminate key site or key part/s or equipment




Does not leave the area during the procedure

# Clinical Skills Check

## \*17. ASEPTIC TECHNIQUE: Disposal/Cleaning

|  | Yes                   | No                    | N/A                   |
|--|-----------------------|-----------------------|-----------------------|
| Disposes waste using infectious waste, cytotoxic waste or sharps container as required | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disposal of PPE  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Washes hands   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*18. INTRAVENOUS CANNULATION: Preparation of the Patient

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Hand hygiene (Moment 1) : Decontaminates hands with an alcohol hand rub (rub/rolls hands together and allow 15-20 seconds to dry) or if hands are visibly soiled then use a soap and water (for at least 15 seconds and then dry with paper towel). No jewelry, one plain band (e.g. wedding ring) may be worn. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifies correct patient  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provides explanation of procedure to patient  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Allows for patient questions re procedure   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assesses patient's veins to determine appropriate IV cannulation site   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ensures patient comfort and privacy   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Places protective towel under the patient's arm   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hand hygiene (Moment 4 & 1): Decontaminates hands with an alcohol hand rub (rub/rolls hands together and allow 15-20 seconds to dry) or if hands are visibly soiled then use a soap and water (for at least 15 seconds and then dry with paper towel)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# Clinical Skills Check

## \*19. INTRAVENOUS CANNULATION: Preparation of equipment

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Prepares field (critical or general) for aseptic procedure.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Critical aseptic field: Inside of the sterile package, and micro-critical fields are used as required (caps and covers over key parts) OR   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| General aseptic field: Can include a tray or surface that has been detergent/disinfectant wiped (allowed to dry for 30 seconds),the inside of sterile packaging, and micro-critical fields are used as required (caps and covers over key parts). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Apply the tourniquet  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Put on protective eyewear   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



# Clinical Skills Check

## 20. INTRAVENOUS CANNULATION: Hand Hygiene

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Hand Hygiene (Moment 2): Decontaminates hands with an alcohol hand rub (rub/rolls hands together and allow 15-20 seconds to dry) or if hands visibly soiled then use a soap and water (for at least 15 seconds and then dry with paper towel)                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Put on non sterile gloves or sterile gloves if key sites will be touched i.e re-palpate vein  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does not re palpate the site once it has been cleaned, unless sterile gloves are used   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inserts the needle and cannula into the vein. If successful attaches appropriate access device and flushes cannula with 0.09% N/Saline to assess patency.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If the procedure is not successful, discards the cannula and prepares a new site. Does not re use the same cannula  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If the cannulation process needs to be repeated hand hygiene is performed after re preparation of the equipment.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Secures the cannula with the transparent IV dressing  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Removes gloves and preforms hand Hygiene (Moment 3 & 1): Decontaminates hands with an alcohol hand rub (rub/rolls hands together and allow 15-20 seconds to dry) or if hands visibly soiled then use a soap and water (for at least 15 seconds and then dry with paper towel) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# Clinical Skills Check

## 21. INTRAVENOUS CANNULATION: Aseptic Technique

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Observes universal washes hands                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gloves hands  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Precautions and maintain aseptic technique throughout procedure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*22. INTRAVENOUS CANNULATION: IV Cannulation Insertion Procedure

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Inserts IV cannula according to BHS IV cannulation Clinical practice guidelines | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*23. INTRAVENOUS CANNULATION: IV Cannulation Documentation

|   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| Dates insertion site  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Discards sharps into sharps container   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Discards waste into appropriate waste stream  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Performs hand Hygiene (Moment 4):<br>Decontaminates hands with an alcohol hand rub (rub/rolls hands together and allow 15-20 seconds to dry) or if hands visibly soiled then use a soap and water (for at least 15 seconds and then dry with paper towel) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Documents site of insertion   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Type/size of cannula used   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Removes green sticker from the outside of the IV start pack and places this into the patient progress notes   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## \*24. Clinical auditor:

## \*25. Health Practitioner:

# Clinical Skills Check

## 26. Date:

### References:

- \* Australian Commission on Safety and Quality in Health Care, 2014. National Inpatient Medication Chart Audit System, User Guide, Version 4, Feb. Sydney, ACSQHC
- \* Australian Commission on Safety and Quality in Health Care, 2010. The OSSIE Guide for Clinical Handover Improvement. Sydney. ACSQHC
- \* Medical Board of Australia, 2014, Good Medical Practice: A Code of Conduct for Doctors in Australia. Australian Medical Council
- \* National Institute for Clinical Excellence, 2002. Principles for Best Practice in Clinical Audit. Radcliffe Medical Press. Oxford, UK