

Employee Name \_\_\_\_\_

Date \_\_\_\_\_

### **NURSING SKILLS CHECKLIST**

#### **PREFACE**

This test is divided into four modules. I suggest not requesting completion of all four modules in one session so the nurse applying for employment or undergoing orientation does not become overwhelmed. The OASIS module applies to RNs and may be completed by qualified therapists.

The goals of these tests are not limited to identifying the areas of knowledge and deficits; the score of each module becomes the instrument that will facilitate a laser-focused training of new and current employees, optimizing skills in a cost-effective and timely manner.

The tests consist of very basic questions related to the challenges of the HHPPS refinement effective January first 2008 and each module was developed with the following considerations:

1. Clinical Competency Self-Evaluation
2. Disease Management \_ Most common home health diagnosis that require optimal management of financial and acute (re)hospitalization risks.
3. Medications \_ Top 20 prescription drugs of 2006
4. OASIS \_ Based on commonly identified errors and the HHPPS refinement of 2008

# Competency/Skills Checklist

# Skilled Nursing

Employee Name \_\_\_\_\_

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## COMPETENCY SELF EVALUATION

Instructions: Please mark the number next to each task using the scale listed below to score your ability in each skill:

**1** = experienced, can perform without direct supervision      **2** = some experience, needs review and/or supervision      **3** = Inexperienced with procedure, requires training and supervision

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Skilled body systems assessment	_____	Nebulizer	_____
OASIS (N/A for LPN)	_____	Pulse Oximeter	_____
Nutritional assessment	_____	Suture Removal	_____
Wound assessment	_____	Staples removal	_____
Enteral Feeding	_____	IM injections	_____
Fecal disimpaction	_____	SQ injections	_____
Foley catheter insertion	_____	Venipuncture	_____
NG tube insertion/removal	_____	IV therapy	_____
Peritoneal dialysis	_____	PICC, CVC care	_____
Wound management	_____	Ostomy care	_____
Diabetes management	_____	Urine Culture	_____
Glucose monitoring	_____	Throat swab	_____
Pain Management	_____	Bowel & Bladder training	_____
Energy conservation techniques	_____	PT/INR testing	_____

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**DISEASE MANAGEMENT****WOUNDS**

1. How do you stage a pressure ulcer that shows full thickness tissue loss with visible subcutaneous fat and bone, tendon or muscle are *not* exposed? Note that slough may be present but does not obscure the depth of tissue loss. Undermining and tunneling may also be present. (National Pressure Ulcer Advisory Panel \_ 02 2007)

- a) Stage II
- b) Stage III
- c) Stage IV

2. A pressure ulcer that presents with slough and/or eschar is always

- a) Stage III or IV
- b) Unstageable
- c) None of the above

3. Venous Lower extremities wounds present which of the following characteristics:

- a) Irregular edges, poorly defined \_ red granulation tissue is common
- b) Well demarcated edges \_ rare granulation tissue and eschar is common

4. Granulation tissue can be identified by a wound bed that is

- a) Clean, smooth and red
- b) Deep pink or red with a berry-like surface
- c) None of the above

5. Key elements for management of venous ulcers are:

- a) Avoid aggressive debridement until perfusion status is determined
- b) Manage the edema and inquire about arterial insufficiency before recommending elastic stockings
- c) Debride necrotic materials and provide pressure relief

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6. A wound with devitalized tissue may need debridement to reduce the risk of infection and facilitate healing pending on peripheral tissue perfusion and other considerations. Devitalized tissue may be recognized as:

- a) Slough with color that varies from pale ivory to various shades of yellow
- b) Stringy necrotic debris
- c) Black, brown, tan or grey eschar
- d) All of the above

7. The clinician's decision to use a wound cleansing method must take into consideration the wound bed characteristics and the outcomes otherwise, the healing process could be significantly impaired. When cleansing granulating wounds with saline, which method should be used?

- a) Wet to Dry
- b) Scrubbing gently with a gauze or sponge
- c) Irrigating with a high pressure stream using a syringe and angiocath
- d) Irrigating with a low pressure stream by pouring the solution directly from the bottle

8. When undermining or tunneling is present, which of the following would you recommend, knowing that the two others are probably contra-indicated in this situation:

- a) Hydrocolloid
- b) Alginates if wound is moist or draining
- c) Hydrogels if used without packing

9. A cost-effective approach to managing skin tears consists of cleansing the tear with saline, approximating with thin adhesive strips, covering with polymeric membrane island dressing and,

- a) Remove the dressing daily, cleanse with normal saline, and reapply the polymeric membrane
- b) No disturbing of the dressing for the first 3 days unless exudate is visible through dressing.
- c) Remove old dressing, no cleansing performed, place a new polymeric membrane island dressing and leave on for about 4 more days.
- d) a and b
- e) b and c

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**CONGESTIVE HEART FAILURE**

10. Decreasing the total amount of sodium is one of the most important ways to manage heart failure. The average goal for a patient, unless ordered otherwise by the physician, would be to limit his/her intake to:

- a) 2000 mg or 2 grams (g) per day
- b) Select frozen entrees that contain 600 mg or less of sodium and limit to one per day.
- c) 1000 mg or 1 gram per day
- d) a and b

11. Best practices in managing CHF to reduce the risks of re-hospitalization are to:

- a) Frontload the visits during the first week to teach medications where knowledge deficits are identified, starting with Ace Inhibitors, Beta Blockers and Diuretics
- b) Spread the visits equally and see the patient every week for 60 days
- c) Teach daily morning weights, low sodium diet
- d) Establish an individualized emergency plan with the patient
- e) a + c + d
- f) b + c + d

12. Signs & symptoms that need to be reported immediately to reduce risks of rehospitalization of patients with CHF are:

- a) Increasing shortness of breath, a gain of more than 5 pounds in one week, new or increased lower extremities edema, coughing or wheezing in the night, or needing to sleep propped up or sitting up
- b) Increasing shortness of breath, a gain of 2-3 pounds or more in one day, new or increased lower extremities edema, coughing or wheezing in the night, or needing to sleep propped up or sitting up
- c) Both a and/or b

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### COPD

13. Signs and symptoms that need to be reported immediately to reduce risks of rehospitalization of patients with COPD are:

- a) Warning signs of infection such as increased shortness of breath, wheezing, coughing up increased amounts of mucus or yellow- or green-colored mucus, sore throat, scratchy throat or pain when swallowing
- b) Unusual sinus drainage, nasal congestion, headaches or tenderness along upper cheekbones
- c) Chest pain
- d) a and b
- e) a, b and c

14. Annual Flu vaccine can reduce serious illness and death in COPD patients by:

- a) 50%
- b) 40%
- c) 20%

15. Best practices in managing COPD to reduce the risks of re-hospitalization are to:

- a) Frontload the visits during the first two weeks
- b) Establish an individualized emergency plan with the patient
- c) Teach where medication knowledge deficits are identified, beginning with inhalers, steroids, antibiotics and oxygen
- d) All of the above

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### DIABETES

16. Inaccurate Blood Glucose readings can occur if

- a) Strips are outdated
- b) Monitor is not calibrated to the strips being used
- c) Monitor has been stored at extreme temperatures
- d) Testing Technique is not done properly
- e) All of the above

17. The targeted level of Hemoglobin A1C for most diabetic is below

- a) 12
- b) 7
- c) 10
- d) 4

18. Which of the following aids can be used by diabetics with impaired vision and/or dexterity?

- a) Syringes magnifiers
- b) Nonvisual insulin measurement aids
- c) Needle guides and vial stabilizers
- d) Voice modules & synthetizers
- e) All of the above

### REFERENCES:

Medicare Quality Improvement Community (MedQic)  
Home Health Quality Improvement National Campaign (HHQI)

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**MEDICATIONS**

1. Which of the following insulins is peakless and thus can be given at any time during the day as long as it is the same time from one day to the other?

- a) Humalog, Novolog, Apidra
- b) Regular
- c) NPH
- d) Lantus, Levemir
- e) Novolin, Humulin

2. When would you recommend that a patient start eating immediately after taking which insulin?

- a) Humalog, Novolog, Apidra
- c) NPH
- d) Lantus, Levemir
- e) Novolin, Humulin

3. The peak of action therefore the time when a patient taking Humalog or Novolog is at greater risk for hypoglycemia is

- a) 2-4 hours
- b) 1-2 hours
- c) None of the above

4. Complete the sentence: The insulin strength "U-100" means 100 units of insulin per \_\_\_\_ (ml or cc)

5. Which of the following insulins is/are cloudy?

- a) Humalog, Novolog, Apidra
- b) Regular
- c) NPH
- d) Lantus, Levemir

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6. Which of the following drugs does not present risks for hypoglycemia?

- a) Glimepiride (Amaryl)
- b) Glipizide (Glucotrol)
- c) Glyburide (Diabeta, Micronase)
- d) Metformin (Glucophage)

7. Draw a line to relate the medications to their action

Nexium	narcotic analgesic
Albuterol	CHF, HTN, Angina Pectoris
Singulair	Prophylaxis & chronic treatment of asthma
Lexapro	Decreases the amount of stomach acid
Norvasc	Ca Channel Blocker _ Relaxes blood vessels
Hydrocodone	Bronchodilator
Toprol XL	Major depression, generalized anxiety

8. ACE Inhibitors (Angiotensin-Converting Enzyme) Inhibitors are drugs that stop the body's ability to produce angiotensin II, a natural substance that causes blood vessels to tighten (contract). ACE inhibitors relax and expand (dilate) blood vessels, allowing blood to flow more easily. This increases the supply of blood and oxygen to the heart, making the heart work more easily and efficiently. Examples of Ace Inhibitors are:

- a) Enalapril (Vasotec), Lisinopril (Prinivil, Zestril), Quinapril (Accupril), Ramipril (Altace), Fosinopril (Monopril)
- b) Carvedilol (Coreg), Metoprolol (Lopressor), Atenolol and Toprol XL.
- c) Losartan (Cozaar); Valsartan (Diovan); Irbesartan (Avapro)

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9. Patients should not stop taking TOPROL-XL suddenly because of the possibility of serious side effects, such as

- a) Hyperglycemia
- b) Lactic acidosis
- c) Chest pain or a heart attack.

10. Which of the following instructions would NOT apply to patients taking Synthroid?

- a) Synthroid has a narrow therapeutic index. This means that the amount of levothyroxine must be managed very carefully to help ensure proper treatment.
- b) Take Synthroid on an empty stomach. This means taking it 30 to 60 minutes before eating breakfast.
- c) Once the doctor finds the best dose for you, you will need to have a TSH test every 6 to 12 months to ensure that you are still getting the amount of levothyroxine your body needs.
- d) Slow heartbeat is a sign that your may getting more levothyroxine than your body needs.

11. Advair is a combination of two drugs – Fluticasone Propionate (Flovent) and Salmeterol (Serevent). The diskus, through which the Advair medicine is inhaled, is a combination of a bronchodilator and corticosteroid.

- a) True
- b) False

12. Blood in stools or urine, black stools, reddish or purplish spots on skin, excessive bruising, persistent bleeding from superficial injuries are signs of possible overdosage of

- a) Coumadin/Warfarin Sodium
- b) Plavix
- c) Zyrtec
- d) a & b
- e) a & c

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13. Grapefruit and grapefruit juice may interact with Lipitor and lead to potentially dangerous effects. Encourage patients to discuss the use of grapefruit products with their doctor. This statement is

- a) True
- b) False

### REFERENCES:

Pharmacy Times \_ Top 200 prescription drugs of 2006  
<http://www.pharmacytimes.com/article.cfm?ID=4629>

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### OASIS

1. When both Nursing and P.T. are ordered at SOC, can the P.T. visit the patient first as long as the admission requirements are met during that visit (Consent, Bill of Rights....) and the RN makes a visit on the same day?

- a) Yes
- b) No

2. Completing an OASIS assessment without providing/documenting skilled services such as, but not limited to, teaching, training or performing wound care is considered a

- a) Billable visit to Medicare
- b) Non-Billable visit to Medicare

3. MO090 \_ The physician calls the office with an unexpected discharge. The last person to see the patient was an LPN. The RN has not seen the patient for the last two weeks and must complete the OASIS. What are allowable practices per the Medicare Conditions of Participation?

- a) Discuss the patient status with the LPN and complete the OASIS Discharge
- b) Complete the paperwork based on the RN visit of two weeks ago
- c) Make a visit in the home, no physician order required, as the visit is non-billable
- d) Call the patient/caregiver and complete the OASIS over the phone
- e) b or c

4. A Significant change in condition occurs when three factors are in place: new orders, HHRG/Case-Mix change such as new therapy services where only nursing was providing care, and

- a) The condition was not present and thus the change unexpected at SOC
- b) The condition was present at SOC but the patient/caregiver refused therapy services at the time
- c) The condition was present at SOC but the physician refused to give therapy orders at the time

5. PATIENT DISCHARGE \_ A patient should be discharged when he/she is no longer homebound and when

- a) Goals on the Plan of Care are met
- b) No need for skilled home health services for the balance of the 60-day episode are anticipated
- c) N/A as we should never discharge before the end of the episode
- d) Both a and b

6. MO230-240 \_ You are providing wound care to a patient who had an abscess surgically removed from his buttock. A drain is in place. Can you use "Abscess" as one of your diagnosis?

- a) Yes
- b) No

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7. MO230-240 \_ The listing of the diagnosis is done in the order of severity as described on the OASIS, and should include diagnosis related to which of the following

- a) New and changed medications
- b) Diagnosis that may impact the Plan of Care
- c) Skilled services ordered (Nursing and therapy)
- d) Any conditions for which non-routine supplies are necessary for the treatment of those conditions
- e) a, b and c
- f) a, b, c and d

8. MO230 \_ Openings along the surgical incision should **not** be documented as:

- a) Open wounds
- b) Non-healing surgical wound
- c) Infected post-operative seroma
- d) Other postoperative infection

9. MO230-240 \_ How would you list the diagnosis related a surgical incision that is well approximated except for two small opened areas?

- a) Open wound
- b) Attention to surgical dressing
- c) Non-healing surgical wound

10. MO445 \_ A patient underwent surgery for a muscle flap of his pressure ulcer. The wound is a:

- a) Surgical wound
- b) Pressure ulcer

11. MO340 \_ Mrs. Smith receives paid help with ADLs & IADLs 5 days a week for 4-8 hours per day. She is alone during the remaining time. How would you answer MO340?

- 1) Lives alone
- 5) With paid help (other than home care agency staff)

12. MO445 \_ A patient underwent surgery for debridement of his pressure ulcer. The wound is a:

- a) Surgical wound
- b) Pressure ulcer

13. MO445 \_ A diabetic patient explains that he has developed a pressure ulcer on his toe because of poorly fitted shoes. The physician's office calls it a diabetic ulcer. Does this patient have a pressure ulcer at MO445?

- a) Yes
- b) No

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14. MO450 \_ What is the accurate staging of a pressure ulcer that was a stage 4 at his deepest months ago but now looks like a stage 2?

- a) Stage 2
- b) Stage 4

15. MO464\_ An infected Pressure ulcer is

- 1 \_ Fully granulating
- 2 \_ Early/partial granulation
- 3 \_ Not healing
- NA \_ No observable pressure ulcer

16. MO464-476-488 \_ A wound bed that is without slough or other devitalized tissue and covered with 25% or more of granulation tissue is considered to be

- a) Fully granulating
- b) Early / Partial granulation stage
- c) Not healing

17. MO488 \_ You are admitting a patient with a surgical incision that is well approximated except for two small opened areas. How would you score MO488:

- 1. Fully granulating
- 2. Early / Partial granulation
- 3. Not healing

18. MO690 \_ A patient is unable and requires assistance to be repositioned in bed, however is able to be transferred to a chair with the use of a Hoyer Lift. Would you score "5" Bedfast at MO690?

- a) Yes
- b) No

19. MO670\_ The patient is restricted from bathing in the tub or shower while the surgical dressing is in place. However, there would be no physical or cognitive limitations for this patient to bathe independently otherwise. How would you score MO670?

- 0 \_ Able to bathe self in shower or tub independently
- 4 \_ Dependent \_ Unable to use the shower or tub and is bathed in bed or bedside chair

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20. MO780 \_ Mrs. Smith lives alone and is able to take her medications correctly from a weekly pillbox set –up by her daughter. What would you score at MO780?

- 0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
- 1 Able to take medication(s) at the correct times if:
  - (a) individual dosages are prepared in advance by another person; OR
  - (b) given daily reminders; OR
  - (c) someone develops a drug diary or chart

21. Mrs. Smith lives in an ALF and is able to take her medications correctly from the bubble pack when the ALF staff (aide) present them to her. What would you score at MO780?

- 0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
- 1 Able to take medication(s) at the correct times if:
  - (a) individual dosages are prepared in advance by another person; OR
  - (b) given daily reminders; OR
  - (c) someone develops a drug diary or chart

2 Unable to take medication unless administered by someone else

22. MO780 \_ The ALF non-nursing staff where you patient resides assists him/her with medications. How would you score MO780?

- 0 \_ Able to independently take the correct oral medication(s) and proper dosage(s) at the correct time.
- 1 \_ Able to take medication(s) at the correct time if:
  - (a) individual dosages are prepared in advance by another person; OR
  - (b) given daily reminders: OR
  - (c) someone develops a drug diary or chart
- 2 \_ Unable to take medication unless administered by someone else.

23. MO840 \_ Your patient fell at the doctor's office and sustained a fracture hip. He was transferred to the hospital. What would you score at MO840:

- 3 Injury caused by fall or accident at home
- 9 Other than above reasons

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24. A possible reason for outcomes reports showing a decline or no improvement in function such as grooming, transferring, toileting and ambulation is that at SOC/ROC/FU these functions were scored to be more independent than they truly were. This may occur when the clinician completing the OASIS:

- a) Is not skilled in assessing function
- b) Scores the MOs based on an interview of the patient/caregiver without validating the answer with a demonstration
- c) Documents the OASIS findings after the visit, outside of the home
- d) All of the above

### REFERENCES:

CMS OCCB Q&As \_ May 2007 \_ July 2007

Best Practices \_ OASIS Answers 2006

HHPPS Final Rules and Regulations \_ Federal Register Vol 72, No. 167\_08 29 2007

National Pressure Ulcer Advisory Panel (NPUAP) \_ Updated Staging System \_ 02 2007

WOCN Society \_ OASIS Guidance Document \_ Revised 07 2006



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**MANAGEMENT FOLLOW-UP**

**NAME OF CLINICIAN (PLEASE PRINT)** \_\_\_\_\_

**MODULE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**EDUCATION PROVIDED:**

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**EDUCATIONAL MATERIALS/RESOURCES PROVIDED:**

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**SIGNATURE OF CLINICIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF DON or DESIGNEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_