

Annual Clinical Competency Checklist

The purpose of this document is to outline the annual competency for clinical staff at Northwest Kidney Centers. This checklist is designed to ensure that all clinical personnel maintain the necessary skills and knowledge to provide safe, effective, and high-quality care to patients, a structured framework for evaluating and documenting the proficiency of staff in key clinical practices, clinical procedures, and adherence to organizational protocols.

Name: _____ Date: _____

Clinic: _____

Knowledge/Skill Competency	Location	Validator Initials (if applicable)	Date Completed
Scavenger Hunt (required upon hire, post renovation, float/per diem staff)	<ul style="list-style-type: none"> PolicyStat: Unit Specific Employee Safety Orientation, SAF-U9012 PolicyStat: Safety Scavenger Hunt Form, SAF-U9012A 		
Machine Set-Up	<ul style="list-style-type: none"> PolicyStat: HD Machine Set-Up Using Fresenius Dialyzers 		
Intradialytic Morbidities (Co-Morbid Conditions)	<ul style="list-style-type: none"> PolicyStat: Managing Hemodialysis Patient Complications and Emergencies 		
AVF/AVG Assessment & Cannulation	<ul style="list-style-type: none"> K-Net: AVF_AVG Cannulation Skills Verification 		
Catheter Care (including Dressing Change)	<ul style="list-style-type: none"> Catheter Dressing Change K-Net: Hemodialysis Catheter Care Skills Validation Form (Annual) 		
Arjo Mechanical Lift	<ul style="list-style-type: none"> K-Net: Arjo Mechanical Lift Annual Competency, ED-F1516 		
Slips, Trips, and Falls	<ul style="list-style-type: none"> K-Net: HD Complications: Falls by Dr. Brockenbrough K-Net: Preventing Falls at the Clinic 		
Manual Blood Pressure	<ul style="list-style-type: none"> K-Net: Competency for Taking Blood Pressures, 		
Use of the Glucometer	<ul style="list-style-type: none"> Policy Stat: Using the Assure Prism Multi Glucometer 		
Medication Administration	<ul style="list-style-type: none"> PolicyStat: Parenteral Medication Preparation Drawing Medications Skills Validation 		
Mock Code Role & Responsibility	<ul style="list-style-type: none"> Policy Stat: Code Status and POLST Policy Stat: Code Blue Guidelines 		

	<ul style="list-style-type: none"> • Policy Stat: Care of the Dead • Code Blue Checklist Form 		
Emergency Equipment/Medications (Crash Cart Review)	<ul style="list-style-type: none"> • Policy Stat: Emergency Equipment and Supplies: Audit and Maintenance, SAF-E9029 		
Review of Water System	<ul style="list-style-type: none"> • K-Net: Water Treatment Packet 		
Administrative Clinical Compliance			
Documentation	Certification/License #	Exp. Date	
Current AHA/BLS CPR			
Licensure/Certification			
Color Blind Test (Pass/Fail)			

By signing below, I acknowledge that I have reviewed and understand the policies and procedures presented. I have had the opportunity to ask questions for clarification and have demonstrated the required clinical skills through hands-on practice or observed the demonstration of required clinical skills as part of this competency evaluation.

Staff Signature

Clinic Manager/Supervisor Signature

Preceptor/Validator Signature(s)

By signing below, I confirm that I am knowledgeable of current policies and procedures and competent to independently perform all duties I have evaluated.

Validator Signature: _____ Date: _____

Validator Signature: _____ Date: _____

Validator Signature: _____ Date: _____