



## In Safe Hands Clinical Team Assessment Tool

This tool is designed as a self assessment to determine how well existing structures, functions and processes within clinical units meet the 10 functions of an 'In Safe Hands' unit. An understanding of the current state within a clinical unit is important for informing key strategies when implementing new processes.

**Information on the Clinical Excellence Commission's In Safe Hands Program can be found here: <http://www.cec.health.nsw.gov.au/programs/insafehands>**

It is recommended that this questionnaire be completed as a team and include representation from nursing, medical and allied health staff working as part of the clinical team. This may include the unit leaders and clinicians providing bedside care.

### Rating Key

The rating key is used to identify how effectively a clinical unit meets the function being assessed.

**Yes, always** = This criterion is met across all disciplines within the clinical team all of the time. Activities should be directed to ensuring these practices are embedded into culture and sustainable over time.

**Yes, partially** = This criterion is met some of the time or is present within some disciplines, but not others. Activities should be directed to implementing these practices across all disciplines within the clinical team.

**Not met** = This criterion is not met within the clinical team. These areas will require the most work. Development of a localised implementation plan will be required.

**Name of Hospital:** \_\_\_\_\_

**Name of unit:** \_\_\_\_\_

### 1. Leadership and Governance

Teams with good leadership and governance are more effective.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>There is a co-leadership model for the unit that includes nursing and medical leadership</b>			
<b>There is clarity between the roles of the unit leaders</b>			
<b>The leader/s of the ward based clinical team establishes clear goals and expectations.</b>			
<b>The leader/s of the ward based clinical team fosters a respectful and positive culture.</b>			

### 2. Team structures and dynamics

Teams and unit leaders require structures for decision making and consultation, with clear role definition for each team member.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>Contributions from all members of the health care team are considered when developing the patient management plan.</b>			
<b>There is a mutual trust between colleagues within the ward based clinical team</b>			
<b>Members of the clinical team communicate well with other team members regarding the care of patients</b>			
<b>Interdisciplinary ward rounds are structured in relation to time, content and personnel.</b>			
<b>Care planning decisions are made at interdisciplinary ward rounds.</b>			
<b>Direct communication occurs between all members of the health care team. Eg. Between nurses and AMO / VMO, or allied health and nurses or AMO / VMO.</b>			
<b>Team issues are discussed and resolved effectively during interdisciplinary team meetings.</b>			
<b>Team efforts and achievements are acknowledged</b>			

### 3. Care Planning, Coordination and delivery

An essential function of the team is to plan for and coordinate care of their patients.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>All patients who come through the ward/unit have clear objectives for their care documented in a care plan or clinical management plan.</b>			
<b>The patient is included in developing the plan for care.</b>			
<b>All patient management plans have interdisciplinary input.</b>			
<b>Care is delivered in a coordinated way between disciplines.</b>			
<b>There is a nursing leader responsible for the coordination of care at a unit level.</b>			
<b>Care is handed over using a structured format in relation to time, content and personnel.</b>			

### 4. Standard Protocols and Procedures

Standardisation of core procedures at the ward or unit level ensures greater efficiency and effectiveness.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>There are standard protocols and procedures for all essential or high risk processes of care, and these are accessible for all members of the health care team.</b>			
<b>All staff have received education and training in the use of standard protocols and procedures used on the clinical unit.</b>			

### 5. Patient Safety and Quality Systems

These systems ensure that lessons are learned and integrated into work practices.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>All staff are aware of their responsibilities in regard to incident management on the clinical unit.</b>			
<b>All staff take responsibility for reporting incidents and near misses that occur on the clinical unit.</b>			
<b>Incidents are reviewed as a team and actions are taken when incidents occur.</b>			
<b>The team is actively involved in patient safety improvement activities.</b>			

## 6. Patient Experience

Teams must focus specifically on establishing procedures that ensure positive patient experiences.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>The patient and family are acknowledged as part of the team.</b>			
<b>The patient and family are central to all decisions made.</b>			
<b>The patient and family are updated regularly on the plan for care.</b>			
<b>Tools to measure patient experience are used on the clinical unit regularly.</b>			

## 7. Education, Training and Supervision

All members of the team need to be appropriately educated and trained for the roles that they perform. Effective supervision within the team to ensure learning opportunities are taken and individuals practice within the scope of their competence is essential.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>All staff are encouraged and provided with opportunities to learn and develop new skills</b>			
<b>Staff in the ward based clinical team are provided with the education and training they need to perform their respective roles</b>			
<b>There is adequate supervision for all staff disciplines working within the ward based clinical team</b>			

## 8. Workforce Management

Effective workforce management requires an optimal balance of people with the right knowledge and skills in the right places at the right time, within the available resources.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>There is a suitable level of experience and skill mix of staff within the clinical team (eg. There is an optimal balance of knowledge across all team members)</b>			
<b>There is good succession planning in my clinical team.</b>			
<b>There is an orientation process for new and rotating staff designed to fully integrate new staff into the culture and work roles within the clinical team.</b>			

### 9. Support Services and Equipment

These are essential for the delivery of good care, along with the systems in place to manage them and ensure clinical teams are supported effectively.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>Essential equipment for patient care is available to the clinical team.</b>			

### 10. Information Management

Good care depends on good decisions, and good decisions depend on having the right information at the right time.

	<i>Yes, always</i>	<i>Yes, partially</i>	<i>Not met</i>
<b>Clinical information is easily accessible from the relevant systems on the ward (e.g. Radiology, Pathology Results).</b>			
<b>Point of care clinical systems are readily available to assist in clinical decision making.</b>			

***Thank you for taking the time to complete this assessment***