

Greater Southern Area Health Service

Title: Radiology Correct Patient, Correct Procedure and Correct Site Policy			
Manual: <ul style="list-style-type: none">• Safe Practice & Environment	Version Number: Area Policy Officer is the only person who allocates version numbers for Area Policies.	Effective Date: September 2006	Review Date: September 2010

Outcome:

- Compliance with *Circular No. 2004/56 Correct Patient, Correct Procedure and Correct Site Model Policy* issued by the NSW Department of Health.
- Prevention of radiation accidents as a result of a wrong patient, wrong procedure and/or a wrong site incident.
- Compliance with the *GSAHS Radiation Safety Policy* and *GSAHS Radiation Safety Procedure*.
- To inform and instruct all staff of their obligations and responsibilities concerning verification of correct patient, correct procedure and correct site details when performing diagnostic imaging examinations.

Policy Statement:

In the provision of a diagnostic radiology service GSAHS will administer ionising radiation in accordance with *Circular 2004/56 Correct Patient, Correct Procedure and Correct Site Model Policy* issued by the NSW Department of Health. Responsibility for verification of patients details relating to this policy and its associated procedure rests with all GSAHS staff involved in the diagnostic imaging examination.

This policy must be read in addition to *Circular 2004/56 Correct Patient, Correct Procedure and Correct Site Model Policy*.

Responsibilities:

Clinical Manager

- The Director of Clinical Operations - Acute is to provide overall direction for the policy, procedures and management of radiation safety.
- At regular intervals, a review of the Medical Imaging services should be conducted to ensure continued adherence to this policy and appropriate action should be taken in the event of failure to comply.
- The Director is to ensure that this policy is adhered to in order to comply with *GSAHS Radiation Safety Policy*.

Specialist Medical Officers

- The Medical Officer in charge of the interventional procedure carries the ultimate responsibility for correct identification of all details required by *Circular 2004/56* and adherence to the procedure associated with this policy.

Cluster Manager/Medical Imaging Manager

- These managers are responsible for overseeing the implementation of this policy at each local site.
- The Medical Imaging Manager will assist in verification of the correct patient, correct procedure and correct site when involved in diagnostic imaging examinations.
- Collectively, the GSAHS Medical Imaging Managers are responsible for the design of appropriate documentation to confirm that this process has been performed by Medical Imaging staff.

Medical Radiation Scientists

- The Medical Radiation Scientist will assist in verification of the correct patient, correct procedure and correct site when involved in diagnostic imaging examinations.
- The MRS performing the imaging examination will complete the relevant details on the imaging request form as per the *GSAHS Radiology Correct Patient, Correct Procedure and Correct Site Procedure*.

Other Staff

- All staff within the radiology department must participate in the verification process when involved in the process of the imaging exam. This includes when patient contact occurs at administration and during care before, after and throughout the examination.

- For patients transferred from locations within the hospital who are incapable of personally participating in the verification process and with no authorised representative present, a member of staff from the preceding location (e.g. ward or Emergency Department) must act as the patient's representative for the verification as per *Circular 2004/56*.

Approved by:	Title: Director of Clinical Operations - Acute	Name: Ted Rayment	Signature:	Date:
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Director Responsible:

GSAHS Director of Clinical Operations – Acute: Ted Rayment

Position Responsible for Adherence & Implementation:

All GSAHS staff involved in the diagnostic imaging process.

Outcome Measures:

- Compliance with *Circular No. 2004/56 Correct Patient, Correct Procedure and Correct Site Model Policy* issued by the NSW Department of Health.

References:

Circular No. 2004/56 Correct Patient, Correct Procedure and Correct Site Model Policy, 5th November 2004, Department of Health, NSW.

GSAHS Radiation Safety Policy

Vitucci, T. 2005, *Radiology Correct Patient Correct Procedure Correct Site Policy*, Greater Southern Area Health Service

Bibliography:

PD2005_406 Consent to Medical Treatment – Patient Information, 27th January 2005, Department of Health, NSW.

Definitions:

- Incident: an incident is an event or circumstance which could have, or did, lead to unintended and/or unnecessary harm to a person and/or a complaint, loss or damage.
- Interventional Procedure: a procedure involving any invasive contact with a patient e.g. surgical operation, endoscopy and certain radiological procedures.
- Radiation Accident: is any event where the administration of radiation is unwarranted, excessive, in breach of health service policy and/or the result of faulty apparatus.

- Wrong site procedure: A procedure performed on the wrong area of the body of a patient or on the wrong patient.

Consultation Process / List:

Title / Position	Title/Position Responded
Area Policy Officer	
GSAHS Medical Imaging Managers	Cooma Medical Imaging Manager

Created By: Samantha Pavitt

Medical Imaging Manager, Queanbeyan District Hospital.

Area Procedure



GSAHS

Radiology Correct Patient, Correct Procedure and Correct Site Procedure			
Manual: <ul style="list-style-type: none"> Safe Practice & Environment 	Relates to Area Policy (insert Policy Version Number): Title of Area Policy: Correct Patient, Correct Procedure and Correct Site Policy Eg. Relates to Area Policy 2006/01: Records Management	Effective Date: September 2006	Review Date: September 2010

Aim:

- To ensure compliance with *Circular No. 2004/56 Correct Patient, Correct Procedure and Correct Site Model Policy* issued by the NSW Department of Health.
- Prevention of radiation accidents as a result of a wrong patient, wrong procedure and/or a wrong site incident.
- To ensure compliance with the *GSAHS Radiology Correct Patient, Correct Procedure and Correct Site Policy, GSAHS Radiation Safety Policy and GSAHS Radiation Safety Procedure.*

Scope:

This procedure is applicable to all sites that provide or utilise Imaging services across the Greater Southern Area Health Service.

Criteria:

All GSAHS staff who are involved in the diagnostic imaging process are to adhere to this procedure and its associated policy. Verification of correct patient, correct procedure and correct site is to occur for every phase of the diagnostic imaging examination.

PROCEDURE

All staff involved in the diagnostic imaging procedure are to adhere to all requirements set out in *Circular No. 2004/56 Correct Patient, Correct Procedure and Correct Site Model Policy* with the following addendum:

1. Pre-procedure Verification Process

- Verification of correct patient, correct procedure and correct site is to occur:
 - At the time of arrival of the patient to the Radiology Department;
 - Directly prior to commencement of examination;
 - Anytime the responsibility of care is transferred.
- All Radiology team members must ensure at point of contact with the patient that verification of appropriate details is confirmed with the medical imaging request form (Appendix 1).

2. Marking of the Procedure Site

- All imaging data must have the correct patients details printed on any hard copies or attached to any digital files.
- Radiology services may use the abbreviations of “R” for right and “L” for left on diagnostic images.
- For radiographic procedures, side markers are to be photographically impregnated upon the film. In the event where this does not occur, stick on markers may be utilised.
- If there is any confusion as to the side examined or the orientation of the diagnostic image, then a repeat examination with correct markers should be performed.
- For foreign body localisation with general radiography examination, the foreign body entry site should be: 1. radiographed with a metallic foreign body marker; and 2. the site of this marker must be marked on the patient’s skin with an indelible marker.

3. “Time Out” immediately prior to starting the procedure

- For all invasive procedures, all staff involved in the imaging examination must stop and conduct a final verification of details as per *Circular 2004/56*.

4. Wrong Patient, Wrong Procedure or Wrong Site Incident

- Any incidents of wrong patient, wrong procedure or wrong site are construed as a radiation accident.
- These incidents must be reported immediately to the Medical Imaging Manager.
- The procedure as outlined in *Circular 2004/56* must be followed.

Documentation:

Confirmation that this procedure and its associated policy have been adhered to will be evidenced on the Medical Imaging Request Form by the MRS who performs / assists with the procedure.

Outcomes:

- All diagnostic imaging examinations will be performed on the correct patient with the correct procedure being carried out and the correct site examined.
- Elimination of radiation accidents as a result of a wrong patient, wrong procedure and/or a wrong site incident

References:

Circular No. 2004/56 Correct Patient, Correct Procedure and Correct Site Model Policy, 5th November 2004, Department of Health, NSW.

GSAHS Radiology Correct Patient, Correct Procedure and Correct Site Policy, 2006.

GSAHS Radiation Safety Policy, 2006.

Vitucci, T. 2005, *Radiology Correct Patient Correct Procedure Correct Site Policy*, Greater Southern Area Health Service

Bibliography:

PD2005_406 Consent to Medical Treatment – Patient Information, 27th January 2005, Department of Health, NSW.

Appendices:

Appendix 1 - GSAHS Medical Imaging Request Form

Consultation Process / List:

Title / Position	Title/Position Responded
Area Policy Officer	
GSAHS Medical Imaging Managers	Cooma Medical Imaging Manager

Created By: Samantha Pavitt

Medical Imaging Manager, Queanbeyan District Hospital.

Approved by:	Title:	Name:	Signature:	Date:
	Director of Clinical Operations – Acute	Ted Rayment		