

**Greater Southern Area Health Services**

**INTERVENTIONAL PROCEDURE  
CORRECT PATIENT VERIFICATION AUDIT TOOL**

**DOCTOR.....**

<b>CORRECT PATIENT &amp; TIME OUT DETAILS</b>		<b>Y</b>	<b>N</b>
<b>ID bracelet insitu</b>	<i>Checked &amp; correct</i>		
<b>ALLERGIES / Alerts bracelet insitu</b>	<i>Checked &amp; correct</i>		
<b>1. CONSENT FORM</b> contains	Procedure / operation		
	Side		
	No abbreviations		
	Is signed by patient or a legal representative		
	Is signed by Surgeon/ Proceduralist		
<b>2. PATIENT IDENTIFICATION</b>	Patient able to state full name		
	Date of birth		
	Patient able to state procedure/surgery, side and site to be performed		
	Patient able points to the site		
<b>3. SITE MARKED</b>	Procedure / surgical site is: marked with an arrow and initials		
	Procedure / surgical site mark is consistent with consent form		
<b>4. IMAGING DATA</b>	Confirmation of imaging data		
<b>5. TEAM TIME OUT</b>	<b>Time Out called (time) _____ hrs</b>		
	Presence of Correct Patient		
	Correct site has been marked		
	Agreement on the procedure to be performed		
	Availability of correct implant where required		
<b>COMMENTS PERTAINING TO TIME OUT:</b>			
<i>Near Miss or Incident reported to in-charge nurse</i> <b>Yes / No / NA</b>			
Name of person who initiated time out:.....			
<b>DISCREPANCIES</b>			
<i>If there is a discrepancy in any part of the patient verification process the following interventions are to occur. Document discrepancies in the Patient Medical Record &amp; complete a near miss &amp;/or incident form. If a discrepancy cannot be rectified the procedure should be delayed until resolved</i>			
Is there any <b>DISCREPANCY</b> in the interventional procedure correct patient verification checklist? <b>Yπ   Nπ</b>			
If answered Yes- has the surgeon/proceduralist being notified? <b>No π- please notify ASAP    Yes π- complete following</b>			
Proceduralist/ surgeon name _____ notified at (time) _____hrs on (Date) _____			
initial _____ Has the Surgeon / Proceduralist rectified the discrepancy and verified site and side and communicated with team –			
No π - Document in Patient Medical Record <b>Yes π rectified at (time) _____hrs on (Date) _____ initial _____</b>			
Has the completion of a near miss /incident form been attend and documented in Patient Medical Record? <b>Yπ   Nπ</b>			
Comments .....			
<b>Dispute Resolution</b>			
<i>If there is a dispute in any part of the Five step verification process the following interventions are to occur:</i>			
If there is a <b>DISPUTE</b> in the interventional procedure correct patient verification process			
Was the procedure continued <input type="checkbox"/> <input type="checkbox"/> Under who's authority was it continued _____			
Was the procedure postponed <b>Yes / No</b>			
Was the Dispute Resolution Followed <b>Yes / No</b>			
Was this documented in the medical record <b>Yes / No</b>			
<b>Data Set complete Yes / No</b>		<b>Auditor:</b>	