

Document ID: **NC-AREA-POL-1938-06**

Title: Correct Patient, Correct Procedure and Correct Site

Site where document is utilised: All Sites

Description: The purpose of this policy is to ensure that an intended procedure is performed on the correct patient, at the correct site and if applicable with the correct implant.

Subject: Patient Identification

Keywords: Clinical Practices, Clinical Services, Clinical Service Provision, Clinical Quality Improvement, Operating Theatres, Surgery, Procedure

Replaces Existing Policy **yes** **no** ✓
Registration Number of Superseded Documents:

Related Legislation, Dept. of Health Policy or Circular, or other Area Documents:
NSW Health Correct Patient, Correct Procedure and Correct Site Model Policy
PD2005_380

Author: Area Clinical Practice Manager
Document Maintained By: Valerie Johnstone
Contact Details: 6588 2941

Aboriginal Health Impact Statement Required? **yes** **no** ✓
Aboriginal Health Advisory Committee Approval? **yes** **no** ✓
Date: 5/6/06 Registration Number: CG/2006/05

Area Executive Responsible for Communication, Implementation and Review:
Director Clinical Governance

Publication on Intranet **Other**

Date Created: September 2006
Valid From: 31 October 2006
Review Date: 31 October 2007
Issue Date: 1 November 2006

Approved for Electronic Distribution by NCAHS Chief Executive

Area Clinical Policy Statement

Document Registration Number:



Author/s: Clinical Governance Unit – Area Clinical Practice Manager

Executive Director: Director Clinical Governance

Clinical Consultation: Network Coordinators and Facility Managers for distribution to key stakeholders, Operating Theatre Managers, Area Periop/CSSD Network, Medical Imaging Departments – Chief Radiographers, Emergency Department Managers and Directors, Intensive Care Managers and Directors.

Authority:

Clinical Authority:

NCAHS Surgical Advisory Forum, Critical Care Network Committee

Management Authority:

NCAHS Health Care Quality Committee

Compliance with this Clinical Policy is Mandatory

1.0 Title: CORRECT PATIENT, CORRECT PROCEDURE AND CORRECT SITE

2.0 Background

Wrong patient, wrong procedure, wrong site and use of wrong implants are relatively uncommon adverse events in healthcare but are often devastating when they occur, not only for the patient and their families but also for the staff involved.

As no model policy or guidelines existed in Australia, the Quality and Safety Branch of NSW Health, in conjunction with the NSW Branch of the Royal Australasian College of Surgeons, the Australian and New Zealand College of Anaesthetists NSW Regional Committee and the NSW Operating Theatre Association developed a model policy for rollout in NSW in 2005.

This North Coast Area Health Service policy is based on the NSW Health Correct Patient, Correct Procedure and Correct Site Model Policy PD2005_380¹.

3.0 Purpose

The purpose of this policy is to ensure that an intended procedure is performed on the correct patient, at the correct site and if applicable with the correct implant.

4.0 Policy Statement

Proposed Action

In the NCAHS, all members of the surgical or procedural team must follow the steps outlined in the Procedure document – Correct Patient, Correct Procedure and

Correct Site including: pre-procedure verification processes; marking the procedure site; and, conducting a team 'Time Out' immediately prior to starting the procedure.

Principles

- Wrong patient, wrong procedure and wrong site incidents can and must be prevented
- A multi-tiered approach involving many complementary strategies is required to achieve the goal of ensuring correct person, correct procedure and correct site.
- Responsibility for ensuring correct person, correct procedure and correct site verification rests with **all** team members. However, the person in charge of the interventional procedure carries the ultimate responsibility.
- Active involvement and effective communication among **all** members of the surgical or procedure team are essential for success.
- To the extent possible, the patient (or authorised representative) should be involved in site identification. Site marking is essential in cases where there is the potential for error involving left/right distinction, multiple structures (fingers, toes, or lesions) or levels (spine).
- If imaging data are used to confirm the site or procedure, two or more members of the procedural team must confirm the images are correct and properly labelled.
- The policy is applicable to all operative and other invasive procedures that potentially expose patients to harm, including procedures performed in settings other than the operating room and medical imaging department.
- The policy is flexible enough to allow for implementation with appropriate adaptation when required to meet specific facility or patient needs. This can be achieved through localisation of the model Procedure.

Resources

Staffing resources may be required to monitor and evaluate implementation of the policy using the clinical audit process.

Organisational Responsibility

The NCAHS is responsible for:

- Establishing structures to ensure appropriate management of wrong patient, wrong procedure, and wrong site incidents.
- Ensuring the policy and procedures for preventing wrong-site procedures are accessible to clinicians.
- Ensuring that the policy is adopted, adhered to and effectively managed.

- Ensuring regular prospective audits are undertaken.
- Ensuring all wrong patient, wrong procedure, wrong site incidents are reported.
- Ensuring Root Cause Analyses are conducted when appropriate.
- Ensuring that regular reports are submitted to the NCAHS Health Care Quality Committee.
- Reporting as required to the NSW Health Department.

Management Responsibility

Facility and Clinical Stream Managers are responsible for:

- Ensuring that the policy and required steps described in the procedure are implemented.
- Ensuring that the execution of the steps described in the procedure is documented in the patient's medical record.
- Ensuring that non-compliance with the policy, under any circumstance, is fully documented in the patient's medical record.
- Continual monitoring of compliance with the policy and procedure.

Employee Responsibility

Employees of the NCAHS are responsible for:

- Complying with the policy and required steps described in the procedure.

Procedures to be Prepared

A Model Procedure based on best practice principles accompanies this Clinical Policy. The model procedure provides specific information on what steps must be taken to ensure that the indicated surgery/procedure is performed on the correct patient, at the correct site and if applicable, with the correct implant. The model procedure can be adapted to suit individual facility/department/unit requirements. Any local procedures developed based on the model procedure must include all steps as outlined in the model procedure and be endorsed by an appropriate network/facility committee.

5.0 Monitoring, Evaluation and Review

Monitoring policy implementation in each relevant unit at each facility is the responsibility of facility management.

Evaluation of the Area Policy will occur 12 months following implementation and when required by NSW Health. State wide evaluation of the NSW Health Model Policy is planned in 2006.

The audit tool (Appendix 1) used to conduct the evaluation will measure compliance with the five steps involved in the patient verification process including:

- 1) Informed consent
- 2) Marking the procedure site
- 3) Patient Identification
- 4) Review of imaging data/implants and equipment
- 5) Team 'time out'

The Performance Indicator will be 100% compliance with Steps 1-5 listed above and outlined in detail in the model Procedure document.

Following evaluation, a review of the Area Policy will be conducted and changes made where required.

6.0 Key words

Clinical Practices, Clinical Services, Clinical Service Provision, Clinical Quality Improvement, Operating Theatres, Surgery, Procedure

7.0 Definitions

Adverse event	An adverse event is an incident in which harm resulted to a person receiving healthcare ² .
Correct site	Correct site includes the correct side (ie. left or right) and the correct precise anatomical location (eg. anatomical location, specific vertebral body or finger).
Incident	An incident is an event or circumstance which could have, or did, lead to unintended and/or unnecessary harm (death, disease, injury, suffering and or disability) to a person, and/or a complaint, loss or damage ³ .
Interventional procedure	A procedure involving any invasive contact with a patient. Examples include surgical operations, endoscopy, dentistry and certain radiological procedures.
Person performing the procedure	This is either the surgeon/proceduralist or his/her delegate who is performing or assisting in the surgery or procedure.
Procedure Team	The procedure team includes all health professionals participating in the delivery of care during the surgery/procedure.
Wrong site	A procedure performed on the wrong area of the body of a

procedure

patient or on the wrong patient. This can occur at any procedure but is more likely in patients undergoing orthopaedic, spinal, urological, ophthalmic, ENT and dental procedures.

8.0 References

1. NSW Health Correct Patient, Correct Procedure and Correct Site Model Policy PD2005_380
2. First National Report on Patient Safety, Australian Council for Safety and Quality in Health Care, 2001
3. Australian Council for Safety and Quality in Health Care 2001

9.0 Appendices

- Appendix 1 Teleform Clinical Audit Tool – Correct Patient, Correct Procedure, Correct Site

Site:	<input type="checkbox"/> Ballina	<input type="checkbox"/> Dorrigo	<input type="checkbox"/> Mullimbimby	Ward	<input type="checkbox"/> Theatre	Audit completed by	<input type="text"/>												
	<input type="checkbox"/> Bellingen	<input type="checkbox"/> Grafton	<input type="checkbox"/> Murwillimbah		<input type="checkbox"/> Radiology		Designation	<input type="text"/>											
	<input type="checkbox"/> Bonalbo	<input type="checkbox"/> Kempsey	<input type="checkbox"/> Nimbin		<input type="checkbox"/> Emergency	NR = Not Recorded		Signature	<input type="text"/>										
	<input type="checkbox"/> Byron	<input type="checkbox"/> Kyogle	<input type="checkbox"/> Tweed		<input type="checkbox"/> ICU					<input type="text"/>									
	<input type="checkbox"/> Casino	<input type="checkbox"/> Lismore	<input type="checkbox"/> Urbenville		<input type="checkbox"/> General			<input type="text"/>											
	<input type="checkbox"/> Coffs	<input type="checkbox"/> Macksville	<input type="checkbox"/> Wauchope					<input type="text"/>											
	<input type="checkbox"/> Coraki	<input type="checkbox"/> Maclean	<input type="checkbox"/> Port Macquarie					<input type="text"/>											

	Patient MRN	Step 1: Informed Consent	Step 2: Procedure Site Marked	Step 3: Patient Identification	Step 4: Review of Imaging data/implants and equipment	Step 5: Team 'Time Out'
1	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
2	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
3	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
4	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
5	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
6	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
7	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
8	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
9	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
10	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R

Comments

Rules (Derived from Correct Patient, Correct Procedure and Correct Site Clinical Procedure)

Step 1 - Informed Consent

- Valid consent is obtained for the procedure (PD20058_406)
- The Consent form must include; Patients full name and date of birth, name of procedure, procedures site (this should directly identify the body part involved), reason for procedure and laterality.
- No abbreviations are used
- **THE SIGNED CONSENT FORM IS HELD IN THE PATIENT'S MEDICAL RECORD**

Step 2 - Marking the Procedure Site

- The site is marked by the person performing the interventional procedure so that:
 - The intended site of incision or site of insertion is **unambiguous**
 - The mark is on or near the incision site
 - The mark is made using surgical skin markers
 - The mark is visible and sufficiently permanent so as to remain visible following skin preparation and draping
 - At a minimum mark all cases involving laterality, multiple structures (fingers, toes or lesions) or levels (spine)
 - Marking should occur before the patient enters the procedure room (except in an emergency, the patient should not enter the procedure room until this has been completed)
- **Do not mark non-procedure sites**
- **ONCE APPROPRIATE MARKING HAS BEEN COMPLETED THIS MUST BE DOCUMENTED IN THE PATIENT'S MEDICAL RECORD**

Marking Exemptions (eg. Not applicable)

- To avoid confusion if a procedure requires a regional anaesthetic then only the procedure site should be marked
- Interventional cases of which the catheter/instrument site is not predetermined (eg. Cardiac Catheterisation, Epidural/Spine Analgesia/ Anaesthesia etc)
- Where the site cannot be marked (eg. Teeth), relevant radiographs or other scans must, if possible, be marked to indicate the site (where this is not possible, a diagram clearly indicating the site and side must be prepared and entered into the patient's medical record)
- Premature infants where marking may cause permanent tattoos
- If the site is a traumatic site (obvious surgical site)
- When intra-procedure imaging for localisation (eg. Radiological, MRI, Stereotaxis) will be used
- Where the patient refuses marking (this must be documented in the medical records)

Step 3 - Patient Identification

- Verification of the correct person, procedure and site is conducted:
 - At the time the procedure is scheduled
 - At the time of admission into the facility (if applicable)
 - Anytime the responsibility for care of the patient is transferred
 - During preparation of the patient for their procedure
 - On entry to the procedure suite
 - Before entering the room in which the procedure will occur, or as soon as practicable after entering the procedure room but prior to the commencement of the anaesthetic (this may be the anaesthetic bay)
- **VERIFICATION OF PATIENT IDENTITY IS DOCUMENTED ON THE DESIGNATED FORM: THE PREOPERATIVE PATIENT CHECKLIST; THE INTRA OPERATIVE NURSING RECORD OR THE MEDICAL IMAGING PROCEDURE SHEET OR THE PROCEDURE VERIFICATION RECORD OR OTHER DOCUMENT DESIGNED FOR THIS PURPOSE**

Step 4 - Review Imaging Data, Equipment and Implants

- If imaging data are used to confirm the site or procedure, two or more members of the procedure team must confirm the images are correct and properly labelled
- Availability of correct equipment and/or implant(s) including size and type should be checked by two people before the procedure commences
- **REVIEW OF IMAGING DATA AND CHECKING OF ITEMS IS DOCUMENTED ON THE DESIGNATED FORM; THE INTRA OPERATIVE NURSING RECORD OR THE MEDICAL IMAGING PROCEDURE SHEET OR THE PROCEDURE VERIFICATION RECORD OR OTHER DOCUMENT DESIGNED FOR THIS PURPOSE**

Step 5 - Team "Time Out"

- Immediately prior to starting the procedure, all activity in the procedure room is stopped and staff verbally conduct a final verification
- This must be conducted in the room where the procedure will be done, immediately before starting the procedure (this will occur after the patient has been anaesthetised)
- Verification must involve the whole team and include at a minimum;
 - Correct patient identity
 - Agreement on the intended procedure to be done
 - Correct side and site (review site marking)
 - Confirmation of imaging data and availability of any correct prostheses and/or any specialised equipment or requirements
- **THE RESULT OF THE "TIME OUT" PROCESS MUST BE DOCUMENTED ON THE DESIGNATED FORM; THE INTRA OPERATIVE NURSING RECORD OR THE MEDICAL IMAGING PROCEDURE SHEET OR THE PROCEDURE VERIFICATION RECORD OR OTHER DOCUMENT DESIGNATED FOR THIS PURPOSE, AND MUST BE SIGNED BY THE PROCEDURALIST AT THE COMPLETION OF THE PROCEDURE.**