



Correct Patient, Correct Site, Correct Procedure Policy

Review on policy implementation

This survey is designed to help assess the effectiveness of the current processes for implementing the Correct Patient, Correct Site, Correct Procedure Policy. It will help us determine any areas for improvement.

NB: To check boxes electronically: double click on check box and click "Checked"

Please provide the following information:

Clinical Network (eg: Surgical & Anaesthetics):	
Name of the Hospital (eg: Westmead):	
Department (eg: Operating theatre):	
Person completing the questionnaire:	
Is there a written policy on "Correct Patient, Correct Site, Correct Procedure" Policy specific to your department?	(Check as appropriate) YES <input type="checkbox"/> NO <input type="checkbox"/>
If your answer is YES , please answer the questions below and forward a copy of your policy to us	
If your answer is NO , please specify reasons below:	
To link to the Correct Patient, Correct Procedure, Correct Site Policy, please click on the following link: http://westnet/services/clinicalgovernance/Patient_Safety_Quality_Policies/Correct_site_proc_patient/Correct_site_proc_pat_Policy.htm	
For any queries / send your response including copy of your local policy to: Rama Machiraju, Quality Improvement Officer - Clinical Governance Unit Ph: 4734 1416 Fax: 4734 3935 Email: Ramadevi.Machiraju@swahs.health.nsw.gov.au	

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Response scale definitions for Focus Area 1

- (1) This activity is fully implemented across your service
- (2) This activity is implemented partially across your service
- (3) This activity is under discussion, but there is no implementation

Please check the appropriate box in respect to each question

FOCUS AREA – 1: Monitoring for compliance	Response			Name/ position of the person responsible for this activity
	1	2	3	
1A. Monitoring for compliance includes ongoing audit and/ or review of documentation for a) Consent form b) Patient identification c) Mark site of invasive procedure d) Review of imaging data e) Team Time-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1B. How often is feedback on compliance and/or the findings provided to the Network Director?	Weekly Monthly Half yearly Not given	<input type="checkbox"/>	<input type="checkbox"/>	

1C. How often is feedback on compliance and/or the findings provided to the staff?	Response		Please specify where this gets reported? (Eg: team meetings, management meetings, intranet)	
Please tick as appropriate	Weekly	<input type="checkbox"/>		
	Monthly	<input type="checkbox"/>		
	Half yearly	<input type="checkbox"/>		
	Not given	<input type="checkbox"/>		
2. What activities take place to address non-compliance with policy process?	Please tick as appropriate:			
	<input type="checkbox"/>	Policy review		
	<input type="checkbox"/>	Staff education		
	<input type="checkbox"/>	Others- Please describe		
FOCUS AREA – 2: Pre Procedure Verification /Consent form	Yes	No	Sometimes	Please provide comments.
1. Does the consent form include the following?				
a) Full name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Site of the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Name of the procedure being performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Reason for procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Patient's written consent to procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FOCUS AREA – 3: Patient Identification	Yes	No	Sometimes	Please provide comments
1. Do staff ask the patient to state? a) Full name b) Date of birth c) Site of the procedure d) Type of procedure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. If a discrepancy is identified during the patient identification, is there a process in place to reconcile the differences?	1. Yes <input type="checkbox"/> If ticked "Yes" Please describe: 2. No <input type="checkbox"/> If ticked "No" why not?			
FOCUS AREA – 4: Mark Site of Invasive Procedure	Yes	No	Sometimes	Please describe:
1. Is the requirement for marking, method of marking, and type of mark used consistent throughout the department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The person performing the procedure marks the site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the service use an appropriate marking tool that allows mark to remain visible following surgical preparation and draping where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOCUS AREA – 5: Review of Imaging data/ Correct Equipment / Implants. Wherever applicable	Yes	No	Sometimes	Please provide comments
1. Is confirmation of images undertaken by two or more members of the team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Is confirmation of required equipment and or implants done before the commencement of the procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOCUS AREA – 6: Team Time out	Yes	No	Sometimes	Please provide comments
1. Does the team call for Time out prior to the commencement of the procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the time out include confirmation that each of the following is correct? a) Presence of the correct patient b) The correct site has been marked c) Procedure to be performed d) Availability of correct implant where required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Does your policy identify the individual (by role or title) responsible for calling the time out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the “time out” documented in the medical record (inclusive of the date and time that “Time Out” was called along with the initials of the person initiating the Time Out)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Thank you for your time in providing this valuable information