

# NORTHERN SYDNEY CANCER CENTRE

## Radiation Oncology

*We Care!*

Royal North Shore Hospital  
St Leonards NSW 2065  
Australia

### Time Out Procedure for patients receiving Radiation Therapy

The following "Time out" procedure is consistent with the NSW Health Policy Directive "Patient Identification - Correct Patient, Correct Procedure and Correct Site Model Policy" (Document No.: PD2005\_380), which outlines the steps that are to be taken to ensure that the indicated procedure is performed on the correct patient at the correct site.

#### Procedure

Patients attending for initial preliminary planning procedures and subsequent daily radiation therapy will be identified as follows:

Prior to a radiation therapy procedure being undertaken, staff should always ask the patient to state their full name, date of birth and site of procedure. Staff **SHOULD NOT** state the patient's name, date of birth and site of procedure and ask the patient/authorised representative if the information is correct.

For patients who are transferred from other locations within the hospital/area, who are incapable of personally participating in this process, the patient's identification bands should be used to check their identification.

If a patient is unable to participate in the identification process due to competence or language issues, their Radiation Oncology (identification bar) card can be used.

A cross-check of the patient identification details should be made with both paper-based and electronic patient files prior to the commencement of the radiation therapy procedure.

#### Documentation

On the treatment machines, a tick is recorded in the column labelled 'CPPS' on the daily treatment record sheet. At CT Simulation a record that the time out procedure has occurred is recorded at the top of the CT Simulation Sheet. (Both these are temporary measures as departmental forms & treatment record sheets are currently being revised).

#### Audit

An audit of a sample of total attendances from each of the treatment units and CT is conducted monthly, currently by the deputy chief radiation therapist to determine compliance of documenting the Time out procedure. Results of this audit are reported at the monthly department Clinical Risk Management meeting.