

Clinical Procedure Safety

Implementation Guide – Ministry of Health PD2014_036

Policy Number 1.096

Policy Function Continuum of Care

Issue Date 1 December 2015

Summary This policy outlines steps that must be taken to ensure that intended diagnostic and surgical procedures including dentistry, minor invasive procedures, radiology, chemotherapy, and dialysis are performed on the correct patient, at the correct site and if applicable using the correct equipment in accordance with NSW Ministry of Health policy directive PD2014_036 *Clinical Procedure Safety*.

Responsible Officer Executive Director Governance & Commercial Services

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- The Forensic Hospital

Previous Issue(s) Policy 1.096 (June 2011)

Change Summary

- Minor amendments for clarification
- Reconfiguration to align with the current policy template
- Update of legislation, references and related documents.

TRIM Reference POLJH/1096

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

The purpose of this policy directive is to address clinical care and patient safety risks associated with Level 1 and 2 clinical procedures (see appendix 1) by;

- improved matching of the patient to the correct procedure;
- improved communication within the procedural team;
- improved communication between the patient and the procedural team; and
- reducing the number of clinical procedure related incidents.

Incidents involving an incorrect patient, incorrect procedure, incorrect site or the use of incorrect equipment are rare within Justice Health & Forensic Mental Health Network (JH&FMHN). However, the occurrence of such a serious incident can often be devastating for the patient, their families and the staff involved.

This document provides guidance to staff on JH&FMHN specific policies whilst implementing NSW Ministry of Health (MoH) policy directive [PD2014_036](#) *Clinical Procedure Safety*.

2. Policy Content

2.1 Mandatory Requirements

Staff members must ensure that intended Level 1 and 2 diagnostic and surgical procedures ([Appendix 1](#)) including dentistry, minor invasive procedures, radiology, chemotherapy, and dialysis are performed on the correct patient, at the correct site and at the correct time during every clinical procedure, and using the correct equipment in accordance with the NSW MoH [PD2014_036](#) *Clinical Procedure Safety*. Time out procedures are only required for Level 2 procedures if there is more than one proceduralist involved.

2.2 Implementation - Roles & Responsibilities

The following sections provide specialty specific initiatives that must be followed by clinicians within the respective fields. Responsibility for ensuring Clinical Procedure Safety verification rests with both the individual and with the team members. The person in charge of the procedure carries ultimate responsibility for the verification process.

2.2.1 Oral Health Procedures

- Verification must be recorded in the Dental Record as "Correct Protocol" and signed off.
- The site and procedure must be identified and confirmed with the patient and assistant.

2.2.2 Radiology Procedures

- Radiology staff must refer to Radiology Services Procedure Manual "Rad 207A: Clinical Procedure Safety: Procedure and Declaration.

2.2.3 Minor Invasive Procedures

- Verification must be recorded in the Health Record as "Correct Protocol" and signed off.

3. Procedure Content

JH&FMHN must comply with the steps outlined in NSW MoH [PD2014_036](#) *Clinical Procedure Safety* when intended diagnostic and minor invasive procedures such as dentistry, radiology, chemotherapy and dialysis are performed to ensure that these are carried out on the correct patient, at the correct site and if applicable using the correct equipment.

In the event that an incorrect patient, incorrect site and/or incorrect procedure incident occurs during any of the abovementioned or other diagnostic or minor invasive procedures the most senior clinician involved in the procedure must treat the incident as a "Serious Clinical Incident." The required actions and reporting structures that are outlined for a "Serious Clinical Incident" in JH&FMHN policy [2.030](#) *Incident Management* must be followed.

An incident must be logged on the Incident Information Management System (IIMS), and the incident must be investigated by the appropriate manager.

- Verification must occur each time a patient is reviewed or provided treatment by a clinician. Verification at each step of the patient journey, prior to and up to the procedure commencing must occur. All patients should be asked their full name, MIN/MRN/CIMS and date of birth. Staff should not state the patient's name or date of birth and then ask the patient, or their person responsible, if this information is correct.
- All patients must be asked what procedure/intervention they are undergoing where applicable.
- If a patient lacks capacity to verify his/her identity, his/her responsible person must verify the patient's details. If the patient does not have a responsible person present, staff must verify the patient's identity through the patient's identity card, through a JH&FMHN staff member from the patient's previous location or through verification of the patient's identity from Corrective Services NSW cell card, or in the case of Juvenile Justice NSW a photo ID. If a patient's identity cannot be verified, the procedure must not commence.
- For Culturally and Linguistically Diverse, an interpreter must be used in accordance with JH&FMHN policy [1.230](#) *Health Care Interpreter Services – Culturally and Linguistically Diverse Patients*.
- The patient's Health Record must be identified as correct.
- Valid consent to treatment must be obtained where applicable. Where consent is not required (e.g. for general x-ray and Orthopantomogram (OPG) procedures, referral/request forms should be available for the clinician to check all details.
- Where patients have an armband in situ, staff must use this in the identification process. If a patient is not required to wear an armband then as previously stated the patient's identity should be verified using the patient's identity card, through a JH&FMHN staff member from the patient's previous location or through verification of the patient's identity from Corrective Services NSW cell card, or in the case of Juvenile Justice NSW a photo ID. If a patient's identity cannot be verified, the procedure must not commence.
- Site marking must be undertaken where applicable.
- Ask the patient if they have a known allergy / adverse reaction and if yes, what the allergy / adverse reaction was and what effect they experienced.

4. Definitions

Must

Indicates a mandatory action or requirement.

Should

Indicates an action that needs to be followed unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

NSW MoH Policy Directives

- [PD2005_406](#) *Consent to Medical Treatment - Patient Information*
- [PD2014_004](#) *Incident Management Policy*
- [PD2014_036](#) *Clinical Procedure Safety*

JH&FMHN Policies and Procedures

- [1.085](#) *Consent to Medical Treatment – Patient Information*
- [1.230](#) *Health Care Interpreter Services – Culturally and Linguistically Diverse Patients*
- [2.030](#) *Incident Management*

Radiology Services Procedure Manual:
RAD 207A *Clinical Procedure Safety: Procedure and Declaration*

Appendix 1

Level 1 Diagnostic and Surgical Procedures

Definition	Examples	Requirements	
		Pre-procedure	Post procedure
<ul style="list-style-type: none"> - Single proceduralist - Usually does not require written consent - Does not involve procedural sedation or general/regional anaesthesia - Usually performed in wards, clinics, departments and radiology units 	<ul style="list-style-type: none"> - Insertion IV cannula - Insertion IDC - Insertion NGT - Taking blood samples - Diagnostic Radiology - Routine dental procedures e.g. <i>dental extraction, fillings</i> - Superficial skin lesions/biopsies 	<p>STOP and confirm the following before commencing the procedure</p> <ul style="list-style-type: none"> - Patient identification - Procedure verification – procedure + site/side/level, where appropriate, matches consent - Allergy/adverse reaction check - Anticipated critical events 	<ul style="list-style-type: none"> - Document procedure in patient’s health care record or Radiology Information System - Advice for clinical handover - Label specimen/images - Post procedure tests where clinically relevant

Level 2 Procedures

Definition	Examples	Requirements	
		Pre-procedure (including Team Time Out)	Post Procedure
<ul style="list-style-type: none"> - Proceduralist often supported by an assisting proceduralist/s - Usually requires written consent - Does not involve procedural sedation or general/regional anaesthesia - Usually performed in wards, clinics, departments and radiology units 	<ul style="list-style-type: none"> - Lumbar puncture - Insertion of chest tube - Ascitic tap - Stress test - Nuclear Medicine therapies - Biopsies - IV or IT administration of chemotherapy - Dialysis - IV administration of contrast - Central lines are inserted centrally 	<p>STOP and confirm the following before commencing the procedure-</p> <ul style="list-style-type: none"> -Proceduralist/assisting proceduralist/s introductions, where appropriate -Patient identification -Procedure verification - procedure + site/side/level, where appropriate, -Patient position -Essential imaging reviewed check -Special medication/s administered -Antibiotics -Implants and special Equipment -Anticipated critical events 	<ul style="list-style-type: none"> -Document procedure in patient’s health care record or Radiology Information System -Advice for clinical handover -Equipment problems/issues -Specimens/images labelled -Post procedure tests where post insertion of chest tube