

# NSQHS Standard 5 Patient Identification

## Definitions sheet



### Patient Identification Audit Tools Definitions

The following definitions and examples apply to the key areas in the Patient Identification (PI) Audit Tools i.e.:

1. Identification Bands
2. Surgical Safety Checklist
3. Perioperative Patient Record
4. Procedure Informed Consent Form

#### 1. Identification Bands (as per the Queensland Bedside Audit (QBA))

##### Patient Identification (ID) Band- Information Sheet

Wristbands containing patient information have been the standard method of identifying patients in hospitals for many years. Patient identification bands are a critical tool to prevent errors associated with mismatching patients and their care. The Australian Commission on Safety and Quality in Health Care (ACSQHC) has developed specifications for a standard national patient identification band. The specifications set out standards for the useability, content and colour of patient identification bands in Australia.

##### Single White ID Band



## Single Red ID Band




## Core Identifiers (MRN, Name, DOB) written in black text on white background



Further information can be found on The Australian Commission on Safety and Quality in Health Care website <http://www.safetyandquality.gov.au/our-work/patient-identification/>

## Newborn Identification - Information Sheet

 <b>Neonatal Clinical Pathway</b>	(Affix identification label here) URN: Family name: Given name(s): Address: Date of birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
<p>• Clinical pathways never replace clinical judgement. • Care outlined in this clinical pathway must be altered if it is not clinically appropriate for the individual client.</p> <p>• DRGP67D Neo, ADMWT-2499G-SIG or PR-PRB (ALOS 2.44)    • DRGP67B Neo, ADMWT-2499G-SIG or PR-MJP (ALOS 6.89) • DRGP67C Neo, ADMWT-2499G-SIG or PR-DTP (ALOS 4.62)    • AN-DRG V8 Hospital Benchmarking Funding Model 2004/05</p> <p><b>Documentation instructions:</b></p> <ul style="list-style-type: none"><li>• <b>Initials</b> - Indicates action / care has been ordered / administered.</li><li>• <b>N/A</b> - Indicates preceding care / order is not applicable.</li><li>• <b>Crossing out</b> - Indicates that there is a change in the care outlined.</li><li>• <b>V</b> - Indicates a variation from the pathway on that day; in that section. When applicable <b>flag it</b> in the 'Variance column', then document in the free text area as instructed. If this variance occurs more than once daily, document the additional times of the variance in the variance free text area and in the patient's progress notes as applicable.</li><li>• <b>Key</b>    ▲ Midwife / Nursing    ■ Medical / GP    + Physiotherapist    @ Pharmacy    ◆ Allied Health</li></ul> <p>Symbols guide care to a primary professional stream, it is a visual guide only and its direction is not intended to be absolute. • A Neonatal Clinical Pathway Ongoing Care (Additional Page) (SW232a) is available for extended treatment.</p>	

The state-wide neonatal clinical pathway is used in all Queensland Health birthing facilities. This clinical pathway is a standardised, evidenced-based multidisciplinary management plan, which identifies an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for the baby.

The section '**Baby Identification is checked and correct**' is complete at 2-24hr in the pathway when:

1. The pathway is signed by minimum two staff and if variance, the variance noted.

OR

2. The pathway is signed by one staff member and a witness to birth i.e. partner.

On transition to the ward area staff from the birth suite hand over responsibility of care to ward staff – baby is identified by both members of the staff at this clinical handover of care.

Queensland Government

**Neonatal Clinical Pathway**

(Affix identification label here)

URN:  
 Family name:  
 Given name(s):  
 Address:  
 Date of birth: Sex:  M  F  I

Every person documenting in this clinical pathway must supply a sample of their initials in the signature log

**Neonatal clinical pathway**

Instructions: Initials - care attended to. Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

Key:  Midwife / Nursing  Medical / GP  Physiotherapist  Pharmacy  Allied Health

0-2 hrs	Date: / /	T.O.B.: / /	TO Date: / /	Time: :	Initial	Time	V
Birth	To be completed in the Birthsuite						
	<input type="checkbox"/> LSCS <input type="checkbox"/> Forceps <input type="checkbox"/> Vacuum <input type="checkbox"/> Spontaneous vaginal birth Gestation: _____ weeks Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate Skin-to-skin contact maintained until breast feeding offered Infant offered feed within one hour of birth ID attached to infant (back tag) as per hospital protocol Check 1: Initial / date: _____ Check 2: Initial / date: _____ Physical measurements recorded. Birthweight: _____ g Neonatal physical examination completed, nil abnormalities noted Nil neonatal risks / alerts identified						
Baby vigilance observations	Quarter hourly observations for 2 hours including colour, position, respiration rate, and with 1 hour of birth - heart rate and temperature						
Documentation	Personal Health Record commenced Fennatal Data report commenced "Expected Outcomes" (mother copy) information given to mother						
Medications	Vitamin K given IMI with informed consent Hepatitis B vaccination given and recorded in Personal Health Record BCG - ineligible						
2-24 hrs	Enter shift (that will occur predominately within the next 8 hours)						
Observations	Observations of vital signs recorded as per hospital protocol <input type="checkbox"/> SBS <input type="checkbox"/> Mec Lig <input type="checkbox"/> Diabetes <input type="checkbox"/> LBW / SGA <input type="checkbox"/> Other (specify: _____) Baby identification is checked and correct						
Infant feeding	Feeding 2-8 hourly						

DO NOT WRITE IN THIS BINDING MARGIN

## 2. Surgical Safety Checklist

The tools incorporate key questions to audit patient identification in the surgical safety checklist, as highlighted below.

**Surgical Safety Checklist**

(Affix identification label here)

Date: / /

Document variances on page 2

URN:  
 Family name:  
 Given name(s):  
 Address:  
 Date of birth: Sex:  M  F  I

**All checks need to be read out loud at time of confirmation**

**Sign in - Before anaesthesia or equivalent**

<p>1. Patient has confirmed:</p> <input type="checkbox"/> Identity <input type="checkbox"/> Site / Side <input type="checkbox"/> Procedure <input type="checkbox"/> Consent <p>2. Site marked:</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <p>3. All critical safety checks completed:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>4. Appropriate equipment / assistance available for managing a difficult airway / aspiration risk:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>5. Known allergy(ies):</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>6. Known alert(s):</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>7. Risk of blood loss of &gt; 500ml, (7mL/kg in children):</p> <input type="checkbox"/> Yes, and adequate planning for intravenous access and fluids <input type="checkbox"/> No	<p>8. Prosthesis (or special equipment) has been checked and confirmed:</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <p>9. Plan for antibiotic prophylaxis has been made:</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <p>10. Thromboprophylaxis:</p> Mechanical: <input type="checkbox"/> Implemented <input type="checkbox"/> Not indicated Medications: <input type="checkbox"/> Ordered <input type="checkbox"/> Not indicated <p>11. Essential imaging:</p> <input type="checkbox"/> Checked with patient ID <input type="checkbox"/> Available in theatre and viewed by operator <input type="checkbox"/> Not applicable
<p><b>Time out - Before operative procedure or equivalent commences</b></p> <p>12. Confirm all team members have:</p> <input type="checkbox"/> Introduced themselves by name and role <input type="checkbox"/> (Surgical) / (Nurse) / (Anaesthetist) / (Other) name and role <p>13. Surgeon, Anaesthetist and Nurse confirm:</p> <input type="checkbox"/> Patient <input type="checkbox"/> Site / Side <input type="checkbox"/> Procedure <p>14. Antibiotic prophylaxis has been given:</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	<p>15. Pressure injury prevention plan implemented:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>16. Anticipated critical events:</p> Surgical team review: <input type="checkbox"/> Confirm the critical or non-routine steps Anaesthesia team review: <input type="checkbox"/> Confirm any patient-specific concerns Nursing team review: <input type="checkbox"/> Confirm sterility (including indicator results) <input type="checkbox"/> Confirm all equipment available

DO NOT WRITE IN THIS BINDING MARGIN

For Queensland Health staff, please go to QHEPS for further information on the Surgical Safety Checklist and the 3C's.

### 3. Perioperative Patient Record

The tools incorporate key questions to audit patient identification in the perioperative patient record, as highlighted below.

**Queensland Government**  
**Perioperative Patient Record**

(Affix identification label here)

URN: \_\_\_\_\_  
 Family name: \_\_\_\_\_  
 Given name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  M  F  I

Facility: \_\_\_\_\_

**Preoperative checklist** Patient must not be transferred to operating suite unless Procedural Consent is completed

Date	Temp	Pulse	Resps	Blood pressure	BGL	O <sub>2</sub> sats	Check 1 Preoperative prep one	Check 2 Patient handover/ transfer	Check 3 Patient handover/ transfer
/ /	°C	/min	/min	/mmHg	mmol/L	%	Checked	Checked	Checked
Beta HCG	Weight	Height	BMI	Pressure injury risk score	Ward from	Ward to	Checked	Checked	Checked
				<input type="checkbox"/> Adult <input type="checkbox"/> Paediatric			W/A	W/A	W/A

1 Patient/parent/legal guardian to state full name and DOB; full name DOB and URN match ID band and medical record Patient's preferred name: \_\_\_\_\_

2 Procedural Consent Form completed

3 Patient/parent/legal guardian to state procedure in own words, procedure stated corresponds with signed consent form Response: \_\_\_\_\_

4 Intended surgical site marked by surgeon

5 X-rays/Medical Imaging PACS  Queensland Health  Private Number of packets: \_\_\_\_\_

6 Allergy status documented  Yes (note on page 2)  Nil known

7 Infection alert  Contact  Droplet  Airborne  MRO Contact operating theatre

8 Cytotoxic medication administered in the last 7 days  Yes (note on page 2)  No

DO NOT WRITE IN THIS BINDING MARGIN

For Queensland Health staff, please go to QHEPS for further information on the Perioperative Patient Record Pathway.

### 4. Procedure Informed Consent Form

The tools incorporate key questions to audit patient identification in the informed consent form, as highlighted below.

**Queensland Government**  
**Generic Consent Adult**

(Affix identification label here)

URN: \_\_\_\_\_  
 Family name: \_\_\_\_\_  
 Given name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  M  F  I

Facility: \_\_\_\_\_

**G. Patient consent**

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/ treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheets:

- About Your Anaesthetic
- Blood & Blood Products Transfusion

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind

**I request to have the procedure**

Name of Patient: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Patients who lack capacity to provide consent**

Consent must be obtained from a substitute decision maker's in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes Location of the original or certified copy of the AHD: \_\_\_\_\_

No

Name of Substitute Decision Maker's: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Relationship to patient: \_\_\_\_\_  
 Date: \_\_\_\_\_ PH No: \_\_\_\_\_

If applicable:  
 Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD QAG (753 624)

**H. Doctor/delegate Statement**

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**I. Interpreter's statement**

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Interpreter: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

DO NOT WRITE IN THIS BINDING MARGIN

Further information can be found at: Informed Consent : <http://www.health.qld.gov.au/consent/>

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

**The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.**

**Please email Patient Safety and Quality Improvement Service on [PSQIS Comms@health.qld.gov.au](mailto:PSQIS_Comms@health.qld.gov.au) for feedback or comments.**

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