

NSQHS Standard 5 Patient Identification

Facility audit tool



Hospital and Health Service:	Facility:	Audit Date/Period:
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Facility audit tool: collects facility level data and collates the ward/unit level responses

- Notes:
- Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
 - Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements
 - The measurement plan details each audit question and the action/criteria it aligns to in the standard

Facility Questions		Response
1.0	Is there evidence that the facility (or at service level) has a patient identification system policy, procedure and/or protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes to 1.0: Do the policies, procedures and/or protocols define the approved patient identifiers for all clinical services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	If yes to 1.0: Do the policies, procedures and/or protocols define at least three patient identifiers to be recorded in the patient clinical records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	If yes to 1.0: Do the policies, procedures and/or protocols define the specifications for a standard patient identification band (as per national specifications)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	If yes to 1.0: Are the policies, procedures and/or protocols tabled at a governance committee/s or group meeting/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	If yes to 1.4: If yes: Specify the committee/group.	
1.6	If yes to 1.4: Do the terms of reference detail the overseeing of policies, procedures and/or protocols for patient identification systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7	If yes to 1.0: Do the policies, procedures and/or protocols define the audit process to be undertaken to assess against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8	If yes to 1.0: Do the policies, procedures and/or protocols reference the consultation processes or collaborative group/s involved in their development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9	If yes to 1.0: Do the policies, procedures and/or protocols detail the date they became effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10	If yes to 1.0: Do the policies, procedures and/or protocols detail the	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
	date of the next revision?	
1.11	If yes to 1.0: Do the policies, procedures and/or protocols reference the source documents (if applicable) particularly where they are represented as best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
1.12	If yes to 1.0: Does the workforce know the documents exist, can access them and know and use the contents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.13	If yes to 1.0: Outline details of the documents, where kept, review date/s and the 'owner'.	
2.0	Is there evidence that the facility (or at service level) has an incident management system for reporting, investigating and analysing patient identification incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1	If yes: Outline the system e.g. PRIME	
2.2	If yes to 2.0: Is this regularly monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	If yes to 2.2: When and by whom?	
2.4	If yes to 2.0: Are reports developed using data in the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5	If yes to 2.4: Are the reports used to identify frequency and gaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6	If yes to 2.4: Are the reports tabled at a governance committee/group for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7	If yes to 2.6: Which governance committee/group?	
3.0	Is there evidence that the facility (or at service level) has an evaluation and quality improvement plan/s in place to reduce patient identification incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	If yes: What sources of data/information led to the development of the plan e.g. PRIME, Queensland Bedside Audit, other data sources?	
3.2	If yes to 3.0: Is there evidence that the plan/s record quality improvement action/s to be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	If yes to 3.2: List the actions as per plan.	
3.4	If yes to 3.0: Is there evidence that the plan/s include a risk register for the proposed quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	If yes to 3.4: Does the risk register include a scale to rate risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	If yes to 3.4: Are the risks reviewed on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7	If yes to 3.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8	If yes to 3.0: Is there evidence that the plan/s are tabled at a committee/group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9	If yes to 3.8: Which committee/group?	

Facility Questions		Response
3.10	If yes to 3.0: Who assisted in the development of the plan/s?	
3.11	If yes to 3.0: Is there evidence the workforce know the plan/s exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.12	If yes to 3.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed.	
4.0	Is there evidence that the facility (or at service level) provides orientation and training to staff on patient identification and procedure matching and the reporting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1	If yes: Is there evidence that attendance at the training sessions is recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	If yes to 4.0: Is there evidence that training is matched to staff training needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	If yes to 4.0: Is there evidence that staff feedback reports of the sessions are evaluated and incorporated into the next revision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	If yes to 4.0: Provide comments on the training sessions and resources that are provided and when.	
5.0	Is there evidence that the facility (or at service level) has communication material on patient identification and procedure matching?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1	If yes: Is there evidence the material is aimed at staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	If yes to 5.0: Is there evidence the material is aimed at patients/carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	If yes to 5.0: Is there evidence the workforce is aware of the communication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4	If yes to 5.0: Is there evidence of processes in place for routinely distributing the material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5	If yes to 5.0: Is there evidence that the needs of culturally and linguistically diverse populations are taken into consideration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6	If yes to 5.0: Is there evidence the communication strategies are evaluated and modified accordingly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7	If yes to 5.0: Specify the format of the communication material (e.g. poster, website) and the 'owner'.	
6.0	Is there evidence that the facility (or at service level) has undertaken Quality Improvement activities for patient identification and procedure matching?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1	If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s.	

Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)		Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
7.0	What is the number of wards/units that have evaluation and quality improvement plan/s in place to reduce patient identification incidents? (PatID_Ward_Q1.0)			
7.1	List the sources of data/information that led to the development of the plan/s. (PatID_Ward_Q1.1)			
7.2	What is the number of wards/units where the plan/s record quality improvement action/s to be implemented? (PatID_Ward_Q1.2)			
7.3	List the actions as per plan. (PatID_Ward_Q1.3)			
7.4	What is the number of wards/units where the plan/s include a risk register for the proposed quality improvement actions? (PatID_Ward_Q1.4)			
7.5	What is the number of wards/units that have a risk register that includes a scale to rate risks? (PatID_Ward_Q1.5)			
7.6	What is the number of wards/units where risks are reviewed on a regular basis? (PatID_Ward_Q1.6)			
7.7	What is the number of wards/units where the plan/s includes mechanisms for evaluating the quality improvement actions? (PatID_Ward_Q1.7)			
7.8	What is the number of wards/units where the plan/s are tabled at a committee/group? (PatID_Ward_Q1.8)			
7.9	List the committees/groups? (PatID_Ward_Q1.9)			
7.10	List the persons who assisted in the development of the plan/s? (PatID_Ward_Q1.10)			
7.11	What is the number of wards/units where the workforce know the plan/s exist? (PatID_Ward_Q1.11)			

Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)		Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
Audits that observe staff completing the surgical safety checklist				
8.0	What is the number of wards/units that haven't undertaken audits that observe staff completing the surgical safety checklist? (PatID_Ward_Q2.0)			
8.1	Provide details of when the audits were undertaken (PatID_Ward_Q2.1) AND the results of those staff that met the 'sign in' and 'time out' requirements (PatID_Ward_Q2.2 & Q2.3)			

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 for feedback or comments.

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