

# NSQHS Standard 5 Patient Identification

## How to use the audit tools



### Patient Identification Audit Tools Instructions

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, have developed audit tools for facilities and Hospital and Health Services (HHS) to use to collect data in support of evidence in meeting the National Safety and Quality Health Service (NSQHS) standards.

#### Purpose of the audit tools

The tools provide facilities and health services additional supporting resources to use in conjunction with the existing NSQHS standards workbooks and guides to be able to:

- Demonstrate detailed evidence for an action by providing specific verification rather than noting the action has been met and listing the source i.e. self-assessment
- Collect information and evidence to a further level of detail at a patient, ward and facility level, delving down into specific requirements that further support meeting the action
  - Collect patient level data using a number of methods i.e. chart documentation, observational and asking the patient/carer questions to demonstrate that the evidence has been met, and to what extent
  - Observe ward/unit staff undertaking a process eg clinical handover and recording individual results
- Determine actual performance results at a ward and facility level by rolling up data i.e. auditing all patients in a ward for a ward result, auditing all wards for a facility result
- Clearly identify those detailed gaps/areas that need attention, in order to target improvements and build a robust action plan at the ward and facility level
- Track and monitor audit results at the three levels over time

The tools can be used in conjunction with other resources and directly align to the criteria in the existing NSQHS standards workbooks and guides. Depending on the size of the facility a number of audit questions may not be applicable, it is up to each facility / health service to determine the audit questions for review. Questions and responses can be adapted to suit the requirements of each facility / health service.

## The suite of documents include the following:

1. A 'how to' guide on using the tools (this document)
2. A definitions guide to assist in completing the tools
3. Three specific audit tools that allow the collection and collation of information are provided that can be adapted for local use:
  - *Patient audit tool*: collects patient level data (at a ward/unit level), use one audit tool for each patient audited
  - *Ward/Unit audit tool*: collects ward/unit level data and collates the patient level responses
  - *Facility audit tool*: collects facility level data and collates the ward/unit level responses
4. A measurement plan summary for each standard that defines the goals, questions and responses in the audit tools. The plan details each audit question and its alignment to the action/criteria in the standard and can be adapted for local use. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

## Scope of the Patient Identification Audit tools

The audit tools at this stage incorporate audit questions on Identification Bands, the Surgical Safety Checklist/3 C's, the Perioperative Patient Record, Informed Consent and Medication Safety.

It is noted that although some of the questions may target surgical patients who have had a procedure, the questions can be adapted by facilities to include eg. endoscopy patients.

The indicators and questions in the audit tools directly align to the Queensland Bedside audit (QBA) and other statewide audits wherever possible.

## How the tools were developed

### **An example is provided below using action 5.3.1 in Standard 5**

1. The NSQHS standards workbooks and guides were used i.e.:
  - a. Hospital Accreditation Workbook - In particular the 'Examples of Evidence' for each action required. (October 2012)  
<http://www.safetyandquality.gov.au/publications/hospital-accreditation-workbook/>

#### Example:

#### *Hospital Accreditation Workbook– Standard 5 Action 5.3.1(October 2012)*

Australian Commission on Safety and Quality in Health Care

Standard 5: Patient Identification and Procedure Matching

Actions required	Reflective questions	Examples of Evidence - select only examples currently in use	Evidence available?
5.3 Ensuring that when a patient identification band is used, it meets the national specifications for patient identification bands			
5.3.1 Inpatient bands are used that meet the national specifications for patient identification bands	How do we know that our patient bands meet the national specifications?	<input type="checkbox"/> Policies, procedures and protocols for patient identification and procedure matching that are consistent with the Specifications for a Standard Patient Identification Band <input type="checkbox"/> Audit of patient identification bands compliance with the Specifications for a Standard Patient Identification Band <input type="checkbox"/> Related policies, such as blood administration and medication administration policies that have been amended based on audit results of the use of patient identification bands <input type="checkbox"/> Other _____	<input type="checkbox"/> No ⇒ further action is required <input type="checkbox"/> Yes ⇒ list source of evidence

#### *Example of Evidence for 5.3.1 'Audit of patient identification bands compliance with Specifications for a Standard Patient Identification Band'*

- b. Safety and Quality Improvement Guides (one per standard) – in particular under each action and key task there are 'Outputs' suggested. In addition, the suggested strategies may assist the facility in providing options for how an action can be improved. (October 2012)  
<http://www.safetyandquality.gov.au/publications/safety-and-quality-improvement-guide-standard-5-patient-identification-and-procedure-matching-october-2012/>

**Example:**

**Safety and Quality Improvement Guide - Standard 5 Action 5.3.1 (October 2012)**

Actions required	Implementation strategies
<b>5.3 Ensuring that when a patient identification band is used, it meets the national specifications for patient identification bands</b>	
5.3.1 Inpatient bands are used that meet the national specifications for patient identification bands	<p><b>Key task:</b></p> <ul style="list-style-type: none"><li>• Introduce and/or confirm that the identification bands used in your organisation meet the national specifications for patient identification bands</li></ul> <p><b>Suggested strategies:</b></p> <p>The primary use of patient identification bands is to identify patients when care, therapy or services are provided. They are most commonly used in inpatient settings. The <i>Specifications for a Standard Patient Identification Band</i> (see Appendix B) and an accompanying fact sheet and Frequently Asked Questions can be downloaded from the Commission's web site. You should use these to ensure that the patient identification bands used by your organisation are standardised and comply with the specifications. These resources are available from:</p> <p><a href="http://www.safetyandquality.gov.au/our-work/patient-identification/a-national-standard-for-patient-identification-bands-in-australia/">www.safetyandquality.gov.au/our-work/patient-identification/a-national-standard-for-patient-identification-bands-in-australia/</a></p> <p>The specifications apply to bands that have the primary purpose of identifying the patient within the health service organisation. They do not apply to bands or bracelets that have other purposes (such as triggering an alarm when a patient leaves a certain area).</p> <p>Neither the <i>NSQHS Standards</i> nor the specifications require all people receiving care in a health service organisation to wear identification bands. The organisation-wide system for patient identification and procedure matching should identify when such bands need to be used, and what arrangements are in place for maintaining and checking identify for people who do not wear bands.</p> <p>The Commission does not recommend that identification bands vary from the specifications. If it considered absolutely necessary to use a band that is different from the specifications (for example, one that includes additional data items), these changes should be considered within a risk management framework. The specifications were developed to minimise adverse events associated with patient identification and procedure matching, and using identification bands that do not comply with them may increase the risk of such events occurring. You should assess the potential risks associated with any proposed changes, identify strategies to ameliorate these risks, and document this process.</p> <p>You should conduct regular audits to monitor the proportion of identification bands in use that meet the national specifications.</p> <p><b>Note:</b> The Commission does not recommend the use of coloured bands to alert clinicians to specific clinical information such as falls risk, allergies or resuscitation status. The use of colour-coded bands to indicate clinical risk is based on tradition rather than evidence of any patient safety benefit.<sup>12-13</sup> Inconsistencies in the meaning attached to the various colours of band in different hospitals can lead to confusion and error, particularly when the workforce works across different health service organisations.<sup>14-16</sup> In one Australian state it was found that over 60 different types of identification and alert bands were in use, and there was significant variation in the type of risk indicated by a particular colour of band.<sup>17</sup></p> <p>Problems have also been identified with ensuring that the information conveyed by a coloured band accurately reflects the patient's clinical situation and is synchronised with the patient record.<sup>12</sup> Incorrect or out-of-date bands can have tragic consequences for patients, particularly when they are used to indicate resuscitation status.<sup>14</sup></p> <p>You should use a multi-factorial approach for the management of clinical risk for patients with specific characteristics or conditions. The Commission recommends that if a risk alert band is deemed absolutely necessary, then only a red band be used with information regarding the specific nature of the risk documented in the patient record.</p> <p><b>Outputs of improvement processes may include:</b></p> <ul style="list-style-type: none"><li>• a policy and system for ensuring that the organisation uses only inpatient bands that meet the <i>Specifications for a Standard Patient Identification Band</i></li><li>• evidence that inpatient bands are regularly checked for compliance with the national specifications for patient identification bands.</li></ul>

An output for 5.3.1 'Evidence that inpatient bands are regularly checked for compliance with the national specifications for patient identification bands'

2. The questions in the audit tools (patient, ward, facility) assess and ask for verification of the examples of evidence and outputs to collect the detailed information necessary to meet that evidence. In addition, other examples of evidence may be used. The questions may directly ask if there is evidence to support, or may be broken down into a series of questions to delve deeper into whether the evidence has been met. In addition, questions may require the auditing of patients in order to demonstrate that the evidence has been met, and to what extent.

Questions and responses have been developed in consultation with content area experts.

**Example: Audit tool questions for Standard 5 Action 5.3.1**

NSQHS Standard 5 Patient Identification		Patient audit tool	
3.6	If yes to 3.0 & 3.1: Has 4. surgical site marked box been completed for ALL checks 1, 2 and 3? If no to above: Has it been partially completed ie: for either 1 or 2 checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Procedure Informed Consent Form</b>			
4.0	Has the patient been admitted for a procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.1	If yes: Is there a written and signed consent form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.2	If yes to 4.0 & 4.1: Does the patient have the capacity to provide consent ie: the patients who lack capacity box is not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3	If yes to 4.0, 4.1 & 4.2: Is there a patient label or are all of the patient details written legibly at the top of EACH PAGE of the form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.4	If yes to 4.0, 4.1 & 4.2: Has the patient consented to the procedure by completing their name and signed and dated the form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.5	If yes to 4.0, 4.1 & 4.2: Has the doctor/delegate section been completed with name and designation and signature and date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Medication Safety</b>			
5.0	Is the patient identification (minimum of name, DOB, MRN, address) completed on all pages of the medication chart? (N/A for patients with no evidence of medication chart at the bedside)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Observational audit - Patient:</b>		<b>Response</b>	
<b>Identification Bands</b>			
6.0	What method is used to identify the patient? Select only <u>one</u> method.	<input type="checkbox"/> ID band <input type="checkbox"/> Photo ID <input type="checkbox"/> Other tech <input type="checkbox"/> None present	
7.0	If ID band, is it a single band (one only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.1	If a single ID band, is it white or red?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.2	If a single ID band (white or red), are the patient identification details correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to verify at bedside	
8.0	If a single ID band (white or red), What core identifiers are present on the identification band? Select <u>all</u> that are present.	<input type="checkbox"/> MRN <input type="checkbox"/> Name <input type="checkbox"/> DOB <input type="checkbox"/> Other	
9.0	If a single ID band (white or red), Are the identifiers in black text on a white background?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The patient audit tool allows you to collect the specific question/s that can be used for 5.3.1 in auditing patient identification bands.

NSQHS Standard 5 Patient Identification		Ward/Unit audit tool	
2.1	Provide details of when the audit was undertaken and where etc...  (Collate from responses observed in the table below)		
2.2	What is the number of staff that met the 'sign in' requirements? (PatID_Ward_Q's 8.0 to 8.5) ie: all 6 items were met		
2.3	What is the number of staff that met the 'time out' requirements? (PatID_Ward_Q9.0) ie: the item on awareness was met		
<b>Collation of audited patients (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.)</b>			
	as per measurement plan	Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited
	Measure	Denominator	IN 0/100
<b>Identification Bands</b> (The total No. of patients audited that use ID band for the method of patient identification)			
3.0	What is the number of patients that use ID band for the method of patient identification? (PatID_Patient_Q6.0)		
3.1	What is the number of patients who had a single patient identification band present only (white or red)? (PatID_Patient_Q7.0 & Q7.1)		
3.2	What is the number of patients who had all patient identification details correct? (PatID_Patient_Q7.4)		
3.3	What is the number of newborns who had identification documented in the neonatal pathway at the bedside as checked and correct within 24hr of birth? (PatID_Patient_Q1.1)		
3.4	What is the number of patients with a single identification band (white or red) who had all core patient identifiers (ie: MRN, Name, DOB) present on the identification band? (PatID_Patient_Q8.0)		
3.5	What is the number of patients with a single ID band (white or red) who had identifiers in black text on a white background? (PatID_Patient_Q9.0)		
3.6	Amongst those with a single ID band, who had identifiers in black text on a white background, what is the number who had legible identifiers? (Note: the total number of patients audited are those who had identifiers in black text on a white background) (PatID_Patient_Q9.1)		
3.7	Amongst those with a single ID band, who had legible identifiers, what is the number who had handwritten identifiers? (Note: the total number of those who had legible identifiers)		

The ward/unit audit tool allows you to collate all the patient results for a ward/unit level view.

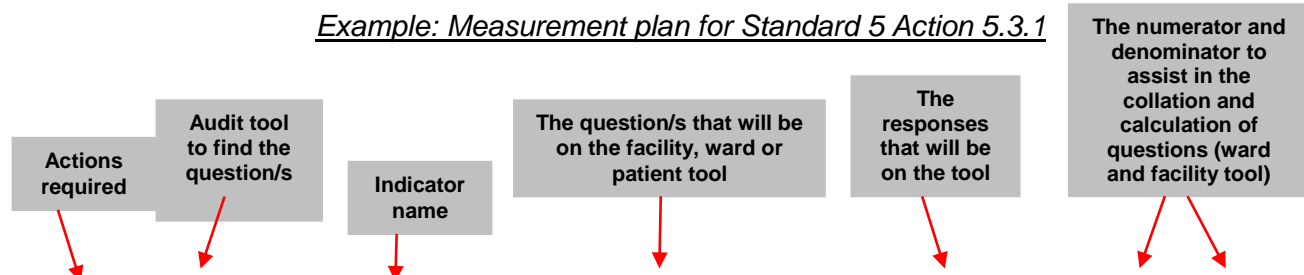
In addition to the collection of information, the ward/unit and facility tools include the ability to be able to collate data i.e.: collate the data collected at a patient level for a ward/unit view, collate the data collected at a ward/unit level for a facility view. Where this is the case, the collation questions refer to where the information can be found eg. PatID\_Patient\_Q8.0 refers to Q8.0 in the Patient audit tool where the responses to collate the data will be found.

The last three columns in the collation sections i.e.: Num/Den/% allows for the calculation of the % result at a ward/unit and facility level (for reporting). Details of these can be found in the measurement plan. Future plans for the electronic capture of information will allow the collation of data to be automatic.

3. The measurement plan details the criteria / action and those question/s / responses that correspond to the action.

Note : Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Example: Measurement plan for Standard 5 Action 5.3.1



Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator
5.3.1 Inpatient bands are used that meet the national specifications for patient identification bands	Patient	Identify patients in the ward/unit who had an identification band present.	% of patients with an identification band present	6.0 What method is used to identify the patient? Select only <u>one</u> method.	ID band ; Photo ID ; Other technology; None present	Number of patients with an identification band present	Total number of patients audited
	Ward			3.0 What is the number of patients that use ID band for the method of patient identification? (PatID_Patient_Q6.0)			
	Patient	Identify patients in the ward/unit who had a single patient identification band present only (white or red).	% of patients who had a single patient identification band present only (white or red)	7.0 If ID band, is it a single ID band (one only)?	Yes; No Yes; No	Number of patients who had a single patient identification band present only (white or red)	Total number of patients audited
	Ward			7.1 If a single ID band, is it white or red?			
	Patient	Identify patients in the ward/unit who had all patient identification band details verified.	% of patients that had all patient identification band details verified	7.2 If a single ID band (white or red), are the patient identification details correct?	Yes; No; Unable to verify at bedside	Number of patients that have all patient identification band details verified	Total number of patients audited with a single ID band (white or red)
	Ward			3.2 What is the number of patients who had all patient identification details correct? (PatID_Patient_Q7.4)			

In addition, we recognise that each facility will define when the audit will take place, how often, how many patients to audit and who will perform the audit.

Queensland Health facilities have the ability to enter their audit data on-line using an existing secure electronic web-based system, Measurement Analysis & Reporting System (MARS), available via the Queensland Health intranet. Please email [mars@health.qld.gov.au](mailto:mars@health.qld.gov.au) for further information.

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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