

NSQHS Standard 5 Patient Identification

Patent audit tool



Hospital and Health Service:	Facility:	Audit Date/Period:
Ward/Unit:	Patient Medical Record Number (MRN):	

Patient audit tool: collects patient level data (on a ward/unit), use one audit tool for each patient audited

- 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

Documentation audit - Patient		Response
Identification Bands		
1.0	For maternity patients: Is the newborn 'rooming in' (at the mother's bedside) on the ward with its mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
1.1	If yes: Has the newborn's identification been checked and is correct within 24hr of birth as documented in the neonatal pathway at the bedside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgical Safety Checklist		
2.0	Has the patient been admitted for a surgical procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1	If yes: Does the patient have a surgical safety checklist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	If yes to 2.0 & 2.1: Is there a patient label or are all of the patient details written legibly at the top of the form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	If yes to 2.0 & 2.1: In the 'sign in' section, Has the patient's identity box been completed? Has the site/side box been completed? Has the procedure box been completed? Has the consent box been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	If yes to 2.0 & 2.1: In the 'sign in' section, Has the site marked box (either yes or N/A) been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.5	If yes to 2.0 & 2.1: In the 'time out' section, Has the patient confirm box been completed? Has the site/side box been completed? Has the procedure box been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation audit - Patient		Response
Perioperative Patient Record (PPR)		
3.0	Has the patient been admitted for a surgical procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	If yes: Does the patient have a Perioperative Patient Record (PPR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	If yes to 3.0 & 3.1: Is there a patient label or are all of the patient details written legibly at the top of the form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	If yes to 3.0 & 3.1: Has 1. full name, DOB and ID band matching box been completed for ALL checks 1, 2 and 3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no to above: Has it been partially completed i.e.: for either 1 or 2 checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	If yes to 3.0 & 3.1: Has 2. procedure consent box been completed for ALL checks 1, 2 and 3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no to above: Has it been partially completed i.e.: for either 1 or 2 checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	If yes to 3.0 & 3.1: Has 3. procedure stated box been completed for ALL checks 1, 2 and 3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no to above: Has it been partially completed i.e.: for either 1 or 2 checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	If yes to 3.0 & 3.1: Has 4. surgical site marked box been completed for ALL checks 1, 2 and 3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no to above: Has it been partially completed i.e.: for either 1 or 2 checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure Informed Consent Form		
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 i.e.: 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
Medication Safety		
5.0	Is the patient identification (minimum of name, DOB, MRN, address) completed on <u>all</u> 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

Observational audit - Patient		Response
Identification Bands		
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
9.1	If yes: Are the identifiers legible?	<input type="checkbox"/> Yes–hand written <input type="checkbox"/> Yes – typed <input type="checkbox"/> No

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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