

NSQHS Standard 5 Patient Identification

Ward/Unit audit tool



Hospital and Health Service:	Facility:	Audit Date/Period:
Ward/Unit:		

Ward/Unit audit tool: collects ward/unit level data and collates the patient 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

Ward/Unit Questions		Response
1.0	Is there evidence that the ward/unit has an evaluation and quality improvement plan/s in place to reduce patient identification incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes: What sources of data/information led to the development of the plan e.g. PRIME, Queensland Bedside Audit, other data sources?	
1.2	If yes to 1.0: Is there evidence that the plan/s record quality improvement action/s to be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	If yes to 1.2: List the actions as per plan.	
1.4	If yes to 1.0: 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
1.5	If yes to 1.4: Does the risk register include a scale to rate risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6	If yes to 1.4: Are the risks reviewed on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7	If yes to 1.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8	If yes to 1.0: Is there evidence that the plan/s are tabled at a committee/group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9	If yes to 1.8: Which committee/group?	
1.10	If yes to 1.0: Who assisted in the development of the plan/s?	

Ward/Unit Questions		Response
1.11	If yes to 1.0: Is there evidence the workforce know the plan/s exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.12	If yes to 1.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed.	

Collation - Observation audit of staff who have been observed completing the surgical safety checklist		Count of No. of staff who meet criteria	Count of Total No. of staff audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
2.0	What is the number of staff who have been observed in completing the surgical safety checklist? (PatID_Ward_Q's 8.0 to 8.5 Table (at end of this tool))			
2.1	Provide details of when the audit was undertaken and where etc... <i>(Collate from responses observed in the table below)</i>			
2.2	What is the number of staff that met the 'sign in' requirements? (PatID_Ward_Q's 8.0 to 8.5) i.e.: all 6 items were met			
2.3	What is the number of staff that met the 'time out' requirements? (PatID_Ward_Q9.0) i.e.: the item on awareness was met			

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.)		Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
Identification Bands (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)?			

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.)		Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
	(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 (i.e.: 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 patients audited are those who had legible identifiers) (PatID_Patient_Q9.1)			
3.8	Amongst those with a single ID band, who had legible identifiers, what is the number who had typed identifiers? (Note: the total number of patients audited are those who had legible identifiers) (PatID_Patient_Q9.1)			
Surgical Safety Checklist (The total No. of patients audited are those who had a surgical procedure and a surgical safety checklist)				
4.0	What is the number of patients who had correct labelling (i.e.. patient label) on the surgical safety checklist? (PatID_Patient_Q2.2)			
4.1	What is the number of patients who, in the 'sign in' section of the surgical safety checklist, were documented as having been confirmed? i.e.: had all four boxes completed? (PatID_Patient_Q2.3)			
4.2	What is the number of patients who, in the 'sign in' section of the surgical safety checklist, were documented as having the site marked? (PatID_Patient_Q2.4)			
4.3	What is the number of patients who, in the 'time out' section of the surgical safety checklist, were documented as having been confirmed? i.e.: had all three boxes			

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	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
	completed? (PatID_Patient_Q2.5)			
Perioperative Patient Record (The total No. of patients audited are those who had a surgical procedure and a perioperative patient record)				
5.0	What is the number of patients who had correct labelling (i.e.. patient label) on the Perioperative Patient Record? (PatID_Patient_Q3.2)			
5.1	What is the number of patients who had full name, DOB and ID band matching box completed for ALL checks 1, 2 and 3 on the Perioperative Patient Record? (PatID_Patient_Q3.3) OR			
	What is the number of patients who had full name, DOB and ID band matching box <i>partially</i> completed for 1 or 2 checks on the Perioperative Patient Record? (PatID_Patient_Q3.3)			
5.2	What is the number of patients who had procedure consent box completed for ALL checks 1, 2 and 3 on the Perioperative Patient Record? (PatID_Patient_Q3.4) OR			
	What is the number of patients who had procedure consent box <i>partially</i> completed for 1 or 2 checks on the Perioperative Patient Record? (PatID_Patient_Q3.4)			
5.3	What is the number of patients who had procedure stated box completed for ALL checks 1, 2 and 3 on the Perioperative Patient Record? (PatID_Patient_Q3.5) OR			
	What is the number of patients who had procedure stated box <i>partially</i> completed for 1 or 2 checks on the Perioperative Patient Record? (PatID_Patient_Q3.5)			
5.4	What is the number of patients who had surgical site marked box completed for ALL checks 1, 2 and 3 on the Perioperative Patient Record? (PatID_Patient_Q3.6) OR			
	What is the number of patients who had surgical site marked box <i>partially</i> completed for 1 or 2 checks on the Perioperative Patient Record? (PatID_Patient_Q3.6)			
Procedure Informed Consent Form (The total No. of patients audited are those who had a procedure and a written consent form)				
6.0	What is the number of patients who had correct labelling (i.e.. patient label) on the procedure consent form? (PatID_Patient_Q4.3)			
6.1	What is the number of patients who had correct patient <u>and</u> staff consent on the procedure consent form?			

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.)		Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
	(PatID_Patient_Q4.4 and Q4.5)			
Medication Safety (The total No. of patients audited are those that had a medication chart at the bedside)				
7.0	What is the number of patients who had the patient identification complete on <u>all</u> pages of the medication chart? (PatID_Patient_Q5.0)			

Observation audit of staff that have been observed in completing the surgical safety checklist

Record up to 18 members of staff

Date observation audit undertaken:

Staff Member:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total Count of 'Yes's'	
At 'Sign In': 8.0 Was the patient's identity confirmed verbally with the patient or carer? (Yes / No)																				
8.1 Was the surgical registrar or surgical representative present during the identity confirmation? (Yes / No)																				
8.2 Was there a visual check of the operative site and side markings? (Yes / No / Internal)																				
8.3 Was the intended procedure checked with the patient or carer? (Yes / No)																				
8.4 Was intended procedure confirmed with the patient's consent form and/or medical chart? (Yes / No)																				
8.5 Were responses from team members audible? (Yes / No)																				
At 'Time Out': 9.0 Were all operating team members made aware of all relevant patient identification and procedure details prior to commencement of surgery? (Yes / 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 for feedback or comments.

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