Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Clinical Procedure Safety

Issue Date: 06 July 2023

Together for
Healthier Tomorrows

Clinical Procedure Safety

Policy Number 1.096

Policy Function Continuum of Care

Issue Date 06 July 2023

Next Review Date 06 July 2026

Risk Rating High

Summary This policy outlines steps that must be taken to ensure that intended diagnostic and surgical procedures including dentistry, minor invasive procedures, radiology, chemotherapy, and dialysis are performed on the correct patient, at the correct site and if applicable using the correct equipment in accordance with NSW Ministry of Health policy directive PD2017_032 *Clinical Procedure Safety*.

Responsible Officer Director, Nursing Midwifery and Clinical Governance

Applies to

☐ Administration Centres
☐ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☒ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☒ Forensic Hospital

CM Reference POLJH/1096

Change summary

- Reviewed the currency of the hyperlinks and information.

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
5	July 2023	1.096 Clinical Procedure Safety	• Reviewed the currency of the hyperlinks and information.
4	December 2019	1.096 Clinical Procedure Safety	• Minor amendments for clarification, and update of legislation, references and related documents.
3	December 2015	1.096 Clinical Procedure Safety	• Minor amendments for clarification, reconfiguration to align with the current policy template and update of legislation, references and related documents.
2	June 2011	1.096 Correct Patient, Correct Procedure and Correct Site	• Reformatted into an Implementation Guide to NSW Health Policy

1	June 2007	1.096 Correct Patient, Correct Site & Correct Procedure	• New policy

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Printed copies of this document, or parts thereof, must not be relied on as a current reference document.

Always refer to the electronic copy for the latest version.

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Table of Contents

1. Preface 5
2. Policy Content 5
2.1 Roles and Responsibilities 5
2.1.1 Oral Health Procedures 5
2.1.2 Radiology Procedures 5
2.1.3 Minor Invasive Procedures 5
2.2 Mandatory Requirements 5
3. Procedure Content 6
4. Auditing and Reporting 7
5. Definitions 7
6. Related Documents 7
Appendix 1 8

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1. Preface

The purpose of this policy directive is to address clinical care and patient safety risks associated with Level 1 clinical procedures (Appendix 1) by:

- Improved matching of the patient to the correct procedure
- Improved communication within the procedural team
- Improved communication between the patient and the procedural team reducing the number of clinical procedure related incidents.
- Reducing the number of clinical procedure related incidents.

Incidents involving an incorrect patient, incorrect procedure, incorrect site or the use of incorrect equipment are rare within Justice Health and Forensic Mental Health Network (Justice Health NSW) However, the occurrence of such a serious incident can often be devastating for the patient, their families and the staff involved.

This document provides guidance to staff on Justice Health NSW specific policies whilst implementing NSW Ministry of Health (The Ministry) policy directive PD2025_006 *Clinical Procedure Safety*.

2. Policy Content

2.1 Roles and Responsibilities

The following sections provide specialty specific initiatives that must be followed by clinicians within the respective fields. Responsibility for ensuring Clinical Procedure Safety verification rests with both the individual and with the team members. The person in charge of the procedure carries ultimate responsibility for the verification process.

2.1.1 Oral Health Procedures

- Verification must be recorded in the Titanium electronic Dental Record as correct patient, correct procedure, and correct site eform and signed off by the dental officer in Titanium.
- The site and procedure must be identified and confirmed with the patient and dental assistant.

2.1.2 Radiology Procedures

- Radiology staff must refer to Radiology Services Procedure Manual “Rad 207A: Clinical Procedure Safety: Procedure and Declaration”.

2.1.3 Minor Invasive Procedures

- Verification must be recorded in the Heath Record as "Correct Protocol" and signed off.

2.2 Mandatory Requirements

Staff members must ensure that intended Level 1 diagnostic and surgical procedures (Appendix 1) including dentistry, minor invasive procedures, radiology, chemotherapy, and dialysis are performed on the correct patient, at the correct site and at the correct time during every clinical procedure and using the correct equipment in accordance with the Ministry PD2025_006 *Clinical Procedure Safety*. Time out procedures are only required for Level 2 procedures if there is more than one proceduralist involved.

3. Procedure Content

The Network must comply with the steps outlined in the Ministry PD2025_006 *Clinical Procedure Safety* when intended diagnostic and minor invasive procedures such as dentistry, radiology, chemotherapy and dialysis are performed to ensure that these are carried out on the correct patient, at the correct site and if applicable using the correct equipment.

In the event that an incorrect patient, incorrect site and/or incorrect procedure incident occurs during any of the abovementioned or other diagnostic or minor invasive procedures the most senior clinician involved in the procedure must treat the incident as a "Serious Clinical Incident." The required actions and reporting structures that are outlined for a "Serious Clinical Incident" in Ministry PD2020_047 *Incident Management* Policy must be followed.

An incident must be logged on the Incident Management System (ims+), and the incident must be investigated by the appropriate manager in accordance with Ministry PD2020_047 *Incident Management* Policy

- Verification must occur each time a patient is reviewed or provided treatment by a clinician. Verification at each step of the patient journey, prior to and up to the procedure commencing must occur. All patients should be asked their full name, MIN/MRN/CIMS and date of birth. Staff should not state the patient's name or date of birth and then ask the patient, or their person responsible, if this information is correct.
- All patients must be asked what procedure/intervention they are undergoing where applicable.
- If a patient lacks capacity to verify his/her identity, his/her responsible person must verify the patient's details. If the patient does not have a responsible person present, staff must verify the patient's identity through the patient's identity card, through a
- Network staff member from the patient's previous location or through verification of the patient's identity from Corrective Services NSW cell card, or in the case of Juvenile Justice NSW a photo ID. If a patient's identity cannot be verified, the procedure must not commence.
- For culturally and linguistically diverse, an interpreter must be used in accordance with Justice Health NSW policy 1.230 *Health Care Interpreter Services*.
- The patient's Health Record must be identified as correct.
- Valid consent to treatment must be obtained where applicable. Where consent is not required (e.g. for general x-ray and Orthopantomogram (OPG) procedures, referral/request forms should be available for the clinician to check all details.
- Where patients have an armband in situ, staff must use this in the identification process. If a patient is not required to wear an armband, then as previously stated the patient's identity should be verified using the patient's identity card, through a Network staff member from

the patient's previous location or through verification of the patient's identity from Corrective Services NSW cell card, or in the case of Juvenile Justice NSW a photo ID. If a patient's identity cannot be verified, the procedure must not commence.

- Site marking must be undertaken where applicable.
- Ask the patient if they have a known allergy / adverse reaction and if yes, what the allergy / adverse reaction was and what effect they experienced.

4. Auditing and Reporting

Auditing of compliance with this policy directive must be undertaken as per NSW Health PD2025_006 *Clinical Procedure* Safety. In Justice Health NSW, audits in QARS that meet the requirements of this policy are:

- Oral Health Clinical Record (Titanium) conducted twice yearly
- Oral Health Patient ID/ Procedure Matching conducted twice yearly
- Clinical Procedure Safety conducted annually

5. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

QARS

Quality Audit Reporting System. Developed by the Clinical Excellence Commission (CEC) provides Local Health Districts / Specialty Networks (LHDs/SNs) and their Facilities with a tool to conduct the quality audit and Survey to provide evidence for the accreditation process and improve patient safety and healthcare quality.

6. Related Documents

Legislations	
Justice Health NSW Policies, Guidelines and Procedures	1.230 *Health Care Interpreter Services*
Justice Health NSW Forms	*Radiology Services Procedure Manual: RAD 207A Clinical Procedure Safety: Procedure and Declaration*

NSW Health Policy Directives and Guidelines	PD2020_047 *Incident Management* PD2025_006 *Clinical Procedure Safety*
Other documents and resources	*Consent to Medical and Healthcare Treatment Manual*

Appendix 1

Level 1 Diagnostic and Surgical Procedures

Definition	Examples	Requirements	
		Pre-procedure	Post procedure
- Single proceduralist - Usually does not require written consent - Does not involve procedural sedation or general/regional anaesthesia - Usually performed in wards, clinics, departments and radiology units	- Insertion IV cannula - Insertion IDC - Insertion NGT - Taking blood samples - Diagnostic Radiology - Routine dental procedures e.g. *dental extraction, fillings* - Superficial skin lesions/biopsies	**STOP and confirm the following before commencing the procedure** - Patient identification - Procedure verification – procedure + site/side/level, where appropriate, matches consent - Allergy/adverse reaction check - Anticipated critical events	- Document procedure in patient's health care record or Radiology Information System - Advice for clinical handover - Label specimen/images - Post procedure tests where clinically relevant

Level 2 Procedures

Definition	Examples	Requirements	
		Pre-procedure (including Team Time Out)	Post Procedure
- Proceduralist often supported by an assisting proceduralist/s - Usually requires written consent - Does not involve procedural sedation or general/regional anaesthesia - Usually performed in wards, clinics, departments and radiology units	- Lumbar puncture - Insertion of chest tube - Ascitic tap - Stress test - Nuclear Medicine therapies - Biopsies - IV or IT administration of chemotherapy - Dialysis - IV administration of contrast - Central lines are inserted centrally	**STOP and confirm the following before commencing the procedure-** Proceduralist/assisting proceduralist/s introductions, where appropriate - Patient identification - Procedure verification - procedure + site/side/level, where appropriate, - Patient position - Essential imaging reviewed check - Special medication/s administered - Antibiotics - Implants and special Equipment - Anticipated critical events	Document procedure in patient's health care record or Radiology Information System - Advice for clinical handover - Equipment problems/issues - Specimens/images labelled Post procedure tests where post insertion of chest tube