Policy Directive

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Clinical Procedure Safety

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Functional Sub group Clinical/ Patient Services - Surgical
Clinical/ Patient Services - Anaesthetics
Clinical/ Patient Services - Dental/Oral
Clinical/ Patient Services - Imaging - diagnostic and interventional
Clinical/ Patient Services - Maternity

Summary This policy directive addresses clinical care and patient safety risks associated with clinical procedures, improves matching of the patient to the correct procedure, improves communication within the procedural team and between the patient and the procedural team, and reduces the number of clinical procedure related incidents.

Replaces Doc. No. Correct Patient, Correct Procedure and Correct Site [PD2007_079]

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Public Health Units, Public Hospitals, NSW Health Pathology

Audience All clinical staff

Distributed to Public Health System, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

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Policy Manual Patient Matters

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Director-General

POLICY STATEMENT

CLINICAL PROCEDURE SAFETY

PURPOSE

The purpose of this policy directive is to address clinical care and patient safety risks associated with clinical procedures, improve matching of the patient to the correct procedure, improve communication within the procedural team and between the patient and the procedural team, and reduce the number of clinical procedure related incidents.

The principles of the World Health Organization (WHO) Surgical Safety Checklist and the Royal Australasian College of Surgeons' Surgical Safety Checklist have been used in the development of this policy directive.

This policy directive aligns with the National Safety and Quality Health Services Standard 5 – *Patient Identification and Procedure Matching.*

MANDATORY REQUIREMENTS

- All staff involved in clinical procedures must adhere to the requirements of this policy directive.
- Each health service undertaking clinical procedures must have systems and processes in place to enable compliance with this policy directive. This includes educating and training staff, documenting incidents associated with procedures, monitoring compliance with this policy directive, and reporting outcomes to the appropriate committee/s within the health service and to relevant external agencies such as the NSW Coroner' office.

IMPLEMENTATION

This policy directive commences six months from the date of publication.

Chief Executives are required to ensure:

- All appropriate staff are made aware of their roles and responsibilities in relation to this policy directive
- All appropriate staff receive education and training to enable them to carry out their roles and responsibilities in relation to this policy directive
- The requirements of this policy directive are applied, achieved and maintained.

Clinicians are required to:

- Comply with this policy directive.

Clinical Excellence Commission will:

Review this policy directive at 12 months following the date of publication.

REVISION HISTORY

Version	Approved by	Amendment notes
(PD2014_036) October 2014	Deputy Secretary, Governance, Workforce and Corporate	Revised following review. Replaces PD2007_079.
PD2007_079	Director General	Revised following review. Replaces PD2005_380
PD2005_380	Director General	New policy

ATTACHMENTS

1. Clinical Procedure Safety: Procedures

Clinical Procedure Safety

NSW GOVERNMENT Health

PROCEDURES

Issue date: October-2014

PD2014_036

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1 BACKGROUND

1.1 Purpose

The purpose of this policy directive is to address clinical care and patient safety risks associated with clinical procedures; improve matching of the patient to the correct procedure; improve communication within the procedural team and between the patient and the procedural team; and reduce the number of clinical procedure related incidents.

1.2 Principles

The following principles apply to clinical procedures.

1. The policy directive applies to the full age range of patients. Where issues are specific to children these are raised by way of exception for children.
2. The manager / departmental head is responsible for ensuring the processes for clinical procedure safety are followed.
3. Every clinician involved in a procedure whether as an individual proceduralist or as a member of a procedural team is responsible for ensuring the processes for clinical procedure safety are followed.
4. Active involvement and effective communication between the proceduralist (and procedural team members where appropriate) and the patient or their person responsible should occur.
5. The proceduralist (and procedural team members where appropriate) is responsible for confirming patient identification, procedure verification and where appropriate the correct site / side / level for the procedure. The proceduralist carries ultimate responsibility for the patient identification and procedure verification.
6. Valid consent must be obtained for the procedure.[1]
7. Patient identification must occur prior to the procedure commencing.
8. To the extent possible involve the patient, or their person responsible, at all points in the patient identification and procedure verification processes, including marking of the procedure site, where appropriate.
9. Site marking is essential where there is the potential for error involving multiple structures (fingers, toes, or lesions), left / right distinction, or levels (spine).
10. Confirm the patient is not allergic / had an adverse reaction to any substance used in the test / procedure.
11. If pre-procedure imaging data are to be used, the data must be available and correctly identified before the patient receives procedural sedation / anaesthesia.
12. If prostheses, implants, sterile equipment, or special equipment are required, they must be available and, where appropriate, confirmed they are functional before the patient receives procedural sedation / anaesthesia.

[1] *Consent to Medical Treatment - Patient Information*, PD2005_406 at http://www0.health.nsw.gov.au/policies/PD/2005/PD2005_406.html

1.3 Key definitions

Airway management	Includes oxygen therapy via face mask, management of airways obstruction including the use of common devices such as oro-pharyngeal and naso - pharyngeal airways, single handed and two handed mask ventilation using Bag and Mask, insertion and management of Laryngeal Mask Airways and intubation of the trachea using standard laryngoscopy equipment and monitoring of the patient for the effects of hypoxia with basic monitoring such as ECG (electrocardiogram), NIBP (non-invasive measurement of blood pressure) and Pulse Oximetry.
Anaesthesia and sedation	Refer to definition under **Sedation and anaesthesia in this section.**
Antibiotic prophylaxis	Antibiotic therapy given prior to the procedure in order to reduce the potential for infection post procedure.
Assisting clinicians	Staff engaged in assisting the proceduralist as part of the procedure.
Clinical handover[2]	The effective transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.
Clinician	A person authorised by a facility to provide clinical care to a patient.
Clinician airway monitor	A dedicated clinician (who is not the proceduralist) with appropriate competency-based training, whose primary responsibility is to monitor the patient's level of consciousness and to monitor and provide the initial management of cardio-respiratory status of the patient during the procedure.
Incident	Any unplanned event resulting in, or with the potential for, injury, damage or other loss. This includes a near miss.[3]
Must	Indicates a mandatory action required that must be complied with.
Patient	A person receiving health care. Also known as consumer or client.
Patient identification	The active process of identifying a patient through the use of approved patient identifiers to ensure a patient is correctly matched to their planned procedure.[4]
Person responsible	For the purposes of this policy directive a *person responsible* is a person who can provide consent to a patient's clinical procedure. (Refer to NSW Health policy directive on consent to medical treatment for further details[5]).

[2] Clinical Handover is defined at http://www.archi.net.au/resources/safety/clinical/nsw-handover

[3] Incident is defined in *Incident Management* Policy, PD2014_004 at http://www0.health.nsw.gov.au/policies/pd/2014/PD2014_004.html

[4] *Client Registration Policy*, PD2007_094 (http://www0.health.nsw.gov.au/policies/pd/2007/PD2007_094.html); *Client Registration Guideline*, GL2007_024 (http://www0.health.nsw.gov.au/policies/gl/2007/GL2007_024.html); and *Patient Identification Bands*, PD2014_024 (http://www0.health.nsw.gov.au/policies/pd/2014/PD2014_024.html).

[5] *Consent to Medical Treatment - Patient Information*, PD2005_406 at http://www0.health.nsw.gov.au/policies/PD/2005/PD2005_406.html

Proceduralist	A clinician who is performing or assisting in the procedure. There may be more than one proceduralist involved in a procedure. The senior proceduralist takes overall responsibility for the case.
Procedural Team	Includes all clinicians participating in the delivery of care during the procedure.
Procedure	For the purposes of interpreting this policy directive *procedure* is defined as follows. **Level 1 procedure** • Usually requires a 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. **Level 2 procedure** • Requires a 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. **Level 3 procedure** • Requires at least one proceduralist and a procedural team • Always requires written consent • Involves procedural sedation or general / regional anaesthesia • Usually performed in formal procedural suites such as operating theatres, endoscopy suites, radiology units and cardiac catheterisation laboratories.

Sedation and anaesthesia[6]	**Procedural sedation** implies that the patient is in a state of drug-induced tolerance of uncomfortable or painful diagnostic or interventional medical, dental or surgical procedures. • **Conscious sedation** is defined as a drug-induced depression of consciousness during which patients are able to respond purposefully to verbal commands or light tactile stimulation. • **Deep levels of sedation**, where consciousness is lost and patients only respond to painful stimulation, are associated with loss of the ability to maintain a patent airway, inadequate spontaneous ventilation and / or impaired cardiovascular function. Deep levels of sedation may have similar risks to general anaesthesia, and may require an equivalent level of care. For the purposes of interpreting this policy directive the use of opioids for analgesia and the use of inhaled nitrous oxide for analgesia are not considered procedural sedation. **Regional anaesthesia** includes major nerve blocks, epidural blocks and spinal blocks. It involves the injection of local anaesthetic in the vicinity of major nerve bundles supplying body areas. Regional anaesthesia may be used on its own or combined with sedation or general anaesthesia. **General anaesthesia** is a drug-induced state characterised by absence of purposeful response to any stimulus, loss of protective airway reflexes, depression of respiration and disturbance of circulatory reflexes. General anaesthesia is sometimes indicated during diagnostic or interventional medical or surgical procedures and requires the exclusive attention of an anaesthetist, or other appropriately trained and credentialed medical specialist within his / her scope of practice.
Should	Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.
Sign In	The period **immediately before preparing the patient** for their procedure by the procedural team.
Sign Out	The period after the procedure and before the patient / procedural team leave the procedural area.
Team Time Out	The period **immediately before commencing the procedure** to undertake a final verification. Team Time Out applies to Level 2 and Level 3 procedures.
VTE prophylaxis	Treatment, either mechanical or pharmacological, provided to a patient in order to reduce the risk of **venous thromboembolism** (deep vein thrombosis and pulmonary embolism).

[6] ANZCA, *PS9 – Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures, 2010* at http://www.anzca.edu.au/resources/professional-documents.

2 LEVEL 1 PROCEDURES

Definition	Examples[7]	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 - Diagnostic Nuclear Medicine - Routine dental procedures eg. dental extraction, fillings - Superficial skin lesions/biopsies - Non operative obstetrics eg. forceps/scalp electrodes/episiotomy	**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

2.1 Pre procedure

For Level 1 procedures the proceduralist, and assisting proceduralist/s, where relevant, must **STOP** and confirm the following minimum requirements immediately before commencing the procedure. Where two or more staff members are involved they must introduce themselves to each other and the patient, as appropriate, by their preferred names and roles before the procedure commences.

2.1.1 Patient identification

- The patient's identification must be confirmed before any procedure commences.
- Staff must confirm that they have the correct patient by asking the patient, or their person responsible, to state the patient's full name 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.
- The response must be confirmed against the details on the request form / referral / treatment plan and patient identification band or other approved patient identification tool (including unique patient identifier), where appropriate.
- Where patient details on the request form / referral / treatment plan are incomplete or there is a discrepancy the patient, or their person responsible, must provide the correct information before commencing the procedure and actions taken documented in the patient's health care record.
- If the patient is unable to participate in the patient identification step, for example due to physical incapacity, language issues, or is a child, and their person responsible is not present, then the patient's identification band or other approved patient

[7] The examples provided do not cover all possible procedures and the examples may be escalated to a higher level (ie Level 1 procedures may be classified by a health service as Level 2 or Level 3 procedures). Health services should consider development of local lists of examples for Level 1, Level 2 and Level 3 procedures consistent with the requirements of this policy directive.

identification tool (including unique patient identifier) should be used to confirm the patient's identification.

2.1.2 Procedure verification

- Consent must be obtained for any procedure as required by the NSW Health policy directive on consent to medical treatment.[8]
- Consent must be documented for radiology and nuclear medicine procedures for Diagnostic Imaging Accreditation Scheme accreditation.
- Signed consent forms are not required for minor procedures performed under local anaesthesia, eg. insertion of IV cannula, urethral catheterisation, or suture of minor lacerations.
- Request forms / referrals / treatment plans for procedures must include the patient's name, date of birth, sex, unique patient identifier (where appropriate), reason for the procedure, details of the test/s required, the date the test/s were ordered, and the exact anatomical location for the test/s including the procedure site, laterality and level.
- The proceduralist must ask the patient, or their person responsible, to state what procedure they understand will be performed and to state the site / side / level for the procedure (where relevant) and verify this matches the planned procedure and consent / request form / referral / treatment plan.[9]
- Where procedure details on the request form / referral / treatment plan are incomplete or there is a discrepancy the requesting clinician or a member of their team must be contacted to clarify the information before commencing the procedure.

2.1.3 Allergy / adverse reaction check

- 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.

2.1.4 Anticipated critical events

- The proceduralist must consider the planned procedure, critical steps, anticipated events and equipment requirements.

2.2 Post procedure

- Document the name of the procedure and outcome/s in the patient's health care record or Radiology Information System.
- Provide clinical handover advice to the staff caring for the patient or post procedure destination, where relevant, and discuss with the patient where possible.
- Specimens / images must be labelled correctly.
- Arrange post procedure tests where clinically relevant.

[8] *Consent to Medical Treatment - Patient Information*, PD2005_406 at http://www0.health.nsw.gov.au/policies/PD/2005/PD2005_406.html.
[9] Refer to *Consent to Medical Treatment - Patient Information*, PD2005_406 for information about how long a consent remains valid and who should obtain consent at http://www0.health.nsw.gov.au/policies/PD/2005/PD2005_406.html.

3 LEVEL 2 PROCEDURES

Definition	Examples[10]	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 - IV administration of contrast - Centrally inserted central line[11]	**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, matches consent - Patient position - Essential imaging reviewed - Allergy/adverse reaction 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 correctly - Post procedure tests where clinically relevant eg. CXR post insertion of chest tube

3.1 Pre procedure (including Team Time Out)

For Level 2 procedures without procedural sedation / anaesthesia the proceduralist, and where present assisting proceduralist/s, must **STOP** and confirm the following minimum requirements immediately before commencing the procedure. Where two or more staff members are involved they must introduce themselves to each other and the patient, where appropriate, by their preferred names and roles before the procedure commences.

3.1.1 Patient identification

- The patient's identification must be confirmed before any procedure commences.
- Staff must confirm they have the correct patient by asking the patient, or their person responsible, to state the patient's full name and date of birth. Staff must not state the patient's name or date of birth and then ask the patient, or their person responsible, if this information is correct.
- The response must be confirmed against the details on the consent form / request form / referral / treatment plan and patient identification band or approved patient identification tool (including unique patient identifier), where appropriate.

[10] The examples provided do not cover all possible procedures and the examples may be escalated to a higher level (ie Level 1 procedures may be classified by health services as Level 2 or Level 3 procedures). Health services should consider development of local lists of examples for Level 1, Level 2 and Level 3 procedures consistent with the requirements of this policy directive.

[11] *Central Venous Access Device Insertion and Post Insertion Care*, PD2011_060 at http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_060.html

- Where patient details on the consent / request form / referral / treatment plan are incomplete or there is a discrepancy the patient, or their person responsible, must provide the correct information before commencing the procedure and actions taken documented in the patient's health care record.
- If the patient is unable to participate in the patient identification step, for example due to physical incapacity, language issues, or is a child, and their person responsible is not present, then the patient's identification band or approved patient identification tool (including unique patient identifier) should be used to confirm their identification.

3.1.2 Procedure verification

- Consent must be obtained for any procedure as required by the NSW Health policy directive on consent to medical treatment.[12]
- The consent form (where written consent obtained) and request forms / referrals / treatment plans for procedures must include the patient's name, date of birth, sex and unique patient identifier (if available), and should include the procedure site / side / level, reason for the procedure, details of the examination / test/s required, the date the test/s were ordered, and the exact anatomical location for the test/s.
- Consent must be documented for radiology and nuclear medicine procedures for Diagnostic Imaging Accreditation Scheme accreditation.
- When contrast is used for procedures a combined patient checklist / consent form that is specifically designed for contrast administration must be used.
- The proceduralist must ask the patient, or their person responsible, to state what procedure they understand will be performed and to state the site / side / level for the procedure (where appropriate) and verify this matches the planned procedure and consent / request form / referral / treatment plan.[13]
- Where procedure details on the consent form / request form / referral / treatment plan are incomplete or there is a discrepancy the requesting clinician or a member of their team must be contacted to clarify the information before commencing the procedure.

3.1.3 Patient position

- The positioning of the patient must be verified as correct for the planned procedure.
- The appropriate equipment for positioning and venous thromboembolism (VTE) prophylaxis must be working and available for use during the procedure.

3.1.4 Essential imaging available

If imaging data are to be used to verify the procedure or site / side / level of the procedure the proceduralist must verify in conjunction with the assisting proceduralist/s, where appropriate, that:

- The patient's identity, the site of the procedure and the date of the image in relation to the procedure all match.

[12] *Consent to Medical Treatment - Patient Information*, PD2005_406 at http://www0.health.nsw.gov.au/policies/PD/2005/PD2005_406.html
[13] Refer to *Consent to Medical Treatment - Patient Information*, PD2005_406 for information about how long a consent remains valid and who should obtain consent at http://www0.health.nsw.gov.au/policies/PD/2005/PD2005_406.html.

- The images are for the correct side of the body, oriented correctly, and correctly labelled with the patient's name and date of birth.

3.1.5 Allergy / adverse reaction check

The proceduralist should:

- 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.
- Check for any other source that may provide further information on allergies / adverse reactions the patient might have eg. treatment plan, progress notes.
- Check that allergies / adverse reactions are noted on the allergy / adverse reaction section of the National Inpatient Medication Chart or other relevant section of the patient's health care record.
- Note that when contrast is used for procedures the allergy / adverse reaction check must be included in a combined patient checklist / consent form that is specifically designed for contrast administration.
- Ensure the assisting proceduralist/s is aware of all identified allergies / adverse reactions.

3.1.6 Special medications administered

- The proceduralist should confirm that any special medications required have been administered.

3.1.7 Antibiotics

- Antibiotic prophylaxis may be indicated and should be given in accordance with current antibiotic therapeutic guidelines prior to the procedure commencing except when antibiotics are withheld in order to get specimens for microbial testing.

3.1.8 Anticipated critical events

- The proceduralist must consider, and discuss with the assisting clinician/s, the planned procedure, critical steps, anticipated events and equipment requirements.
- The proceduralist, and the assisting proceduralist/s, must verbally confirm sterility, implants and equipment requirements.

3.2 Post procedure

3.2.1 Name of the procedure recorded

- The proceduralist must confirm exactly what procedure was done, any expected or unexpected adverse events and patient outcomes, and ensure this is documented in the patient's health care record or Radiology Information System. Where a procedure has varied from that planned the rationale must be documented with reason/s why.

3.2.2 Advice for clinical handover

- Provide clinical handover advice, including the patient's management plan post procedure, to the post procedure destination and discuss with the patient where possible.

- Document any altered calling criteria on the relevant observation chart.

3.2.3 Equipment problems / issues documented and advised to relevant staff

- Malfunctioning equipment and instruments should be accurately identified to prevent them from being used again until the problems are resolved. Any equipment or instrument problems arising during the procedure must be documented, raised with the relevant staff so they can be resolved as soon as possible and notified in the incident management system.

3.2.4 Specimens / images labelled correctly

- The proceduralist, and assisting proceduralist/s, must verify the correct labelling of any pathology specimen / images obtained during the procedure by reading out loud the patient's name, specimen / image description and any orienting marks.

3.2.5 Tests required

- Referral for test/s post procedure should be discussed with the patient and arranged, where clinically appropriate.

4 LEVEL 3 PROCEDURES

<table>
<tr><th>Definition</th><th>Examples[14]</th><th colspan="2">Requirements</th></tr>
<tr><td rowspan="2">- At least one proceduralist and a procedural team
- Always requires written consent
- Involves procedural sedation or general /regional anaesthesia
- Usually performed in formal procedural suites such as operating theatres, endoscopy suites, radiology units and cardiac catheterisation laboratories</td><td rowspan="2">- Surgical procedure (OR)
- ECT
- Angiography
- Coiling
- Stenting
- Interventional Neuroradiology
- Colonoscopy
- Bronchoscopy</td><td>1. Pre-procedure
- Patient identification
- Procedure verification – planned procedure + site/side/level, where appropriate, matches consent
- Site/side/level marking, where appropriate</td><td>2. Sign In
SIGN IN ONE
- Patient identification
- Procedure verification – planned procedure + site/side/level, where appropriate, matches consent
- Allergy/adverse reaction check
- Sedation/anaesthetic equipment checked
- Patient sedation risk/anaesthetic assessment
- Significant airway or aspiration risk
- Clinician airway monitor identified
- Clinician skilled to manage airway identified
- Pulse oximeter working
- Risk of major bleeding
SIGN IN TWO
- Essential imaging available
- Site marking (exemptions)
- Implants and special equipment
- Proceduralist available to complete procedure</td></tr>
<tr><td>3. Team Time Out
- Team member introductions
- Patient identification
- Procedure verification - planned procedure + site/side/level, where appropriate, matches consent
- Patient position
- Essential imaging reviewed
- Allergy/adverse reaction check
- Special medication/s administered
- Antibiotics
- VTE prophylaxis
- Anticipated critical events</td><td>4. Sign Out
- Name of procedure recorded
- Counts/tray list checks correct
- Specimens/images labelled correctly
- Blood loss documented; ongoing blood loss discussed
- Equipment problems/issues documented/manager advised
- Advice for clinical handover</td></tr>
</table>

Level 3 procedures <u>with</u> procedural sedation / anaesthesia are divided into a **pre-procedure** stage followed by **three distinct stages** each corresponding to a specific time period in the patient's procedure.

[14] The examples provided do not cover all possible procedures and the examples may be escalated to a higher level (ie Level 1 procedures may be classified by health services as Level 2 or Level 3 procedures). Health services should consider development of local lists of examples for Level 1, Level 2 and Level 3 procedures consistent with the requirements of this policy directive.

These three stages are:

Sign In	The period **before commencing procedural sedation or general / regional anaesthesia** that is, immediately before the procedural team prepares the patient for their procedure. Sign In is further divided into two parts Sign In One – Checklist completed / signed by the sedationist / anaesthetist. Sign In Two – Checklist completed / signed by the proceduralist.
Team Time Out	The period **immediately before commencing the procedure** to undertake a final patient identification and procedure verification.
Sign Out	The period before the patient / procedural team leave the procedural area.

A checklist that is consistent with the requirements for SIGN IN, TEAM TIME OUT and SIGN OUT must be used for Level 3 procedures.

The checklist is part of the patient's health care record.

LHD/SHNs may choose to modify the format of state level approved checklists and may add additional items.

LHD/SHNs **must not** subtract any item contained in the state level approved checklists.

State level approved checklists can be accessed at
http://www.cec.health.nsw.gov.au/programs/clinical-procedure-safety

4.1 Pre procedure requirements

The following must be undertaken before the patient is transferred to the procedural suite.

4.1.1 Patient identification

- The patient's identification must be confirmed before any procedure commences.
- Staff must confirm they have the correct patient by asking the patient, or their person responsible, to state the patient's full name and date of birth. Staff must not state the patient's name or date of birth and then ask the patient, or their person responsible, if this information is correct.
- The response must be confirmed against the details on the consent form / request form / referral / treatment plan and patient identification band (including unique patient identifier).

- Where patient details on the consent form / request form / referral / treatment plan are incomplete or there is a discrepancy the patient, or their person responsible, must provide the correct information before commencing the procedure and actions taken documented in the patient's health care record.
- If the patient is unable to participate in the patient identification step, for example due to physical incapacity, language issues, or is a child, and their person responsible is not present, a member of staff from the preceding location of the patient (eg. ward or emergency department) must act as the patient's advocate to confirm the patient's identity.
- Patients undergoing Level 3 procedures must be wearing a patient identification band. Refer to the NSW Health policy directive on patient identification bands.[15]

4.1.2 Procedure verification

- Consent must be obtained for any procedure as required by the NSW Health policy directive on consent to medical treatment.[16]
- The consent form, and request forms / referrals / treatment plans, for procedures must include the patient's name, date of birth, sex and unique patient identifier and should include the procedure site / side / level, reason for the procedure, details of the examination / test/s required, the date the test/s were ordered, and the exact anatomical location for the test/s.
- Staff must ask the patient, or their person responsible, to state what procedure they understand will be performed and to state the site / side / level for the procedure (where appropriate) and verify this matches the planned procedure and consent form / request form / referral / treatment plan.[17]
- Where procedure details on the consent form / request form / referral / treatment plan are incomplete or there is a discrepancy the requesting clinician or a member of their team must be contacted to amend or complete a new document before the procedure commences and actions taken documented in the patient's health care record.
- Verify x-ray and other imaging data are for the correct patient and are the correct images, where appropriate.
- Other relevant clinical information including documentation recorded electronically must be available prior to the planned procedure.
- Verification should be documented in the patient's health care record, including a record of individuals involved in the verification process.

4.1.3 Site / side / level marking

Site / side / level marking

Site / side / level marking is essential in cases where there is the potential for error involving multiple structures (fingers, toes, or lesions), left / right distinction, or levels (spine). In these

[15] *Patient Identification Bands, PD2014_024 at* http://www0.health.nsw.gov.au/policies/pd/2014/PD2014_024.html

[16] *Consent to Medical Treatment - Patient Information*, PD2005_406 at http://www0.health.nsw.gov.au/policies/PD/2005/PD2005_406.html

[17] Refer to *Consent to Medical Treatment - Patient Information*, PD2005_406 for information about how long a consent remains valid and who should obtain consent at http://www0.health.nsw.gov.au/policies/PD/2005/PD2005_406.html.

cases, where appropriate, the site / side / level should be marked. For certain radiotherapy treatments, the immobilising device may be marked.

The site / side / level must be marked by one of the proceduralists (except for intra-ocular surgery):

- As a minimum, all cases involving multiple structures (fingers, toes or lesions), laterality or levels (spine) must be marked.
- Non-procedure sites / sides / levels must not be marked.
- Marking occurs before the patient enters the procedural room, except in an emergency.
- The method of marking should be consistent throughout the organisation. Initials must not be used in marking.
- Marking takes place with the patient involved, awake and aware, where appropriate. Note some paediatric, psychiatric and intellectually impaired patients may find this distressing and marking may be done after these patients are anaesthetised. For this group of patients it may be appropriate to have a person responsible present.
- The mark should be on or near the incision site or radiotherapy site.
- The mark should be visible and sufficiently permanent so it remains visible following skin preparation and draping.
- The marking must be documented in the patient's health care record by the person marking the site / side / level.
- Exception: For **intra-ocular surgery** where pre-operative mydriatic drops have been ordered, the correct side may be marked by a registered nurse, and the marking checked by a second registered nurse before the drops are given, in conjunction with confirmation of the patient's identity, checking of the consent, and verbal confirmation by the patient, or their person responsible, of the side to have surgery. The mark must be subsequently checked as the correct side for the procedure as required by Sign In One, Sign In Two and Team Time Out.

Site / side / level marking exemptions

Site / side / level marking is **not required** in the following circumstances (although it can be used):

- To avoid confusion, eg. if a procedure requires a regional anaesthetic then only the procedure site should be marked.
- For single organ cases, eg. cardiac surgery, caesarean section.
- Where the site of surgical entry is unambiguous, eg. midline incisions, cystoscopies, laparoscopies.
- If the site is obvious, eg. open trauma wound, large tumour.
- For endoscopies.
- For procedures where the catheter / instrument site is not predetermined, eg. cardiac catheterisation, epidural / spinal analgesia / anaesthesia.

- For radiology procedures where marking the site could add to the ambiguity of subsequent procedures.
- For multiple fractions of radiotherapy, where the site is usually only marked before the first fraction and reapplied as necessary, and where markings are applied to the immobilisation device rather than on the patient's skin.
- Where intra-procedure imaging for localisation, eg. radiological, MRI, stereotaxis, ultrasound, radiation detection will be used.
- Where the procedure site cannot be marked eg teeth, the site / side must be clearly recorded in the patient's health care record.
- For premature infants, and some oral and maxillofacial surgery, where marking may cause permanent marking of the tissues.
- Where the patient refuses marking. Such refusal must be documented in the patient's health care record.
- In a life-threatening emergency where the patient enters the procedural room directly. This must be documented in the patient's health care record.

4.2 Sign In One: Checklist completed / signed by the sedationist / anaesthetist

Sign In One must be completed before commencing procedural sedation or general / regional anaesthesia.

Sign In One is completed by the sedationist / anaesthetist in conjunction with another member of the procedural team eg. anaesthetic nurse / circulating nurse, and then signed by the sedationist / anaesthetist. Where there is no sedationist / anaesthetist then a proceduralist must complete and sign this check.

In procedural suites where a formal, documented verification check is performed prior to entering the procedural suites eg. in an airlock, theatre holding bay or reception area, the Sign In One is an additional step that must occur in a room or area immediately adjacent to the procedural room eg. in the anaesthetic room if available, or in the procedural room.

Sign In One must be completed before the patient enters the procedural room, except in emergency situations, where an anaesthetic room does not exist or where the patient enters the procedural room directly. In these cases Sign In One should be completed inside the procedural room.

4.2.1 Patient identification

- Patient identification must occur before any treatment / intervention is initiated except if a life threatening or emergency situation exists.
- Staff must ask the patient to state their full name and date of birth. Staff must not state the patient's name or date of birth and then ask the patient if this information is correct.
- The answers to these questions must be confirmed against the details on the patient identification band. If there is a discrepancy between the details, the procedure must not proceed until this is resolved.

- If the patient is unable to participate in the final patient identification step prior to the planned procedure/s, for example due to due to physical incapacity, language issues, or is a child, then the patient's person responsible or the patient's identification band/s should be used to confirm the patient's identity.

4.2.2 Planned procedure matches consent

- The consent form is the primary source of information about the patient's planned procedure. The procedure to be performed must match what has been written on the patient's signed consent form. Details on the consent form must be clear and correct; and must match the health care record, the request / referral letter, the patient's understanding of the procedure to be undertaken and imaging data, where appropriate.
- A final consent check with the patient before sedating / anaesthetising them, gives the patient the opportunity to identify any mistakes. If the planned procedure and consent do not match, the proceduralist must resolve the matter before the patient receives procedural sedation / anaesthesia.
- If the planned procedure information on the consent form is incorrect this should be documented in the patient's health care record.

4.2.3 Site / side / level matches consent

- The relevant team member should ask the patient to state their site / side / level for the planned procedure. The team member must not state the site / side / level for the planned procedure and then ask the patient if this information is correct.
- For some procedures (eg. those that involve ovaries and fallopian tubes), side detection may be unreliable preoperatively.[18] In these circumstances, side verification is not recommended.

4.2.4 Allergy / adverse reaction check

The relevant team member should:

- 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.
- Check for any other source that may provide further information on allergies / adverse reactions the patient might have eg. treatment plan, progress notes.
- Check that allergies / adverse reactions are noted on the allergy / adverse reaction section of the National Inpatient Medication Chart or other relevant section of the patient's health care record.
- Note that when contrast is used for procedures the allergy / adverse reaction check must be included in a combined patient checklist / consent form that is specifically designed for contrast administration.
- Ensure all team members are aware of all allergies / adverse reactions identified.

[18] Gynaecology surgery for adnexal masses: it is not uncommon for a patient to be consented for a right sided procedure, based on clinical examination or imaging (usually ultrasound) and to find at operation that the pathology is left sided (and vice versa). This is due to the fact that the tubes and ovaries are lateral and posterior to the uterus and fall towards the midline of the pelvis, making it easy to get the wrong side.

4.2.5 Sedation / anaesthetic equipment checked

- When procedural sedation or anaesthesia is planned a formal check of the necessary sedation / anaesthetic equipment must be completed prior to each procedure to ensure the equipment is available and working. Continuous pulse oximetry and blood pressure monitoring must be started on the patient prior to commencing procedural sedation or anaesthesia and continued until the patient is adequately recovered from this.

4.2.6 Patient sedation risk / anaesthetic assessment done

- When procedural sedation or anaesthesia is planned a medical assessment must be completed prior to commencement of the procedure (except in a life threatening emergency). This must include documentation of the patient's medical condition/s and their sedation risk / anaesthetic assessment. When a non-anaesthetist plans to give procedural sedation an assessment must be made as to whether an anaesthetist is required to assess and manage the patient. This decision must be documented in the patient's health care record.

4.2.7 Significant airway or aspiration risk

- When procedural sedation or anaesthesia is planned the sedationist / anaesthetist must formally assess the patient's airway and document this in the patient's health care record prior to commencing procedural sedation / anaesthesia. If this assessment indicates a significant airway risk then an anaesthetist must be present before sedation is given.
- The risk of aspiration should also be evaluated and documented. If the patient has symptomatic active reflux or a full stomach, the sedationist / anaesthetist must consider what additional steps might be taken to reduce the increased risk of aspiration.
- When a significant airway or aspiration risk is identified the procedural sedation / anaesthesia must not commence until all required special equipment needed is present and functional, and procedural team members needed are present.
- Functioning and clean suction equipment must always be immediately available when procedural sedation / anaesthesia is given.

4.2.8 Identification of clinician airway monitor and availability of skilled personnel

- When procedural sedation is to be used, and where an anaesthetist is not present to care exclusively for the patient, a clinician airway monitor other than the proceduralist must be nominated whose primary responsibility is to monitor the patient's level of consciousness and to monitor and provide the initial management of cardio-respiratory status of the patient during the procedure. There must be present a clinician skilled in airway management and cardio-pulmonary resuscitation relevant to the patient's age.

4.2.9 Risk of major bleeding

Defined as the risk of bleeding more than:

- 500 ml of blood for adults
- 7 ml / kg of blood for children

- >750 ml of blood for maternity patients.[19]

If there is a risk of major bleeding:

- The procedural team should confirm there is a valid group and screening available. If antibodies are present and the blood bank indicates that this may delay the provision of cross-matched blood, then at least two units of compatible cross-matched blood should be available before proceeding.
- The patient should have large bore venous access.
- Intra-procedure blood loss should be measured and the patient monitored for signs of hypovolaemia.

4.3 Sign In Two: Checklist completed / signed by the proceduralist

Sign In Two must be completed before commencing procedural sedation or general / regional anaesthesia.

Sign In Two must be completed and signed by a proceduralist who is required to confirm the following.

4.3.1 Essential imaging available

If imaging data are to be used to verify the site or procedure, a proceduralist must confirm with another member of the procedural team that:

- Images are correct and properly labelled for the correct side of the body, oriented correctly, and labelled with the patient's name and date of birth.
- Patient's identity, the site of the procedure and the date of the image, in relation to the procedure, all match.

4.3.2 Site marked

A proceduralist must confirm that the site has been marked or marking is not required (Refer to 4.1.3 Site marking).

4.3.3 Implants and special equipment

- If any implant (type / side / size / power) and / or special equipment is required, its availability and function (where appropriate) must be checked by two team members.
- A proceduralist must be present prior to commencement of procedural sedation / anaesthesia to confirm that sterile instrumentation, implants and / or any special equipment required are present and functional.
- Where an implant is used the product's label, code reference and serial number should be recorded in the patient's health care record.

4.3.4 A proceduralist who can complete the procedure is immediately available

- Confirm that a proceduralist, who can complete the procedure, is immediately available before the patient receives procedural sedation / anaesthesia and before moving to the Team Time Out stage.

[19] *WHO guidelines for safe surgery : 2009 : safe surgery saves lives* at http://www.who.int/patientsafety/safesurgery/tools_resources/en/

4.4 Team Time Out – Checklist signed by proceduralist

Team Time Out is the final patient safety check and must occur immediately before the procedure commences in the room where the procedure is to be conducted. Usually this will be after procedural sedation / anaesthesia has commenced. The senior proceduralist present must lead the Team Time Out. The proceduralist, sedationist / anaesthetist and other members of the procedural team must **ALL** confer and agree on all aspects of the Team Time Out section of the checklist.

Success of Team Time Out is reliant on active communication amongst all members of the procedural team. It is the responsibility of the senior proceduralist present to ensure that Team Time Out is completed. The procedure should not commence until all team members are satisfied that the patient identification and procedure verification processes have been completed and patient identification and procedure verification are correct.

Each and every member of the procedural team is responsible for ensuring Team Time Out occurs and for raising any concerns they may have during Team Time Out.

Where discrepancies are noted or disagreements occur at Team Time Out, the procedure must be delayed until the issues are resolved. Only for reasons of clinical urgency should the procedure commence. The justification for proceeding in the presence of such discrepancies must be documented by the proceduralist in the patient's health care record as soon as the procedure is completed and an incident report must also be completed.

Where previous identification / verification steps have occurred satisfactorily but a discrepancy in information or disagreement in identification / verification occurs at Team Time Out, an incident report should also be completed even if the issues are resolved satisfactorily.

If disagreement occurs in an extreme emergency situation, the senior member of the procedural team is responsible for the care of the patient and should decide the most appropriate course of action.

The senior proceduralist present is responsible for Team Time Out and must sign this section.

Only after Team Time Out has been completed should the procedure commence.

4.4.1 Procedural team member introductions

- All procedural team members must introduce themselves to each other by their preferred names and roles before the procedure commences. Team members may change frequently and it is important in the effective management that all team members understand who each member is and their role. Teams may adopt local strategies such as documenting the name and role of team members on a whiteboard.
- In situations where multiple patient procedures are undertaken consecutively and there is no change in team members during the list, then this action can occur at the commencement of the list.

4.4.2 Patient identity

- The patient's identity must be confirmed against approved patient identifiers, including the patient identification band/s, consent and documentation. The

identification band used for confirmation must be accessible after positioning and draping.

4.4.3 Planned procedure matches consent

- The consent form is the primary source of information about the patient's planned procedure. The planned procedure must be matched against the patient's consent form and imaging data, where appropriate.
- The processes described in this policy directive should not preclude the use of discretion by the treating proceduralist to alter the procedure for reasons of clinical judgement. However, significant changes to the documented procedure must be communicated to all members of the procedural team and must be recorded in the patient's health care record.

4.4.4 Site / side / level mark matches consent

- The site / side / level mark must be consistent with the site / side / level documented in the consent and imaging.
- For some procedures (eg. those involving ovaries and fallopian tubes), side detection may be unreliable preoperatively. In these circumstances, side confirmation is not recommended (Refer to 4.2.3 Site / side / level matches consent).

4.4.5 Patient position

- The positioning of the patient must be confirmed as correct for the planned procedure and site / side / level.

4.4.6 Essential imaging reviewed

- One of the proceduralists must confirm that the essential imaging is in the procedural area and ready for use during the procedure. If imaging data are used to verify the site or procedure, the person performing the procedure must review and confirm the images are correct and properly labelled. If essential images are not available, the proceduralist must decide if it is safe to proceed and document this decision in the patient's health care record.

4.4.7 Allergies / adverse reactions

- Confirm any known allergies / adverse reactions. This will raise the team's awareness of precautions that may need to be taken during the procedure to avoid allergies / adverse reactions.

4.4.8 Special medications administered

- Confirm that any special medications required (eg. eye drops, steroids, mannitol) have been administered.

4.4.9 Antibiotics

- Antibiotic prophylaxis is considered best practice for a number of complex procedures. Where ordered, antibiotic prophylaxis must be given prior to the procedure (ideally within 60 minutes of the procedure commencing).[20]

[20] Bratzler DW, Houck PM. *Antimicrobial prophylaxis for surgery: an advisory statement from the National Surgical Infection Prevention Project. Clinical Infectious Diseases*, 2004;38:1706–15.

- Antibiotics for caesarean sections may be given prior to the procedure or after the cord is clamped. The senior proceduralist must decide the timing of antibiotic administration for a caesarean section and document this decision in the patient's health care record.
- An exception is when antibiotics are withheld in order to obtain specimens for microbial testing or to observe the patient.

4.4.10 VTE prophylaxis

- The need for VTE prophylaxis must be assessed on every patient. Where indicated, it should be commenced prior to the procedure. Methods include anticoagulants, compression stockings and foot / calf compressors. Indicators for use are outlined in the NSW Health policy directive on prevention of venous thromboembolism.[21] Note that not all VTE prophylaxis methods will commence pre-procedure eg. anticoagulants may commence post procedure.

4.4.11 Anticipated critical events

Effective team communication reduces error, prevents major complications and supports efficient teamwork. To ensure the procedural team has a common understanding of the planned procedure and expected outcomes / issues:

- The proceduralist must verbally brief the team on the planned procedure, critical steps, anticipated events and equipment requirements.
- The sedationist / anaesthetist must verbally review any specific patient or procedure concerns they have.
- The nursing / midwifery team must verbally confirm sterility, implants and equipment requirements.

4.5 Sign Out – Checklist signed by the nurse / midwife

Sign Out should occur before the patient / procedural team leave the procedural area.

Sign Out is designed to ensure that all relevant patient documentation is completed and that appropriate clinical handover can be conducted. The nurse / midwife is responsible for Sign Out and should sign this section before the patient / team leave the procedural area. The proceduralist or sedationist / anaesthetist could also complete this section.

The nurse / midwife confirms the following.

4.5.1 Name of the procedure recorded

- The proceduralist must document the procedure that was carried out in the patient's health care record. Where a procedure has varied from what was planned the rationale must be also noted in the health care record.

[21] *Prevention of Venous Thromboembolism*, PD2010_077 at http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_077.html

4.5.2 Count / tray list checks

- To ensure there are no instruments, accountable items or other items unintentionally retained in the patient, a count / tray list check must be performed as required by the NSW Health policy directive on handling instruments and accountable items.[22]
- This is usually attended prior to the patient leaving the procedure room. However, for the management of multiple or complex instrument trays, for example, the policy directive says that *the final instrument check may be completed immediately post procedure and before the next patient enters the operating or procedural room.*

4.5.3 Specimens / images labelled correctly

- The proceduralist and another member of the procedural team must verify the correct labelling of any pathology specimen / images obtained during the procedure by reading out loud the patient's name, specimen / image description and any orienting marks.

4.5.4 Equipment problems / issues documented and advised to relevant staff

- Malfunctioning equipment and instruments need to be accurately identified to prevent them from being used again until the problem/s is resolved. Any equipment or instrument problem/s arising during the procedure must be documented, raised with the relevant staff so the problem / s can be resolved as soon as possible and notified in the incident management system.

The procedural team confirms the following.

4.5.5 Blood loss documented, ongoing blood loss discussed

- To ensure that early warning signs of blood loss can be assessed, the blood loss (if any) during the procedure should be documented and any anticipated post procedure bleeding discussed. If significant post procedure bleeding is anticipated, blood loss criteria for notifying medical staff must be documented.

4.5.6 Advice for clinical handover

The following advice for clinical handover must be provided to staff at the post procedure destination.

- The procedural team has discussed the patient management plan for recovery, post procedure investigations and communication. This is expected to include any key messages that should be relayed to the patient or their person responsible.
- Any altered calling criteria documented if patient is not being recovered in a Post Anaesthetic Care Unit (PACU) or Recovery.
- Post procedure VTE prophylaxis has been ordered, if required.
- Post procedure care should be discussed with the patient where possible.

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[22] *Management of Instruments, Accountable Items and Other Items used for Surgery or Procedures, PD2013_054* http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_054.html

5 INCIDENTS

In the event of an incident:

- If the patient's condition permits, an immediate plan to rectify the error/s should be made by the senior member of the procedural team. Wherever possible, the patient and the person responsible should be involved in the management plan
- Manage incidents as required by NSW Health policy directives on incident management and open disclosure.[23]
- Serious incidents must be discussed at appropriate patient safety or clinical review meetings. Local improvement strategies should be developed in response to these serious incidents
- Report to the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA) even when anaesthesia / sedation did not contribute, regardless of cause of death.

6 AUDITING AND REPORTING

Auditing of compliance with this policy directive must be undertaken by each Local Health District / Specialty Health Network (LHD/SHN).

Performance indicators may be included in quarterly reporting to LHD / SHN clinical councils.

7 ABBREVIATIONS

ECT	Electroconvulsive therapy
IDC	Indwelling catheter
IV	Intravenous
IT	Intrathecal
MRI	Magnetic resonance imaging
NGT	Nasogastric tube
VTE	Venous thromboembolism

[23] *Incident Management*, PD2014_004 at http://www0.health.nsw.gov.au/policies/pd/2014/PD2014_004.html and *Open Disclosure Policy*, PD2014_028 at http://www0.health.nsw.gov.au/policies/PD/2014/PD2014_028.html

8 RESOURCES

Resources to support implementation of this policy directive can be found at the following sites:

Clinical Procedure Safety

http://www.cec.health.nsw.gov.au/programs/clinical-procedure-safety

Safe Sedation

http://www.aci.health.nsw.gov.au/resources/clinician-resources/safe-sedation-resources

9 REFERENCES

NSW Health policy directives

Central Venous Access Device Insertion and Post Insertion Care, PD2011_060 at http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_060.html

Client Registration Policy, PD2007_094
http://www0.health.nsw.gov.au/policies/pd/2007/PD2007_094.html

Client Registration Guideline, GL2007_024
http://www0.health.nsw.gov.au/policies/gl/2007/GL2007_024.html)

Consent to Medical Treatment - Patient Information, PD2005_406
http://www0.health.nsw.gov.au/policies/PD/2005/PD2005_406.html

Hand Hygiene Policy PD2010_058
http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_058.html

Incident Management PD2014_004
http://www0.health.nsw.gov.au/policies/pd/2014/PD2014_004.html

Management of Instruments, Accountable Items and Other Items used for Surgery or Procedures, PD2013_054
http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_054.html

Maternity – Breast Milk: Safe Management, PD2010_019
http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_019.html.

Open Disclosure Policy, PD2014_028
http://www0.health.nsw.gov.au/policies/PD/2014/PD2014_028.html

Patient Identification Bands, PD2014_024
http://www0.health.nsw.gov.au/policies/pd/2014/PD2014_024.html

Prevention of Venous Thromboembolism, PD2010_077
http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_077.html

Other references

Antibiotic Therapeutic Guidelines - available via the CIAP website ("Medications" then "Therapeutic Guidelines eTG") at http://www.ciap.health.nsw.gov.au/home.html or directly at accessible at http://etg.hcn.com.au/desktop/tgc/abg/abg_topics.htm

ANZCA, *PS9 – Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures, 2010*
http://www.anzca.edu.au/resources/professional-documents.

Collaborating Hospitals' Audit of Surgical Mortality (CHASM)
http://www.cec.health.nsw.gov.au/programs/chasm

Consent for a procedure is referred to in the following national accreditation standards

- National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Health Care
  http://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/
- Diagnostic Imaging Accreditation Scheme: Practice Accreditation Standards, Australian Government Department of Health
  http://www.health.gov.au/internet/main/publishing.nsf/Content/diagnosticimaging-accred2

NSW Health, *Safe Clinical Handover Program in NSW*
http://www.archi.net.au/resources/safety/clinical/nsw-handover

Royal Australasian College of Surgeons (RACS), *Surgical Safety Checklist*, October 2009
http://www.surgeons.org/member-services/college-resources/#surgicalsafety

Special Committee Investigating Deaths Under Anaesthesia (SCIDUA)
http://www.cec.health.nsw.gov.au/programs/scidua

World Health Organization, Surgical Safety Checklist, 2008
http://www.who.int/patientsafety/safesurgery/ss_checklist/en/