

## NSQHS Standard 6 Communicating for Safety Definitions sheet – Edition 2



### Communicating for Safety Audit Tools Definitions

The following definitions and examples apply to the Communicating for Safety Audit Tools:

- **Clinical handover** is defined as the 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. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd edition (2017).
  - Clinical handover is done in two stages:
    - **Stage 1** is away from the bedside and is setting the scene – The stage 1 meeting is intended to be a short snapshot of patient care. This meeting also provides a chance for confidential patient information to be discussed, which would not otherwise be discussed at the bedside. This stage of handover should be brief and take no longer than 10 minutes.
    - **Stage 2** occurs at the bedside.
  - **Handover Summary Sheet** is a briefing that promotes situation awareness and contains sensitive information, e.g. test results, psychiatric issues, communicable diseases, NFR orders, social/family issues etc.
  - **Bedside Safety Scan** involves call bell in reach, equipment functioning, mobility aids in reach, check lines/tubes, review med chart, review bedside chart, etc.
1. Identification Bands
  2. Surgical Safety Checklist
  3. Perioperative Patient Record
  4. Procedure Informed Consent Form

For Queensland Health staff, please go to QHEPS for further information on communicating for safety.

# 1. Identification Bands (as per the Queensland Bedside Audit (QBA))

## Patient Identification (ID) Band

Wristbands containing patient information have been the standard method of identifying patients in hospitals for many years. Patient ID bands are a critical tool to prevent errors associated with mismatching patients and their care. The Australian Commission on Safety and Quality in Health Care has developed specifications for a standard national patient identification band. The specifications set out standards for the useability, content and colour of patient identification bands in Australia.

|  |  |
|--|--|
| <p><b>Single White ID Band</b></p>   |   |
| <p><b>Single Red ID Band - to identify a known allergy or other known risk</b></p> |  |

**Core Identifiers (Unit Record Number (URN), Name and Date of Birth (DOB)) written in black text on a white background**



Further information can be found on The Australian Commission on Safety and Quality in Health Care website <https://www.safetyandquality.gov.au/our-work/patient-identification/>

## 2. Surgical Safety Checklist

The tools incorporate key questions to audit patient identification in the surgical safety checklist, as highlighted below.

| Surgical Safety Checklist  |   |
|--|---|
| Date: <input type="text"/> / <input type="text"/> / <input type="text"/>   |   |
| Document variances on page 2   |   |
| (Affix identification label here)  |   |
| URN: <input type="text"/>  |   |
| Family name: <input type="text"/>  |   |
| Given name(s): <input type="text"/>  |   |
| Address: <input type="text"/>  |   |
| Date of birth: <input type="text"/> Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>  |   |
| <b>All checks need to be read out loud at time of confirmation</b>   |   |
| <b>Sign in - Before anaesthesia or equivalent</b>  |   |
| 1. Patient has confirmed:<br><input type="checkbox"/> Identity AND<br><input type="checkbox"/> Site / Side AND<br><input type="checkbox"/> Procedure AND<br><input type="checkbox"/> Consent | 3. Prosthesis (or special equipment) has been checked and confirmed:<br><input type="checkbox"/> Yes OR<br><input type="checkbox"/> Not applicable  |
| 2. Site marked:<br><input type="checkbox"/> Yes OR<br><input type="checkbox"/> Not applicable  | 9. Plan for antibiotic prophylaxis has been made:<br><input type="checkbox"/> Yes OR<br><input type="checkbox"/> Not applicable   |
| 4. Anaesthesia safety check completed:<br><input type="checkbox"/> Yes   | 10. Thromboprophylaxis:<br>Mechanical:<br><input type="checkbox"/> Implemented OR<br><input type="checkbox"/> Not indicated<br>Medications:<br><input type="checkbox"/> Ordered OR<br><input type="checkbox"/> Not indicated  |
| 4. Appropriate equipment / assistance available for managing a difficult airway / aspiration risk:<br><input type="checkbox"/> Yes   | 11. Essential imaging:<br><input type="checkbox"/> Checked with patient ID AND<br><input type="checkbox"/> Available in theatre and viewed by operator AND<br><input type="checkbox"/> Cross-checked against planned procedure OR<br><input type="checkbox"/> Not applicable  |
| 5. Known allergy(ies):<br><input type="checkbox"/> Yes OR<br><input type="checkbox"/> No   | 12. STOP before you BLOCK<br><input type="checkbox"/> Verify site and side (check consent / ask patient)<br><input type="checkbox"/> Site marked<br><input type="checkbox"/> STOP moment: Done with anaesthetist immediately before inserting needle<br><input type="checkbox"/> Not applicable   |
| 6. Known alert(s):<br><input type="checkbox"/> Yes OR<br><input type="checkbox"/> No   |   |
| 7. Risk of blood loss of >500mL (7mL/kg in children):<br><input type="checkbox"/> Yes, and adequate planning for intravenous access and fluids OR<br><input type="checkbox"/> No             |   |
| <b>Time out - Before operative procedure or equivalent commences</b>   |   |
| 13. Confirm all team members have:<br><input type="checkbox"/> Introduced themselves by name and role OR<br><input type="checkbox"/> Already know each other by name and role                | 16. Pressure injury prevention plan implemented:<br><input type="checkbox"/> Yes  |
| 14. Surgeon, Anaesthetist and Nurse confirm:<br><input type="checkbox"/> Patient AND<br><input type="checkbox"/> Site / Side AND<br><input type="checkbox"/> Procedure                       | 17. Anticipated critical events:<br>Surgical team review:<br><input type="checkbox"/> Confirm the critical or non-routine steps<br>Anaesthesia team review:<br><input type="checkbox"/> Confirm any patient-specific concerns<br>Nursing team review:<br><input type="checkbox"/> Confirm sterility (including indicator results) AND<br><input type="checkbox"/> Confirm all equipment available |
| 15. Antibiotic prophylaxis has been given:<br><input type="checkbox"/> Yes OR<br><input type="checkbox"/> Not applicable   |   |
| <b>Sign out - Before patient leaves operating room</b>   |   |
| 18. Nurse confirms with the team:<br><input type="checkbox"/> The name of the procedure documented AND<br><input type="checkbox"/> Accountable items count correct                           | 20. Equipment problems to be addressed:<br><input type="checkbox"/> Yes OR<br><input type="checkbox"/> Not applicable   |
| 19. Specimens are correctly labelled:<br><input type="checkbox"/> Yes OR<br><input type="checkbox"/> Not applicable  | 21. Specific concerns for post operative care including pressure injury prevention:<br><input type="checkbox"/> Surgical team AND<br><input type="checkbox"/> Anaesthetic team AND<br><input type="checkbox"/> Nursing team   |

Based on the WHO Surgical Safety Checklist, URL: <http://www.who.int/patientsafety/safesurgery/en>, © World Health Organization 2008 All rights reserved.  
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For Queensland Health staff, please go to QHEPS for further information on the Surgical Safety Checklist and the 3C's.

### 3. Perioperative Patient Record

The tools incorporate key questions to audit patient identification in the perioperative patient record, as highlighted below.

|  |   |  |
|--|---|--|
| <p><b>Queensland Government</b></p> <p><b>Perioperative Patient Record</b></p> | (Affix identification label here)   |  |
|  | URN:  |  |
|  | Family name:  |  |
|  | Given name(s):  |  |
|  | Address:  |  |
| Date of birth:   | Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I |  |

|  |   |  |
|--|---|--|
| <p><b>Queensland Government</b></p> <p><b>Perioperative Patient Record</b></p> | (Affix identification label here)   |  |
|  | URN:  |  |
|  | Family name:  |  |
|  | Given name(s):  |  |
|  | Address:  |  |
| Date of birth:   | Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I |  |

**Preoperative checklist: Patient must not be transferred to operating suite unless Procedural Consent is completed**

| Date | Temp   | Pulse  | Resps | Blood pressure   | BGL       | O <sub>2</sub> sats | Check 1<br>Preoperative<br>preparation<br>met | Check 2<br>Patient<br>handover<br>met | Check 3<br>Patient<br>handover<br>met |
|------|--------|--------|-------|--|-----------|---------------------|---|---------------------------------------|---------------------------------------|
| / /  |        |        |       |  |           |                     |   |                                       |                                       |
| Beta | Weight | Height | HBM   | Pressure injury risk score   | Ward from | Ward to             | UNPLD   | UNPLD                                 | UNPLD                                 |
| MAC  |        |        |       | <input type="checkbox"/> Adult <input type="checkbox"/> Paediatric |           |                     | UNPLD   | UNPLD                                 | UNPLD                                 |

- 1 Patient/parent/legal guardian to state full name and DOB; full name DOB and URN match ID band and medical record Patient's preferred name:
- 2 Procedural Consent Form completed
- 3 Patient/parent/legal guardian to state procedure in own words, procedure stated corresponds with signed consent form Response:
- 4 Intended surgical site marked by surgeon
- 5 X-rays/Medical Imaging/PACS  Queensland Health  Private Number of packets:
- 6 Anergy status documented  Yes (note on page 2)  No known
- 7 Infection alert  Contact  Droplet  Airborne  MRO Contact operating theatre
- 8 Contacting medication administered in the last 7 days  Yes (note on page 2)  No
- 9 Anticoagulant / antiplatelet agent / fish oil administered within the last 7 days  Yes (note on page 2)  No
- 10 Pregnancy  Yes  Suspected/Unknown (document as variance)  No
- 11 Diabetic status  NIDDM  IDDM
- 12 Other alerts (e.g. falls, interpreter, aggression) (if yes, document as variance)
- 13 Fasted Last food intake: / / : hrs Last fluid intake: / / : hrs
- 14 Pre-medication administered  Yes  No  
Other medication taken  Yes (note on page 2)  No  
Other medication withheld  Yes (note on page 2)  No
- 15 Haematology documented  Group and hold  INR  Blood cross-match  Blood product refusal
- 16 Existing implants/prostheses  Yes (note on page 2)
- 17 Caps/crowns/loose teeth or dentures documented  
 Caps  Crowns  Loose teeth Specify site(s):  
 Dentures:  Upper  Lower  Partial  Full  In situ  Remain on ward
- 18 Preparation  Pre-op shower  Surgical attire  
 Removed/taped jewellery, body jewellery, hair pins, make-up, nail polish  
- Operation site prepared:  Clip  Bowel prep and return:  
- Anti-embolic devices applied  TEDs™  SCDs/IPC's  Other:
- 19 Skin integrity assessed  Rash  Bruise  Tears  Pimples  Pressure injury  Other  
Site:
- 20 Personal aides/items documented Specify:  
Glasses:  In situ  Remain on ward Contact lenses:  Removed  
Hearing aid:  In situ  Remain on ward
- 21 Passed urine: hrs  IDC in situ  Nappy/Pad
- 22 Relevant documentation  
 Medical record  Fluid order sheet  Medication chart  Fluid balance chart  
 Diabetic chart  3 sheets of patient labels  Observation sheet  ECG
- 23 Patient/parent/legal guardian agrees to clinicians discussing the procedure with the nominated support person  Yes  No  
Support person Name: Phone number:

CK1 Print name: Designation: Signature: Time: .  
CK2 Print name: Designation: Signature: Time: .  
CK3 Print name: Designation: Signature: Time: .

For Queensland Health staff, please go to QHEPS for further information on the Perioperative Patient Record Pathway.

# 4. Procedure Informed Consent Form

## Procedure Informed Consent Form

The tools incorporate key questions to audit patient identification in the informed consent form, as highlighted below.

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**Queensland Government**  
**Laparoscopy Consent**  
 Adult (18 years and over)

Facility: \_\_\_\_\_

URN: \_\_\_\_\_ (Affix identification label here)  
 Family name: \_\_\_\_\_  
 Given name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  M  F  I

**A. Does the patient have capacity?**  
 Yes → GO TO section B No → COMPLETE section A  
 You must adhere to the Advance Health Directive (AHD) or the consent obtained from a substitute decision-maker.

i. a) Does the patient have an AHD that is applicable to the procedure, treatment or investigation?  
 Yes → GO TO (b) No → GO TO ii

b) If yes, has the AHD been sighted and a copy is in the medical record?  
 Yes (the AHD must be adhered to) No → GO TO ii

ii. Substitute decision-maker – in this legislative order:  
 Tribunal-appointed guardian  
 Attorney(s) for health matters under an Enduring Power of Attorney or AHD  
 Statutory Health Attorney  
 If none of these, the Office of the Public Guardian must provide consent (ph: 1300 653 187)

Name of substitute decision-maker(s): \_\_\_\_\_  
 Signature of substitute decision-maker(s): \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

**B. Does the patient/substitute decision-maker need Interpreter/cultural services?**  
 i. a) Is a language interpretation service required?  
 Yes No → GO TO ii  
 b) If yes, is a qualified interpreter present?  
 Yes (complete section K) No  
 If no, please state reason: \_\_\_\_\_

ii. a) Is a cultural support person required?  
 Yes No → GO TO section C  
 b) If yes, is a cultural support person present?  
 Yes No  
 If no, please state reason: \_\_\_\_\_

**C. Condition and treatment**  
 The doctor/clinician has explained the following condition and proposed treatment/procedure (doctor/clinician to document in patient's/substitute decision-maker's words):  
 \_\_\_\_\_

**This condition requires a procedure (doctor/clinician to document - include site and/or side where relevant to the procedure):**  
 \_\_\_\_\_

**The following will be performed:**  
 A fine tube (laparoscope) is inserted through a small incision into the abdomen which is sometimes referred to as keyhole surgery. Carbon dioxide gas is pumped into the abdomen to open the space which helps to visualise the organs. Instruments are also inserted to examine the inside of the abdomen and pelvis using a camera and video monitor. Images are sent to a video screen. This procedure is used for the diagnosis or treatment (or both) of a number of different diseases and conditions. Sometimes, bands of scar tissue grow around the bowel or other organs. If so, the doctor may need to cut these. Based on the findings, the doctor may also need to operate further.

**D. Risks and complications of a laparoscopy**  
 There are risks and complications with this procedure. They include but are not limited to the following.  
 Common risks and complications include:  
 - for exploratory laparoscopy, sometimes the cause of pain and other symptoms cannot be found  
 - bruising around the wounds may occur and usually resolves in the short term  
 - adhesions (bands of scar tissue) form and may cause a bowel obstruction. This can be a short term or a long term complication and may need further surgery  
 - shoulder pain which may extend into the neck, internally caused by the carbon dioxide gas used during the procedure  
 - infections can occur which may be around the wound and/or internal infection (peritonitis) requiring antibiotics and further treatment  
 - bleeding could occur and may require a return to the operating room. Bleeding may also be the need for a blood transfusion  
 - bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplax), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Ticlodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric.  
 Uncommon risks - no complications include:  
 - if the operation cannot be completed with the laparoscope, open surgery may need to be performed. This generally means a longer incision and longer hospital stay. This is more common when there has been previous abdominal surgery

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**Queensland Government**  
**Laparoscopy Consent**  
 Adult (18 years and over)

Facility: \_\_\_\_\_

URN: \_\_\_\_\_ (Affix identification label here)  
 Family name: \_\_\_\_\_  
 Given name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  M  F  I

**i. The procedure/treatment/investigation may include a blood transfusion (see Blood Transfusion information sheet)**  
 • that tissues/blood may be removed and used for diagnosis/management of my/the patient's condition, stored and disposed of sensitively by the hospital  
 • if an immediate life-threatening event happens during the procedure/treatment/investigation, I/the patient will be treated based on documented discussions with the doctor/clinician (for example: Advance Health Directive or Acute Resuscitation Plan)  
 • a doctor other than the consultant/specialist may conduct the procedure/treatment/investigation. I understand this could be a doctor undergoing further training. I understand that all surgical trainees are supervised according to relevant professional body guidelines.

**ii. Substitute decision-maker consent**  
 I consent to the patient having this laparoscopy.  
 Name of patient having the procedure: \_\_\_\_\_  
 Name of substitute decision-maker: \_\_\_\_\_  
 Signature of substitute decision-maker: \_\_\_\_\_ Date: \_\_\_\_\_

**K. Interpreter's statement**  
 I have:  
 provided a sight translation  
 translated as per doctor/clinician explanation in:  
 Language: \_\_\_\_\_  
 (state the patient's/substitute decision-maker's language here) of this consent form and assisted in the provision of any verbal and written information given to the patient/substitute decision-maker by the doctor/clinician.  
 Name of patient: \_\_\_\_\_  
 Language of patient/substitute decision-maker: \_\_\_\_\_  
 Name of Interpreter service: \_\_\_\_\_  
 Name of Interpreter: \_\_\_\_\_  
 Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_

**L. Doctor/clinician statement**  
 Information for doctor/clinician:  
 The information contained within this consent form is not, and is not intended to be, a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker regarding the procedure/treatment/investigation described in this consent form.  
 I have explained to the patient/substitute decision-maker all of the content in this patient consent form and I am of the opinion that the patient/substitute decision-maker has understood the information.  
 Name of doctor/clinician: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Signature of doctor/clinician: \_\_\_\_\_ Date: \_\_\_\_\_

**Bibliography**  
 National Health Service (United Kingdom): [www.nhs.uk/conditions/laparoscopy/](http://www.nhs.uk/conditions/laparoscopy/)

**On the basis of the above statements,**  
 i. Patient consent  
 I consent to having this laparoscopy.  
 Name of patient: \_\_\_\_\_  
 Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

OR

DO NOT WRITE IN THIS BINDING MARGIN

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Further information can be found at Queensland Health Informed Consent Website:  
<http://www.health.qld.gov.au/consent/>



We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as the audit tools are a constant '**Work in Progress**', future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

**Patient Safety and Quality Improvement Service, Clinical Excellence Queensland, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Queensland Health facilities. We appreciate any feedback you can provide for the next version.**

**Please email Patient Safety and Quality Improvement Service on [mars@health.qld.gov.au](mailto:mars@health.qld.gov.au) for feedback or comments.**

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