



# Ensuring correct patient, correct site, correct procedure in Radiology

## Frequently Asked Questions

The Australian Commission for Safety and Quality in Health Care has released a set of protocols to assist in ensuring the matching of Correct Patient, Correct Site and Correct Procedure in the areas of Radiology, Nuclear Medicine, Radiotherapy and Oral Surgery. They were formulated following requests from clinicians and organisations for a nationally consistent set of protocols for each of these areas.

This document addresses some of the commonly asked questions regarding the radiology protocols.

### **1. Why do we need this protocol in radiology?**

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Mismatching of patients and intended procedures continues to occur in Australia. Although the initial focus on avoiding mismatching in surgical cases has led to a reduction in wrong surgery cases in the operating theatre, recent Australian data has shown that the overall number of mismatching events being reported is growing. Evidence is now strong that the majority of these cases are in radiology and other imaging areas.

### **2. How important is this mismatching?**

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Fortunately many of the mismatching cases that occur in imaging cause little direct patient harm however there are instances recorded of significant morbidity because of this mismatching. This risk, together with unnecessary radiation exposure, delayed or incorrect treatment and patient inconvenience make this an important safety issue.

The fact of ongoing errors in patient matching in radiology has implications of system design problems that need to be understood and, if necessary, redesigned.

### **3. What procedures are covered by these protocols?**

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It is intended that all types of imaging procedures will be covered by these protocols. There is a specific focus on radiology, ultrasound and nuclear medicine but the principles should be applied to local policies and procedures for all imaging.

#### 4. Why are there three different radiology protocols?

The protocols are intended to be practical and clear have been designed with the underlying procedure processes in mind.

- General radiology and ultrasound are usually, although not always, performed by a single practitioner in a similar fashion as a result of a written request.
- The processes for performing an MRI and CT are more complex but are broadly similar with particular requirements as a result of the machine in use.
- Interventional radiology is usually more akin to surgery with a full team of clinicians involved and a patient who is sometimes sedated or unconscious.

It was recommended by clinical radiology groups that these three protocols would be more practical than a more complicated single protocol.

#### 5. Why isn't there a protocol for PET scans?

The principles outlined in the protocols are equally applicable to the process involved in PET scanning. Given the relatively small number of PET scanners in Australia and the ongoing development in their use, a national protocol was not undertaken at this stage. Local policies and procedures should be designed and implemented to cover the use of PET scanners.

#### 6. Why is the structure of these protocols different from the one for surgery?

The protocols are based on the underlying processes of the procedure involved. There are key differences between procedures in surgery and for radiology. For radiology, written consent may not always be required, site marking is not needed and almost all of these procedures are being performed as a result of a written request from another health professional. In addition many of them can be considered "intermediate procedures" resulting in the production of an image which will be relied upon by other professionals in the treatment of the patient.

#### 7. What are the steps in the protocols?

The radiology protocols follow a four step model of:

1. **Verification** of patient information
2. **Matching** that information against the request form (or the consent form where appropriate)
3. **Time out** immediately prior to the procedure
4. **Post-procedure** confirmation of the identification of the image.

#### 8. How does "time out" work when there is a sole practitioner rather than a team?

For single-operator procedures, the operator must STOP and verify all the minimum requirements specified in the "time out" procedure immediately before commencing the procedure, so called "**internal time out**".

#### 9. How should patient information be verified?

The patient (or their appropriate representative if they are not capable) is the prime source of information for verifying their name, date of birth, and address. The patient should be asked their full name, their date of birth and when the patient is not an admitted patient with an identity band containing a medical record number, their address. (In these circumstances, the address should be used as a third item for accurate identity).

In addition, the patient should be asked to state what they think is going to happen. If a serious discrepancy exists between the planned procedure and the understanding of the patient then this should prompt a double check of patient identity and the nature of the procedure ordered.

For all of these questions, the patient should be asked to state their name, their date of birth and what they think they are here for, **not** questions such as "Are you Jane Smith?" or "Are you here for an X-ray of your leg?".

#### 10. How will these protocols be implemented?

The protocols have been produced by the Commission with the express intention of providing a consistent national approach to ensuring correct patient, site and procedure matching in clinical areas additional to surgery. The Commission has made the protocols available to State, Territory and private health providers for their use; however implementation of the protocols will be the responsibility of those organisations.

The protocols do not contain detailed requirements for implementation as these will need to be crafted locally to take into account particular circumstances of workflow, service delivery models and the existing policy framework. A planned and monitored project approach to implementation should be undertaken across the entire organisation with regular reporting of compliance indicators to the organisations governing bodies.

Organisations should learn from their own experience of implementation of the original Ensuring Correct Patient, Correct Site and Correct Patient Protocol in operating theatres and seek the experience of other organisations in actively addressing the potential barriers.

## MORE INFORMATION

Further information, along with copies of the protocols, this document and a fact sheet is available from:

**Australian Commission for Safety and Quality in Health Care**  
Level 7, 1 Oxford St, Darlinghurst, NSW 2010  
GPO Box 5480, Sydney NSW 2001

Tel: (02) 9263 3633 Fax: (02) 9263 3613

Email: [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)