Ensuring correct patient, correct site, correct procedure in Oral Surgery

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, Radiation Therapy 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 oral surgery protocol.

1. Why do we need this protocol in oral surgery?

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 areas other than operating theatre surgery, including oral surgery.

2. How important is this mismatching?

The impact of wrong patient, wrong site and wrong procedure events in oral surgery can be significant. Wrong tooth extraction, delayed or incorrect treatment and patient distress make this an important safety issue.

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

3. What procedures are covered by this protocol?

It is intended that all types of oral surgical procedures will be covered by this protocol in addition to the general surgical protocol. This protocol has a specific focus on dental extraction but all other oral surgery procedures should be covered by either this protocol or the general surgical protocol.

It is essential that local policies and procedures are developed to determine a consistent organisational approach to the use of these protocols.

4. Why is the structure of this protocol different from the general one for surgery?

The protocol is based on the underlying processes of the procedure involved. There are key differences between procedures in surgery and for oral surgery. In the latter case, written consent may not always be required and site marking is not always possible or appropriate.

5. What are the steps in the protocols?

The oral surgery protocol follows 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 documentation.

6. 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 extraction?"

7. 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.