Ensuring correct patient, correct site, correct procedure in Radiation Therapy

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 radiation therapy protocols.

1. Why do we need this protocol in radiation therapy?

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. A number of high profile radiation therapy mismatching events have occurred and there are ongoing mismatching events being reported.

2. How important is this mismatching?

The impact of wrong patient, wrong site and wrong procedure events in radiation therapy can be profound. Unnecessary radiation exposure, delayed or incorrect treatment and patient distress make this an important safety issue.

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

3. What procedures are covered by these protocols?

It is intended that all procedures involving radiation therapy will be covered by these protocols.

4. Why are there two different radiation therapy protocols?

The protocols are intended to be practical and clear have been designed with the underlying procedure processes in mind. The processes involved in radiation therapy simulation and treatment delivery are sufficiently different that clinicians involved sought a separate protocol.

5. Does the protocol have to be followed every time a patient presents for treatment?

Commonly reported wrong patient, site and procedure errors include those where staff and patients have made assumptions based on familiarity and regularity. The protocol must be followed at **each** presentation for treatment, initially and subsequently until treatment is complete. Performing some of these steps may feel awkward at first but will become second nature, similar to the operating room staff and to pilots and co-pilots using a pre-flight checklist and protocol.

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 radiation therapy. In radiation therapy, simulation is undertaken to mark the appropriate sites and ensure that the correct dose will be delivered to the correct tissue, multiple treatments are often performed as part of one course of therapy and multiple health professionals are involved over protracted periods of time and physically separate from each other.

7. What are the steps in the protocols?

The radiation therapy protocols follow a four step model of:

1. **Verification** of patient information
2. **Matching** that information against the request form (or the treatment information where appropriate)
3. **Time out** immediately prior to the procedure
4. **Post-procedure** confirmation, data transfer and documentation.

8. 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 your radiotherapy?"

9. 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:

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