

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Patient identification, procedure matching, clinical procedure safety, dental, oral health, clinical handover, ISBAR, transfer.
SUMMARY	This procedure outlines the responsibilities of oral health employees in ensuring patients are correctly identified, procedures matched and safe clinical handover of care is undertaken.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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**Patient Identification, Procedure Matching and
Clinical Handover in Oral Health Procedure**

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1. POLICY STATEMENT

South Eastern Sydney Local Health District (SESLHD) Oral Health Service is committed to providing clinical care that is safe and of the highest quality. This procedure has been written to support [NSW Ministry of Health Policy - PD2017_032 Clinical Procedure Safety](#) and [NSW Ministry of Health Policy - PD2009_060 Clinical Handover – Standard Key Principles](#) and outlines the necessary actions to reduce risks associated with clinical procedures and clinical handover. All Oral Health staff are expected to refer to these policies, National Safety and Quality Health Services (NSQHS) Standard No. 5 ‘Patient Identification and Procedure Matching’ and Standard No. 6 ‘Clinical Handover’ and in conjunction with this procedure.

2. BACKGROUND

The purpose of this procedure is to:

- address clinical care and patient safety risks associated with clinical procedures;
- improve matching of the patient to the correct procedure;
- improve communication of care and reduce the number of clinical procedure and handover related incidents.

3. DEFINITIONS

Approved Patient Identifier: patient identification is defined as the active process of identifying a patient through the use of approved patient demographic information to ensure a patient is correctly matched to their planned procedure.

The following are the approved patient identifiers to be used in Ambulatory Dental Clinics:

- Patient’s name (first name and family name)
- Patient’s date of birth
- Patient’s gender
- Patient’s address
- Patient’s Medicare Card number

Clinical Handover: transfer of professional responsibility and accountability for all aspects of care for a patient or group of clients to another person or professional group on a temporary or permanent basis.

Clinical Information System: includes patient medical records contained electronically in Information System Oral Health (ISOH), Titanium, Information Patient Manager (IPM) and paper based medical records.

Clinician: a dental health professional who is registered with the Dental Board of Australia. This includes, Dental Therapists, Oral Health Therapists, Hygienists, Dental Officers/Dentists, Dental Technicians and Dental Specialists.

ISBAR: is an acronym for: Introduction, Situation, Background, Assessment, and Recommendation. ISBAR provides an evidence based framework to frame conversations, reports, and clinical patient correspondence conveyed between people in a consistent and reliable way.

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Lead Clinical Manager: professional heads of clinics including Lead Dental Officer, Lead Oral Health Therapist and Senior Dental Officers.

Level 1 Procedure:

- Usually requires a single Clinician.
- Requires verbal but not written consent.
- Does not involve procedural sedation or general/regional anesthesia.
- Usually performed in wards, clinics, departments and radiology units.

Level 2 Procedure:

- Clinician often supported by an assisting clinician
- 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:

- 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

Must: “Must” means that the requirements stated in this procedure are mandatory and must be carried out.

Procedure: the term “procedure” includes all surgical, exodontia, restorative, endodontic, periodontic, preventive and radiographic treatment that potentially expose a patient to harm or risk.

Should: refers to recommended best practice, but allows a degree of flexibility when applied in the health service.

Standardised Key Principles: is a set of key principles that should be incorporated into the clinical handover practice. This ensures participants, (patients and clinicians) know the purpose of the handover and the information that they are required to communicate. Standardised principles help clarify this purpose and content of handovers, aid effective concise and complete communication in all clinical situations and facilitate care delivery.

4. RESPONSIBILITIES**4.1 Administrative staff will:**

- Comply with the requirements of this procedure.
- Participate in training, audits and quality improvement activities as required.
- Report in IIMS any clinical incidents or near misses relating to patient identification, procedure matching or clinical handover.

4.2 Clinicians will:

- Comply with the requirements of this procedure.
- Participate in training, audits and quality improvement activities as required.
- Report in IIMS any clinical incidents or near misses relating to patient identification, procedure matching or clinical handover.

4.3 Line Managers will:

- Ensure all staff are aware of this procedure, their roles and responsibilities and undertake any/all identified training.
- Monitor and manage non-compliance with this procedure.
- Ensure routine audits are conducted to ensure compliance with this procedure including implementation of improvement activities.
- Monitor and report on clinical incidents and develop actions to address any identified issues.

4.4 District Managers/ Service Managers will:

- Ensure Compliance with this procedure and with review date of procedure
- Ensure alignment of this procedure with the NSW Ministry of Health Policy Directive or Guideline to which this procedure refers

5. PROCEDURE**5.1 Patient Identification**

Correct identification of a patient promotes patient safety and prevents complications including wrong procedures, medication errors and diagnostic testing errors. The primary purpose of patient identification is to identify the patient through the use of at least three approved patient identifiers; confirm eligibility and the identity of the patient throughout the care process.

5.1.1 Key Patient Identification Interfaces

Patient identification must take place at each point of care for the purpose of uniquely identifying that individual. Table 1 below describes key interfaces that occur within the Oral Health Service.

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Table 1

Key Interface	How	Resources/Actions
Patient contacts the SESLHD Oral Health Central Intake Centre, hosted by ISLHD.	<p>On every contact, ask the patient (or their representative):</p> <ul style="list-style-type: none"> ○ What is the patient's Medicare Card number? ○ What is the Medicare expiry date? ○ What are the patient's health care card details? ○ What is the patient's health care export date? ○ What is the patient's full name? ○ What is the patient's date of birth? ○ What is the patient's gender? ○ What is the patient's address? <ul style="list-style-type: none"> • Full address will identify if in area and if iPM data entry is up to date 	<ul style="list-style-type: none"> • Search Clinical Information Systems to review and update patient demographics.
Patient contacts or presents to an SESLHD Oral Health Dental Clinic.	<p>On every contact or presentation, ask the patient (or their representative) and <u>cite</u> the:</p> <ul style="list-style-type: none"> ○ Medicare Card number ○ Medicare expiry date ○ Patient's full name on both ID's ○ Patient's date of birth on ID ○ Patient's address on health care card <p>Eligibility must be confirmed by checking, and sighting, the validity (expiry date) of the Medicare card, and also for adults, a concession card. Valid concession cards include:</p> <ul style="list-style-type: none"> ○ Health Care Card ○ Pensioner Concession Card ○ Commonwealth Seniors Health Card <p><u>Note:</u> If patient is one of the dependents listed on a concession card, ensure the patient's individual concession card number is confirmed and recorded in the Clinical Information System and not the primary cardholder's number.</p>	<ul style="list-style-type: none"> • Search Clinical Information Systems to review and update patient demographics and eligibility details in both iPM and Titanium.
Patient contacts or presents to an SELHD Oral Health Dental Clinic to collect a Treatment Voucher.	<p>On every contact or presentation, ask the patient (or their representative) and <u>cite</u>:</p> <ul style="list-style-type: none"> ○ Medicare Card number ○ Medicare expiry date ○ Patient's full name on both ID's ○ Patient's date of birth on ID ○ Patient's address on health care card <p>Eligibility must be confirmed by checking, and sighting, the validity (expiry date) of the Medicare card, and also for adults, a concession card. Valid concession cards include:</p> <ul style="list-style-type: none"> ○ Health Care Card ○ Pensioner Concession Card ○ Commonwealth Seniors Health Card <p><u>Note:</u> If patient is one of the dependents listed on a concession card, ensure the patient's individual concession card number is confirmed and recorded in the Clinical Information System and not the primary cardholder's number.</p>	<ul style="list-style-type: none"> • Search Clinical Information Systems to review and update patient demographics and eligibility details. • Once verified, record in the Clinical Information System notes "Voucher issued. MD and HCC/PCC sighted".
Collecting a patient from an SELHD Oral Health Dental Clinic waiting room.	<p>Call the patients full name (first and last name).</p> <p>Clinician identifies themselves to the patient</p>	

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Key Interface	How	Resources/Actions
Patient is brought into an SESLHD Oral Health Dental Surgery for a Level 1 or 2 procedure.	<p>The Clinician will ask the patient (or person responsible):</p> <ul style="list-style-type: none"> ○ What is the patient's full name? ○ What is the patient's date of birth? ○ What is the patient's address? ○ What is the patient here for? <p>The Clinician will verify patient identification with information contained in the Clinical Information System.</p>	Search Clinical Information Systems to review and update patient demographics.

5.2 Clinical Handover

ISBAR is the standardised protocol for clinical handover used by SELHD Oral Health Services. Structured communication should form the basis of cues or scripts used to handover clinical information either by conversations; reports and correspondence (*refer to Appendix 1*).

Wherever possible patients and carers should be included in clinical handover discussions; this provides an opportunity to confirm:

- Correctness of clinical information being handed over.
- Progress and outcomes of treatment plans and care already provided.
- Appropriateness of the care being planned or received according to patient's needs and wishes.
- Completion of the course of care and any ongoing plans.

5.2.1 Key Clinical Handover Interfaces

Clinical handover must take place whenever there is transfer of responsibility and accountability for some or all aspects of a patient's care. Table 2 below describes key interfaces that occur within the Oral Health Service.

Table 2

Key Interface	How	Resources
Patient is referred to another SESLHD Oral Health clinician	<ul style="list-style-type: none"> • Use ISBAR communication tool for both oral and written cases. • Document in the healthcare record. • Complete an Internal Referral e-Form. • For urgent cases, contact the clinician • Assign to the appropriate list in the Clinical Information System (if applicable). • Complete a <i>Patient Dental Treatment Information Sheet</i> and provide to patient. • Place the patient on a Recall (if applicable) list in the Clinical Information System 	<ul style="list-style-type: none"> • Appendix 1 - ISBAR • Oral Health Referral Pathways • Patient Dental Treatment Information Sheet

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Key Interface	How	Resources
Patient is referred to a clinician/facility external to SESLHD	<ul style="list-style-type: none"> • Use ISBAR communication tool for both oral and written cases. • Document in the healthcare record. • Complete an <i>Oral Health External Referral Letter</i> • For urgent cases, contact the clinician. • Complete a <i>Patient Dental Treatment Information Sheet</i> and provide to patient. • Place the patient on a Recall list (if applicable) in the Clinical Information System. • Follow up that the referral has been received by the external clinician/facility. 	<ul style="list-style-type: none"> • Appendix 1 - ISBAR • Oral Health Referral Pathways • Patient Dental Treatment Information Sheet
Escalation of care for a deteriorating patient	<ul style="list-style-type: none"> • Use ISBAR communication tool <ul style="list-style-type: none"> ○ Patient identifiers. ○ Medical conditions and history ○ Details of the incident that preceded the life threatening/emergency situation 	<ul style="list-style-type: none"> • Refer to Oral Health Clinical Deterioration and Escalation of Care Procedure
At the completion of a course of care - no further treatment	<ul style="list-style-type: none"> • Use ISBAR communication tool. • Document in the healthcare record and mark course of care as complete in the Clinical Information System. • Complete a <i>Patient Dental Treatment Information Sheet</i> and provide to patient. 	<ul style="list-style-type: none"> • Appendix 1 - ISBAR • Patient Dental Treatment Information Sheet
At the completion of a course of care - further treatment required	<ul style="list-style-type: none"> • Use ISBAR communication tool. • Document in the healthcare record and mark course of care as complete in the Clinical Information System. • Complete an <i>Oral Health Specialist Referral Form</i> • Assign to the appropriate list in the Clinical Information System (if applicable). • Complete a <i>Patient Dental Treatment Information Sheet</i> and provide to patient. 	<ul style="list-style-type: none"> • Appendix 1 - ISBAR • Oral Health Referral Pathways • Patient Dental Treatment Information Sheet
Private Provider refers an SESLHD Oral Health public patient back for further care – following treatment under OHFFSS.	<ul style="list-style-type: none"> • Review Oral Health Treatment Referral form. • Place patient on correct waiting list, taking into consideration comparable clinical need and urgency category. • For urgent cases, notify the Call Centre to facilitate a priority appointment. 	<ul style="list-style-type: none"> • Oral Health Treatment Referral form • Oral Health Referral Pathways
Clinician goes on planned leave	<ul style="list-style-type: none"> • Use ISBAR communication tool in conversations, reports and correspondence. • Transfer professional responsibility and accountability for aspects of care for a patient or group of clients to delegated relieving officer (Verbal or in Writing). 	<ul style="list-style-type: none"> • Appendix 1 – ISBAR
External Provider refers a new public patient for treatment.	<ul style="list-style-type: none"> • Discuss with/review referral from external provider. • Use ISBAR communication tool in conversations, reports and correspondence. • Complete a <i>Patient Dental Treatment Information Sheet</i> and provide to patient. 	<ul style="list-style-type: none"> • External Referral form/correspondence • Reports, Radiographs, Odontogram, Models • Appendix 1 – ISBAR • Patient Dental Treatment Information Sheet

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5.3 Procedure Matching

All staff involved in clinical procedures must adhere to the requirements of [PD2017_032](#). Table 3 below describes key interfaces that occur within the Oral Health Service as well as examples of applicable procedures.

5.3.1 Key Procedure Matching Interfaces

Table 3

Key Interface	Applicable Procedures	Pre-procedure requirements	Post-procedure requirements
Level 1 Procedure	<ul style="list-style-type: none"> • Radiographs • Restorative procedures • Routine extractions (non-surgical) • Scaling and root planning • Radiographs • Endodontics 	<p>STOP and confirm the following before commencing the procedure:-</p> <ul style="list-style-type: none"> • Patient identification • Procedure verification – procedure + site/side/level, where appropriate, matches consent, matches referral • Allergy/adverse reaction check • Anticipated critical events 	<ul style="list-style-type: none"> • 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
Level 2 Procedure	<ul style="list-style-type: none"> • All dental/oral surgical procedures performed under local anaesthetic in dental clinics e.g. dento-alveolar surgery, surgical endodontics, surgical periodontics 	<p>STOP and confirm the following before commencing the procedure:-</p> <ul style="list-style-type: none"> • Proceduralist/assisting proceduralist/s introductions, where appropriate • Patient identification -Procedure verification - procedure + site/side/level, where appropriate, matches consent, matches referral • Patient position • Essential imaging reviewed • Allergy/adverse reaction check • Special medication/s administered • Antibiotics • Implants and special equipment • Anticipated critical events 	<ul style="list-style-type: none"> • 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.
Level 3 Procedure	<ul style="list-style-type: none"> • All dental treatment performed under sedation or general anaesthesia in operating theatres. 	<p>Level 3 procedures applicable to SESLHD Oral Health are currently performed in operating theatres Sydney Dental Hospital.</p> <p>Oral Health staff that carry out Level 3 procedures must follow local procedures applicable to those facilities, and be familiar with and comply with the information contained in PD2014_036 Clinical Procedure Safety (Section 4 – Level 3 Procedures).</p>	

5.4 Reporting

Any incident, adverse event or near miss involving patient identification, procedure matching and/or clinical handover must be entered into the Incident Information Management System (IIMS). Incident and audit reports must be tabled at relevant clinical team meetings and management meetings for discussion and feedback and include recommendations and actions to improve quality and outcomes.

6. DOCUMENTATION

- Healthcare Record
- Clinical Procedure Safety Checklists
- Referral/Consultation Form
- Oral Health External Referral Letter
- Oral Health Internal Referral Letter
- Patient Dental Treatment Information Sheet

7. AUDIT

- SESLHD Oral Health Clinical Handover monthly audit
- Documentation of Patient Identification & Procedure Matching monthly audit
- Observational audits of Patient Identification at Dental Clinic Reception

8. REFERENCES

- [PD2017_032 Clinical Procedure Safety](#)
- [PD2009_060 - Clinical Handover - Standard Key Principles](#)
- [GL2015_017 - Oral Health Patient Record Protocol](#)
- [PD2011_071 - Oral Health Specialist Referral Protocols](#)
- [PD2017_023 - Priority Oral Health Program \(POHP\) and Waiting List Management](#)
- [PD2017_032 - Clinical Procedure Safety](#)
- [PD2017_027 - Oral Health - Eligibility of Persons for Public Oral Health Care in NSW](#)
- [PD2007_094 Client Registration Policy](#)
- [PD2016_018 - Oral Health Fee for Service Scheme](#)
- [SESLHDPR/303 - Clinical handover: Implementation of the ISBAR Framework and Key Standard Principles](#)

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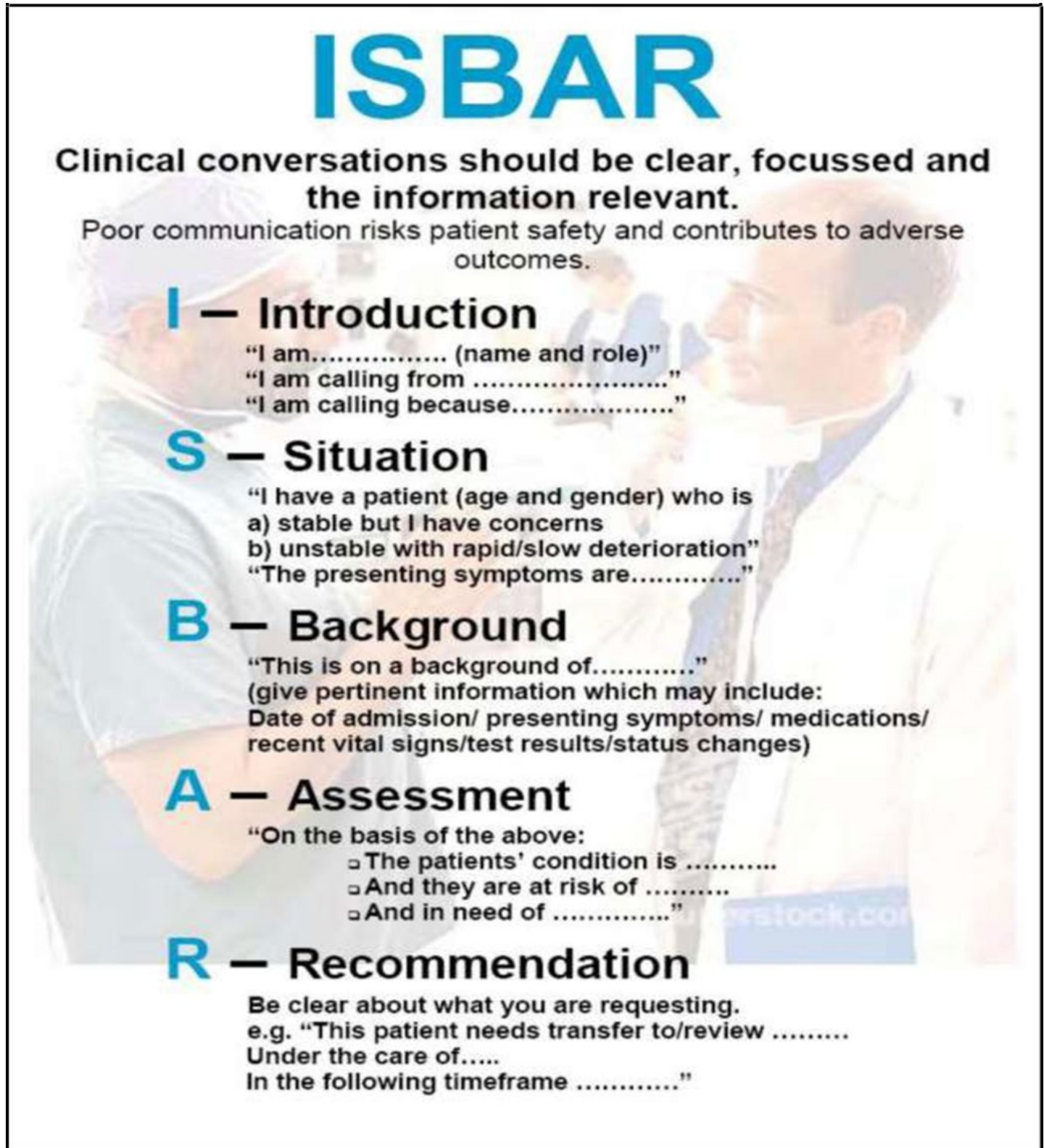
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9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2018	1	Andja Rezo, SESLHD Oral Health Information Manager Josie Julian, SESLHD Oral health Quality Manager Maggie Ibrahim, Lead Dental Officer SESLHD Oral Health Claire Phelan, Director, SESLHD Oral Health Services Oral Health Services
September 2018	1	Draft for comment period. Final draft endorsed by Executive Sponsor.
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APPENDIX 1: ISBAR Tool



ISBAR

Clinical conversations should be clear, focussed and the information relevant.

Poor communication risks patient safety and contributes to adverse outcomes.

I – Introduction

- “I am..... (name and role)”
- “I am calling from"
- “I am calling because.....”

S – Situation

- “I have a patient (age and gender) who is
- a) stable but I have concerns
- b) unstable with rapid/slow deterioration”
- “The presenting symptoms are.....”

B – Background

- “This is on a background of.....”
- (give pertinent information which may include:
- Date of admission/ presenting symptoms/ medications/
- recent vital signs/test results/status changes)

A – Assessment

- “On the basis of the above:
- The patients' condition is
- And they are at risk of
- And in need of"

R – Recommendation

- Be clear about what you are requesting.
- e.g. “This patient needs transfer to/review"
- Under the care of.....
- In the following timeframe"