

## Audit 2

### 1) Audit Title

**Record of safety checklist and patient consent prior to interventional procedures**

### 2) Standard against which the audit topic is to be compared:

Implementation of a surgical safety checklist significantly reduced patient morbidity and mortality [NEJM, 2009]. A modified WHO checklist is available for use in interventional radiology (Royal College of Radiologists, RCR – UK National Health Service, NHS – Cardiovascular and Interventional Society of Europe, CIRSE). Using a checklist is proposed for all interventional procedures [dependent on penetration of the skin, including biopsies or other tissue sampling]. There should be departmentally agreed safety processes including peri-procedural safety checks around any invasive procedure. These checks may be locally modified to be appropriate for different modalities and procedures. The use of safety checklists and patient consent should be recorded in the radiology record (report or radiology information system, RIS entry).

This audit relates to peri-procedural safety checks and patient consent.

### 3) Source of standard (or reference document)

<https://www.cirse.org/education/standards-of-practice/ir-patient-safety-checklist/>

Cardiovasc Intervent Radiol (2012) 35:244–246; DOI 10.1007/s00270-011-0289-5

Haynes AB, Weiser TG, Berry WR et al. A surgical safety checklist to reduce morbidity and mortality in a global population. New Engl J Med 2009; 360: 491- 99. <http://www.nejm.org/doi/full/10.1056/NEJMsa0810119#t=article>

National Patient Safety Agency, The Royal College of Radiologists. WHO Surgical Safety Checklist: for radiological interventions only. <https://www.rcr.ac.uk/publication/standards-npsa-and-rcr-safety-checklist-radiological-interventions>

NHS England Patient Safety Domain. National Safety Standards for Invasive Procedures (NatSSIPs) 2015.

### 4) Type of audit – clinical, patient focussed, reporting

Compulsory: legal requirement

### 5) Target / compliance percentage to be achieved

100 %

### 6) Item or variable to be audited

- A. Availability of locally agreed departmental interventional safety check-lists for each interventional radiological procedures
- B. Documentation of completion of the safety check-list on radiology report of all radiological interventional procedures.
- C. Documentation of patient consent in the radiology report.

### 7) Method: Retrospective / Prospective / Other

Retrospective or prospective

### 8) Data or information to be collected

- A. Type of interventional procedure:
  - a. Needle cytology or aspiration
  - b. Biopsy
  - c. Injection, such as steroid
  - d. Major interventional procedure (e.g., angiographic, hepato-biliary)
- B. Documentation of completion of interventional safety checklist in the radiology report.
- C. Documentation of patient consent in the radiology report

Suggest 100 interventional procedures to be reviewed.

**9) Sample details (categories, number of patients, collection time period)**

Categories to be collected:

Type of interventional procedure

Minor e.g., needle cytology

Major procedure such as interventional vascular procedure

Suggested data to be collected/or use of CIRSE template:

Correct patient

Has patient read information sheet and had opportunity to ask questions?

Correct site and side

Allergy information

Clotting and platelets checked

Relevant imaging reviewed

Verbal/written consent

Complications recorded

**10) Target achieved (yes / no / not applicable)****11) Actions to be taken if the target is not met.**

Presentation of audit findings at departmental meeting with all involved in any interventional radiological procedures

Departmental education programme concerning the need and importance of having safety check-lists for interventional procedures and for documentation of consent and safety check-list to be included in the radiology report.

Establish roles and responsibilities for checklist within the team – to include all team members (different team members may lead on different checks and complete individual parts of the form. radiographers / nurses / assistants / radiologists)

Re-audit after department planning

**12) Timing for re-audit (yes / no / not applicable).**

Yes: re-audit in 3-6 months following completion of initial audit with periodic re-audit to ensure maintained compliance.