HEALTHCARE PATIENT SAFETY AUDIT TEMPLATE

Patient Safety Audit Checklist

Audit patient identification, medication safety, clinical communication, procedures, falls, deterioration, infection prevention, safe environments, transitions of care, and corrective actions.

FACILITY / DEPARTMENT	AUDIT DATE	AUDITOR	APPROVER

Use this general template with current local law, accreditation requirements, facility policies, approved clinical pathways, and patient-population-specific controls. Local clinical requirements take precedence.

1. Audit setup, safety governance, culture, and learning

1 Confirm the facility, department, audit date, auditor, patient-safety lead, clinical owner, and escalation contacts. — PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Confirm who can authorize immediate clinical containment before starting the audit.

2 Define the clinical areas, patient groups, shifts, services, and high-risk processes included in the audit sample. — PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Include higher-risk units, transitions, and patient groups in the sample rather than auditing only low-risk areas.

3 Verify current patient-safety policies, escalation pathways, incident-reporting processes, and relevant local requirements are accessible to staff. — CRITICAL — PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use the current approved policy set and local requirements as the audit baseline.

4 Review recent serious incidents, near misses, complaints, safety alerts, repeat findings, and overdue corrective actions relevant to the audited areas. — CRITICAL — PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use repeat or severe events to target processes that need deeper observation.

5 Confirm staff know how to report safety concerns, near misses, and adverse events and how urgent risks are escalated without delaying patient protection. — CRITICAL — PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Test staff knowledge with a realistic safety concern rather than relying only on policy availability.

6 Capture the audit start time, audited areas, sample approach, and approved evidence without including unnecessary patient-identifying information. — PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Collect only the minimum evidence needed and avoid unnecessary patient identifiers.

2. Patient identification, orders, specimens, and diagnostic safety

7 **Observe sampled care interactions and verify the patient is identified using the facility-approved identifiers before medication, treatment, testing, or specimen collection.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Observe identification at the point of care, not only documentation after the event.

8 **Confirm identification bands, labels, electronic records, orders, and bedside information match the intended patient and are legible and current.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Reconcile discrepancies between the wristband, electronic record, orders, labels, and bedside information before proceeding.

9 **Verify specimen labels are applied and checked using the approved process and remain traceable to the correct patient, collection time, and collector.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Follow the specimen from patient identification through labeling and dispatch where possible.

10 **Confirm allergies, sensitivities, and other critical patient alerts are verified and visible to authorized staff at relevant points of care.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check that alerts are current and visible at the point where decisions are made.

11 **Review sampled diagnostic or test results and verify critical results are communicated, acknowledged, and acted on within the facility-defined timeframe.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Trace one critical result from release through acknowledgment and documented clinical action.

12 **Check mismatched identifiers, duplicate records, wrong-patient orders, or other identification discrepancies are stopped, corrected, reported, and reviewed before care continues.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Stop wrong-patient or identity-mismatch workflows before they reach treatment or medication administration.

3. Medication safety, reconciliation, and high-risk medicines

13 **Verify an accurate medication history or reconciliation process is completed at the facility-defined transitions of care, including admission, transfer, and discharge where applicable.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Review transitions where medication discrepancies are most likely to occur.

14 **Confirm the current medication list, allergies, recent changes, and relevant patient factors are available to the clinicians responsible for prescribing, dispensing, and administration.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Compare the medication list with current orders, allergies, recent changes, and patient-reported use.

15 **Observe sampled medication administration and verify patient identity, medicine, dose, route, timing, indication, and required monitoring are checked according to policy.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Observe the full administration sequence for a sampled high-risk medication round where feasible.

16 **Confirm high-alert or high-risk medicines are identified and managed with the additional safeguards, storage, preparation, verification, and monitoring required by facility policy.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use the facility high-alert list and required safeguards rather than a generic medicine list.

17 **Check prepared medicines, syringes, infusions, and solutions are labeled clearly when not administered immediately and remain traceable to the intended patient where required.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Unlabeled prepared medicines should be treated according to the facility policy before use.

18 **Review medication errors, adverse drug events, omissions, reconciliation discrepancies, and near misses for reporting, patient assessment, immediate action, and system learning.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use error and near-miss data to identify system conditions, not only individual mistakes.

4. Clinical communication, handoffs, critical results, and escalation

19 **Observe a sampled handoff and verify it communicates patient identity, current condition, active risks, medications, devices, pending tests, recent changes, and required next actions.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Choose a handoff involving a patient with active risks, pending work, or recent change in condition.

20 **Confirm high-risk verbal or telephone communication uses the facility-approved read-back, repeat-back, or closed-loop method where required.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Confirm closed-loop communication by checking that the receiver understood and acted on the message.

21 **Verify transfer between departments or care settings includes relevant fall risk, infection precautions, medication changes, allergies, deterioration risk, equipment needs, and escalation status.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Trace safety-critical information across the physical transfer, not only within the sending unit.

22 **Confirm abnormal deterioration triggers the approved recognition and escalation process and that staff can access the required clinical response without avoidable delay.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Ask staff how they escalate when the first responder is unavailable or the patient worsens rapidly.

23 **Review critical test or diagnostic notifications for documented sender, recipient, time, acknowledgment, and follow-up action.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check whether critical-result timing is measured from release to acknowledgment and action as required locally.

24 **Confirm communication needs such as language, hearing, cognition, health literacy, or decision-support needs are identified and addressed using approved resources.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use qualified communication support when required; do not rely on assumptions about understanding.

5. Procedure, surgery, invasive intervention, and treatment safety

25 **Verify pre-procedure checks confirm the correct patient, intended procedure, relevant records, consent, allergies, implants or devices, imaging, and required preparations.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Compare the planned procedure with consent, orders, schedule, patient identity, and supporting records.

26 **Confirm procedure-site marking is completed when applicable using the organization-approved method before the patient enters the procedure phase where required.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Site-marking requirements vary by procedure; use the organization-approved protocol.

27 **Observe or review evidence that a formal time-out occurs immediately before the procedure to confirm patient, procedure, site, team readiness, and critical safety concerns.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** The time-out should be active and involve the relevant team, not a silent formality.

28 **Verify informed consent is current, appropriately documented, and consistent with the planned procedure or treatment before it begins, except where emergency provisions apply.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Confirm consent matches the current plan and has not been invalidated by a material change.

29 **Check procedure-related specimens, implants, medications, devices, counts, and labels are controlled and reconciled according to the applicable clinical protocol.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Trace specimens and implants to the correct patient and procedure record where applicable.

30 **Confirm post-procedure or recovery handoff communicates the procedure performed, complications, blood loss or key events, medications, lines or drains, monitoring needs, and escalation criteria.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Include outstanding risks and monitoring needs in the recovery or post-procedure handoff.

6. Falls, pressure injury, deterioration, and emergency response

31 **Verify fall risk is assessed at the required time points and reassessed after relevant changes in condition, medication, mobility, procedure, or environment.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Reassess risk after events such as sedation, medication change, transfer, or a near fall.

32 **Confirm patients at fall risk have an individualized prevention plan communicated to the patient, family where appropriate, and the care team, with interventions implemented consistently.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Tailor interventions to the patient-specific risk factors rather than using a one-size-fits-all bundle.

33 **Check beds, mobility aids, footwear, call systems, lighting, floors, pathways, toileting support, and transfer arrangements support the patient-specific fall prevention plan.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Observe the actual environment and mobility assistance available during normal care.

34 **Verify pressure-injury risk and skin condition are assessed as required and prevention measures are implemented and reassessed for at-risk patients.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Link skin prevention actions to the current risk and condition of the patient.

35 **Confirm clinically indicated deterioration, sepsis, venous thromboembolism, or other high-risk assessments and preventive or escalation actions follow the facility-approved pathway.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use the applicable approved clinical pathway and escalation criteria for each risk.

36 **Verify emergency and resuscitation response can be activated promptly and required equipment, medicines, trained responders, and post-event review processes are available as defined.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Test the route to emergency help and verify the required response resources are actually available.

7. Infection prevention, invasive devices, injections, and exposure safety

37 **Observe sampled patient-care interactions and verify hand hygiene and PPE practices follow the applicable infection-prevention precautions.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Observe care before and after patient contact to capture the complete infection-prevention sequence.

38 **Confirm invasive lines, catheters, drains, tubes, and other devices are inserted and maintained using the approved aseptic and device-specific safety process.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check both insertion evidence and ongoing maintenance of invasive devices.

39 **Verify the ongoing need for invasive devices is reviewed at the required frequency and devices are removed promptly when no longer clinically indicated.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Review device necessity during rounds or the facility-defined review process.

40 **Check injection preparation, medication access, sharps use, and sharps disposal prevent reuse, contamination, unsafe recapping, and exposure to staff or patients.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Sharps containers and injection supplies should be available where care is delivered.

41 **Confirm reusable equipment and shared patient-care items are cleaned or disinfected between patients according to the applicable approved process.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Inspect shared equipment between patients rather than relying only on cleaning schedules.

42 **Verify required transmission-based or isolation precautions are initiated, communicated, supplied, and discontinued using the facility-approved criteria.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check that precaution status is visible to authorized staff and supported with the required supplies.

8. Safe environment, equipment readiness, staffing, and patient flow

43 **Inspect sampled patient-care areas for environmental hazards such as blocked access, damaged surfaces, unsecured equipment, spills, exposed cables, unsafe storage, or other immediate risks.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Walk the patient route and inspect hazards from the patient perspective, including transfers and toileting.

44 **Confirm critical clinical equipment used in the audited area has current readiness status, required accessories, power, alarms, and no unresolved defect that makes it unsafe for use.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** If equipment status is unclear, remove it from use until readiness is verified.

45 **Verify emergency equipment and supplies defined for the area are accessible, complete, within required service or expiry status, and checked at the required frequency.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check emergency carts or kits against the locally approved inventory and review frequency.

46 **Confirm staff assigned to high-risk care or procedures have the required role authorization, competency, supervision, and access to escalation support.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Confirm competency for the actual task assigned, especially for high-risk procedures and temporary staff.

47 **Review patient-flow conditions for crowding, delayed transfer, boarding, observation gaps, or capacity constraints that could increase risk and verify escalation occurs when thresholds are reached.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Observe peak demand if crowding or delays are a known safety risk.

48 **Check environmental or operational safety findings that cannot be corrected immediately have an interim control, responsible owner, escalation level, and documented follow-up.**

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Interim controls need an owner and expiry or review point, not an open-ended workaround.

9. Patient engagement, informed care, discharge, and transitions

49 Confirm patients and families, where appropriate, are invited to participate in care planning and are informed about key safety risks, goals, and precautions relevant to the current episode of care.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Ask the patient or family to describe the plan to confirm meaningful engagement where appropriate.

50 Verify patients can raise questions or safety concerns and staff respond, escalate, and document issues that could affect safe care.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Provide a clear route for concerns that does not depend on finding one specific staff member.

51 Check education uses an appropriate method such as teach-back or return demonstration when understanding is important to safe medication use, equipment use, wound care, mobility, or follow-up.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use teach-back for safety-critical instructions rather than asking only whether the patient understands.

52 Confirm discharge or transfer information includes an accurate medication plan, warning signs, follow-up needs, pending results, contact routes, and other safety-critical instructions relevant to the patient.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Reconcile pending tests and medication changes before discharge or transfer is completed.

53 Verify transport or transfer plans address the patient's mobility, oxygen, monitoring, infection precautions, cognitive needs, equipment, medication, and supervision requirements.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Match transport resources to the patient's current clinical and functional needs.

54 Confirm changes in goals of care, resuscitation status, consent, substitute decision-making, or other safety-critical preferences are documented and communicated to the responsible team according to policy.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Confirm safety-critical preferences are visible to the clinicians responsible for current care.

10. Findings, containment, corrective actions, verification, and sign-off

55 Calculate the overall patient-safety audit result and summarize critical risks, recurring gaps, affected processes, and areas requiring leadership attention.

PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Separate immediate patient harm from longer-term system improvement when summarizing findings.

56 Create immediate containment for every finding that presents an urgent risk of patient harm, including stopping unsafe care, securing equipment or medicines, or escalating clinical review as appropriate.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Protect the patient first; documentation should not delay immediate containment.

57 Assign each finding an owner, priority, due date, root-cause or contributing-factor requirement, corrective action, and objective closure-evidence rule.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use short deadlines for urgent risk and realistic deadlines for permanent preventive action.

58 Escalate overdue, repeated, high-severity, cross-department, or system-level patient-safety findings to the required clinical and governance level.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Repeated findings may require leadership action beyond the local unit.

59 Verify closure through repeat observation, record review, competency evidence, process testing, patient-safety data, corrective-action proof, or follow-up audit as appropriate.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Do not close a finding only because an owner states it is complete; verify the control is working.

60 Record the final audit decision, unresolved restrictions, next review date, auditor, responsible leader approval, date, time, and sign-off.

CRITICAL | PATIENT SAFETY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Keep unresolved restrictions visible until all release or closure criteria are met.