

## **Information for Staff to Accompany Patient Identification Policy**

### **Patient Identification**

#### **➤ *What is the problem with misidentification?***

Patient misidentification is increasingly being recognised as a widespread problem within healthcare organisations. The National Patient Safety Agency has recognised patient misidentification as a significant risk within the NHS.

The SHOT (Serious Hazards of Transfusion) Annual Report 2000/2001 identified '**incorrect blood component transfused**' as the most frequently reported incident related to blood transfusion. Data over 5 years shows that 61% of reported blood transfusion incidents, involved transfusion of the wrong blood to patients. The outcome of these was death in 11 patients and major morbidity e.g. conditions requiring ICU admission.

#### **➤ *Misidentification at the Whittington***

The extent to which patient misidentification happens is widely underestimated by clinical staff, as very often they are unaware that a misidentification has occurred. Near misses are reported on a daily basis in this Trust.

Patient misidentification can lead to all sorts of serious outcomes for patients. The following types of incidents are possible:

- Administration of the wrong drug to the wrong patient
- Performance of the wrong procedure on a patient
- Serious delays in commencing treatment on the correct patient e.g. mislabelling of an abnormal blood sample or tissue sample. You have an abnormal histology specimen, which has been wrongly labelled – who was it really taken from??
- Patient is given the wrong diagnosis
- Patient receives inappropriate treatment
- Patient is over-exposed to radiation
- Wrong patient is brought to Theatre
- Cancellation of operations due to the miss filing of results, GP letters and correspondence

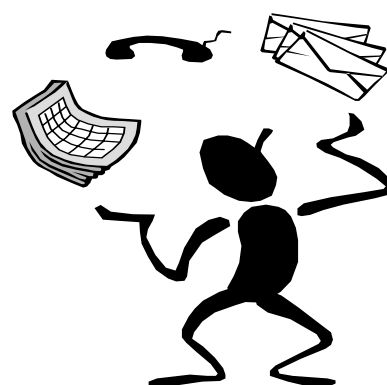
#### **➤ *Why does the misidentification occur?***

- Correct patient identification poses a challenge in hospitals because of the number of complex interventions that occur to patients, ranging

from drug administration and phlebotomy to complicated invasive procedures.

- Interventions occur in a variety of locations and are provided by large teams of clinical and non-clinical staff, many of whom work shifts.
- We treat very ill patients who can be frightened or confused. We treat a large ethnic population who do not have English as a first language. Patients who have any kind of barrier to good communication, are not always capable of corresponding to questions in relation to their identity.

Activity levels of healthcare workers can force them to take 'short-cuts' when carrying out patient identity checks.



### BE CAREFUL!!

- Conventional use of wristbands is **not** information. A significant number of patients do not actually have a wristband in situ. Even when patient's wristbands **are** in situ it is easy for protocols for patient identification to be easily circumvented or performed incorrectly.
- One of the main offenders is the apparently 'inoffensive' **addressograph label!** The wrong addressograph label placed on a request form, a referral form, a medication chart or a consent form could potentially have catastrophic consequences for a patient. If the outcome for the patient is catastrophic it could also potentially be serious for the clinician involved. Clinical staff should always make doubly sure that the addressograph label they are using relates to the correct patient.

So **please** – do not walk around with the addressograph labels of several different patients stuck to your uniform – it really is a recipe for disaster!!

### ➤ **What you can do about it?**

**Never** be complacent. Patient misidentification probably happens to a greater or lesser degree every day within NHS Trusts.

**Always** take a little extra time to satisfy yourself that you have the correct patient for whatever intervention you plan to carry out.

**Do not** rely on patients to correctly identify themselves. Some patients will agree to absolutely anything you say to them!

**Take care** in the way that you use addressograph labels  
**Here are some simple Do's and Don'ts**

➤ **DO**

- **Do** identify the patient correctly on admission. The first most important step is to correctly identify the patient as soon as they make contact with the hospital. As far as patient identification is concerned, the data is only as good as the information that is captured on registration.
- **Do** ensure that you have the full birth-registered name of the patient. Many patients will give you the name that they are known by e.g. Mary, known to her friends as Molly. This is not acceptable. As far as the Master Patient Index is concerned Mary Smith and Molly Smith will be two different people, even if they share the same D.O.B. Have you got the right patient notes? What if Mary comes into the Emergency Dept after an accident and later becomes unconscious in need of urgent surgery? Molly's notes when they arrive in error, state that she is a Jehovah's Witness and must not be given any blood products
- **Do** check again with the patient that all the details are correct, when you place an identity bracelet on.
- **Do** Regularly check the legibility of identity bracelets. Replace any bracelets, in which **any** part of the patient's details has become illegible.
- **Do** initial the addressograph label to demonstrate that you have checked that the patient's details are correct.
- **Do** always check the details of patients even if you think you know them well. Someone may just have placed the wrong medication chart at the foot of the bed.
- **Do** double check verbally and physically that the details of a patient matches the details on a **fully completed** request form, especially if another member of the healthcare team has completed the form.
- **Do** take care in outpatients. Some people would admit to being anyone just to jump the queue! So when you call Mary Ann Smith (and full demographic details), make sure that it is Mary Ann Smith (and full demographic details) who goes in to see the Consultant. Also make sure if Molly is in outpatients (after recovering from her RTA) that she responds to the name Mary. It's not easy is it?
- **Do** label samples taken from the patient straight away. The safest way is to label the bottles after the sample has been taken and before leaving the patient's bedside.

## ➤ **DON'T**

- **Do not** read the patients details to them and allow them to passively agree with you. Ask the patient to give **you** their full detail
- **Do not** accept a patient's pointing to the name board above their bed as a signal that it is correct for that patient. Speak to the patient and check.
- **Do not** take bloods from a patient without checking the patients details against a fully completed request form.
- **Do not** label a sample bottle before you take blood. You may get distracted before you have completed the task.
- **Do not** perform two tasks at the same time e.g. taking bloods from several patients and labelling them afterwards or filling out requests forms for several patients at the same time
- **Do not** perform tasks remotely from the patient if at all possible. Try to fill out request forms and complete tasks at the patients' bedside
- **Do not** print off more addressograph labels than are required at any given time. They also have a sneaky habit of finding their way in to other patient's clinical notes.

### **Important**

#### **Check for multiple patient registrations**

**Patients can give more than one name and date of birth/ naming date especially non-English speakers.**

**Contact the PALS x5956 office to book an interpreter if you are not sure.**

**A full list of interpreters is on the intranet under 'PALs and Interpreters'**

#### **How do we know we are doing a good job?**

**Regular auditing and spot checks will take place. This information will be feed back to the Clinical Governance Steering group.**

## **PATIENT IDENTIFICATION POLICY**

**Author: Paula Reeves**

**Date: March 2003**

**Review date: March 2005 (or as required)**

**This policy applies to ALL staff who come into contact with patients and ALL staff who deal with samples taken from patients**

### **PRINCIPLE**

To ensure the correct identity of the patient at all times and before undergoing procedures requiring positive identification

## **WHITTINGTON POLICY STATEMENT**

**All inpatients (including those waiting in the trolley area of the Emergency Department undergoing assessment and investigations prior to admission) MUST wear an identity bracelet for safety purposes unless the Sister/Charge Nurse or nurse in charge of the shift believes that this is contrary to the patient's well-being or the patient refuses to wear one**

- 1. Whenever possible the patient should be asked to read the details on the name band and confirm they are correct.**
- 2. If the patient is known to have an allergy they MUST also wear a RED name band on which the allergy is clearly written. This should also be confirmed with the patient if possible.**
- 3. The named nurse/midwife responsible for providing the patient's care will ensure that each patient has a name band through out their stay in hospital.**
- 4. If this is removed outside the ward/department the responsibility for prompt replacement lies with the person who removed the name band or the staff member that first notices that the band is missing.**
- 5. Where the identity bracelet attached to the patient's wrist will compromise patient safety (e.g. frequent checking of identification during surgery, the bracelet should be applied to the patient's ankle by the ward named nurse/midwife known to the patient prior to going to theatres.**
- 6. For all new born babies in the Maternity Department The Maternity Department guidelines will be followed.**
- 7. For all babies admitted to the Neonatal Unit The Neonatal Department guidelines will be followed.**

## ➤ **Staff responsibilities**

It is the responsibility of every registered nurse, support worker, or other member of staff who has been given responsibility to admit a patient, to check and ensure that:

- a bracelet stating patient's name, date of birth, hospital number and ward is attached to an appropriate limb;
- where the patient is known to have an **allergy**, the label must be coloured **red**
- on transfer of a patient to a new location, the bracelet must be changed to show the new location
- if a limb is not available, bracelet must be securely attached to the patients clothing using strapping, in an area of the body which is clearly visible. The bracelet must be reattached as clothing is changed, and must accompany the patient at all times. In emergency or operative situations where clothing is removed, identification must be attached to the patient's skin using see-through plastic adhesive film.

## ➤ **Identity bracelet**

There are **TWO** types of identity bracelet:

**1.White bracelet:** for all patients who do not have any known allergies.

Information to be recorded on the white bracelet:

- Forename
- Surname
- Date of birth
- Ward
- Hospital number

**2.Red bracelet:** for all patients who have a known allergy

Information to be recorded on the red bracelet:

- NAME OF ALLERGY PRINTED CLEARLY IN CAPITAL LETTERS

**It is recommended that patients with an allergy wear two ID bracelets (red and white) on the same wrist/ limb. This will ensure that staff can see to check for an allergy.**

### ➤ ***Patients who have an allergy***

**ALL** patients **MUST** be asked if they are allergic to ***anything*** when they are admitted/ treated.

Note that an 'allergy' can include latex and other material components as well as medicines. (See Latex Policy)

Patients with an allergy must wear a RED Identity bracelet with the name of the allergy printed clearly in capitals. This must be attached to a limb where it can be easily seen.

### ➤ ***When to apply Identity bracelet***

The patient's identity bracelet must be applied on admission to hospital, or once the patient has entered a department for treatment. This includes patients in the Emergency Department who have been through Triage and are receiving treatment. It also includes patients who are undergoing an Endoscopy.

#### **Guidance:**

If your patient does not fit into the above categories (eg. attendees of Out Patients' Clinics for investigations) and you are concerned for the safety of the patient, please apply an identity bracelet and remove it when the patient leaves the department.

### ➤ ***Procedures requiring positive identification of patients***

The list below is not exclusive. In-patients should ***always*** wear an identification bracelet.

- Blood letting/blood sampling
- Blood transfusion
- Collecting of patient bodily fluid samples
- Confirmation of death
- Administration of all medicines
- Surgical intervention and any invasive procedure
- Transport/transfer of the patient
- X-rays and imaging procedures



### **ALERT!**

**DO NOT PROCEED** with any procedure if the patient has no identity bracelet.

The identity bracelet must be replaced by the nurse/midwife caring for the patient before the procedure can begin.

### ➤ **Identifying the patient**

There are FOUR steps to identify patients. They should be undertaken in the following order (if the first is not possible, undertake the second etc):

1. By asking the patient to tell you their name, date of birth and/or address. Check this is compatible with the patient ID bracelet.
2. If the patient is unable to tell you their name, refer to the ID bracelet and, if possible verify the information by asking family, relatives or another member of the clinical staff who knows the patient.
3. By asking that the patients relative identify the patient by name, date of birth and/or address.
4. By the Emergency Department identification number.  
NB. This number indicates the episode of patient stay/ treatment. This is not linked to identification of a specific patient but to the identification of a specific episode of stay. The hospital number is the only number that can be used to identify a particular patient and should always be used in preference to the ED number.

### ➤ **Extreme emergencies**

In extreme emergencies and possibly life threatening situations (such as in the Emergency Department), clinical care may take priority over attaching an identity bracelet to the patient. Where this has occurred, the accountable nurse responsible for patient care **MUST** take appropriate steps to identify the patient using the hospital number and/or the E.D. number.

Once the surname, forename, date of birth, gender and hospital number are confirmed, a new identity bracelet **MUST** be attached to the patient **IMMEDIATELY** and the ED number should then be written in brackets i.e. (E.D no.....).

### ➤ ***Transfer to the ward from the Emergency Department***

Patients who have been admitted to the wards following treatment in ED must have a hospital number and **NOT** their Emergency Dept number on their identification bracelet.

### ➤ ***Transfer between wards***

Patients who are transferred from one ward to another should be given a new identity bracelet stating the new ward and the old one must be removed. This can be done as part of the admission/ transfer process. **Do not** write over the old identity bracelet.

### ➤ ***Patients who do not wear identity bracelets***

There are some situations where a patient may not wear an identity bracelet:

- The patient refuses to wear the bracelet,
- The bracelet causes skin irritation or
- The patient removes ID bracelet.

The patient **MUST** be informed of the potential risks of not wearing an identity bracelet. This discussion and the reason for the patient not wearing an ID bracelet **MUST** be documented in the patient record

### ➤ ***Maternity***

#### **Mother identity bracelet**

- ***Prior to delivery:***

Mother's identity bracelet should include all **mother's** details as per policy statement.

- ***After delivery:***

Mother to be given an **additional** identity bracelet with the baby's details.

Male/ Female infant (mother's surname)

Date of Birth

Time of birth

Baby's hospital number

#### **Baby identification bracelet:**

2 identity bracelet should be applied to **two separate** baby limbs.

Information to be read:

Male/Female infant of (mother's surname)  
Date of birth  
Time of birth  
Baby's hospital number

### ➤ **Blood transfusion collection**

The identification, collection, transport, delivery and hand over of blood and blood products is the responsibility of the member of staff collecting blood and blood products.

Staff removing blood from the Blood Bank must have the patient's **full name and hospital number** before coming to collect.

Use the **full name and hospital number** to select **one unit** from the Blood Bank.

### ➤ **Blood transfusion administration<sup>1</sup>**

To all Nurses and Doctors initiating the transfusion of Blood and Blood Products

The bedside check is a vital step in preventing transfusion error. **One practitioner** is responsible for positive patient identification

Check verbally

Check patient ID bracelet

If you are not sure – **DO NOT** give blood until the patient has an accurate ID bracelet. If you have any doubts, **DO NOT** give the blood.

### ➤ **Imaging**

It is the ultimate responsibility of the Operator to ensure that the correct patient is being examined according to the request that has been made.

If the patient details stated on the request form are incomplete or have not been completed correctly, further information must be obtained before an exposure is performed. The exposure must not be performed until the patient's identification has been verified.

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<sup>1</sup> Please also refer to the Policy on Blood Transfusion

## ***Outpatients***

The operator must correctly identify the patient prior to performing any exposure:

- Ask the patient to state their full name and date of birth. Do not ask them to confirm the details against those expected according to the request form.
- Check these details against those given on the request form. If the details match, proceed with the exposure. If there is more than one patient on the radiology information system with the same name double check identity against address.

## ***Inpatients***

- When collecting an inpatient from a ward, Portering staff must ask the ward staff to identify the patient. Details of the patient to be collected are then checked against the patient's identification bracelet. Patients without bracelets **MUST NOT** be moved from the ward until a bracelet has been supplied and fitted.
- At the imaging department the patient identity on the form must be checked against the bracelet prior to any exposure.
- If an inpatient arrives for a radiographic / radiological examination without a bracelet, an accompanying ward nurse may confirm the patient's identity. A record must be made on the patient's request form including the nurse's name if this procedure is followed.
- If an appropriate ward nurse is not available, the patient must be returned to the ward and the nurse-in-charge informed of the situation.
- Do not examine any inpatient on the ward that is not wearing a bracelet. Request that a ward nurse who is familiar with the patient fits a bracelet.
- The patient's details on the request form must be checked against those on the patient's bracelet before the exposure.

## **➤ *Specific situations in imaging***

The procedures outlined below will be followed in all other situations. A record must be made on the patient's request form if these additional procedures are followed.

### ***Uncomprehending patients***

- An accompanying capable adult must answer on behalf of patients who are incapable of confirming their own identity (too young, unconscious, incoherent, language difficulties).
- An interpreter must be used if there is a language problem.

### ***Unknown patients***

- For unknown and unconscious patients (such as trauma patients), identification is made by Resuscitation or ED staff until a unique identification has been made by means of a number on a bracelet, or until the patient's true identity is established.

### ***Theatre/ Sedated patients***

Patient identification is confirmed by theatre staff prior to being anaesthetised according to operating theatre procedures. A member of this team identifies the patient prior to the medical exposure.

### **➤ *Deceased patients<sup>2</sup>***

All deceased patients **MUST** be properly identified with 2 identification bracelets one on the wrist and one on the ankle.

PRINT the patient's name, hospital number, date of birth and religion (if known).

In the event of the patient's name not being known, then the identification bracelet must state UNKNOWN MALE/ FEMALE.

Notification of death

One copy of the notification of death card must be taped securely to the shroud. The second notification of death card must be taped securely to the outside of the sheet or body bag.

### **➤ *Other relevant policies***

- Latex Policy
- Policy on Caring for Deceased Patients
- Multidisciplinary Policy on the Storage, Checking and Administration of Blood and Blood Products for Transfusion.

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<sup>2</sup> Please refer to the Caring for the Deceased Policy

The above policies are published on the intranet.