

Guideline

Patient Identification Guideline

Policy developed by: Public Health and Clinical Systems

Approved at Portfolio Executive on: 3 March 2011

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Summary The purpose of this guideline is to provide guidance across the public health sector to ensure uniform approach to Patient Identification. The guidelines clearly outline the areas that need to be taken into consideration when identifying individuals and matching them to their intended care. It also outlines the standards and principles of patient identification, including the use of standardised patient identification bands with information limited to the three national identifiers.

Keywords Patient Identification, Bands, Label, Matching, Surgical Safety Checklist, guideline

Policy history Is this a new policy? **N**
Does this policy amend or update an existing policy? **Y**
Does this policy replace an existing policy? **N**
If so, which policies?

Applies to All Local Health Networks and SAAS

Staff impact All Staff, Management, Admin, Students; Volunteers

PDS reference G0103

Version control and change history

Version	Date from	Date to	Amendment
1.0	03/03/2010	16/9/2012	Original version
2.0	16/9/2012	25/2/2013	Updated to reflect the restructures within the portfolio and are not material in nature.
3.0	25/2/2013	Current	Update to reflect change to Patient Identification band standard. ID band colour changed to white in line with National Safety and Quality Health Service Standards. Standard attached to the document

Patient Identification Guideline



Government
of South Australia

SA Health

1 Principles

- 1.1 The SA Health patient identification guideline is premised on the national safety and quality healthcare standard 5 – patient identification and procedure matching, which includes the following four elements
 - 1.1.1 **Identifying individual patients** - to ensure all patients are correctly identified it is necessary to use at least three patient identifiers when providing care, therapy, services or advice/information
 - 1.1.2 **Transfer of care** - to ensure all patients are correctly identified it is necessary to confirm the patient's identity using three patient identifiers when transferring responsibility for care
 - 1.1.3 **Matching patients and their care** - to ensure all patients are correctly matched to their intended care it is necessary to apply explicit processes
 - 1.1.4 **Assessing risks of mismatching patients and their care** - to ensure all patients are correctly identified whenever care is provided, it is necessary for Health Services to implement an organisational risk assessment mechanism for patient mismatching

2 General

- 2.1 All patients must be correctly identified and correctly matched to their intended care in order to eliminate adverse events from mismatching and thereby reducing patient harm
- 2.2 All health services should ensure that they have procedures in place to detail their local processes for the management of patient identification

These should include:

- 2.2.1 when, how and by whom patient identification should be checked
- 2.2.2 who is responsible for the preparation and placement of patient identification bands¹
- 2.2.3 what should happen if the IT system is not available or not working
- 2.2.4 what should happen if the identification band falls off, is removed or becomes illegible
- 2.2.5 other patient identification processes
- 2.2.6 monitoring for compliance
- 2.2.7 education – at all levels of staff training and orientation
- 2.2.8 reference to the SA Health patient identification policy and these accompanying guidelines

3 Identifying individual patients

- 3.1 It is vital that patients are correctly identified before providing health care services
- 3.2 At least three patient identifiers² must be used. Whenever possible these should be the national patient identifiers (name, date of birth and medical record number)
- 3.3 All electronic and manual patient master indexes and medical records must contain the three national patient identifiers
 - 3.3.1 barcoding systems used in the patient identification process must be linked to this information in the electronic patient master index

¹ Patient identification bands must comply with the SA Health Patient Identification Band Standard (see page 6)

² For further information see *South Australian Client Identification Standards 2.4 & 2.5* also see 2.6 in relation to newborns

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- 3.4 A positive patient identification process should be an integral part of patient care. Checking the patient's identity should not only take place at the beginning of a care episode but should continue at each patient intervention through the admission/visit, to maintain the patient's safety
- 3.4.1 ASK the patient to state (and where possible/practical spell) their full name and date of birth
 - 3.4.2 ALWAYS check this against the patient identification band, which must say exactly the same
 - 3.4.3 NEVER ask the patient 'are you Mr Jones' the patient may have misheard and mistakenly agree
 - 3.4.4 NEVER assume the patient is in the right bed or that the name tag above the bed is correct
- 3.5 All patients should wear patient identification bands, this includes
- 3.5.1 all patients who are inpatients
 - 3.5.2 all patients who are same day patients
 - 3.5.3 all patients who are day surgery/outpatients, and having anaesthesia, general or local with or without surgery
 - 3.5.4 all patients who are having blood or blood product transfusion
 - 3.5.5 all patients who are having any form of medication therapy; including non-admitted patients in emergency department
 - 3.5.6 all patients who are having any therapy where specific consent is required
 - 3.5.7 all patients who are having any other treatment/procedure where there is potential for it to adversely impact on their health status.
- 3.6 consideration should be given to the use of patient identification bands or another form of patient identification in other healthcare settings such as outpatients
- 3.7 Patient identification bands should be applied on presentation or as soon as practical on the admission of a patient
- 3.8 If a patient is unable to communicate for themselves, as they are too young, confused, unconscious or don't have English as a first language, it is especially important these patients have a patient identification band to assist identification. In addition all reasonable attempts should be made to confirm patient identification
- 3.8.1 with an accompanying adult e.g. parent or relative, should be asked to confirm the patient's details, using the same process outlined in 3.4 and/or
 - 3.8.2 by checking with other identification, e.g. a driver's licence or
 - 3.8.3 via an interpreter where appropriate
- 3.9 Where the patient refuses (after the importance of the identification band has been explained to them), or it is not possible or practical for a patient to wear an identification band, then there should be a formal risk assessed alternative form of patient identification implemented, this should be documented
- 3.9.1 in the patient notes and communicated to relevant staff during handover processes or
 - 3.9.2 in relevant procedures if a patient identification band is not being used because of the type of service being provided not because of factors specific to an individual patient
- 3.10 Other forms of patient identification may include
- 3.10.1 photograph
 - 3.10.2 lanyards
 - 3.10.3 attaching identification label to patient's right shoulder and covering/affixing with opsite or alternative waterproof transparent adhesive

These other forms of patient identification should contain the three national patient identifiers (name, date of birth and medical record number) as specified in 5.3.2.1 of the Patient Identification Policy. No other information is to be included

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- 3.11 Where a photograph is used for identification, processes must be put in place to ensure that the photograph provides a good likeness to the patient
 - 3.11.1 a new photograph should be taken at every admission
 - 3.11.1.1 photographs must be a front view close-up of the head and shoulders
 - 3.11.1.2 written consent for the taking of the photograph should be obtained
 - 3.11.2 in the case of a resident of a care facility or any other person receiving services either long term or that dramatically impact on their appearance the photograph should be updated
 - 3.11.2.1 at least every 12 months or
 - 3.11.2.2 whenever there is a significant change to the appearance of the person, which ever comes first.

4 Transfer of care

- 4.1 Health services should develop, implement and regularly review systems that facilitate the correct identification of patients at handover between individual clinicians and/or clinical teams, at patient transfer and at patient discharge
- 4.2 These systems should incorporate the use of the three national patient identifiers (name, date of birth and medical record number) as listed in 5.3.2.1 of the Patient Identification Policy
- 4.3 All handover, transfer and discharge documentation should include the three national patient identifiers listed in 5.3.2.1 of the Patient Identification Policy
- 4.4 Where the transfer is to a different health service an additional patient identifier should be used such as address, to refine the accuracy of the identification because of the non-transferability of the medical record number across health care services.
 - 4.4.1 normal patient registration processes as detailed in the South Australian Client Identification Standards should be followed by the receiving health service
- 4.5 Where the transfer is between SA Ambulance Service and a health service an additional patient identifier should be used such as address, to refine the accuracy of the identification because of the non-transferability of the case number of SA Ambulance Service to the medical record number of the health service
- 4.6 Where the transfer is between SA Ambulance Service and a health service and none of the national patient identifiers are available as much detail as possible should be recorded. This may include;
 - 4.6.1 the location that the person was picked up from
 - 4.6.2 the time the person was picked up
 - 4.6.3 the SA Ambulance Services case number
 - 4.6.4 physical description of the person

This information should be recorded on all relevant documentation and become part of the medical record.

5 Matching patients with their care

- 5.1 Patient/procedure matching protocols should be used to match patients to their intended procedure, treatment or investigation
- 5.2 Prior to any interventional procedure the entire team has a shared responsibility to ensure that the patient is positively identified and accurately matched to the procedure being undertaken.
 - 5.2.1 Two team members must:
 - 5.2.1.1 verbally confirm with the patient (or if this is not possible as per 3.8 with their representative) :
 - 5.2.1.1.1 the identity of the patient as per 3.4
 - 5.2.1.1.2 what they are having done
 - 5.2.1.1.3 that informed consent for the procedure has been given
 - 5.2.1.2 if relevant confirm that the person performing the procedure has marked the site in accordance with local procedures
 - 5.2.1.3 complete the sign in areas of the relevant checklist.
 - 5.2.1.3.1 in the case of the surgical team checklist where there is no sign in area it should be documented in the patient's medical record that the check was done. The entry should be signed by both the team members who performed the check
 - 5.2.2 immediately prior to the procedure commencing a team member will state and ask for the agreement of the other team members, information in relation to:
 - 5.2.2.1 the identity of the patient (if the patient is not sedated they should also be asked to confirm their identity)
 - 5.2.2.2 the procedure to be performed including dosage if relevant
 - 5.2.2.3 the site of the procedure
 - 5.2.2.4 all other items on the appropriate pre incision/before intervention area of the relevant checklist.

the checklist must be completed during this process, all team members must participate. No other activities should be undertaken during this time
 - 5.2.3 prior to the patient or the team leaving the room the appropriate post procedure/sign out area of the relevant checklist must be completed and signed
 - 5.2.3.1 during this process all team members must participate. No other activities should be undertaken during this time
- 5.3 Health service procedures should be in place to determine the management of situations where there are discrepancies in information or verification in the process stated above
 - 5.3.1 if there is a discrepancy in information or a staff member raises doubt in verification of the procedure it should be delayed until the issue is resolved
 - 5.3.2 if there is a discrepancy or doubt in an emergency situation then the senior person of the team responsible for the patient will make the decision on the most appropriate course of action.
 - 5.3.3 if the discrepancy or doubt remains then the justification for proceeding is to be documented in the medical record and the event reported into the Safety Learning System via the web form at <http://inside.sls.sa.gov.au>

6 Assessing risks of mismatching patients and their care

- 6.1 All incidents involving mismatching events, either near miss or actual, should be reported into the Safety Learning System.
- 6.2 Any mismatching event that is assigned a SAC (Safety Assessment Code) 1 score must be reported into the Safety Learning System in accordance with SA Health Incident Management Policy and Guidelines.
- 6.3 All mismatching events must be investigated to the level required by the SA Health Incident Management Policy and Guideline
- 6.4 Progress on the implementation of all recommendations generated by the investigations must be reported and monitored in accordance with the SA Health Incident Management Policy and Guideline.

7 Other reporting requirements

- 7.1 Standard reporting requirements form part of the health service performance agreement.
- 7.2 Any other reporting required in accordance with SA Health Incident Management Policy

Patient Identification Band Standard

The purpose of these specifications is to set out standards for the useability, content and colour of patient identification bands in South Australia.

The specifications are based on the Australian Commission on Safety and Quality in Health Care's (the Commission) document 'Specifications for a standard patient identification band'. The Commission's specifications for a standard patient identification band were endorsed by the Australian Health Ministers who agreed that these specifications would be introduced in each jurisdiction.

The specifications

These specifications describe the standard features patient identification bands should have.

The patient identification specifications relate to:

1. Colour
2. Size
3. Comfort
4. Usability
5. Method for recording patient identifiers
6. Information presentation
7. New technology

1 Colour

- 1.1 A single white band must be used for patient identification.
- 1.2 Coloured alert bands or insert labels will not be used.¹

2 Size

Patient identification bands must fit the range of sizes of patients, from the smallest newborn babies through to the largest adults. Patient identification bands should therefore be:

- 2.1 Long enough to accommodate:
 - > Obese patients
 - > Patients with lymphodema
 - > Patients with IV lines and bandages.
- 2.2 Small enough to be comfortable and secure for newborns, babies and children.

Accommodating the size range needed could be achieved by increasing the maximum length available for the identification band. However, if excess length has to be cut from the identification band staff should be able to do this safely, **preferably without the use of scissors**. Cut ends should not be sharp. Alternatively, identification bands could be made in a variety of sizes.

3 Comfort

Patients complain about identification bands being scratchy, itchy, sweaty and hot, and this can contribute to the removal of bands. In particular, identification bands can cause skin damage to newborn babies and to people with delicate or vulnerable skin. In addition, patients can be concerned that identification bands may be a potential source of infection, so they should be easy to clean.

¹ Despite the frequency of their use, there is evidence to suggest that coloured wristbands do not ensure that correct information is available about alert conditions, or assist with reducing the occurrence of incidents or risks indicated by the coloured band. In fact, it appears that the use of coloured wristbands can actually increase the risk of misidentification.

Aspects of the comfort of patient identification bands that need to be addressed include:

- 3.1 Shape - There should not be sharp corners, profiling or edges that can irritate or rub the skin.
- 3.2 Edges – The edges of the band material must be soft and smooth to ensure comfort during prolonged use. This includes any edges that are produced when cutting the band to size.
- 3.3 Fastenings – Fastenings should not press into the skin.
- 3.4 Material – Identification band material should be flexible, smooth, waterproof, cleanable, breathable and non-allergenic.

4 Usability

Patient identification bands can be issued and applied by a wide variety of staff, who may or may not have received training in how to do so. Therefore the use of identification bands should be intuitive, including where and how to fill in patient identifiers, checking of information, fastening and removal.

Patient identification bands should be:

- 4.1 Easy to clean.
- 4.2 Waterproof and resistant to other fluids (soap, detergents, gels, sprays, rubs, alcohol cleaning products, blood and other bodily fluids).
- 4.3 Secure and not fall off.
- 4.4 Designed to allow patients to wash.
- 4.5 Resistant to chewing.
- 4.6 Quick and easy for all staff to use who may have responsibility for issuing, applying and checking identification bands.

Consideration of ease of use should include:

- > Storage
 - > Access from storage
 - > Filling in patient identifiers
 - > Changing or updating information
 - > Reading and checking information
 - > Putting on patients (including selecting the correct size or adjusting to correct length)
 - > Fastening
 - > Removal.
- 4.7 The identification band should not catch on clothing, equipment or devices including IV lines. Special attention should be paid to fastenings and free ends.

5 Method for recording patient identifiers

Different health services will use different methods to generate the patient identifiers to be included on the identification band. In some cases they may be printed directly from the hospital computer, in others they may be hand written. Regardless of the method used to generate the identifiers, the information should be:

- 5.1 Easy to read.
- 5.2 Durable and not wear off throughout the patient's stay.
- 5.3 Easy to read if exposed to water, soap and detergents, gels, sprays, rubs, alcohol cleaning products, blood and other bodily fluids and any other fluids or preparations that the identification band may come into contact with.

To achieve these requirements:

- > Pre-printed labels must fit the available space on the identification band – if labels are too big they may wrap over the band and information will be hidden.
- > Inserts should be sealed to ensure they are durable, waterproof, secure and tamperproof.
- > Write-on identification bands should be durable so that information cannot wear off.
- > Write-on identification bands should not require special pens.

6 Information presentation (patient identifiers)

- 6.1 The space available for patient data should be adequate for the patient identifiers to be recorded clearly and unambiguously.
- 6.2 The same layout, order of information and information style should be used on all patient identification bands across the organisation to ensure standardisation. This helps make identification bands easier to read and avoid errors.
- 6.3 Pre-defined spaces for each identifier or a pre-printed format can help encourage standardisation e.g. consider using a title or box for each identifier, but without reducing the space available for the patient identifiers.
- 6.4 If pre-defined spaces are not used, pre-printed lines can be used to help make information easy to read. This is particularly useful for write-on identification bands.
- 6.5 The core patient identifiers on bands should be limited to:
 - > Name
 - > Date of birth
 - > Medical record number.
- 6.6 Date of birth should be recorded in the short format as DD/MM/YYYY (e.g. 07/06/2005).
- 6.7 Family and given names should be clearly differentiated. Family name must appear first using UPPER case letters followed by given names in Title case: FAMILY NAME, Given Names, e.g. SMITH, John Paul.
- 6.8 There should be enough space to include long names, multiple names and hyphenated names.
- 6.9 Identifiers should be in a font size and style that is easy to read. Avoid italic, simulated handwriting and ornate typefaces. Use a common sans-serif typeface like Arial or Helvetica. Use a minimum font size of between 12 and 14 point (equivalent to a height of 2-2.3mm).
- 6.10 Black text on a white background should be used to ensure that the patient identification band is clearly legible in reduced lighting conditions (such as wards at night) and by those with visual impairment.

7 New technology

- 7.1 Patient identification bands should allow for the incorporation of new technologies that may be used to assist patient identification such as radiofrequency identification tags, barcode technologies or digital photos, whilst still fulfilling all of the above requirements.



For more information

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www.ausgoal.gov.au/creative-commons

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