PATIENT IDENTIFICATION POLICY	**Policy** **Register No:** 08090 **Status:** Public

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Policy to be followed by (target staff)	All staff
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Related Trust Policies (to be read in conjunction with)	05117 Admission Policy 11037 Discharge Policy 08086 Clinical Record Keeping Policy 09100 Incident policy 04080 Consent to Examination or Treatment Policy 04184 Blood Transfusion Policy 08103 Administration of Medicines to Patients 09127A Interpreting and translation policy 04216 Attachment and detachment of identification labels for the newborn

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1.0	John Tobin	25th October 2008
2.0	Helen Clarke	20th November 2014
3.0	Su Ames	20th March 2018

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1.0   Purpose

1.1   Patient identification is a significant risk within the NHS.

1.2   The Trust recognises that the accurate identification of Patients is a vital component in maintaining patient safety. Therefore, correct patient identification and application of patient wristbands is an essential part of the care process.

1.3   The purpose of this policy is to:

- Facilitate the accurate identification of patients, minimising the risk of patient harm as a result of misidentification; and
- Ensure that any patient with a known allergy has a red band placed.

1.4   For information relating to identification of the newborn, refer to the guideline entitled 'Attachment and Detachment of Identification Labels for the Newborn'; register number 04216

2.0   Overview

2.1   The Trust will ensure, so far as is reasonably practicable, that all patients are adequately and correctly identified and matched to their records, investigation and procedure requests, prescriptions, results and all other documentation.

2.2   Patient wristbands do not remove the individual clinician's responsibility to check a patient's identity. The wristband should be used as a tool to assist patient identification together with other ways of validating identification i.e. confirming details with patients or their relatives or carers.

2.3   If a patient is unable to wear a wristband either due to their clinical condition or treatment, an alternative method of identification, should be sought wherever possible.

2.4   If a patient refuses to wear a wristband, the patient should be advised of the associated risks. The discussion and reason should be clearly documented in the patient's health record.

2.5   Correct patient identification starts with the patient's first contact with the service and it is the responsibility of all staff involved in the admission process, both clinical and administrative to ensure correct details are obtained and recorded and that any inaccuracies or queries are highlighted and resolved.

2.6   All patients must be able to be identified at all times whilst being assessed or undergoing procedures / treatments within the organisation. Therefore, all hospital inpatients must wear an accurate and valid identity bracelet (referred to as wristbands in this policy), and in some cases more than one will be worn.

2.7   The guidance set out within this policy ensures staff meet the requirement set out in the National Patient Safety Agency (NPSA) Safer Practice Notice 2005/11

documentation – "All hospital inpatients in acute settings should wear wristbands with accurate details that correctly identify them and match them to their care".

3.0   Scope

3.1   This policy applies to all Trust workplaces and to all staff employed by the Trust.

3.2   Exceptions to the policy are:

- Clinical condition or treatment e.g. intravenous access lines or dermatology conditions and treatment
- Refusal to wear a wristband despite clear explanation of the risks of not doing so
- Allergy to the materials used in the wristband

4.0   Aims and Objectives

4.1   The aims are to:

- Enhance patient safety at all times
- Provide assured mechanisms to verify correct patient identification
- Ensure a corporate and standardised approach to patient identification
- Promote the use of patient wristbands and reduce the risk of medicine and treatment errors
- Ensure policy is adhered to in all clinical areas in the Trust for the purpose of correct patient identification.

4.2   Staff members who are going to provide care of any form must always be certain that the patient's identity has been established beyond question before proceeding.

5.0   Roles and Responsibilities

5.1   **The Managing Director** will ensure that safe systems are in place to allow implementation of this policy.

5.2   **The Director of Nursing, Medical Director, Divisional Directors, Associate Directors of Nursing and Matrons** are responsible for ensuring that this policy is adhered to and compliance with the requirements monitored.

5.3   **Matrons and Ward Managers** are responsible for:

- Ensuring that staff in their areas are aware of and understand the policy and that it is implemented into practice locally.
- Ensuring that failures to comply with the policy are reported via the incident reporting system and the appropriate action is taken to prevent a recurrence.
- Investigating failures to comply with the policy and ensure corrective action is taken to prevent a recurrence.

5.4   **Clinical and non-clinical staff** are responsible for:

- Adhering to the standards in this policy and accepting accountability for their practice
- Reporting all failures to comply with the policy via the incident reporting system
- Ensuring that patients are identified using accurate personal details.
- Ensuring that all patient details entered by them onto electronic or hardcopy records or wristbands are valid and accurate.
- Ensuring that where a wristband is removed, it is replaced immediately and that the information on the replacement wristband is valid and accurate. If immediate replacement is not possible then it is the responsibility of the member of staff to make clear alternative arrangements for the patient's correct identification

5.5   Any member of staff discovering a patient without a wristband should assume responsibility for correctly identifying the patient and applying a wristband.

5.5.1   Primarily, it will be either nursing or midwifery staff, or support staff who will be responsible for the generation and application of the patient wristband. However, it is the responsibility of all staff to check the validity and accuracy of patient identification before carrying out any actions relating to patient care.

5.5.2   The use of wristbands does not remove the individual clinician's responsibility for checking patient identity before administering medication or treatment, in line with existing policies including Policy for Consent, Policy for Blood Transfusion and Policy for the Administration of Medicine.

6.0   Patient Identification

6.1   Accurate patient identification starts with the patient's first contact with the service and it is the responsibility of all staff involved in the admission, clinical and administrative processes to ensure correct details are obtained and recorded and that any inaccuracies or queries are highlighted and dealt with.

6.2   It is essential that patients are registered on the Trust's Lorenzo IT System or other appropriate clinical systems, and wherever possible checks must be made as to ensure that the person is not already registered to avoid duplicate registration and the risks associated with duplicated records.

6.3   As a minimum staff must check the patient's:

- Name (surname and first name)
- Date of birth
- Address
- GP
- Next of kin

6.4   Staff should always use open questions to establish a patient's identity, i.e. "What is your name?" rather than "Are you Mrs. Smith?"

6.5   If the patient is unable to respond due to their clinical condition or capacity, identification should be verified with family or relatives wherever possible.

6.6   If the patient is unable to state their name, then the wristband must be checked by two members of staff, with the health records available, to ensure all details match.

6.7   When initially identifying a patient, there may be a language difficulty in communicating with the patient. In this situation support from an interpreter or the Big Word service may be used to assist. This requirement should be recorded on the notes.

6.8   Particular care must be taken for patients with common names i.e. Mary Smith and in instances where there are patients with the same or similar names simultaneously in a clinical area.

6.9   The patient's NHS number can be obtained during the registration process on Lorenzo when the patient's record is synchronised with the national Personal Demographic Service (PDS). All users who have the relevant RBAC rights to register patients have access to this functionality.

6.10   **The unconscious patient**
       Patients can be unconscious for a number of reasons. Sometimes it is the treatment they are having e.g. anaesthetic/sedation, but it may be due to the influence of drugs or alcohol. Where patients are incapable of identifying themselves and maintaining their own safety:

       - It is the responsibility of the staff looking after the patient to ensure they can be identified properly.
       - All unconscious patients must wear an ID wristband for identification purposes.
       - Staff must provide a unique identifier for the patient until such time as their identity is established. This number should be used for all procedures and interventions to identify the patient. The senior staff responsible for the patient's care will ensure that all records are merged or when the patient's identity is established.

6.11   It is critical that all staff acknowledge that the management and monitoring of patient identification is an ongoing process. Staff must always check patient details to be sure that they are dealing with the right person, clerical staff should always validate the information given by the patient with the information held on the Trust's records (hard copy and electronic).

6.12   Clinical staff must always validate that the verbal identification given by the patient (or their relatives) matches the information on the patient's wristband before carrying out any procedure, administering any prescribed medications, instigating examinations, investigations or treatments as appropriate.

6.13   The positive patient identification process should include asking the patient if they have any allergies that staff need to be aware of.

7.0   Patient Identity Bands (Wristbands)

7.1   **Inpatients**

7.1.1   When an internal transfer occurs, the receiving staff member should check the patient wristband with the patient where the patient has the capacity to do so, along with the medical notes, for positive patient identification.

7.1.2   Patients who are transferring in from external Trusts will have a Mid Essex Hospitals Trust wristband applied immediately on arrival, and the wristband from the transferring Trust removed.

7.1.3   If the patient wristband is removed or becomes wet, faded, damaged or unreadable, a replacement wristband will be applied immediately, by the nurse or midwife caring for the patient.

7.1.4   Before any intervention or procedure is carried out, it is the responsibility of the staff member undertaking the intervention or procedure to check the patient's identity.

7.1.5   Prior to the administration of any medication, it is the responsibility of the member of staff to check the patient's identity in accordance with Trust medicines management policies.

7.1.6   When a patient is to be admitted to Theatres it is the responsibility of the member of staff receiving the patient to check the patient's identity with:

- The nurse transferring the patient to theatre
- The patient
- The patient's notes (name and identifying number) to verify that the patient has been correctly identified.

7.1.7   Wristbands must be applied in all cases so that any member of staff needing to check the patient's identity can easily access and read the information.

7.1.8   Ideally the wristband must not be removed until the discharge procedure is completed and the patient leaves the ward/department or clinical area. Exceptions to this practice are given below.

7.2   **Emergency Department**

7.2.1   In the Emergency Department setting there are patients where patient identification wrist band must be applied; these are as follows:

- All patients who are streamed to Emergency Services Assessment Team (ESAT), Majors and Resus (or awaiting movement to these stream areas in the ambulance bay) must have a wrist band in situ; this should be printed through Lorenzo following Triage. If an allergy is identified a separate allergy band should also be

attached at this point

- Ambulatory/ minor streamed patients where it is professionally judged to be appropriate, for example for patients who lack capacity, or who are having procedural sedation/blocks
- All patients where a decision to admit has been made.

7.3 Out-Patient Clinics

7.3.1 In the Outpatient clinic setting, it is not normally necessary for patients to wear wristbands as verification of the patient identity will be made by reception staff when the patient arrives and books onto the clinic (exceptions detailed below). Reception staff will ask the patient or their carer/relative to state:

- Patient's full name (surname and first name)
- Patient's date of birth
- Patient's address

7.3.2 Where patients use the In-touch, self-booking system, then OPD clinical staff should validate patient information directly with them.

7.3.3 The Reception staff will be responsible for validating the information given by the patient and/or their carer/relative with the Trust's Lorenzo system, the patient's notes (when available) and, where necessary their appointment card or letter.

7.3.4 There are exceptions where an outpatient must wear a wristband. A wristband is required for those patients who are attending as an Outpatient to undergo therapy or procedures. Wristbands may be applied in the Outpatients' Department if clinical staff perceives there is a risk of mistaken identity and feel that it is expedient to do so.

7.3.5 Patients who return for regular assessment of anti-coagulant therapy must have their full details checked against the Trust Lorenzo System, their patient notes and therapy card and the specimen request form and specimen bottle before the sample is obtained.

7.4 **Exceptions** to the **Application** and **Removal** of **patient wristbands** - there are some rare and exceptional situations where a patient cannot wear a wristband or the wristband needs to be removed.
(Refer to 7.6.2 regarding the application of an identification band to the ankle)

7.4.1 If such a situation arises it is important that staff assess and manage the associated risks for correct identification of the patient.

7.4.2 The accepted process is that the situation must be documented in the patient's nursing documentation.

7.4.3 Staff must be even more vigilant in ensuring that the correct patient is identified prior to any procedure or intervention. Staff must ask the patient to identify themselves by stating their:

- Full name
- Address
- Date of birth

7.4.4 Where a patient is incapable of identifying themselves, verification of identity should be made by asking the carer or relative and checking the patient's medical records.

7.4.5 Where it is necessary to remove a patient's wristband, for whatever reason, it is the responsibility of the member of staff removing the wristband to ensure that it is replaced immediately. If this is not possible, then they are responsible for making sure the reason for removal is documented in the patient's notes and alternative means of identification specified

7.5 **Patient Wristband details**

The information on the patient wristband will be checked with the patient /carer/ Relative and health record prior to application. The patient wristband shall contain the following information:

- Surname
- Forename
- Unit number
- NHS number
- Date of birth

7.6 **Application of Wristbands**

7.6.1 Patients must be given a clear explanation of the importance of wearing a wristband for their own safety at all times during their hospital stay or Outpatient attendance and their consent gained. If the patient is confused or unable to respond, the same explanation should be given to the relative/carer so that they are made aware.

7.6.2 The patient's wrist band should be placed on the dominant wrist unless contraindicated. If the arms are both swollen or injured, then the ankle should be used.

7.6.3 If the patient's limbs are too large, then 2 patient wristbands may be joined together.

7.6.4 The patient wristband shall be applied to be comfortable but secure enough that it cannot be removed by the patient.

7.6.5 In the absence of a patient representative who knows them well, the identity bands of patients who cannot confirm their own identity (e.g. those who cannot communicate, young children, the critically ill, unconscious, or confused) must be checked by two Registered Nurses/Midwives prior to the identity band being placed on the patient.

7.6.6 Where a patient is unconscious and unaccompanied and there is no possibility of

positively identifying the patient the information will be taken from the Health Record. The patient wristband must contain the following information:

- Unknown male / unknown female
- Unit number

7.6.7 The patient wristband shall only be removed when the entire discharge process has been completed for the patient.

7.7 **Allergy** - if the patient is known to have an allergy this **must** be clearly identified by applying a **red wristband** in addition to the white patient ID wristband. The **red wristband** should indicate the exact allergy and this must also be recorded in the medical record and on the drug chart.

8.0   Procedure to be Followed in Cases where Mis-identification Occurs

8.1 Any staff member who discovers any deviation from this policy must complete a Trust incident report form in accordance with the Incident Policy.

8.2 If an error occurs, for example a patient receives the wrong medication; or the wrong investigation or procedures are carried out; or an incorrect result is reported; all appropriate actions must be initiated to resolve the error.

8.4 Instances of misidentification, particularly where patients have received unwarranted treatment will be fully documented in the patient's records, including any actions necessary to minimise risk to the patient.

9.0   Monitoring Compliance with this Policy

9.1 All incidents where there is failure to adhere to the requirements of this policy will be reported via the Datix system.

9.2 It is the responsibility of the allocated investigating officer to determine the root causes and share the learning with the team to ensure the risks of recurrence are addressed.

10.0   Equality and Diversity

10.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. This includes the safeguarding of any appropriate property.

11.0   Training

11.1 MEHT is committed to ensuring that a policy and guideline is available to staff to inform them of correct safe Patient Identification management.

11.2 The Trust recognises its responsibility to ensure that staffs are appropriately educated and trained to participate effectively in Patient Identification.

To support this both clinical and non-clinical staff will receive an induction programme from the ward or department manager that will ensure all staffs are trained on the appropriate IT systems.

12.0   Communication and Identification

12.1   The policy will be available on the Trust intranet and website.

13.0   References

National Patient Safety Agency (2004), Right Patient- right care. London: NPSA

National Patient Safety Agency, Safer Practice Notice 11. 22nd November 2005.