

MONITORING FORM

Policy/Strategy Implications	N/A
Staffing Implications	N/A
Financial Implications	N/A
Consultation	Not required
Consultation with Professional Committees	Yes
Risk Assessment	Not required
Best Value	Complies
Sustainability	N/A
Compliance with Corporate Objectives	Complies
Single Outcome Agreement (SOA)	N/A
<p>Impact Assessment</p> <p>NHS Dumfries and Galloway must ensure that its policies do not disadvantage individuals because of their age, ethnicity, gender, religion, faith, disability or sexual orientation. In line with the Scottish Government's guidance, an Equality and Diversity Impact Assessment has been completed.</p>	



NHS Dumfries and Galloway

Patient Identification Policy

Printed copies must not be considered the definitive version

DOCUMENT CONTROL		POLICY NO.	
Policy Group			
Author	Alice Wilson, Deputy Nurse Director	Version no.	5
Reviewer	Alice Wilson, Deputy Nurse Director	Implementation date	May 2013
Status	Update	Next review date	August 2017
Approved by		Last review date:	August 2015

1.0 Introduction

This policy has been developed to enable the staff of NHS Dumfries and Galloway to correctly identify their patients at all times, especially before undergoing procedures or treatments.

Reducing and where possible eliminating errors in the matching of patients with their care are central to improving patient safety in the NHS. Three main types of error can occur:

- *A patient is given the wrong treatment as a result of failure to match them correctly with samples, specimens or x-rays;*
- *A patient is given the wrong treatment as a result of failure in communication between staff or staff not performing checking procedures correctly; and*
- *A patient is given treatment intended for another patient as a result of failure to identify him/her correctly.*

Such errors can have a range of consequences. Many result in little or no harm. . . some, however, result in serious, lasting harm, such as chronic pain, undiagnosed cancers, blindness and even death.

2.0 Purpose of the policy

This policy demonstrates NHS Dumfries and Galloway's commitment to patient safety and has been developed to:

- Ensure accurate identification of all patients, therefore minimizing related medical error and patient harm.
- Provide staff with an outline as to how positive patient identification should be achieved.
- Ensure a standardised approach is adopted regarding patient identification and the use and content of name bands.

3.0 Scope of the guidance

The policy is applicable to all members of staff who deal with patients. While the policy predominantly applies to inpatients, the principles should be applied in all care settings and to both in-patients and out-patients within NHS Dumfries and Galloway, where positive patient identification is central to patient safety.

Following review of the policy, an agreement has been established whereby patient identification in the field of mental health and learning disability in patient services will be by verbal identification, with the only exception being the use of wristbands for those service users undergoing electro-convulsive therapy, in line with the SEAN standards in 2013.

4.0 Responsibility

It is the responsibility of all staff admitting, treating or registering a patient, whether as an in-patient or an out-patient to ensure that they have correctly identified the patient. This is particularly important where there is more than one patient with the same name.

Name bands must be put on patients as soon as they are admitted and worn throughout a patients stay.

The member of staff who is primarily responsible for admitting the patient is responsible for checking the details are correct and applying the name band. When attaching the name band, the member of staff should explain the importance of it to the patient and/or carer and ask them to report if the name band becomes damaged or removed

The following staff may apply the identification band:

- Registered nurses and midwives
- Student nurses / student midwives – under the supervision of a registered nurse / midwife
- Allied Health Professionals
- Healthcare support workers
- Medical staff (rarely)
- Clerical staff (generally A&E only)

5.0 Patient Identification

The National Patient Safety Agency (NPSA) is committed to a wide programme of work and research aimed at identifying new technologies to promote safer ways of identifying patients.

The NPSA has released two 'Safer Practice Notices' to date and the content of this policy is based on the recommendations contained within these notices:

- Safer Practice Notice 11: Safer Patient Identification: Name bands for hospital inpatients improves safety ² 22 November 2005
- Safer Practice Notice 24: Standardising name bands improves patient safety ³ 3 July 2007

6.0 Methods used for patient identification

6.1 Name bands

In the majority of patients the method of identification which must be used, is the bar-coded patient name band. It is therefore vital that:

- The correct information is on the name band
- It is applied to all relevant patients as soon as possible

NHS Dumfries and Galloway adopts the NPSA recommendation to use a single identification name band that incorporates all essential information.

Bar-coded name bands contain the following information

- Surname and Forename
- Date of birth and CHI number
- Gender

At present NHS Dumfries and Galloway's name bands will also include the following for filing purposes within the organisation:

1. Hospital unit number

The information on the name band must be checked with the patient and the case notes before initial application.

All name bands will be white with black text only.

Where a patient refuses to wear a name band despite being given a clear explanation of the risks of not doing so, a record should be made in the patient's notes.

Each time a patient is transferred within NHS Dumfries and Galloway, the receiving member of staff should check the name band verbally with the patient and/or case notes for positive patient identification. If the patient is unable to wear a name band, the patient should not be transferred without some form of identification on their person.

If a name band requires to be changed for any reason, the original name band should remain in place until the new one is attached and then the original can be removed.

While this guidance applies predominantly to inpatients, name bands should be applied to other patient types as follows:

Surgical Day Case	On admission to unit by nurse admitting the patient.
Medical Day Case	Patients receiving any kind of interventional treatment e.g. blood transfusion, chemotherapy.
Out patients (including maternity)	Patients receiving any kind of interventional treatment who are unable to clearly confirm identity verbally or who are having sedation
Accident and Emergency	Any unidentified patients. Any patient not able to confirm identity because of their physical or mental ability. All patients involved in a major incident.

Name bands should be put on patients as soon as they are admitted and worn throughout their hospital stay. Wherever possible, they should be put on the patient's dominant arm (i.e. the side used for writing) as they are then less likely to be removed when, for example, intravenous lines are inserted. The information should be displayed in such a way as to provide easy reading for staff (i.e. reading from wrist down to knuckles).

6.2 Photographs

Where a name band cannot be placed on a patient's wrist either due to injury or likelihood that the patient will remove it, it can be placed on an ankle.

Where it is neither possible nor practical to use name bands to match a patient to their care other risk assessed alternatives should be used and the effectiveness of this monitored carefully. For example, if a name band is not suitable, it may be possible for a patient to be clearly identified by;

- Photograph with a bar-coded patient ID label attached to Medicine Kardex and patient record.

In certain cottage hospitals, mental health and learning disability units the use of photographs for patient identification is acceptable practice, so long as consent has been obtained and the photographs are updated as and when required or as a minimum, on an annual basis. An individual risk assessment should be carried out and action clearly documented.

For patients who are frequent attendees on a short stay basis i.e. Renal Dialysis or routine blood transfusion it is acceptable to use photographic ID, with the patient's consent.

6.3 The Unconscious Patient

When a patient arrives unconscious and unaccompanied in the Accident and Emergency Department, and there is no one who can verify their details, a name band should be applied immediately which contains an allocated emergency number and the sex of the patient. These details should be used when requesting any investigations. Patient identification must be verified at the earliest opportunity and a name band with the correct details applied.

6.4 The Unidentified Patient

Unidentified patients admitted to Accident and Emergency Department will be registered as an unknown patient within the EDIS system. The procedure for registering these patients is held within A&E departments and a name band will be generated by staff.

6.5 Bed Identity

Records must be kept of bed allocations and the information on the patient's bed should be accurate and kept up to date. The ward bed management system should be updated after each admission, transfer and discharge. A routine check of the bed management system should be carried out by the nurse in charge before each nursing staff changeover.

The patient's name should be displayed on their bed to provide a visual reminder of the patient's identity. It is essential that all paperwork kept at the bedside is checked with the name on the bed and patient's name band before making any entries.

6.6 Verbal Checks

When verbally identifying a patient, staff should use the patient's full name and date of birth. Where possible patients should be encouraged to declare their details rather than just answering yes or no to confirm details.

7 Other related policies and procedures

7.1 Radiology

Identification of patients in Radiology is covered by EP7 Patient Identification Policy in line with Ionising Radiation Regulations

7.2 Major Incident

Identification of patient involved in major incidents is covered by the major Incident Policy

7.3 Nursing and Midwifery Procedures

Identification of deceased patients is covered by nursing and midwifery procedure no: D1.01 Patients who die in A&E are covered by their policies.

7.4 Maternity

Identification of newborns is covered by Maternity Unit policies

Appendix 1

DOCUMENT CONTROL SHEET

1. Document Status

Title	Patient ID Policy
Author	Alice Wilson, Deputy Nurse Director
Approver	
Document reference	Policy Number
Version number	5.0

2 Document Amendment History

Version	Section(s)	Reason for update

3. Distribution

Name	Responsibility	Version number
Executive Assistant	Place on policy register	5.0
Department of Nursing	Place on intranet	5.0

4. Associated documents

None

5. Action Plan for Implementation

Action	Lead Officer	Timeframe
Update policy register	Executive Assistant	May 2015
Place on intranet	Department of Nursing	May 2015
Use Policy	All staff	May 2015