

Patient Identification Policy

Application

Effective Date	Programme application
October 2013	Allowah Presbyterian Children's Hospital including Allowah Disability Support Services

Approved / Reviewed

Key Policy Writer	G Gilchrist
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Policy Review group members	ALT
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Approved by	Date	Review date
S Hurren	October 2013	October 2016
LMC LM17.07.42	July 2017	October 2020
CEO	June 2018	October 2020
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Document Control

Issue	Date	Author	Change Description
1	October 2013	S Hurren	
2	April 2017	G Gilchrist	Review and update to ensure compliance with EquipNational
3	Feb 2018	G Gilchrist	Review
4	Sept 2020	G Gilchrist	Scheduled Review
5	Jan 2024		Scheduled Review

Other relevant policies

Medication Management Policy & Procedures
 Admission Policy and Procedures
 Discharge Policy and Procedures
 Health Care records policy and procedures
 Child and Family Centred Framework
 Risk Management Framework

Document Summary / Key Points:

- Outlines the patient identification systems and processes used at Allowah and the actions taken to report and act on patient mismatching events.

Change Summary:

- Replaced ALT with ELT
- Approved Patient Identifiers defined

Table of Contents

1	REFERS TO	3
2	PURPOSE	3
3	POLICY STATEMENT	3
4	RESPONSIBILITIES.....	4
4.1	Chief Executive Officer	4
4.2	Director of Nursing	4
4.3	All employees	4
5	APPROVED PATIENT IDENTIFIERS	4
6	IDENTIFICATION OF INDIVIDUAL PATIENTS	4
6.1	Identification Bands	4
6.2	Photographs for identification	6
7	IDENTIFICATION AT TRANSFER OF CARE	6
7.1	Admission.....	6
7.2	Discharge	6
7.3	Handover.....	7

8	PROCESSES TO MATCH PATIENTS AND THEIR CARE	7
8.1	Identification processes for administering medication	7
9	PATIENT CARE MISMATCHING EVENTS	7
10	MONITORING PATIENT IDENTIFICATION PROCESSES	8
11	REFERENCES	8
12	KEY PERFORMANCE INDICATORS.....	8

1 REFERS TO

All staff involved with patients and clients at Allowah, including admission, care, treatment, therapies and discharge.

2 PURPOSE

To ensure that a comprehensive organisation-wide system is in place to reliably identify patients at each treatment episode, and that there are processes for correct procedure matching that complies with the Australian Commission on Safety and Quality in Health Care [ACSQHC] guidelines and the National Safety and Quality Health Service [NSQHS] Standards.

3 POLICY STATEMENT

Correctly identifying and implementing processes to match patients to their intended care is critical to ensuring patient safety. Risks to patient safety occur when there is a mismatch between a patient and components of their care. This includes diagnostic, therapeutic and supportive care.

Correct identification of a patient using at least 3 approved identifiers is to be used on registration and admission; when care, medicine, therapy or other services are provided; and whenever clinical handover, transfer or discharge documentation is generated.

This policy outlines processes in place at Allowah to ensure correct patient identification at key points in patient care.

4 RESPONSIBILITIES

4.1 Chief Executive Officer

The CEO is responsible for assigning responsibility for the implementation of this policy and its regular review.

4.2 Director of Nursing

The DON is responsible for ensuring the implementation of this policy, the regular auditing of the use of patient identification procedures and the reporting of audit results and instances of patient mismatching events.

4.3 All employees

All employees involved in the care of patients are required to comply with this policy in relation to identifying patients at Allowah.

5 APPROVED PATIENT IDENTIFIERS

Approved patient identifiers are items of information that can be used to identify a patient when care, medicine, therapy or services are provided. Identifiers such as room or bed number are not to be used.

The approved patient identifiers used at Allowah are:

- Patient name (family and given names)
- Date of birth
- Gender
- Medical record number

At least three approved patient identifiers are required each time identification occurs:

- On admission or at registration
- When matching a patient's identity to care, medicine, therapy or services
- Whenever clinical handover or patient transfer occurs
- Whenever discharge documentation is generated

6 IDENTIFICATION OF INDIVIDUAL PATIENTS

6.1 Identification Bands

Identification bands are a critical tool to prevent errors associated with mismatching patients and their care. Patient identification bands used at Allowah are standardised and comply with the ACSQHC Specifications for a Standard Patient Identification Band.

At the time of admission children at Allowah are to be issued with a single WHITE patient identification band which is to be worn throughout their admission on their ankle or wrist.

If a child has a known allergy or other risk, the WHITE patient identification band is replaced by a RED patient identification band. The band should NOT contain details of the meaning of the alert. This should be recorded in the patient's healthcare record, medication charts and patient ID stickers.

6.1.1 Patient Identifiers

The patient identification band will include the following approved patient identifiers:

- Name (Family name and given names are to be clearly differentiated. First family name using UPPER case followed by given names in Title case)
- Date of birth
- Gender
- Medical Record Number [MRN]

The patient identification band is to be changed regularly for long term children.

6.1.2 Identification Bands Placement

Placement of the identification band is to be safe and comfortable for the patient and visible, accessible and easily readable to health workers providing care. Care is to be taken to ensure the peripheral circulation is not restricted by the identification band or the band is not causing a pressure injury especially in children. Monitor the size of the band for patients who may outgrow their band.

Avoid placing the identification band on a limb with for example an arteriovenous fistula or graft, a limb to be operated on, or a limb with bandages or compression stockings.

Place bands on the lower limbs of infant to prevent facial scratching.

Consider how to attach a patient identification band when limbs are not available for example,

- Apply a transparent adhesive dressing/ film over the band and onto the patient's skin in a readily accessible, visible body area. Check for allergies/ adverse reactions to the dressing/ film and check the skin integrity for pressure injuries.
- Attach the band to the patient's clothing or items attached to the patient such as arm boards in a way that is safe for the patient, and visible and accessible to health workers. Re-attach the band when clothing/ item is changed or removed.

Check the band does not catch on clothing, equipment or devices e.g. feeding lines.

6.2 Photographs for identification

Each child at Allowah will have a photograph taken for identification, to check identity throughout the care process. Patient photos are also used as a form of identification and the alternative for children who are not able to wear a patient identification band.

Photographs for identification are available:

- In Leecare with name, bed number, date of birth and gender
- Bed identification photo with name, date of birth and gender
- Emergency identification photo with name, date of birth and gender

Photos are to be verified from the patient's Leecare profile with the name, date of birth and gender by admitting nurse with the parent / carer at each admission to ensure no changes.

Photos are to be updated at least every 24 months, or more often if changes occur.

7 IDENTIFICATION AT TRANSFER OF CARE

Correct identification is particularly important at transitions of care, where there is an increased risk of information being miscommunicated or lost. Transitions of care occur often in health care and include situations in which a patient's care is transferred between members of the clinical workforce, to another health service organisation or to their primary care clinician. At these times, information about a person's identity is critical to ensuring safe patient care.

7.1 Admission

The patient's identity must be confirmed during the admission process. Ensure the patient identifiers (Section 6.1.1 Patient Identifiers) are correct by confirming these with the parent / carer.

Ask the parent / carer to check patient identifiers on patient identification band prior to placing identification band on the patient.

7.2 Discharge

Correct identification of the patient is to be followed on discharge using the following procedures:

- Verify patient identity with parent/carers by checking 3 approved patient identifiers on identification band.
- Parents/carers to sign "discharged into care of" on discharge summary, after verifying identification.

7.3 Handover

Handover of the patient is achieved using the structured clinical handover tool ISBAR (Identification, Situation, Background, Assessment and Recommendation) and in accordance with the Clinical Handover Policy and Procedures.

Identification begins with confirming patient identity against 3 approved patient identifiers, checking the identification band is correct and in place.

8 PROCESSES TO MATCH PATIENTS AND THEIR CARE

The patient's identity must be confirmed when matching a patient's identity to care, medicine, therapy or services. Regardless of the procedure being carried out, the patient's identity should be confirmed by checking 3 approved patient identifiers.

8.1 Identification processes for administering medication

The Medication Management and Handling Policy and Procedure must be followed when administering medication.

All staff administering medications should follow the "5 rights".

- The right patient.
- The right drug.
- The right dose.
- The right route.
- The right time.

Each medication chart should contain;

- Full name
- Medical record number
- Name of attending Medical Officer
- Date of birth
- Gender
- Recent Weight
- Height (where indicated)

9 PATIENT CARE MISMATCHING EVENTS

Patient care mismatching events are entered as an incident and then reported to the Executive Leadership Team [ELT]. Recommended actions are minuted and communicated to the workforce.

Patient care mismatching events are listed on the organisation's risk register.

10 MONITORING PATIENT IDENTIFICATION PROCESSES

The patient identification processes are audited three times a year as part of the Quality Improvement Program. Results of audits are reported to and signed off by the DON and reported to the ELT. Recommendations from the ELT are communicated to staff.

11 REFERENCES

Australian Commission for Safety and Quality in Health Care. Communication For Safety Standard <https://www.safetyandquality.gov.au/standards/nsqhs-standards/communicating-safety-standard/correct-identification-and-procedure-matching/action-605> (Accessed February 2024)

NSW Department of Health PD2021_033 Patient Identification Bands

Australian Commission for Safety and Quality in Health Care: Specifications for a standard patient identification band <https://www.safetyandquality.gov.au/our-work/communicating-safety/patient-identification/specification-standard-patient-identification-band> (Accessed February 2024)

12 KEY PERFORMANCE INDICATORS

Correct identification of patient and correct matching of patients with their intended treatments using three approved identifiers when providing care, therapy or services.