Pennine Care
NHS Foundation Trust

DOCUMENT CONTROL	
Title:	**Patient Identification Policy**
Version:	**6**
Reference Number:	**CL001**

Scope:

This policy applies to all staff who work in an inpatient setting and staff accessing inpatient wards.

Purpose:

The purpose of this document is to describe the management of risks associated with patient identification. Robust systems for identification of patients are an essential component of the delivery of safe high quality healthcare. Systems should be risk assessed and enable all elements of care to be accurately and reliably matched to the correct patient.

Requirement for Policy

None

Keywords:

ID, misidentification, NHS number, wristband, medicine administration, wrist band, patient identification.

Supersedes:

Version 5

Description of Amendment(s):

- Updated to the new template and reviewed to bring the policy into date
- Titles of Managing Directors
- New Governance Process referred to
- Minor changes to new names of teams / departments

Owner:

Patient Safety Lead

Individual(s) & group(s) involved in the Development:

This document has been developed in collaboration with the following interested parties:

- Zoe Molyneux

Individual(s) & group(s) involved in the Consultation:

The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:

- None – minor changes

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Responsibility of:	Patient Safety Lead

Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL015	Medicines Policy
CL002	Consent to Examination or Treatment
Policy Associated Documents:	
TAD_CL001_01	Patient Identification Template
Other external documentation/resources to which this policy relates:	
	NMC – Standards for Medicines Management
CQC Regulations **This policy supports the following CQC regulations:**	
9, 11, 12	Person Centred Care, Consent, Safe Care & Treatment

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1. INTRODUCTION

Guidance from the National Patient Safety Agency (NPSA), advocates the use of wristbands in acute and non-acute in-patient settings but acknowledges that they may not be appropriate in all patient settings, e.g. in mental health settings or community services. The NPSA recommends that Trusts have measures in place to formally assess and manage risks associated with identifying patients.

This policy includes a detailed procedure for obtaining verbal confirmation of a patient's identity where the patient is able to provide verbal confirmation. However there will be some patients who lack capacity to provide verbal confirmation of their identity, and alternative procedures should be implemented for these patients.

Pennine Care NHS Foundation Trust provides services to a wide and diverse population. Some patients who access services do not speak English as a first language, and this may present a barrier to providing verbal confirmation. For these patients an alternative procedure may need to be implemented such as the use of interpreters, or family if necessary.

2. PURPOSE

This policy aims to reduce the risk associated with the misidentification of patients. Misidentification can have a range of consequences some of which are potentially serious. These include:

- Patient given wrong treatment as result of failure to match them correctly with notes, diagnostic tests, prescription etc.
- Patient is given wrong treatment as result of failure in communication between staff or staff not following checking procedures correctly
- Patient is given treatment intended for another person as result of failure to identify them correctly.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

The Chief Executive has overall responsibility for quality of care, and for patient safety.

The Managing Director is responsible for ensuring that all areas implement an approved procedure for patient identification for patients who are unable to provide verbal confirmation of their identity.

Trust Governance Arrangements are responsible for monitoring legal processes.

All staff are responsible for ensuring that this policy and any agreed local procedure is followed in order to correctly identify individual patients.

4. DEFINITIONS

Patient: For the purposes of this policy, the term patient has been used generically to include all service users accessing Trust services, in hospitals and the community.

5. POLICY AND PROCEDURES FOR IDENTIFICATION OF PATIENTS

No treatment, procedures or medication should be administered unless the person giving or providing the care has established the identity of the patient. The exception being during the delivery of first aid, or emergency life-saving procedures

How to Check Identity

The minimum standard for checking identification of patients across all services is full name and date of birth. This is in accordance with the Nursing and Midwifery Council (NMC) Standards for Medicines Management (October 2007). These unique identifiers must be included in all documentation. The following procedure should always be followed before any intervention or treatment is given.

If the patient is able to confirm their identity:

- Ask patient their name – this should be in the form of “Please tell me your name” rather than “Are you Mary Smith?” The patient’s first and last names **MUST** be requested, rather than just the first name. Staff will need to confirm that it is the patient’s registered name rather than a preferred name.
- Ask the patient for their date of birth and check it against the relevant documentation.

If patients are unable to confirm their name and date of birth then alternative systems must be identified on admission to the service and for further treatment thereafter. The agreed system should be documented on Appendix 1 and must be clearly documented in the patient’s notes and subject to regular review.

For inpatient and residential services, photographs or wristbands are suitable alternatives e.g. wristbands are used in older adult services if the majority of patients cannot confirm their details. Wristbands must be removed prior to any periods of leave.

For non-residential services a carer may be able to confirm the patient’s name and date of birth. If this is not possible photographs should be considered.

For patients who do not speak English as a first language, and who may find it difficult to provide verbal confirmation of their identity, a more detailed checking procedure should be developed and agreed with the patient. It should be explained to the patient why this is necessary. For example: in the event that they attend an outpatient clinic to receive an injection, which may be staffed in the future by a healthcare worker they have not met before. The patient and the Care Co-ordinator should agree a procedure for confirming the patient’s identity.

Healthcare workers who treat patients in their own homes or residential care must ensure that correct identification procedures are followed. On the first visit, identification details must be verified with the patient or if this is not possible, their carers/partners. This includes checking details against any other health care record left in the patient's home. In residential care homes the identity of the patient can be verified by checking with their photograph retained by the home.

The health care worker is responsible for ensuring that any treatment or medication is administered to the correct person.

Wristbands

The NPSA guidance issued in July 2007 details standards for wristbands including colour, layout and allergy status. The information on the wristband may include:

- Last name (UPPER CASE)
- First name
- Date of Birth
- NHS Number

Photographs

Access to recent photographs (less than 3 months old) can be used to confirm identity. They should be taken with the patient's, or if necessary carer's, consent. Photographs must be stored in a location with restricted access e.g. clinic room and available as a check for agency/locum staff/on-call staff. Alternatively they may be incorporated into the Electronic Patient Record.

6. PROCESS FOR ON-GOING CHECKS THROUGHOUT THE PATIENT'S/SERVICE USERS CARE / WHEN TO CHECK PATIENT IDENTIFICATION

On Admission

All service personnel must:

- Ensure correct spelling of all patients' names
- Check the date of birth, NHS number, address, GP details and amend Electronic Patient Record if necessary
- Ensure that there is no existing Electronic Patient Record for the patient before creating a new record
- Identify patients who are unable to confirm their identity, and implement alternative system e.g. wristband, photo as per local procedure
- Identify any other patients in the ward/team with similar names and ensure all relevant records for both people are marked with an appropriate warning.

N.B. Photographs can also be included in the Electronic Patient Record to aid user identification at the point of accessing or updating records.

For Leave and Discharge

The identity of all patients must be checked prior to allowing them to leave the ward for periods of leave or on final discharge. This must be undertaken by a member of staff who is able to confirm their identity (in case the patient deliberately give incorrect information.

At Change of Shift (in-patient services)

Identify any new admissions to the incoming team if they are not known to them from a previous admission.

For ECT and Other Treatments Delivered in Acute Trusts

Wristbands must be applied before patients receive ECT therapy. It is the responsibility of Pennine Care staff to apply the wristbands.

If patients require medical treatment in an acute trust they must be accompanied by a member of staff who can confirm their identity. The acute trust procedure may require use of a wristband and the member of Pennine Care staff will be required to provide any demographic details required e.g. NHS number, date of birth.

7. BEALEY COMMUNITY HOSPITAL, BUTLER GREEN INTERMEDIATE CARE

7.1 Procedure

It is the responsibility of the admitting nurse to ensure the patient is issued with a wristband displaying the correct information. It is the responsibility of the nurse applying the wrist band to ensure the information printed is correct.

Identifying the Patient

The patient should be asked their name and date of birth. This should be checked for compatibility with the patient's case notes; Nursing Admission forms; Transfer of care sheet. If the patient is unable to provide these details, confirmation should be obtained from the patients' relatives/carers; source of admission (e.g. hospital, GP).

Once the information relating to the patients' identity has been established, the details should be printed using the computer on a 'Laserband' patient identity wristband. Should the patient have an identified allergy or other risk, a red 'Laserband' wristband, but clearly documented in the case notes, nursing Kardex and drug record.

What Information Must Be Printed On The Patient Identity Wristband?

Name (LAST, First)

First and last name should be clearly differentiated by using lower case letters for the first name (with upper case first letter) and UPPER CASE for the last name. These should be presented in the following order LAST NAME, First Name. e.g. SMITH, John. Where the

patient is known by another first name, both first names should be displayed e.g. SMITH, John David.

Date of Birth

Date of birth should be written in the format recommended by the Electronic Patient Record as follows:

DD – MM – YYYY e.g. 07 – Jun – 1936

NHS Number

The NHS number consists of 10 digits, the first nine digits constitute the identifier and the tenth is a check digit that ensures its validity. The format of the NHS number must be 3-3-4 because this format aids accuracy and reduces the risk of transposing digits.

Transfer of Patients to Other Areas/Hospitals

It is the responsibility of the nurse in charge to ensure any patient being transferred to another area or hospital is wearing a wristband with the correct patient details.

Investigations/Visits to Other Departments

It is the responsibility of the nurse in charge to ensure any patient being transferred to another area or hospital for investigations or out-patient appointments is wearing a wristband with the correct patient details.

7.2 When undertaking face to face interventions e.g. interviews, medical administration, physical examinations, group therapy, domiciliary visits

- If you are unfamiliar with the patient ask another member of staff to identify them. The member of staff must be in close proximity to the patient. If there is no-one present who knows the patient then additional checks must be undertaken as per 4.
- Ask patient their name – this should be the in the form of “Please tell me your name” rather than “Are you Mary Smith?” Both names should be requested rather than just the first name.
- Ask their date of birth and check it against the relevant documentation
- If the patient is unable to give their name, and a carer is not present, use the alternative system in place in the service e.g. photograph, wristband
- Check a second unique identifier e.g. NHS number, address, GP details

7.3 Procedure for Completing Pathology Samples/Requests

- Enter full name checking correct spelling on each sample/form and the NHS number/date of birth
- Complete items for one patient before starting another

- Do not have more than one unlabelled pathology sample at the same time. Prepare labels in advance to ensure prompt labelling
- If patient specific or barcoded labels are available, use them. Local procedures must reflect the need to ensure these are replenished in a timely manner

7.4 Procedure for Completing Prescriptions

Standards for completing prescriptions are included in the Trust Medicines Policy (CL015). It is the responsibility of the prescriber to ensure that the correct patient details are completed on the prescription.

7.5 Procedure for Administration of Controlled Drugs

Administration must be checked by a second Registered Nurse as per the Trust Medicines Policy and Policy for the Safe Management of Controlled Drugs. The check includes ensuring that the medication is administered to the correct patient.

7.6 Procedure for filing/scanning manual records e.g. path lab results, prescriptions and correspondence

- Check spelling of both names is identical on manual document and Electronic Patient Record
- Check the date of birth

If there are any discrepancies check a second unique identifier e.g. NHS number, address. If still uncertain seek clarification with the source of the document.

7.7 Procedure to be followed in the cases where patient misidentification occurs

- It is of paramount importance that the patient receives appropriate medical care following an incident which has led to them receiving the wrong treatment. Advice and assistance should be sought immediately from medical and pharmacy staff, and their instructions followed
- All actions taken must be clearly documented in the patients record
- The incident must be reported and managed via the Trust's Safeguard Incident Management System and in accordance with the Incident Reporting, Management & Investigation Policy (CO010)
- Action plans resulting from such incidents should include a review of the local procedure for identification of patients, to ensure that this policy is embedded into the service
- Members of the patient's own care team, including the patient's consultant, must be informed as soon as possible.

8. EQUALITY IMPACT ANALYSIS

The policy and local procedures must reflect the diverse needs of patients and ensure that none are placed at a disadvantage over others.

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy

9. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

10. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

11. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

12. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

13. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

14. REFERENCES

NMC – Standards for medicines Management

NPSA – National Patient Safety Agency

Freedom of Information Act 2000

Equality Act 2010

Mental Health Act