



CLINICAL GUIDELINE FOR PATIENT IDENTIFICATION

CLINICAL GUIDELINE REFERENCE NUMBER:	CG44
VERSION NUMBER:	V1
REPLACES SEPT DOCUMENT	CG44, Clinical Guideline for Patient Identification
REPLACES NEP DOCUMENT	Protocol for taking and storage of Service Users Digital Photographs
KEY CHANGES FROM PREVIOUS VERSION	Requirement for wristbands to be printed from patient information systems as per NPSA safety brief is strengthened. Greater emphasis on the use of photographs for identification purposes which will now remain on file for the normal retention period. Merged consent form.
AUTHOR:	Associate Director, Practice Development
CONSULTATION GROUPS:	Trust wide to clinical staff including inpatient mental health & community health services; community services; Chief pharmacist; Head of Records Management; Associate Director of System Development; information governance & legal teams
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CLINICAL GUIDELINE SUMMARY	
Essex Partnership University NHS Foundation Trust recognises its duty of care to all service users to provide a safe environment for care. This clinical guideline provides direction on the principles of correct patient identification and aims to ensure that all patients are correctly matched with their intended treatment while they are receiving care from EPUT. For the purpose of this clinical guideline, the terms patient, service user and client will be used interchangeably.	
The Trust monitors the implementation of and compliance with this clinical guideline in the following ways;	
Team leaders /managers will routinely monitor implementation and compliance with this guideline. All incidents or near misses, related to correct patient identification will be reported and monitored via the Trust Risk Management reporting systems	

Services	Applicable	Comments
Trustwide	✓	

The Director responsible for monitoring and reviewing this Clinical Guideline is the Director of Nursing

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1.0 INTRODUCTION

- 1.1 The NHS Constitution outlines a commitment to providing patients with safe and effective quality care. There is evidence to show that a key component of improving patient safety is to reduce errors in patient identification.
- 1.2 Guidance from the Department of Health (DH, 2011) in the ‘Never Events’ list (2011/12) highlighted the risk of death or severe harm as a result of administration of the wrong treatment following the misidentification of a patient and whilst misidentification was removed as a separate category from the list of never events in 2015 (NHS England, 2015), the risks remain and all NHS organisations are expected to instigate measures to ensure the correct identification of patients
- 1.3 In 2008 the National Patient Safety Agency (NPSA) (Safer Practice Notice) strongly recommended the use of wristbands for identification purposes for inpatients in acute general and community hospitals and where these are in use they should be generated and printed from the hospital demographic system and include the four core patient identifiers – last name, first name, date of birth and NHS number (DH, 2011)
- 1.4 The NPSA acknowledged that wristbands may not be required for use in mental health inpatient services but that where these are in use they should conform with NPSA guidance. They also recommended that other methods of patient identification should be applied where wristbands are not appropriate for the service user.
- 1.5 NPSA guidance asked Trust’s to standardise the use of wristbands for patient identification and to develop risk assessed and monitored alternatives for patients for whom the wearing of wristbands is not possible or practical.

2.0 PURPOSE OF THE CLINICAL GUIDELINE

- 2.1 This clinical guideline sets out a clear framework for good practice to ensure that patients are correctly identified and receive care and treatment as intended.

3.0 SCOPE

- 3.1 This clinical guideline is applicable for all staff across Essex Partnership NHS Foundation Trust (EPUT) involved in clinical care and working in a clinical environment.

4.0 RESPONSIBILITY

4.1 **Trust Board of Directors** is responsible for ensuring:

- That the principles of this Clinical Guideline and other associated policies are implemented across the organisation;
- Considering use of financial resources to support implementation of this clinical guideline.

4.2 **The Executive Nurse** has lead responsibility to ensure:

- That guidelines are embedded into clinical practice and updated regularly;
- That clinical risk issues are addressed with relevant managers;
- The implementation of relevant national guidance.

4.3 **Directors and Senior Managers** are responsible for:

- Monitoring implementation of this guidance;
- Providing evidence that EPUT guidelines have been followed;
- Ensuring that any actions arising as a result of clinical audit and patient feedback are implemented across the Trust.

4.4 **Matrons and other Persons in Charge** are responsible for:

- Advising and instructing staff on the requirements set out in this clinical guideline via local induction arrangements and ongoing communication mechanisms, such as staff meetings and supervision;
- Ensuring this clinical guideline is implemented and necessary local procedures are developed;
- Ensuring that the NPSA Safer Practice Notice entitled “Wristbands for hospital inpatients improves safety” is displayed within inpatient units where wristbands are in use.

4.5 **Individuals will ensure:**

- All patients are cared for in a safe environment;
- The principles of correct patient identification are applied appropriately, either through the use of wristbands or photographs or adopting a locally-agreed alternative method that has been risk-assessed and suits the needs of the service user;
- Any difficulties are reported to their line manager;
- That they adhere to all EPUT policies and guidelines;
- They are familiar with these guidelines and associated documents and know where to locate them i.e. the intranet.

5.0 PROVISION OF INFORMATION

5.1 The NPSA Safer Practice Notice entitled “Wristbands for hospital inpatients improves safety” is displayed within inpatient units where wristbands are used.

6.0 CORRECT PATIENT IDENTIFICATION IN DIFFERENT CARE SETTINGS
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6.1 Mental Health and Learning Disability settings

The use of identity wristbands is not appropriate in most mental health and learning disability services. The rationale for this includes:

- Patient turn over in most services is low and individualised approaches are used;
- Many in-patient services provide long term or rehabilitation services for patients where wristbands would not enhance the identification of patients and may be seen as stigmatising;
- In some services wristbands could pose a risk through misuse by patients;
- The wearing of wristbands in mental health community settings is inappropriate as patients receive individualised care and are often in contact with services for long periods of time.

6.1.1 NPSA Guidance states that Mental Health Services are not required to use patient wristbands unless they choose to use them. However should any service use wrist bands, the production and use of wrist bands should comply with standards outlined.

6.1.2 For service users in mental health inpatient units where it is recognised that wristbands are not the most appropriate method for identification, photographs will be used to aid identification wherever possible. If neither are appropriate for an individual, an alternative method that has been locally agreed and risk-assessed should be employed.

6.2 Community Inpatient units

- The patient will wear an electronically generated wristband printed by registered staff or administration staff on admission

6.2.1 Outpatient/Clinic/Health Centre

In order to assist in correctly identifying the patient;

- The receptionist/ nurse should check the details of the patient on arrival for correct name, date of birth & home address;
- When calling the patient from the waiting area the healthcare professional must check the identification of patient by the above questions;
- Prior to consultation the healthcare professional must check the identification of the patient using the above questions and medical notes.

6.3 Patient Homes

On the first visit the health professional will confirm the name of the individual and confirm the purpose of the visit.

6.4 Prison Healthcare

The prisoners are identified by their ID card which contains name, date of birth, prison number and photograph.

In the absence of an ID card the identity of the prisoner will be confirmed by a member of prison staff and the healthcare professional.

6.5 Mother and Baby Unit

- Babies will wear an identity band around the ankle which will be applied on admission*;
- If there is a need for drug administration, a photograph will be attached to the drug administration record with consent from the mother

6.6 In all settings, where wristbands or ID photographs are not the most appropriate method of confirming patient identification, an alternative, risk-assessed method must be adopted in line with this clinical guideline.

7.0 IMPLEMENTATION

7.1 Staff members must ensure they identify patients in their care. Particular attention should be given in the following circumstances:

- Prior to an initial assessment or visit irrespective of setting;
- Prior to the administration of medication, irrespective of setting in accordance with the relevant Safe & Secure Handling of Medicines Policy & Procedures (CLP13);
- Prior to the collection of any specimens;
- Prior to visiting/providing intervention or treatment to a service user you do not know;
- Where there are concerns as to the identity of a service user.

7.2 As outlined in section 6 of this clinical guideline, the process for identifying patients will vary depending on the setting in which services are being provided. Staff must ensure that the local method is applied properly.

7.3 As soon as a patient is admitted to a service, steps should be taken by the member of staff receiving the patient to check and confirm their identity and ensure other staff members are aware of the patient's identity. If necessary, utilise tools appropriate to the communication needs of the service user.

7.4 On admission, a patient should be asked to confirm their name, address and date of birth. These details should be checked with medical records. If the service user is unable to tell you their details, verify them with family, carers or clinical staff that know the patient i.e. name, date of birth and address and photographic evidence e.g. driving license, passport etc. if available.

7.5 If for any reason it is not possible to establish a patient's identity or complete identity, the on-call manager should be informed immediately and advice sought from the Information Governance department. To enable any urgent care and treatment to proceed, a temporary default identity should be used until the patient's full identity is established. This temporary identity should be issued after discussion with the Information Governance Department.

7.6 Throughout a patient's care all staff members should remain aware of patient identity. Particular attention should be taken during the administration of treatments and medication. Steps should be taken to ensure new or temporary staff members are introduced to patients and made aware of patient identities.

- 7.7 Where a patient is misidentified for whatever reason, the patient's identity must be corrected immediately and an entry made in the Clinical Record detailing the misidentification. The manager of the area should be informed and a DATIX incident form completed.
- 7.8 If the service user is wearing a wristband, check that the information they give you is consistent with the wristband.
- 7.9 In emergency or life threatening situations, clinical care may take the priority over the establishment of a patient's identity. If this occurs the patient's identity should be established at the earliest possible opportunity.

8.0 CORRECT USE OF WRISTBANDS FOR IDENTIFICATION

- 8.1 The following categories of patients will have the Trust approved identification bands:
- All inpatients according to the guidance described in Section 6 of this clinical guideline will have a wristband fitted immediately on admission to hospital by the admitting practitioner;
 - All those attending day surgery under general anaesthesia (e.g. dental and podiatry)
 - All those receiving electro-convulsive therapy (ECT);
 - Babies admitted to the Mother and Baby Unit;
 - All deceased inpatients
- 8.2 The registered nurse in charge of the clinical area must take responsibility for the production and the attachment of the wristband to the patient. The wristband should be attached in the presence of another staff member and the patient's identity should be verified by both staff in the process of attaching the wristband.
- 8.3 The patient will be fully informed as to the importance of wearing a correct wristband. The patient will be asked:
- To verify that the information (name and date of birth) on the wristband is accurate.
 - Not to remove the band
 - To report to a member of staff immediately if the band slips off or is lost
 - To report to a member of staff immediately if the band information becomes soiled or illegible
- 8.4 The information to be included on a wristband is:
- Last name, first name
 - Date of Birth
 - NHS Number or service number if the NHS number is not available.
 - If a patient is confused or tends to wander, the name of the ward may also be added to the wristband.
- 8.5 If there is confusion between the last name and first name, the last name should be underlined.

- 8.6 The wristband should ideally be placed on the patient's dominant hand; however, if the patient requires treatment such as cannula insertion on this hand the non-dominant hand may be used. This is because placing a wristband on the dominant hand makes it less likely to be removed. Ankles may be used to locate ID bands if the wrists cannot be used. In babies and young children the ankle may be used.
- 8.7 Removing a wristband during treatment is to be avoided wherever possible but if the situation arises the attending healthcare professional is expected to replace the wristband immediately with a new one.
- 8.8 If a ward transfer takes place the wristband must be checked immediately by the healthcare worker receiving the patient and if the ward name has been recorded, the wristband should be replaced.
- 8.9 If a patient is transferred from another hospital they will have their previous wristband removed and replaced with an EPUT wristband.
- 8.10 The wristband should be removed on discharge and not before.

9.0 SPECIAL CONSIDERATIONS FOR USE OF WRISTBANDS

9.1 Gender Reassignment

If a patient has undergone gender reassignment then they will have their preferred name printed onto the wristband.

9.2 Vulnerable Adults

If a patient is vulnerable, for example, an elderly patient, a confused patient or a patient with learning difficulties, the healthcare worker responsible for applying the wristband should discuss its importance with the patient's relatives or carers.

9.3 Uncomprehending patients

An accompanying capable adult can answer on behalf of patients who are incapable of confirming their own identity (too young, unconscious, incoherent, language difficulties).

- An interpreter must be used if there are language difficulties.

9.4 Deceased patients

- All deceased patients **MUST** be properly identified with 2 identification bracelets, one on the wrist and one on the ankle
- In the event of the patient's name not being known, the identity bracelet must state UNKNOWN MALE/ FEMALE, but the service number must be present

9.5 Similar named patients in the same clinical area

- Must be communicated in the daily nursing handover
- Similar names should be highlighted on the patient ward name board by a coloured star, where this exists
- The staff member prior to any treatment should confirm first name and surname of the patient.

9.6 Exclusions to wrist band use

- Patients in certain community and mental health settings as outlined in Section 6 of this clinical guideline
- Refusal, despite explanation
- Clinical condition
- Treatment
- Insufficient information
- Need for rapid treatment

9.7 When wristbands cannot be used or are refused:

If a patient cannot wear a wristband or refuses to do so they should be informed of the risks and this should be documented in their nursing and medical notes. Some dermatological conditions will prevent patients wearing wristband however, every effort should be made to apply one as soon as possible. The patient should be checked for identification verbally where possible prior to any treatment and risk-assessed locally agreed procedures should be followed instead.

10.0 CORRECT USE AND STORAGE OF PHOTOGRAPHS FOR IDENTIFICATION

- 10.1 In areas where patients do not wear wristbands, photographs will be used to aid the correct identification of patients where possible. Areas that do use wristbands may also use photographs. Photographs should only be used for the purpose of identifying the patient and the use of photographs as a method of identification should enhance other methods used to establish patient identity and should not be the only check of patient identity.
- 10.2 On admission to a service, patients should be given adequate information about the purpose of the photographic recording when seeking their permission and the aim of promoting safety through correct identification should be stressed. Staff should make a note in a patient's clinical record that an explanation of the use of photographs has been made and that the patient agreed to the photograph
- 10.3 Any patient detained under the Mental Health Act, 2007 must have a recent photograph available in their notes prior to leave of absence being authorised (DH, 2015).
- 10.4 Consent to take a photograph should be obtained from the patient using the consent form (appendix 1). If they are unable to consent a decision must be made by staff, in the patient's best interest (See 10.13.2). Next of kin/ carers should be involved in any discussion where possible.
- 10.5 There is a need to provide information to service users how the image will be stored and shared at the time of the consent being sought. This explanation must include who the photograph would be shared with and under what circumstances e.g. all members of the multi-disciplinary team, the Police etc. and that the photograph will remain in the clinical records for the usual retention period (20 years for adults, 8 years following death and for children up to their 26th birthday).

- 10.6 The service user has the right to withdraw consent for further photographs to be taken however it must be stressed that if the image has been used in the public domain i.e. a missing patient alert there is no effective opportunity to withdraw consent.
- 10.7 The photograph should be taken against a plain background and of a patients head and shoulders. It must be a good likeness, and updated as necessary. If a patient significantly changes their appearance then a new photograph must be taken which will replace the old image so that only one photograph per patient shall be used.
- 10.8 The image should be downloaded from the camera to a secure server or the electronic patient record (not a local PC or laptop) as soon as possible and the image deleted from the camera. No digital images may be stored on any other systems.
- 10.9 The photograph should be printed either as small photographs to be attached securely to the medicines administration records or printed on the patient detail template for insertion into the medicines administration record folder. This is essential in any area where patients may not be known to staff e.g. high patient turnover or use of temporary staff.
- 10.10 The patients name and date of birth should be written on the back of the photograph and the photographs must be stored in line with other patient related information and care taken to securely attach it to the medicine card or other document. Alternatively the image may be printed onto a template which records the name, date of birth and NHS number and be held in a folder with the medicine administration record or vital signs chart.
- 10.11 If a patient is in the care of the Trust over a lengthy period of time, steps should be taken for the patients clinical team to review the patients photograph every six months to ensure it is an accurate likeness.
- 10.12 Photographs of a patient should not be shared with anyone other than staff from the Trust. However, in exceptional circumstances e.g. missing person, a patient's photograph could be shared with the Police if this is agreed by the senior manager on call as in the patient's best interest. Should this happen it should be documented in the patient's notes.
- 10.13 Should a patient refuse to have a photograph taken this refusal should be considered in relation to the patient's capacity to make such a decision
- 10.13.1 **Patients with capacity:**
- If a service user is able to understand the potential outcomes of the decision they are making, they cannot be forced to participate in this chosen additional method of identification
 - They should have the risks of receiving medication, having samples and specimens taken, or receiving an invasive procedure, without a suitable form of identification explained to them. The discussion and its outcome must be recorded in the clinical notes
 - The clinical team must identify a plan to address a service user refusal; this could include, for example, liaison with the service user's carer and

approaching the service user when appropriate to repeat the request. Each contingency plan should include regular reviews (every 2 days) of the patient wish not to have their photograph taken.

10.13.2 Patients without capacity:

- Where it is deemed that the service user's refusal to engage in a suitable form of identification is as a consequence of their mental health and level of capacity, this should be recorded in the clinical records
- The clinical professional must make the decision whether it is in the best interests of the service user to continue to use the additional method of identification. A patient's representative or carer may be able to help in making this decision. This decision must be made based on the following:-
 - Assessment under the Mental Capacity Act and completion of MCA2
 - The level of risk the individual would be exposed to without full adherence to the chosen identification system
 - The level of safety that could be provided by the use of other methods of identification
 - The level of distress that adherence to the identification system would cause to patient
- If the staff member believes that it is in the best interests of the patient then the most appropriate method of identification should be used; this must be undertaken with as little distress to the service user as possible.
- All decisions should be discussed within the patient's clinical team and documented. A patient representative or carers should also be consulted where possible

10.13.3 Alternative arrangements if a service user continues to refuse could include:-

- The patient and or their next of kin/main carer being approached to provide a recent suitable photograph that can be used for identification.
- Two nurses (one of whom must be a registered nurse) must confirm the identification of the individual prior to administration of medication or any intervention or procedure

11.0 CHECKING PROCEDURES

11.1 Bedside Checks

Bedside checks offer a final opportunity to ensure the correct patient is going to receive the right treatment. This could be drug administration or correct labelling of samples. The NPSA (2005) has identified that many patients do not have wristbands and are not even asked their name before receiving treatment or care. The risk of error of mismatching could be minimised by robust double bedside checks. Whenever feasible, the patient should be asked to verbally confirm their name and date of birth and the first line of their address. This response should then be matched with their wristband, their notes, and their consent form (where appropriate) and their drug prescription (where necessary). If the patient is unable to confirm their name double-checking procedures is vital (e.g. when a patient is unconscious or cannot communicate) and involve two practitioners.

11.2 Misidentification

If a patient is misidentified:

- The staff must ensure that the patient has come to no harm and has had the correct treatment/ care
- If the patient has come to harm, the lead clinician for the patient must be informed, who will then inform the patient/next of kin
- Correction of the incorrect information must be done immediately, so that it does not happen again
- This will then be documented in the patient's health care records
- Staff must follow the Incident Reporting Policy

12.0 TRAINING IMPLICATIONS

12.1 All new staff to inpatient wards will receive a briefing as part of the local induction.

13.0 MONITORING ARRANGEMENTS

13.1 The team leader/manager will routinely monitor implementation and compliance with this guideline.

13.2 All incidents or near misses, related to correct patient identification should be reported via the Trust Risk Management reporting systems i.e. Datix. Monitoring of this clinical guideline will include data collected from any clinical incident reporting.

14.0 LINKS TO OTHER CLINICAL GUIDELINES/POLICY/PROCEDURE

14.1 Risk Management Strategy, Safer Handling of Medicines and Incident reporting Policy.

14.2 Standard Operating Procedure, Rainbow Mother & Baby Unit & Secure Services

15.0 REFERENCES

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