Management of risks associated with the identification of service users

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Type of document	Policy
Target audience	All CWP staff who have face to face contact with service users.
Document purpose	This policy outlines the process for managing the risks associated with identification of all service users.

Approving meeting	Clinical Practice and Standards Sub-Committee	Date 26-Nov-12
Implementation date	26-Nov-12	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
CP1	Admissions, transfer and discharge policy
CP3	Health records policy
CP16	Electro-Convulsive Therapy (ECT) policy
GR1	Incident reporting, management and review policy
IM7	Code of confidentiality policy
MP1	Medicines policy
MH1	Mental Health Law policy suite

Document change history	
What is different?	New template Linksupdated
Appendices / electronic forms	Appendices 1 and 2 moved to quick reference flowcharts
What is the impact of change?	Low

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	Clinical Directors, Medical Director, Modern Matrons, service line managers, ward managers
Corporate services	Who within this service have you spoken to
External agencies	Lived Experienced Advisors

Financial resource implications	None

External references	

1. DOH (2001). Building a Safer NHS for Patients; Implementing an Organisation with a Memory. D. o. Health, Crown Copyright.
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6. OPSI (1998). The Data Protection Act. O. o. P. S. Information, OPSI.gov.uk.
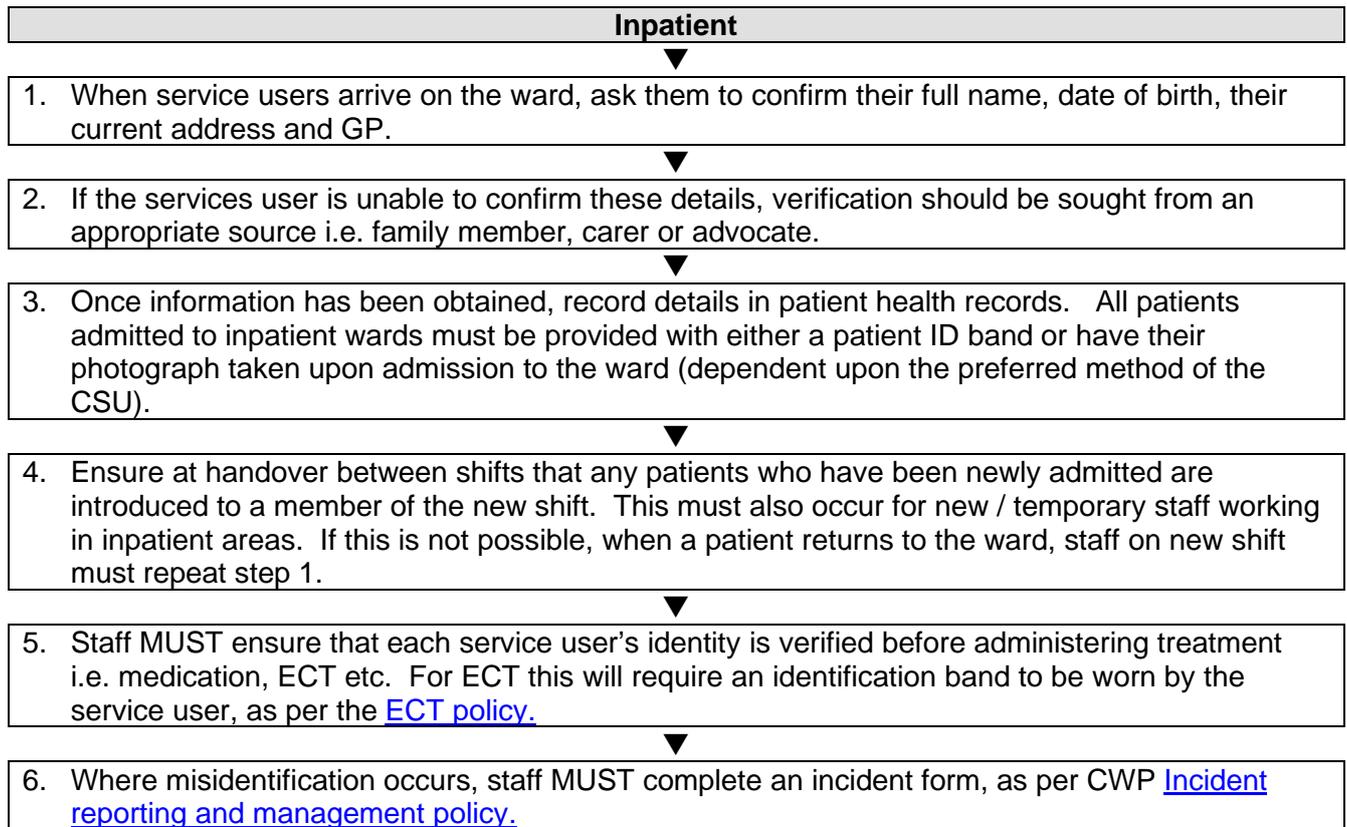
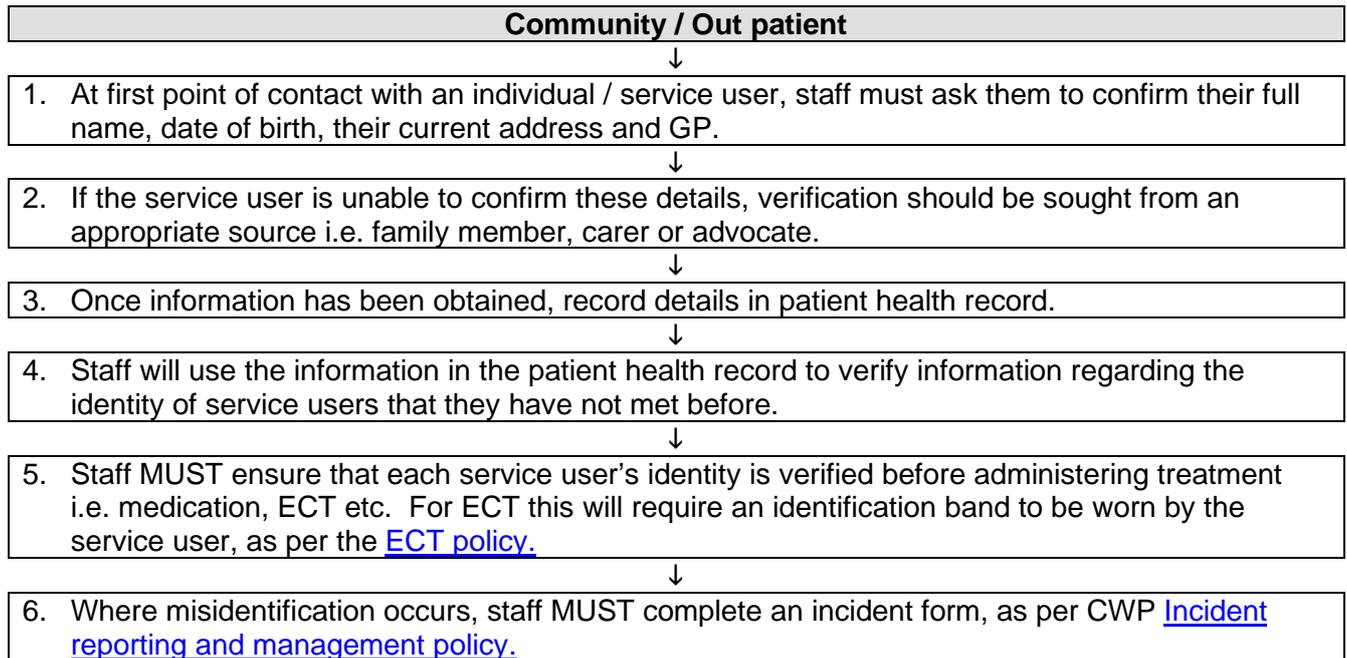| Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

Contents

Quick reference flowchart 1 – CWP Patient Identification Process (Inpatient Admission)
For quick reference the guide below is a summary of actions required.

Inpatient

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1. When service users arrive on the ward, ask them to confirm their full name, date of birth, their current address and GP.

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2. If the services user is unable to confirm these details, verification should be sought from an appropriate source i.e. family member, carer or advocate.

▼

3. Once information has been obtained, record details in patient health records.   All patients admitted to inpatient wards must be provided with either a patient ID band or have their photograph taken upon admission to the ward (dependent upon the preferred method of the CSU).

▼

4. Ensure at handover between shifts that any patients who have been newly admitted are introduced to a member of the new shift. This must also occur for new / temporary staff working in inpatient areas. If this is not possible, when a patient returns to the ward, staff on new shift must repeat step 1.

▼

5. Staff MUST ensure that each service user's identity is verified before administering treatment i.e. medication, ECT etc. For ECT this will require an identification band to be worn by the service user, as per the ECT policy.

▼

6. Where misidentification occurs, staff MUST complete an incident form, as per CWP Incident reporting and management policy.

Quick reference flowchart 2 – CWP Patient Identification Process (Community/Outpatient)

Community / Out patient
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1. At first point of contact with an individual / service user, staff must ask them to confirm their full name, date of birth, their current address and GP.

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2. If the service user is unable to confirm these details, verification should be sought from an appropriate source i.e. family member, carer or advocate.

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3. Once information has been obtained, record details in patient health record.

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4. Staff will use the information in the patient health record to verify information regarding the identity of service users that they have not met before.

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5. Staff MUST ensure that each service user's identity is verified before administering treatment i.e. medication, ECT etc. For ECT this will require an identification band to be worn by the service user, as per the ECT policy.

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6. Where misidentification occurs, staff MUST complete an incident form, as per CWP Incident reporting and management policy.

1. Introduction

Never Events are serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. There are currently 25 Never Events, one of which is the 'Misidentification of Patients'. (February 2011). Identification of service users is central to enhancing patient safety within the NHS (NHSLA 2007). Misidentification of service users can lead to the following as per national studies and publications:

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

(OPSI 1998; DOH 2001; DOH 2003; DOH 2004; NAO 2005; NPSA 2005)

2. Aims

This policy outlines the process for managing the risks associated with identification of all service users. Cheshire & Wirral Partnership NHS Foundation Trust (CWP), staff must follow the quick reference flowchart for inpatients or community/outpatients, which details checks on admission and ongoing checks throughout the service user's care inpatient stay.

3. Types of patient identification

All Clinical Service Units (CSU), through local governance structures need to determine whether they will implement patient ID bands or the use of photographs as a means of patient identification.

3.1 Patient ID bands

Patient ID bands are the preferred option available for patient identification in all adult and older peoples' inpatient wards.

The guidance to the NHS in England and Wales with respect to patient ID bands, has been developed in consultation with the NPSA, NHS Purchasing and Supplies Agency, and Welsh Health Supplies, consultation with NHS staff, and suppliers from the wristband industry. See appendix 3 for details.

3.2 Photograph

Personal photographs can also be used to identify the patient where facilities are available on wards and this has been agreed within the CSU. This is the preferred option in CAMHS, Learning Disability services and rehabilitation wards such as Rosewood, Limewalk House and CARS. Some agencies request identification of patients (such as the police and Ministry of Justice) at Alderley unit and Saddlebridge. Therefore the use of photographs to assist with this identification is seen as good practice.

The photograph must be attached to the treatment chart and/or paper case notes of the patient. Patients must be advised of the purpose of the photograph and that we may share images outside of the trust for the protection of either the service user themselves or the public. This discussion must be documented in clinical notes, see appendix 4.

3.3 Personal details

Upon admission patients must always be asked for personal details to identify themselves, such as name, date of birth, address, etc, when the patient has capacity to do so (not suitable for patients with Dementia and Learning Disabilities).

3.4 Use of distinguishing marks

All patients who undergo a physical examination must have their distinguishing marks recorded in appropriate file / electronic patient record form. This must always be recorded on physical examination of patients in inpatient wards and community settings.

4. Duties and responsibilities

4.1 Executive responsibility

The Director of Operations and Medical Director has delegated executive responsibility from Chief Executive for the implementation, review and monitoring of this policy.

4.2 Senior / General Manager

Senior / General Managers must ensure that there is appropriate systems in place at an operational level to ensure that this policy is implemented i.e. awareness through local induction, policy dissemination, incident reporting mechanisms etc.

4.3 Clinical Governance Department

The Clinical Governance Department must provide the Board and service line staff with regular incident reports and clinical audit reports, to monitor the effectiveness of the policy.

4.4 All Trust staff

All CWP staff who have face-to-face contact with service users, or who have outlined duties and responsibilities, must have an awareness of this policy. Staff also must report incidents of service user misidentification and must provide information for clinical audits as required.

4.5 Service users and carers

Service users and carers have a responsibility to inform CWP staff of the information required to ensure their correct identification, particularly if there is a change in circumstances i.e. change of name, address, GP etc.

Appendix 1 – Further information for the wristband

The wristband (also known as patient identity band) design requirements relate to:
- Size;
- Comfort;
- Usability;
- Method for recording patient identifiers;
- Information presentation;
- Coloured wristbands;
- New technology.

Size
Wristbands must fit the range of sizes of patients, from the smallest through to the largest adults.

Comfort
- **Shape** - There should be no sharp corners, profiling or edges that can irritate or rub the skin;
- **Edges** – The edges of wristband material must be soft and smooth to ensure comfort over prolonged use. This includes any edges that are produced when cutting the wristband to size;
- **Fastenings** – Fastenings should not press into the skin;
- **Material** – Wristband material should be flexible, smooth, waterproof, cleanable, breathable and non-allergenic.

Usability
Wristbands should be:
- Easy to clean;
- Waterproof and resistant to other fluids (soap, detergents, gels, sprays, rubs, alcohol cleaning products, blood and other bodily fluids);
- Secure and not fall off;
- Designed to allow patients to wash;
- Quick and easy for all staff to use.

This includes:
- Storage;
- Access from storage;
- Filling in patient identifiers;
- Changing or updating information;
- Reading and checking information;
- Putting on patients (including selecting the correct size or adjusting to correct length);
- Fastening;
- Removal;
- The wristband should not catch on clothing, equipment or devices including IV lines. Special attention should be paid to fastenings and free ends. The NPSA recommends that patients wear one wristband only.

Method for recording patient identifiers
All patient wristbands should have patient identifiers generated from existing patient records, i.e. record. Regardless of the method used to generate the identifiers, the information should be:
- Easy to read;
- Durable and not wear off throughout the patient's stay;
- Easy to read if exposed to water, soap and detergents, gels, sprays, rubs, alcohol cleaning products, blood and other bodily fluids any other fluids or preparations that the wristband may come into contact with.

Suggestions for achieving these requirements include:
- Ensure labels fit the available space on the wristband – if labels are too big they may wrap over the wristband and information will be hidden;
- Inserts should be sealed to ensure they are durable, waterproof, secure and tamperproof;
- Write-on wristbands should be durable so that information cannot wear off;
- Write-on wristbands should not require special pens.

Information presentation (patient identifiers)
- The space available for patient data should be adequate for the patient identifiers to be recorded clearly and unambiguously;
- The same layout, order of information and information style should be used on all wristbands across all clinical service lines to ensure standardisation. This helps make wristbands easier to read and avoid errors;
- Pre-defined spaces for each identifier or a pre-printed format can help encourage standardisation e.g. consider using a title or box for each identifier but without reducing the space available for the patient identifiers;
- If pre-defined spaces are not used, pre-printed lines can be used to help make information easy to read. This is particularly useful for write-on wristbands;
- Date of birth should be recorded in the short format, in the style recommended by the NHS Connecting for Health Common User Interface Design Guide as follows:
  - DD-Mmm-YYYY e.g. 07-Jun-2005:
    - Where DD is the two-digit day;
    - Mmm is the abbreviated month name (e.g. Feb);
    - YYYY is the four-digit year.
      - Day values less than 10 should appear with a zero in the first position e.g. 08 Month names should abbreviate to the first three letters Day, month and year separators should be hyphens.

- Priority should be given to the patient name;
- First and last name should be clearly differentiated by using lower case letters for first name (with upper case first letter) and UPPER CASE for last name, and should be presented in the order: LAST NAME, First name 2 e.g. SMITH, John;
- There should be enough space to include long names, multiple names and hyphenated;
- Black text on a white background should be used to ensure the wristband is clearly legible in reduced lighting conditions (such as wards at night) and by those with visual impairments 3, 4;
- 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 in NHS systems must be 3-3-4, because this format aids accurate reading and reduces the risk of transposing digits when information is taken from a screen.

Coloured wristbands
Coloured wristbands are not recommended for use in mental health units.

Suggested layout for patient identifiers:
Last Name   First name
Date of Birth   NHS number

Notes:
- NPSA consultations with staff and patients identified concerns about the 'fit' of wristbands, that they can be either too tight or too loose. Accommodating the range of patients could be achieved by:
  a) Increasing the maximum length available (current maximum appears to be 250-300mm). However, if excess length has to be cut from the wristband staff should be able to do this safely, preferably without the use of scissors. Cut ends should not be sharp;

b) Making wristbands available in a variety of sizes.

- Patients complain about wristbands being scratchy, itchy, sweaty and hot and this can contribute to wristbands being removed. In particular, wristbands can cause skin damage to people with delicate or vulnerable skin;
- Patients are concerned that wristbands may be a potential source of infection and should be easy to clean;
- All staff, from nurses to administration staff and with a range of training and experience, will issue wristbands and the wristband should be easy to use by all staff;
- Smaller wristbands (width and length) are needed for children and young adults so that they are comfortable and secure;
- Patients will have clinical conditions which will affect how wristbands fit and how comfortable they are, and these may change during their stay. Interventions and treatments will be carried out which may be difficult with the wristband in place. All of these factors will contribute to the likelihood of the wristband being removed and should be considered in the design of wristbands;
- Ensure that wristbands are replaced as soon as possible if removed, pulled off, or damaged;
- Wristbands are worn continuously, including during sleep, and over prolonged time periods. Materials, shapes and edges that feel soft on initial touch may therefore prove uncomfortable over prolonged use. Assessment of wristband designs must be based on how they will feel to the most vulnerable users and over prolonged use;
- Wristbands may be issued by all staff including all levels of nursing staff, HCAs and administration staff. Therefore training will not be available for all staff and the use of wristbands should be intuitive, including where and how to fill in patient identifiers, checking of information, fastening and removal;
- Consider how the wristband would be used in high risk situations such as low-lighting, staff shortages, shortage of supplies, etc;
- Extreme care is required to ensure that the patient's identity is confirmed by wristbands, visual recognition and verbal questioning before proceeding to administer medications.

Appendix 2 - Service user photograph consent form

Name		NHS number	
Ward		DOB	

Consent (cross out / delete as appropriate)
I **give my consent** as I understand the purpose of having my photograph taken and that it may be shared outside the trust for the protection of myself or the public. I **do not** give my consent to having my photograph taken for the purpose of protecting myself or the public.

Name		Date	
Signature			

Nurses name		Date	
Signature			