Patient Identification and Procedure Matching

Clinical leaders and senior managers of a health service organisation establish systems to ensure the correct identification of patients and correct matching of patients with their intended treatment.

Clinicians and other members of the workforce use the patient identification and procedure matching systems.

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The SA Health Accreditation Resource is designed to be used in addition to the Australian Commission on Safety and Quality in Health Care's resources when implementing the National Safety and Quality Health Service Standards. It contains a combination of resources (policies, guidelines and tools) developed by SA Health and assists health services in identifying examples of evidence to demonstrate how to meet individual actions.

These resources are working documents that can be used by health services in their planning for assessment against the National Safety and Quality Health Service Standards. Regular review and update will occur as required.

Further information is available in the Australian Commission on Safety and Quality in Health Care Safety and Quality Improvement Guide.
### Standard 5: Preventing and Controlling Healthcare Associated Infections

#### Criteria for the Patient Identification and Procedure Matching Standard

**Identification of individual patients**

At least three approved patient identifiers are used when providing care, therapy or services.

<table>
<thead>
<tr>
<th>Actions required:</th>
<th>Examples of evidence</th>
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<tbody>
<tr>
<td><strong>5.1</strong> Developing, implementing and regularly reviewing the effectiveness of a patient identification system including the associated policies, protocols or procedures that:</td>
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<td>&gt; define approved patient identifiers</td>
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<td>&gt; require at least three approved patient identifiers on registration or admission</td>
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<tr>
<td>&gt; require at least three approved patient identifiers when care, therapy or other services are provided</td>
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<td>&gt; require at least three approved patient identifiers whenever clinical handover, patient transfer or discharge documentation is generated.</td>
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**C 5.1.1** Use of an organisation-wide patient identification system is regularly monitored.

The use of an organisation wide patient identification system is regularly monitored from a policy framework perspective.

Policy / legislative framework includes:

- South Australian Client Identification Data Standards
- Part 1: Identification Data Elements
- Part 2: Identification and Registration Procedures

These standards are available from your local medical record department.

The following are available on the SA Health Safety and Quality website.

- Patient Identification Policy
- Patient Identification Guideline
- Patient ID Band Standard

Audit tools


**C 5.1.2** Action is taken to improve compliance with the patient identification matching system.

Audits are conducted on compliance with relevant policies, procedures and protocols.

Orientation and ongoing education programs for the workforce include information about the patient identification matching process and the reporting system and attendance records are kept.

Data from the Safety Learning System is analysed regularly and used to develop or review strategies for improvement and action.

Recommendations from investigation into patient mismatching events or near misses are actioned and outcomes documented.

Results of monitoring activity, actions taken and any resulting changes to policy, procedure or protocols are communicated to the workforce.
### Actions required:

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<tr>
<td><strong>5.2</strong> Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any patient care mismatching events.</td>
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</table>
| C **5.2.1** The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored. | The Safety Learning System is used to report incidents and capture data on patient mismatching events and near misses.  
**SA Health Safety Learning System**  
The system is used to generate reports and document the investigation of serious mismatching events. |
| C **5.2.2** Action is taken to reduce mismatching events. | Data from the Safety Learning System is reviewed to identify risks of mismatching events and near misses.  
Strategies are developed to reduce the likelihood of these events occurring and quality improvement activities are prioritised.  
The results of investigations into mismatching events and any resulting changes to policy, procedure or protocols are communicated to the workforce.  
Activities and evidence may include:  
> education and training programs and evidence of the application of the training  
> documents describing the process and outcomes of relevant quality improvement activities  
> workforce feedback and communication strategies that provide information about the patient identification matching process, the reporting system, and relevant audit data and recommendations from any investigations into mismatching events  
> action taken at both a local and organisational level in response to recommendations stemming from the investigation of patient mismatching events or near misses. |
| **5.3** Ensuring that when a patient identification band is used, it meets the national specifications for patient identification bands. | |
| C **5.3.1** Inpatient bands are used that meet the national specifications for patient identification bands. | Only patient identification bands that meet the national specifications are used.  
Patient identification bands are purchased via the SA Health central contract; only bands that meet the standard will be available for purchase.  
**SA Health Patient Identification Band Standard.** |
Processes to transfer care

A patient’s identity is confirmed using three approved patient identifiers when transferring responsibility for care.

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<td><strong>5.4.</strong> Developing, implementing and regularly reviewing the effectiveness of the patient identification and matching system at patient handover, transfer and discharge.</td>
<td>A structured handover, transfer and discharge processes that include the use of three patient identifiers for each patient is used.</td>
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| **5.4.1** A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes. | ISBAR (Identify, Situation, Background and Recommendations)  
ISBAR iPhone / IPad app  
The Clinical Handover Policy  
The Clinical Handover Guideline  
See Standard 6 for further information. |
Processes to match patients and their care

Health service organisations have explicit processes to correctly match patients with their intended care.

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<td><strong>5.5</strong> Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols.</td>
<td>Explicit, documented protocols to outline the process of matching a patient to their intended treatment are available. The availability of material on procedure matching requirements is communicated to the workforce. Surgical Team Safety Checklist – Policy and tool kit which includes DVD Ensuring correct patient, correct site, correct procedure protocol Ensuing correct patient, correct site, correct procedure protocol for other clinical areas</td>
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<tr>
<td><strong>C 5.5.1</strong> A documented process to match patients and their intended treatment is in use.</td>
<td>Process measures that will identify if the patient identification matching system is in use and working effectively are incorporated into your monitoring system for the organisation-wide patient identification system (see Action 5.1.2). Audits of compliance are undertaken.</td>
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<td><strong>C 5.5.2</strong> The process to match patients to any intended procedure, treatment or investigation is regularly monitored.</td>
<td>Introduce or confirm the use of specific, localised strategies for improvement based on the results of audit of local practices. Communicate to the workforce the results of audit into the patient matching process and any resulting changes to policy, procedure or protocols. Training and education programs are provided to the workforce on patient matching procedures, the Safety Learning System and audit requirements and training records are kept. Reports describing the process and outcomes of relevant quality improvement activities. Data is analysed and recommendations made from any investigations into mismatching events.</td>
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Useful links

**Australian Commission on Safety and Quality in Health Care Safety and Quality Improvement Guide**

**Patient Identification Policy, Guideline and Patient ID Standard**

**Safety Learning System** [http://hlt797w003/Datix/Live/index.php](http://hlt797w003/Datix/Live/index.php)

**Incident management policy and guidelines**

**ISBAR IPhone / IPad app**

**Surgical Team Safety Checklist Policy and Toolkit**

**Ensuring correct patient, correct site, correct procedure protocol**

**Ensuring correct patient, correct site, correct procedure protocol for other clinical areas**