

Livewell Southwest

Patient Identification Policy
Incorporating the Procedure for
Photographing In-Patients

Version No 3

Notice to staff using a paper copy of this guidance.

The policies and procedures page of Livewell Southwest's intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Asset Number: 30

Reader Information

Title	Patient Identification Policy V3
Asset number	30
Rights of access	Public
Type of paper	Policy
Category	Clinical
Document purpose / Summary	To ensure correct procedure for patient identification
Author	Head of Corporate Risk & Compliance
Ratification date and group	19 th January 2016. Policy Ratification Group
Publication date	27 th January 2016
Review date and frequency (one, two or three years based on risk assessment)	27 th January 2019 Three years after publication, or earlier if minor changes are required.
Disposal date	The PRG will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule; all copies must be destroyed when replaced by a new version or withdrawn from circulation.
Job title	Head of Corporate Risk & Compliance
Target audience	All employees employed by LSW
Circulation	Electronic: Livewell Southwest (LSW) intranet and website (if applicable) Written: Upon request to the PRG Secretary on ☎ 01752 435104. Please contact the author if you require this document in an alternative format.
Consultation process	This policy was produced in consultation with: Locality Managers Human Resources – JCCN consulted Within the following forums: Health, Safety & Security Committee Information Governance Group
Equality analysis checklist completed	Yes
References/sources of information	NHS Connections for Health Common user interface design guide date display (www.cui.nhs.uk) Standardising wristbands improves patient safety – Safer Practice Notice no 24 (www.npsa.nhs.uk/alerts)
Associated documentation	<ul style="list-style-type: none"> • Absent Without Leave (AWOL) & Missing Inpatients Policy • Audiovisual Recordings Policy • Clinical Record & Note Keeping Policy • Depot Antipsychotic Medication Policy • Incident Reporting & Investigations Policy & Procedure • Interpretation and Translation Policy

	<ul style="list-style-type: none"> • Risk Management Strategy • Security Management Strategy and Policy • Safe and Secure Handling of Medicines Policy
Supersedes document	All previous versions
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Document Review History

Version no.	Type of change	Date	Originator of change	Description of change
0.1	New	12 Jun 2008	Head of commissioning care	New protocol
1	Ratified	12 Sep 2008	PRG	Policy ratified
1:1	Updated	24 Sep 2008	Website Manager & FOI Officer.	Addition of Appendix 2
1:2	Updated	May 2009	Head of commissioning care	Reviewed, no changes made.
1:3	Reviewed	Mar 2011	Risk Manager	Reviewed, no changes made.
2	Reviewed and updated	Oct 2011	Health, Safety and Security Manager	Reviewed and minor addition made regarding Patient Photographs for identification purposes.
3	Reviewed and updated	Nov 2015	Corporate Risk & Security Advisor	Full review and minor additions made regarding organisational changes, patient information system changes, procedure for photographic ID and monitoring.

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Patient Identification Policy

1 Introduction

- 1.1 Between February 2006 and January 2007 the National Patient Safety Agency (NPSA) received 24,382 reports of patients being mismatched with their care. More than 2,900 of these related to Wristbands and their use/misuse.
- 1.2 LSW (herein after referred to as “LSW”) recognised that a fundamental factor in ensuring patient safety and reducing errors is a standardised way of identifying patients. There is increasing evidence to show that standardising elements of patient care contributes positively to patient safety.

2 Purpose & Scope

- 2.1 The purpose of this policy is to ensure that all inpatients within LSW can be correctly identified in order to reduce and, where possible, eliminate the risks and consequences of misidentification. A secondary purpose may be to provide a photograph to the police in certain circumstances where a potentially vulnerable patient is missing or where there is concern for public safety from missing patients.
- 2.2 To provide clear and concise guidance on the procedures for patient identification.
- 2.3 To identify processes for monitoring the effectiveness of patient identification.
- 2.4 This policy will be rolled out in inpatient areas; careful consideration will be needed for roll out into the community.

3 Definitions

- 3.1 **Photograph** – a digital image that is printed and/or stored electronically on SystemOne.
- 3.2 **Wristband** – slip of material worn on the wrist which contains personal information used for identification purposes.
- 3.3 **Patient** – (also refers to service user / client) a person receiving medical or clinical intervention.

4 Duties & Responsibilities

- 4.1 The **Chief Executive** is ultimately responsible for the content of all policies and their implementation.
- 4.2 **Directors** are responsible for identifying, producing and for implementing LSW policies relevant to their area.
- 4.3 The **Locality Managers** will support and enable the operational clinical leads and managers to fulfil their responsibilities and ensure the effective implementation of this policy within their speciality.

4.4 **Matrons / Team Leader Responsibilities**

- 4.4.1 Ensuring this policy is implemented and staff are aware of their responsibility in their area.
- 4.4.2 Investigating any incidents or near misses arising from the misidentification of patients, and take action on findings in accordance with the Incident Reporting & Investigation Policy and Procedure.
- 4.4.3 Ensuring all staff are trained in the use of patient ID Wristbands and patient photo ID at local induction.
- 4.4.4 Monitor individual areas to ensure compliance with this policy.
- 4.4.5 Ensuring the regular checking of ID Wristband, daily or a minimum of weekly.
- 4.4.6 Ensure that staff are aware of the Patient Photo ID process including the use of the equipment involved in this process.
- 4.4.7 To ensure any defective equipment is reported and either repaired or replaced as soon as possible.

4.5 **Individual Responsibilities**

- 4.5.1 Establishing the patient's identity (and checking current ID Wristband if patient has been transferred from another inpatient setting) immediately upon admission / arrival using available information including:
 - a) correct electronic information (i.e. SystemOne)
 - b) Patient health record
 - c) information from the patient and where this is not possible with relatives / carers
- 4.5.2 To follow the Procedure for Photographing Patients as detailed in Section 9.
- 4.5.3 Ensuring accuracy of ID Wristbands.
- 4.5.4 Assessing risks associated with those who cannot / will not wear ID Wristband and recording it on the patient's health record.
- 4.5.5 Replacing identification wristband if it becomes illegible.
- 4.5.6 Reporting incidents and / or near misses.
- 4.5.7 Contributing to audits.
- 4.5.8 Regularly checking Identification wristband, daily or a minimum of weekly for accuracy and legibility, however, checking of the wristband must take place on **all** meds administration, including and importantly blood transfusions.

5 Who May Apply the ID Wristband or Take and Attach Photo ID

- Registered Nurse
- Assistant Practitioners
- Allied Health Professional
- Medical staff
- Health / Social Care Support workers
- Ward / Unit Administrators
- *Student (*under the supervision of Registered Practitioners)

6 Positive Patient Identification Process

- 6.1 Patient identification is essential in all aspects of care. All staff must as a minimum check the patient's name, date of birth and address.
- 6.2 Checking Identity:
- a) Ask the patient their name;
 - b) Ask the patient their date of birth;
 - c) Check the patient's photograph (attached to the medication chart in inpatient areas and/or on SystemOne);
 - d) Check the patient's ID Wristband where used.
- 6.3 Where a patient lacks mental capacity (i.e. unconscious patients) then the person accompanying the patient to hospital whom may be another healthcare professional, next-of-kin, or appointed patient advocate will be asked to verify the identity of the patient. The name and address of the verifier must be documented in the patient's healthcare records and kept with the documents detailing the capacity assessment process and decision.
- 6.4 In cases where the individual is unable to respond (due to language / learning difficulty or illness) then patient's identity must be checked by examining the photograph / ID Wristband against the healthcare records before any procedure or administration of medication is commenced. An appropriate interpreter should be contacted should a language difficulty be encountered.
- 6.5 If the patient is unable to give their name either verbally or by writing it down, then the completed ID Wristband must be checked against the patient's record by **two members of staff**; additional confirmation of the patient's name, date of birth (DOB) and address must be sought from a relative / carer.
- 6.6 Where patients are assessed as lacking capacity a "Best Interest" decision will be made by either a doctor or a senior nurse. This must be in accordance with the Mental Capacity Act and, again, fully documented in the patient's notes/on SystemOne.
- 6.7 LSW's preferred method for patient identification is to use photographs. The procedure for checking identification and taking photographs is described in further detail in Section 9 below.

- 6.8 Clinical judgement / Mental Health Act conditions shall be applied by clinicians in relation to escorting – or not – an inpatient when off the ward; rationale to be written in patient notes as appropriate. Otherwise, if the inpatient does not have an escort (relative/carer, etc.), a permanent member of staff (who knows the patient) must be requested to attend the department or ward where the clinical intervention is to be performed.

7 Risks and Use of Red ID Wristbands

- 7.1 A red-bordered ID Wristband may be used to identify patients with known risks (i.e. an allergy, diabetes, a particular risk such as mobility, etc.); this will be an additional requirement on wards only where appropriate. Only one ID Wristband must be worn and patient identifiers displayed in black text on white background. **The type of risk will need to be established from patient record and shall not be noted on ID Wristband.**

8 Procedure for Identification and Application of ID Wristband

- 8.1 ID Wristbands must be placed on patients as soon as they are admitted and worn throughout their hospital stay.
- 8.2 Black text on white background must be used to ensure ID Wristband is clearly legible. (See Appendix 1 for information and layout).
- 8.2 The ID Wristband should be comfortable but not removable, no sharp areas, easily readable, located on the dominant arm or ankle, and should take into account patients with potential to oedema (swelling), or those with delicate or vulnerable skin.
- 8.3 ID Wristbands should not be removed until discharge procedures are completed.
- 8.4 All Patients ID Wristbands must be checked weekly as a minimum by appropriate staff. If an ID Wristband becomes illegible or is removed, verification of the patient's identity must be made by two staff members if patient is unable to confirm. If the patient is able to confirm their identity then verification may be made by a single member of staff.
- 8.5 Patients who are unable to wear, or refuse to wear ID Wristbands should be made aware of the risks of not wearing a Wristband, and an appropriate risk assessed alternative be considered and duly recorded in the patient's record. This information should be shared with the multi-disciplinary team, the patient and the patient's relative or carer.
- 8.6 If the ID Wristband is removed for any reason the responsibility for prompt replacement lies with the person who removed it or the staff member who first noticed that the ID Wristband was missing.

- 8.7 Staff to use their clinical judgement with regards to patients who are confused and who repeatedly take wristbands off when they lack the mental capacity to understand the risk of not wearing them. A risk assessment and the “Best Interest” decision should take place in such situations. Causes of patients’ reluctance to wear the ID Wristband should also be considered (i.e. discomfort) and problems rectified where possible. In rare situations where there is a great risk (i.e. in ECT where patient repeatedly has to take band off) it might be necessary to consider relocating the wristband on the ankle, providing the patient’s ankles are not prone to swelling, and it does not rub on the skin.
- 8.8 If required, such as transfer of an unconscious patient, an additional ID Wristband could be placed on the patient’s ankle.

9 Procedure for Photographing In-Patients

- 9.1 Taking and using a person’s photograph could be perceived as an invasion of privacy and so should only be undertaken with the person’s informed consent.
- 9.2 All patients must be given written information explaining the reasons for the photograph so that they are clear as to what the photograph will be used for and may consent to use of such (note: consent may be given to use a photograph to reduce medication errors, but not for use by the police, or may be given for both purposes), and reassuring them that the decision as to the disposal of the photograph upon discharge will be theirs ([Appendix B](#)).
- 9.3 It must be made clear to the patient that, whilst LSW regards this procedure as potentially beneficial in the delivery of high quality care, it is not a prerequisite to receiving care. Failure to explain this may render any consent given invalid and lay LSW open to challenge on the issue of failure to respect human rights.
- 9.4 If, for whatever reason, photographic identification cannot be used, verification of the patient can still be obtained by asking the patient for their name and date of birth.
- 9.5 A photograph of the patient should be taken using the approved equipment supplied by the organisation for this purpose. Photographs should be taken against a plain background if possible, removing glasses and any other item which may adversely affect the quality of the photograph.
- 9.6 Only one printed photograph must be in existence at any one time. A passport size photograph must be taken by staff, as detailed in Section 5 of this policy, with the approved a digital camera provided by the organisation and printed immediately, in accordance with [Appendix C](#).
- 9.7 The patient’s name and NHS number must be written on the back of the photograph, then signed and dated by a member of staff.
- 9.8 The photograph **must** then be attached to the medication/prescription chart in the designated area. If multiple drug charts are being used, a photograph must be attached to each chart. If a chart is re-written, a photograph must be attached to the new chart.

- 9.9 Under no circumstances should photographs be taken with any other equipment than that supplied by the organisation. Use of non-approved equipment may result in disciplinary action.
- 9.10 Once the photograph has been taken, it should be uploaded onto the patient's clinical record on SystemOne. The digital image must then be immediately deleted from the camera's memory in the presence of the patient so that no additional prints can be made.
- 9.11 Any patient who significantly changes their appearance whilst an inpatient (i.e. removal of a beard) **must** be asked to consent to a new photograph taken and the old photograph destroyed or returned to them.
- 9.12 The photograph must not be used for any other uses except for those areas that have been agreed during consent / best interests. The photograph will stay on the patient's record and it is considered to be the patient's property. Any additional usage can only be given with the patient's full consent.
- 9.13 The photograph must be returned to the patient upon discharge by the nurse involved in the discharge process, or will be destroyed in their presence if preferred.
- 9.14 For disclosure of photographs please refer to the following documents for further guidance:
- Audiovisual Recording of Patients Policy
 - The Information Governance Policy
 - The Crime and Disorder Information Exchange Protocol (Devon and Cornwall Partnership)
 - The Protocol for the Exchange of Information between Statutory Agencies in Devon and Cornwall in Relation to Potentially Dangerous or Mentally Disordered Persons.

10 Patients Who Refuse To Have Photograph Taken for ID Purposes

- 10.1 Patients have the right to refuse; this must be respected. They also have the right to have their photograph returned to them at a later date should they change their mind after originally giving permission.
- 10.2 For patients who do not give consent, photographs cannot be taken. In cases such as these an ID Wristband may be offered for the patient to wear. The patient's consent may be re-requested if appropriate at a later date.

11 Procedure to be followed in Cases Where Misidentification Occurs

- 11.1 Any variation in policy or error in a patient's identification must be reported to senior staff and an incident form completed. An investigation must be carried out in accordance with LSW policy. Any discrepancy between verbal information and the patient record / information system should be rectified to ensure that this does not cause any future misidentification of the patient.

12 Monitoring Compliance and Effectiveness

- 12.1 Monitoring and review of this policy must be carried out using audit tool in [Appendix D](#).
- 12.2 The Corporate Risk & Compliance Department review all safety incidents including any relating to misidentification in line with the Risk Management Strategy.

13 Training

- 13.1 There is no mandatory training associated with this policy.
- 13.2 Training on the implementation of this policy shall form part of **local induction** and it is part of the Manager's responsibility to make staff aware of the procedure for identification and application of ID Wristbands ([Appendix A](#)).
- 13.3 Training in the application of taking photographs with ward-issued equipment, will be undertaken initially by a member of the Corporate Risk & Compliance Team to an identified member of ward staff, thereafter, local training will be undertaken by that individual.
- 13.4 A record of training in the implementation of this policy should be held locally.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety & Quality

Date: 27th January 2016

Name:	...
NHS No:	...
D.O.B:	...



Consent for Patient Identification

To aid identification and maintain your safety whilst receiving services, LSW's (LSW) policy that all patients are offered the opportunity of being photographed and attach it to your clinical record.

The reasons your photograph is required are:

- 1) Visual identification by staff especially with regard to the administration of medication.
- 2) To maintain your safety and security.
- 3) In the event you may go missing from the service and there are concerns regarding your safety, your photograph may be released to the police and any other relevant agency that may be directly involved in your safety.
- 4) Your photograph will be stored on your clinical record as this forms part of your clinical record. All photographs taken by LSW staff will be stored and used according to the Data Protection Act principles; your confidentiality will be maintained at all times.

Only one printed photograph will be in existence at any one time, unless more than one active drug chart exists. The photograph will be taken with a digital camera and printed immediately. The digital image will be deleted from the camera's memory in your presence so that no additional prints can be made.

Upon discharge from hospital, the photograph will be returned to you or destroyed in your presence.

We appreciate your cooperation with this policy and reassure you that the photograph will only be used for the reasons above and not for any other purpose.

Should you be unhappy about the need to have your photograph taken, or wish to refuse, please talk to your primary nurse who will explain the reasons to you in more depth.

Thank you for your co-operation.

 I can confirm that it has been explained to me and I understand that my photograph could be released to other agencies if there are concerns for my safety.

Explained by (print name): Signature:

Designation: Date:

If this form is completed by a representative / carer of the patient due to patient lacking capacity, their name and signature should be entered in the section below.

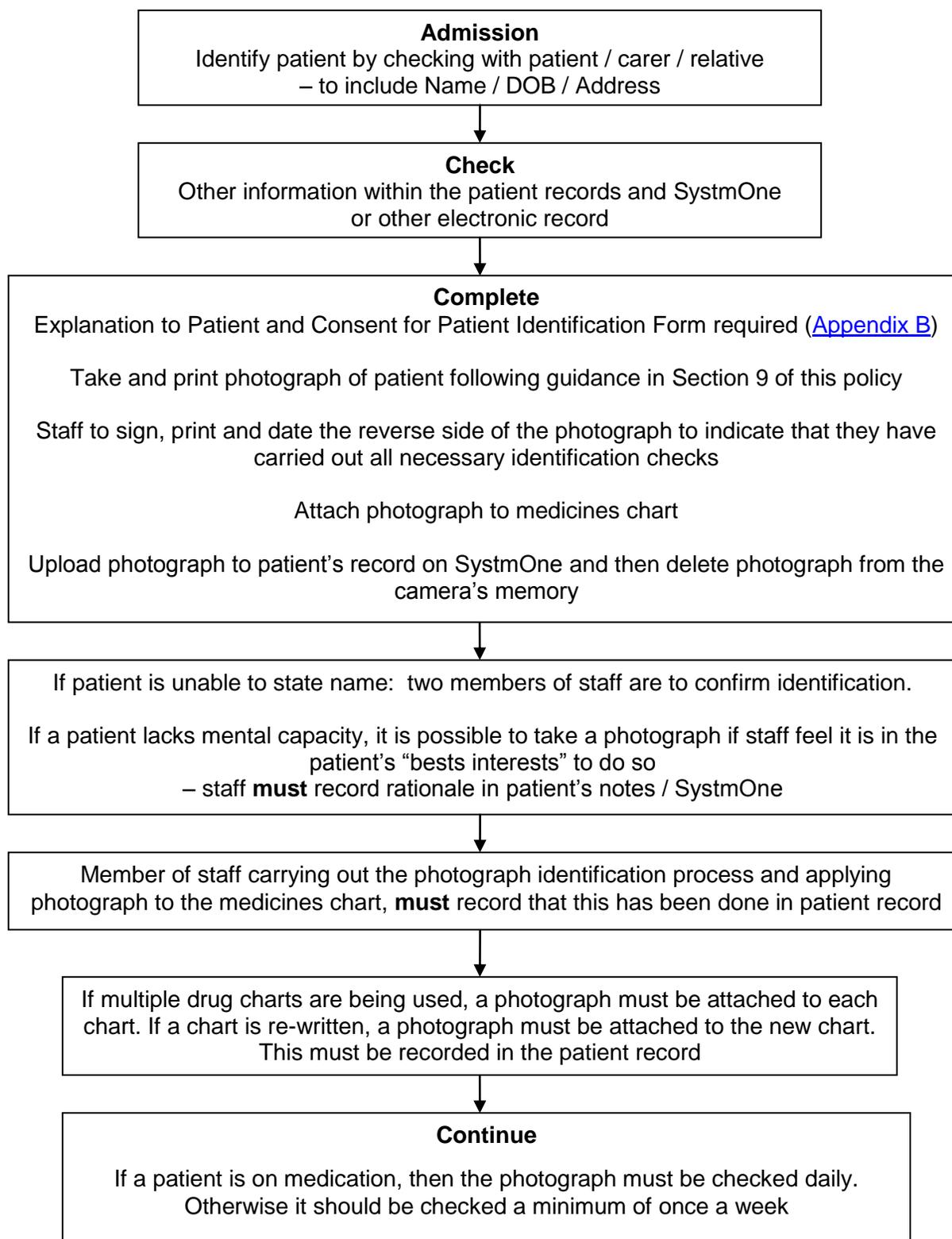
I agree* / do not agree* (*delete as appropriate) to having my photograph taken.

Patient name:

Signature:

Date:

Procedure for Identification by Photograph



Monitoring Compliance of Patient Identification Policy

Aspect of compliance or effectiveness being monitored	Method of Monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or Committee who receive the findings or report	Group or Committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below:				
The number and percentage of patients wearing ID Wristbands / having recent photo ID	Local clinical audit	Modern Matrons	Annually	Health, Safety & Security Committee Or Safety Quality & Performance Committee	Health, Safety & Security Committee Or Safety Quality & Performance Committee
The accuracy and reliability of the information included on the ID Wristband	Local clinical audit	Modern Matrons	Annually	Health, Safety & Security Committee Or Safety Quality & Performance Committee	Health, Safety & Security Committee Or Safety Quality & Performance Committee
The reasons why patients may not be wearing ID Wristbands / have recent photo ID	Local clinical audit	Modern Matrons	Annually	Health, Safety & Security Committee Or Safety Quality & Performance Committee	Health, Safety & Security Committee Or Safety Quality & Performance Committee
Safety incidents related to ID Wristbands / photos	Local clinical audit	Modern Matrons And Corporate Risk & Compliance Department	Annually	Health, Safety & Security Committee	Health, Safety & Security Committee? Or Safety Quality & Performance Committee
Local risk assessment	Risk Monitoring & Moderation Group	Risk Monitoring & Moderation Group	Annually	Risk Monitoring & Moderation Group	Risk Monitoring & Moderation Group
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					