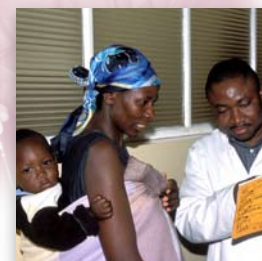# Patient Identification

Patient Safety Solutions
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▶ STATEMENT OF PROBLEM AND IMPACT:

Throughout the health-care industry, the failure to correctly identify patients continues to result in medication errors, transfusion errors, testing errors, wrong person procedures, and the discharge of infants to the wrong families. Between November 2003 and July 2005, the United Kingdom National Patient Safety Agency reported 236 incidents and near misses related to missing wristbands or wristbands with incorrect information (1). Patient misidentification was cited in more than 100 individual root cause analyses by the United States Department of Veterans Affairs (VA) National Center for Patient Safety from January 2000 to March 2003 (2). Fortunately, available interventions and strategies can significantly reduce the risk of patient misidentification.

▶ ASSOCIATED ISSUES:

The major areas where patient misidentification can occur include drug administration, phlebotomy, blood transfusions, and surgical interventions. The trend towards limiting working hours for clinical team members leads to an increased number of team members caring for each patient, thereby increasing the likelihood of hand-over and other communication problems (3). Because patient misidentification is identified as a root cause of many errors, the Joint Commission, in the United States of America, listed improving patient identification accuracy as the first of its National Patient Safety Goals introduced in 2003, and this continues to be an accreditation requirement (4). While in some countries wristbands are traditionally used for identifying hospitalized patients, missing bands or incorrect information limit the efficacy of this system. Colour coding of wristbands facilitates rapid visual recognition of specific issues, but the lack of a standardized coding system has lead to errors by staff who provide care at multiple facilities (5).

There are newer technologies which can improve patient identification, for example, bar coding. Some of these have proved to be cost-effective (6-11).

Regardless of the technology or approach used for accurately identifying patients, careful planning for the processes of care will ensure proper patient identification prior to any medical intervention and provide safer care with significantly fewer errors.

▶ SUGGESTED ACTIONS:

The following strategies should be considered by WHO Member States.

1. Ensure that health-care organizations have systems in place that:

   a. Emphasize the primary responsibility of health-care workers to check the identity of patients and match the correct patients with the correct care (e.g. laboratory results, specimens, procedures) before that care is administered.

   b. Encourage the use of at least two identifiers (e.g. name and date of birth) to verify a patient's identity upon admission or transfer to another hospital or other care setting and prior to the administration of care. Neither of these identifiers should be the patient's room number.

   c. Standardize the approaches to patient identification among different facilities within a health-care system. For example, use of white ID bands on which a standardized pattern or marker and specific information (e.g. name and date of birth) could be written, or implementation of biometric technologies.

d. Provide clear protocols for identifying patients who lack identification and for distinguishing the identity of patients with the same name. Non-verbal approaches for identifying comatose or confused patients should be developed and used.

e. Encourage patients to participate in all stages of the process.

f. Encourage the labeling of containers used for blood and other specimens in the presence of the patient.

g. Provide clear protocols for maintaining patient sample identities throughout pre-analytical, analytical, and post-analytical processes.

h. Provide clear protocols for questioning laboratory results or other test findings when they are not consistent with the patient's clinical history.

i. Provide for repeated checking and review in order to prevent automated multiplication of a computer entry error.

2. Incorporate training on procedures for checking/verifying a patient's identity into the orientation and continuing professional development for health-care workers.

3. Educate patients on the importance and relevance of correct patient identification in a positive fashion that also respects concerns for privacy.

▶ LOOKING FORWARD:

▶ Consider implementation of automated systems (e.g. electronic order entry, bar coding, radiofrequency identification, biometrics) to decrease the potential for identification errors, where feasible.

▶ STRENGTH OF EVIDENCE:

▶ Expert consensus and reports of significant error reduction from individual facilities after implementing revised patient identification processes.

▶ APPLICABILITY:

▶ In all health-care settings.

▶ OPPORTUNITIES FOR PATIENT AND FAMILY INVOLVEMENT:

▶ Educate patients about the risks related to patient misidentification.

▶ Ask patients or their family members to verify identifying information to confirm that it is correct.

▶ Ask patients to identify themselves before receiving any medication and prior to any diagnostic or therapeutic interventions.

▶ Encourage patients and their families or surrogates to be active participants in identification, to express concerns about safety and potential errors, and to ask questions about the correctness of their care.
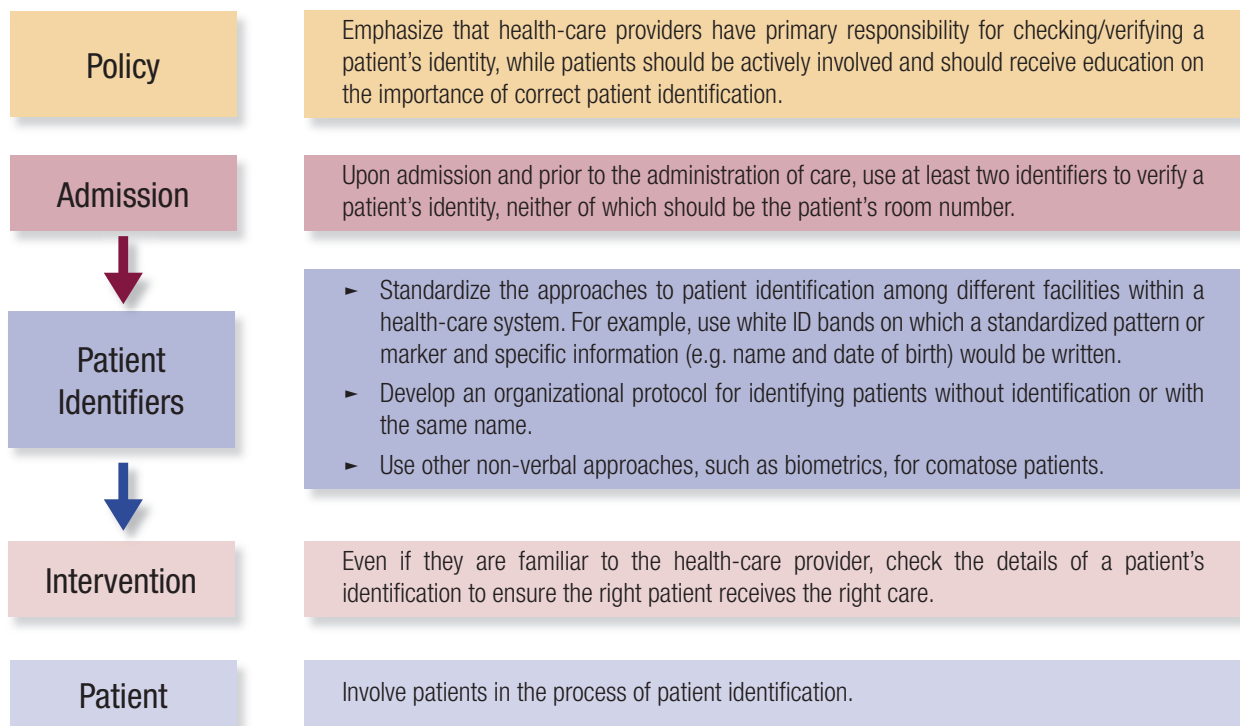
▶ POTENTIAL BARRIERS:

▶ Difficulty in achieving individual behaviour change to comply with recommendations, including the use of short cuts and workarounds.

▶ Process variation among organizations within a geographic area.

▶ Process variation where there may be regional facilities staffed by the same practitioners (for example, colour-coded wrist bands with different meanings in different organizations).

▶ Costs associated with potential technical solutions.

▶ Integration of technology within and across organizations.

▶ Perception by health-care providers that relationship with the patient is compromised by repeated verification of patient identity.

▶ Technological solutions that fail to consider the reality of clinical care settings.

▶ Increase in staff workload and time spent away from patient care.

▶ Typing and entry errors when registering patients on computerized systems.

▶ Cultural issues, including:

  ▶ *Stigma associated with wearing an identification band.*

  ▶ *High risk of patient misidentification due to name structure, close similarity of names, and inaccuracies in birth dates for elderly patients.*

  ▶ *Patients using health cards belonging to other individuals, in order to access services.*

  ▶ *Clothing that conceals identity.*

  ▶ *Lack of familiarity with local names for increasing number of foreign health-care workers.*

▶ Insufficient generally accepted research, data, and economic rationale regarding cost-benefit analysis or return on investment (ROI) for implementing these recommendations.

► RISKS FOR UNINTENDED
    CONSEQUENCES:

► Not assessing the basic processes for care while be-
    coming preoccupied with technical and non-technical
    devices or solutions.

► Reliance on technical solutions without adapting the
    workflow process related to the new support systems.

► Reliance on imperfect technical solutions as if they
    were perfect.

► Elimination of human checking processes when auto-
    mated systems are implemented.

► Rapid replication of errors in linked computer systems
    masking patient identification errors.

► Possible compromising of patient confidentiality and
    privacy by standardized identification systems.

EXAMPLE OF
Patient Identification

Policy	Emphasize that health-care providers have primary responsibility for checking/verifying a patient's identity, while patients should be actively involved and should receive education on the importance of correct patient identification.
Admission	Upon admission and prior to the administration of care, use at least two identifiers to verify a patient's identity, neither of which should be the patient's room number.
Patient Identifiers	► Standardize the approaches to patient identification among different facilities within a health-care system. For example, use white ID bands on which a standardized pattern or marker and specific information (e.g. name and date of birth) would be written. ► Develop an organizational protocol for identifying patients without identification or with the same name. ► Use other non-verbal approaches, such as biometrics, for comatose patients.
Intervention	Even if they are familiar to the health-care provider, check the details of a patient's identification to ensure the right patient receives the right care.
Patient	Involve patients in the process of patient identification.

This example is not necessarily appropriate for all health-care settings.

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