

Please note the local reference for this work instruction is WISSP1.5

1. Introduction and Who Guideline applies to

This work instruction has been developed to assist SSPs to positively and safely identify patients while taking account of key principles relating to privacy, dignity and confidentiality. It is designed to ensure that patients are correctly identified whilst under the care of The University Hospitals of Leicester Bowel Cancer Screening Service.

Positive patient identification is central to the Trust's values and ensuring that each patient is cared for as an individual and is kept safe as a result of the vigilance of staff, confident that the right care is being provided to the right person at the right time.

For outpatient settings the Trust requires all staff to ensure positive identification of patients. It is the responsibility of all bowel cancer screening staff to positively identify a patient on arrival and as appropriate throughout the course of their visit.

When patients are seen by the SSP in clinic positive identification involves **asking** the patient "what is your name and what is your date of birth" (This is defined by the NPSA (The National Patient Safety Agency)).

2. Guideline Standards and Procedures

All patients, employees and members of the public should be treated fairly and with respect, regardless of age, disability, gender, marital status, membership or non-membership of a trade union, race, religion, domestic circumstances, sexual orientation, ethnic or national origin, social and employment status, HIV status, or gender re-assignment.

Where English is not the first language of the patient or if the names are difficult to pronounce the SSP should ensure correct spelling and pronunciation of patient's name and reducing risk of language barriers. (Race Relations Act 1976, Race Relations (Amendment) Act 2000) Taking the time to ask the patient for the correct spelling therefore ensuring good communication reducing potential for misidentification.

The use of an interpreter may be required i.e. where the patient cannot respond to the questions asked due to language difficulties. Language interpreting and translation services provided by DA languages via face-to-face interpreters.

Stating a patient's name and date of birth and then asking a patient to confirm if these are correct is NOT considered to be positive identification.

However, if a patient is unable to confirm personal details through language difficulties or confusion, the patient's name, date of birth and address should be confirmed by two members of staff in consultation with the patient's family and carers where possible. These details must be cross-referenced with the medical notes. (Four identifiers: unique identifier – (NHS number and Hospital number or K number), surname, forename and date of birth, are required because the patient is unable to identify themselves).

Identity band.

It is essential that, where it has been decided that a patient needs an identification band such as on admission for an endoscopy procedure, this should be applied at admission by the endoscopy nurse.

Information to be recorded on an Identification Band

The following information must be recorded on the identification band:

- Patients' last name
- Patients' first name
- Date of Birth
- Unique identifier: NHS number and hospital number or 'S' number

Type of Identification Band to be Worn

White identification bands with black text are to be used for patient identification.

Where a patient is at risk due to an allergy to a drug, latex or any other identified substance, the identification band must be red with patient identifiers in black text on a white panel on the identification band (NPSA safer practice notice July 2007 No. 24). The specified allergy must be clearly documented in the patient's medical and nursing notes and on the relevant inpatient prescription chart. The allergy must also be recorded on the Patient Administration System (PAS).

Endoscopy

All staff must use positive identification of:

- all patients on arrival to Endoscopy as day case admissions
- prior to the delivery of any investigation/treatment
- collection of specimens

Changes of Patient Name and other Demographic Details

For the purposes of patient safety, the patient identification band must show the current patient name, the same as which appears on the medical record.

Staff must check they have the full birth registered name of the patient as some patients will give the name that they are known by e.g. Mary, known to her friends as Molly. If a patient informs of a change of name (i.e. marriage, deed poll, transgender) or other demographic detail:

- The patient details must be amended on PAS immediately to reflect the change
- Paper-based patient records must be amended to reflect changes by removal and replacement of out of date case note front sheets and patient ID labels.
- To accord people dignity and respect, where requested; Trust staff will refer to the patient by their preferred name in conversations and this can be recorded on the patients assessment notes.

Patients with Similar Names

Care must be taken if there are patients with similar names in the same clinical area. Extra vigilance is required which makes the use of a unique hospital identifier essential and a 'similar named patient' sticker

3. Education and Training

Annual DOPS assessment. All screening staff made aware of SOPS and Work Instructions on induction and any changes/reviews are fed back to the team via email and at team meetings

Mandatory HELM training

PGD Training

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Incidents	Audit Datix Incidents	A Bonner	3 monthly	Program boards / Team meetings

5. Supporting References (maximum of 3)

NPSA safer practice notice July 2007 No. 24

Bowel Cancer screening Service Specification No26

6. Key Words

Patient identification

CONTACT AND REVIEW DETAILS	
Guideline Lead Claire Almen and Amanda Smith, Lead Specialist Screening Practitioners, UHL Bowel Cancer Screening	Executive Lead Alex Bonner UHL Bowel Cancer Screening Manager
Details of Changes made during review: General update on process from local work instruction to Trust format	