Standard 5: 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.

The intention of this Standard is to:

Correctly identify all patients whenever care is provided and correctly match patients to their intended treatment.

Context

It is expected that this Standard will be applied in conjunction with Standard 1, ‘Governance for Safety and Quality in Health Service Organisations’ and Standard 2, ‘Partnering with Consumers’.

Criteria to achieve the Patient Identification and Procedure Matching Standard:

Identification of individual patients
Processes to transfer care
Processes to match patients and their care
Criterion: Identification of individual patients
At least three approved patient identifiers are used when providing care, therapy or services.

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<tr>
<th>C/D</th>
<th>This criterion will be achieved by:</th>
<th>Actions required</th>
<th>Examples of evidence that can be used to demonstrate an action is being met.</th>
<th>Self assessment</th>
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| C   | 5.1 Developing, implementing and regularly reviewing the effectiveness of a patient identification system including the associated policies, procedures and/or protocols that: • define approved patient identifiers • require at least three approved patient identifiers on registration or admission • require at least three approved patient identifiers when care, therapy or other services are provided • require at least three approved patient identifiers whenever clinical handover, patient transfer or discharge documentation is generated | 5.1.1 Use of an organisation-wide patient identification system is regularly monitored | • Policies, procedures and/or protocols that are consistent with the national standard and require the three patient identifiers to be recorded in the patient clinical records • Documented process that identifies patients with multiple identifiers (for example more than one medical record number) and then applies a unique identifier for the health service • Policies, procedures and/or protocols that specify the approved patient identifiers for all clinical services • Policies, procedures and/or protocols that describe the audits and auditing process to be undertaken for monitoring compliance with the patient identification policy • Approved or required checklists for various procedures • Audit of patient clinical record for the use of three patient identifiers | MM  
SM  
NM - add to action plan |

**Link with Standards 1 and 2**

(i) Patients with multiple identifiers may be an issue with multiple site facilities and after hours admissions via an Emergency Department where the medical record is not available or has been destroyed.

Examples of approved patient identifier:
- full name (family and given names) stated by the patient
- date of birth stated by the patient
- gender
- home address in full as stated by the patient
- photographic image of the patient attached to the patient file
- appointment day or date and time correctly stated by the patient
- a valid card or document stating the patient’s family name
- the patient’s personal identifier stated by the patient
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| C   |                                   | 5.1.2 Action is taken to improve compliance with the patient identification matching system | • Risk register or log that includes actions to address identified risks  
• Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions  
• Quality improvement plan includes actions to address issues identified  
• Orientation and ongoing education resources  
• Training attendance records regarding the organisation’s patient identification and management protocol  
• Documented strategies for minimising risks of misidentification, patient identification and procedure matching  
• Results of patient feedback regarding patient identification  
• Record/s of regular reviews of policy, protocols and/or procedures  
• Examples of improvement activities that have been implemented and evaluated  
• Communication material developed for the workforce and/or patients | MM  
SM  
NM - add to action plan |
| C   | 5.2 Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any patient care mismatching events | 5.2.1 The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored | • Risk register or log that includes actions to address identified risks  
• Agenda papers, meetings minutes and/or reports that demonstrate mismatch incidents are routinely reported to and reviewed by management  
• Incident reporting management system, register or log of near misses and incidents of patient mismatching events  
• Root cause analysis of policy or protocol breaches that result in a serious breach or sentinel event  
• Audits of patient clinical records include the reporting and investigation of care mismatching events | MM  
SM  
NM - add to action plan |
| C   |                                   | 5.2.2 Action is taken to reduce mismatching events | • Risk register or log that includes actions to address identified risks  
• Agenda papers, meeting minutes and/or reports of relevant committee(s) that detail improvement actions taken  
• Quality improvement plan includes actions to address issues identified  
• Examples of improvement activities that have been implemented and evaluated  
• Communication material developed for the workforce and/or patients | MM  
SM  
NM - add to action plan |
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| C   | 5.3 Ensuring that when a patient identification band is used, it meets the national specifications for patient identification bands | 5.3.1 Inpatient bands are used that meet the national specifications for patient identification bands | • Patient identification and procedure matching policies, procedures and/or protocols comply with Australian Specifications for Patient Identification Bands  
• Audits of patient identification bands compliance with the Australian Specifications for Patient Identification Bands  
• Review of related policies, such as blood administration and medication administration policies, amended based on audit results of the use of patient bands  
• Audit of compliance of patient identification bands with Australian specifications |

**Criterion: Processes to transfer care**
A patient’s identity is confirmed using three approved patient identifiers when transferring responsibility for care.

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| C   | 5.4 Developing, implementing and regularly reviewing the effectiveness of the patient identification and matching system at patient handover, transfer and discharge | 5.4.1 A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes | • Patient handover, transfer and discharge policies, procedures and/or protocols include the use of three patient identifiers  
• Schedule of routine policy reviews or review dates on policies  
• Audit of transfer or discharge summaries of patients transferred to another healthcare organisation for use of three patient identifiers  
• Agenda papers, meeting minutes and/or reports of the senior executive and management teams record audit results of handover sheets, transfer forms and discharge summaries  
• Workforce meeting minutes, memos, and reports related to feedback on results of audits on handover, transfer and discharge sheets, forms and summaries  
• Annual report that provides results of audits on transfer and discharge processes | MM  
SM  
NM - add to action plan |

Link with Standards 6
Criterion: 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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| C   | 5.5 Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing consistent national guidelines for patient procedure matching protocol or other relevant protocols | 5.5.1 A documented process to match patients and their intended treatment is in use | • Policies, procedures and/or protocols that document when a specific patient identification procedure is to be used by the workforce. This may include:
  o surgical safety checklist
  o handover checklists
  o medication management plan
• Policies, procedures and/or protocols for procedure matching including ‘time out’ to be carried out
• Register and/or record that shows review dates for policies, procedures or protocols and the future scheduled review dates | MM  
SM  
NM - add to action plan |
| C   | 5.5.2 The process to match patients to any intended procedure, treatment or investigation is regularly monitored |  | • Results of observational or records audits of patient and procedure, treatment and investigation matching (such as surgical, diagnostics, chemotherapy, renal dialysis, matching and so on)
• Risk register or log that includes actions to address identified risks
• Agenda papers, meeting minutes and reports to relevant committees that include an analysis of incident data and trends | MM  
SM  
NM - add to action plan |
| C   | 5.5.3 Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation |  | • Same evidence options as 5.2.2 | MM  
SM  
NM - add to action plan |
Additional information and resources


Royal Australasian College of Surgeons Surgical Safety Checklist (Australia And New Zealand) http://www.surgeons.org/media/12661/LST_2009_Surgical_Safety_Check_List_(Australia_and_New_Zealand).pdf