

Specifications for a standard patient identification band

The Australian Commission for Safety and Quality in Health Care has developed specifications for a standard national patient identification band. These specifications have been endorsed by Health Ministers for use in public and private health services in Australia.

An essential part of receiving safe care is ensuring the right care is provided to the right person. Unfortunately this does not always occur. While uncommon, the failure to correctly identify patients and match that information to an intended clinical intervention continues to result in wrong person, wrong side or wrong site procedures, medication errors, transfusion errors and diagnostic testing errors.

Identification bands are a critical tool to prevent errors associated with mismatching patients and their care. Identification bands contain important information about the patient, and are essential for establishing and checking identity throughout the care process.

1. What is the problem?

Although patient identification bands are present in all Australian hospitals there has not previously been a standard national approach regarding their use. One Australian state has found over 60 different types of wristbands in their hospitals.

Patient safety incidents and near misses associated with identification bands have been widely reported. For example, between November 2003 and July 2005 the United Kingdom National Patient Safety Agency received 236 reports of

patient safety incidents and near misses relating to missing identification bands or identification bands with incorrect information.¹

In addition, there is increasing concern about the proliferation of coloured identification bands. Coloured bands are often used to signify the presence of an alert condition or high-risk patient (such as those of risk of a fall or with an allergy). In hospitals in one state in the United States allergies are indicated by the use of either purple, blue, green, red, pink, orange and yellow bands.² Despite the frequency of their use, there is evidence to suggest that coloured identification bands do not ensure that correct information is available about alert conditions, or assist with reducing the occurrence of incidents or risks indicated by the coloured band.^{3,4,5} In fact, it appears that the use of coloured wristbands can actually increase the risk of misidentification.

Near miss associated with coloured wristbands

The Pennsylvania Patient Safety Authority reported an event where clinicians nearly failed to rescue a patient who had a cardiopulmonary arrest because the patient had been incorrectly designated as "do not resuscitate". The source of the confusion was that a nurse had incorrectly placed a yellow wristband on the patient. In this hospital the yellow colour signified that the patient should not be resuscitated. In a nearby hospital, in which this nurse also worked, yellow signified "restricted extremity", meaning that this arm was not to be used for drawing blood or obtaining IV access.

¹ National Patient Safety Agency. Safer Practice Notice 11: Wristbands for Hospital Inpatients Improves Safety, 22 November 2005, http://www.npsa.nhs.uk/site/media/documents/1440_Safer_Patient_Identification_SPN.pdf, accessed 5 November, 2007.

² Pennsylvania Patient Safety Authority. Use of color-coded patient wristbands creates unnecessary risk, Patient safety advisory, 2005, 2 (Suppl 2) 1-4, http://www.psa.state.pa.us/psa/lib/psa/advisories/v2_s2_sup__advisory_dec_14_2005.pdf accessed 13 September 2007.

³ Sevdalis N. Design and specification of patient wristbands: Evidence from existing literature, NPSA-facilitated workshops, and a NHS Trusts survey, 13 May 2007, http://www.npsa.nhs.uk/site/media/documents/2763_Wristband_specification_review_N_Sevdalis_final.pdf, accessed 28 August 2007.

⁴ Mayo NE, Gloutney L, Levy AR. A randomized trial of identification bracelets to prevent falls among patients in a rehabilitation hospital. *Archives of Physical Medicine and Rehabilitation* 1994; 75: 1302-1308.

⁵ Porter SC, Manzi SF, Volpe D, Stack AM. Getting data right: information accuracy in pediatric emergency medicine. *Quality and Safety in Health Care* 2006; 15: 296-301.

2. How do the specifications help?

Standardising the processes of care is an important way of reducing patient safety risks. The specifications developed by the Commission describe the standard features that patient identification bands should have. The specifications will reduce the variety of patient identification bands used, and reduce the potential for patient identification errors arising from misinterpretation of different identification bands. The specifications will also ensure that all essential information is included in the identification band, and that information is presented in a legible way.

3. What do the specifications require?

The specifications describe the standard features patient identification bands should have. They cover the following features of identification bands:

1. Colour
2. Size
3. Usability
4. Method for recording patient identifiers
5. Presentation of information
6. Use of new technology.

The specifications state that a single white band should be used for patient identification. It is recommended that no coloured bands be used to indicate alert conditions such as allergies. However, if it is considered necessary to have a system for identifying a known allergy or other risk the white patient identification band may be replaced with a red patient identification band. No other colours should be used.

The core patient identifiers should be limited to

- Name
- Date of birth
- Medical record, or other identification number.

An allowance should be made for the incorporation of new technologies such as barcodes on the identification bands, while still fulfilling other requirements. At this stage the specifications do not require the use of these technologies.

4. When should the specifications be used?

The specifications have been developed for patient identification bands that are worn by inpatients.

However, consideration should also be given to how the specifications could be transferred to other areas of care. The risks associated with patient misidentification are also present in other healthcare settings. The area of outpatients is an example. Patients receiving chemotherapy attend hospitals for treatment on a regular basis.

The consequences of mismatching patients with chemotherapy treatment can be significant. While patient identification bands may not be acceptable or appropriate for outpatients, the issue of how these patients are identified should be considered. One option could be to provide name tags or identification cards that can be reused. If this was done, some aspects of these specifications could be used (such as what identifying information was provided and how it was presented).

These specifications have been developed based on the principle that wherever possible, inpatients should wear some form of patient identification. There are some situations where a patient may not be able to wear a patient identification band. There should be formally risk-assessed alternatives implemented for patients for whom it is not possible or practical to wear a patient identification band. These may include but are not restricted to:

- Mental health patients
- Patients who refuse to wear the patient identification band
- Patients who cannot wear an patient identification band because of their clinical condition or treatment.

5. How should the specifications be introduced?

The specifications describe the standard features that patient identification bands should have. They do not prescribe how they should be achieved. The application of the specifications to specific patient identification bands needs to be done in a way that is relevant to the particular circumstances of patients and facilities. States, Territories and public and private health service providers will need to review their existing arrangements and policies for patient identification bands to determine how they correspond with the specifications and also liaise with their own suppliers regarding the development of a patient identification band that meets these specifications.

While they may not have formal policies in place, public and private health services generally have practices regarding the use of wristbands that have been established for some time. The implementation of the specifications in this environment is likely to provide additional challenges that may require some form of change management process. The use of the specifications for patient identification bands may mean that there need to be significant changes to identification practices that are well-embedded. Such changes can be resisted by staff, and need to be well-planned and resourced to be effective.

In order to address this issue it will be critical that an education strategy be developed to inform staff about the specifications and their rationale. Staff education should form an essential component of the implementation of the specifications. Information from the Commission such as this fact sheet and the associated FAQ may be useful in this regard.

MORE INFORMATION

Further information, along with copies of the specifications, this document and answers to commonly asked questions is available from:

Australian Commission for Safety and Quality in Health Care
Level 7, 1 Oxford St, Darlinghurst, NSW 2010
GPO Box 5480, Sydney NSW 2001

Tel: (02) 9263 3633 Fax: (02) 9263 3613

Email: mail@safetyandquality.gov.au

www.safetyandquality.gov.au