FREQUENTLY ASKED QUESTIONS

Standard 5: Patient Identification and Procedure Matching


1. **What is the difference between the three approved patient identifiers required in Action 5.1, and the core patient identifiers that need to be included on patient identification bands?**

   Approved patient identifiers are items of information that should be used to identify a patient when care, therapy and services are provided. These may include:
   - patient name (family and given names)
   - date of birth
   - gender
   - address
   - medical record number
   - Individual Healthcare Identifier.

   These potential approved identifiers include the core items that should be recorded on a patient identification band, as described in the Specifications for a Standard Patient Identification Band. The core items for a patient identification band are name, date of birth and medical record number; these can also be used as approved patient identifiers. In some situations patients will not be wearing identification bands and other identifiers may be needed to identify them and correctly match them to their care.

2. **Does the family and given names of the patient count as one or two patient identifiers?**

   The family and given names of a patient comprise one identifier.

3. **What identifiers should be used for neonates?**

   The Commission has not specified what protocols should be used for the naming of neonates – this is a local policy decision for the health service. Policies in this area need to be linked to the broader organisation-wide patient identification system (required under Action 5.1.1) to ensure that whatever naming conventions are used, these are reflected in the processes for patient identification and procedure matching of neonates.

4. **Where do the Specifications for a Standard Patient Identification Band come from?**

   The specifications are based on specifications for patient identification bands that are being used across the National Health Service in the United Kingdom. They were reviewed and adapted for use in Australia, and subject to a consultation process across the health system. In 2008 the specifications were endorsed by Health
Ministers for use in public and private health services in Australia. The specifications will be reviewed when the NSQHS Standards are reviewed in 2016-17.

5. **Does everyone in my health service have to wear an identification band?**
Neither the NSQHS Standards nor the specifications require all people receiving care in a health service organisation to wear identification bands. The organisation-wide system for patient identification and procedure matching required under Action 5.1.1 should identify when identification bands need to be used, and what arrangements are in place for maintaining and checking identity for people who do not wear bands.

6. **Are there any identification bands that the Commission recommends?**
The Commission does not recommend, approve or endorse any specific identification bands that comply with the NSQHS Standards or the specifications. Health services will need to make an assessment about whether their current bands meet the specifications. In some cases it may be necessary to undertake a procurement process to obtain bands that do meet the specifications. This could be done at a locally level or centrally.

7. **What information needs to be recorded about the processes of patient identification and procedure matching?**
Standard 5 does not specify what information should be recorded as part of the process of checking and maintaining identity. The organisation-wide system for patient identification and procedure matching should describe what documentation is needed about these processes. The requirements for documentation will vary depending on the situation. For example, it is not feasible or necessary to record that three identifiers have been used to check identity for each patient to whom medication is administered. However if the surgical safety checklist is used in operating theatres, there should be some confirmation that it has been used, or the completed checklist itself can be kept in the patient’s record.

8. **We currently use two bands for patients who are going to theatre / neonates / other situations. Is this acceptable according to the specifications?**
The specifications state that a single white band should be used (clause 1.1), and they also say that only one band should be used (clause 1.3).

9. **We currently use a green band / yellow band / purple band / etc to identify patients at risk of falls / cytotoxic patients / allergies / etc. Is this acceptable according to the specifications?**
The specifications are based on the principle that the primary purpose of an identification band is to identify the patient. The use of bands to signify clinical alerts or risk factors is secondary. The Commission considers that the safest and most reliable way of presenting this information is with a single white band.

If it is considered necessary, the specifications do provide scope to use a red identification band for identifying a known allergy or other risk. Only red bands should be used for this purpose; no other colours should be used to indicate alerts. The red bands should comply with the requirements of the specifications and only contain identification information on a white panel. The meaning of the red alert should not be included in the band, but should be established from the patient’s records.

10. **We currently use a pink band to indicate the arm at risk for patients with lymphoedema. Is this acceptable according to the specifications?**
Lymphoedema bands are different from other kinds of coloured alert bands as they signify the arm for which the increased risk of lymphoedema exists. The Commission...
is aware of the safety issues that exist in this area, and the need to have a system that correctly identifies where there is a risk of lymphoedema, as patients may not be in a position to provide this information. While it could be considered that the specifications for standard patient identification bands do not apply to lymphoedema bands (as described in Q9 above), there are still risks associated with the use of multiple coloured bands that need to be managed. The use of additional safety precautions to identify patients with lymphoedema would reduce the need for an additional pink band and help to mitigate these risks.

11. We give patients who have retinal surgery a green arm band in theatre. The purpose of this band is to warn about the risks associated with having a gas bubble in the eye after the patient has been discharged from hospital. Is this acceptable?

The green bands that are used to warn of a gas bubble in the eye when a patient has been discharged from hospital have a different purpose to the coloured alert bands that have commonly been used in hospitals. These types of bands are more like a medi-alert bracelet used for people in the community. Ideally, it would be preferable to make these green bands as different as possible from the standard hospital identification bands so that there can be no confusion about their purpose.

12. If we use a red band for a clinical alert, do we use this as well as the white identification band? Does the patient have one band or two if there is a clinical alert?

The specifications state that a single white band should be used (clause 1.1), and they also say that only one band should be used (clause 1.3). If a system is in place to use a red alert band, and a patient has an alert that needs a band, then the red band should replace the white band; ie, there should be only one band in place.

13. Do we have to use the red band to indicate all of the types of alerts that are recorded for our patients? Could we use a red band and only have that indicate allergies?

The band should indicate any alert that the health service wants to have represented by a red identification band – whether that be allergies, falls risk, cytotoxic patients etc. If a health service uses a red band to only indicate the presence of one alert, such as an allergy, this would not be contrary to the specifications for patient identification band. Health services need to decide what alerts are indicated by a red band, and this needs to be contained in, or linked to the organisation-wide patient identification system (required under Action 5.1.1).

14. If we cannot use different coloured bands to indicate specific clinical risks, what other strategies should we use to provide safe care to patients at risk of falls / with an allergy / etc?

The Commission recommends that a multi-factorial approach be used for the management of clinical risk or for patients with specific characteristics or clinical conditions. This may include use of relevant best practice strategies for the issue at hand. For example:

- checking the medication record for allergies before prescribing, dispensing and administering medications (see Standard 4)
- use of a multi-factorial falls prevention program that involves surveillance, together with interventions such as reviewing medications, making the environment safe, screening for urinary tract infections, minimising use of restraints (see Standard 10 and national falls prevention guidelines).
15. What should happen in an emergency if I can't get access to a patient's notes to determine what kind of risk a red band indicates (such as presence of an allergy)?

In these situations normal emergency protocols that should exist in the health service should be activated. For example, protocols that may exist for treating members of the public or people who have not yet been admitted or triaged should be applied until more information is available about the specific characteristics of the patient.

16. Can I use identification bands that vary from the specifications?

The Commission does not recommend that identification bands vary from the specifications. If it considered absolutely necessary to use a band that is different from the specifications (for example, one that includes additional data items), or practices that are different from the specifications (such as the use of more than one band in certain situations), these changes should be considered within a risk management framework. The specifications were developed to minimise adverse events associated with patient identification and procedure matching, and using identification bands or practices that do not comply with them may increase the risk of such events occurring. You should assess the potential risks associated with any proposed changes, identify strategies to ameliorate these risks, and document this process.

17. How do the requirements of Standard 5 apply for specific patient groups?

In particular how do they apply for patients with no identifying information who are unconscious?

The main issue that is difficult for this group of patients is establishing their identity and having the three identifiers that are required under the Standard. It may be that for this small group of patients only two identifiers are used (such as gender and medical record number). As noted in the previous question, a risk management approach needs to be taken when the patient identification processes vary from the specifications.

18. If a bar code is used on an identification band what are the work practices for this? Is it still necessary to verbally ask the patient to identify themselves?

If a bar code is used on an identification band then it is still necessary to verbally check identification. This is best practice for medication safety.

19. Our manufacturer has advised us that the only red bands available have white stripes. Is this acceptable?

The Commission is aware that some red bands have been manufactured with white stripes that are parallel to the length of the band. This is to allow proper adhesion, as the red band does not stick as well as the white. The Commission considers that the use of red alert bands with white adhesive stripes is consistent with the intent of the specifications, as they do not introduce another colour, or have a different meaning to plain red bands.

20. Is it acceptable to use a clear plastic band with a white insert instead of an opaque white band?

The Commission considers that use of a clear plastic band is consistent with the intent of the specifications to make it as easy as possible for a healthcare provider to quickly and accurately identify a patient. These bands would need to meet the other requirements of the specifications.