

Document Control

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Identification of Patients in Radiology Standard Operating Procedure			
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1.1	Feb 13	Revision	Minor Amendments
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Identification

CONTENTS

Document Control	1
1. Introduction	3
2. Purpose	3
3. Scope	4
4. Location	4
5. Equipment	4
6. Procedure	5
7. References	7
8. Associated Documentation	8
9. Appendix A – Local Radiology Protocol for use of ID Labels in Outpatients and Inpatients at NDDH	8

1. Introduction

All patients attending Radiology Departments within the Northern Devon Healthcare NHS Trust or the Community Hospitals must have their identification 'verified' on arrival by a member of the Radiology staff to ensure that the correct person is identified for imaging and to ensure that images once acquired, are assigned to the intended patient.

'Verified' in this instance refers to the process of using identification information to determine the identity of the patient.

It is the responsibility of all radiology staff using the CRIS system (Computerised Radiology System) to update incorrect patient details accurately and as soon as possible. Clinical staff should inform a member of the clerical team of any incorrect details and the changes required.

Following verification, the patient's identification details will be re-checked by different members of the radiology team prior to examination. However, the radiographer, radiologist or sonographer who undertakes the examination has the final responsibility for establishing positive identification of the patient prior to starting a procedure.

Positive identification must be established before any examination can take place, unless in an acute emergency situation when the patient is unconscious and separate rules apply (see section 6).

The identity of anaesthetised patients must be confirmed with the anaesthetist prior to performing an examination.

2. Purpose

The Standard Operating Procedure (SOP) has been written to:

- Define the procedure for the correct identification of patients undergoing diagnostic imaging in any of the Northern Devon Healthcare NHS Trust hospitals or the East and Mid Devon Community Hospitals.

- Minimise radiation and clinical risks associated with mistaken identification or incorrect clinical information.

3. Scope

This Standard Operating Procedure (SOP) relates to the following staff groups who may be involved in the identification of patients attending for diagnostic imaging investigations in North Devon.

- Registered Radiographers
- Sonographers
- Student Radiographers / Sonographers
- Radiology Assistants
- Clerical Support Workers
- Medical Staff

Radiologists and Radiographers are classified as Practitioners and Operators under IR(ME)R and are responsible for obtaining positive identification of their patients prior to exposing them to ionising radiation.

4. Location

This SOP defines the correct procedure for checking the identity of patients attending for imaging in the following Northern Devon Healthcare NHS Trust Hospitals:

- Barnstaple
- Bideford
- Ilfracombe

It applies to all diagnostic imaging investigations, including examinations carried out using mobile imaging equipment in the ED, Theatres, wards or clinics.

Staff undertaking patient identification must be able to demonstrate continued competence

5. Equipment

CRIS: Reception staff will verify the patient's identification by asking the patient/ parent/ carer/ partner / ambulance staff to state the patient's:

- Full name.
- Date of birth.

- Address.

The information given must be cross-referenced with the data on CRIS and the patient's appointment letter or radiology request form. All three sources of data must correspond.

If there are any discrepancies with the patients registered identity e.g. the patient is known by a different name, the correct name should always be entered on the CRIS and TrakCare systems and a note of the preferred name can be highlighted on the printed radiology identity labels.

The following checks should also be made:

- The correct spelling of the surname and first name / preferred name.
- The maiden name if appropriate.
- The registered GP.

Name-bands

In-patients attending the imaging department should also have the details on their hospital wrist band checked by the receptionist to confirm their identity.

On the wards and in the ED, before any intervention, treatment or procedure is carried out, correct patient identification must be obtained by the radiographer who will verbally verify the patient's identify with the patient/ parent/ carer or partner and cross reference the details on the patient's wrist-band with the radiology request form.

In theatres, the radiology request form will be available with the patient's notes and patient identification details should be cross checked with the anaesthetist.

6. Procedure

In addition to the following procedure, radiographers working in the main imaging department at the NDDH (Radiology A and Fracture Clinic), must refer to Appendix A.

6.1. Questioning

Radiology staff must use 'open' questions to avoid yes/no answers to identification checks, for example:

"What is your name and date of birth please?"

and **NOT**....

"Are you Mr Smith and is your date of birth xx/xx/xx?"

For patients with physical (hearing / language) difficulties, a hearing loop and Language line are available. Patients with hearing difficulties should not be shown an identification label and asked to confirm their identity from it.

For patients with mental capacity or communication issues, the accompanying relative or carer may confirm the patient's identity.

In the case of children, the accompanying adult (relative or carer) will be able to confirm the identity of the patient.

In the case of an unconscious patient, the escorting nurse, healthcare worker or relative may confirm the patient's identity.

6.2. Misidentification

If it is discovered that there is an error in the identification of a patient, it must be reported to the superintendent radiographer immediately. Examples of errors that could cause misidentification are:

- Wrong address labels in case notes.
- Wrong information on the name-band.
- No name-band. Misidentification of documentation within the case notes.
- Misidentification of investigation request.
- Incorrect spelling of first name or surname.
- Misidentification of x-rays.
- Misidentification of clinic attendances.
- Duplicate registration on the Trust computer systems.

If a patient is misidentified, an Incident Report must be completed in line with the Trust's Incident Management and Investigation Policy

6.3. Risk Management

Any member of staff discovering any variance or deviation from this Policy must complete an Incident Report as described in the Trust's Incident Management and Investigation Policy, including any "near misses".

Should imaging of the wrong patient occur following a failure in the correct identification process, the Superintendent Radiographer should be informed immediately. The incident will be regarded as serious and will be investigated locally with the support of the Corporate Governance Team, or following discussion with a Trust Executive, reported to the Strategic Health Authority (SHA) as a Serious Untoward Incident. It is crucial that weaknesses in systems involved in patient identification are raised so that risks can be reduced/ eliminated.

6.4. Appointment Letters

The patient will be asked to present their appointment letter to the receptionist, radiographer, nurse or Radiology Department Assistant (RDA) to enable positive patient identification prior to examination. It is important to check that the investigation the patient is expecting to undergo corresponds with the examination details on the request form including the 'left' or 'right' side if appropriate..

The patient should hand the appointment letter to the radiographer, nurse or RDA when they are called from the waiting area.

6.5. Interventional Procedures

If a patient is receiving a treatment or clinical intervention in the radiology setting a printed name-band should be placed on the patient according to the process outlined in **section 10** of the Trust's Patient Identification Policy.

If a patient needs to be admitted to an inpatient area from radiology, a name-band should be applied to the patient prior to transfer to the inpatient area. Verification of the patient's identity prior to applying the name-band will be gained by asking the patient/ parent/ carer/ partner to state the patient's full name, date of birth and address

The name-band shall contain all of the following patient information:

- Surname
- Forename
- Date of Birth
- Hospital Number
- NHS Number
as specified in the National Patient Safety Agency Safety Practice Notices *Standardising wristbands improves patient safety* (Safer Practice Notice 24) and *Risk to patient safety of not using the NHS Number as the national identifier for all patients* (Safer Practice Notice NPSA2008/SPN001):

7. References

- Ionising Radiation (Medical Exposures) Regulations 2017. Statutory Instruments 2017 No 1322
http://www.legislation.gov.uk/ukxi/2017/1322/pdfs/ukxi_20171322_en.pdf
- Ionising Radiation (Medical Exposure) Regulations (IRMER), for diagnostic imaging. The Ionising Radiation (Medical Exposure) Regulations 2000. Statutory Instrument 2000 No. 1059. The authoritative version is the Queen's Printer copy published by The Stationery Office Limited as the **The Ionising Radiation (Medical Exposure) Regulations 2000**, ISBN 0 11 099131 1

- National Patient Safety Agency Safety Practice Notices Standardising wristbands improves patient safety (Safer Practice Notice 24) and Risk to patient safety of not using the NHS Number as the national identifier for all patients (Safer Practice Notice NPSA2008/SPN001):

8. Associated Documentation

- Patient Identification Policy
- Incident Management and Investigation Policy

9. Appendix A – Local Radiology Protocol for use of ID Labels in Outpatients and Inpatients at NDDH

NDDH

Local Radiology Protocol for use of ID labels in Out Patients and Inpatients:

RADIOLOGY 'A' / DXA Scanner and RADIOLOGY 'B' FRACTURE CLINIC

Patient ID labels collected from Radiology Reception 'A' and 'B' should only be used to call patients from the waiting area.

Staff should introduce themselves to the patient by name and role.

When radiographers / students collect patient ID labels from reception A, the patient's imaging request form should be viewed on CRIS and the following checks undertaken:

Check that the request form has been filled in correctly and can be justified under the IR(ME)R regulations.

Assess the relevance of any previous images or reports to the current request.

If necessary make a separate note of any relevant details and the current 'examination details' to take to the x-ray room with you.

If you do not intend to carry out the examination yourself, or are called away to another task, please ensure that you verbally hand over your patient to another radiographer or student radiographer.

DO NOT leave patient ID labels in the viewing areas to indicate the required examination to other members of staff. All radiographers **MUST** refer to the imaging request form before exposing a patient to ionising radiation.

Patients must be called from the waiting room by name and asked for their appointment letter to confirm their identity.

Walk-in patients (without appointment letters) should be asked to confirm their identity verbally using open questions (see section 6.1 above). The patient should tell you their name, date of birth and address. DO NOT show the patient the ID label for verification as the primary means of identification.

Inpatients should be asked to confirm their identity verbally and this information should be cross checked with their hospital wrist band and the radiology request form on CRIS

Ask the patient to tell you which examination they have come for so that you can check that the region of interest and the patient's 'history' relates to the information on the examination request form. If not – STOP and investigate!

After the examination, complete the post processing details on CRIS, including dose record and injection details if appropriate.

Give the patient clear instructions for obtaining results before they leave the department.

MOBILE EXAMINATIONS

The radiographer may take the patient ID details and clinical history over the phone to 'justify' the examination (IRMER) if the request form is not already in the department.

The request form must be collected from the nurse's station **before** the image is acquired and a ward nurse or support worker must accompany the radiographer to the patient.

Staff should introduce themselves to the patient by name and role.

Positive patient identification must be obtained by verbally verifying the patient's identify with the patient (or parent/ carer /partner or nurse) and cross referencing the details with those on the patient's hospital wrist-band and on the radiology request form.

If the patient is unconscious the parent/ carer /partner or nurse may confirm the patient's details. The radiographer should still check the patient's hospital wrist band against the radiology request form.

If the patient is not wearing a hospital wrist band, the examination must be deferred until the ward staff has positively identified the patient.

THEATRE PATIENTS

The radiographer must collect the completed imaging request form from theatre.

If the patient is conscious (not sedated) for a procedure, the radiographer should introduce themselves to the patient by name and role and should confirm the patient's identity verbally. The patient's wrist band should be checked as above (mobile examinations).

If the patient is already anaesthetised and a form has been completed, the radiographer must ask the anaesthetist to identify the patient and confirm the procedure.

If a radiology request form has not been completed by the surgeon prior to the start of the case, theatre staff may affix the patient's ID label to a blank request form and the anaesthetist should complete the examination details and sign the form as the referrer.

In an emergency situation (in which a radiographer's attendance in theatre was not anticipated), the anaesthetist should be asked to complete and sign an imaging request form for the patient on behalf of the surgeon.