

Radiology Department

St George Hospital & Community Health Service

CORRECT PATIENT IDENTIFICATION POLICY (CPIP)

1. PURPOSE

The purpose of this policy is to describe the steps, which must be taken to ensure that the correct patient is identified and the intended procedure is appropriately performed.

2. RESPONSIBILITIES

All Team Members

Responsibility for ensuring correct person is appropriately identified for the correct procedure.

The people in charge of either the interventional procedure or administers radiation (i.e. X-ray unit operator) carries ultimate responsibility.

Executive Director and Divisional Directors

Responsible for:

- Ensuring that the required steps described above are implemented.
- Ensuring that non-compliance with the model policy, under any circumstance, is fully documented in the patient's medical record.
- Continual monitoring of compliance with the CPIP policy.

3. POLICY

Inpatient protocol

- The Orderly/Trolleyman's slip will contain the Patient's full name, ward, transport, MRN, correct patient identification/verification details and procedure.
- The Orderly/Trolleyman will identify themselves to the nursing staff on the ward and state, I am here to take (Patient A) to Radiology, and the ward staff will direct you to the Patient.
- The Orderly/Trolleyman should obtain the Patients notes and any previous X-rays at the Patients bedside, introduce themselves, ask the Patient their name and DOB and check the armband ensuring the details are the same as on the Orderly/Trolleyman's "Patient/Procedure Collection" slip. The Orderly/Trolleyman

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will verify correct patient by ticking box and initialing the “Patient/Procedure Collection slip” (see attached).

- If the Patient is unable to answer these questions or does not have an armband the Orderly/Trolleyman will liaise with the nursing staff looking after the Patient.
NB: No Patient should come to the Department unless they have an armband, correct identification and Patient notes.
- On arrival in Radiology the Patient should be greeted and identification checked by crosschecking referral form and armband for name, date of birth, MRN and procedure.
- Prior to procedure being performed the Radiographer/Sonographer/Nurse will check the Patient's Name, DOB and MRN and ensure they are identical to the armband and request form. Each health professional will then verify this by ticking the tick-box located on the radiology referral form (see attached).
 - Radiographers in all imaging modalities responsible for administering the radiation dose (commencing procedure) will verify correct patient by ticking/initialling the request form.
 - The CT radiographer will initial the column in CT Procedure Book.
 - The interventional radiologist will also tick/initial the request form.
- No Patient is to have any procedure, if there is any doubt regarding their identity.

Outpatient Protocol

- Prior to a procedure being performed the Radiographer/Sonographer/Nurse will ask the client their *name/DOB/address/procedure* and ensure they are identical to the *name/DOB/address/procedure* on the request form.
- If a client is unable to answer these questions, a spouse, parent, sibling, nurse escort or interpreter must be questioned.
- No client is to have any procedure if there is any doubt regarding his or her identity.

a. Pre-procedure Verification Process

- Verification of the correct person:
 - at the time the episode-of-care commences i.e. Calling for patient in waiting areas, collecting patients from Wards
 - at the time of admission into the department i.e. Nursing admission
 - anytime the responsibility for care of the patient is transferred
 - during preparation of the patient for their procedure
 - on entry to the procedure room

- just prior to commencing the diagnostic procedure (interventional procedure or administering radiation). The interventional radiologist must crosscheck Patient Notes & Procedural Referral Form to ensure correct exam details.
- Staff should always ask the patient to state their full name and date of birth. Staff **should NOT** state the patient's name and date of birth and ask the patient/authorised representative if this information is correct.
- The patient involved should be awake and aware, if possible.
- For patients transferred from locations within the hospital who are incapable of personally participating in the verification process and with no authorized representative present, a member of staff from the preceding location (e.g. ward or Emergency Department) must act as the patient's representative for the verification.
- Ensure missing information or discrepancies are addressed before commencement of the procedure.

b. "Time Out" immediately prior to starting the procedure

- This must be conducted in the room where the procedure will be done, immediately before starting the procedure. All staff must stop and conduct a final verification.
- Success is totally reliant on active communication amongst all members of the procedure team. The procedure should not be commenced until the patient is correctly identified.

In the event of Wrong Patient and Wrong Procedure incident

- If the patient's condition permits, an immediate plan to rectify the mistake should be made by the most senior member of the procedural team. Wherever possible, the referring doctor/medical team, Head of Department, patient and the patient's family should be notified.
- An incident form and Reportable Incident Brief (RIB) should be completed and forwarded to CPIU.
- A Radiation Incident form must be completed and forwarded to the Head of Department and the Hospital Radiation Safety Officer.
- Appropriate details should be recorded in the patient's medical record.
- The adverse event should be discussed at appropriate patient safety or clinical review meetings.

Note:

- An Incident Form should also be completed with near-miss situations eg. wrong addressograph label. The referring doctor must be notified immediately to rectify error.

- Staffs should not process radiology referral forms that possess an insufficient amount of detail ie. patient DOB, MRN. Where possible, ALL referral forms should have an addressograph label attached.

4. KEY DEFINITIONS

Adverse event *An adverse event is an incident in which harm resulted to a person receiving health care.*

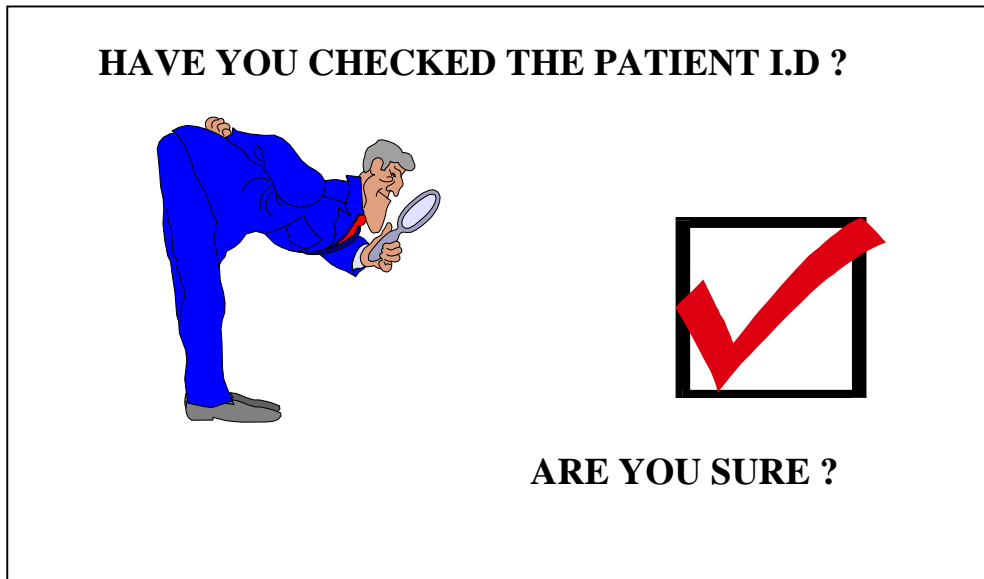
Incident *An incident is an event or circumstance, which could have, or did, lead to unintended and or unnecessary harm (death, disease, injury, suffering and or disability) to a person, and/or a complaint, loss or damage.*

Interventional procedure *A procedure involving any invasive contact with a patient.*

Person performing the procedure *This is either the radiologist/radiographer or his/her delegate who is performing or assisting in the procedure.*

Procedure team *The procedure team includes all health professionals participating in the delivery of care for any diagnostic procedure (eg. Nursing or Orderly staff).*

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MEDICAL IMAGING-RADIOLOGY REQUEST FORM

ST. GEORGE HOSPITAL
 PH: 9350 3500
 FAX: 9350 3980

SUTHERLAND HOSPITAL
 PH: 9540 7647
 FAX: 9540 7643

MRN: DOB: TRIAGE CODE: 1 2 3 4 5
 NAME: DATE:
 ADDRESS: WARD:
 TELEPHONE: VMO: SEX:
ADDRESSOGRAPH

TRANSPORT: WALKING CHAIR TROLLEY MOBILE
 O₂ IV Escort

Is this patient a PRIVATELY referred NON-Inpatient? YES/NO
 EXAMINATION REQUESTED:
 CLINICAL INFORMATION/PROVISIONAL DIAGNOSIS:

Sample

Patient ID Check

Radiographer Init.....

Nurse Init.....

Radiologist Init.....

PURPOSE OF THIS EXAMINATION:

REQUESTING DOCTOR: PAGE SIGNATURE:
BLOCK LETTERS

Radiologist	Quality Control	Radiographer	Room	Films Taken
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PLEASE BRING ANY PREVIOUS RELEVANT FILMS TO THE EXAMINATION

PATIENT FOR RADIOLOGY DEPARTMENT

WARD PROCEDURE:..... DATE:

SURNAME Other NAME: TIME:.....

M.R.N D.O.B

TROLLEY WHEELCHAIR SIGNATURE :.....

Patient ID Check (tick) Initial