



Patient Identification Policy

1. Background

Patient safety incidents and near misses associated with incorrect patient identification (ID) is a recognised international issue, identified as a key patient safety goal or program by major international and Australian patient safety agencies, including the World Health Organisation (WHO) and the Australian Commission on Safety and Quality in Health Care (ACSQHC).

The National Safety and Quality Health Service (NSQHS) Communicating for Safety Standard requires organisations to have correct ID and procedure matching systems in place to maintain the identity of the patient and to ensure that the patient receives the care intended for them¹.

Specifically, NSQHS Communicating for Safety Standard actions¹:

6.5 The health service organisation:

- a. Defines approved identifiers for patients according to best-practice guidelines
- b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated

6.6 The health service organisation specifies the:

- a. Processes to correctly match patients to their care
- b. Information that should be documented about the process of correctly matching patients to their intended care

Whilst the term 'patient' is used in the title of this policy, it may be at times used interchangeably with clients or residents, depending on the context of the health setting.

2. Policy Statement

As a minimum, the core identifiers (refer [Section 2.1](#)) must be used on registration, admission or attendance, when care, therapy or other services are provided (including via phone or Telehealth), and whenever clinical handover, patient transfer or discharge documentation is generated.

Patient ID is to be confirmed before any examination, treatment, investigations, collection of pathology samples, blood transfusion, drug administration or imaging is undertaken

Patient ID is to occur prior to any procedural activities carried out in theatre as part of the process for confirming correct patient, correct site and correct procedure (refer to the WACHS [Surgical Safety Checklist Policy](#) for additional information).

Ward admissions, same day or overnight patients and non-admitted patients in Emergency Departments must be correctly identified, with a single ID band securely attached immediately after patient registration/admission. Neonates must wear two (2) ID bands (refer to [Use of ID bands](#) for more information on neonates).

In outpatient areas of the hospital where the identity of a patient needs to be checked, and the patient is not wearing a name band, the patient's name, address and date of birth must be checked against the health care record ID label.

Clients receiving care, treatment, therapy or services in the community setting, and Aged Care Residents admitted to a WACHS Residential Aged Care Facility are not required to wear an ID band (refer to section 2.4 for [Community Health Settings](#) and Section 2.5 [Residential Aged Care](#) ID processes).

WACHS recognises that there are some situations where a patient may not be able to wear a patient ID band, including:

- mental health patients
- patients who refuse to wear the patient ID band
- patients who cannot wear a patient ID band because of their clinical condition or treatment

In situations where the wearing of a patient ID band is refused or inappropriate, due to a patient's condition or treatment, use of photo ID (refer to [residential aged care](#) section on photo ID processes) or verbal confirmation of identification is required.

Patient ID requirements related to forms and documentation in the health record is addressed within the WACHS [Health Record Management Policy](#) and the WACHS [Health Record Form Management Policy](#).

2.1 Core Identifiers

A complete system of unique identification for each patient is needed.

Core patient identifiers must include:

- **Family Name and Given Name/s**
 - Family and given names should be clearly differentiated. Family name should appear first using UPPER case letters followed by given names in Title case. That is, FAMILY NAME, Given Name/s. For example, SMITH, John Paul
- **Unique Medical Record Number (UMRN)**
 - 'UR' in PAS
- **Date of Birth (DOB)**
 - written as DD/MM/YYYY

2.2 Confirming Identity

2.2.1 Registration/Admission

All patients are to be positively identified prior to patient registration/admission by:

- Asking the patient to spell their family and given names and state their date of birth and address

- Where the patient is unable to give this information all reasonable attempts must be made to confirm the patient's identity which can include an accompanying adult, checking with other ID (e.g. driver's licence), or via an interpreter. This should be documented in the patient's health care record. Refer to [Appendix 1: Troubleshooting patient identification](#) if the patient's identity cannot be reliably confirmed.

This information will be used to identify existing records in the [Patient Master Index \(PMI\)](#). Any discrepancy with an existing record shall be investigated and rectified according to local operating procedure. If a PMI record does not already exist after extensive searching (refer to [PMI Search information](#)), a new UMRN may need to be created.

Extreme care must be exercised in the search process at the time of registration since duplicate registrations can have clinical consequences for patient treatment.⁴

Wherever possible a Medicare card and/or other documented ID should be provided by the patient (e.g. for ACAT assessment examples of ID are listed on the "[myagedcare - assessor portal](#)")

Support can be provided by the WACHS Health Information Systems Unit (HISU) – contact details and hours of operation are listed on the [HISU intranet page](#).

2.2.2 Emergency Department Presentations

All patients who present to the Emergency Department must be correctly identified at the time of triage or registration. The three [core identifiers](#) are used.

An ID band is to be securely attached immediately after patient registration, and before any treatment or transfer, collection of pathology samples, blood transfusion or drug administration or radiology. For patients unable to wear ID band – refer to [registration/admission](#) section of this policy.

Where a patient is not currently registered on the PAS staff must interview the patient (or next of kin) to obtain all mandatory information to create the registration.

The patient must be registered on PAS as soon as possible.

Where it is not possible to interview the patient a 'Patient Registration' form must be completed at the time of presentation by administration or clinical staff (e.g. triage nurse) to ensure patient identify is verified. This assists retrospectively with formal registration on the PAS.

Refer to the WACHS [ED Information Systems Business Rules](#) (section 7.1)

2.2.3 Handover, Transfer and Discharge

All handover, transfer and discharge documentation should include the three core identifiers (refer to [section 3](#)).

A number of WACHS policy documents incorporate patient ID as part of their processes for handover and/or transfer and/or discharge (refer to [Related WACHS Documents](#) section of this policy)

2.2.4 Telehealth Consults/Appointments

WACHS Regional Telehealth Teams have a 'meet and greet' process that includes site contacts to confirm identity (same as '[Clients in Community Health Settings](#)' ID processes).

The source site where the patient is attending has responsibility to ensure patient ID has occurred. The clinician offsite also confirms the patient's ID at the commencement of the consult/appointment.

2.2.5 Troubleshooting Patient ID

Refer to the [Appendix 1](#) for the following situations:

- [Two or more patients/clients/residents in an area have the same family name](#)
- [If patient's identity cannot be confirmed](#)
- [If the patient's identity is changed/updated](#)
- [In the event that a patient is incorrectly identified](#)

2.3 Identification Bands

2.3.1 Specifications

The design and specifications of the patient ID band is to comply with the ACSQHC's [National Specifications for a standard patient identification band](#)².

The ID band must contain, and be **limited to**, the [core identifiers](#).

Where possible, the patient must view and verify that these details are correct. If the patient is unable to do so, the next of kin/legal guardian/carer may undertake this responsibility; otherwise, a second staff member must check the information on the ID band against the admission details.

2.3.2 Use of ID bands

A single ID band is used for patient identification.

Neonates are the only exception and must have two (2) ID bands on at all times. The neonatal ID process is outlined in the Women and Newborn Health Service Policy Manual: [Patient Identification Policy](#) (endorsed for use in WACHS).

Where possible, the ID band must remain on the patient throughout the hospital admission.

Where an ID band is detached and not replaced immediately, it cannot be reattached. In this case, the patient must be re-identified and a new ID band attached.

Prior to procedures, sample collection, investigations, intravenous infusions and medication administration, the patient shall be positively identified by:

- Checking the ID band that is securely attached to the patient
- Following the process for [confirming the patient's identity](#)

2.3.3 Coloured ID bands

The ID band should be white **unless** they are a patient with a known allergy, or suspected clinically important adverse drug reaction (ADR), or other known risk (refer to WA Health [WA Clinical Alert MedAlert\) Policy](#) for additional information regarding medical alerts). These patients are issued with a red patient ID band.

Apart from white and red, no other coloured patient ID band is to be used.

Red ID bands:

- are to comply with all requirements of the ACSQHC [National Specifications for a standard patient identification band](#)²
- bands will have patient identifiers in black text on a white background
- do not contain details of the meaning of the alert (this information should be recorded in the patient's health care records and the patient's health care record must be reviewed by clinical staff to determine the meaning of the alert)
- in the instance that a red ID band is removed for a procedure or treatment, the staff member responsible for removing the ID band must also take responsibility for replacing it

2.4 Requirement for Clients in Community Settings

It is a requirement to establish, maintain and check identity of the client prior to examination, treatment (e.g. immunisations), interventions, consultation or investigations, follow up calls, where the patient is receiving an individual or group service that meets the criteria for an occasion of service (OOS) and details of the service are required to be entered into the patients' health record. This includes services that are conducted over the phone or via Telehealth.

WACHS community health settings that this policy pertains to include, but is not limited to –

- Aboriginal health services
- Aged care community services
- Allied health services
- Cancer screening services
- Community nursing
- Community rehabilitation
- Dental and oral health services
- Drug and alcohol services
- Hearing services
- Hospital in the Home (HITH)
- Maternal and child community health services
- Men's and women's health services
- Mental health services
- Palliative care
- Primary healthcare centres and remote area clinics
- Public health
- Medical Imaging Services.

ID bands are not usually used or feasible in community health services, and different ID processes are required depending on the circumstances of the setting and the clients involved (e.g. paediatrics, mental health and outpatients).

In WACHS community health settings it is appropriate to consider any of the following forms of ID:

- verbal confirmation of name, address and date of birth checked against the referral or health care record ID label
- photo ID
- ID card (without a photo), such as a Medicare, Health Care or Pensioner Concession card
- sign in register
- other options can be considered such as a name on a medication container, name and address on utility bill or similar
- verbal verification of identity by carer, family member, friend where a client is unable to identify themselves, where there may be uncertainties about a person's ID, or the client is a minor.

2.5 Requirement for Aged Care Residents

It is a requirement for each resident to have a photographic record made for ID purposes. The process of initial identification on registration/admission is as per section 2.2 [Confirming Identity](#).

Where a resident has the same or similar name or known allergies, appropriate caution labels must be attached to his or her ID board, medical record, medication chart, and at the front of the Webster Pak[®] signing sheet.

2.5.1 Photographic Record

A photographic record of each resident must be taken and attached to the [MR35B WACHS Patient / Resident Identity Form](#), [RC7 WACHS Resident Care Plan](#), medication chart, and at the front of the Webster Pak[®] signing sheet.

Written consent of the resident and/or carer, family member, representative is to be obtained prior to taking the initial photograph (refer to the WACHS [Clinical Image Photography and Videography Policy](#))

Photographic records must be renewed every 12 months or more often if required e.g. due to facial paralysis, injury. On each occasion of a new photographic image, a new [MR35B WACHS Patient / Resident Identity Form](#) is to be fully completed.

Photographic ID (portrait view, head and shoulders) of the resident is to be placed on the [MR35B WACHS Patient / Resident Identity Form](#) as soon after registration/admission as is practical.

The [MR35B WACHS Patient / Resident Identity Form](#) is to be placed in the front of the resident's current health record. This is to provide current ID for security purposes in the event the resident wanders from the area and for other activities that require patient identification to be checked.

Where a resident cannot verbally verify their identity, staff must confirm that the resident matches their photo ID, and that their name corresponds with the information on the medical record and medication chart.

Staff must exercise the utmost care in checking the identity of a resident. Refer to the [Charter of Aged Care Rights](#) and the [Aged Care Quality Standards](#).

2.6 Requirements for Mental Health Inpatient Settings (APUs)

In consultation with, and as agreed with the patient the following 3 options of patient identification (listed in order of preference) can be used in WACHS Mental Health inpatient settings (APUs):

Option 1: Photo

Refer to the WACHS [Clinical Image Photography and Videography Policy](#) specifically:

- section 2.17 Photographs taken for patient identification purposes - for process and further information
- section 2.7 Patient consent, and section 10 Related forms - for appropriate consent form to use

Option 2: ID Band

As outlined in this policy

Option 3: Verbal ID

Verbal confirmation of name, address and date of birth checked against the health care record ID label by two nursing staff

3. Definitions

Nil

4. Roles and Responsibilities

It is the responsibility of all staff to be aware of the requirements for patient ID checking within the scope of their practice and the circumstances where more than one staff member is required for patient ID e.g. administration of certain medicines.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Evaluation of this policy is to be monitored through the number of reportable events involving issues related to patient identification in Datix Clinical Incident Management System (CIMS). Audit and other quality improvement and/or surveillance strategies may be required based on risk assessment by the program areas.

8. Standards

[National Safety and Quality Health Service Standards - 6.5, 6.6](#)

Australian Standard AS2828.1:2019 Health records Part 1 Paper Health Records
[Aged Care Quality Standards](#) (Australian Government, 1 July 2019)

9. Legislation

(Accessible via: [Western Australian Legislation](#) or [ComLaw](#) sites)

Aged Care Act 1997

Carers Recognition Act 2004

Children and Community Services Act 2004

Disability Services Act 1993

Equal Opportunity Act 1984

Equal Opportunity Regulations 1986

Guardianship and Administration Act 1990

Health Practitioner Regulation National Law (WA) Act 2010

State Records Act 2000

10. References

1. Australian Commission on Safety and Quality in Health Care. [National Safety and Quality Health Service Standards](#). 2nd ed. Sydney: ACSQHC; 2017 [Accessed 13 June 2019]
2. Australian Commission for Safety and Quality in Health Care. [Specifications for a standard patient identification band](#) [Internet] 2008 [Accessed 13 June 2019]
3. Commonwealth of Australia [Quality of Care Principles 2014](#) [Internet] Compilation date 15 March 2019 [Accessed 13 June 2019]

4. Department of Health Western Australia. [PMI Standards 'webPAS' \(web based Patient Administration System\)](#) [Intranet] March 2019. Version 12.1.5.1. [Accessed 13 June 2019]
5. Australian Government Department of Health, Ageing and Aged Care [Aged Care Quality Standards](#) [Internet] 2019 [Accessed: 10 September 2019]
6. Australian Government Department of Health, Ageing and Aged [Care Charter of Aged Care Rights](#) [Internet] 2019 [Accessed: 10 September 2019]

11. Related Forms

WACHS [Patient Transfer Envelope / Checklist](#)
WACHS [MR184 WACHS Inter-hospital Clinical Handover Form](#)
WACHS [MR184C WACHS Inter-hospital Transfer Maternal Form](#)
WACHS [MR35B Patient / Resident Identity Form](#)
WACHS [RC7 Resident Care Plan](#)

12. Related Policy Documents

WACHS [Admission, Discharge and Intra-Hospital Transfer Clinical Practice Standard](#)
WACHS [Clinical Image Photography and Videography Policy](#)
WACHS [Interhospital Clinical Handover Form Procedure](#)
WACHS [Interhospital Patient Transfer of Mental Health Patients Guideline](#)
WACHS [Open Disclosure Procedure](#)
WACHS [Surgical Safety Checklist Policy](#)
WNHS [Patient Identification Policy](#)

13. Related WA Health System Policies

MP0053/17 [WA Clinical Alert MedAlert Policy](#)
MP0122/19 [Clinical Incident Management Policy 2019](#)
OD0657/16 [Consent to Treatment Policy](#)
MP0098/18 [Review of Death Policy](#)

14. Appendix

Appendix 1: [Troubleshooting Patient Identification](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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Appendix 1: Troubleshooting Patient Identification

Two or more patients/clients/residents in an area have the same family name

- A local "PATIENT WITH THE SAME NAME IN WARD/AREA" cautionary card must be applied to each person's health care record.
- Alerts must also be applied to all patient/client/resident lists (e.g. ward bed lists or outpatient appointment lists) and other documentation while both patients/clients/residents remain in the area.
- The patient/client/resident's given name should also be printed on these cards.

If patient's identity cannot be confirmed

- When a patient's identity cannot be reliably confirmed (e.g. patient is unconscious, intoxicated, cognitively impaired, or experiencing language difficulties) they must be registered as 'Unknown Male' or 'Unknown Female' using an emergency UMRN (refer to: [WA Health PMI Standards 'webPAS'](#) – Unknown patient registration section)
- Pre-printed 'Unknown' files are recommended for emergency department patients for resuscitation where samples/investigations must be initiated prior to patient registration.
- Once the patient is identified, patient information should be updated and a new ID band attached.
- Such patients who have had samples/investigations completed must have their details updated to assist with reconciliation of results (refer next section).
- If a previous UMRN is found, the pre-existing medical record will be merged with the new medical record (refer to: [WA Health PMI Standards 'webPAS'](#) – Appendix A: Merge Process)

If the patient's identity is changed/updated

- In the event that core patient identification details (Family name and given names, DOB) are legitimately changed or updated (e.g. Unknown patient or baby name change):
 - patient details must be updated in the Patient Administration System* (UMRN must not change)
 - a new ID band must be attached to the patient

***Note:** Name changes are not to occur while patient admitted at another site (e.g. A Newborn at PCH must not have name updated by local WACHS Hospital. This is to occur by the admitting site or wait until that episode is completed).

- If pathology has already performed tests or cross matched blood they must be notified immediately
- Departments that have performed investigations, such as blood tests, cross matched blood or X-rays, must be notified.

In the event that a patient is incorrectly identified

If a patient is incorrectly identified the previous ID band with incorrect patient details should be removed.

The patient health records should be corrected and a new ID band with the correct patient details should be provided immediately.

WACHS requires all hospital/health service staff to identify, report, investigate and disclose clinical incidents that occur in the health service. In the event of a wrong patient, wrong procedure or wrong site clinical incident, please refer to the following policies for further guidance:

- WA Health MP0122/19 [Clinical Incident Management Policy 2019](#)
- WA Health MP0098/18 [Review of Death Policy](#)
- WACHS [Open Disclosure Procedure](#)