Patient Identification and Procedure Matching Policy

1. Purpose

Patient identification (ID) and the matching of a patient to an intended treatment is performed routinely in all care settings. Incorrect identification can result in wrong person, wrong site procedures, medication errors, transfusion errors and diagnostic testing errors.[1]

The purpose of this policy is to outline the requirements for patient identification and procedure matching for those people receiving care in WA Country Health Service (WACHS) services.

2. Policy

The three core identifiers used for patient identification across WACHS services are:

- family name and given names – family and given names should be clearly differentiated.
  date of birth – written as DD/MM/YYYY
- Unique Medical Record Number (UMRN).

If one or more of the mandatory identifiers listed above is unknown, substitute patient identifiers may be used, i.e. gender, patient address.

Wherever possible, all patients (including admitted patient, ED patients, day procedure patients, and outpatients) should wear some form of patient ID.[1] Patient ID bands are the most common form, however there may be situations where it is not practical for a patient to wear a patient ID band, including (but not limited to):

- dementia and/or confused patients (including acute onset of confusion)
- patients cared for in an outpatient, community, or mental health setting
- patients who refuse to wear the ID band
- patients who cannot wear an ID band because of their clinical condition or treatment.

If it is not possible for a patient to wear an ID band, other identification methods must be considered, such as:

- photo identification – refer to the WACHS Clinical Image Photography and Videography Policy.
- verbal verification of full name, address and date of birth checked against the patient's healthcare record ID label or referral.
- identification confirmation performed by two staff that can reliably identify the patient. Details of these staff member(s) are to be recorded in the patient's record.

2.1 Confirming identity

All patients presenting to a WACHS site or receiving any care, therapy, or services must be correctly identified by staff:

- at the time of admission/registration
- prior to the provision of any care, therapy, or services.

Registration/admission

Extreme care must be exercised in the search process at the time of registration since duplicate registrations can have clinical consequences for patient treatment.[2]

The process for correctly identifying a patient is by:

- asking the patient to spell their family and given names and state their date of birth and address.
- wherever possible a Medicare card and/or other documented identification should be provided by the patient.
- 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 identification (e.g. driver's licence), or via an interpreter. This should be documented in the patient's healthcare record. Refer to the section below when unable to confirm patient identity.
- consider cultural naming conventions and the use of preferred names rather than correct names when determining identification information. Aliases are to be added to webPAS for patients who use alternate names e.g. preferred name. Refer to webPAS PMI Standards.

Unable to confirm patient identity

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 generated by webPAS. Refer to webPAS PMI Standards.

Once identity is confirmed, and a patient information update has been completed in webPAS by an approved administration staff member, a new ID band can be attached. All relevant departments must be notified of the changes as a matter of urgency.

Prior to the provision of any care, therapy or services

Prior to the provision of any care, therapy or services, patient identity is checked by asking the patient, or their person responsible, to state their/patient's full name and date of birth. Staff should not state the patient's name or date of birth and then ask the patient, or their person responsible, if this information is correct.

The response must be confirmed against the details on the request form/referral/treatment plan, healthcare record and patient identification band or other approved patient identification tool (including UMRN), as appropriate.

Virtual care

Virtual care can involve patients attending a WACHS site to see an offsite clinician, or patients connecting with an offsite clinician from their home.

Where patients attend a site for virtual consults/appointments, the site where the patient is attending has responsibility to ensure the patient's identity is confirmed prior to the consult commencing.

The clinician leading the virtual consult/appointment must also confirm patient identification at the commencement of the appointment.

Inter- and intra-hospital patient transfers

Prior to any transfer, the patient's identity must be confirmed by asking the patient to state their (1) family name and given names, (2) date of birth, and (3) checking the UMRN against the ID band.

If the patient is unable to provide this information, staff are required to confirm this information with a second staff member.

Responsibility for verifying patient identification prior to a patient transfer is assigned to:
- clinical staff member acting as the clinical escort for the patient during the transfer; or
- the orderly assigned to complete the patient transfer where a clinical escort is not required.

Patients with similar names

Where there are two or more patients in a ward/area with the same or similar names, there is a greater risk of patient misidentification or procedure matching. The following actions are to be taken in these circumstances:
- a local "PATIENT WITH THE SAME NAME IN WARD/AREA" cautionary card must be applied to each person's healthcare record.
- alerts must be applied to all ward bed lists and other documentation while both patients remain.

When same or similar names are on an outpatient appointment list, an alert must be applied to that list and other documentation for that day while both patients remain on the same list.

Patient identification details changed

If core patient identifiers (family name and given names; or date of birth) are legitimately changed or updated (e.g. baby name change), the patient information must be updated in webPAS by an approved administration staff member. The UMRN must not change.

Name changes are not to occur while the patient is admitted at another site (e.g. newborn at Perth Children's Hospital must not have name updated by local WACHS Hospital). This is to occur by the admitting site or wait until that episode is completed – refer to webPAS PMI Standards.

Where a patient ID band is in place and an update to patient identity information has been completed, a new ID band must be attached, and the old band appropriately disposed of. All relevant departments must be notified of the changes as a priority.

Incorrectly identified patient

If a patient is incorrectly identified:
- the patient healthcare records should be corrected in webPAS.

- the incorrect patient ID band is to be immediately removed and a new ID band with the correct patient details should be attached to the patient immediately.
- all relevant departments must be notified of the changes as a matter of priority.
- the patient's healthcare record and all associated documentation are to be corrected and the event must be documented in the patient's healthcare record, including any process for open disclosure of the error to the patient. All clinical incidents are to be notified into the Datix Clinical Incident Management System (Datix CIMS) in accordance with MP 0122/19 Clinical Incident Management Policy.

2.2 Identification bands

All inpatients, day procedure patients and ED patients, will have a single ID band securely attached immediately after patient registration/admission and before any treatment, procedure, collection of pathology samples, blood transfusion, drug administration or imaging, unless treatment is time critical and does not allow for this to occur e.g. emergency resuscitation. Where possible, the ID band must remain on the patient throughout the hospital admission.

Neonates and patients attending an operating theatre are the only exceptions and have two ID bands.

Specifications

WACHS patient ID bands are to follow the standards set out in the specifications for a standard patient identification band[3] regarding usability, content and colour of patient identification bands. The patient ID band must contain, and be limited to**,** the core patient identifiers.

Coloured patient identification bands

The patient ID band must 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 MP 0053/817 Patient Alert Policy and the Patient Alert Procedure for Adverse Drug Reactions for additional information**.** These patients are issued with a red patient ID band. No other coloured patient ID band is to be used.

2.3 Neonates

At all times neonates must wear two ID bands – one on each ankle, where possible:

- ID bands must be attached at birth or as soon as possible thereafter.
- until the neonate's UMRN can be created, each ID band must have written on it:
  - baby of <mother's full name>
  - mother's UMRN
  - neonate's time and date of birth.
- staff are to confirm with the mother that the details on the neonate's ID band are correct before they are attached. Where the mother is unable to check, their support person must complete the check, otherwise the second midwife, nurse or medical officer must complete the check.
- once the neonate's UMRN is available, new ID bands must be attached with the updated information. Details must be confirmed as correct with the mother before the ID bands are attached.

A neonate's ID band must also be checked:

- on admission to the ward by the receiving midwife/nurse against the mother's ID band (where in attendance) with the transferring midwife/nurse
- if the neonate is removed from the mother's bedside by staff – when the neonate is returned, the ID bands of the mother and neonate must be re-checked with the mother.

If at any time a neonate is found to be without any or incorrect ID bands, the shift co-ordinator must be notified immediately. The identity of all neonates present in the area must be verified. Refer to incorrectly identified patient section for further details.

Babies admitted as boarders

All babies admitted as boarders must wear two ID bands at all times on each ankle, where possible. ID bands must include the following minimum dataset:

- baby's UMRN
- baby's date of birth
- baby's family name
- mother's UMRN and given name (in brackets).

2.4 Patients in the operating theatre

All patients going to the operating theatre must wear two ID bands, preferably on opposing wrist and ankle, where appropriate.

Where ID bands interfere with medical procedures, they may be removed and relocated/re-attached as soon as practicable following confirmation of ID against the patient's healthcare record.

ID bands are not to be placed on the side of the proposed procedure if the patient is undergoing upper or lower limb surgery. If the patient is undergoing bilateral limb surgery, the ID bands should be placed on non-operative limbs, at the wrists or ankles.

2.5 Deceased patients

Following the death of a patient, the ID band must be retained on the body. A patient label should be affixed to the completed mortuary form and placed with the body prior to transfer to the mortuary – refer to WACHS Care of the Deceased Policy for additional information.

2.6 Procedure matching

Implementing procedure matching processes, to correctly identify and match patients to their intended care is critical to ensuring patient safety. Risks to patient safety occur when there is a mismatch between a patient and components of their care. This includes diagnostic, therapeutic and supportive care.[1]

WACHS provides a set of criteria defining procedure levels[4] to ensure a consistent standard of application across WACHS sites and services. Appendix A defines each level, provides example procedures (not exhaustive lists) and describes moments for each part of the process for each of the three (3) procedure levels.

Verification and matching

The details of the procedure being undertaken must be verified and matched to the completed consent or request form (as applicable) and the patient ID band prior to the procedure commencing. The process of matching should consider relevant information related to performing the procedure, including site/side/level of the procedure, allergies/adverse drug reactions, the reason for the procedure, clinical history and comorbidities.[1]

Marking of site of surgery or procedure

The site of the surgery or procedure should (wherever practicable) be marked by the person performing the procedure. Any health practitioner delegated to mark the site of the surgery or procedure must have knowledge of the patient's case to be able to undertake this task. Once appropriate marking has been completed, the patient's healthcare record should be properly documented. "Left" or "Right" should be written in full (no abbreviations) on all documentation when describing the anatomical site of the procedure.

3. 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 comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and evaluation

Monitoring of compliance with the requirements of this policy will be completed via the following mechanisms:

- audit of the use and content of patient ID bands
- audit of the application of identification processes where an ID band was not used
- clinical incident reporting (Datix CIMS)
- risk escalation reports (ERMS).

5. References

1. Australian Commission on Safety and Quality in Health Care. Correct Identification and procedure matching. Sydney: ACSQHC; 2024 [Accessed 20 June 2025]
2. Department of Health Western Australia. 'webPAS' Patient Master Index (PMI) Data Entry Standards (web based Patient Administration System) [Intranet] April 2024. Version 14.0 [Accessed 20 June 2025]
3. Australian Commission for Safety and Quality in Health Care. Specification for a standard patient identification band [Internet] 2008 [Accessed 20 June 2025]
4. Government of New South Wales. Clinical Procedure Safety Policy Directive [Internet] 2025 [Accessed 20 June 2025]

5. Australian Government, Aged Care Quality and Safety Commission. Quality Standards [Internet] [Accessed: 20 June 2025]
6. Australian Government, Aged Care Quality and Safety Commission. Charter of Aged Care Rights for providers [Internet] [Accessed: 20 June 2025].

6. Definitions

Nil

7. Document Summary

Coverage	WACHS wide
Audience	All clinical staff working in WACHS sites and services.
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	*Aged Care Act 1997* (Cth) *Carers Recognition Act 2004* (WA) *Health Practitioner Regulation National Law (Western Australia)* (WA) Quality of Care Principles 2014 (Cth) *State Records Act 2000* (WA)
Related Mandatory Policies / Frameworks	• MP 0053/17 Patient Alert Policy • MP 0122/19 Clinical Incident Management Policy • MP 0175/22 Consent to Treatment Policy
Related WACHS Policy Documents	• Care of the Deceased Policy • Clinical Image Photography and Videography Policy • Consent to Treatment Policy • Open Disclosure Procedure • Surgical Safety Checklist Policy
Other Related Documents	• ACSQHC Specifications for a standard patient identification band • WA Health Patient Alert Procedure for Adverse Drug Reactions • WebPAS Patient Master Index • WACHS ED Information Systems Business Rules • WACHS Regional Telehealth Program Meet and Greet User Guide
Related Forms	• MR35B WACHS Patient/Resident Identity Form
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4172
National Safety and Quality Health Service (NSQHS) Standards	6.05, 6.06
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
7.00	23 July 2025	23 July 2025	• Removal of references to specific cohorts (e.g. mental health, community clients, aged care residents, emergency department patients). • Inclusion of virtual care information • Requirements for patient ID for inter and intra hospital patient transfers • Two ID bands for patients in operating theatres • Identification for babies admitted as boarders • Procedure matching • Appendix provides definitions, examples and process steps for the three levels of procedures.

9. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Nil
Contact	Director Safety and Quality
Business Unit	Clinical Excellence and Medical Services
EDRMS #	ED-CO-14-79193

This document can be made available in alternative formats on request.

Appendix A: Procedure Levels

<table>
<tr><th colspan="4">Level 1 Procedures</th></tr>
<tr><th rowspan="2">Definition</th><th rowspan="2">Examples*</th><th colspan="2">Requirements</th></tr>
<tr><th>Pre-procedure</th><th>Post procedure</th></tr>
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<td>

Usually requires a single proceduralist
Usually does not require written consent
Does not involve procedural sedation or general / regional anaesthesia, except for dental procedures involving dental nerve blocks.
Usually performed in wards, emergency departments (EDs), clinics, imaging departments, outpatient departments or community settings.

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Includes provision of any care, therapy, or services.

Insertion peripheral intravenous cannula (PIVC)
Insertion indwelling catheter (IDC)
Insertion nasogastric tube (NGT)
Specimen collection (except cerebrospinal fluid - refer to level 2 procedure list)
Diagnostic radiology
Diagnostic nuclear medicine
Routine dental procedures (e.g. dental extraction, fillings)
Dental procedures involving dental nerve blocks
Superficial skin lesions / biopsies
Non operative obstetrics e.g. foetal scalp blood sampling, perineal repair with local anaesthetic, artificial rupture of membranes, fetal scalp electrode.

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<td>
STOP and confirm the following before commencing the procedure

Patient identification
Procedure verification - procedure and site/side/level and where appropriate, matches consent
Allergy/adverse reaction check

Consider the following points as relevant to the procedure:

Essential imaging reviewed
Any specific medicines
Implants and special equipment
Any anticipated critical events.

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<td>

Document procedure in patient's healthcare record (or Radiology Information System if relevant) and any information to assist with clinical handover/ transfer or discharge.

Consider the following points as relevant to the procedure:

Written advice/ patient handout
Any follow up appointments
Equipment problems/issues documented and escalated as per local process
Specimens/ images labelled correctly and sent
Post procedure tests are ordered or completed where clinically relevant.

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<tr><td colspan="4">*The examples provided do not cover all possible procedures</td></tr>
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<table>
<tr><th colspan="3">Level 2 Procedures</th></tr>
<tr><th rowspan="2">Definition</th><th rowspan="2">Examples*</th><th colspan="2">Requirements</th></tr>
<tr><th>Pre-procedure</th><th>Post procedure</th></tr>
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<td>

Proceduralist often supported by an assisting proceduralist(s)
Usually requires written consent
Does not involve procedural sedation or general/regional anaesthesia
Except for nerve blocks used to reduce pain during fracture reduction or joint relocation.
Usually performed in wards, EDs, clinics, imaging departments, interventional suites.

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<td>

Lumbar puncture#
Insertion of chest tube
Insertion of ascitic tap
Insertion of central venous access device#
Diagnostic interventional procedures
Nuclear medicine therapies
Non-superficial biopsies
IV or intrathecal administration of chemotherapy
IV administration of contrast.

</td>
<td>
STOP and confirm the following before commencing the procedure

Proceduralist/ assisting proceduralist/s introductions, where appropriate
Patient identification
Procedure verification - procedure and site/side/level and where appropriate, matches consent
Allergy/adverse reaction check.

Consider the following points as relevant to the procedure:

Patient position
Essential imaging reviewed
Any specific medicines
Implants and special equipment
Any anticipated critical events.

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<td>

Document procedure in the patient’s healthcare record (or Radiology Information System if relevant) and any information to assist with clinical handover/ transfer or discharge.

Consider the following points as relevant to the procedure:

Written advice/ patient handout
Any follow up appointments
Equipment problems/issues documented and escalated as per local process
Specimens/ images labelled correctly and sent
Post procedure tests are ordered or completed where clinically relevant .

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<tr><td colspan="3">* The examples provided do not cover all possible procedures
When this is the procedure and not a part of a higher level procedure</td></tr>
</table>

Level 3 Procedures

Definition	Examples*	Requirements (Not for operating theatres#)	
		Pre-procedure	**Post procedure**
At least one proceduralist and a procedural team. Always requires written consent. Involves procedural sedation or general/ regional anaesthesia. Usually performed in areas such as: • operating theatres# • EDs^ • birthing suites	Operating theatres#: • Surgical procedure • Electroconvulsive therapy • Endoscopy • Colonoscopy • Bronchoscopy • Flexible cystoscopy EDs^: • Cardioversion • Pacing • Paediatric suturing Birthing suites: • Insertion of epidural	**STOP and confirm the following before commencing the procedure** • Team member introductions • Patient identification • Procedure verification and matching - planned procedure and site/side/level and matches consent form • All monitoring equipment in place and functioning • Patient position • Site marked • Risk of significant bleeding • Allergy/adverse reaction check • VTE prophylaxis Consider the following points as relevant to the procedure: • Essential imaging reviewed • Any specific medicines • Implants and special equipment • Any anticipated critical events	• Document procedure in the patient's healthcare record and any information to assist with clinical handover/ transfer or discharge. Consider the following points as relevant to the procedure: • Written advice/ patient handout • Any follow up appointments • Equipment problems/issues documented and escalated as per local process • Specimens/ images labelled correctly and sent • Post procedure tests are ordered or completed where clinically relevant

* The examples provided do not cover all possible procedures

For operating theatres follow the principles and approach outlined in the WACHS Surgical Safety Checklist Procedure.

^ For procedural sedation in the ED refer to WACHS Procedural Sedation - WACHS Clinical Practice Standard and use the MR12 WACHS Emergency Department Procedural Sedation Record.