



Standard 5

Patient Identification and Procedure Matching

N SQHS Standard 5: Patient Identification and Procedure Matching describes the systems and processes which need to be in place to correctly identify individual patients, to transfer their care using the correct identification processes and to ensure they are accurately matched to their intended care. Although patient identification and procedure matching are routine processes, risks to patient safety can arise when there is a mismatch between a given patient and components of their care (i.e. diagnostic, therapeutic or supportive). Errors which involve the wrong patient or wrong procedure can result in death or major permanent loss of function.^{1,2}

Recent accreditation surveys show that NSQHS Standard 5 has generally been well received in its implementation across hospital and day procedure settings. The below are some common questions from health services regarding NSQHS Standard 5.

Do all patients receiving care need to wear an identification band?

Neither the NSQHS Standards nor the national specifications for patient identification bands require all people receiving care to wear identification bands. Under NSQHS Standard 5 (action 5.1.1) an organisation-wide system for patient identification and procedure matching must be established. This system should identify when identification bands need to be used, and what arrangements are in place for maintaining and checking the identity of patients who do not wear bands. For example, some facilities use photo identification cards for outpatients who attend regularly for dialysis or chemotherapy treatment.

Should identification bands of different colours be used to show alerts?

A number of health services have asked about using different coloured bands to indicate alerts of different types for example allergies, falls and infection control risks. The specifications for a standard patient identification band state that only one band should be used. If a red band is used to indicate an alert such as allergy, this red band should replace the white band.

Coloured bands should comply with all the requirements of the specifications, and the identification information should be displayed in black on a white background. Coloured bands should not contain details about the meaning of the alert. This should be included in the patients clinical notes.

Lymphoedema bands are different from other kinds of coloured alert bands as they signify the arm for which the increased risk exists. As patients may not be in a position to provide information where there is a risk of lymphoedema, a specific system for indicating the alert should be established. It may be considered that the specifications for patient identification bands do not apply to lymphoedema bands however, there are still risks associated with the use of multiple coloured bands that need to be managed. Additional safety precautions to identify patients with lymphoedema would reduce the need for an additional band and help to mitigate these risks.

Can we use more than one patient identification band?

Health services have asked about the use of more than one patient identification band, for example for neonates. If it is considered absolutely necessary to use more than one identification band, this should be covered within a risk management framework. The national specifications were developed to minimise adverse events associated with patient identification and procedure matching. It is not recommended that identification bands vary from the specifications.

Health services proposing any changes from a single wrist band should assess the potential risks associated with any the changes, identify strategies to mitigate these risks, and document this process.

References

1. Australian Commission on Safety and Quality in Health Care, *Windows into Safety and Quality in Health Care 2011*, ACSQHC, Sydney, 2011.
2. Australian Commission on Safety and Quality in Health Care, *Windows into Safety and Quality in Healthcare 2008*, ACSQHC, Sydney, 2008.