



## **Clinical Imaging Board**

### **Patient Identification: guidance and advice**

#### **Medical Ultrasound Examinations**

**September 2016**

The Clinical Imaging Board (CIB) has previously issued a statement in recognition of the importance of correct patient identification when undertaking diagnostic imaging procedures utilising ionising radiation.<sup>1</sup> This statement has been adapted to include advice contributed by the British Medical Ultrasound Society (BMUS) so as to apply to medical ultrasound examinations and has been endorsed by BMUS. These examinations do not involve the use of ionising radiation but the good practice principles of safe patient identification are the same.

The CIB are committed to promoting and improving the quality of care for patients and ensuring that patients are correctly diagnosed and treated.<sup>2,3,4</sup> 'Right test, right patient, right time' relies on accurate identification of any patient who requires medical ultrasound imaging.

The CIB expects members of the medical ultrasound workforce to be competent within their individual scope of practice and to follow the policies, protocols and procedures issued by their employer with regard to the positive checking of patient identification.

For imaging procedures involving medical ultrasound, employers should have in place procedures to identify correctly the individual to be examined. The patient identification procedure must specify how a patient is to be identified before an ultrasound examination is performed.

The procedure should be positive and active e.g. 'What is your name?' The procedure should state by whom the patient should be identified e.g. by the ultrasound practitioner carrying out the examination.<sup>5</sup> This should be consistent across an organisation and should be developed in line with national guidance from the Department of Health and the former National Patient Safety Agency, which have issued guidance recognising that 'reducing and where possible eliminating errors in matching patients with their care is one of the key ways to improve patient safety'.<sup>6</sup>

Established good practice generally requires the patient to give their name, address and date of birth.<sup>7</sup> The Care Quality Commission in its 2013 annual report cites an example where adding 'checks of clinical information, the site requested and checks of previous imaging' have been shown to reduce incorrect examinations from failed patient identification processes making this a six point

check.<sup>8</sup> Where available, the ultrasound practitioner may be required to match details to wrist bands or use bar code/electronic tagging verification. The source document or record against which details are checked must be specified and this should be linked to the patient's NHS number<sup>9</sup> or other unique identifier, wherever possible. It is important that the staff member or ultrasound practitioner performing the patient identification check can be identified at a later date by a signature on the request form or more commonly from an electronic signature. If there are two individuals involved with the ultrasound examination the person responsible for the examination and report and the person performing the ID check must be clearly identifiable and their responsibilities agreed in advance. This should be described in the employer's protocols.

The employer should have clearly documented procedures in place for situations where patients are unable to respond actively to identifying questions. These may be patients with dementia, learning or sensory disabilities, those who are non-English speaking, those who are unconscious (including in the operating theatre), children, and unidentified patients involved in major accidents.

Employers and colleagues in the imaging workforce are recommended to review their practice and procedures in light of this guidance, and that contained in the CQC annual report, with a view to taking a risk-based approach to introducing checks additional to the patient ID procedure.

## Recommendations

Local procedures should include the following:

1. confirming name, address, date of birth
2. confirming timing, modality, site/laterality
3. checking against original (or scanned-in) request forms
4. checking previous imaging, where possible (at 'justification' and/or on date of examination)
5. enquiries of patients themselves
6. arrangements for ultrasound practitioners to check with referrer in cases of doubt: on the request form itself, or arising from inconsistencies from checks carried out
7. referrer checks of ID and previous imaging; referrer training on electronic requesting systems, including training in how to cancel requests made in error
8. arrangements for inpatients and admitted patients concerning fitting of a wrist-band<sup>10</sup> (some organisations adopt a 'no wrist-band – no examination' policy) and arrangements on the ward for patients with similar or identical names where there may be potential for confusion, and whether there are any circumstances when sonographers can rely solely on ward staff to direct them to the intended patient
9. specific guidance for trainee sonographers and assistant practitioners.<sup>11</sup>

Safety guidelines relating to the possible effects of the ultrasound exposure itself can be found at <https://www.bmus.org/policies-statements-guidelines/safety-statements/>

Society and College of Radiographers and British Medical Ultrasound Society 'Pause and Check' posters are available to download via <http://www.sor.org/learning/document-library/have-you-paused-and-checked-ultrasound> and <https://www.bmus.org/pause-and-check/>

## References

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8. **Care Quality Commission. 2014.** IR(ME)R annual report 2013.  
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9. **National Patient Safety Agency. 2009.** Risks to patient safety of not using the NHS number as the national identifier for all patients. <http://www.nrls.npsa.nhs.uk/resources/?entryid45=61913>
10. **National Patient Safety Agency. 2007.** Standardising wristbands improves patient safety.  
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59824>
11. **Society and College of Radiographers.** Student radiographers and trainee assistant practitioners: verifying patient identification and seeking consent. London: SCoR, 2010  
<http://www.sor.org/learning/document-library/student-radiographers-and-trainee-assistant-practitioners-verifying-patient-identification-and>

## Glossary

### **British Medical Ultrasound Society (BMUS)**

BMUS is a multi-disciplinary scientific organisation whose objectives include the maintenance of the highest standards of medical ultrasound provision. [www.bmus.org](http://www.bmus.org)

### **Care Quality Commission (CQC)**

The independent regulator of health and social care in England [www.cqc.org.uk](http://www.cqc.org.uk)

Equivalent regulators in the devolved countries are:

NHS Health Improvement Scotland : <http://www.healthcareimprovementscotland.org/>

Health Care Inspectorate Wales: <http://hiw.org.uk/?skip=1&lang=en>

The Regulation and Quality Improvement Authority: <http://www.rqia.org.uk/home/index.cfm>

### **Clinical Imaging Board (CIB)**

This was established in 2013 by the Royal College of Radiologists, Society and College of Radiographers and the Institute of Physics in Engineering and Medicine to provide leadership on issues related to medical imaging.

**Royal College of Radiologists (RCR)** The Royal College of Radiologists leads, educates and supports doctors who are training and working in the specialties of clinical oncology and clinical radiology.

<https://www.rcr.ac.uk/>

### **Society and College of Radiographers (SCoR)**

The Society and College of Radiographers is the trade union and professional body for radiographers and all non-medical members of the workforce in diagnostic imaging and therapy in the UK.

[www.sor.org](http://www.sor.org)

### **Institute of Physics in Engineering and Medicine (IPEM)**

IPEM is the learned society and professional organisation for physicists, clinical and biomedical engineers and technologists working in medicine and biology. <http://www.ipem.ac.uk/>

### **National Patient Safety Agency (NPSA)**

A former arms-length body of the Department of Health. The NPSA led and contributed to improved, safe, patient care by informing, supporting and influencing organisations and people working in the health sector. From June 2012, key functions were transferred to the NHS Commissioning Board Special Health Authority.

### **Ultrasound practitioner**

A healthcare professional who holds recognised qualifications in medical ultrasound and is able to competently perform ultrasound examinations falling within their personal scope of practice. The professional background of ultrasound practitioners is very varied and will include radiologists, radiographers, sonographers, midwives, physiotherapists, obstetricians, physicists and clinical scientists. (From the Glossary in RCR/SCoR Standards for the Provision of an Ultrasound Service, December 2014)

[https://www.rcr.ac.uk/sites/default/files/documents/BFCR%2814%2917\\_Standards\\_ultrasound.pdf](https://www.rcr.ac.uk/sites/default/files/documents/BFCR%2814%2917_Standards_ultrasound.pdf)

(All links accessed 6/9/2016)