

## **Clinical Imaging Board**

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

The Clinical Imaging Board (CIB) has issued this statement in recognition of the importance of correct patient identification when undertaking diagnostic imaging procedures.

The Royal College of Radiologists, Society and College of Radiographers, and Institute of Physics and Engineering in Medicine, as the professional bodies for the radiology, radiography and medical physics workforce (hereafter referred to as the medical imaging workforce) are committed to promoting and improving the quality of care for patients and ensuring that patients are correctly diagnosed and treated<sup>1,2,3</sup>. Right test, right patient, right time relies on accurate identification of any patient who requires diagnostic imaging.

The CIB expects members of the medical imaging 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 ionising radiation, employers are required, under Schedule 1 of the Ionising Radiation (Medical Exposure) Regulations 2000, to have in place 'procedures to identify correctly the individual to be exposed to ionising radiation'. The patient identification procedure must specify how a patient is to be identified before a medical exposure is made.

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 operator carrying out the exposure<sup>4</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>5</sup>.

Established good practice generally requires the patient to give their name, address and date of birth<sup>6</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 exposures from failed patient identification processes making this a six point check<sup>7</sup>. Where available the staff member 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>8</sup> or other unique identifier, wherever possible. It is important that the staff member 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 exposure the person responsible for initiating the exposure 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 procedures.

The employer should have clearly documented procedures in place for situations where patients are unable actively to respond to identifying questions. These may be patients with dementia or 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 (as is current established practice under IR(ME)R).
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. Checking the possibility of pregnancy.
6. Enquiries of patients themselves.
7. Arrangements for radiographers to check with referrer in cases of doubt – on the request form itself, or arising from inconsistencies arising from checks carried out.
8. Selection of the correct protocol / radiographic factors / geometry / automatic exposure control (AEC) settings.
9. Referrer checks of ID and previous imaging; referrer training on electronic requesting systems, including training in how to cancel requests made in error.
10. Arrangements for inpatients and admitted patients concerning fitting of a wrist-band<sup>9</sup> (some organisations adopt a 'no wrist-band – no x-ray' 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 radiographers can rely solely on ward staff to direct them to the intended patient.
11. Specific guidance for student radiographers and trainee assistant practitioners<sup>10</sup>.

This statement has been prepared on behalf of the Clinical Imaging Board with contributions from Public Health England and the Care Quality Commission.



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#### **Notes for Editors**

The Clinical Imaging Board (CIB) is a collaboration between the Royal College of Radiologists (RCR), the Institute of Physics and Engineering in Medicine (IPEM) and the Society and College of Radiographers (SCoR). It was set up in 2013 to provide leadership on issues related to medical imaging. The CIB's Vision for imaging in the UK can be downloaded [here](#).

The current Chair of the CIB is Professor Stephen Keevil, President of IPEM, Professor of Medical Physics at King's College London and Head of Magnetic Resonance Physics at Guy's and St Thomas's NHS Foundation Trust.

The Royal College of Radiologists (charity no: 211540) has over 9,600 Fellows and members worldwide, representing the specialties of clinical oncology and clinical radiology. The College sets and maintains the standards for entry to, and practice, in the specialties of clinical radiology and clinical oncology in addition to leading and supporting practitioners throughout their careers: [www.rcr.ac.uk](http://www.rcr.ac.uk)

The Institute of Physics and Engineering in Medicine (IPEM; charity no: 1047999) is the professional organisation for physicists, clinical and biomedical engineers and technologists working in medicine and biology. Our aim is to advance physics and engineering applied to medicine and biology for the public good. See [www.ipem.ac.uk](http://www.ipem.ac.uk).

The Society and College of Radiographers (charity no: 272505) represents the professional interests of 28,000 health practitioners who work in diagnostic imaging and radiotherapy. See <https://www.sor.org/>

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