Guideline for Medical Imaging- Patient Identification and Procedure Matching

1. **Purpose**
   
   This guideline outlines the best practice procedures for medical imaging patient identification and procedure matching. Following these procedures will contribute to the **prevention of patient harm** by reducing clinical incidents associated with the incidence of ‘procedures involving wrong patient or body part’ (wrong patient, wrong site, wrong side and wrong procedure).

2. **Scope**
   
   This Guideline provides information for all employees, contractors and consultants within Queensland Health involved in the delivery of medical imaging services.

3. **Related documents**
   

4. **Guideline for Patient Identification and Procedure Matching in Diagnostic Imaging**

4.1 **Verification of the patient information on arrival**

   Ask the patient (or their representative) for three identifiers e.g. full name, date of birth, address, and the intended procedure including the site and side that has been requested:

   - What is your name?
   - What is your date of birth?
   - What is your address?
   - What are you here for including site and side?

   Ensure you ask open questions e.g. “What is your name?” not a closed question e.g. “Are you Peter Smith?”

   Where the patient is a child or unable to confirm these details, confirm the details with the patient’s designated representative. If no representative is available, then a patient’s identification band (for in-patients) or a staff member accompanying the patient should be used to verify the patient’s identity.

   If there is a serious discrepancy between the planned procedure and the understanding of the patient then this should prompt a double check of the patient’s identity and the procedure that has been requested.
Verification of the patient identity should be obtained at patient presentation and at each point when care is transferred to, or shared with, another health worker.

4.2 Matching information
Check the request form is clear and legible and contains the following information:

- Patient’s first name and family name, date of birth, address and medical record number
- Procedure requested including site and side
- Relevant clinical notes
- Reason for procedure
- Referring clinician’s name and signature

The answers to the verification questions should be checked against the patient’s details on their patient identification band (for in-patients), the request form and the consent form (if applicable).

If a mismatch is discovered then the procedure must not commence until the mismatch is resolved. Check the patient’s medical history record to identify any reason why the procedure should not be performed e.g. allergies or clinical conditions.

Note: Some procedures may not require a ‘side’ to be indicated, e.g. Insertion of a Peripherally Inserted Central Catheter (PICC)

4.3 Time Out
Immediately before the procedure commences with the patient awake and present, the senior clinician involved in the procedure will call a “time out”.

All members of the team are involved in this process and will verbally confirm the following:

For General Radiology and Ultrasound:

- Correct patient is present
- Correct examination is being performed
- Clinical history corresponds to the requested examination
- Right or left side markers are being used and are correct to the side/extremity if applicable

For single-operator procedures, the operator must stop and verify the above requirements immediately before commencing the procedure.

For CT and MRI:

- Correct patient is present
- Correct examination is being performed
- Clinical history corresponds to the requested examination
- Contrast checks, if contrast is being used
• MRI safety checklist (if applicable)
• Consent form (if applicable)

For Fluoroscopic procedures (including Interventional Radiology and Cardiac Catheter procedures):
• Correct patient is present
• Correct side is identified and marked if applicable
• Correct procedure is being performed
• Consent form is cross checked with proposed correct procedure
• Correct patient details are on the imaging device
• Implant/equipment/medication are available and correct
• Correct previous images are displayed

For Nuclear Medicine:
• Correct patient is present
• Correct examination is being performed
• Correct radioisotope and activity are being used
• Correct patient radio-labelled blood products are about to be injected
• For therapeutic administrations, at least two members of the team perform the check

Complete the Radiology Final Check on the request form (paper or electronic) to demonstrate patient identification and procedure matching has been completed.

4.4 Post Procedure
Prior to the release of the images from the imaging modality to any networked device that can be used for display or interpretation; the radiographer (or medical radiation professional or X-ray operator) must ensure that:
• Patient details and side marker (if applicable) attached to the image are correct and documented
• All patient identification documentation is completed

4.5 Training
All staff members working within the Medical Imaging Department (MID) will undertake training on Patient Identification and Procedure Matching on commencement of employment and every two years.
4.6 Incident Reporting

Any discrepancies or mismatches identified during the four step procedure must be dealt with according to the Guideline for Clinical Incident Management:


The line manager must be informed and the clinical incident (e.g. near miss, adverse event or sentinel event) must be logged into PRIME CI with Severity Assessment Code (SAC) level based on actual consequences to the patient.

In the event of patient harm, if the patient’s condition permits, an immediate plan to disclose and rectify the mistake should be made by involving the senior member of the operative or procedural team.

A Reportable Incident Brief and mandatory Root Cause Analysis (RCA) must be completed for any SAC 1 clinical incidents involving wrong patient, wrong body part or procedures.

4.7 Review and Audits

Medical Imaging Department (MID) will perform

- 6 monthly retrospective audits to determine compliance with the Patient Identification and Procedure Matching Procedure. This will be conducted by reviewing the request forms to ensure all sections of the Radiology Final Check form have been completed.
- 12 monthly live audits to determine compliance with the Patient Identification and Procedure Matching Procedure.

This audit will be conducted by observation of workflow and completion of the process and review of the clinical incidents (e.g. PRIME data) linked to deviations from this process for the past 12 months.

Audits will be completed for each modality within the MID.

The outcomes of such audits will be documented and reported to the Director of MID and discussed at MID Staff Meetings. Action plans will be developed, implemented and reviewed where areas of non-compliance or suggestions for improvements are reported.

5. Review

This Guideline is due for review on: 01 January 2018

Date of Last Review: N/A


6. Business Area Contact

Radiology Support, Health Support Queensland (HSQ)

7. Definitions of terms used in the policy and supporting documents

[Copy the Definitions of terms from the Policy here and include any additional terms relating specifically to this Guideline]
### 8. Approval and Implementation

**Policy Custodian:**
General Manager, Health Support Queensland

**Responsible Executive Team Member:**
Chief Executive HSQ

**Approving Officer:**
Chief Executive HSQ

**Approval date:** 15 December 2014  
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### Version Control
Insert details of any changes made to this document

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