RURAL MEDICAL IMAGING

Locations: Innisfail Mareeba Atherton Ingham

Patient Matching Policy and Procedures

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Patient Matching Policy & Procedures

Purpose and Scope

The purpose of this policy is to ensure patients are correctly identified on our RIS and matched to their intended diagnostic imaging procedure throughout all stages of the process.

Approved identifiers

The following identifiers are approved for use at Rural Medical Imaging

- The patient's full name
- Date of birth
- Patients home address
- Patient telephone number
- Doctors name
- Procedure being undertaken
- Unique practice identifier

Procedure

Upon arrival by reception:

1. Referral received and details checked as per the above approved identifiers
2. Patient located on system or entered as new patient if they have not been a patient previously.
3. Check if any details have changed for example:
    - Name changed (marriage, divorce, deed pole etc.)
    - Change of address
4. Validate Medicare number (from patients card) to Medicare online
5. RIS system will not allow an examination to commence without all the relevant details entered and checked.
6. Patients are allocated and individual UR number and this number remains the same for any future visits and is printed on the patients report from the radiologist.

Before procedure by technician:

1. Validate they have the correct patient using the referral confirming at least 2 of the approved identifiers and cross checking this back to the information in the RIS
2. Confirm the procedure and the area of the procedure (i.e. right leg, left wrist etc.)

3. If the incorrect site is identified or the incorrect site has been requested by the GP, the referrer is contacted for clarification and confirmation. A new referral may be required to go ahead with the procedure.
4. A procedure number is generated by the system and these numbers remain unique to the patient and the procedure.

During procedure by technician:

1. Ensuring Worksheets are labelled, named accordingly and patient can be readily identified on the form for scanning and matching to patient's record.
2. Checking critical details before administering contrast or performing any high risk or invasive procedures

After procedure by technician:

1. Ensure images, worksheet etc., are matched to correct patient.

The protocols developed by the Australian Commission on Safety and Quality in Healthcare form part of our Safety and Quality Manual and are part of this policy. See Attachment 3 Ensuring correct patient, correct site, correct procedure in General Radiology and Ultrasound

An example of our identifiers can be found at Attachment 4 Patient Matching

Transfer of care

In the event of a clinical incident i.e. adverse reaction to a contrast, the technical staff will be responsible of taking care of the patient.

The technician will notify reception of the incident and the extent of the medical assistance required, and will remain with the patient administering first aid as necessary.

Reception will arrange medical assistance or ambulance as directed and provide assistance as required.

The technician will provide to the GP or ambulance officer patients name, identifiers and a brief of the incident.

Our responsibility extends until the conclusion of the emergency care process or until transferred to a GP or Ambulance officer.

Mismatched event

All mismatching events – even those that cause no immediate harm to patients - are considered serious and must be reported accordingly.

Mismatching events can be of several different types, including:

- Incorrect Patient
- Incorrect Examination
- Incorrect Side
- Incorrect information on images
- Near miss

If the mismatch has caused a medical event then the procedure above relating to Transfer of Care needs to be followed.

Reporting of mismatched events

All mismatched events must be reported immediately to the Managing Director or Chief Radiographer, followed by entering the event in the Quality Improvement Register and completing an incident report
Incidents are to be recorded in the Quality Improvement Register (Attachment 2)
An incident report form is required to be filled out and submitted to management. See Attachment Incident Report Form

The Managing Director and or Chief Radiographer will conduct an investigation into the event to determine what happened, how it happened, why it happened and how it could have been avoided or done differently. The response to the event will also be investigated to ensure that appropriate measures and responses were undertaken during the event. A debrief session will be conducted if necessary in accordance with the Debrief Guide in the Safety Quality Manual. The outcome to be recorded and after de-identification used for training purposes.

Document review

This document has been compiled and reviewed in August 2021 whilst reviewing and updating our Safety and Quality Manual and will be reviewed again July 2024 as per Review Schedule in Safety & Quality Manual.

RURAL MEDICAL IMAGING
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INCIDENT REPORT FORM

To be completed in the event of a worker witnessing/being involved in any incident involving a patient.

Personal details of patient

Surname:	First name(s):	DOB:
Male Female		
Address:		
Telephone number		
Email address:		

Incident details *(completed by person involved)*

Date of incident:	Time of incident:
Where did the incident occur:	
Staff Member name and positon involved in the incident:	
Description of incident: *(in your own words, what happened?)*	

Was first aid or further treatment required? **Yes** **No**

Treatment given if any:

Name of witnesses to the incident

Name:	Contact:
Name:	Contact:

Was the incident a result of a workplace hazard **Yes** **No**

Description of hazard:

Proposed Action/Action taken:

Any further notes or comments

Signature of manager/supervisor

Signature

Date:

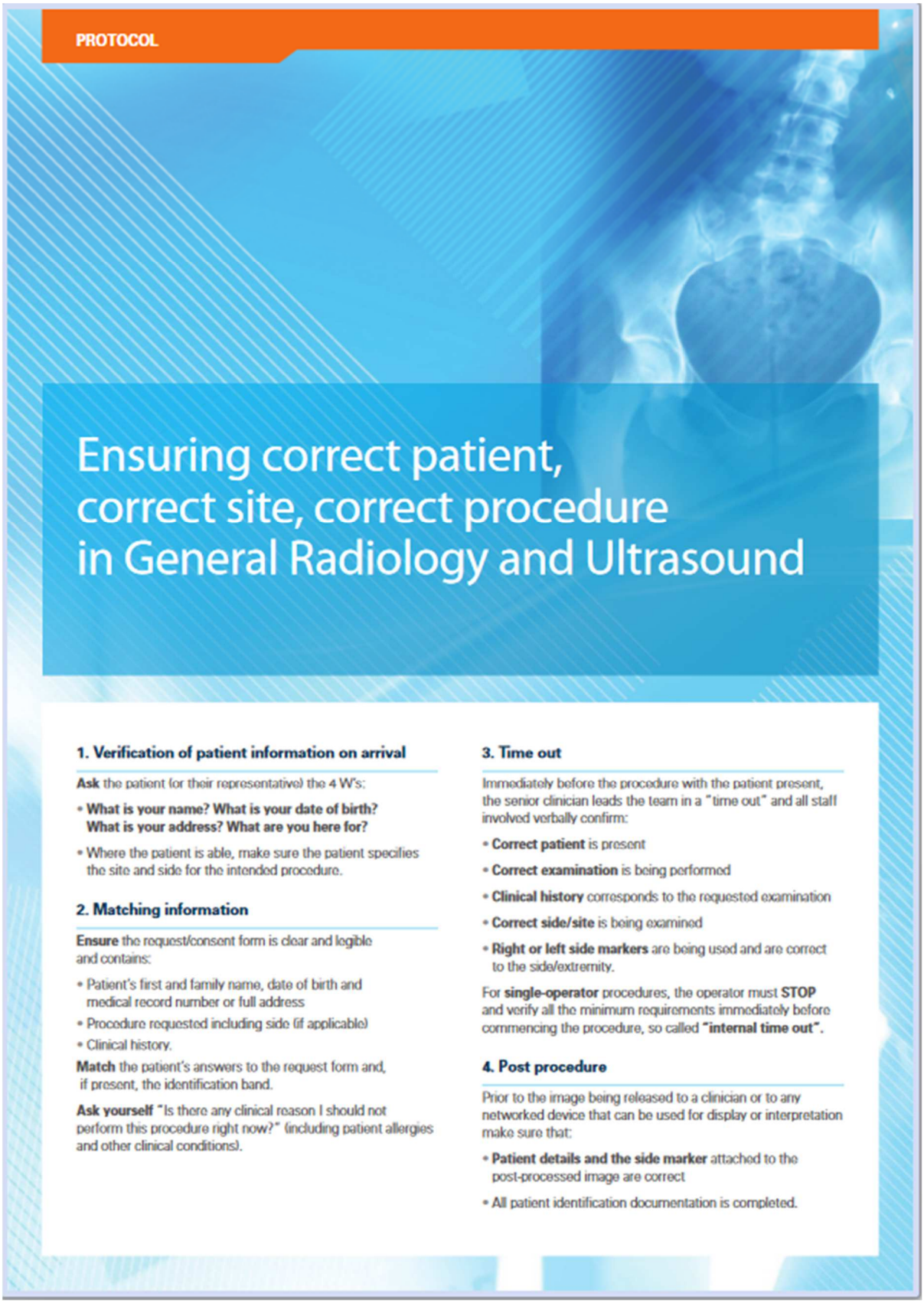
Further investigation

Does incident require further investigation?

Attachment 2 – Quality Improvement Register

Improvement Action Item (include description of event/issue leading to the identification of improvement area)	Source (eg. Patient, Referrer, etc)	Action Undertaken	Person Responsible for Agreed Action	Completion Date

Ensuring correct patient, correct site, correct procedure in General Radiology an Ultrasound



PROTOCOL

Ensuring correct patient, correct site, correct procedure in General Radiology and Ultrasound

1. Verification of patient information on arrival

Ask the patient (or their representative) the 4 W's:

- **What is your name? What is your date of birth? What is your address? What are you here for?**
- Where the patient is able, make sure the patient specifies the site and side for the intended procedure.

2. Matching information

Ensure the request/consent form is clear and legible and contains:

- Patient's first and family name, date of birth and medical record number or full address
- Procedure requested including side (if applicable)
- Clinical history.

Match the patient's answers to the request form and, if present, the identification band.

Ask yourself "Is there any clinical reason I should not perform this procedure right now?" (including patient allergies and other clinical conditions).

3. Time out

Immediately before the procedure with the patient present, the senior clinician leads the team in a "time out" and all staff involved verbally confirm:

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

For **single-operator** procedures, the operator must **STOP** and verify all the minimum requirements immediately before commencing the procedure, so called **"internal time out".**

4. Post procedure

Prior to the image being released to a clinician or to any networked device that can be used for display or interpretation make sure that:

- **Patient details and the side marker** attached to the post-processed image are correct
- All patient identification documentation is completed.

ABOUT THE PROTOCOL

The structure of this protocol follows a four step model of:

1. Verification of patient information
2. Matching that information against the request form (or the consent form where appropriate)
3. Time out immediately prior to the procedure
4. Post-procedure confirmation of the identification of the image.

1. Verification

What information is used to verify the patients identity?

The key information used to verify the identity of a patient is:

- **Their name**
- **Their date of birth**
- **Their address or their medical record number (if they are an admitted patient with an identity band).**

Who verifies the patient details?

The **patient** is the prime source of information for verifying their name, date of birth, and address.

Where the patient is legally a child or unable to confirm these details, then they should be confirmed with the patient's designated representative. If the patient is unable to confirm these details and no representative is present, then a patient identification band (if present) or a staff member accompanying the patient should be used to verify the patient's identity.

How should the verification be sought?

The patient should be asked the 4 W's:

What is your name? Where necessary, patients should also be asked to state their family name.

What is your date of birth?

What is your address? When the patient is not admitted with an identity band containing a medical record number, the patients address should be used as a third item for accurate identity

What are you here for? If a serious discrepancy exists between the planned procedure and the understanding of the patient then this should prompt a double check of patient identity and the nature of the procedure ordered.

For all of these questions, the patient should be asked to state their name, their date of birth and what they think they are here for, **not** questions such as "Are you Jane Smith?" or "Are you here for an X-ray of your leg?".

When should verification be sought?

In general, these prompts represent the minimum information to be obtained from the patient at presentation and at each point when their care is transferred to another health worker. The timing of this verification in these specific situations is included in the protocol.

2. Matching

The answers to the 4 W's should then be checked against the patient's details on their patient identification band (if present) and the request/consent form. If a mismatch is discovered, then the procedure must not commence until the mismatch is resolved in accordance with the protocol/procedure adopted by the organisation.

3. Time out

When all preparatory steps are complete and **immediately before** the procedure is about to be undertaken, a "time out" is to be called for a final team check. This is a structured pause involving **all members of the team** involved in the procedure with the **patient** awake and present. The team members all **verbally confirm:**

- The correct patient identity
- The correct procedure to be performed
- The correct site/side is identified and, where specified by local protocols, marked.

Generally the **senior clinician involved in performing the procedure** will be responsible for calling "time out". Local policies and protocols will specify the requirements for each organisation such as the staff member responsible for calling "time out" and documentation of the process.

For **single-operator** procedures, the operator must **STOP** and verify all the minimum requirements specified above immediately before commencing the procedure, so called **"internal time out".**

4. Post-procedure

Where the procedure results in an image or information intended for the use of another health professional then a post-procedure confirmation of the image is required. At a minimum this must include confirmation that:

- The attached patient details are correct
- The laterality markers are correct.

In addition, where information is recorded electronically and imported to an existing electronic file a process of verification of the patient details in **both electronic files** is required **prior** to electronic linkage.

The patient identification process of verification, matching, time out and post procedural actions should be documented in the patients notes. The specific form of this documentation will vary from organisation to organisation and will be specified in local policies and procedures.

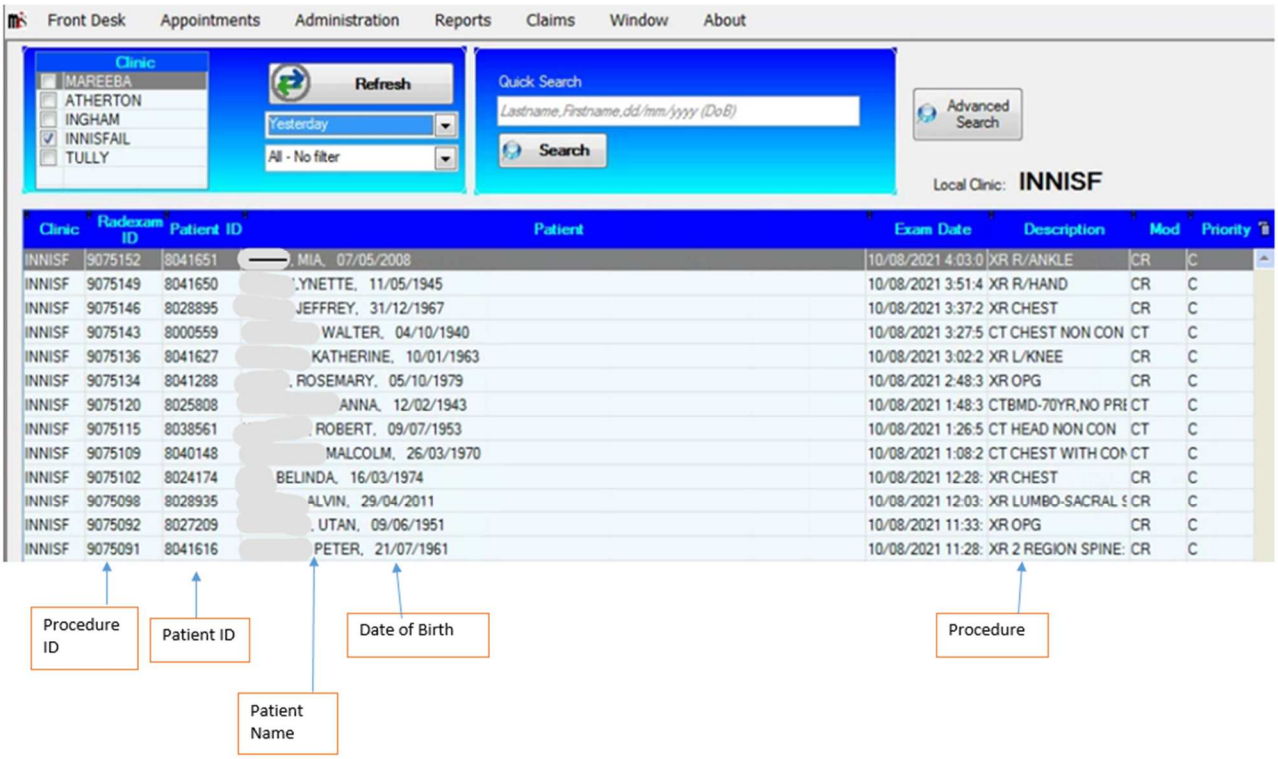
MORE INFORMATION

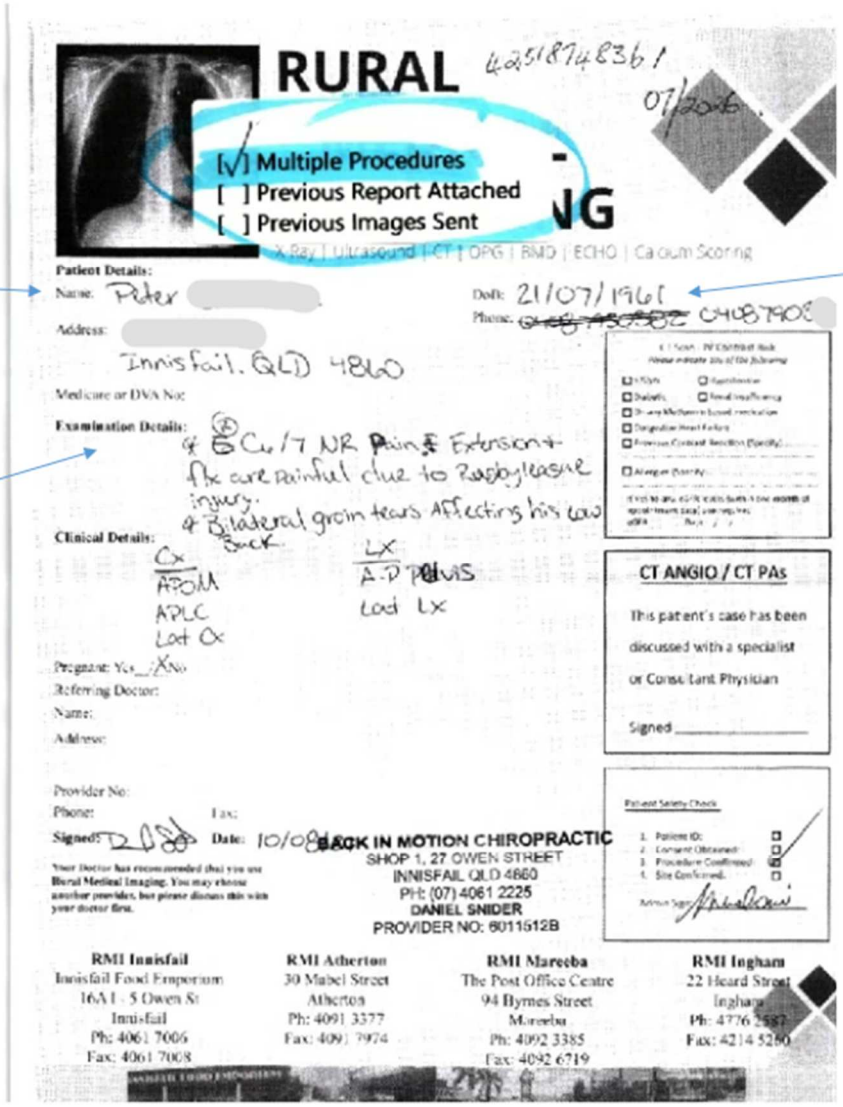
Further information, along with a fact sheet, this document and answers to commonly asked questions is available from:

Australian Commission for Safety and Quality in Health Care
Level 7, 1 Oxford St, Darlinghurst, NSW 2010
GPO Box 5480, Sydney NSW 2001

Tel: (02) 9263 3633 Fax: (02) 9263 3613
Email: mail@safetyandquality.gov.au
www.safetyandquality.gov.au

Attachment 4 Patient Matching

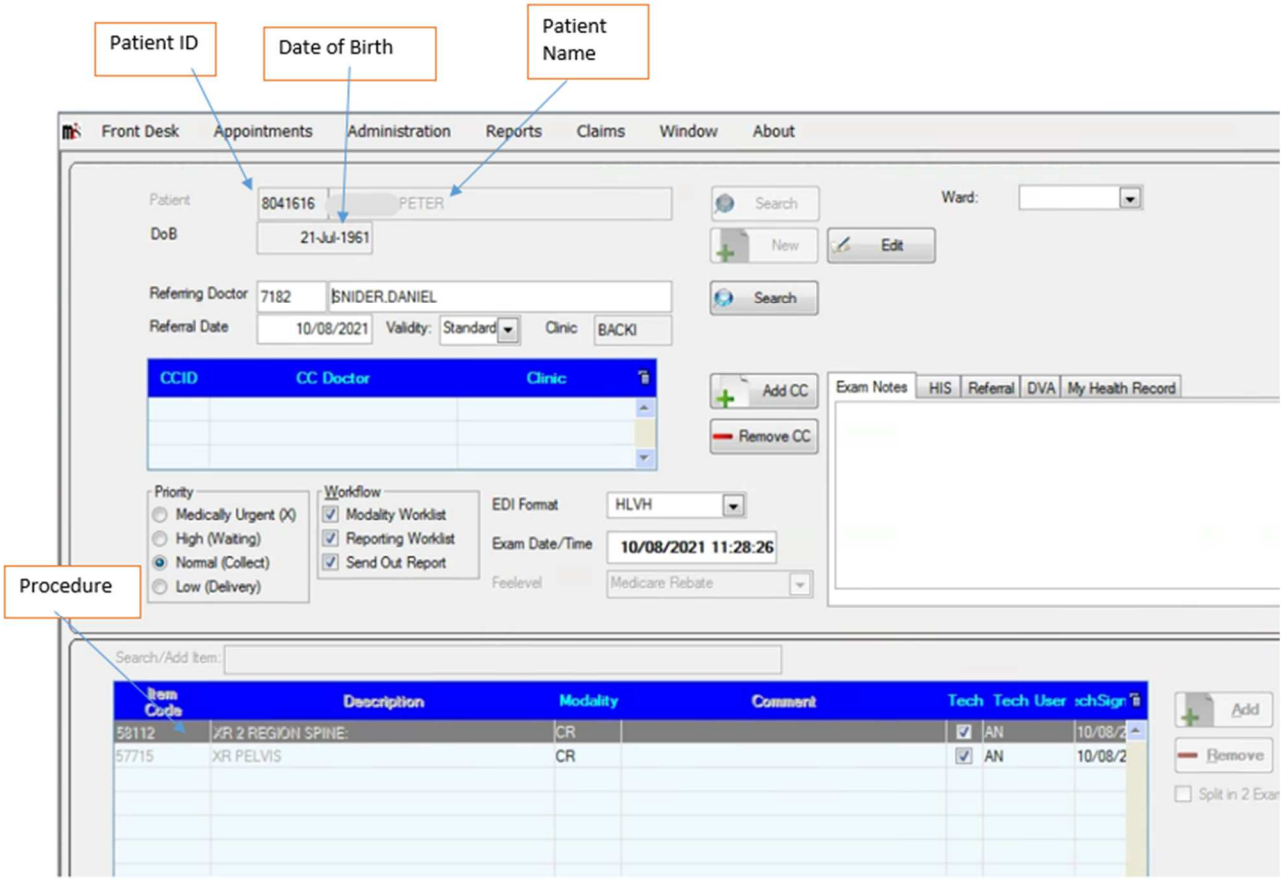




Patient Name

Date of Birth

Procedure


Patient ID
Date of Birth
Patient Name
Front Desk
Appointments
Administration
Reports
Claims
Window
About
Patient
8041616
PETER
DoB
21-Jul-1961
Search
Ward:
New
Edit
Referring Doctor
7182
SNIDER.DANIEL
Search
Referral Date
10/08/2021
Validity:
Standard
Clinic
BACKI
CCID
CC Doctor
Clinic
Add CC
Remove CC
Exam Notes
HIS
Referral
DVA
My Health Record
Priority
Medically Urgent (X)
High (Waiting)
Normal (Collect)
Low (Delivery)
Workflow
Modality Worklist
Reporting Worklist
Send Out Report
EDI Format
HLVH
Exam Date/Time
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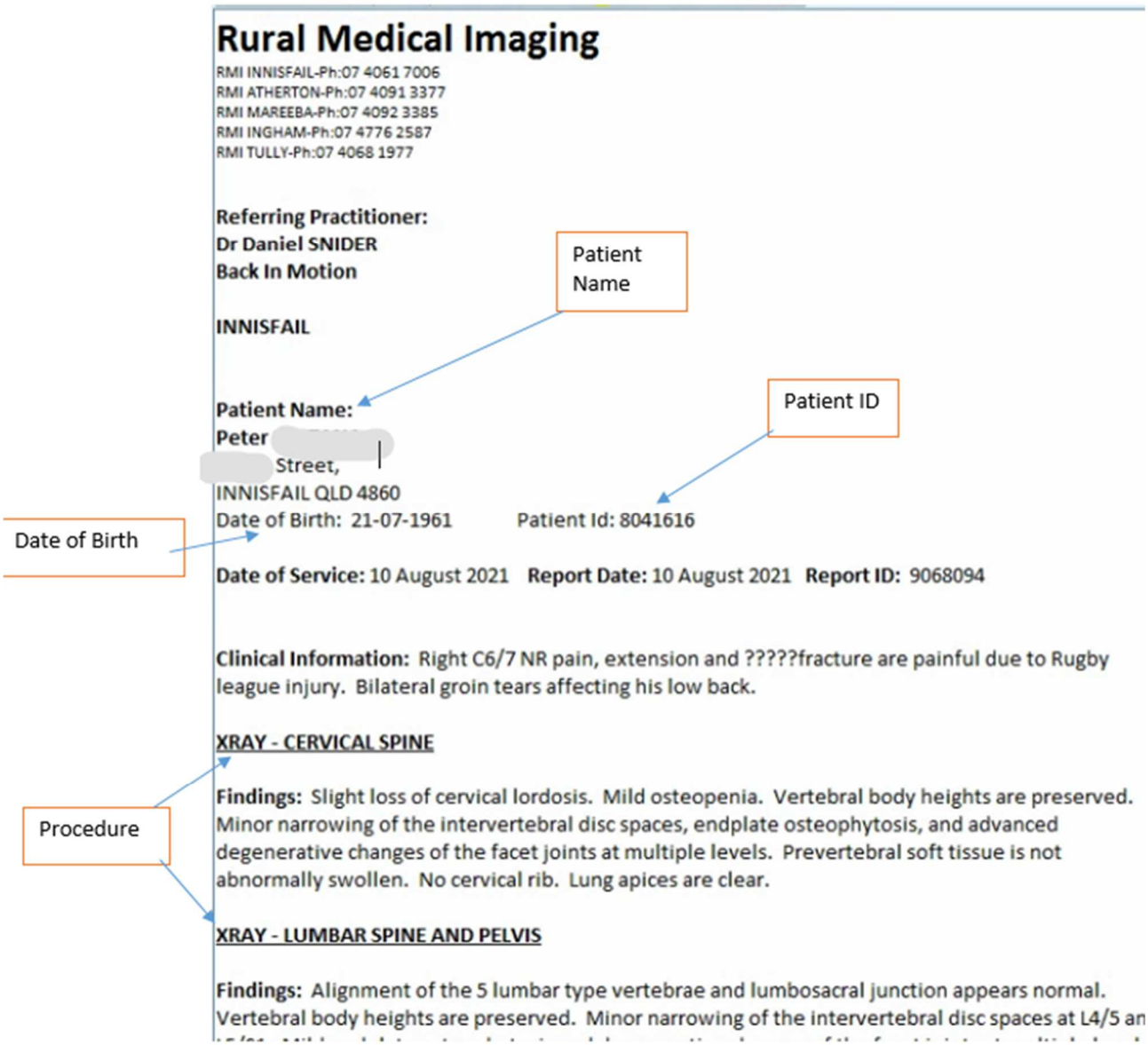
Feelevel
Medicare Rebate
Procedure
Search/Add Item:
Item Code
Description
Modality
Comment
Tech
Tech User
schSign
58112
XR 2 REGION SPINE:
CR
AN
57715
XR PELVIS
CR
AN
Add
Remove



Rural Medical Imaging

RMI INNISFAIL-Ph:07 4061 7006
RMI ATHERTON-Ph:07 4091 3377
RMI MAREEBA-Ph:07 4092 3385
RMI INGHAM-Ph:07 4776 2587
RMI TULLY-Ph:07 4068 1977

Referring Practitioner:
Dr Daniel SNIDER
Back In Motion

INNISFAIL

Patient Name

Patient ID

Patient Name:
Peter [redacted]
[redacted] Street,
INNISFAIL QLD 4860
Date of Birth: 21-07-1961 Patient Id: 8041616

Date of Birth

Date of Service: 10 August 2021 **Report Date:** 10 August 2021 **Report ID:** 9068094

Clinical Information: Right C6/7 NR pain, extension and ?????fracture are painful due to Rugby league injury. Bilateral groin tears affecting his low back.

XRAY - CERVICAL SPINE

Procedure

Findings: Slight loss of cervical lordosis. Mild osteopenia. Vertebral body heights are preserved. Minor narrowing of the intervertebral disc spaces, endplate osteophytosis, and advanced degenerative changes of the facet joints at multiple levels. Prevertebral soft tissue is not abnormally swollen. No cervical rib. Lung apices are clear.

XRAY - LUMBAR SPINE AND PELVIS

Findings: Alignment of the 5 lumbar type vertebrae and lumbosacral junction appears normal. Vertebral body heights are preserved. Minor narrowing of the intervertebral disc spaces at L4/5 an