Improving Patient Double Identifier Process

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Sengkang Health
SingHealth

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Background

A large number of radiological procedures are done in Sengkang Health (SKH) each day. As the workload increases, the likelihood of procedures performed on the wrong patient may unfortunately happen. Such risks are detrimental to everyone, increasing the costs to patients as well as the department as more time and resources have to be allocated to rectify the mistakes.

Current Conditions

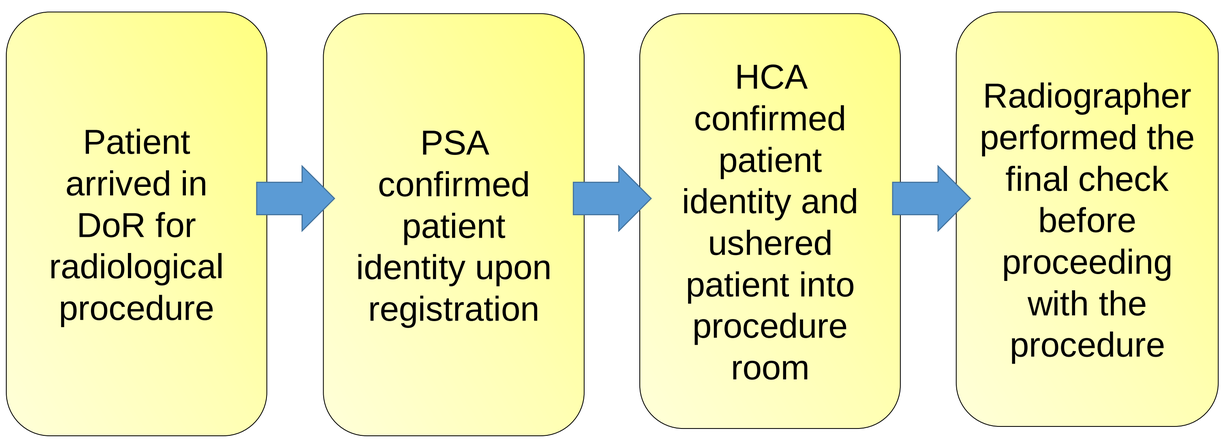


Fig 1: Current Patient Identifying Process in SKH DoR

An interview conducted with 7 radiographers revealed that the double identifiers verification process was conducted on a verbal basis with the patient or the accompanying nurse without proper documentation. The onus to correctly identify the patient is absent when one party assuming that the other had correctly identified the patient may lead to misidentification.

Analysis

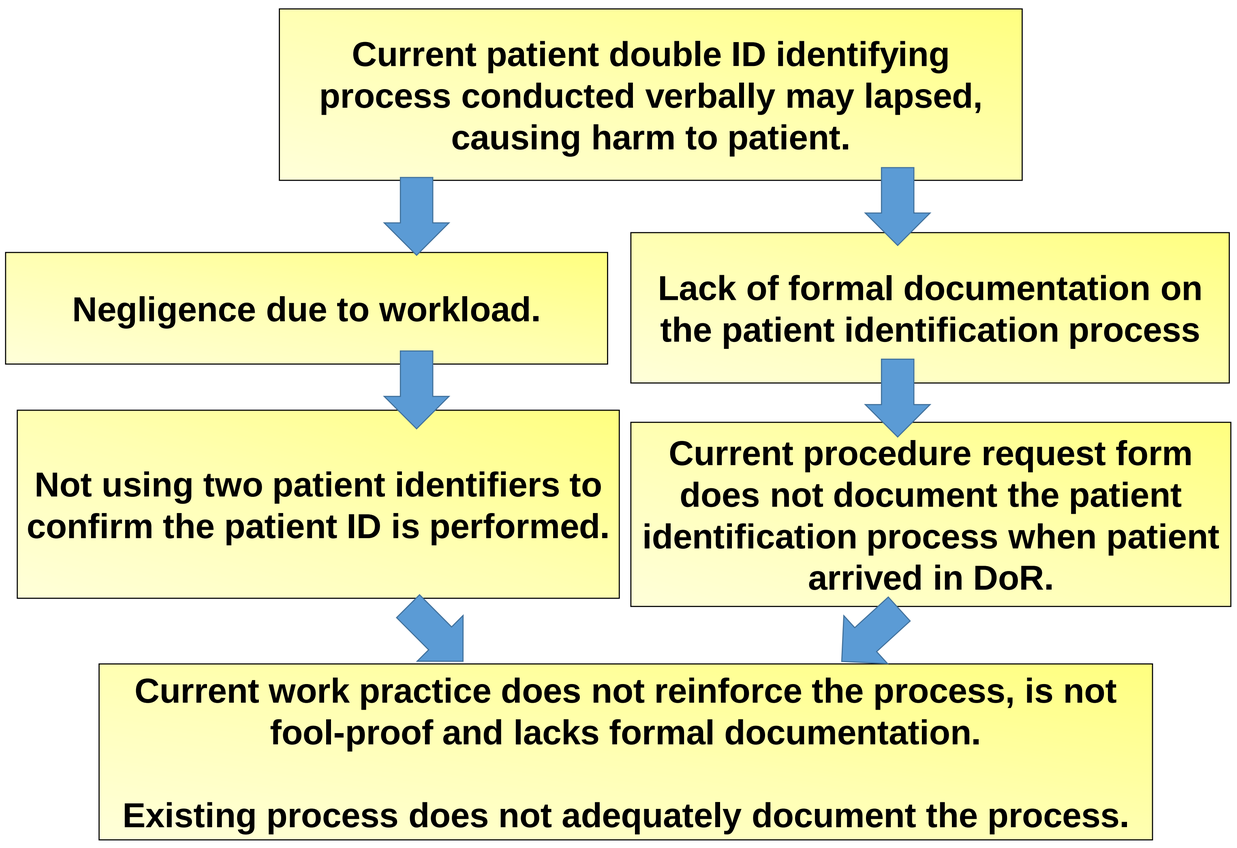


Fig 2: The need for analysis

Goals / Targets

1. Maintaining the current 0% incident rate of conducting imaging procedure on wrong patient.
2. Improve on the current patient double identifier process.

Methodology

1. Actively involve the patient, guardian or accompanying nurse participation in the identification process by formal documentation.
2. Responsibility lies on the radiographer to perform the final patient's identification check. It is vital for patient, guardian, accompanying nurse and radiographer to sign in the text box (Fig 3) on the CPOE form upon acknowledgement.

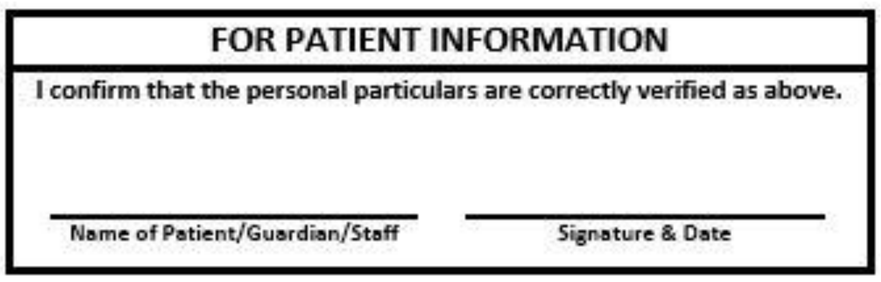
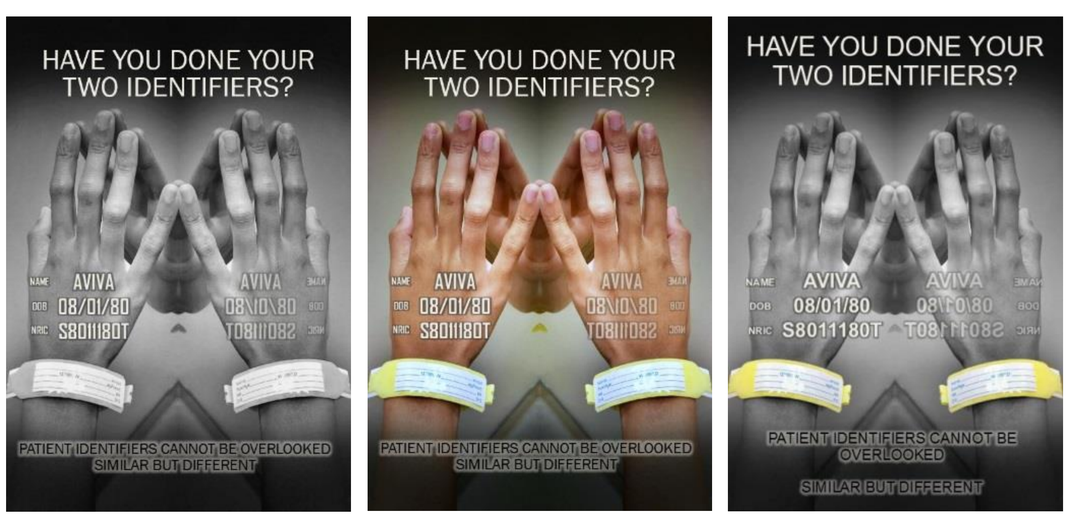


Fig 3

3. Putting up posters as reminders.



S/No	Implementation Plan	Responsible	Date
1	Conduct preliminary analysis and review of current work processes.	Paul, Sulaihah, Evelyn, Benny, Victor	Apr 2016
2	Poster design.	Evelyn	May 2016
3	Review and improve on current patient identifying documentation.	Paul, Sulaihah, Evelyn, Benny	June 2016
4	Finalizing poster design.	Paul, Sulaihah, Evelyn, Victor	July 2016
5	Formalizing the documentation of the double patient identifier process.	Paul, Sulaihah, Evelyn, Benny	August 2016

Results and Conclusion

1. 0% patient misidentification rate is maintained.
2. The double patient identifying process can be documented and audited.