

Sample Policy

Correct Patient Identification and Procedure Verification for Radiology Services

This document is not meant to be used "as is" and is being distributed only as an example of a policy you might implement in your facility. Because different facilities have differing requirements and staffing, there is no one-size-fits-all policy statement for the verification of radiology services. Policies that suggest a standardized verification process require review appropriate for the population and type of radiology service. Consultation with the radiologist, radiologic technologists, and clinical manager, along with your facility's legal counsel, is indicated in developing this policy or procedure.

Correct Patient and Procedure Verification Policy

The purpose of this policy is to ensure that the intended radiology procedure is performed on the correct patient.

Responsibility

All radiology staff assumes responsibility for ensuring that each patient is appropriately identified.

The technologist who administers radiation or any professional staff in charge of radiologic procedures is ultimately responsible for patient identification and procedure verification.

Radiology leaders are responsible for the following:

- Ensuring that this policy is implemented and monitored for compliance.
- Providing opportunities for continuous staff education on patient and procedure verification.
- Ensuring a culture of safety, which encourages reporting and sharing of radiology safety events (including near-miss events) by staff in order to provide opportunities to learn about and reduce risk of harm to patients from wrong radiology errors.
- Ensuring that any radiology occurrences with the potential to result in modifications to patient care (e.g., repeated imaging, administration of medication) are documented in the patient's medical record.

Patient Identification

Purpose

To identify the correct patient for the procedure.

Policy

Inpatients:

- All inpatients should have an identification (ID) band in place.
- Patients are not to be taken to the radiology department without an ID band.

Inpatients and outpatients (e.g., units that do not use ID bands):

- All staff will use at least two patient identifiers to verify patient identity (e.g., name, date of birth, medical record number)
- Staff must verify patient's identity—
 - Prior to patient transport to or from the radiology department.
 - Prior to performing any patient imaging procedure.

- Radiology staff should encourage the patient to be an active participant in the patient identification process, when possible.
 - Staff should ask the patient to state their full name, date of birth, and procedure to be performed. (Staff should *not* state the patient's name and date of birth and ask if the information is correct).
 - Compare the patient's identification band to the patient response to verify accuracy.
 - If the patient is unable to communicate clearly, a family member or caregiver may be able to help.
 - If the patient is unable to communicate clearly and there is no family member available, the patient's identity should be verified with the nursing staff from their unit.
- Radiology staff should check that the patient's identity matches the corresponding source documents.

Imaging Preprocedure Verification

Purpose

To verify the intended radiology procedure.

Policy

Verify that the correct patient identity is present on all available sources of information, such as—

- Electronic medical record (EMR) or chart
- Radiology requisition form
- Radiology imaging schedule
- Order and/or prescription

Review the medical record to confirm the procedure is appropriate for the indication and verify the procedure using the radiology requisition form, order, and consent, if applicable.

Radiology staff are encouraged to regard the patient as an active participant in the preprocedure verification process.

- Radiology staff should ask the patient to state the procedure to be performed while checking the available sources of information. The patient's response should match the documents.
- If the patient is unable to actively respond to the questions asked, the patient's procedure must be verified by a family member or caregiver.
- Resolve any inconsistencies between the patient's response and other available sources of information.
- In the procedure or examination room, identify and mark the procedure site (if appropriate) per facility site-marking policy.

Review the medical record to ensure patient has received ordered preprocedure preparation (e.g., intravenous fluids, pre-medications), discontinued contraindicated medications as instructed, and that laboratory study results and prior radiology images relevant to the procedure are available.

Time-Out

Purpose

To re-confirm that the intended radiology procedure is performed on the correct patient.

Policy

Perform the time-out in the room where the procedure will be done.

Immediately before the procedure, the technologist and/or any other provider (e.g., radiologist, nurse, resident) performing or assisting with the procedure, again verify the patient's identity (using two patient identifiers) and the procedure (including site, side, and contrast, if applicable), and confirm that laboratory results and prior radiology images relevant to the procedure are available.

- All members of the team should ensure that the patient has been accurately identified and the correct procedure is intended for the patient.
- Staff are encouraged to speak up if they have any concerns about any information communicated or documented.
- Procedures should not continue until providers have resolved any questions or concerns about the patient's identity, procedure contraindications, or documentation discrepancies.
- Resolution of issues regarding contraindications to the procedure or documentation discrepancies should be addressed with the ordering provider.

(Facilities may use the accompanying tool, "Radiology Services—Patient and Procedure Verification Checklist," available from the Pennsylvania Patient Safety Authority as an adjunct to this sample policy.)

For more information, visit <http://patientsafety.pa.gov>

This sample policy accompanies
Adapting verification processes to prevent wrong radiology events.
Pa Patient Saf Advis [online]. 2018 Sep [cited 2018 Sep 20].

Available from Internet:
http://patientsafety.pa.gov/ADVISORIES/Pages/201809_WrongSiteRadiology.aspx