

Unidentified and Hospital Trauma Patients - Identification

Date	Version
June 2015	4

Purpose

This SOP provides clarity on the process to follow for patients where their identity cannot be confirmed or the patient is a hospital trauma patient and requires urgent diagnostics immediately upon arrival in hospital.

Who should read this document?

All clinical and administration staff involved in registering or checking the identification of a patient.

Key messages

This SOP is intended to inform staff of the process to follow when an unidentified patient or hospital trauma patient is given an alternative temporary identity, enabling immediate treatment to be given.

Patients admitted under 'unidentified patient' status will have red (not buff coloured) notes folder. The patient's wristband will detail a surname beginning with QQ and the phonetic alphabet used for their first and surnames. The date of birth also will make the patient over 140 years.

Following confirmation of the patient's identify and 24 hours after admission, the patient's 'unidentified' details can be changed to their own demographics by following the agreed process detailed in this SOP with one person taking responsibility for all actions detailed in the Checklist.

Accountabilities

Production	Miriam Smith, Emergency Planning & Liaison Manager
Review and approval	Unidentified Patient Review Group
Ratification	Director of Corporate Business
Dissemination	Emergency Planning & Liaison Manager
Compliance	Unidentified Patient Review Group

Links to other policies and procedures

Major Incident Plan
Blood Transfusion Policy

Version History

Vs 4	05/06/2015	Reviewed and amended by Unidentified Patient Group
Vs 3	21/08/2014	Final version – amended and approved after testing under live controlled conditions

Vs 2	14/08/2013	Reviewed and amended by Unidentified Patient Group
Vs 1	24/05/2011	Previously Approved by Clinical Governance Steering Group
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June 2015		May 2017

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

Unidentified and Hospital Trauma Patients - Identification

1 Purpose and Scope

- 1.1 As the majority of patients are known to the hospital, the normal procedure to ensure that the correct patient is being treated is by:
- Looking up the patients details on the Emergency Department's computer system (EDIS)
 - Identifying the patient by required demographics:
 - Forename
 - Surname
 - Date of Birth
 - Hospital Number/NHS Number
 - Gender
 - Attaching an identification wrist band containing these details to the patient
 - Checking these "five points of identification" against documentation generated by the EDIS system
 - Checking verbally with the patient where possible
- 1.2 These details are checked during each patient intervention, for example the administration of drugs. The same details are required to be transcribed on all request forms for tests and diagnostic procedures, such as blood tests and radiology requests.
- 1.3 If the patient's identity cannot be confirmed or the patient is a trauma patient that is subject to a hospital trauma call and requires urgent diagnostics immediately upon arrival in hospital, a red pre-registered Unidentified Patient notes will be issued to the Resus Team. This SOP does not apply to inter-hospital trauma transfers and ED trauma calls, as these patients are not time critical and should be booked onto EDIS after the patient's arrival using their own demographics.
- 1.4 Unidentified Patient identification numbers are not to be used during computer downtime – whether planned or unplanned. A separate system is in place, for this event, to ensure that separate hospital identification numbers are issued to new patients when the computer systems are not available for use.

2. Risks to Unidentified Patients

- 2.1 When an unidentified patient, who is unconscious, unable to communicate, or is unaccompanied, their 'unidentified' status may put them at risk throughout the course of their diagnosis and treatment.
- 2.2 The safety of unidentified patients is compromised because the criteria for the normal checking procedures are absent. This risk of personal harm is therefore heightened when the patient is Unidentified.
- 2.3 Similarly, hospital trauma patients require urgent access to diagnostics and therapeutic measures, where time is critical and cannot wait for patients to be registered on iPM and EDIS. This SOP therefore applies to hospital trauma patients meeting this definition also.
- 2.4 The Trust is therefore required to have a robust system in place for the identification of these patients to ensure their safe diagnosis and treatment throughout their current episode of care.
- 2.5 This operational procedure applies to live as well as deceased patients, if they enter the hospital as 'unidentified'.

3 Procedure to Follow

- 3.1 The Emergency Department Nurse will make every effort to identify the patient. All property brought into the hospital with the patient will be searched for identification purposes. No patient details must be entered into the computer until the patient's identity has been confirmed.
- 3.2 The Police will be informed of the admission and will be asked to trace the patient and/or any relatives.
- 3.3 For patients where their identity cannot be confirmed and for hospital trauma calls that require urgent diagnostics immediately upon arrival, a red Unidentified Patient pack should be used. This will be pre-registered on all the clinical systems and contains 2 wrist bands (1 white and 1 red [allergies]), 2 sheets of labels, Trauma booklet and ATMIST form.
- 3.4 The unidentified patient will be issued with wristband and labels that have 'QQ' in front of the surname and the phonetic alphabet will be used for both the surname and forename – see Appendix 3. For example

Surname QQALPHA **Forename** Uniform

- 3.5 The Clinical Systems Team and Emergency Department Receptionists will ensure that hospital ID's and packs are registered and issued in non-sequential order, to avoid patients with the same surname or forenames being cared for on the same ward at the same time.

- 3.6 The Emergency Department Nurse will collect a red hospital notes folder from Reception and ensure that the Receptionist has one pre-printed label to place in the Unknown Book. This book will be up-dated as and when the patient's own demographics are known. The Receptionist will also email Plymouthictservicesdesk@nhs.net to confirm that a red Unidentified Patient folder has been issued together with any known patient details eg name, previous hospital number etc.
- 3.7 Following arrival of the patient, the ED Nurse will inform the Receptionist of the patient's arrival, so they can book the patient on EDIS Triage screen and complete the data as normal but must not click the 'unknown' box.
- 3.8 The Emergency Department Nurse will immediately attach 1 of the wristbands to the patient and destroy the second wristband and the old label sheets.
- 3.9 NO diagnostic samples will be sent to the other departments until the patient is wearing a wristband to confirm their unidentified status.
- 3.10 All specimens and diagnostic tests must be ordered using the information detailed in 1.1 – until patients details are formally changed (see Section 4).
- 3.11 When requesting blood products for the unidentified patient, it is essential that the requestor stipulates the patients GENDER and an approximate age. If age is also unknown, the requestor must state clearly if the unidentified patient is an ADULT or CHILD. This will ensure that the patient receives the safest and most appropriate emergency blood products.
- 3.12 The same identification procedure will apply to patients that are fast-tracked through the Emergency Department eg those immediately transferred to the Cardiac Catheter Labs.
- 3.13 **The patient's 'Unidentified' status must continue for 24 hours, at which point patient details can be formally up-dated on electronic systems.** Once a red unidentified patient pack has been issued, the allocated identifiers must continue to be used for 24 hours, even if the patient's own name and date of birth are confirmed during this period. The only exception to this is for Critical Care and that for all areas the electronic merging is undertaken during office hours.
- 3.14 Paper records will remain as originally written and not amended to reflect patient's actual details.
- 3.15 If a patient is found to be double registered, the merging of the records will only take place after the patient has been discharged unless there is found to be an ESSENTIAL clinical need to merge the records whilst the patient is a current inpatient (as detailed in Section 4).
- 3.16 The step-by-step process to be followed is printed inside of the red 'Unidentified Patient' case note folder – latest version is detailed in Appendix 2.

4 Key Duties - What to do when the identity is realised

- 4.1 During the course of the patient's treatment, their identity may become known. When identity is confirmed, ward staff should determine whether the patient is known to the Trust and a previous set of notes and hospital number exist.

Patients Previously Registered on iPM

- 4.2 When patient's identity has been formally confirmed and a double registration has been identified, the ward/department caring for the patient must email Plymouthictservicesdesk@nhs.net to inform the Clinical Systems Team of the 2 sets of records required to be fully merged upon discharge.
- 4.3 Existing notes must be ordered to obtain their medical history. At the same time, a check should be made to determine if there are any current alerts detailed on their previous iPM number that should be transferred to the Unidentified Patient Number eg security alert.
- 4.4 When the identity is realised, and you are in possession of the patient's original case notes (for information use only) you will then have 2 hospital numbers for this patient. You must continue to use the number the patient was admitted under.

IT IS IMPORTANT AT THIS TIME THAT THE PATIENT'S NEW HOSPITAL NUMBER AND NOTES ARE USED

DO NOT REVERT TO THE ORIGINAL HOSPITAL NUMBER

FOR WRITTEN (NON-ELECTRONIC) RECORDS LEAVE PATIENT DETAILS AS ORIGINALLY RECORDED AT THE TIME OF ADMISSION - DO NOT CROSS OUT OR AFFIX NEW LABEL OVER QQ DEMOGRAPHICS

- 4.5 Care given when the patient was referred to with the QQ surname must remain as originally recorded at the time of writing. Do not cross out or stick new labels over the original information, as this information may need to be referred to at a later date. New documentation after electronic merging should reflect the patient's own name and date of birth.
- 4.6 Following confirmation of the patient's identity and 24 hours after admission, the patient's 'unidentified' details can be changed to their own demographics by following the agreed process. Only Critical Care can amend details earlier than 24 hours, providing blood products are returned to Blood Bank immediately. However for all areas, this process must only be undertaken between Monday – Friday 09:00 – 17:00.
- 4.7 For safety reasons, ONE person must take responsibility for undertaking ALL actions detailed below and the Checklist completed – see Appendix 5:

- a) contact Blood Bank on Tel 52828 to confirm you are proposing to change the patient's identify details on iPM and ask if there are any outstanding blood products*
- b) if there are blood products already in the system for this patient (unless blood products are to be transfused before the identity change) clinical area must arrange the return of these Blood Bank immediately
- c) check with Clinical Staff that there are no outstanding orders to be resulted in iCM
- d) when there are no outstanding blood product requests, ensure 'unknown' details are amended to patient's actual details on iPM using new hospital number allocated upon current admission. Again when checking with Blood Bank if any blood products are outstanding, inform them you are proposing to change the patient's identity details.
- e) the person changing the patient details on iPM system needs to ensure that the patients' medical team are informed and that another 'Group and Save' sample needs to be sent to Blood Bank. This sample needs to be sent, using the patient's new hospital number (allocated on current admission) and their true patient identifiers (forename, surname and date of birth, gender).
- f) place 'Alert' sticker on pre-existing notes and annotate that the identification number allocated upon current admission and 5 patient identifiers are to be used
- g) using the new hospital number allocated for this admission, amend the patient's details to their own including full name, date of birth, gender.
- h) print and attach an up-dated wristband to the patient that details the same hospital ID used on admission with the patient's actual name, date of birth and NHS number
- i) leave the original wristband in place – for cross-referencing purposes as this will detail the same hospital ID and confirm the demographics the patient was admitted under eg Bravo QQALPHA and DoB 01/01/1873

* This is **essential** for processing blood products & for radiological purposes. For safety reasons, blood for transfusion that has been requested under the 'unidentified' status will NOT be able to be transfused if the 'unidentified' details are discarded at this stage in favour of the patient's actual identification details. This is because the patient details will then not match the cross-matched blood when the pre-transfusion checks are performed.

4.8 When the new hospital number is amended on iPM with the patient details, the system will automatically feed the up-dates across other clinical IT systems, apart from EDIS which will need to be manually amended.

- 4.9 The patient's 2 identity bands (both with the same hospital ID but one with unidentified details and second with patient's own details) must NOT be removed, until the patient is discharged from hospital.
- 4.10 Until the patient's identity can be confirmed, deceased patients will not be released from the Mortuary into the care of a funeral director. Notify Clinical Systems Team via email Plymouthictservicesdesk@nhs.net of the patient's identity
- 4.11 Original notes will only be formally merged with the new set, by the Clinical Systems Team once the patient has been discharged.

New Patients

- 4.12 If the patient is not previously known to the Trust and this is their first admission, ward staff should continue to use the hospital number allocated upon admission and up-date the patient's details on iPM, once confirmation of identity has been obtained.

Organ Donation

- 4.13 In order to nationally register organs available for transplant, Specialist Nurses for Organ Donation may need to undertake this process detailed in Section 4 and complete the associated Checklist outside of office hours, with the support of the MAU Ward Clerk.
- 4.14 When liaising with Transplanting Centres, the Specialist Nurse may request the Doctor involved in the care of the patient to review the diagnostics available and document in the patient's notes that the results/images relate to the same patient and cross-reference the QQ demographics.

Deceased Patients

- 4.15 In the event that a patient has died and there are no further imaging or blood requirements, records should be merged at the time and patient's wristband replaced detailing their actual identifiers, prior to the patient transferring to the Mortuary. This must be undertaken with staff able to confirm and document the actual identity of the patient.
- 4.16 If the patient dies in the Emergency Department or Theatre before reaching a ward, the Emergency Department Receptionist should be informed on Tel 52511, in order that they may up-date iPMs with the date and time of death of the patient. If the patient is double registered, both records need to be marked as deceased.

5 Request for Patient Details to be Withheld

- 5.1 Occasionally the Police will request that a patient with a confirmed identity is not readily identifiable within the hospital including computer records (eg iPM).
- 5.2 Changing a patient's identity to a pseudonym increases the clinical risks associated with mis-identification and must not be undertaken. This position has been agreed

with the Police. However an alert must be placed on iPM to reflect the highly sensitive nature of the patient's details including their location.

5.3 When the police highlight such a patient, an alert must be immediately entered on iPM as follows:

Select Patient Alert → *'Add new patient alert'*

Select Category → *'Security alert'*

Select option → *'Police investigation – patient details must not be disclosed'*

Enter comment → eg *Contact patient's ward to report information request*

Enter End Date → Enter date of discharge or date security alert no longer applicable

6 Health Records and Amalgamation of Case Notes

6.1 The Red folders must be traced on iPM using the QQ prefix.

6.2 The newly generated identification details will remain "active" on all the hospital computer systems for this complete episode of admission. They cannot be removed or replaced until the Clinical Systems Team performs a formal merge of the patients' two identities. This can only happen after the patient is discharged and the Clinical Systems Team physically has both sets of notes in their possession.

6.3 It is important therefore that after clinical coding, BOTH sets of notes are traced back to the Clinical Systems Team at the end of the episode of care.

6.4 If this is the patient's first hospital contact, re-file all the paperwork into a new hospital case-note folder. All unidentified patient folders i.e. Red Folders should be destroyed after the amalgamation. Central Records Library or your supervisor will need to be contacted to delete the QQ entry from iPM.

6.5 The Emergency Department EDIS system and PATH/Blood Hound needs to be manually amended to reflect the patient's actual details, before the patient is re-admitted and to merge historical records for the patient. The Merge Team will inform, via email ED and Blood Bank the details required to be amended of the merged patients – see Appendix 4.

7 Document Ratification Process

7.1 The design and process of review and revision of this document will comply with the Development and Management of Trust Wide Documents.

7.2 The review period is set as a default of 2 years from the date it was last ratified or earlier if developments with or external to the Trust indicate the need for a significant revision to the procedures described.

7.3 This document will approved by the Unidentified Patient Committee and ratified by the Director of Corporate Business.

- 7.4 Non-significant amendments to this document may be made under the delegated authority from the Director of Corporate Business by the nominated author. These must be ratified by the Director of Corporate business and reported retrospectively to the Unidentified Patient Committee.
- 7.5 Significant reviews and revisions of this document will include a consultation with senior individuals involved in the process. Non-significant amendments, informal consultation will be restricted to named individuals affected by the proposed changes.

8 Dissemination and Implementation

- 8.1 Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.
- 8.2 Controlled copies are watermarked 'Uncontrolled if printed' in red ink. No printed copies of this SOP are permitted. Any copies should be immediately destroyed.
- 8.4 If this SOP appears incomplete, or outdated it is the responsibility of all staff to draw it to the Emergency Planning & Liaison Officer's attention.

9 Reference Material

Data Protection Act 1998

PLYMOUTH HOSPITALS NHS TRUST

**Unidentified patient
Number**

CONFIDENTIAL

.....

UNIDENTIFIED PATIENT

Patient identified: Date:

Once patient has been identified, follow process detailed in Unidentified Patient and Hospital Trauma Patients - SOP

Previously registered on iPM Yes No

Existing hospital number

SUMMARY OF PROCESS TO BE FOLLOWED IN ALL CASES**Emergency Department Receptionist:**

- Pre-prepare a supply of red 'Unidentified Patient' case note folders
- Ensure a supply of registered Unidentified Patient case note folders are available for use and are not in sequential order
- Email the 'Clinical Systems Team' the patient details and the 'Unidentified Patient' number used

Emergency Department Nurse:

- Attaches pre-numbered wrist band to patient and ensure Receptionist has 1
- label, for the Unidentified Patient Book

Staff Requesting Diagnostics:

- Order all requests using the Unidentified Patient Number

When patient's identify has been confirmed:**All staff must**

- Continue to use the Unidentified Patient Number and Notes
- At an appropriate time, amend patient details as detailed in Section 4
- Designate 1 person to complete Checklist in full
- Email the 'Clinical Systems Team' with the patient's actual details
- Record the existing hospital number on the cover of the red Unidentified Patient case notes

Ward Administrator / Receptionist, following discharge**If patient is double registered:**

- Once the notes have been returned from Clinical Coding send both sets of patient's notes to the Clinical Systems Team in the NU Building

Non-double registered patients ie new patients:

- Refile all paperwork into a new buff Hospital casenote folder and return to Central Records Library, Bush Park. Red 'unidentified patient' folder should be destroyed when all paperwork has been refiled

Merge Team

- Liaise with ward to confirm progress on determining identity of patient
- Identify all hospital records relating to patient and merge into one record and hospital number
- Email named Emergency Dept contacts so that EDIS can be amended
- Email plh-tr.TransfusionTeam@nhs.net with the completed merge team notification to Blood Bank form so that PATH/Blood Hound can be amended

Only the phonetic alphabet will be used for the unidentified patient's surname and forename – with the surname pre-fixed by QQ.

Alpha	November
Bravo	Oscar
Charlie	Papa
Delta	Quebec
Echo	Romeo
Foxtrot	Sierra
Golf	Tango
Hotel	Uniform
India	Victor
Juliette	Whiskey
Kilo	X-ray
Lima	Yankee
Mike	Zulu

On the formal merge of the unidentified patient, please send this completed form to:

plh-tr.TransfusionTeam@nhs.net

Unidentified Patient details

Surname	
Forename	
Date of Birth	
Hospital Number	

Merged to:

Surname	
Forename	
Date of Birth	
Hospital Number	

Date of Merge: _____

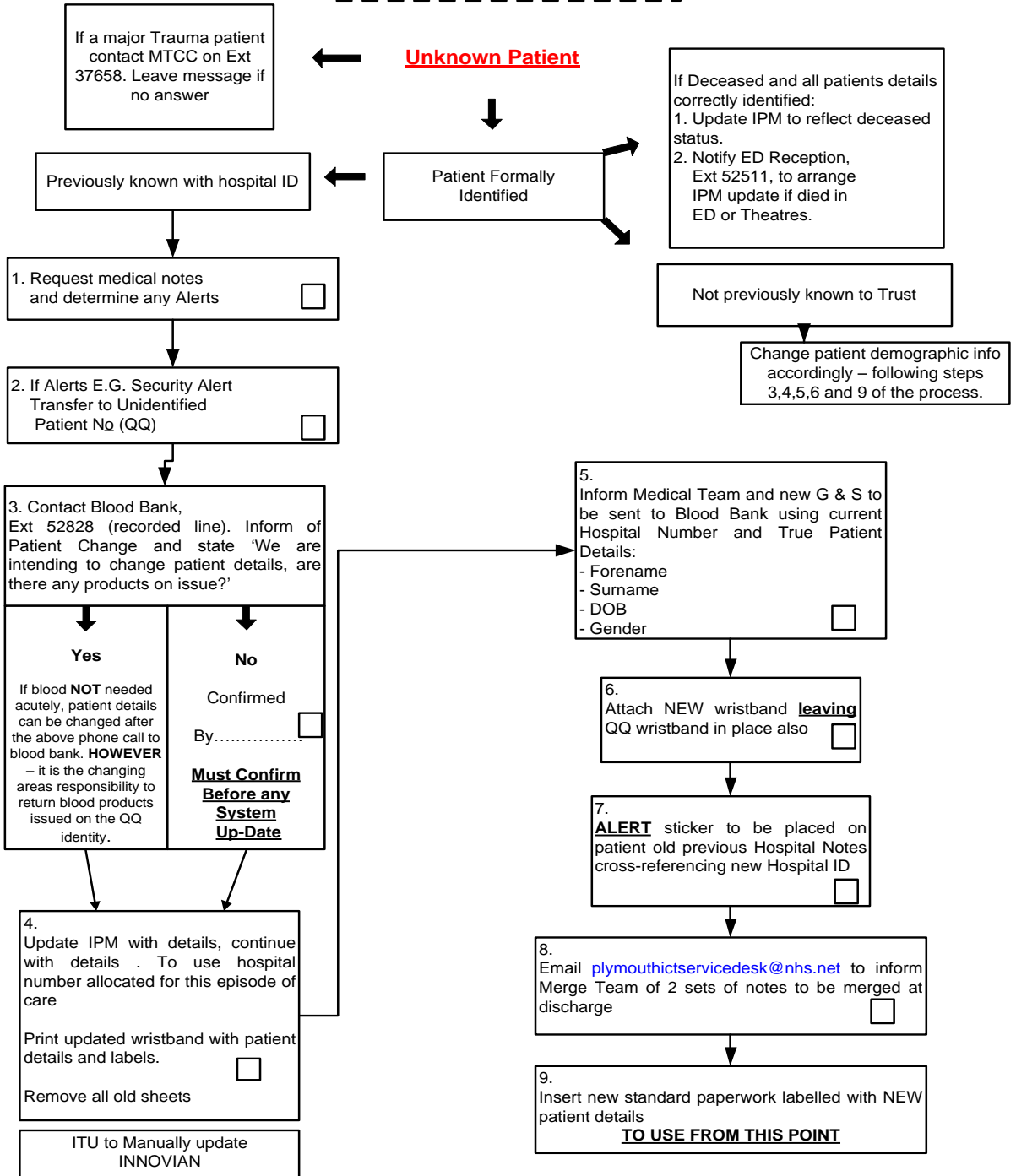
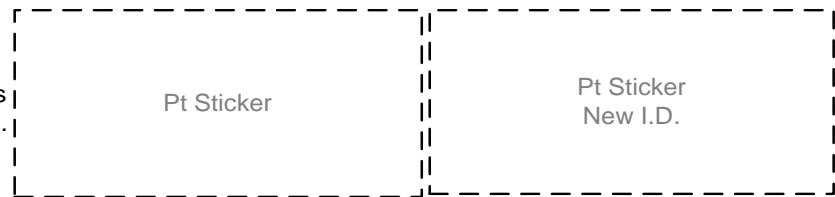
Details updated in PATH/Blood Hound System by: _____

Date of amendment to PATH/ Blood Hound system: _____

Unidentified Patient Checklist

All actions to be completed, as one process, at the same time.

ONLY USE MON – FRI 9-5



Date -

Completed By -