Patient Identification Bands

Theme | Learning From Incidents

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SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Initial data shows that patient identification bands contain errors or are sometimes missing altogether. This data is collected by the phlebotomy/pathology teams as they must check the patient wristband before they can bleed a patient.
The patient identification band is an essential safety tool to ensure that the patient receives the right care, assessments and treatments during their hospital stay .

SMART AIM

S SPECIFIC M MEASUREABLE A ACHIEVABLE R RELEVANT T TIME-BOUND

To decrease the number of errors or missing patient identification bands 50% by the end of November 2024 as evidenced by data collected by phlebotomy service.

PLAN

Data from the phlebotomy and pathology teams highlighted an issue with patient identification wristbands.

The plan was to look at possible solutions to the problem. This included talking about the issue to all staff, trailing checklists, searching for alternatives and sourcing or maintaining equipment.

DO

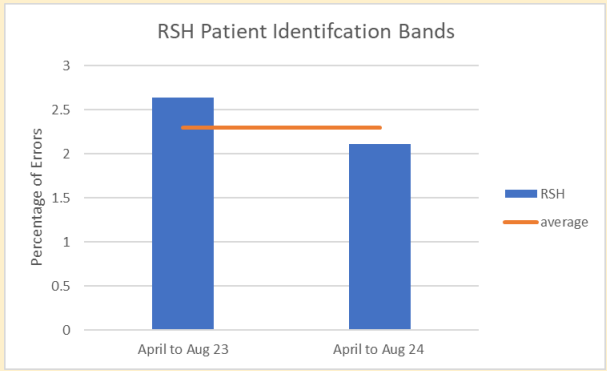
Two different wards (wards 35 and 24) were able to demonstrate that using a checklist reduced the number of patient identification bands that had errors. They were able to share this at the weekly nursing , midwifery and AHP meeting with other ward managers. There was reluctance to use this as a universal method as some felt it added to an existing high workload for ward based staff.

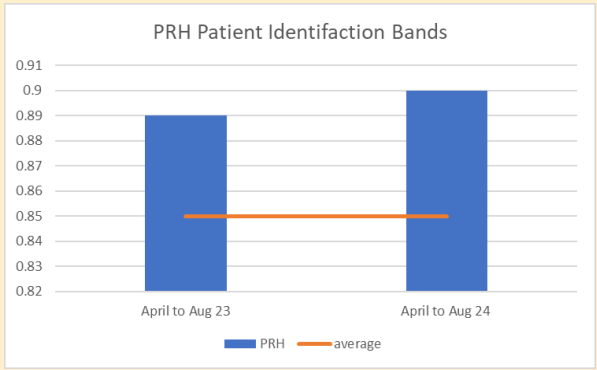
Issues with printers had been identified and new equipment was ordered.

There was some work around sourcing alternatives to wristbands, however current options were not deemed suitable.

STUDY

Overall, we did not see a decrease by 50 % in errors. RSH reduced the average error rate from 2.64% to 2.11% (a 20% reduction in error rates) and PRH remained the same (0.89% to 0.9%)





ACT

To **Adopt** a process of monitoring patient identification band errors by using the 'ask five' tool in the monthly quality governance audits.

To **Adopt** the process of phlebotomy staff making wards aware of errors and using Datix to report.

Although Error rates are low, the team would like to acknowledge that each error does represent a risk for the patients and that the continued monitoring is necessary.

ACKNOWLEDGEMENTS & REFERENCES | With many thanks to Wards 27 and 35 , the Quality Matrons and the Phlebotomy and Pathology staff for collecting data.