



Service Priorities and Programmes
Electronic Presentations

Convention ID: 533

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Correct Patient Identification Project - novel approach to engage staff to improve awareness

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Keywords:

video
multimedia
voting
newsletter
laser-gun

Introduction

Patient misidentification is a one of the key risk factors in A&E department that could have inadvertent outcome - harming patient and medico-legal consequences. When patient is discharged from A&E, the staff member is required to check the correct identification of the patient. However, there are some areas where a wrong patient may be mistaken for another patient due to: - Same name - Similar name - Patient/staff is in a hurry - Patient/staff does not regard correct identification as major issue

Objectives

To increase the awareness of correct patient identification among staff To engage staff in correct patient identification To engage patient in correct patient identification

Methodology

A focus group consisting of medical and nursing staff was formed to look after the issue of patient identification. A quality improvement program was set up to implement the following: 1) An audit on discharge compliance before and after the implementation 2) Revision of departmental discharge guideline 3) Production of patient education videos 4) Competition of best patient education videos 5) Incorporation of a laser-gun to assist discharge process 6) Newsletter to promote patient identification

Result

1) We focused on 4 specific areas: i) Match the core identifier (e.g. name) on all discharge documents with that on the A&E Card. ii) Ask patient to speak out his/her own name iii) Check patient's identity card number or address, or other person-specific identifier. iv) Remind patient or patient's relatives to check the correctness of patient's name on all the documents given before leaving the hospital. The pre-intervention compliance scores for i) and iii) were 100%. After the intervention, the score of ii) also rose to 100%. There is also improvement in iv) with a substantial

rise of compliance from 69.2% to 94.4%. 2) A new departmental guideline on discharge was revised to streamline the discharge process with implementation of correct patient identification 3) and 4) A total of 9 teams were set up to produce patient education videos to be shown to patients while waiting in the waiting hall on importance of correct patient identification. 5) A laser-gun with the ability to scan the bar-codes on the different documents were developed and put to use. 6) A newsletter was prepared to summarize the project and sent to all staff at the end of the program.