



Mercy Services

CLIENT IDENTIFICATION POLICY

Manual: Service Delivery

Document ID: E.27

1. PURPOSE

To ensure clear guidance is provided for the identification of clients prior to receiving personal or clinical care from Mercy Services

2. WHO DOES THIS POLICY APPLY TO

This procedure is applicable to all clinical and non-clinical staff who are involved in:

- Personal care provision;
- Administration of medications;
- Clinical procedures;
- Following Advanced Care Directives or other treatment limitation decisions;
- Administration procedures and client documentation.

3. POLICY

In order to support and ensure client safety it is paramount; the identity of the client is confirmed prior to personal care provision and/or clinical interventions.

Everyone engaged in client personal and clinical care will comply with client identification procedures, which encompasses:

- Admission to services;
- During the care delivery
- Prior to the provision of care delivery
- Transfer of care delivery i.e. Clinical Handover
- Transfer to other care;
- Transfer within service;
- Discharge from service

The following may be used as client identifiers:

- Surname
- Given Name
- Date of Birth (DOB)
- Photo
- Client ID Number
- Address
- Carer Assistance (however this should be correlated with photo)

Client identification procedures are aligned with the Australian Commission for Safety and Quality in Healthcare.

4. PROCEDURE

The following procedure should be attended prior to care delivery as the process of client identification checking procedure

Author	QHS Coordinator	Date Created	18.4.18
Endorsed	RCI Committee	Review Date	18.4.21
Status	Endorsed	Page Number	Page 1 of 3



CLIENT IDENTIFICATION POLICY

- a) Identification of the client is to be confirmed with the client and/or client representative using at least *three client identifiers* (surname/first name, and DOB or photo).
- b) If the client is incapable of responding (e.g. dementia, confusion) a carer or relative should be asked if available. And verified using client photo.
- c) Photo may be utilised as an identifier. If Client photo is required for identification purposes, photos are to be kept on client file and hard copy file notes.
- d) Staff should always ask the client to state their first name, surname and date of birth. Staff should NOT state the client's name or DOB then ask the client/authorised representative if this information is correct.
- e) During the identification process, staff may also use the Client ID number to confirm client identification by comparing the Client ID number with the client clinical notes.
- f) In all cases ensure the clients privacy and dignity is maintained throughout the care procedure.
- g) If the client is well known to the clinician, a preamble should be given to alert them that this is the required procedure and does not mean staff cannot recall who the client is.

4.2 Client photos are to be kept on the client profile page and soft copy file to assist in both identification and emergency situations.

The following guidelines are to be followed whilst taking photo to maximise picture quality are:

- a) Be a close up of the head and top of the shoulders
- b) Be taken with the shoulders and face square onto the camera (not tilted or on the side) and subject looking straight at camera
- c) Be taken in good light (i.e. no shadows), focused and clear.
- d) Show eyes open and visible (no flash reflection if wearing glasses and no tinted glasses) without hair obscuring face
- e) Must not be taken with a head covering except for religious reasons however, the face must be shown from bottom of chin to top of forehead with both edges of face clearly shown.
- f) Must ensure the dignity of the client is respected at all times.
- g) Photos should be updated every 12 months or anytime if there is a dramatic change in presentation.

4.3 Any incident where the misidentification of a client has occurred should be reported immediately to the Head of Department and an incident notification attended as per the G.17 Incident Investigation Policy.

This policy will be reviewed in three years. Other reviews will be undertaken when there are substantive changes to legislation, practice or relating to an incident investigation.

5. EXPECTED OUTCOME

- a) All clients are identified and receive the right care.

Author	QHS Coordinator	Date Created	18.4.18
Endorsed	RCI Committee	Review Date	18.4.21
Status	Endorsed	Page Number	Page 2 of 3



CLIENT IDENTIFICATION POLICY

Manual: Service Delivery

Document ID: E.27

- b) Errors in Identification of clients are reported and investigated as per policy.

6. REFERENCES

1. Australian Council for Quality and Safety in Health Care, *10 tips for safer health care what everyone needs to know*. 2005
2. Australian Commission for Safety and Quality in Health Care – Standard 5 Client Identification and procedure matching: available at: <http://www.safetyandquality.gov.au/our-work/client-identification/>
5. Joint Commission on Accreditation in Healthcare. International Goal 1. Identify Clients Correctly. 2007.
7. NSW Health Policy on Client Registration PD2005_379 Client Registration Standard.

7. OTHER RELATED POLICIES OR PROCEDURES

G.17 Incident Investigation

8. VERSION CONTROL AND CHANGE HISTORY

Version	Date Reviewed	Amendments
1.0	19.4.18	Policy created

Author	QHS Coordinator	Date Created	18.4.18
Endorsed	RCI Committee	Review Date	18.4.21
Status	Endorsed	Page Number	Page 3 of 3