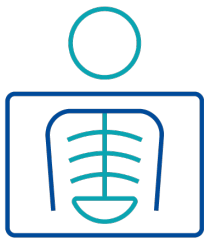




Patient Safety Notification

Getting Diagnostic Imaging Right



109

The number of diagnostic imaging error incidents reported on NIMS in a three-month period in 2019



Examples of diagnostic imaging errors:

- Procedures being performed
 - on the wrong service user
 - wrong body part
 - wrong site/side
 - the wrong procedure being performed

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Advice for enhancing diagnostic imaging to improve safety

It is essential to accurately identify service users and match them to their care. Diagnostic imaging errors can result in unnecessary diagnostic procedures, missed diagnosis, misdiagnosis and avoidable inconvenience for service users. In addition to errors related to diagnostic imaging, failure to correctly identify service users continues to result in medication errors and transfusion errors. The [Clinical Risk Unit](#) in the [State Claims Agency](#) has noted the frequent occurrence of diagnostic imaging errors and has prepared the following advice.

Risk Considerations

A number of risk factors have been identified which may contribute to the occurrence of diagnostic imaging issues:

- Missing ID name band
- Service users with a cognitive or learning impairment
- Inconsistent procedures for confirming service user ID and test orders
- No “double-check” system when ordering tests

The UK Medical Imaging Workforce promotes ‘Right test, right person, right time’ – the accurate identification of any service user requiring diagnostic imaging. Their recommendations could be adopted locally in any diagnostic imaging service.

Health and social care professionals involved in ordering and performing diagnostic tests should review their practices to ensure they have risk management measures in place to positively identify service users prior to any imaging procedure.

References:

The Society & College of Radiographers, The Royal College of Radiologists, Institute of Physics and Engineering in Medicine (2019) Patient Identification: guidance and advice. London: Clinical Imaging Board; [cited 2020 March 10].

Advice for Safe Practice

Positive Identification

‘Right test, right person, right time’

- **Confirm** the service user’s **name, date of birth and address**
- Use **wristbands** to assist with the identification process - consider a “no wristband, no test” policy
- **Confirm** time, modality, **site / side**
- **Check details** against the original request form and the presenting injury / illness
- Check **previous imaging**, where possible
- Check for the possibility of **pregnancy**
- Ask the service user to **identify themselves**
- **Check** with the referring practitioner where there is **any doubt about the request form** or following the identification process
- Establish a **double check system of ID / test request** to improve accuracy for the referring practitioner