VPAS Patient Identification Framework

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1.0 Purpose and Scope

The aim of this framework is to standardise the process for correct patient identification and procedure matching with all VPAS partnering organisations to ensure:

- the transportation of the correct deceased registered babies to and from VPAS laboratories for autopsy,
- the correct type of autopsy is performed on the correct baby, and
- the correct results/report are/is attributed to the correct baby.

2.0 Definitions

Word/Abbreviation	Definition
Live Birth	A baby born at any gestation who shows signs of life at birth
MRN	Medical Record Number
NSQHS	National Safety and Quality Health Service
Neonatal Death	The death of a live born infant, regardless of gestational age at birth, within the first 28 completed days of life
Perinatal Autopsy / Post-Mortem Examination	The terms autopsy and post-mortem examination are used interchangeably throughout this document. A perinatal autopsy or post-mortem is the pathological examination after death of an infant who has died in the perinatal period which includes stillbirths and live births/neonates of any gestation up to 28 days of age
Perinatal Death	Death of a baby in the perinatal period which includes stillbirths and live births/neonates up to 28 days of age
Positive Patient Identification	The visual inspection of the identification labels of the baby and checking of the unique patient identifiers
Registered Births	Stillbirths ≥20 weeks gestation or if gestation is unknown, birthweight ≥400gm and all live births
Referring Health Services	Maternity hospitals and health services that refer a baby to VPAS
Stillbirth	Baby born ≥20 weeks gestation or if gestation is unknown, birthweight ≥400gm who shows no signs of life at birth

UR	Unit Record Number – a unique permanent identifier assigned to a patient and used for the purpose of identifying the patient from other patients.
VHIMS	Victorian Health Incident Management System
VPAS	Victorian Perinatal Autopsy Service
VPAS Pathology Laboratory	Anatomical Pathology Department located at The Royal Women's Hospital, The Austin Hospital and Monash Health at Clayton

3.0 Principles

Correct identification and procedure matching are integral to the Communicating for Safety Standard of the National Safety and Quality Health Service (NSQHS) Standards. The same standards of labelling and procedure matching that are required for a hospital patient undergoing a surgical procedure are required for a baby undergoing autopsy at a VPAS laboratory.

The principles are:

- A baby dying in the perinatal period (perinatal death, as above) has a separate identity to their mother, recognised by the legal requirement to register their death.
- Deceased babies referred for post-mortem must be labelled with a minimum of 3 approved unique identifiers, as described below.
- A *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form must be labelled with the same 3 approved unique identifiers as the baby.
- Clinical referral, transport provider and VPAS laboratory protocols must include steps to verify the baby's identification with the *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form.
- Positive patient identification of the baby should occur at each point when care of the baby is transferred, and prior to any procedures being performed.

4.0 Who and What Does the Framework Apply To?

This framework applies to:

- Babies who have died in the perinatal period (perinatal death, as above) and have been referred to a VPAS laboratory for autopsy.
- The *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form of the baby referred for autopsy.
- Staff involved in the care and transportation of the baby, to and from autopsy, and in the performance of the autopsy:
    - Clinical staff at the hospital referring the baby for autopsy,
    - Staff of mortuary transport/funeral providers,
    - Laboratory staff at the VPAS laboratory, and
    - VPAS administrative staff

This framework does not apply to babies referred to a VPAS laboratory by the Coroner's Office (see *Guidelines for the Referral of Coronial Perinatal Autopsies and Placental Examinations to VPAS Pathology Laboratories 2022*).

5.0 Framework

See Table 1 (Page 4) for key points for clinical staff, mortuary/funeral transport providers and VPAS administrative and laboratory staff.

1. The baby is to be labelled using patient identification bracelets, or similar.
2. The patient identification labels must be attached to the baby's body. See Explanatory Note 1, below.
3. The baby must be labelled with a minimum of 3 unique identifiers, as follows:
    a. Baby's name – in the format of "Baby of (mother's name)", or as per the baby's hospital record, **AND**
    b. Baby's date of birth, **AND**
    c. Baby's UR/MRN, **OR**
    d. Mother's label (identifying the mother's name, mother's date of birth and mother's UR/MRN).

    A maternal identification label will always be required where the baby has no allocated UR/MRN. A UR/MRN for the baby will always be required where no maternal identification label is available.
4. Hospitals vary in the practice of allocating UR/MR numbers to stillborn babies. For uniformity of practice and to increase the likelihood of an adequate number of identifiers being placed on the baby, the recommended identification labelling of the baby is with both a baby identification label and a maternal identification label (see Explanatory Note 2, below), each with the following identifiers:

<u>Baby identification label</u>

- Baby's name – in the format of "Baby of (mother's name)" or as per the baby's hospital record (e.g. in some neonatal deaths)
- Baby's date of birth
- Baby's UR/MRN, if available

<u>Maternal identification label</u>

- Mother's name
- Mother's date of birth
- Mother's UR/MRN

5. The *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form must be labelled with both the baby's patient identification details and the mother's patient identification details. These details must match the details on the baby's labels.
6. The VPAS staff coordinating the referral for autopsy (VPAS laboratory staff or VPAS administrative staff) will confirm positive patient identification with the clinical staff making the referral to check the patient identification labels on the baby and the *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)*. A member of the clinical team making the referral will need to be with the baby for this check to be completed.

7. Referring hospital protocols must specify that positive patient identification of the baby is performed, and *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form labelling is checked by their staff with mortuary transport/funeral providers prior to release of the baby for transport to autopsy.

8. Mortuary transport/funeral provider protocols must specify that positive patient identification of the baby is performed, and *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form labelling is checked by their staff with clinical or laboratory staff at the following points:

    a. Receipt of the baby for transport from an external hospital or the VPAS laboratory

    b. Arrival of the baby to the VPAS laboratory

    c. Arrival of the baby at the funeral provider

9. VPAS laboratory protocols must specify that positive patient identification of the baby is performed by laboratory staff at the following points:

    a. When the baby is received from the mortuary transport/funeral provider. The labelling of the VPAS Consent form should also be checked at this time

    b. Release of the baby to a mortuary transport/funeral provider

10. VPAS laboratory protocols must specify that positive patient identification of the baby and labelling of the *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form and the type of autopsy to be performed is checked at the following points.

    a. Registration of the baby in the laboratory information system

    b. Immediately prior to the commencement of the autopsy in a surgical type 'time-out' process involving at least two members of staff

11. VPAS laboratory protocols for specimen labelling and identification of specimens taken during the autopsy, tissue processing, ancillary investigations and reporting must comply with the National Pathology Accreditation Advisory Council Requirements for Medical Pathology Laboratories.

12. VPAS laboratories will document the identifying details on the baby's identification labels in their laboratory systems and the autopsy report.

13. Non-compliant and erroneous identification labelling must be documented and actioned as described in the following section regarding non-compliant labelling and *LAB-GUI-01 Laboratory actions for managing non-compliant patient identification.*

Explanatory Notes:

1. The patient identification labels should be securely attached to prevent accidental removal. They are commonly attached around the baby's wrists or ankles. For very small babies, it may be necessary to secure the label around their umbilical cord (between the cord clamp and the abdominal wall), or around their chest/torso.

2. The baby's identifying details may be presented in the form of a printed label, hand-written label or a hand-written modification of the maternal label (i.e. incorporating "Baby of (mother's name)", the baby's date of birth replacing the maternal date of birth and the maternal UR/MRN crossed out).

Table 1 - Key points for clinicians, laboratory, administrative and transport staff

Key Points	Framework Item Number
Identification framework key points for clinical referrers	
Labelling of the baby and *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form	1 to 6
Release of the baby to a mortuary transport / funeral provider	7
Identification framework key points for mortuary transport/funeral providers	
Labelling of the baby and *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form	1 to 6
Receipt or release of the baby during transport	7 to 9
Identification framework key points in for VPAS administrative and laboratory staff	
Labelling of the baby and *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form	1 to 6
Checking baby and form labelling prior to transport	6, 8
Receipt or release of the baby during transport	8, 9
Labelling checks and documentation within the VPAS laboratory	10 to 13

6.0 Non-Compliant Labelling

There are 3 types of non-compliant labelling and related actions.

6.1 Incomplete Labelling

- Definition:
  - A baby's identification labels with only 1 or 2 unique identifiers.
  - VPAS Consent form labelled with only 1 or 2 unique identifiers.
  - Misspellings.
- Actions for incomplete labelling:
  - VPAS laboratory staff
    - Upload required photos to **Section 3** of the *VPAS/07 Resolution of non-compliant patient identification (LAB-FRM-07)* form.
    - Securely send the form including photos to the clinician at the referring hospital who can confirm the baby's identity and correct identifiers.

- When the signed form is returned by the clinical staff, place a label with the correct and compliant identifiers on the baby, as per **Section 2** of *VPAS/07 Resolution of non-compliant patient identification (LAB-FRM-07)* form.
- Document the non-compliance issue and corrective action in the laboratory quality system.
- Include a comment in the autopsy report about the nature of the labelling at the time of receipt and actions taken.

- Clinical staff
  - Review the photos in **Section 3** of the *VPAS/07 Resolution of non-compliant patient identification (LAB-FRM-07)* form to confirm the baby's identity and complete the declaration in **Section 2**.
  - Return the completed form securely to the VPAS laboratory and VPAS perinatal autopsy coordinator (see VPAS website for contact details).
  - Add a copy of this completed form to the baby or mother's hospital file.

6.2 Mismatched Labelling

- Definition:
  - TYPE A: 1 or 2 unique identifiers match between baby labelling and *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form, but 1 or 2 unique identifiers are mismatched between baby labelling and *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form.
  - TYPE B: No baby labelling identifiers match the *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form.

- Actions for mismatched labelling:
  - For definition Type A: proceed as per actions for incomplete labelling.
  - For definition Type B: proceed as per actions for absent labelling.

6.3 Absent Labelling

- Definition:
  - No labelling on the baby and/or *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)* form
  - Identification labels not attached to the baby's body (for example, only on the blankets around the baby).
- Actions for absent labelling:
  - VPAS laboratory staff
    - Upload required photos to **Section 3** of the *VPAS/07 Resolution of non-compliant patient identification (LAB-FRM-07)* form.
    - Securely send the form including photos to the clinician at the referring hospital who can confirm the baby's identity and correct identifiers.

- When the signed form is returned by the clinical staff, place a label with the correct and compliant identifiers on the baby, as per **Section 2** of the *VPAS/07 Resolution of non-compliant patient identification (LAB-FRM-07)* form.
- Document the non-compliance issue and corrective action in the laboratory quality system.
- Include a comment in the autopsy report about the nature of the labelling at the time of receipt and actions taken.

- Clinical staff
  - Review the photos in **Section 3** of the *VPAS/07 Resolution of non-compliant patient identification (LAB-FRM-07)* form to confirm the baby's identity and complete the declaration in **Section 2**.
  - Return the completed form securely to the VPAS laboratory and VPAS perinatal autopsy coordinator (see VPAS website for contact details).
  - Add a copy of this completed form to the baby or mother's hospital file.
  - Prior to **Section 2** of the form being completed, the referring hospital is recommended to implement their clinical 'no baby label' procedure or equivalent for all deceased infants at the referring hospital, registered or unregistered.
  - The referring hospital logs a VHIMS regarding the incident.

7.0 Implementation

This framework is to be distributed to all Victorian hospitals that provide maternity care and shared on the VPAS website.

The relevant aspects of the framework, as listed above, are to be included in all clinical, laboratory and transport provider procedures and related documents that refer to perinatal autopsy.

An audit schedule will be developed for reviewing the number of non-compliant identification on an annual basis. The first audit will include a review of laboratory processes and procedures to ensure that they comply with the requirements of this framework.

8.0 Education

VPAS will provide education to all relevant staff members and organisations by:

- Distributing this framework, and the VPAS Patient identification for perinatal post-mortem examination flowchart to all referring hospitals, and
- Producing an educational video about positive patient identification and labelling babies for referral to VPAS. This will be available on the VPAS website.

Ongoing VPAS clinical education sessions will reflect on and address patient identification and labelling issues that have arisen in practice.

9.0 Evaluation

VPAS intends to review and evaluate the efficacy and implementation of this framework by:

- Conducting a laboratory and clinical procedure audit 6 months after this framework is implemented to ensure that the relevant points are embedded in procedure.
- Conducting a random audit of VPAS laboratory compliance to an aspect of this framework at each VPAS laboratory. This will be incorporated into the annual VPAS audit program.

Audit data will be presented to the VPAS Technical Advisory and Executive Oversight Committees annually.

10.0 Attachments

Not Applicable.

11.0 References/Documents

- *VPAS/02 Consent for perinatal post-mortem examination (CLIN-FRM-02)*
- *Guidelines for the Referral of Coronial Perinatal Autopsies and Placental Examinations to VPAS Pathology Laboratories 2022*
- *National Pathology Accreditation Advisory Council Requirements for Medical Pathology Laboratories*
- *LAB-GUI-01 Laboratory actions for managing non-compliant patient identification*
- *VPAS/07 Resolution of non-compliant patient identification (LAB-FRM-07)*

12.0 Change Summary

Revision	Change Summary	Active Date	Author of Change
1	New Document	25-Jun-2024	R. Downing

13.0 End of Document