

#CallMe



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What problem are we trying to solve?



People using the service
should be addressed in the
way they prefer.

What was our idea?

#CallMe

because names matter



#CallMe — What is it?

A systematic approach to capture, display and use our patient's preferred name

1

CAPTURE

A 'preferred name' #CallMe field was created in our Patient Administration System.

When patients attend or have an interaction with the Trust, they are asked "What would you like us to call you?"

We capture once and use multiple times.

2

DISPLAY

Patient's preferred name is shown on wristbands — alongside, never replacing, legal identifiers

Preferred name is shown on labels and printed documents

The name is displayed in the patient demographics section of PAS and the Clinical Information Portal

3

USE

Every member of staff is expected to use that name, every time, in every setting.

#CallMe is not used for identification purposes



#CallMe – What it looks like (admissions)?



- *Italics*
- *Spatially separated*

#CallMe - Why does it matter?

>300,000

#CallMe captured

25.1%

recorded name differs from the
patient's preferred name

29.0%

mismatch rate in patients aged 65 and
over

● Older patients & dementia

41% of admissions are 65+; an unfamiliar name can be misread as clinical deterioration.

● Post-stroke aphasia

1 in 3 stroke survivors has impaired ability to speak or self-correct. Getting the name right first time matters more, not less.

● Race & religion

Consistent anglicisation of ethnic names may constitute indirect discrimination.

Plus – anyone scared & vulnerable, post-operative patients waking up, kids with nicknames (Bubble Gum Fairy, Doodles), unconscious, end of life care, patients with neurodegenerative conditions.....

#CallMe — How are we measuring improvement?



Worcestershire
Acute Hospitals
NHS Trust

CallMe - Improvement Tracker



Inpatient/Daycase

Month	Total Admissions	Populated	Not Recorded	% Populated
Apr 2025	11387	10153	1234	89.16%
May 2025	11578	10437	1141	90.15%
Jun 2025	11377	10322	1055	90.73%
Jul 2025	12305	11161	1144	90.70%
Aug 2025	11063	10064	999	90.97%
Sep 2025	11860	10689	1171	90.13%
Oct 2025	12064	11035	1029	91.47%
Nov 2025	11752	10815	937	92.03%
Dec 2025	11870	10962	908	92.35%
Jan 2026	12279	11434	845	93.12%
Feb 2026	11232	10399	833	92.58%
Mar 2026	12964	12116	848	93.46%
Apr 2026	11946	11234	712	94.04%
May 2026				94.37%
Jun 2026				94.00%
Jul 2026				94.29%
Aug 2026	12332	11709	623	94.95%
Sep 2026	2211	2090	121	94.53%

Over 94% captured
for IP/DC attendances

A&E/SDEC

Month	Total Attendances	Populated	Not Recorded	% Populated
Apr 2025	17923	9539	8384	53.22%
May 2025	18562	11634	6928	62.68%
Jun 2025	18395	11451	6944	62.25%
Jul 2025	19022	12324	6698	64.79%
Aug 2025	18016	11658	6358	64.71%
Sep 2025	18232	11534	6698	63.26%
Oct 2025	20144	13389	6755	66.47%
Nov 2025	19454	14911	4543	76.65%
Dec 2025	19129	15441	3688	80.72%
Jan 2026	19545	15617	3928	79.90%
Feb 2026	17663	14543	3120	82.34%
Mar 2026	20554	17329	3225	84.31%
Apr 2026	20132	17423	2709	86.54%
May 2026				86.44%
Jun 2026				88.15%
Jul 2026				89.16%
Aug 2026	20956	18606	2350	88.79%
Sep 2026	4413	3811	602	86.36%

Reaching 90% for ED
% SDEC attendances

Outpatient

Month	Total Appointments	Populated	Not Recorded	% Populated
Apr 2025	60839	39729	21110	65.30%
May 2025	60194	39826	20368	66.16%
Jun 2025	61826	41000	20826	66.32%
Jul 2025	66557	44337	22220	66.62%
Aug 2025	55039	37642	17397	68.39%
Sep 2025	64639	44301	20338	68.54%
Oct 2025	66454	45956	20498	69.15%
Nov 2025	61381	43919	17462	71.55%
Dec 2025	58791	42458	16333	72.22%
Jan 2026	64157	48179	15978	75.10%
Feb 2026	59813	46244	13569	77.31%
Mar 2026	68168	52843	15325	77.52%
Apr 2026	63345	50022	13323	78.97%
May 2026				79.35%
Jun 2026			13063	80.14%
Jul 2026			13654	79.96%
Aug 2026	57513	46926	10587	81.59%
Sep 2026	9424	7781	1643	82.57%

Just reached 80% for
OP attendances

#CallMe — What happens next?

Share and Spread

1

CAPTURE

Move to the front page of PAS to make capture easier for front line staff, particularly busy outpatient settings

Use “bots” to push preferred names currently captured in other systems automatically into PAS

Achieve over 90% across all attendance types

2

DISPLAY

Work with digital colleagues to ensure that the patient's preferred name is displayed real time in ALL clinical systems

3

USE

Gather patient stories to evidence impact

Invite patient and public forum to help tell the story of how beneficial #CallMe is to our patients



#CallMe — Because Names Matter



Worcestershire
Acute Hospitals
NHS Trust

- 1 A simple idea, done systematically**
Ask every patient, display the name, use it every time
- 2 Zero cost, real impact**
Sustained completion, replicable by any Trust
- 3 Ready for the national stage**
Promote and encourage inclusion in national standards and as an explicit evidence point for CQC Regs 9 (person-centred care) & 10 (dignity and respect).
- 4 What you can do**
Ask yourselves what are we are doing to ensure we ask patients “what would you like us to call you?”

<https://callmebecausenamesmatter.org/>



Resources · Patient & staff stories

callmebecausenamesmatter.org

Thank you



#CallMe

because names matter



Thank you