Laboratory/Nursing

**Laboratory** **Laboratory System**

Section **Laboratory**

Site(s) Bethesda, Clinics, CSC, FLMC, FNMC, FRMC & Clinics, FRH, FSH, JN, SJ, UMMC/UMMCH, UMHMG, WW

Document # S:PI-L011

Subject **PATIENT AND SPECIMEN ID POLICY - HOSPITAL INPATIENT, OUTPATIENT AND AMBULATORY**

Purpose All patients and their specimens will be accurately identified at the point of collection. This positive identification will be carried forward on the specimens throughout the processing, testing and reporting phases.

Scope**:** Applies to all healthcare employees who collect and label specimens.

Procedure **A. Inpatient Identification/Outpatient with armbands - *All*** patients will be identified using two patient identifiers.

1. Verify the full name and medical record number or DOB on the armband with the patient by using an "active process" to verify the patient's identity prior to any sample collection. An "active process" means the staff asks the patient to state their full name (first and last) and date of birth.
    a. Every effort will be made to address the patient with their preferred name using available resources.
    b. If a patient is unconscious or confused, the active process cannot be used and staff will check the ID band against the laboratory requisition/labels, or positive patient identification system for full legal name, (not preferred name), DOB and/or medical record number. If available, an identification photo available in Epic, may be used.
2. If using a positive patient identification system (Rover, VeriSafe or Clinical Collect), scan the arm band to pull up the patient and their corresponding orders. If not using a positive patient identification system, compare armband that you have already compared to patient via the "active process" to the identifying information on the request slip or computer label.
3. The ID band should be attached to the patient.
    a. When no armband is present and it is an extreme emergency, or is on a Behavioral unit, a healthcare worker must identify the patient and also initial the requisition or label. A photograph available in Epic may also

be used to identify the patient.

b. Any discrepancy on an armband should be reported to the patient's nurse and a correction made with a replacement armband before any procedure can occur.

c. Exception: In the event of a "John/Jane Doe", the patient will be banded with a unique Medical Record number and the appropriate John or Jane Doe name.

i. For LHE: When further information becomes available, the name and date of birth are updated but the Medical Record number will remain a permanent identifier throughout the patient's visit. Tracking notes will be traceable on the patient's record.

ii. For LFV: When the patient has been identified, Admissions will generate a new Patient ID Band and replacement labels to send to the unit with the new admission paperwork. Unit staff will replace the patient's Patient ID Band with the corrected one, verifying patient name and date of birth with the patient or the accompanying paperwork.

4. At UMMC, allowances are made for Neonates to change name while admitted to the hospital. Follow your site procedures for process.
5. Specimens must be labeled in the presence of the patient. Refer to specimen labeling information below.

**B. Outpatient Identification without armbands**

1. Outpatients who are being drawn for lab tests other than for Transfusion Medicine must be identified using an "active" process.
   a. Ask the patient to state and spell their full name and state their date of birth.
      i. Family members or responsible adults may confirm the patient's identity if the patient is unable to provide the information for themselves.
   b. Patient stated information must agree with the lab requisition and/or labels. Any discrepancies must be resolved prior to specimen collection occurring.
2. LHE: Outpatients who are being drawn for Transfusion Medicine must be arm-banded by the patient care area that will be handling the transfusion or the patient care area will provide the armband that has been created for the pre-surgical visit. Patient is instructed to keep the armband on at all times. The armband must be attached to the patient's wrist or ankle and cannot be

removed before the transfusion is completed.

3. LFV: Outpatients without an ID band being drawn for Transfusion Medicine must ask patient to state and spell full name and birth date and confirm it matches all label(s) that will be placed on the collection containers and/or requisition. If there is a language barrier, request a translator be present.
4. Specimens must be labeled in the presence of the patient with full name and date of birth.

**C. Specimen Identification and Labeling**

1. Identification and labeling must be performed at the time of specimen collection and in presence of the patient. Regardless of type of label utilized, it is the responsibility of the collector to verify each label matches patient identification verified during the active identification process.
    a. Label the specimen in the presence of the patient immediately after collection.
    b. Date and time collected must be on the label.
    c. Add collector's information to label.
        i. For LHE: initials or first initial and full last name if not a laboratory employee
        ii. For LFV: collector's initials or ID code.

    **Note:** Blood Bank requires **two initials/signatures** on the tube identifying the patient (one of which may be the patient themselves or a family member) when a Positive Patient Identification System is not used. If any part of the required identification information is missing from the primary label, the specimen must be recollected

    d. For all patients, if a name is truncated on the label or requisition (name greater than 27 characters for legacy Fairview and 20 for legacy Health East followed with a + (LFV) or *(LHE), as much of the truncated name on the label is compared along with the unique medical record and the date of birth.
    e. When sending a requisition along with a specimen, ensure patient identification on the requisition and labeled container(s) match exactly. Place the requisition in the specimen bag along with the specimens and transport to the laboratory.
    f. Incorrectly or incompletely-labeled specimens must be redrawn. No labels can be corrected once they leave the patient's room. Even a minor spelling or number discrepancy must be redrawn. Refer to the **Mislabeled Unlabeled Specimen Policy**.
    g. If the requisition does not match the specimen, laboratory staff may

consider it incorrectly labeled and testing may not occur.

h. Barcode labels must have bar-coding properly placed along length of tube for alignment to instrument readers and should not have barcode written over.

i. Source Information for nonblood specimens and blood cultures:
   i. For LHE, source information is entered directly into Epic during ordering of the tests and/or when updating collection information by the collector.
   ii. For LFV, an electronic source is acceptable when using electronic verification systems. The type and/or source is needed to uniquely identify the specimen to ensure the result can be interpreted by the provider.

Examples include:

| Specimen type | Specimen Source |
|---|---|
| Blood (for culture) | Green port |
| Fluid | Ascites, Peritoneal, CSF, tube 1 |
| Urine | Catheterized |
| Tissue | Lung, left |
| Wound | Leg, right |

j. If a label needs to be hand written it must include:
   i. The patient's full name; no abbreviations.
   ii. Medical Record number /identification number and/or date of birth. This must be hand-written and copied directly from the patient's armband.

**D. Specimen Identification – At time of Receiving and/or Processing the Specimen.**

1. Upon receipt, scan/Type MRN from specimen label (not requisition).
2. Compare all specimens and requisition(s) (if received) that were received in bag to ensure all are on the same patient. When comparing – compare full name and a complete second identifier.
3. Place labels on specimens, again comparing full name and complete second identifier between label and specimen on each and every specimen.
4. Ensure source information has been provided.

**E. Refer to FDL/HML Outreach Patient Identification and Outreach or Contract Arranged Patient Identification and Laboratory Specimen Labeling**

**F. Structured Hand-off of Specimens in Procedural Areas: refer to Intraoperative Specimen Handling policy**

**G. Patient Identification for Invasive Laboratory Procedures (i.e. Bone Marrows or Fine Needle Aspiration procedures):**

1. All patients undergoing an invasive procedure by laboratory personnel should be arm-banded by the admitting department and identified using an active process of communication.
    a. The performing provider along with all staff involved in performing the procedure will pause (take time out) to identify the patient by asking the patient his/her name (first and last) and date of birth in an active process.
    b. At the same time, the procedure to be performed is stated and the collection site determined.
    c. This information is verified against the physician order and patient's identification band.
    d. If the performing provider should leave the patient's location prior to initiating the procedure, the identification of the patient is re-established upon re-entry to location.
    e. Marking the site of the biopsy is not required as long as the pathologist/provider is in continuous attendance with patient from the time identification is made and the initiation of the procedure.
2. Documentation of the patient identification process is recorded on the patient's chart following completion of the procedure. This documentation is in the "Physician Progress Notes" section of the chart and will state that patient identification has been verified.
3. In the cases where the patient is unable to communicate, the passive identification process will be followed. This requires identification of the patient using two unique identifiers from the patient's wristband (full name and medical record number) compared against the requisition. All documentation of this identification process will be documented as stated above.

Associated Documents

**Intraoperative Specimen Handling Policy**

**FDL /HML Outreach Patient Identification**

**Outreach or Contract Arranged Patient Identification and Lab Specimen Labeling**

**Unlabeled/Mislabeled Hospital Inpatient, Outpatient and Ambulatory Specimen Policy**

**Mislabeled/Unlabeled Specimen QA Form**

Reference: CSLI GP33: Accuracy in Patient Identification April 2019 second edition

Document Author: Laboratory Administration

Effective Date: 06/2019

Summary of Changes: New Document

| Document History | |
|---|---|
| Last Reviewed by: | Date(s): |
| Last Revised and Reviewed by: | Date(s): |
| Last Approved by: | |
| Site: **Fairview Ridges Hospital** | |
| Dr. Sabeen Askari, Medical Director | **Date: 06/2019** |
| Site: **Woodwinds** | |
| Dr. Wen-Wei Chung, Medical Director | **Date: 06/2019** |
| Site: **Fairview Lakes Medical Center** | |
| Dr. R. David Dexter, Medical Director | **Date: 06/2019** |
| Site: **System Ambulatory Laboratories** | |
| Jeanette Engelstad, Director | **Date: 06/2019** |
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| Dr. Sarah Williams, Medical Director | **Date: 06/2019** |
| Site: **St. John's** | |

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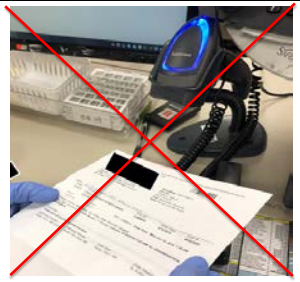
|---|---|
| Dr. Kristi Werdin, Medical Director | **Date: 06/2019** |

| Standardized Work Chart | | M Health Fairview | |
|---|---|---|---|
| Steps | **Description of the Steps for Specimen Processing and Receipt** | **Use space below to visualize the standard work space, layout and the key make or break points for checking** | |
| **1** | **Upon receipt, scan/Type MRN from specimen label (not requisition).** | **1**  |  |
| **2** | **Compare all specimens and requisition(s) (if received) that were received in bag to ensure all are on the same patient. When comparing – compare full name and a complete second identifier** | **2**  | **Double Check and Inspect Every Tube Every Time** |
| **3** | **Place labels on specimens, again comparing full name and complete second identifier between label and specimen on each and every specimen.** | **3**  | |
| **4** | **Ensure source information has been provided** | | |
| **5** | **Troubleshooting: See site specific policy for unlabeled/mislabeled specimens.** | | |