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| **Title:** | **Patient Identification Policy** |
| **Area Manual:**  | Administrative Manual II |
| **Reference Number:** | II-49 |
| **Contact Person:** | Area Directors |

**Scope: This policy applies to Saratoga Hospital and all its satellite facilities.**

**Policy:**

* At least two patient identifiers will be utilized to identify all patients on initial entry into the health care system and re-verified prior to:
	+ - Collecting blood samples and other clinical specimens,
		- Administering medications, treatment or blood products,
		- Undergoing surgical or invasive procedures,
		- Receiving contrast dye or injections of any type.
		- Applying Cardiac monitors/telemetry transmitters
		- Any diagnostic exams.
* The two patient identifiers to be used are the patient’s name and birth date.
* All staff members are required to ask the patient to ***state his/her full name and date of birth (DOB).*** The staff will then verify this verbal information against the medical record document for accuracy.
* If an additional confirmation is needed, the staff will compare a third identifier against the patient’s medical record document. Examples of appropriate identifiers include the patient’s address, last four numbers of their social security number, etc.

 ***NOTE: Room numbers/locations are not used as a patient identifier.***

* When needed, the family of the patient can assist in the identification of the patient.
* This process promotes safety by ensuring correct and accurate patient identification. Procedures for patient identification are in place to address special circumstances regarding the patient identification process (see section E: Special Procedures for Patient Identification).

**Procedure:**

A. Initial Identification Process for Inpatients, Same Day Surgery, Cardiac Catheterization Lab, Saratoga Surgery Center, Emergency, Department, and Patients for OB Labor Check, Transfusion, Infusion, and Phlebotomy:

This patient population requires an identification wristband for the identification process. The patient’s last name, first name and the patient’s DOB are verified by **asking them to state their name and** **DOB.** This information is checked against the patient’s medical record. After verification, an identification wristband is applied by the admission staff, nursing or other designated personnel.

Emergency Department: This patient population also requires identification wristband for the identification process. After verification, a temporary wristband will be applied by either the admission staff or the nursing staff in the emergency room at the time the patient is received into the department.

 Identification of newborn babies: The delivery room nurse will place the identification bands on the newborn in the delivery room. Twin newborns are identified by birth order. The first born twin is identified as twin A and second born twin is identified as twin B.

Inpatient re-verification process: The staff will re-verify the two patient identifiers (name and birth date), with the patient’s medical record document. This will be in addition to verifying the correct patient by comparing the information on the patient’s identification wrist band prior to:

* + Collecting blood samples and other specimens
	+ Administering medications, treatment or blood products,
	+ Undergoing surgical or invasive procedures,
	+ Receiving contrast dye or injections.
	+ Applying Cardiac monitors or Telemetry transmitters

If there is a more stringent policy in place, such as for administration of blood or blood products, the more stringent policy takes precedence.

**NOTE**: Patients will not be transported off any inpatient unit without an identification wristband except in a life-threatening emergency.

B. Identification of Outpatients:

 Patient identification shall be verified during registration. The staff will use a minimum of two

 patient identifiers.

 **Staff will ask patients to state their name and DOB** to confirm patient identification at

 point of entry to the healthcare system. The patient’s last name, first name, and the DOB are

 verified with the patient’s medical record document.

 Outpatients requiring wristband identifications:

* Outpatients that require sedation, invasive procedures, cardiac monitoring, administration of medications, blood products, contrast dye, or injections will require an identification wristband application with verification of the two patient identifiers, name and DOB.
* **The patient will be asked to state their last name, first name, and DOB.**
* The designated staff member will verify this information with the patient’s medical record document.
* After verification, an identification wristband is applied by nursing or other designated personnel. Outpatient wristbands will be hand written or computer generated and includes the patient’s name and DOB.

C. Replacement of identification wristbands:

If the patient identification wrist band is removed for any reason other than discharge, the verification process of identifying the patient’s name and DOB with the medical record document will be done prior to replacing the identification wrist band by the person removing the band

Emergency Department Replacement of identification wrist bands:

* For patients admitted through the Emergency Department (ED), the registration staff will replace the temporary ED identification wrist band (applied at the time the patient is received to the ED) with the permanent printed identification wrist band prior to transportation to the inpatient unit.
* The patient’s last name, first name and DOB are verified with the patient’s medical record document, **by asking patient to state name and DOB**.
* After verification, the permanent identification wristband is applied by nursing or other designated personnel.

 D. Removal of identification wrist band:

 The patient will be responsible for removal once he/or she has been discharged. To

 protect their personal information, the patient will be instructed to destroy the wristband.

**III: Special Procedures for Patient Identification:**

 Please refer to the appropriate policy.

* + *Emergency Department: Patient Identification of an Unidentified Patient: Saranet Policies*
	+ *Malta Medical Arts/Wilton Medical Arts: Patient Identification Policy: Saranet/Wilton Medical Arts*
	+ *Mental Health Unit- Alias Patient:* Meditech Library/Nursing PracticeManual/Mental Health Unit P&P Manual/Chapter V/Alias Policy.
	+ *Newborn ID & ID Baby w/o Bands:* Meditech Library/Nursing Practice Manual/Women’s Health Services/M-R/Newborn ID & ID Baby w/o Bands.
	+ *Specimen Labeling Policy (II-68):* Meditech Library/Administrative Policy Manual II
	+ *Laboratory: Specimen Rejection Protocol*
* *Laboratory: Iatric System’s MobiLAB*
	+ *Patient Identification and Specimen Collection for Blood Bank*
	+ *Nuclear Medicine Department: Reinfusion of Blood Products for Diagnostic Nuclear Medicine Procedures.*
	+ *Cardiac Monitoring/Telemetry Monitoring policy*
	+ *Radiation Therapy CT Simulation Policy and Procedure / ROC*
	+ *Radiation Therapist Pre-Treatment Time Out Policy and Procedure/ ROC*

**Author:** 2011 FMEA Team Patient Identification

**Responsible areas:** All registration areas and Patient Care Areas

**Approved:** Continuous Service Readiness Leaders -12/2009

**Origination Date:** 8/86

**Revision dates:** 5/89, 7/92, 4/95, 1/03, 6/03, 1/2004, 9/04, 4/09, 11/30, 12/29/09, 8/27/12, 04/01/2013

**Reviewed:** 8/98, 8/01, 12/09, 8/27/12

**References:** The Joint Commission National Patient Safety Goals

***Sections applicable to laboratory operations have been reviewed and approved by:***

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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Laboratory Medical Director Date  Saratoga Hospital Laboratory  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Laboratory Medical Director Date  Saratoga Hematology-Oncology  |