	POLICY Number: 7311-60-017 Title: Verification of Identification
Authorization [ ] President and CEO [X] Vice President, Finance and Corporate Services	Source: Director, Client Family Experience and Safety Cross Index: 7311-50-006, 7311-60-029 Date Approved: December 19, 2006 Date Revised: November 27, 2013 Date Effective: November 29, 2013 Date Reaffirmed: Scope: SHR and Affiliates

OVERVIEW

Patient misidentification can have a wide range of unfortunate consequences for our patients, clients and residents including errors that result in serious and irrevocable harm. As our healthcare system becomes more complex and we deal with increasingly greater levels of illness and injury, the associated risks of patient misidentification becomes greater. In order to ensure patient safety by having the right patient receive the right care, this policy outlines the requirements for preparing and confirming correct patient identification across the region.

DEFINITIONS

All (SHR) staff means SHR employees, practitioner staff, professional staff, affiliate staff and students.

Verification/Confirmation of Patient identification is the process by which a patient's proper identity is ensured using two identifiers that are cross-referenced with a reliable source (ie. hospital generated label or requisition).

Verbal Confirmation means asking the patient/client/resident/guardian to state his/her full name and date of birth.

1. PURPOSE

The purpose of this policy is to establish Saskatoon Health Region's (SHR's) requirements regarding patient identification and verification.

2. PRINCIPLES

2.1 The delivery of safe and effective care is dependent on the ability to verify patient identification across the continuum of care.

2.2 Patient identification and verification reduces the risk of patients/clients/residents receiving inappropriate care and service.

2.3 Patient verification provides a positive method of linking patients/clients/residents to their medical records and treatment.

3. POLICY

Acute Care Facilities

3.1 **At the time of registration, all patients/clients must be given a legible patient identification band which is to be placed on the limb of the patient.**

3.1.1 Outpatients who are registered but who don't require invasive procedures do not require armbands.

3.2 Verification of patient identification will occur prior to any type of service provision by SHR staff.

3.2.1 For inpatients, this includes having identification rechecked by nursing staff at the beginning of each shift (see procedure 2.1.2).

3.3 Verification of patient identification must occur at the following points of care:

- Admission
- Delivery of food to the patient
- Discharge
- Documenting on the patient medical record
- Entering data into a computerized information system
- Initial assessment/examination of the patient
- Releasing patient information
- Transfer in
- Transfer out
- Undergoing a planned procedure, diagnostic or treatment
- Administration of medication
- When an infant is discharged to parents

3.4 The identification band shall contain the following patient/client identifiers:

- First and last name (as it appears on their Health Services Card)
- Medical Record Number
- Date of birth
- Health Services Number
- Visit #
- Attending Physician
- Family Physician

3.5 A minimum of two standard patient identifiers must be used to confirm patient identification. Standard identifiers include the following:

- First and last name
- Health Services Number
- Date of Birth
- Visit number
- Medical record number

3.6 No treatment/procedure will be conducted until there is confirmation of patient identification, except in emergent situations where personal identification may be used.

3.6.1 Patients/clients who are unable to provide identifying information and whose condition requires emergency care will receive treatment prior to identification if such care and treatment is necessary to stabilize the patient's condition.

3.6.2 NICU patients that are too small for an identification bands will have the band taped to the patient's bed.

Exceptions

3.6.3. Patients/clients with significant dermatologic conditions (ie. burns) are not required to wear the identification band on the limb. The band may be placed over the dressing or the patient label may be placed on the dressing or shirt front. To ensure safety, the placement of the band will be indicated on the patient's chart.

3.6.4 Patients/clients receiving services that do not require registration do not require an identification band however; the patient/clients must provide valid identification (i.e. government issued identification) and verbal confirmation of their first and last name prior to receiving treatment.

Long Term Care (LTC) and Affiliates

3.7 A photograph of the resident will be taken at the time of occupancy.

3.7.1 A photograph of the resident will be placed on the Medication Administration Record and may be placed outside the resident's room.

3.7.2 Photographs will be updated when a significant change to resident appearance has occurred.

3.8 Two resident identifiers must be verified before providing any service or procedure (i.e. medication administration). In the situation of continuing one-on-one care where the staff knows the individual, one of the identifiers can be direct facial recognition.

3.8.1 Examples of identifiers include:

- photos of the resident (on the MAR, on the medication container or outside the room),
- obtaining/verifying identification information such as registration number or personal identification cards (i.e. health card with name, address, date of birth) or,
- obtaining confirmation by a second staff member or family member.

3.9 An identification band (including resident name, date of birth and personal health number) will be placed on the resident in an emergency (i.e. Code Green).

Acute Care, LTC, and Affiliates

3.10 Any discrepancy in patient identification information or concerns that the patient/client/resident has been identified incorrectly must be reported as an adverse event (see SHR Policy *Safety Reporting)* and to the site Registration Services.

4. ROLES AND RESPONSIBILITIES

All Staff

4.1 Follow the requirements as outlined in this policy and procedure when providing care to patients.

4.2 To understand the importance of patient identification and take part in ensuring that standard work is followed regarding verification of patient identification.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of Director, Client Family Experience and Safety.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

7. REFERENCES

WHO Collaborating Centre for Patient Safety Solutions. Patient Identification. Patient Safety Solutions. Volume 1, solution 2, May 2007.
Accreditation Canada. Required Organizational Practices. Two Client Identifiers. September 2011.
Hospital for Sick Children Patient Identification Policy, 2012.
Headwaters Health Care Centre Patient Identification Policy, 2007.
University Health Network Positive Patient Identification Policy, 2010.

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1. PURPOSE

The purpose of this procedure is to establish the process for patient identification within SHR Acute Care, Long Term Care and Affiliates.

2. PROCEDURE

2.1 Acute Care

2.1.1 Prepare identification band (as per policy 3.4) and place on limb. If not possible, the identification band is to be placed on another limb, dressing or shirt front and the location noted in the patient's chart.

2.1.1.1 If **allergies** are identified, the appropriate identification band will be used (see SHR policy Allergy/Intolerance Documentation).

2.1.2 At the initiation of each shift, nursing staff will perform a check of all patients to ensure they are wearing an identification band and that the information is legible.

2.1.2.1 If the identification band is missing or illegible, nursing staff will verify the individual's identification, and create and affix the identification band to the patient.

2.1.2.2 If an identification band is missing or illegible, and the patient is unable to respond and no responsible family member is present, identification will be confirmed with another staff member or physician who is familiar with the patient. The identification band will then be affixed to the patient.

2.1.2.3 Staff shall ensure that at least two identifiers on the identification band match the corresponding identifiers on the requisition, medication administration record or other hospital generated label or document.

2.1.3 If the identification band is removed during a procedure, staff in the procedure area will obtain an identification band, verify patient identification and affix the identification band to the individual.

2.1.4 Before a patient/client is transferred from one area of the facility to another or between facilities, the transferring staff will verify that the identification band is in place.

2.1.4.1 If the patient is transferred from an area without an identification band, an identification band will be obtained and both the transferring and receiving staff will verify patient identification and affix the identification band to the patient.

2.1.5 Whenever possible staff verbally confirm identification by asking the patient their name and date of birth. The verbal confirmation must match the information written on the identification band and/or hospital generated label or requisition. If the patient is unable to provide verbal confirmation, family members/primary support persons, if present, may identify the patient.

2.1.6 Treatment/procedures will NOT be performed if the identification band is missing, illegible or if there is a discrepancy with the hospital generated label or requisition, except as indicated in 3.6.

2.2 Acute Care, Long Term Care and Affiliates

2.2.1 The **name alert** process will be initiated when:

- two or more patients have the same last name
- two or more patients have names that look or sound alike

2.2.1.1 The nurse or designate will use a red permanent marker or red ink stamp and clearly write "name alert" on:

- the patient's name at bedside
- the patient's health record (binder)
- the medication administration binder
- requisitions that are sent to other departments

2.2.1.2 Within the electronic health record, the similar name alert rule(s) will be applied and the similar names will be automatically flagged.

- The similar name alert icon cannot be manually placed on the electronic health record,
- The similar name alerts are designated with an icon (a red "exclamation mark"),
- On the status boards, the similar name alert icon is located within the column that has the patient name,
- On patient lists, the similar name alert icon is located in the similar name column

  Note: There is no similar name alert flagged within the patient header

2.3 Acute Care, Long Term Care and Affiliates

Report any discrepancy in patient identification information or concerns that a patient/client/resident has been identified incorrectly. Report as an adverse event (see SHR Policy *Safety Reporting)* and to the site Registration Services.

3. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Director, Client Family Experience and Safety.

4. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

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