

Clinical Manual

Policy/Protocol

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PREAMBLE

Failure to correctly identify patients before care is provided may result in adverse events, causing serious harm and distress to patients, their families and the Health Care Provider providing their care. The IWK Health centre requires a consistent process for accurate Patient identification.

POLICY STATEMENTS

1. All IWK Health Centre employees, members of the medical and midwifery staffs, students, volunteers must follow the policy.
2. All patients presenting for care in both inpatient and ambulatory settings at the IWK Health Centre must have a minimum of two (2) unique patient identifiers to verify their identification.
3. A healthcare provider (designated by team) must place a patient identification band on the patient when required as outlined in the protocol. The patient identification band will include the following identifiers:
 - Patient’s full name
 - Date of birth (DOB)
 - Unit number (K number)
 - Account Number
4. For patients refusing to wear patient identification band and/or refusing photo identification (see photo identification in below section), verification of the patient must be performed by two healthcare providers who are familiar with the patient, prior to any interventions.
6. In the operating room (OR), the circulating nurse must ensure that the patient identification band is reapplied if it was removed during the surgery, prior to the patient being discharged from the operating room theatre. The replacement armband must be checked by a second healthcare provider before being reapplied.

7. Additional policies exist for the following circumstances and must be followed:

For Patient Alerts and Identified Allergy Status Banding (Allergies – Adverse Reactions – Cautions) refer to Policy # 540:

http://policy.nshealth.ca/Site_Published/IWK/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=71280

For Patient Identification and Arm Banding for Unidentified (Unknown) Patients refer to Policy #1900:

http://policy.nshealth.ca/Site_Published/IWK/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=44980

For Newborn Naming Protocol for Health Centre Admitting and Registration Processes refer to Policy #127.0:

http://policy.nshealth.ca/Site_Published/IWK/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=40895

For Surrogacy refer to Policy 151:

http://policy.nshealth.ca/Site_Published/IWK/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=71495

GUIDING PRINCIPLES AND VALUES

1. IWK Health Centre strives to:

- 1.1. Ensure accurate patient identification to be completed before care is provided,
- 1.2. Ensure patients are provided with safe care,
- 1.3. Minimize incidences that increase the risk of medical errors due to improper patient Identification practices; these include, but are not limited to the following:
 - Matching birth mother and newborn
 - Inaccurate medication administration or blood transfusion
 - Adverse reactions to known allergens
 - Wrong-person diagnostic testing that leads to inaccurate diagnoses and/or treatments
 - Performing wrong-person services or procedures
 - Privacy/confidentiality breaches
 - Discharge of patients to the wrong families/facilities

2. Use of an armband allows for quick and easy access to patient identifiers, particularly in cases where urgent care/intervention is required.

3. Armbands have been recognized as the acceptable standard within healthcare, for verifying two patient identifiers.

4. Use of a standardized process for patient identification promotes consistency, clarity and accountability in each program and service area.
5. Patient and family-centered care is an organization-wide priority. Engaging patients, families and substitute decision makers in the patient identification process promotes patient safety and patient and family-centered care.

PROTOCOLS

Inpatients

1. All inpatients require a legible IWK patient identification band that is attached to them, visible, and accessible to staff. If possible, this band should not be placed on the same arm as an infusing intravenous line.
2. When a patient presents for registration, the Admitting Clerk follows the applicable Department's routine procedures for identifying the patient and obtaining the appropriate demographic and allergy information. The Admitting Clerk is responsible for placing the patient identification band on the patient and must do so before the patient leaves admitting to enter the care area.

Note: The Admitting Clerk is not responsible for placing the red allergy alert band on the patient where required and is not responsible for asking the patient about the types of allergies they may have. Please refer to Patient Alerts and Identified Allergy Status Banding (Allergies – Adverse Reactions – Cautions) refer to Policy # 540 for protocols related to Allergy identification and applying an allergy band.

If the patient arrives in the care area without wearing a patient identification band, either the nurse or the ward clerk must place a printed patient identification band on the patient as soon as possible.

3. Make the following checks before placing the identification band on the patient:
 - Ask the patient/family member the patient's full name and date of birth.
 - Verify this information with the Admission/Separation Record (A/S Record).
 - Verify the unit (K) number on the band with the A/S record.
4. Prior to patient transfer the transferring nurse or healthcare provider is responsible to verify that the patient identification band is in place, legible and accurate. The transferring nurse or healthcare provider will verbally verify the patient's identity with the receiving nurse or healthcare provider at time of transfer in collaboration with the patient whenever possible. Refer to Handover Information Transfer at Care Transitions #770.
5. Do not perform any interventions or procedures to the patient if the identification band is not affixed to the patient, is not legible or if there is a discrepancy with the information on the health record. In situations where a replacement band cannot be affixed to the patient verify the patient identity with the patient/family/guardian and follow processes as outlined in section below titled, "Camera Option".

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Camera Option Procedure

1. When armbands are not suitable for a patient/population, take a photo of the patient using a designated IWK camera (i.e. not personal device) upon their visit (inpatient or ambulatory) to the health care setting.
2. Inform the patient/Substitute Decision Maker that the photo is for identification purposes only, refer to Consent to Treatment policy #124 on guidance re: SDMs.
3. Label the photo with patient's full name, date of birth (DOB), unit (K) number and the word **ALLERGY if applicable** (The patient label must be applied to the bottom of the photo).
4. Store the photo in a secure location (e.g. the front of the patient's health record) that is easily/frequently accessed by clinical staff
5. The patient's photo must not be attached to the patient's room furnishings, such as patient beds; bedside table, monitor, IV poles or to the patient's personal items, such as clothing or toys.
6. If the patient is in the Health Centre for longer than one year or if there is a significant change in the patient's appearance, the photo must be replaced with a new photo on an annual basis or sooner if required and labelled as above.
7. Shred (cross-cut shred) all previously taken photos and all photos when no longer required and delete all digital files.

Newborn Identification

At the earliest opportunity, the Health Care Provider (HCP) must obtain the mother's consent for the other parent to receive the second adult size newborn band, as described below.

Any unused newborn or adult bands must be placed in confidential shredding bins.

If a parent requires a band/replacement band at any other time after birth, follow the re-banding process outlined below.

NOTE: All banding, re-banding and verification of bands will be documented in the Patient's Permanent Health Record.

Birth Unit (BU)

The following steps must occur to register and generate identification bands for the newborn:

Newborns Staying with Mother

The HCP must follow these steps to identify the newborn **immediately** after birth,

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Nurse provides ward clerk/designate with **written** birth information as soon as possible (birth information written for ward clerk/designate or Birth Record).

Exception If a Nurse is calling from the operating room with information, **the nurse must ask** the receiver to **repeat back** the information to confirm accuracy. They both (caller and receiver) must verbally confirm **“this is correct”**.

- Ward Clerk/designate must enter a birth notice (under location code BABN) in MEDITECH Order Entry for the newborn’s admission, as soon as possible
- Ward Clerk/designate must enter the birth information into the BU ledger
- Admitting and Registration must register the newborn as soon as possible and generate bands containing newborn information to print in BU:
 - 1 newborn size band
 - 2 adult size bands

Newborns being admitted to Neonatal Intensive Care Unit (NICU) from BU, the following steps must occur:

1. A member of the NICU Team provides the site of newborn admission
2. The BU Nurse provides ward clerk/designate with **written** birth information as soon as possible (birth information written for ward clerk/designate or Birth Record) and site of newborn admission.
3. BU ward clerk/designate must call Admitting and Registration “hot line” **151 - 2464 and** must provide birth information and site of admission to Admitting and Registration staff.
4. Admitting and Registration staff **must repeat back** the information to confirm accuracy.
5. The caller and receiver must both confirm **“this is correct”**.
6. Admitting and Registration must **immediately** register the newborn and generate bands with newborn information to BU:
 - 1 newborn size band
 - 2 adult size bands
7. BU ward Clerk/designate must enter a birth notice (under location code BABN) in MEDITECH Order Entry for the newborn’s admission as soon as possible.
8. BU ward Clerk/designate must enter the birth information into the BU ledger.

The following process must occur to apply matching bands to a newborn and birth mother/parent:

BU Nurse/designate:

- Bring the appropriate armbands and corresponding Admission Day Surgery(ADS) Form (IWKADDA), to the birthing room/operating room, as soon as possible
- Verify the birth mother's identification band with the maternal information on the newborn ADS form.
- Verify the information on the newborn's bands with the birth mother. If the birth mother is not able to participate in the newborn identification process, 2 HCP's must confirm that the newborn band information is correct. If more than one adult is receiving a matching newborn band, they all must be verified at the same time.
- Compare bands with mother/parent by the following steps:
 - Ask the mother for the mother's full name
 - Compare information to the bands
 - Nurse checks the bands and then reads it back to the mother
 - **Read Out Loud to confirm all band information is correct. If not correct, verify proper information and obtain correct bands.**
- Ensure all bands are applied prior to the newborn leaving the birthing room/operating room as follows:
 - 1 Newborn
 - 1 Mother
 - 1 other Parent *if applicable*

EXEMPTIONS Newborns:

In emergency situations that require the mother and newborn to be separated before the newborn band is available, a HCP must ensure the following occurs ***before the birth mother/newborn leaves the room:***

- Obtain the mother's Access e-Form label (if Access e-Form label is not available follow downtime procedures)
- Handwrite the newborn's sex and date of birth on the mother's Access e-Form label
- Attach the mother's Access e-Form label to the blank band(s)
- Verify information on the band(s) with the mother / parent
- Once information is verified apply the 3 exception bands to:
 - 1 - newborn;
 - 1 - mother
 - 1 – other parent *if applicable*

Apply MEDITECH band as soon as possible and follow the replacement bands, re-banding process

NICU: Only those newborns who are less than 1000 grams or who have been assessed to have poor skin integrity are exempt from wearing an identification band. When the newborn is unable to wear an identification band due to their weight or poor skin integrity, the identification band must be placed on the front wall of their incubator. Two patient identifiers must be verified prior to any procedure or intervention. When there is a need to replace a band, the new band must be verified against the previous band and the newborn's record Admission/Day Surgery form (IWKADDA) in the permanent health record. **Follow the Replacement Bands/Re-banding process as soon as possible.**

Additional Points of Newborn Band Verification

The newborn bands must be verified by following the steps immediately after birth:

1. On initial Inpatient Admission to any unit
2. Upon receiving the newborn at transfer to any unit
3. At the start of every shift on any unit
4. When newborn and birth mother are reunited after a separation on any unit
5. At discharge from any unit

Replacement Bands / Re-banding Process:

Replacement bands must be printed from MEDITECH. Verify the patient name and unit (K#) number on the band with the Admission/Day Surgery Record (Form IWKADDA). Ensure a new identification band is re-printed and placed on the patient and verified as soon as possible if:

1. A HCP needs to remove the band to facilitate treatment or therapy (e.g. insertion of IV; surgical procedure); the band is absent, incorrect or illegible.
2. Two HCP's or HCP with the patient must check the replacement band together
3. The HCP must document the re-banding process in the permanent health record including why the replacement band was required, what steps were done and who the HCP were involved in the process
4. Patients transferred from other organizations must follow the steps as per admission processes.

***NOTE:** For replacement/re-banding of newborns, follow the process for applying bands immediately after birth.

Admission, Transfer, Discharge and Each Shift

Initial Unit Inpatient admissions and transfer

Verify all information on the bands by checking the information on the Admission/Day Surgery Form (IWKADDA).

At start of every shift:

Verify all information on the bands by checking the information on the Admission/Day Surgery Form (IWKADDA) and document the check at start of each shift in the health record chart.

At discharge

Verify all information on the bands by checking the information on the Admission/Day Surgery Form (IWKADDA) and document the check at discharge in the health record chart. Remove band at discharge.

Ambulatory Patients

Identification arm banding for ambulatory patients is REQUIRED when interventions and treatments are performed such as, but not limited to: invasive procedures, general anesthesia, medication administration, procedural sedation and some diagnostic testing. Remove band at departure.

Identification arm banding for ambulatory patients is NOT REQUIRED when interventions are at a basic level such as physical exam; routine vitals and measurements and outpatient bloodwork. In these situations the health care provider verifies the patient's identification by asking the patient/family/ guardian for two patient identifiers and compares this to the health record documentation. (E.g. two of the following: patient name; date of birth (DOB); unit (K#) number).

Note: CHANGE the ambulatory visit band to an inpatient band when an ambulatory patient is being admitted to an inpatient area following their ambulatory visit. The arm band change is necessary to reflect the patient's NEW visit account number and the band must be checked as per arm band replacement processes.

Home Care Patients/School visits

On the healthcare provider's first home /school visit, the provider verifies the patient's identification by asking the patient/family/guardian for the patient's **full** name and date of birth (DOB) and compares the information with the health record documentation accompanying the health care provider. Thereafter and in any situation of continuing visits by the same provider, the health care provider uses face-to-face in person recognition and verification of the patient's **full** name.

Food Services and Tray Delivery

Food Services staff will check/verify two patient identifiers with the tray meal ticket prior to delivery of the patient's tray to the patient room. For some clinical areas (Garron Centre, Birth unit, Emergency Department) and for some specific patient situations in other areas, the checking of two patient identifiers and tray delivery will be done by nursing.

Please refer to Tray Delivery: Two Patient Identifiers Policy # 1100.1

http://policy.nshealth.ca/Site_Published/IWK/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=64388

MEDITECH System Downtime

Use access passport labels or handwritten identifiers on blank armbands during MEDITECH downtime.

Requests for New or Replacement Armband Printer

If a new or replacement armband printer is needed enter a “New Printer Request” IT form using the Online Service Request on Pulse. If it is a new printer include in the IT request for a “new data drop”. This is important for IT to know when it is a new printer verses an existing printer being added to care areas

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<http://www.who.int/patientsafety/solutions/patientsafety/PS-Solution2.pdf>

RELATED DOCUMENTS

Policies

Adverse and the Quality Event Review Process IWK (Administrative policy) Policy #302

Adverse Event and Good Catch (Near Miss) reporting IWK (Administrative policy) Policy #301.2

Consent to Treatment Policy# 124.0

Handover Information Transfer at Care Transitions #770

Patient Alerts (Allergies- Adverse Reactions- Cautions) Policy #540

Privacy of Personal Health Information Policy # 333

Retention of Records Policy #115.0

Security of Electronic Information Policy #303.1

Tray Delivery: Two Patient Identifiers Policy # 1100.1

Working with Surrogate Mothers and Intended Parents Policy #151

Brochures

IWK PULSE / IT Training /Printing and Registration and Armbands package

Appendices

Appendix A – Definitions

Appendix A

Definitions

Two Patient Identifiers: Teams are asked to use means of identification that is specific to the patient and that is appropriate to the type of service provided and the population served. Examples include person-specific identification number such as a registration number, patient identification cards such as health card with name, address, date of birth, patient barcodes double witnessing, or a patient wristband. The patient's room number is not to be used as a patient identifier.

Patient: All individuals registered or admitted to the IWK are termed as "patient" for the purpose of this policy regardless that some teams refer to registered or admitted IWK individuals as "clients".

District Health Authority/IWK Policies Being Replaced

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)