

Policy



Policy Title:	Patient & Client Identification	
Applies To:	All IWK Team Members, Physicians, Learners	
Location Applicability:	IWK Health	
Approved:	Effective:	Next Review:
November 27, 2023	December 1, 2023	November 27, 2027
Sponsor:	Director, Quality Patient Safety and Patient Experience	
Approval Authority:	IWK Policy and Practice Committee	

Number: 1100	Manual: Clinical Manual
Related Document: 1837 – Patient & Client Identification Procedure	

Contents

PURPOSE	2
POLICY STATEMENTS	2
GUIDING PRINCIPLES AND VALUES	4
REFERENCES	5
Legislative Acts/References	5
RELATED DOCUMENTS	6
Policies	6
Forms.....	6
Resources.....	6
Appendices	7
Appendix A - Definitions.....	8

PURPOSE

There are patient safety risks associated with patient misidentification. The purpose of this policy is to:

1. provide clear expectations regarding the requirement for two person-specific identifiers.
2. ensure that all patients are correctly identified and matched to the service, procedure, or treatment to be received.
3. enhance patient safety and quality care, thereby reducing the potential risk of patient identification errors and risk of adverse safety events.
4. support compliance with best practice protocols, Accreditation Canada requirements, and the authorized collection, use and disclosure of personal health information.

POLICY STATEMENTS

1. In partnership with patients and families, IWK team members must use a minimum of two person-specific identifiers, prior to providing any services or interventions, to confirm the identity of the patient receiving services.
 - 1.1. A third identifier must be used in circumstances where identification may be a challenge (a same or similar name to another patient in the same program or care area).
2. Same Name Alert must be issued when two or more patients with the same legal name (first and last name) are admitted/cared for in the same unit, service, or care area.
3. (Unknown) patients admitted to IWK Health must be issued a uniquely assigned name and K# until a positive identification can be made (refer to [Patient and Client Identification Procedure # 1837](#)).
 - 3.1. If positive identification is obtained, the patient will have a new identification band applied with the known patient's identification. NOTE- the original identification band, as an unknown patient with a designated K#, must also stay on the patient, even if the patient becomes identified during the course (duration) of the registration and/or admission.

- 3.2. Once positive identification is made and specific criteria are met, merging of this information in the MEDITECH System must occur by staff who are trained and authorized to merge patients' unit numbers (IWK K#'s) in the clinical information system (currently MEDITECH).
4. A patient identification band, or alternate appropriate process of identification, based on the population served, must be in place (photograph, two IWK team members familiar with the patient), see related [Patient and Client Identification Procedure #1837](#).
5. When verifying patient identification
 - 5.1. The patient's privacy must always be considered and respected.
 - 5.2. The patient's used name and pronouns must be respected, even when different from the legal name and sex assigned at birth.
6. The IWK team member must verify the patient's identity at the following points of care:
 - 6.1. Initial assessment/examination of the patient.
 - 6.2. For inpatients, at the beginning of each shift.
 - 6.3. Matching gestational parent identification and newborn for the first time
 - 6.4. When newborn and gestational parent are re-united after a separation on any unit.
 - 6.5. When accessing patient information in paper or electronic format (e.g., documentation, viewing results).
 - 6.6. Prior to beginning a procedure or treatment (e.g., prior to obtaining a specimen collection, POCT, diagnostic tests, imaging, administering any medication).
 - 6.7. Prior to surgical interventions and any invasive procedures.
 - 6.8. Transfer to another care area, or another health care provider/facility.
 - 6.9. Confirmation of death.
 - 6.10. Administration of expressed breast milk.
 - 6.11. Patient meal tray distribution.
7. No procedure or treatment will be conducted until patient identity and allergy verification are confirmed, except in emergency situations where temporary identification may be used (e.g., trauma patient in Emergency Department).

8. Approved person specific identifiers include:
 - 8.1. Health card number (or comparable government issued number, e.g. Health ID number),
 - 8.2. legal name,
 - 8.3. Patient date of birth,
 - 8.4. Patient K# (IWK medical record #),
 - 8.5. Patient address,
 - 8.6. An accurate photo (a recent photo representative of what the patient looks like),
 - 8.7. Facial recognition in settings where there is long-term care, and the team member is familiar with the patient. (This counts as one person-specific identifier only and must be documented in the patient record).
9. Any discrepancies or conflicting information must be resolved and validated prior to creating a new record or modifying the existing health record. The individual who discovers the error will file an event report in the IWK's electronic event reporting system (e.g., currently known as SIMS, Safety Improvement Management System).
10. If a patient identification band is removed/missing for any reason e.g., surgery, too tight, is illegible, the identification band must be reapplied, as soon as possible, and prior to receiving any interventions/medications, or being transported. The replacement identification band must be checked by a second IWK team member before being reapplied.
11. If an identification band is found off the patient, or a photo used for patient identification is found outside of its designated location, consult Privacy of Personal Health Information policy #333 and file a report using IWK's electronic event reporting system (e.g., currently known as SIMS, Safety Improvement Management System).
12. In the event the identification band printer is not working, the IWK team member must follow the "Printer Downtime Procedure" , refer to Patient and Client Identification Procedure #1837.

GUIDING PRINCIPLES AND VALUES

1. Providing a physically and psychologically safe environment for patients, family, staff, physicians, learners, and visitors is a priority of IWK Health.

- 1.1. Failure to correctly identify patients and match them to the service(s) and care to be received may result in adverse events, cause harm and distress to patients, their families, and the IWK Health team member(s) providing their care.
2. IWK Health is committed to minimizing risk to everyone, in a trauma informed, people centered, and fair & just culture environment.
3. People-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.
4. Use of a standardized process for patient identification promotes consistency, clarity and accountability in each program and service area.

REFERENCES

Legislative Acts/References

Accreditation Canada. (2020). [Required Organizational Practices 2021 Handbook](#).

Accreditation Canada. (2016). Frequently Asked Questions: Patient Identification

IWK Health. (2023). [Did you Know? Patient Client Identification Process](#).

Central Health. (2021). Positive Patient Identification. Retrieved via Canadian Policy and Procedure Network.

London Health Sciences Centre. (2022). Patient identification procedure. Retrieved via Canadian Policy and Procedure Network.

Nova Scotia Health. (2022). [Patient Identification](#).

Sick Kids. (2021). Patient identification policy and procedure. Retrieved via Canadian Policy and Procedure Network.

Other

[Pride Health Guide to Pronouns](#)

2SLGBTQIA+ Awareness- LMS Module

RELATED DOCUMENTS

Policies

[IWK Health Policy 124.1 Consent to Treatment](#)

[IWK Health Policy 770 Clinical Handover information Transfer at Care Institutions](#)

[IWK Health Policy 907 Labeling, Storage, Handling, Thawing, Fortification and Administration of Expressed Breast Milk](#)

[IWK Health Policy 8558 Labelling, Storage, Handling, Thawing, Fortification and Administration of Expressed Breast Milk in the NICU](#)

[IWK Health Policy 127 Newborn Naming Protocol for Health Centre Admitting and Registration Processes](#)

[IWK Health Policy 540 Patient Alerts \(Allergies-Adverse Reactions-Cautions\)](#)

[IWK Health Procedure 1837 Patient and Client Identification Procedure](#)

[IWK Health Policy 333 Privacy of Personal Health Information](#)

[IWK Health Policy 305 Reporting and Management of Breast Milk Adverse Events](#)

[IWK Health Policy 302.1 Reporting, Management and Quality Review of Patient Safety Events](#)

[IWK Health Policy 115 Retention of Records](#)

[IWK Health Policy 303.1 Security of Electronic Information](#)

[IWK Health Policy 151 Working with Surrogate Mothers and Intended Parents](#)

Forms

Admission/Day Surgery Record (Form IWKADDA)

Admission/Separation Record (A/S Record)

Resources

IWK PULSE- [IT Training & Learning](#) subsite for registration and printing modules

[Double K Number Training Module](#)

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use. OP3PO150710

[Health Card Number Inquiry System Training Module](#)

Appendices

Appendix A – Definitions

Appendix A - Definitions

<p>Facial Recognition</p>		<p>Team Members' direct observation of the Patient that matches the visual memory associated with the Patient's name. Facial Recognition identification may occur when the Patient is known to the Team Member providing care or may require that a family member or Health Care Provider familiar with the Patient confirms their identity. Facial Recognition is only appropriate in settings where there is a long-term, continuous relationship in which the Team Member is familiar with the Patient. In most program areas, photographs are taken to assist Health Care Providers with Facial Recognition. Note: If someone is working in the area that is not familiar with the Patient (e.g., student, new Team Member), this identifier would not be appropriate to use, and two other identifiers must be used instead.</p>
<p>Health Care Provider</p>		<p>Team Members who provide direct Patient care.</p>
<p>Identification (ID) Band</p>		<p>A clinical system's generated band, normally worn on the wrist, or leg and includes patient's legal name, date of birth, and K#, or Health Card Number.</p>
<p>Medical Record Number (MRN)</p>		<p>Facility or program generated number for the Patient Health Record, also referred to as a health record number (HRN).</p>
<p>Patient</p>		<p>For this policy, is used to mean patients, clients, residents receiving services from IWK Health.</p>
<p>Patient's Legal Name</p>		<p>The name under which an individual is registered in a province or territory, or federally. For non-Canadian citizens, the Legal Name is the name under</p>

		<p>which they are registered in Canada and is found on their immigration documents.</p> <p>Note: A provincial health card may have a name other than the Patient's Legal Name on it, which is why two Person-Specific Identifiers are needed.</p> <p>As per this policy, Team Members must use the name that the Patient uses when communicating with/about them. Team Members may need to input a name which the Patient does not use into the Nova Scotia Health registration systems.</p>
Procedure		<p>An intervention, treatment, and/or investigation, whether in-person or via virtual care. An identification band or photo is required prior to invasive procedures, and diagnostic testing.</p>
Same Name Alert		<p>Process for alerting Health Care Providers when two or more Patients with the same Legal Name (first and last name) are admitted to the same unit, care, or treatment area.</p>
Substitute Decision Maker (or "SDM")		<p>The patient's SDM shall be the person ranking in the highest priority, based on the following order, who has capacity and is willing to act:</p> <ul style="list-style-type: none"> I. a person authorized by the patient to act as their 'delegate' in a personal directive, made in accordance with the Personal Directives Act; II. the patient's court appointed guardian; III. the spouse of the patient; IV. an adult child of the patient; V. a parent of the patient; VI. a person who stands in loco parentis to the patient; VII. an adult sibling of the patient; VIII. a grandparent of the patient; IX. an adult grandchild of the patient;

		<p>X. an adult aunt or uncle of the patient;</p> <p>XI. an adult niece or nephew of the patient;</p> <p>XII. any other adult next of kin of the patient;</p> <p>XIII. the Public Trustee.</p>
Two Person-Specific Identifiers		<p>means of identification that is specific to the patient, appropriate to the type of service provided and the population served. Examples include registration number, health card with legal name, address, date of birth, patient barcodes, double witnessing, photo identification, or a patient identification band. The patient's room number is not to be used as a patient identifier.</p>
Used Name		<p>May be different than the name under which an individual is registered in a province, territory, or federally, but is the name used by the patient. Used Name must be respected and used during patient interactions.</p>

* * *

IWK/NSH Policy Documents Being Replaced

Tray Delivery: Two Patient Identifiers Policy # 1100.1

Unidentified (Unknown) Patient Identification Process, IWK-1900

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.)
2019	2024- additional policy statement #12 in event of downtime
2023- standard 4 yr review; merging of Tray Delivery Policy & Unidentified Patient policies	