


<b>Name of Policy:</b>	<u>Patient Identification</u>	
<b>Policy Number:</b>	3364-100-01-16	
<b>Department:</b>	Hospital Administration	
<b>Approving Officer:</b>	Sr. Vice President & Executive Director	
<b>Responsible Agent:</b>	Sr. Vice President & Executive Director	
<b>Scope:</b>	The University of Toledo Medical Center	
		<b>Effective Date:</b> Sept 12, 2011
		<b>Initial Effective Date:</b> July 14, 2003
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		
<input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

**(A) Policy Statement**

All patients (inpatients and outpatients) of The University of Toledo Medical Center (UTMC) are properly identified prior to the provision of any care, treatment or services provided.

*Exceptions:* Patients who are unable to provide identifying information requiring emergency care will receive treatment prior to identification if such care and treatment is necessary to stabilize the patient's condition (e.g., unidentified patient arriving comatose to the emergency department).

For the purposes of this policy, Radiation Oncology patient identification issues will be addressed in Policy 3364-134-67.

**(B) Purpose of Policy**

A system for positive identification for all hospital patients fulfills four (4) basic functions:

- ✦ Provides positive identification of patients from the time of admittance or acceptance for treatment.
- ✦ Provides a positive method of linking patients to their medical records and treatment.
- ✦ Minimizes the possibility that identifying data can be lost or transferred from one patient to another.
- ✦ Improves the accuracy of patient identification **and patient safety.**

**(C) Procedure**

INPATIENT

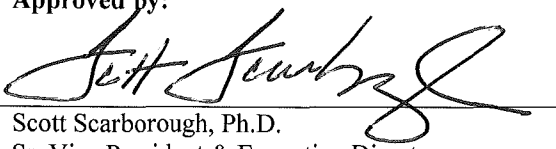
1. A tamperproof, nontransferable identification band shall be prepared and affixed to the patient by the following staff:
  - a. Emergency Department – Patient Registration.
  - b. Inpatient Admissions/Observations/Outpatient Surgery – Admitting Department
2. The identification band will clearly include the patient's full name, hospital case number, medical record number and date of birth, age, sex and attending physician.
3. The admitting staff will verify this information via **two (2) forms of identification with one being a photo ID. For patients under 16 years of age, a parent or legal guardian photo id is required along with verification of the child's birth date.**
4. If the patient is a direct admission to the floor bypassing the admitting department, an identification band will be prepared immediately upon patient entry to the area. The nurse, using the same procedure described above, will affix the identification band to the patient.
5. Upon admission to the unit/department the nurse or appropriate hospital staff has the responsibility to ensure that the ID band is legible and contains the correct information.
6. Prior to the administration of tests, treatment, service, procedures, and medications or blood products, the healthcare professional providing the care is responsible for verifying the patient's identity by utilizing two patient identifiers listed on the identification band: patient's full name and patient medical record number. Dietary will use the patient's full name and date of birth. Staff will ask the patient to verbally state their name (if able) and compare the patient's name and medical record number to the order/MAR/chart.
7. When a health care professional labels a patient's specimen, **the following must occur:**

- a. **The healthcare professional must confirm the physician or nurse practitioner's order for the specimen.**
  - b. **Select the number of labels needed based upon labs ordered. (Only the number of labels needed are to be brought into the patient's room).**
  - c. **Upon entering the room, the patient's identity must be confirmed using two (2) patient identifiers.**
  - d. **Wherever bar coding technology exists, the ID band on the patient must be scanned as the final patient identifier. (This is not a substitute for using two (2) patient identifiers.)**
  - e. **Collect the specimen**
  - f. **Label the specimen in front of the patient at the bedside while checking each labeled specimen with the patient's identification band.**
  - g. **Each label must include the date, time and initials of the person collecting the specimen.**
  - h. **If the specimen is placed in a specimen bag prior to transport, the bag must be labeled and verified.**
  - i. **Send specimen.**
  - j. **Follow HIPAA rules for properly discarding any unused labels. (Labels are not to be stored or kept in one's personal possession.**
8. **When engaging in administrative work with the patient, two patient identifiers are used.**
  9. **In the event that an identification band is illegible, missing, or contains incorrect information, staff will inform the clerical specialist who will request a new ID band from admitting. The staff member assigned to the patient has the primary responsibility for ensuring that a new band is placed on the patient utilizing the correct verification process.**
  10. **The identification band will remain in place until the patient is discharged from the hospital. After leaving the facility, the patient may remove the identification band.**

#### OUTPATIENT

1. **The Registration staff will verify this information via two (2) forms of identification with one being a photo ID. For patients under 16 years of age, a parent or legal guardian photo id is required along with verification of the child's birth date.**
2. **Prior to clinic visit, tests, treatment, medications, or procedures, the healthcare professional providing the care is responsible for verifying the patient's identity by utilizing two patient identifiers: patient name and date of birth. Staff will ask the patient to verbally state their name and date of birth (if able) and compare the patient's name and date of birth to the order or chart.**
3. **When a health care professional labels a patient's specimen, the following must occur:**
  - a. **The healthcare professional must confirm the physician or nurse practitioner's order for the specimen.**
  - b. **Select the number of labels needed based upon labs ordered. (Only the number of labels needed are to be brought into the patient's room).**
  - c. **Upon greeting the patient in a private area, the patient's identity must be confirmed using two (2) patient identifiers.**
  - d. **Collect the specimen**
  - e. **Label the specimen in front of the patient while checking each labeled specimen with the patient's facesheet.**
  - f. **Each label must include the date, time and initials of the person collecting the specimen.**
  - g. **Send specimen.**
  - h. **Follow HIPAA rules for properly discarding any unused labels. (Labels are not to be stored or kept in one's personal possession.)**

4. When engaging in administrative work with the patient, two patient identifiers are used.

<p><b>Approved by:</b>  _____ Scott Scarborough, Ph.D. Sr. Vice President &amp; Executive Director</p> <p><i>Review/Revision Completed By:</i> HAS Quality Clinical Safety Ambulatory Services</p>	<p><b>Review/Revision Date:</b> 12/13/06 7/12/07 3/20/08 7/24/2008 7/7/09 9/12/11</p>
<p><b>Next Review Date:</b> 9/12/2014</p>	
<p><b>Policies Superseded by This Policy:</b> 7-01-16 - Inpatient Patient Identification and 5-04 Outpatient Patient Identification</p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*