


Name of Policy: Patient Identification Policy Number: 3364-100-01-16 Approving Officer: Chief Medical Officer Responsible Agent: Chief Nursing Officer Scope: University of Toledo Medical Center		 Effective date: Original effective date: 7/14/2003	
Key words: Patient Identification, Identifying, Information, Emergency Care, Patient Safety			
<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 purposes of this policy, Kobacker Inpatient patient identification issues will be addressed in [the Kobacker Identification Guideline](#). ~~Policy 3364-122-39.~~

For purposes of this policy, Food & Nutrition patient identification issues will be addressed in Policy 3364-104-305.

(B) Purpose of Policy

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

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

(C) Procedure

For all clinical settings, any patient transferred from another facility should have the other facility's identification band removed and proper UTMC identification applied.

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, encounter number, medical record number and date of birth, age, sex and attending physician.
3. The staff who admits the patient will verify this information via two (2) forms of identification with one being a photo ID (if available). 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 unit, bypassing the admitting department, an identification band will be prepared immediately upon patient entry to the area. The healthcare professional, 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. 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/medication administration record/chart.
7. When a health care professional labels a patient's specimen, the following must occur:
 - a. The healthcare professional must confirm the order for the specimen.
 - b. Upon entering the room, the patient's identity must be confirmed using two (2) patient identifiers.
 - c. 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.)
 - d. After collecting the specimen, label the specimen in front of the patient at the bedside while checking each labeled specimen with the patient's identification band.
 - e. Each label must include the date, time and initials of the person collecting the specimen.
 - f. Place specimen in bag prior to transport. Only one patient's specimens can be placed in the bag.
8. If an identification band is illegible, missing, or contains incorrect information, staff 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.
9. 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 (if available). 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 order for the specimen.
 - b. Select the number of labels needed based upon labs ordered. Upon greeting the patient in a private area, the patient's identity must be confirmed using two (2) patient identifiers.
 - c. After collecting the specimen, label the specimen in front of the patient while checking each labeled specimen with the patient's order or facesheet in the medical record.
 - d. Each label must include the date, time and initials of the person collecting the specimen.

RADIATION ONCOLOGY

The Radiation oncology staff will take a digital photo of all the patients who are seen in the department. These photos are used for identification purposes in addition to patient identifiers outlined above. The camera is connected to the computer and the patient's photo is downloaded into our electronic medical record

COMMUNITY BEHAVIORAL HEALTH

To provide a reliable means for accurately identifying clients in the case of monitoring self-administration of medication and for transportation purposes, both within the Community Behavioral Health Services Program.

1. After obtaining consent for treatment, staff will review the form, "Notice of use of Photograph," with the parent/guardian, obtaining their signature.
2. Staff will take a digitalized photograph of the client after identification of the client has been established by parent/guardian. In the event of camera malfunction, Campus Police or Kobacker Inpatient unit will be contacted to request emergency use of their digital camera.
3. The photograph will be printed, and client label will be placed in upper right-hand corner.
4. There are two ways in which staff will identify clients:
 - a. Staff will ask client their name.
 - b. Staff will verify name given with photograph.
 - c. If name given by client does not match photograph, staff will ask staff working directly with client to verify client identity.
5. At the time of discharge, the photograph will be destroyed or given to the family upon request.

<p>Approved by:</p> <hr/> <p>Daniel Barbee Chief Medical Officer</p> <hr/> <p>Date</p> <hr/> <p>Kurt Kless Chief Nursing Officer</p> <hr/> <p>Date</p> <hr/> <p>Puneet Sindhwani Chief of Staff</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Chief Nursing Officer</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• 7-01-16 <p>Initial effective date: 7/14/2003</p> <p>Review/Revision Date:</p> <p>12/13/06 7/12/07 3/20/08 7/24/2008 7/7/09 9/12/11 9/1/2014 5/1/2015 7/2019 7/2022</p> <p>Next review date:</p>
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