GBMC

EXECUTIVE POLICY

PATIENT IDENTIFICATION POLICY

APPROVAL:

Signed by John Chessare MD 02/23/2011
President and CEO

I. PURPOSE

To establish guidelines to maximize patient safety through a universal standard of unique patient identification.

II. POLICY

All patients will have a uniform process of identification to promote safe patient practices at GBMC. Two identifiers must be verified on all patients. Room number does not constitute an appropriate identifier. The identifiers that GBMC has selected are patient name and date of birth. In the event the patient is unable to provide the healthcare personnel the correct date of birth or a discrepancy exists with written identification, the medical record number will be used as the second patient identifier. In the event the physician does not have access to the patient’s date of birth, the patient’s diagnosis will be used as the second patient identifier.

III. PROCEDURE

A. All patients will immediately be identified upon entry to GBMC. This may be by affixing a permanent band to the patient's wrists in most areas or by verbal positive identification in others as is delineated below:

1. Patients to be identified by ID band include all inpatients and specifically identified outpatients. Infant identification will follow the process outlined in the Maternal Newborn Health policy entitled “Immediate Care of the Newborn.”

2. Patients exempt from permanent ID bands include patients here for office visits, lab visits, clinic visits and non-invasive radiologic procedures.

B. Prior to the administration of any medication, treatment, therapy, procedure, dietary meal, snack, transport, or transfer to another facility, the healthcare provider will identify the patient at the bedside using the identification band. The healthcare provider will identify the patient by asking him or her to state his or her name and date of birth. This information will be compared with the information contained on the requisition, meditech label, physician order form and/or medication administration record in addition to the patient
identification bracelet. In the event the patient is being transferred to another facility, the assigned Nurse will identify the patient by name and DOB with a member of the transport team using the same process.

C. Permanent identification bands will be originated by registration personnel and placed on the patient. In the event this is not accomplished, the assigned healthcare provider will be responsible for placing the identification band. Under no circumstances should volunteer place an identification band on a patient.

D. This band will be worn throughout the patient’s length of stay. The band identifies the patient using unique descriptor(s) including name and birth date.

E. GBMC’s Neonatal identifiers are mothers stated last and first name, neonate’s date of birth, and an additional unique five-digit number from the bracelet placed on the Neonate at the time of delivery.

F. Patients not requiring an identification band will be identified by the patient stating their name and date of birth.

G. It is understood that patients sometimes enter GBMC through channels other than the registration department with such examples being the emergency room via ambulance or triage, or as a direct admission to a nursing unit. The healthcare provider has the responsibility to immediately place a temporary identification band on the patient until a permanent identification band can replace it.

H. Patients may come into the hospital via the ED or Labor and Delivery without adequate identification (“Jane or John Doe.”) “Adequate identification” is defined as the ability of the patient or their escort to identify the patient by name and date of birth or the patient has written identification such as a driver’s license that contains that information. Unidentified patients will be entered into the computer as “John or Jane Doe” and will receive a Medical record number and ID band. In the event the patient’s identity becomes known, this should be documented in the medical record by the healthcare provider. The healthcare provider then informs Admitting, Admitting will then update or correct the information in the computer and notify Medical Records of any duplicate medical record numbers for this patient so the medical record might be merged, if applicable. Admitting will issue a new ID band. It is the responsibility of the healthcare provider to replace the ID band on the patient.

I. If a patient enters GBMC and is not able to communicate their name and date of birth the admitting officer will verify two (2) patient identifiers with the patient’s escort(s). If no escort is available then the registration
personnel will verify the patient’s name and date of birth by using an alternate means of identification, including but not limited to, drivers license, social security card or other documentation accompanying the patient such as ambulance or nursing home information sheets.

J. In the event an identification band must be removed if it interferes with treatment or it becomes too tight fitting, a new identification band shall be placed on the patient’s alternative wrist or ankle prior to removing the old identification band. The assigned healthcare provider will ask the patient to state their name and DOB and will compare for accuracy the name and DOB on the new identification band against the identification band, which is being removed.

K. If a patient enters GBMC wearing a patient identification sensor bracelet, the bracelet will be lightly wrapped in kling and will remain on the patient unless the sensor bracelet is blue in color. If the sensor bracelet is blue it will be removed so it will not be confused with a blue DNR ID band.

L. In surgery the ID band may be removed if the current location is to become part of the sterile field. Prior to induction, a new identification band shall be placed on the patient’s alternative wrist or ankle prior to removing the old identification band. The assigned healthcare provider will ask the patient to state their name and DOB and will compare for accuracy the name and DOB on the new identification band against the identification band, which is being removed.

1. The original ID band, which was cut off, will be placed in the patient’s chart until the completion of the case. This ID band can be used to verify patient identification ONLY during the intra-operative portion of surgery while the patient is prepped and draped on the OR table. Alternatively the relocated ID band will be used provided the accessibility will not compromise the sterile field.

M. Patient identification bands affixed to bedrails, charts or any other place except the patient’s person is prohibited.

N. Designated outpatient areas not using identification bands must immediately verify patient identification. This will be done by having the patient state name and date of birth and/or presenting personal identification (i.e. picture ID, Social Security card, or driver’s license.) This information will be compared with the information contained on the requisition, physician order form and/or medication administration record.

O. In no event should the patient’s room number be used as the sole source of patient identification.
P. Disciplinary Steps

1. The appropriate manager will review violations of the Patient Identification policy and when necessary, may work together with the appropriate Human Resources representative. Factors considered in determining the disciplinary step are seriousness of violation, previous violations of the Patient Identification policy, patient outcome, if any and any other factors related to the violation. GBMC has established the following progressive disciplinary steps when an employee violates the Patient Identification Policy:

2. In order of severity, discipline may take the following forms:
   a. Written warning,
   b. Disciplinary probation (90 days)
   c. Termination of employment

3. GBMC reserves the right to take other disciplinary action in addition to, or in place of, the steps outlined in this policy. This policy does not limit GBMC’s right to discharge employees with or without notice.

Cross Reference Topics:

JCAHO
MNH Clinical Policy
Admitting Department
Executive Staff
National Patient Safety Goal
Immediate Care of the Newborn
Patient Identification Guidelines

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