

FACILITY: Reading Hospital	
MANUAL: Organizational (Administrative)	FOLDER: National Patient Safety Goal
TITLE: Patient Identification	DOCUMENT OWNER: Director Patient Safety
DOCUMENT ADMINISTRATOR: Executive Vice President and Chief Medical Officer	KEYWORDS:
ORIGINAL DATE:	REVISION DATE(S): 8/2010, 4/2014, 9/2015, 4/2016, 7/2018, 1/2019

SCOPE:

Reading Hospital and Reading Hospital Rehabilitation at Wyomissing

PURPOSE:

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. The intent of positive patient identification is two-fold; first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.

POLICY:

To improve the accuracy of patient identification and maximize patient safety efforts, patient identification will be standardized. Once positive patient identification has occurred, care, treatment, or service can proceed. Care, treatment, or service includes medication administration, blood product administration, specimen collection, other treatments or procedures, and delivery of meal trays and snacks. Exception: Delivery of generic meal trays does not require two patient identifiers.

DEFINITIONS:

PROCEDURE:

Each department providing care, treatment or services should implement procedures that include the use of a minimum of two patient identifiers, neither of which is to be the patient’s room or physical location.

A. Identification of Inpatient

1. Prior to providing care, treatment, or services of an inpatient, the patient should be identified with the armband, comparing both the patient name and date of birth to the requisition, order or medication administration record (MAR). Medical record number should be used as a second patient identifier when date of birth is not available.
2. The patient, and as needed the family, should be actively involved in the identification and matching process. The caregiver should use active communication and ask the patient to state his/her full name and date of birth, whenever possible. When active patient involvement is not possible or the patient’s reliability is in question, the caregiver providing the care, treatment, or service will be responsible for identity verification.

Reading Hospital

3. Barcode technology does not replace the above process for patient identification. Barcode technology should be used only to confirm correct patient identification after the above process has been completed.
4. A photograph may be used as an additional identifier for inpatient psychiatric patients.
5. Specimen Labeling
 - a. Specimen containers should be labeled in the presence of the patient.
 - b. Specimen containers should be labeled with the same two identifiers that were used to identify the patient.

B. Identification of Outpatient

1. Prior to providing care, treatment, or services of an outpatient, the patient, and as needed the family, should be actively involved in the identification and matching process.
2. The patient should be asked to state their full name and date of birth. The information elicited from the patient should be compared to the requisition for services or MAR before care, treatment, or service can proceed. If a patient is unable to verbally identify themselves, a responsible party should be present to confirm the patient's identity.
3. For outpatient areas with armbands, the patient should be identified with the armband comparing both the patient name and date of birth to the requisition, order or MAR. Medical record number should be used as a second patient identifier when date of birth is not available.
4. Specimen Labeling
 - a. Specimen containers should be labeled in the presence of the patient.
 - b. Specimen containers should be labeled with the same two identifiers that were used to identify the patient.

GUIDELINE:

PROVIDER PROTOCOL:

EDUCATION AND TRAINING:

REFERENCES:

Joint Commission Resources, Inc. (2015). Comprehensive accreditation for hospitals: The Official Handbook. Oakbrook Terrace: Illinois.

COMMITTEE/COUNCIL APPROVALS:

Patient Safety Committee – April 12, 2016

CANCELLATION:

The content of this document supersedes all previous policies/procedures/protocols/guidelines, memoranda, and/or other communications pertaining to this document.