



QUINTE HEALTHCARE CORPORATION

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Patient – Patient Identifiers and Identification Armbands

Title: Patient – Patient Identifiers and Identification Armbands		Policy No:	3.18.3
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Approved By:	Quality and Patient Safety Committee		

1. POLICY

Patient identification is a process wherein a patient’s identity is confirmed with two unique identifiers that are cross-referenced against a reliable source. The verification of patient identity is essential to the delivery of safe and effective health care. Patient identification errors could lead to life threatening and/or fatal consequences. Positive patient identification at Quinte Health Care must occur across the continuum of patient care. Ensuring that patient identification occurs is the responsibility of all health care providers. The patient is an integral partner in ensuring that positive identification occurs.

At Quinte Healthcare Corporation (QHC), two identifiers will be used to positively identify patients prior to transfer, administration of medication and/or provision of any treatment or procedure. No procedure or treatment will be conducted until patient identification is verified, except in an emergency situation where temporary identification may be used.

The patient’s identification armband is the main source for proper identity verification for all inpatients, emergency patients, and patients attending most procedural clinics. The identification armband will include the following approved identifiers:

- First and last name and sex
- Date of birth
- Hospital Unit Number (unique identifier)
- Health Card Number
- Hospital Account Number

The patient identification armband is applied to the patient's wrist after positive identification is made by the patient or substitute decision maker (SDM) at the time of registration or prior to the initiation of any treatment. The armband shall remain attached to the patient's wrist until the

patient is discharged from hospital or the visit(s) are completed. An alternate location to the patient's wrist is the patient's ankle.

The patient's armband is the main source for proper identity verification; however, in areas where patients are not required to have an identification band, the patient must provide verbal confirmation of his/her full name and date of birth.

2.

DEFINITIONS

Acceptable alternative: will include family members/substitute decision maker, second healthcare provider, government issued identification card, or translator.

Outpatients: Patients that have presented to outpatient areas of QHC for treatment or health service

Patient identifier: any value assigned to an individual to facilitate positive identification of that individual for healthcare purposes. (Appavu, 1997). Patient identifiers include full name, birth date, address, health card number, account number, unique hospital unit number or photo identification (driver's license). A patient room number or bed tags are NOT used as an identifier.

Services or procedures: include but are not limited to admission, transfer, venipuncture, medication administration, specimen collection, surgical intervention, blood transfusion, diagnostic intervention, or any action performed where there is potential for harm or negative consequences should it be provided to the wrong patient.

Substitute decision maker (SDM): is someone authorized by the *Ontario Health Care Consent Act* to make healthcare decisions on behalf of an individual who has been deemed incapable of making his or her own decisions. A SDM is the highest ranking individual (or individuals) from the list of appropriate substitutes outlined in the *Health Care Consent Act*:

1. Guardian,
2. Attorney for personal care,
3. Representative as appointed by the Consent and Capacity Board,
4. Spouse or partner,
5. Child (16 or older) or parent,
6. Parent with access only,
7. Brother or sister,
8. Any other relative,
9. Public Guardian and Trustee.

Unique identifier: a unique hospital unit number (H#, N#, X#, or Z#) is issued to all patients on registration or admission. The medical record number remains the same for patient regardless of the type of subsequent registered hospital visits.

Verbal confirmation: Verification of the patient's identity by asking the patient or substitute decision maker to state two identifiers such as full name and date of birth and comparing this information with the patient's identification band or medical documents.

Visual confirmation: Verification of the patient's identity by visualizing two identifiers on the patient's identification armband and comparing these with the same information on their medical documents.

3. PROCEDURE

Verification of patient identity using two patient identifiers is required at registration, prior to provision of any services, medical procedures, medication administration, treatment and/or diagnostic tests, and when patient care is transferred to another department/unit/hospital or between health care providers. There may be situations where additional verification beyond the two unique patient identifiers is required such as blood product administration or surgical procedures.

A. Patient Identification Armband

1. The patient identification armband will bear the following information: name, date of birth, hospital unit number, health card number, and hospital account number.
2. All patient identification armbands should be computer generated or prepared using a computer generated label. During downtime a temporary handwritten patient identification armband is acceptable. It must include the patient's name, date of birth and hospital number. Once the electronic system is functioning again, notify patient registration and they will print and send a bar coded identification armband.
3. All patients registered or admitted to QHC are required to have a legible patient identification armband that is attached to the patient and is visible and accessible to staff.
4. Do not perform any procedures if the patient identification armband is missing, illegible or if there is a discrepancy with the information in the health record. All discrepancies should be fully resolved prior to commencing any treatment or care. Any of these events warrants completion of an event report in QHC Cares.
5. Patients from the Emergency Department or Day Surgery who become admitted patients should have a new identification armband printed and applied.
6. When a patient is discharged and re-admitted to another service or site such as Inpatient Rehab, Mental Health or Complex Continuing Care the patient's receiving unit is responsible for printing a new identification armband once Patient Registration has made the necessary changes in the Admissions module.

B. Patient Identification by Registration Staff

1. Patient Registration staff is responsible for positively identifying the patient using two patient identifiers. Approved forms of identification for the adult, conscious patient must include a validated health card. If the health card does not contain a photograph, other forms of identification must be produced, such as driver's license or passport, government-issued paperwork or identification.

For the paediatric or neonate patient, valid forms of identification must include: a validated health card or proof of completion of application for health care, child's full name, and date of birth.
2. Patient Registration staff is responsible for preparing, verifying, and applying the correct patient identification armband. The patient identification armband will be affixed to the patient's wrist by the Patient Registration Clerk. An alternate location for the identification armband is the patient's ankle.
3. If a patient is brought directly to a treatment area without an identification armband in place, the Patient Registration staff will attach the identification armband to the chart and ensure it is given to the primary nurse to affix the identification armband to the patient.(e.g. patient arrives to ER via ambulance services)
4. When Patient Registration is not available then the most responsible person for registration of the patient will be responsible for preparing, verifying and applying the patient identification armband according to policy.

C. Patient Identification by Health Care Providers and/or Staff

1. The following patients are required to have a legible QHC patient identification armband that is visible and accessible to staff:
 - All inpatients
 - All patients in the Emergency Department
 - All patients for day surgery, minor procedures or outpatients who are having anaesthesia, general, local or conscious sedation, with or without surgery
 - All outpatients receiving blood or blood product transfusions
 - All outpatients receiving medication administration, including contrast medium
 - All outpatients having a treatment, therapy or diagnostic procedure where specific consent is required (e.g. chemotherapy, or invasive diagnostic procedures)
 - All patients having any other treatment or therapy where there is a potential for a radical change in the patient's health status that would render them incapable of identifying themselves to the health-care provider
 - All ambulatory patients when the interventions or treatments are administered in such a way that multiple care providers are anticipated to be involved in care
2. When the patient is received in a patient care area, the clinician will verify with the patient that the armband and the patient's identity are correct. A minimum of two unique patient identifiers must be used to verify patient identification prior to the provision of patient care/treatment. If the patient is incapable, the identity is verified with the SDM.

3. Patient identifiers include the patient's:
 - full name
 - birth date
 - address
 - health card number
 - account number
 - hospital unit number, or
 - photo identification (driver's license)

A patient room number or bed tags are NOT to be used as an identifier.

4. Patient identification will be conducted either through verbal or visual identification processes listed below using two patient identifiers:

Verbal Identification of Patients

Verbal confirmation of a patient's identification is an active communication technique and should be used along with open-ended questions to ensure accurate data is obtained.

If the patient has a patient identification band: the provider will ask the patient to state their full name and date of birth and then visually compare the answer with the patient's identification armband.

If the patient does not have a patient identification band: the provider will ask the patient to state their full name and date of birth and then visually compare the answer with one or more of the patient medical documents.

Visual Identification of Patients

If the patient has a patient identification band: the provider will visually compare the patient's hospital unit number, full name and date of birth with the patient's medical documents.

D. Identification of Patients when Verbal Communication is NOT Possible

1. In the event that a patient is non-communicative, has a language barrier or an altered level of consciousness then steps for verification of patient identity using two identifiers will be taken with the assistance of an acceptable alternative.
2. An acceptable alternative will include:
 - Family members
 - Substitute decision maker
 - Government issued identification card
 - Translator
3. If the patient's identity is unknown upon admission to the Emergency Department (ED) and no family member or friend is available to correctly verify the patient's identity, the patient is placed in an unidentified patient status until they are identified by a family member or by personal identification. Emergency department patients will be given "John or Jane Doe status" and assigned an identification number and armband; this includes patients who are vital signs absent (VSA) or dead on arrival (DOA). Patient Registration will provide the chart, labels and armband to the ED reflecting this status

and once identification is made, the record is corrected and new labels/armband are generated.

4. No person's identity may be assumed from personal effects. Persons must be identified by another person known to the patient and documented. Reliability of information from police and Emergency Medical Services (EMS) staff should be utilized with caution to ensure appropriate information is gathered at the time of arrival. Patient identification should be cross-referenced with documentation that accompanied the patient, i.e. notes from long-term-care home.
5. In cases of emergency, confirmation of identity from a second health care provider is acceptable.

E. Arm Banding NOT required:

Identification arm banding is not required for outpatients where no interventions are anticipated or where the interventions are at a basic level such as physical exam, routine vital signs, routine blood tests, or basic X-ray with no sedation or contrast. In these circumstances the health care provider verifies the patient's identification by asking the patient or SDM for valid identification (e.g. health card) and verbal verification of full legal name (name on health card) and date of birth.

- If the patient is a child, have the parent/guardian confirm the child's full name and date of birth and compare to the requisition/Meditech information that already exists
- If there is a discrepancy, it must be fully resolved before commencing the treatment/or care. Discrepancies may be resolved through discussion with the patient, contacting the ordering physician and/or discussion with the registration clerk. The information in Meditech will accurately reflect the patient's true information
- The care provider can continue with the treatment/procedure once discrepancies have been fully resolved and corrected

F. In Cases of Armband Discrepancy

In case of a discrepancy between armband and patient identifiers, or if an armband is not in place or not legible, take the following actions:

- Clarify patient identity using initial identification approach utilizing two patient identifiers
- Correct the error on the patient's health record and have new identification armband produced
- Apply correct identification armband and document on the patient's health record
- Complete a report through the Electronic Event Reporting System (QHC CARES)

G. Removal of Armband

1. If it becomes necessary to remove the patient's identification armband for any reason the new identification armband will be replaced immediately by the staff member, or a delegate, who removed the original one. Two identifiers must then be used either visually or verbally to confirm the patient's new identification band.
2. If the patient identification armband must be removed due to intolerance (e.g. skin breakdown), it should be relocated to another part of the body. Placing a barrier between the patient and the bracelet would be acceptable (e.g. use of cling wrap). Patient

identification armbands must not be affixed to something other than the patient (e.g. bed or wall).

3. The armband contains patient personal information and must be discarded in the confidential waste bin. If the patient prefers to keep their armband, such as may be the case on Maternal-Child unit or with a newborn, ensure the patient is informed that the armband contains their personal information.

H. Newborn Patients

1. Newborn patients will have two identification bracelets applied following birth, one on the wrist and one on the ankle.
2. Once generated upon registration of the infant, identification labels will be inserted into the newborn bands. Information and spelling should be verified with the mother or support person prior to placing on the newborn.
3. The newborn should be banded prior to being separated from the mother. In the event of an emergency where the newborn must be taken from the mother's room prior to labels being generated, one band will be handwritten and placed on the infant.
4. The care provider will write the baby's last name and sex (male/female), mother's first name and date of birth and insert it into the bracelet. The second band will be placed on the infant when the printed label is generated.
5. The newborn banding system which includes two newborn bands, a maternal band and a band for the support person have matching identification numbers.
6. Band numbers should be checked at a minimum of once per shift, prior to the infant being separated from the mother and when reunited with the mother or support person. Staff should always check the baby's bracelet against the mother's identification band before the mother and baby leaves the department.
7. Multiple births are identified following the same process with the addition of the following information, including the sex of the baby on the identification band, such as "Twin A – Female", "Twin B - Female".

Exception: For newborns delivered prior to arrival at hospital, or born in the Emergency Department, follow regular identification armband procedure.

I. Similar and/or Like Names

If two or more patients with the same or similar names are in a patient care area providers will be especially vigilant in using two identifiers to verify the patient's identity, one of which will be the unique hospital unit number. Additionally, a red sticker with "Check Name" written on it will be affixed to the front of the patient's health record chart.

APPENDICES AND REFERENCES

References:

Accreditation Canada (2019). Required Organizational Practices Handbook.

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