


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

| APPROVED BY: | RESPONSIBILITY: | EFFECTIVE DATE: | POLICY NO. | PAGE |
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|  Joseph Verga, MS, FACHE Hospital Administrator/CEO | Patient Safety Committee, Nursing, Professional Support, Patient Registration | November 25, 2008 | A-PS100 | 1 of 4 |
| TITLE: PATIENT IDENTIFICATION FOR CLINICAL CARE AND TREATMENT | | | | |
| LAST REVIEWED/REVISED: 09/2012 | | | | |
| ENDORSED: PSC 09/2012; NM 07/2012; MEC 09/2012 | | | | |

PURPOSE:

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. The intent of this policy is to establish a mechanism to reliably identify the individual as the person for whom the service or treatment is intended, and to match the service or treatment to that individual.

POLICY:

It is the policy of Guam Memorial Hospital Authority to ensure that all patients are properly identified prior to any care, treatment or services provided.

Exception: Patients unable to provide identifying information, who experience conditions requiring emergency care, will receive treatment prior to identification if such care and treatment is necessary to stabilize the patient's condition (i.e., unidentified patient arriving comatose to the Emergency Department).

PRINCIPLES OF IDENTIFICATION:

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

- A. Provides positive identification of patients from the time of admittance or acceptance for treatment.
 - 1. This identification system shall apply to patients in all areas of the hospital.
- B. Provides a positive method of linking patients to their medical records and treatment.
- C. Minimizes the possibility that identifying data can be lost or transferred from one patient to another.
- D. Improves the accuracy of patient identification.

PROCEDURE:

I. HOSPITAL IDENTIFICATION BAND

- A. A tamperproof, nontransferable identification band shall be prepared and affixed to the patient in Patient Registration. A responsible party for pediatric patients will also be

given matching identification bands as a protective measure against infant/pediatric abduction (Refer to the Code Pink-Infant and Pediatric Security Plan, Policy No. 403 in the Safety and Security Manual).

1. In the event that the patient does not have any upper extremities, the identification band may be placed on the ankle of a lower extremity.
 2. In the event that the patient's upper extremity(ies) is grossly edematous or the patient is morbidly obese that the identification band cannot fit, two bands may be joined to allow for proper sizing.
- B. The identification band will include the patient's full name, patient's account number, medical record number, date of birth, age, sex and attending physician.
1. If the patient is an Emergency Room admission, an Emergency Room identification band will be prepared immediately upon patient entry to the Emergency Room treatment area. The identification band will be affixed to the patient by Patient Registration personnel and will list the patient's full name, Emergency Room identification number, sex and date of birth.
 2. If the Emergency Room patient is converted to inpatient status, the patient will have a hospital identification band applied upon admission to an inpatient care unit, with the Emergency Room identification band removed. Responsible parties for pediatric patients will again receive matching identification bands.
 3. Refer to Labor and Delivery Unit Policies number 6310-II C 10.00 *Care of Baby in the Delivery Room* and number 6310-II C 39.00 *Identification Policy of Newborns Prior to Immediate Transfer to NICU* for information regarding hospital identification wrist bands of newborns.
- C. Before any procedure is carried out, the identification band shall be on the patient and will be checked by the responsible care provider for the following two (2) identifiers to ensure that the right patient is involved:
1. In-patients
 - a. Patient name
 - b. Medical Record Number
 - c. In the event that the Patient Medical Record Number is not available, then the second identifier becomes the Patient Account Number (e.g., 106#####).
 2. Out-patients
 - a. Patient name
 - b. Date of birth

NOTE: The patient's room number or physical location shall NEVER be used as an identifier.

- D. Patient identification must be confirmed using the two (2) identifier system prior to conducting any healthcare procedures. Procedures may include, but are not limited to:
1. Administration of medication
 2. Transfusion of blood or blood components
 - a. Two (2) licensed nurses shall positively identify the patient, at the patient's bedside or chair-side, by carefully comparing the name and number on the patient's identification band with the information on the Blood Bank slip, and on the bag tag. Check the expiration date.
 - b. One (1) of the licensed nurses performing the verification process shall be the qualified transfusionist who shall administer the blood/blood component to the patient.
- Note: If two (2) licensed individuals are not available for the identification verification process, an automated identification technology (i.e., bar coding), may be used in place of one (1) of the individuals.
3. Obtaining blood or other specimens from the patient for clinical testing
 - a. Specimen samples obtained from the patient will be labeled using the two (2) identifier system in the presence of the patient.
 4. Performing a treatment or procedure
 5. Performing a diagnostic test (i.e., diagnostic radiographic study)
 6. Distributing a diet tray
 7. Sending patients to another department
 - a. No procedure shall be conducted when the patient's identity cannot be verified because the imprinted band is illegible or missing.
 - b. Defective or missing bands shall be replaced immediately with new bands.
- E. Each healthcare provider conducting assessments on the patient shall include a check of the patient's identification band to assure the band is present and legible, as a routine component of the patient assessment process.
- F. If a patient's identification band must be removed in the operating room, a new identification band must be affixed to the patient on an unaffected limb immediately.
- G. The daily nursing staff rounds shall include spot checking the patients to ensure that they are wearing identification bands and that the information is legible.
- H. Upon discharge the patient will have his/her identification verified again. The identification band will then be removed from the patient and attached to the medical record.

- I. Pediatric patients will have their identification bands verified with those of the responsible party (i.e., parents, guardians, etc.) prior to discharge. Refer to the Infant/Pediatric Security Plan (Safety and Security Manual Policy No. 403). Additionally, the responsible party must obtain clearance from the Patient Registration department prior to any removal of his or her identification band.
- J. In the event of death, the band shall remain on the patient's body.

REFERENCE

The Joint Commission. 2012. *2012 National Patient Safety Goals*. Oak Terrace, IL: Comprehensive Accreditation Manual for Hospitals.


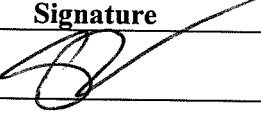
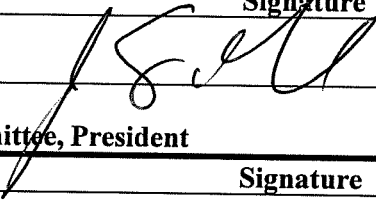
RELATED POLICIES:

Policy No. 403 Code Pink – Infant and Pediatric Security Plan, Safety and Security Manual
Policy No. 6310-II C-10.00 Care of Baby in the Delivery Room, Labor and Delivery
Policy and Procedure Manual
Policy No. 6310-II C-39.00 Identification Policy of Newborns Prior to Immediate Transfer to
NICU, Labor and Delivery Policy and Procedure Manual

**GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

- Bylaws Submitted by Department/Committee: Nursing Management Committee
- Rules & Regulations Policy No.: A-PS100
- Policies & Procedures Title: PATIENT IDENTIFICATION FOR CLINICAL CARE AND TREATMENT

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|-------------------|--|--|
| Reviewed/Endorsed | Date | Signature |
| Title | 07/11/2012 |  |
| | Christine Tuquero Assistant Administrator of Nursing Services, Acting | |
| Reviewed/Endorsed | Date | Signature |
| Title | 8/14/12 |  |
| | Steven Baacke Patient Safety Committee, Chair | |
| Reviewed/Endorsed | Date | Signature |
| Title | 9/28/12 |  |
| | Jonathan Sidell, MD Medical Executive Committee, President | |
| Reviewed/Endorsed | Date | Signature |
| Title | | |
| Reviewed/Endorsed | Date | Signature |
| Title | | |
| Reviewed/Endorsed | Date | Signature |
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***Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**