

Main Line Health, Inc. and Main Line Health Inc. Subsidiaries

Working Together to Serve the Community

This policy applicable to:

All Subsidiaries All Hospitals

BMRH

All Acute Care Hospitals

Mirmont Treatment Center

ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

Subject:

Patient Identification

No. III.23

Policy:

It is the policy of Main Line Health hospitals that all patients will be correctly identified by employees and medical staff. Identification shall be with two identifiers – patient name and date of birth. This is a red rule policy.

Active Patient Involvement:

Patients who are alert and oriented and able to reliably participate in the patient identification process. Active patient involvement involves requesting the patient to state their name and date of birth and compare to the patient's identification band to verify and match.

Patient Encounter:

Any encounter in which assessment, care, or treatment is conducted.

Patient Identification:

Provides positive identification of patients from the time of admittance or acceptance for treatment through the use of two patient identifiers.

Patient Identifiers:

Consists of patient name and date of birth. If patient date of birth is not available, the patient medical record number will be the second identifier. Patient room number is never to be used as a patient identifier.

Safety Imperative:

A activity when active patient identification must be performed using two patient identifiers.

A system for positive identification of all hospital patients fulfills three (3) basic functions:

- Provides a positive method of linking patients to their medical records and treatment.
- Minimizes the possibility that identifying data can be lost or transferred from one patient to another.
- Promotes safety as a core value.

Procedure:

I. Inpatient/Outpatient

- a. A patient identification band shall be placed on patient as soon as possible upon arrival. If there is a delay or downtime, please refer to section III.
- b. Staff shall actively engage the patient in the patient identification process as described above.
- c. If the patient is unable to actively participate in patient identification process, staff shall check the patient identification bracelet for two patient identifiers and match identifiers to corresponding source paperwork when appropriate.
- d. Patient identification bands are used in all inpatient settings and the following outpatient settings: ED, Surgicenter, SPU, Endoscopy, Pulmonary Function lab, Sleep Medicine, Cardiology, Invasive Radiology, Nuclear Medicine, and the OB unit.

e. **Patient identification should be performed for all patient encounters, but is a safety imperative to be performed during the following activities/interactions:**

- Placement/Replacement of patient identification band
- At the time of initial introduction of the caregiver to the patient, e.g., consultations
- Transfer/Discharge
- Medication Administration
- Obtaining blood or other specimens from the patient
- Transport
- Diagnostic/Therapeutic treatments
- Meal tray/snack pass
- Transfusion
- Obtaining informed consent
- Initial vital sign check of shift per provider

II. Outpatient Units –Which Do Not Utilize Patient Identification Bands

- a. Staff shall actively engage the patient in the patient identification process as described above.
- b. If the patient is unable to actively participate in patient identification process, staff shall check for two patient identifiers and match identifiers to corresponding source paperwork .
- c. For patients that are not competent to participate in patient identification process, staff are to engage a family member or caregiver in the identification process and match identifiers to corresponding source paperwork.

Safety imperative guidelines apply in these outpatient units.

III. Similar Patient Name If patients having the same surname are in the hospital simultaneously (Inpatient or Outpatient as applicable):

- a. A blue bracelet will be applied to the patients in addition to their patient ID bracelet to indicate there is another patient with the same surname. The patient will be informed, if appropriate, that there is another patient with a similar surname so that the patient may contribute to the correct identification process.
- b. If at all possible, these patients will not be placed on the same nursing unit or geographical area if practical.
- c. One nurse or PCT/Tech will not be assigned both patients. (An exception to ‘b’ and ‘c’ may be made for family members who request to be in the same room.)
- d. An asterisk will be placed on the admissions board or floor census board. At Bryn Mawr Rehabilitation hospital, a duplicate name alert report is distributed.
- e. While continuing to protect patient information, signage will be placed on the nursing unit to caution all staff that patients of the same name occupy beds on the same unit. If this signage is not possible, or in addition to those signs, the front of the patient chart is to be labeled with this caution.
- f. Use of a third patient identifier, e.g., patient medical record number is encouraged, when appropriate, e.g., close similarity of patient names and date of birth.

III. Temporary Identification Band/Downtime Process

In the event of a delay in creation/placement of a patient identification band or a system downtime, a hand printed temporary identification band with patient name, date of birth and medical record number will be applied. A permanent identification band will be placed as soon as practical.

IV. Identification Band Replacement:

- a. Armbands should be replaced when the legibility of any patient information decreases or the barcode is unable to be scanned.
- b. The staff member who identifies the need for a replacement Patient ID band should notify the patient's nurse or the unit secretary.
- c. Replacement armbands will be requested via the Invision computer system and will print from the thermal printer on the patient care units.

V. Children:

A parent or guardian should verify the identification of minor patients when present at the time of the Patient Encounter. See the Department of Nursing Policy and Procedure manual for special procedures regarding the identification bands for neonatal patients as well as the policy and procedure for identifying mothers and babies in the post partum areas.

VI. Unconscious/confused/incompetent patients:

In order to complete the verification process, any unconscious/confused/incompetent patients must have their identification confirmed by a person (relative, transferring facility, etc.) before the ID band is placed on the patient. For an unconscious/confused/incompetent ED patient, a temporary "name" (e.g., John Doe) and an E.D. number or medical record number are assigned to the patient. These identifiers could then be used to identify the patient and match against specimen labels, medications ordered for the patient, or blood product labels. Formal identification of the patient should occur as soon as possible and once confirmed, the confirmed identifying information should be used instead of the temporary identification. Under no circumstance, except for lifesaving or emergency measures, should any patient encounter occur with this patient population if an ID band is not present. In addition, photographing an unconscious, confused, or incompetent patient, without their consent, is permitted for identification purposes only and when there is positive identification of the patient. If there is a next of kin, parent, or legal guardian, they may consent on behalf of the patient. See the Administrative policy on Photographing or Videotaping Patients for further information and procedures.

VII. Color-Coded Alert Wristbands

- A. To enhance patient safety, and to align with the state of **Penna.** and the national voluntary movement, the hospital has implemented the standard color designations for patient wristbands. The bands are pre-printed with descriptive text clarifying the intent of the band:
 1. **RED = ALLERGY**: For patients who have an allergy to anything—food, medicine, dust, grass, or even pet hair. Any allergy is important information for the health care team.
 2. **YELLOW = FALL RISK**: For patients who need extra assistance when walking so that they don't fall.
 3. **PINK = RESTRICTED EXTREMITY**: For patients whose past or current conditions prohibit the use of a certain extremity for various reasons, alerting staff to avoid using this limb for blood draws, IV insertions, and other medical procedures.

Two additional bands will be used as follows:

4. **GRAY = PROCEDURE SIDE**: For patients undergoing a procedure, to clearly identify the side where the procedure should take place when unable to mark the site.

5. BLUE = SIMILAR NAME: For patients with a surname similar to another patient, to help avoid misidentification. (see III.)
6. HOT PINK = INTRAOSSEOUS LINE IN PLACE For patients that have an Intraosseous infusion line in place. The nurse documents the time and date of insertion on the bracelet. This line must be removed before 24 hours.

BMRH specific:

PURPLE = DNR – do not resuscitate

KELLY GREEN = Nothing to eat or drink

BLACK = check with nurse before giving fluids – patient is on an altered fluid consistency and requires thickened liquids

B. Additional precautions include:

- Hospital staff should not write on the alert wristband, *except* the hot pink intraosseous band which will record the date, time of insertion, and specific location of the IO needle.
- Colored alert wristbands may only be applied or removed by a nurse or designated staff person conducting an assessment.
- The band placed on the same extremity as the admission ID band by the nurse or designated staff member, except in the event of needing to use a restricted extremity alert wristband, which should be placed on the extremity that should not be used.
- In the event that any color-coded alert wristband(s) has to be removed for a treatment or procedure, a nurse or designated staff member will remove the wristbands. Upon completion of the treatment or procedure, risks will be reconfirmed, and the appropriate alert wristbands will be placed on the patient by a designated staff member.
- “Social cause” or other non-facility community wristbands, such as the “Live Strong” and other causes, should not be worn in the hospital setting. This is to avoid confusion with the color-coded alert wristbands and to enhance patient safety.
- Assist the patient and their family members to be a partner in the care provided and safety measures being used.

C. Patient Refusal:

If the patient is capable and refuses to wear the color-coded alert wristband or refuses to remove a “social cause” wrist band, an explanation of the risks will be provided to the patient and/or family. The designated staff member will reinforce that it is the patient’s and/or family’s opportunity to participate in efforts to prevent medical errors, and it is their responsibility as part of the health care team. The designated staff member will document in the medical record patient refusals, and the explanation provided by the patient or their family member. The patient will be requested to sign a refusal form. (see attached)

VIII. Compliance Monitoring: All departments where patient encounters occur are required to monitor compliance with this Administrative Policy. Nursing staff rounds will include spot-checking patients to ensure that they are wearing ID bands and that the information on the identification band is legible. Incidents of departure from this policy will be reported via an event report. Compliance with this policy will be verified by absence of event reports related to patient identification.

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Key Contact: Patient Safety/Risk Management Department

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