

PATIENT CARE POLICIES AND PROCEDURES

POLICY TITLE: Patient Identification

SECTION: Clinical Administration	POLICY NO: 02.006	APPROVED BY THE PRESIDENT AND CEO, CCMB <i>Original signed by Dr. S. Navaratnam</i>
Date: August 25, 2008 Latest Revision: May 15, 2015	PAGE: 1 of 5	

1.0 BACKGROUND:

- 1.1 CancerCare Manitoba is strongly committed to the safety of its clients and patients; safety is a critical domain of quality in healthcare.
- 1.2 Compliance with Accreditation Canada's *Client Identification* Required Organizational Practice (ROP) dictates that two person-specific identifiers are used to confirm that clients receive the intended service or procedure.
- 1.3 CCMB Health Care Providers are responsible for performing patient identification procedures according to best practice standards.

2.0 PURPOSE:

- 2.1 To ensure that CancerCare Manitoba (CCMB) patient identity is verified and confirmed before investigations, procedures, treatments, other medical services or non-medical services are provided.
- 2.2 To ensure that the appropriate service is provided to the correct patient.
- 2.3 To provide a standardized procedure by which the CCMB patient identification, verification and confirmation process is undertaken.

3.0 DEFINITIONS:

- 3.1 Patient: a person who is registered and receiving medical services under the aegis of CCMB.
- 3.2 Alternate: a patient's designated substitute decision maker.
- 3.3 Chart: the CCMB electronic health record (EHR) or any hardcopy printed document(s) derived therefrom.
- 3.4 Health Care Provider: any CCMB physician, nurse, radiation therapist, pharmacist, laboratory technologist, phlebotomist, clerk or other staff member who has direct contact with the patient.
- 3.5 AANDC/INAC: Aboriginal Affairs and Northern Development Canada, formerly Indian and Northern Affairs Canada.

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4.0 **POLICY:**

- 4.1 CCMB patients shall be properly identified and verified prior to the provision of any care, service or procedure.
- 4.2 CCMB patient identity shall be verified and confirmed based upon at least two unique identifiers (to confirm full name, date of birth, home address and home telephone number) including:
 - 4.2.1 Verbal acknowledgement of last name and first name, and
 - 4.2.2 Manitoba Health Registration Card with PHIN, or Out-of-province health card PHIN if non-resident in Manitoba.
 - 4.2.3 If the health registration card is not available, other permissible unique identifiers such as driver's license, birth certificate, AANDC/INAC Certificate of Indian Status, social insurance card or passport are appropriate.
- 4.3 In Radiation Therapy, Health Care Providers shall take a digital face photo for additional identification on the first visit to the department, with the patient's verbal consent. (See CCMB Corporate Policy No. 01.103, Audio, Video and Photographic Recordings)
 - 4.3.1 The photo shall be labeled with the patient's CR number and uploaded to the electronic chart in ARIA-RO and verbal consent documented in ARIA-RO journal notes.
 - 4.3.2 The photo may be used for subsequent Radiation Therapy department visits as a second identifier.
- 4.4 The services for which dual identifiers are required include, but are not limited to:
 - 4.4.1 Telephone triage or telephone communication (verbal provision of second identifier);
 - 4.4.2 Clinical assessments;
 - 4.4.3 Provision of diagnosis or results;
 - 4.4.4 Provision of clinical information, labeled requisitions, labeled specimen containers;
 - 4.4.5 Check-in for appointments (all services);

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- 4.4.6 Surgical or medical procedures (surgical or needle biopsy, lumbar puncture, bone marrow biopsy, dressing change, suture removal, insertion or removal of a central line);
- 4.4.7 Diagnostic tests or pre-treatment procedures;
- 4.4.8 Administration of any topical or systemic medications (by any route: oral, IV, sublingual, subcutaneous, intramuscular, intrathecal, rectal, inhalant), blood products or radiation therapy.

5.0 **EQUIPMENT and SUPPLIES:**

Not Applicable.

6.0 **PROCEDURE:**

6.1 The Health Care Provider shall ask, "What is your full first and last name?"

6.1.1 The Patient or their Alternate should provide the information verbally (or in writing) while the Health Care Provider verifies the information against the appropriate institutional documentation which may include (but is not limited to): the CCMB electronic medical record, paper chart, laboratory or other requisition.

6.1.2 For circumstances where Patient-Health Care Provider interaction takes place over the telephone or by other electronic means and where CCMB documentation is not readily available (e.g., on-call physician, nurse, or senior administrator), the Health Care Provider shall make every reasonable effort to ascertain the identity of the Patient.

6.2 The Health Care Provider shall request the Patient's second unique identifier (See sections 4.2, and 4.3) to confirm full name, date of birth, home address, home telephone or contact number, photo, social insurance number, passport number or similar identifier.

6.2.1 The Patient or their Alternate should produce the information in the form of a card or equivalent that contains the patient's last and first name plus date of birth, home address, home telephone or contact number, photo, social insurance number, passport number or similar identifier.

6.3 The Health Care Provider can provide the critical conversation, care, service, treatment or procedure **only** if the information is reconciled.

6.4 If the information cannot be reconciled, the Health Care Provider shall determine the nature of the mismatch as follows:

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6.4.1 Typographical error (e.g., transposed numbers in a date of birth): the Health Care Provider should contact Health Records (204-787-2101 for MacCharles; 204-237-2972 for St. Boniface) to advise of the discordance.

6.4.2 Content error (e.g., wrong chart): the Health Care Provider should contact their supervisor to further investigate the error, determine the cause and recommend an appropriate resolution.

6.5 Patients referred from a Personal Care Home, who are not deemed competent to engage in the Patient identification process, and who are not accompanied by an Alternate decision maker must be transferred with their identifiers attached (e.g., arm band or addressograph documentation pinned to the patient's gown or clothing).

6.5.1 CCMB staff who provide details of the patient's appointment are responsible for communicating this policy requirement to the transferring facility.

6.5.2 The transferring facility shall ensure the attached documentation is correct.

6.5.3 CCMB Health Care Providers shall not provide service, care, treatment or procedure unless the documentation accompanying the patient has been confirmed and matches the information contained in the CCMB chart.

7.0 **REFERENCES:**

7.1 Accreditation Canada (2015). Required Organizational Practices Handbook 2016.

<http://www.accreditation.ca>

7.2 Audio, Video and Photographic Recordings, CCMB Policy No. 01.103.

7.3 Diagnostic Services of Manitoba (DSM) Document #160-MP-01, Patient Identification and Specimen Procurement, Effective Date: 31 March 2011.

7.4 Government of Canada, Aboriginal Affairs and Development. Secure Certificate of Indian Status (SCIS), New Card Design.

<https://www.aadnc-aandc.gc.ca>

7.5 Joint Commission Standards, National Patient Safety Goals (2012), Ambulatory Healthcare/Hospital/Laboratory Services/Office-Based Surgery.

<http://www.jointcommission.org>

7.6 Patient Identification in Diagnostic Imaging, WRHA Policy No. 110.060.040.

7.7 The College of Physicians and Surgeons of Manitoba, Laboratory Standards September 2011, Required Manuals, 2.2.6.1, #8c, p16.

7.8 World Health Organization (2007). Patient Identification. Patient Safety Solutions, vol.1. <http://www.who.int>

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Policy Contact

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DOCUMENTATION

Policy Location:

This policy is located (hard copy and electronic formats):

1. The original signed and approved policy is on file in the Executive Office, CCMB.
2. The e-copy is located in the CCMB Policy Library (Patient Care).

Revision History:

Date	Version	Status	Author	Summary of Changes
dd/mm/yyyy	#	Initial, Draft Final Minor/Major revision		
25/08/2008	1	Initial		
20/04/2012	2			
12/07/2012	3			
15/05/2015	4	Minor revision	Policy Team Pt Care Policy Working Grp Sr Mgmt	Revision made to reflect the requirement for two patient identifiers, as per Accreditation Canada.

Approvals Record:

This Policy requires approval by:

Approval		
Date	Name / Title	Signature
	Not required.	

FINAL APPROVAL:

Date	Name / Title	Signature
May 22, 2015	Dr. S. Navaratnam President and CEO, CCMB	<i>Original signed by Dr. S. Navaratnam</i>