

**Policy and Procedure**

Title:	<b>Patient Identification</b>	
Policy Number:	02.006	Section: Clinical Administration
Effective Date:	August 25, 2008	
Revised Date:	February 6, 2019	
Approving Body:	President and CEO	
Authority:	CancerCare Manitoba Act	
Responsible Officer:	President and CEO	
Delegate:	Chief Medical Officer and Clinical Program Management Team	
Contact:	Quality, Patient Safety and Risk Department	
Applicable to:	All CCMB Staff and Physicians	

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 client/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 **Alternate:** A patient's designated substitute decision maker.
- 3.2 **Electronic Client Record:** The patient's medical record that contains medical information inputted through various sources.
- 3.3 **Health Care Provider:** Any CCMB physician, nurse, radiation therapist, pharmacist, laboratory technologist, phlebotomist, support staff or other staff member who has direct contact with the patient.
- 3.4 **ISC/CIRNAC:** Indigenous Services Canada and Crown Indigenous Relations and Northern Affairs (formally Aboriginal Affairs and Indian and Northern Affairs Canada).

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- 3.5 **Patient and/or Client:** A person who is registered and receiving medical services from a CCMB Facility, or a Regional and/or Community Cancer Program site. For purposes of this policy, the term patient is synonymous with client and may be used interchangeably throughout the document. The term patient or client shall also be used to reference the inclusion of family/caregiver and/or significant other.
- 3.6 **PHIN:** Personal Health Identification Number. Provincial nine-digit personal health identification number.

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 (full name, date of birth, home address or 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** (See Appendix A), or Out-of-province health card PHIN if non-resident in Manitoba. An electronic version or photocopy version shall be accepted.
- 4.2.3 If the health registration card is not available, other permissible unique identifiers such as driver's license, birth certificate, Secure Certificate of Indian Status, Armed Forces card, social insurance card or passport are appropriate.

In circumstances where the child patient is in the care of an agency or Child and Family Services (CFS), and the escort, foster parent or guardian does not have access to the patient's health card, then a letter from the agency or CFS shall be accepted as the document used for client verification.

- 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 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 client record 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:

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- 4.4.1 Telephone triage or telephone communication (verbal provision of second identifier);
- 4.4.2 Clinical assessments (including Telehealth visits);
- 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);
- 4.4.6 Surgical or medical procedures. Such procedures may include but are not limited to: surgical or needle biopsy; lumbar puncture; bone marrow biopsy; dressing change; suture removal; insertion or removal of a central line; Brachytherapy, Cryotherapy, urinary catheter exchange or removal, etc.).
- 4.4.7 Diagnostic tests or pre-treatment procedures; blood work.
- 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 electronic client record, 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

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a card or equivalent (electronic version), 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:
- 6.4.1 Typographical error (e.g., transposed numbers in a date of birth): the Health Care Provider should contact the appropriate institutional Health Records or supervisor to advise of the discordance.
- 6.4.2 Content error (e.g., wrong electronic client record number – CR #): 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 (PCH), 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) and/or sending site standardized Inter-facility Patient Transport Request.
- 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 In the event that patient identification documentation has not been provided, confirmed, and able to be matched to the information contained in the electronic client record, the Health Care Provider may take the following actions prior to providing any service, care treatment or procedure:
- Contact the PCH or sending institutional site to verify that correct patient has been transferred and patient identification verification documentation can be obtained
  - Contact Supervisor to ask for further direction if the above cannot be resolved.
- 6.6 Patients referred from Federal or Provincial Incarceration Facilities who do not have available documented personal identification information – shall be asked to state their full first and last name along with their date of birth. Corrections Officers accompanying the patient shall share appropriate transfer documents and/or information sent from the patient's Incarceration Facility which may include additional client identifiers such as (MHSC, PHIN, Finger Print Scan (FPS))

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identification number as documented on such documents.

**7.0 REFERENCES:**

- 7.1 Accreditation Canada (2019). Required Organizational Practices Handbook 2018. <http://www.accreditation.ca>
- 7.2 Audio, Video and Photographic Recordings, CCMB Policy No. 01.103. (September 3, 2014)
- 7.3 Diagnostic Services of Manitoba (DSM) (Shared Health). 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). <https://www.aadnc-aandc.gc.ca>
- 7.5 Joint Commission Standards, National Patient Safety Goals (2018), 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. (September 2017)
- 7.7 The College of Physicians and Surgeons of Manitoba, Laboratory Standards July 2014, Required Manuals, 2.2.6.1, #8c, p17.
- 7.8 World Health Organization (2007). Patient Identification. Patient Safety Solutions, vol.1. <http://www.who.int>
- 7.9 Patient Identification, WRHA Policy No. 110.000.370 (October 2015).

**Policy Contact:**

All enquiries relating to this policy should be directed to:

Name:	
Title/Position:	Director, Quality, Patient Safety and Risk Department
Phone:	204-787-2158
E-mail:	
Address: (if required):	

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**DOCUMENTATION**

**Policy Location:**

This policy is located (hard and e-copy formats):

1. The original signed and approved policy is on file in the Policy Office, CCMB
2. The e-copy is on file in the CCMB Governing Documents Library, SharePoint
- 3.

**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.
20/03/2018	5	Update	Quality Working group	
06/02/2019	6	Final revisions		Approved at CPMT meeting of Feb 6 2019.

**Approvals Record:**

This Policy requires approval by:

Approval		
Date	Name / Title	Signature
Feb 6 2019	Clinical Programs Management Team	Approved by CPMT Feb 6 2019

**FINAL APPROVAL:**

Date	Name / Title	Signature
3 Mar 2019	Dr. P. Czaykowski Chief Medical Officer, CCMB	<i>Original signed by Dr. P. Czaykowski</i>

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**APPENDIX A**  
**Manitoba Registration Card**

**REGISTRATION CARD**  
**CARTE D'IMMATRICULATION**

**Manitoba**  
Health  
Santé

REGISTRATION NO.  
N° D'IMMATRICULATION

**SAMPLE**

**VALID ONLY IF RESIDENT OF MANITOBA**  
**VALABLE SEULEMENT POUR LES RÉSIDENTS DU MANITOBA**

NAME(S)/NOM(S) <small>PERSONAL HEALTH ID NO. N° D'IMMATRICULATION PERSONNELLE</small>	REG. # #IRM	Sex <small>Sexe</small>	Birthdate Date de naissance <small>Day/Mo/Year Mo/Mois/Année</small>	Coverage Start Date Entrée en vigueur de la garantie <small>Day/Year   Mo/Mos   Yr/Année</small>
<b>SAMPLE</b>				