TITLE: **PATIENT IDENTIFICATION**

PURPOSE: To provide guidelines for the proper identification of all patients at Harris Health System.

POLICY STATEMENT:

All Harris Health System (Harris Health) workforce members must properly identify patients prior to providing care, treatment, and services. Proper patient identification is required to ensure the correct patient receives the correct care, treatment, and services. Failure to properly identify a patient may result in patient safety issues, a violation of the patient's privacy rights, and may impact the patient's satisfaction with the care, treatment, or services he or she receives.

POLICY ELABORATIONS:

I. DEFINITIONS:

A. **PATIENT SECURE SYSTEM:** Biometric patient identification system that utilizes palm vein recognition technology to provide accurate and positive patient identification and facilitates a faster, more secure registration process at Harris Health System.

B. **TWO (2) PATIENT IDENTIFIERS:** Refers to the patient's name and date of birth. In the event of multiple patients with the same name and date of birth, the patient's medical record number, address, or other information will be used as additional patient identifiers.

C. **UNKNOWN PATIENT:** An individual presenting at a Harris Health Emergency Center with no known identification, who is deemed in need of emergency intervention, and who is unable to respond, unable to present a valid picture form of identification (e.g. driver's license, or other government issued picture identification), or who is not accompanied by a friend or family member who can identify the patient.

D. **WORKFORCE:** Harris Health's Board of Managers, employees, Medical Staff, trainees, contractors, volunteers and vendors.

II. GENERAL GUIDELINES:

A. Methods for Proper Patient Identification

Harris Health Workforce Members will use two patient identifiers and one or more of the following methods, as appropriate, to properly identify patients:

1. Patient Secure System:
   Harris Health's registration staff will attempt to enroll all patients in the Patient Secure System during the registration process. (See Appendices A and B for a description of the procedure).

2. Patient Identification Bands:

   Harris Health staff will authenticate all patients using the Patient Secure System prior to applying Patient Identification Bands. Harris Health's staff will place a patient identification band on all patients who are:

   a. Admitted or placed in observation at a Harris Health hospital, including direct admissions from a Harris Health clinic;
   b. Are registered in a Harris Health Emergency Center, outpatient surgery area, or infusion center; or
   c. Are registered for an invasive outpatient procedure, such as a colonoscopy, or other procedure requiring moderate sedation. Harris Health will also place a Patient Identification Band on all newborns. See Appendix E for a description of the procedures.

3. Two Patient Identifiers:

   a. All Workforce Members must use Two (2) Patient Identifiers to properly identify patients prior to providing care, treatment, and services. This requirement applies to all interactions with a patient or the patient's representative, whether direct interactions (i.e. face-to-face or via telephone) or via other means, such as a mailing or emailing a patient correspondence about his or her care.
   b. For direct interactions with a patient or the patient's representative, the Workforce member must ask the patient or the patient's

representative to write or state his or her name and date of birth. The Workforce member may not state or write the patient's name and date of birth and ask the patient or the patient's representative to confirm the information.

c. The Workforce member must confirm that the name and date of birth the patient or the patient's representative provided matches the patient's Patient Identification Band and other paperwork (e.g. order, prescription, after visit summary, discharge instructions, medical records) of the patient the Workforce member is providing care, treatment, or services to. This includes the spelling of the patient's name.

d. For interactions with patients, such as mailing or emailing a patient correspondence about his or her care, that do not involve a direct interaction with the patient or the patient's representative, the Workforce member will confirm that the name and date of birth on the correspondence matches the patient's verified demographic record. The Workforce member will also check all pages of the correspondence to verify that they belong to the same patient.

B. Unknown Patients:

When an Unknown Patient presents in a Harris Health Emergency Center, nursing staff will designate the patient as an Unknown Patient. Harris Health's electronic medical record then generates a unique sequence of letters from the Greek alphabet and alpha spelled numbers to serve as the Unknown Patient's Patient Identification. See Appendix C for a description of the procedure.

C. Patients with Limited English Proficiency:

If the Workforce member identifies a language barrier with a patient, the Workforce member will contact Interpretation Services for assistance with communicating with the patient to properly identify the patient.

D. Patients who Cannot be Properly Identified:

If the Workforce member cannot properly identify a patient in accordance with this policy and appendices, the Workforce member will not provide care, treatment, or services to the patient until the patient can be properly identified, except in emergency circumstances. However, in these circumstances, the Workforce member must consult with his or her immediate Supervisor to confirm that the patient cannot be identified and that care, treatment, or services will not be provided to the patient.

The following are examples of situations where proper patient identification could not be obtained:

1. Patient presents to the Emergency Center with no valid identification and is registered with the name, address, and date of birth provided by the patient. Care is provided. The following day the patient has to come back to the same day surgery suite for shoulder surgery. The patient presents with a different name and there is no match to the address and date of birth in the medical record. The immediate Supervisor should be contacted to validate that the patient cannot be identified. If the patient cannot be properly identified, the shoulder surgery may <u>not</u> be performed.

2. Patient presents to the pharmacy to fill a prescription. The patient name on the prescription doesn't match identification provided by the patient. The immediate Supervisor should be contacted to validate that the patient cannot be identified. If the patient cannot be properly identified, the prescription may <u>not</u> be filled.

3. Patient is registered and is given a Patient Identification band. Patient goes to surgery. During the pre-op verification process, it is identified that the name (including spelling) or date of birth listed on the Patient Identification band does not match the information provided by the patient undergoing the procedure. The immediate Supervisor should be contacted to validate that the patient cannot be properly identified. If the patient cannot be properly identified, the pre-op process may <u>not</u> continue.

4. Patient presents to the nursing unit for admission and is given a Patient Identification band. Nurse receives an order to administer medication to the patient. During the "5 rights" validation process, it is identified that the name (including spelling) or date of birth listed on the Patient

Identification band does not match the information verbally provided by the patient. The immediate Supervisor should be contacted to validate that the patient cannot be properly identified. If the patient cannot be properly identified, the medication may <u>not</u> be administered.

REFERENCES/BIBLIOGRAPHY:

Harris Health Policy and Procedure 7.20 Universal Protocol (Preventing Wrong Site, Wrong Procedure, or Wrong Person Surgery).

Harris Health Policy and Procedures 4385 Interpretation – Translation Services

Harris Health Policy and Procedures 4100 Hospitalization

Harris Health Policy and Procedures 4610 EPIC/ASAP Utilization in the EC

Harris Health System Patient Financial Services Administration Departmental Guidelines and Procedures 56 Unknown Name Change.

Harris Health System Patient Access Management/Registration Departmental Guideline 02 Sign-In

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health Emergency Center Department

Harris Health System Health Information Management

Harris Health System Patient Access Management

Harris Health System Department of Nursing Services

REVISION HISTORY:

Effective Date	Version	Review/ Revision Date	Approved by:
02/01/2004	1.0		Board of Manager Motion: No.03.122-524
		Reviewed 03/20/2007	District Nursing Policy and Procedure Council
		Reviewed 03/26/2007	Nurse Administrative Council
		Reviewed 04/18/2007	Nurse Executive Council
	2.0	Approved 08/13/ 2009	District Nursing Policy and Procedure Council
		Approved 09/08/2009	Nurse Executive Council
		Approved 10/24/2009	Interdisciplinary Clinical Council
		Approved 04/13/2010	District Nursing Policy and Procedure Council
		Approved 04/27/2010	Nurse Executive Council
		Approved 05/25/2010	Interdisciplinary Clinical Committee
		Approved 11/30/2015	System Nurse Executive Council
	3.0	Approved 12/18/2015 (Evote Revised Attachment F only).	System Nurse Executive Council
		Approved 1/4/2016	BTH MEC
		Approved 1/6/2016	LBJ MEC
		Approved 1/22/2016	CHP MEC
		Approved 2/9/2016	Medical Executive Board
		Approved 2/9/2016	Interdisciplinary Clinical Committee
		Revised. 4/10/2017	Appendix C Revised

APPENDIX A
AMBULATORY CARE AND OUTPATIENT CLINICS

A. Some patients will be pre-registered prior to the date of the appointment.

B. When a new or existing patient arrives at the registration area, the Patient Access Management (PAM) representative will greet the patient and complete the following steps:

1. Authenticate the patient's identity using the Patient Secure System.

   - If the patient has not been enrolled or a match is not found in the Patient Secure System, proceed with the Patient Secure System enrollment procedure.
   - The patient should be given the opportunity to ask questions and the PAM representative will attempt to answer those questions and provide the broacher explaining the palm scanning process.
   - If the patient still refuses, the PAM representative will obtain a valid ID and proceed to register the patient. Documentation via FYI flag is required stating "Patient was identified by ID only due to state reason given by the patient."
   - If the patient has been enrolled and a match is found, the Patient Secure System will identify the patient and the representative can proceed with the sign-in/registration process.

   NOTE: No Patient Secure enrollment is allowed without a valid ID

2. If the patient has no valid identification

   - If there is enough time before the appointment, the PAM representative will ask the patient to obtain their ID and return to the registration desk and/or access NSI to search for a valid ID
   - If the appointment is for an EC or admission follow-up visit, special needs or disabled patient, etc. the manager/supervisor can authorize an exception by searching NSI, the patient EPIC chart (media tab), etc. for any form of picture ID to identify the patient.
   - If one is found, print and scan it, then document "alternate ID approved via (whatever form used)" in an account note **prior to** the patient being signed in.
   - If no ID is found, access a previous admission record and ask the patient to provide two patient identifiers, i.e. full name and date of birth (DOB). If there are multiple

patients with the same name and DOB, please use the patient's MRN as an additional patient identifier. Document "alternate ID approved via patient identifiers (state each)" in an account note **prior to** the patient being signed in.

Refer to Harris Health System Patient Access Management/Registration Departmental Guideline 02 Sign-In

APPENDIX B
EMERGENCY CENTER (EC)

EC IDENTIFICATION PROCEDURES:

1. Obtain initial patient information (name and date of birth) from a family member/significant other (if present) and later verify the information with the patient when the patient is stable; and

2. Compare the two identifiers with the document/order that specifies the treatment/procedure or service to be performed.

3. Patient Identification and Authentication using the Patient Secure System:

   Note -A palm scan may have been obtained at a previous clinical area or location.

   a. When a patient arrives to the emergency department, the triage nurse or patient access representative will greet the patient and complete the following steps:

   b. At the time of triage, patient access representative or nursing will begin by utilizing the Biometric (Palm) Scanner to determine whether the patient is enrolled in the Patient Secure System.

      i. If the patient has not been enrolled or a match is not found, proceed with the Patient Secure enrollment procedure. Once the palm scan has been obtained from the patient, the triage nurse or patient access representative will continue with normal operations in line with emergency nursing operations.

      ii. If the patient has been enrolled and a match is found, the Patient Secure System will identify the patient, and the registrar can proceed with the sign-in/registration process.

   NOTE: Patients who refuse enrollment in the Patient Secure System will not be denied services in compliance with EMTALA guidelines. If no information can be obtained at triage, normal workflow will supersede palm scanning, *i.e.*, Trauma patient/Non-responsive patient/Unknown patient.

Refer to Harris Health System Patient Access Management/Registration Departmental Guideline 02 Sign-In

APPENDIX C
UNKNOWN PATIENTS

UNKNOWN PATIENTS IDENTIFICATION PROCEDURES:

1. An individual presenting at a Harris Health Hospital or Emergency Center (EC) with no known identification, who is deemed in need of emergency intervention, or who is unable to respond or unable to present a valid picture form of identification (e.g. driver's license or other government issued picture identification), and/or who is not accompanied by a family member/significant other who can identify the patient will be registered as an Unknown Patient.

2. The formal identification of the Unknown Patient should occur as soon as possible, but will not be updated until 48 hours upon admission or upon discharge whichever comes first, for safety concerns of downstream systems.

3. Harris Health departments have the following roles and responsibilities for the registration and identification of Unknown Patients presenting for treatment in a Harris Health EC:

    a. EC Triage:

        i. Enters the Unknown Patient in EPIC/ASAP (See Harris Health Policy 4610, EPIC/ASAP Utilization in the Emergency Center);
        ii Obtains and enters triage information as known;
        iii Provides treatment as necessary based on the patient's condition;
        iv. Searches the patient's clothing/valuables for potential identification;
        v. Notifies Clinical Case Management/Social Worker (CCM/SW) of the registration of the Unknown Patient;
        vi. Notifies Patient Registration; and
        vii. Notifies Patient Transportation Services to escort the Unknown Patient to check-out if the patient is discharged.

    b. Clinical Case Management/ Social Work:

        i. Within seventy-two (72)-hours of registration, admission, or hospitalization, notifies Harris County Attorney's Office for fingerprinting of Unknown Patient **if unable** to identify the Unknown Patient;
        ii. Assists Medical and Nursing staff in contacting the Unknown Patient's family;
        iii. Assists family with providing verified information to Patient Registration when obtained; and

iv. Initiates the process for obtaining a Guardianship for the Unknown Patient, as appropriate.

c. Patient Access Management (PAM/REG):

i. Assists CCM/SW and Floor Counselors to identify Unknown Patients;

ii. If possible, interviews the Unknown Patient prior to the patient being discharged to obtain demographic information;

iii. Obtains financial information/demographic information as provided or found, and updates all information and related systems with verified information as provided/found;

v. Verified demographic and identification information may be entered into the appropriate computer fields including updating the Alias Field if name is identified and it is not appropriate to change the name due to patient safety;

vi. If patient name is identified it is placed in the Alias field and an email is sent to the Patient Access Supervisor to update the patient name (See Appendix D Alert EMPI Specialist Staff); and

Note: Patient Name will be updated 48 hours upon admission or discharged <u>whichever comes first.</u>

vii. Once the patient has been identified and the patient has two or more medical record numbers-Notify HIM by in-basket message or phone call; If the patient is still in house-Place a Patient Highlight flag under the source patient referencing the patient established medical record number.

d. Health Information Management (HIM) Records:

i. Receives notification from PAM by in-basket message or phone call after the patient's identity has been established and the patient has two or more medical records;

ii. Reviews in-basket messages/phone calls;

iii. HIM will combine/merge new medical record(s) into patient established medical record number **<u>after</u>** discharge:

a. De-activate the Patient Highlight flag after patient is merged; and

b. HIM will review Daily Duplicate Report for missed notifications;

e. Ancillary IT Services will review ADT report for merged patients.

APPENDIX D

HOW TO ALERT HEALTH INFORMATION MANAGEMENT (HIM) WHEN INCONSISTENCIES OR POTENTIAL ERRORS ARE FOUND IN A PATIENT'S CHART

When you notice inconsistencies or potential errors in a patient's chart, create an In-basket message or call HIM Department (713 873-0775) to report the charting error.

1. Locate your in-basket In Basket
2. Click on the up side down triangle next to new message
3. Select HIM/Med Rec
4. Enter the following:
   Subject: Duplicate MRN; Wrong MRN, Documentation Error
   Priority: High, Routine, Low
   Phone number: A number where you can be reached
   Patient: The patient whose chart is affected by the error

   NOTE: If the patient has a duplicate MRN in the **Note section** type a period dup (.dup) and the smart phrase will automatically populate example below

   Duplicate MRN (same patient with 2 MRNs)
   MRN _________________ and MRN __________________

5. Click **Accept** the In Basket message is sent to the EMPI Specialist, notifying HIM of the charting error. The specialist will follow up with you for more information if necessary.

NOTE: If the patient has a wrong MRN (Registration error, different patient) in the **Note section** type a period **(.wro)** and the smart phrase will automatically populate example below (please provide any additional notes to describe the issue; such as patient's MRN, name, date of birth, and encounter information as necessary)

Wrong MRN (Registration error, different patients)

The following encounter date(s) ________ was intended for this Correct MRN____________ and is in the process of being moved. Do not use this encounter date for clinical decision on the Wrong patient MRN____________. For any questions contact HIM at 713 873 0775.

NOTE: If the patient has a **documentation error** in the Note section please provide a detail description of what the issues is so EMPI Specialist can better assist you in fixing the error or so we can forward to the appropriate person. (EX: patient's MRN, name, date of birth, and encounter information as necessary).

HOW TO CREATE A FYI ALERT FLAG FOR DUPLICATES

1. Look up patient up via Patient Station
2. Select Encounter
3. Select Registration
4. On the Patient Header, select **Patient FYI**
5. Within the patient Flag type select **HIM PATIENT ALERT**
6. In the Note Box type **.xale** and the below note will automatically populate into the note box.
   This patient has a duplicate medical record number. For historical information refer to MR#___________. This record will be merged after discharge.
   For questions call HIM 713 873 0775.

HOW TO CREATE A FYI ALERT FLAG FOR WRONG PATIENT

1. Follow the above steps 1-5
2. In the Note Box type **.wro** and the below note will automatically populate into the note box

   Wrong MRN (Registration error, different patient) -
   The following encounter date(s) ______was intended for this Correct RN_and is the process of being moved. Do not use this encounter date for clinical decision on the Wrong patient MRN___________. For any questions contact HIM at 713 873 0775.

APPENDIX E
PATIENT BANDING PROCEDURES

I. **ARMBAND PLACEMENT PROCEDURES:**

A. Patient Presents to Unit for Admit After Registration

The following procedure outlines how a patient is identified **PRIOR** to the application of a Patient ID Band.

Upon presenting to the unit after registration the patient will be:

Palm scanned to confirm identity via Patient Secure

Or

1. Ask the patient to present a valid ID. If the patient does not have a valid ID with them, then
2. The patient can validate their identity by the nurse asking them for two (2) patient identifiers. Two (2) patient identifiers refer to the patient's name and date of birth. In the event of multiple patients with the same name and date of birth, the patient's medical record number, address, or other information will be used as additional patient identifiers.
3. If the patient is able to state two (2) patient identifiers, then you may proceed to place the Patient ID Band on the patient.

B. For Cooperative/Willing Patients:

If a patient is willing and able to participate, ONE healthcare personnel verifies patient identification and involves the patient:

Step 1: Prior to placing the armband, confirm the armband is accurate by asking, "**For your safety**, will you please **spell** your last name and **state** your first name and date of birth?"

Step 2: Read back **out loud** from the armband the patient's first and last name and DOB.

C. For Uncooperative Patients:

If patient is NOT willing and able to participate, TWO healthcare personnel verify patient identification:

Step 1: Prior to placing the armband, care provider #1: Spells the patient's last name and states the first name and DOB from a **reliable source document** (government issued ID or reliable photo ID).

Step 2: Care provider #2: Spells the patient's last name and states the first name and DOB out loud from the **armband**.

C. Standard Work for Using Two-Patient Identifiers with Armband in Place:

If patient is willing and able to participate:

Step 1: Ask, "For your safety, will you please state your name and date of birth?" As the patient is responding, confirm the armband is accurate.

Step 2: Read back out loud the patients first and last name and DOB from verifying document (e.g. request, label, MAR, Order, etc.) and ensure it matches the armband. If patient is NOT willing or able to participate:

a. Step 1: Confirm the armband is accurate by reading out loud the patient's first and last name and DOB.
b. Step 2: Read back out loud the patients first and last name and DOB from the verifying document, (e.g. request, label, MAR, Order, etc.) and ensure it matches the armband with a second care provider.

D. Standard Work for Using Two-Patient Identifiers with NO Armband in Place (Outpatient Visit):

1. Cooperative/Willing Patient:

If patient is <u>willing and able</u> to participate:

Step 1: Ask, "**For your safety**, will you please state your name and date of birth?" As the patient is responding, confirm **from the verifying document** (request, label, MAR, order, med label or Photo ID) that the name and DOB are accurate.
Step 2: Read back out loud the patients first and last name and DOB **from the request, label, MAR, order, med label or Photo ID and ensure it matches**.

2. Uncooperative Patients:

If patient is <u>NOT willing or able</u> to participate:

Step 1: Confirm patient's first and last name and DOB with a photo in EMR or a photo ID

Step 2: Read back **out loud** the patients first and last name and DOB **from the request, label, MAR, order, med label or photo ID and ensure it matches**.

E. Changing A Patient's Armband:

If the patient's original band is incorrect for patient's name or DOB:
a. Remove the incorrect band; and
b. Simultaneously replace with correct band

If the patient's original band is unreadable or removed for clinical reasons (e.g. swelling, IV start, surgical procedure, etc.): Place new armband on patient immediately after removing the old band or immediately after the procedure.

APPENDIX F
INFANT IDENTIFICATION AND BANDING PROCEDURES

All newborns will be identified using hospital approved bands applied after birth. Infants will remain with their mothers throughout the hospital stay, separating only for medical indications." If separation for medical indication is necessary, the band will be verified by two (2) RN's and applied at a later time.

I. INFANT PATIENT IDENTIFICATION AND BANDING PROCEDURES:

A. The RN caring for the mother and/or infant will:

1. Verify that each of the four (4) patient identification (ID) bracelets in the set has identical identification numbers.
2. Complete information on each of the four (4) patient ID bracelets immediately after delivery, to include the following:

   a. Mother's full name;
   b. Sex of the infant;
   c. Infant's date and time of birth; and
   d. Mother's Medical Record Number.

3. Place a bracelet on the:

   a. Infant's extremities;
   b. Mother's wrist; and
   c. Wrist of the support person of the mother's choice. If no support person is identified, then place the fourth (4^{th}) bracelet on the mother's wrist to ensure that all the bracelets have been accounted for.

B. Two (2) RNs will verify that the same identification number is on all four (4) patient ID bracelets in the presence of the mother and document the verification on the delivery summary.

C. Admission:

On admission, the RN receiving the infant will verify:

1. The infant's ID bracelets are correctly applied and match the number documented in the medical record on the delivery summary;

2. The identification number on the infant ID bands match the numbers on the mother's or support person's band each time the infant is presented to the mother or support person.

Note:

No infant should be given to any person, including a support person, unless that person is wearing the appropriate ID bracelet secured to his or her wrist.

D. Discharge:

At discharge, the RN will verify that:

1. The mother and infant have ID bands that match; and
2. All the information on the mother and infant ID bands is the same as the information recorded in the infant's medical record.

Note: If an infant is not discharged with the mother, the infant's mother and support person should continue to wear their ID bracelets until the infant is discharged.

II. IDENTIFICATION BAND SET CHANGE:

If the infant's or mother's identification ID bracelet needs to be changed, all remaining ID bracelets should be removed and a new set of ID bracelets applied in the mother's presence. The new ID band set numbers should be documented in the delivery summary in the medical record.

Resource:

American Academy of Pediatrics & American College of Obstetricians and Gynecologists. (2012). *Guidelines for perinatal care* (7th Ed.). Washington, D.C.: Authors.