

**Purpose:**

The purpose of this policy is to ensure safe, quality patient/client care and intervention through positive patient/client identification (PPID). Appropriate patient/client identification will be completed prior to the provision of any care, services or procedures.

A patient/client’s risk of misidentification and exposure to care and intervention not intended for him or her is diminished by care team member adherence to regional standards for positive patient/client identification.

In support of Accreditation Canada requirements, all team members must use at least two client identifiers before providing any service or procedure to a patient/client.

**Scope:**

All roles authorized to interact with patient/client health records in support of patient/client care and/or interventions (including Electronic Health Record (EHR) and associated applications).

- Direct clinical care staff (e.g. Nursing, Allied Health, students/residents)
- Providers (e.g. Physicians, Nurse Practitioners, Midwives)
- Clinical Support Staff (e.g. Nursing Unit Assistants(NUA)s, Admitting Clerks, any individuals supporting clinical operations)
- Other Island Health Partners (i.e. *affiliates, academic partners*)

### 1.0 Policy

- All patients/clients will be positively identified using at least two identifiers before providing any service or procedure to a patient/client:
  - Name (last name, first name)
  - Date of birth and age
  - Gender
  - MRN and encounter number
  - PHN
  - **As per Island Health Definition of Positive Patient/client Identification (PPID)**
- Patient/clients must be positively identified using best practice and all available resources (including positive patient/client encounter selection). This applies to patient/clients that are conscious, unconscious, alert, confused and minors (age appropriate and age inappropriate). The policy applies to patient/clients with an identification band and those without an identification band.
  - All care team members will be responsible for PPID prior to care or intervention throughout the care continuum.
  - Team members responsible for patient/client or document identification of patients/clients who are intended to receive care or intervention will be responsible for PPID.
- All inpatients/clients, surgical day care patient/clients, emergency patient/clients and long term care residents are required to wear a legible patient/client identification band. The identification band may be required for ambulatory patients/clients for specialized procedures per unit/departmental standards.

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| Maintained by:     | Health Information Management |                |             |               |             |             |
| Issuing Authority: | Clinical Advisory Group       |                |             |               |             |             |
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### 1.1 Positive Patient/Client Identification at Care Transitions:

- All inter-facility transfer patients/clients (discharged and for re-admit to a new facility) will wear the discharging facility identification band during transfer and receive a new identification band that reflects the new admission encounter, on arrival to the new facility.
- Inter-facility transfer patient/clients, transferred without formal discharge from originating facility and re-admission to a new facility, will keep the original identification band.
- See disposal instructions below for patient/clients being discharged from the responsibility of care.

#### 1.1.2 Disposing of Labels and ID bands:

- All unused labels and ID bands removed from the patient/client must be disposed of in a designated, secure and locked shredding bin.
- Patient/clients who retain their identification bands take responsibility for the safe disposal of their band, appropriate infection control precautions and prevention of a privacy invasion via access to information readable on or embedded in the identification band.

### 1.2 PPID at Point of Care During Downtime:

- All instances requiring hand written patient/client demographic information on ID bands and/or paper documentation will include the following:
  - Name (last name, first name)
  - Date of birth and age
  - Gender
  - MRN and encounter number
  - PHN
- Please refer to department/program/organizational Downtime Procedures for additional information on preparing for and responding to Downtimes

#### 1.2.1 Planned Downtime:

- Units will produce extra labels for the patient/client charts for use during downtime.
- When extra supply of labels is exhausted, units will hand write demographics until network is restored.

#### 1.2.2 Unplanned Downtime:

- Units will utilize the available surplus patient/client labels until supply is exhausted.
- Units will hand write demographics until network is restored.
- Patient/clients requiring registration into the electronic health record will be added to the system by a registration clerk or appropriate designate as soon as the system is restored.

## 2.0 Definitions

**Academic Partners:** Includes both private and public Post-Secondary academic and training institutions/programs with an Educational Affiliation Agreement, and their affiliated faculty, students, residents and/or researchers.

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### Affiliates:

**Clinical Support Staff:** Any individuals supporting clinical operations, but not providing direct patient/client care. Includes, but not limited to: nursing unit assistants, booking clerks, admitting clerks, scheduling clerks, health records staff, quality and safety staff, pharmacy dispensary staff.

**Direct Clinical Care Staff:** Includes all members of the allied health team (e.g., Physiotherapist, Speech Language Pathologist, Rehab Assistant, Occupational Therapist, Pharmacist, Social Work, Dietitian, and Respiratory Therapist) and the nursing team (e.g., Registered Nurse, Registered Psychiatric Nurse, Licensed Practical Nurse), Health Care Assistants, and Students.

**Electronic Health Record (EHR):** This is the collective electronic medical records of a patient/client or a population of patient/clients.

**Encounter:** Describes a particular instance when a patient/client is registered within the healthcare system (e.g., hospital, clinic, daycare, homecare, and/or any other department where they receive service). It is a single patient/client interaction such as a patient/client registered as an inpatient/client or a patient/client registered as an outpatient.

**Patient/client:** Refers to patient, client, resident or person in receipt of healthcare services within Island Health.

**Positive Patient/client Identification:** The use of all available sources, data elements, documentation and verbal testament to determine an individual's identity. A minimum of two data elements is required for positive patient/client identification and a minimum of three data elements will be used when they are available (e.g., name, date of birth, MRN and/or PHN and/or Encounter Number).

## 3.0 Related Island Health Standards

- Guideline - Positive Patient/Client Encounter Selection
- Policy - Positive Patient/Client Identification at Point of Registration
- Procedure - Patient/Client Labels
- Procedure – Registration Process
- Procedure – Resident Identification for Residential Services

## 4.0 References

Accreditation Canada (2016) Required Organizational Practice (ROP): Client Identification

BC Ministry of Health: Provincial Enterprise Master Patient/client Index Data and Best Practice Guidelines. (V 3.0) (2008-02-08)

[Personal Health Identification: Medical Services Plan of BC](#)

PHSA – Data Entry Standards and Formats for ADT/Affinity

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