

Title:	Patient Identification	Page 1 of 4
Policy No:	1 CLN 044	Effective Date: August 1, 2004

OBJECTIVE

To reliably identify the person for whom service or treatment is intended

SCOPE

DMC Physicians, Health Care Providers and staff

DEFINITION

Patient-Specific Identifier Information that is directly associated (unique) to the individual such as patient's name, birth date, social security number, medical record number

Other less individualized information (e.g. telephone number, address) may be used to identify the patient if used in combination with patient-specific identifiers.

Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

POLICY

Minimally two (2) patient-specific identifiers are used for individuals presenting for care and are used consistently throughout the episode of care to reliably identify the individual as the person for whom the service or treatment is intended and to match the service or treatment to that individual.

Emergency care is provided persons of unknown or disputed identity. However, a pseudo name and number must be assigned to facilitate processing of laboratory and diagnostic testing requests. As soon as possible following the event, when the patient has been positively identified, the medical record is amended

PROVISIONS

Presentation for Service

1. Positive identity is established for all individuals presenting for service. Patient specific data, minimally full name and date of birth, is recorded in the Medical Record. Additional demographic information where available (e.g. social security number, address, telephone number and next-of-kin) is also recorded.
2. Site specific methods for positively identifying pediatric patients are employed (see hospital Tier 3 policies and/or Management Operating Directives (MODS)).

Note: For pediatric patients receiving care at Children's Hospital of Michigan, at time of presentation for service, the parent/legal guardian identifies the patient and provides full name, date of birth and if known, social security number (Reference: 3 CHM ADM 00.20 Consent for Treatment of Minors). A unique medical record number is established for the pediatric patient and is used during all episodes of care throughout the DMC. .
3. At birth the neonate is tagged both with a maternal and an infant bracelet. Patient specific identifiers are documented on the delivery record. Unique newborn identifiers are established for the remainder of the patient stay
4. Picture identification is the preferred form for positive identification (e.g. driver's license, state identification). If picture identification is not available, the patient is requested to provide other supporting documentation (e.g. Insurance card, social security card, utility bill, etc).
5. If the patient is unable to provide documented proof of identification, he/she is registered using the information verbally provided by the patient.

Title:	Patient Identification	Page 2 of 4
Policy No:	1 CLN 044	Effective Date: August 1, 2004

6. Individuals who knowingly present false information or attempt to use the identity of another individual to obtain medical attention may be subject to criminal prosecution.
7. If the patient is unable to provide identification (e.g. confused, non-English speaking, unconscious) a family member may be requested to identify the patient.
8. If patient is unable to provide identification and no family member is available, alternate sources of patient identity are sought (e.g. EMS Run Sheet, facility transfer report).
9. A copy of the patient's identification is placed in the medical record. Additional information and the sources of the information are documented in the medical record.
10. If positive identity cannot be established upon presentation, a pseudo name with a unique identification number (e.g. John Doe #5) is assigned and used throughout the episode of care.
 - A. If patient is subsequently positively identified, the HIM Department is notified and the correct identity is included in the concurrent Medical Record.
 - B. Upon termination of episode of care/services, the Medical Record is consolidated under the appropriate patient identifiers.
 - C. Both the pseudo name and assigned identification number are retained in the Medical Record to validate services provided under the pseudo name/number.

For DMC Patient Care Sites Using Identification Bands

11. A patient identification band containing patient-specific identifiers is secured to the patient's wrist after the patient has been positively identified. Required identifiers include patient's name and date of birth.
 - A. Additional identifiers (population and/or site specific) may include:
 - Social Security Number
 - Medical Record Number
 - FIN Number
 - Maternal FIN number
 - Maternal First Name
 - B. Unit, Room and Bed Number may not be used as identifiers.
12. The identification band is worn throughout the episode of care. If the identification band is removed for any reason, a replacement must be provided.
13. The information included on the identification band is validated with the patient, parent/legal guardian and/or source of information whenever it is applied or re-applied.

For DMC Patient Care Sites Not Using Identification Bands

14. Patients presenting for services should have their identification validated with picture ID, whenever possible, with a copy of the picture ID maintained in the patient's medical record for this and subsequent episodes of care. Ensure that the picture is clear and usable for visual comparison with the patient.
15. Labels generated from the sites registration system will be used on all patient related documents, specimens, orders, etc. throughout that day's visit/episode of care.
 - At the end of that visit excess labels will be properly disposed of following appropriate DMC HIPAA guidelines
 - Extra sheets of labels can be generated upon demand through the registration system if needed

Title:	Patient Identification	Page 3 of 4
Policy No:	1 CLN 044	Effective Date: August 1, 2004

16. Prior to the administration of any patient care, patients will be identified minimally by their full name and date-of-birth.

Point of Service Identification

17. Patient identity is validated at point-of-service prior to the provision of tests, procedures and care using minimally, two (2) patient-specific identifiers (e.g. patient’s name, and date of birth).

18. The patient-specific identifiers used must be directly associated with the individual (i.e. verbalized by patient or printed on identification band) and the same two identifiers must be directly associated with the treatment, care or service to be provided (i.e. printed on the physician’s order, MAR, blood bag tag or lab request or prescription).

Examples:

- Comparison of the patient’s identification band information (patient name and date of birth) with Medication Administration Record (MAR) or lab specimen request.
- Comparison of patient verbalized name and date of birth with physician’s order.

Note: Do not prompt (provide expected answer) when requesting that the patient verbalize his/her name and date of birth: “Are you Mary Johnson?” Instead, ask the patient to state his/her name.

19. Dependent on the patient care activity, additional comparisons may be required. Example: Prior to administration of blood and blood products the patient’s identity is validated by two licensed staff with the physician’s order and blood bag tag information and the blood bag’s contents are validated with the physician’s order.

20. Do not proceed with any patient care activity if discrepancy is found until positive patient identity is established. Care or services may not be provided unless all discrepancies between identifiers are resolved.

RESOURCES

Related information may be found in other Tier 1, 2 and 3 level policies with respect to procedures for obtaining consent, medical record re-consolidation, fraud and abuse. Use search function, indicating key word(s).

REFERENCES

Federal: §1903 (m)(A)(iv) of the Act; 42 U.S.C. §1396b(m)(A)(iv)
 State: §1932(e)(1)(iv) of the Act; 42 U. S.C. §1396u-2(e)(1)(A)(iv)
 Title 42 Public Health Chapter IV
 2 PC 5119 Hemodialysis – Blood & Blood Product Administration

ADMINISTRATIVE RESPONSIBILITY

The Executive VP, Medical and Academic Affairs and the Executive VP, Chief Operating Officer have overall authority and responsibility for administration of all policies, procedures and guidelines related to patient care at the Detroit Medical Center.

Title:	Patient Identification	Page 4 of 4
Policy No:	1 CLN 044	Effective Date: August 1, 2004

APPROVAL SIGNATURE

Executive VP, Medical & Academic Affairs

Date

Executive VP, Chief Operating Officer

Date

REVIEW DATE:
July 30, 2007

SUPERCEDES:
NEW