



Provincial Health Services Authority

## Patient Identification POLICY

### Summary of Changes

	NEW	Previous
BC Cancer	Patient Identification Policy	Patient Identifiers Policy LEI 100 Created April 9 2009 Last updated February 3 2013

Released:	01/MAY/2018	Next Review:	01/MAY/2021	
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## 1. Introduction

### 1.1. Purpose

To ensure correct identification of patients receiving care BC Cancer. Patients and families are actively involved in the identification and confirmation process in accordance with principles of choice, collaboration, and connection.

### 1.2. Scope

This policy applies to all staff providing care and services to all patients at BC Cancer.

### 1.3 Exceptions

None.

## 2. Policy

### 2.1. Policy Statement

All patients will be properly identified prior to the provision of any care, treatment, service or specimen collection through two acceptable and unique patient identifiers.

## 3. Responsibilities and Compliance

### 3.1. Responsibilities

3.1.1 All staff are responsible for ensuring patients are identified as outlined in this policy and related procedure.

3.1.2 Any type of care will not commence until patients have been properly identified using two acceptable and unique patient identifiers.

3.1.3 For in-patients only, patients and families are advised to ensure they are wearing an identification bracelet, ensuring that the information on the bracelet is accurate. Out-patients are to ensure that health care providers ask for two identifiers prior to receiving care.

### 3.2. Compliance

#### 3.2.1 "Stop the Line"

This procedure applies to all patients who receive care at BC Cancer. If a deficiency in adherence to this policy is noted any member of the health care team, patient or family should immediately advise their care provider. Deficiencies should be reported in the Patient Safety Learning System.

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3.2.2 Audits will occur quarterly and actions will be taken to improve compliance after reviewing the results. Audits results will be reviewed at each centre by Senior Directors and by the Director of Quality, Safety & Accreditation.

## 4. Related Documents

Patient Identification Bands

BC Patient Identification Procedure

PHSA Stop the Line: Authority to Intervene to Ensure Patient Safety Policy

## 5. Definitions

“Acceptable and unique patient identifiers” are provided as follows:

- Patient’s full name (first and last, include middle name if multiple patients with same name are present)
- Date of birth
- Personal Identification Number
  - Examples include: Medical Record Unit Number (MRN), Personal Health Number (PHN), Indian Status Number, Interim Federal Health Number (IFH #), Refugee Number, Photo ID, Photographs of patients for Radiation Therapy, Driver’s Licence, Patient Appointment Card with the Patient’s name on it.

NOTE: The unit or patient’s room number or location is NOT to be used as a patient identifier.

“High-risk activities” are activities that have the potential for significant patient harm and are in alignment with criteria for Accreditation Canada’s Required Organizational Practices focusing on verification processes for high risk activities. Examples include:

- Administration of blood and blood products
- Surgical Procedures
- Procedures requiring sedation
- Administration of medications
- Accepting and processing verbal orders
- Lab Specimen Collection and Labeling
- Diagnostic imaging / Radiology Procedures
- Medication administration

## 6. References

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# BC CANCER PATIENT IDENTIFICATION POLICY

Accreditation Canada ROP Handbook 2017

BC Cancer 20 Tips to Help You Be Part of the Healthcare Team : Patient Safety is #1 2019

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<b>First Issued:</b>	03-03 2009		
<b>Approving Body:</b>	Quality Council		
<b>Final Sign Off:</b>	<b>Name</b>	<b>Title</b>	<b>Date Signed</b>
	Michael McKenzie	VP, Quality	25-MAR-2019
<b>Developed By:</b>	<b>Name</b>	<b>Dept.</b>	<b>HO</b>
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<b>Owner(s):</b>	Mary Lou Hurley	Director, Quality and Safety	BC Cancer, PHSA
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	Mary Lou Hurley	Patient Identification Policy	01-05-2018