



Provincial Health Services Authority

PARTICIPANT IDENTIFICATION & VERIFICATION POLICY: BREAST SCREENING

(ELIGABILITY – SB 110)

Summary of Changes

	NEW	Previous
BC Cancer	New BC Cancer template and alignment with VPP Patient ID policy.	

Last Revised:	30/MAR/2023	Next Review:	30/MAR/2023	
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PARTICIPANT IDENTIFICATION & VERIFICATION POLICY: (ELIGABILITY – SB 110)

1. Introduction

1.1. Purpose

The purpose of this policy is to provide requirements to ensure participants are appropriately identified and correctly matched to their records prior to, during and after delivery of screening services in accordance with best practice and patient safety.

1.2. Scope

- Breast Screening
- Client Services Centre

2. Policy

2.1. Patient Identifiers

Breast Screening staff who come into contact with program participants or their records must identify and verify the identity of the participant using **at least two** acceptable and unique patient identifiers. Points of interaction when identification and/or verification are required include: at the time of appointment booking, at check-in, prior to examination, and during reporting and sign-off of the exam results.

“Acceptable and unique patient identifiers” are as follows:

1. Participant’s full name (first and last, include middle name if multiple participants with same name are present)
2. Date of birth
3. Personal Health Number (PHN)
4. Address
5. Accurate photograph depicting the participant’s current appearance with identifiers attached
 - a. Examples include: government-issued photo IDs (i.e. Driver’s Licence, BC Services Card, Passport, Indian Status Number, Interim Federal Health Number (IFH #), Refugee Number)
6. Other Personal Identification Number
 - a. Examples include: Medical Record Unit Number (MRN), Encounter or Accession Number, or other administrative identifier, as applicable

Refer to chart in [section 3.1](#) for specific points of interaction.

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Verifying identification with the participant must be asked in such a way that the participant verbally provides (“Please tell me your date of birth?”) or presents the identifier rather than confirms (“Is your date of birth...?”).

Initiate immediate actions to correct any errors on a participant record with regards to identifier discrepancies within program applications. When making updates to a participant record, staff must ensure the correct record is selected before applying updates accordingly, as verified.

3. Responsibilities and Compliance

3.1. Responsibilities

All staff members will ask for at least 2 patient identifiers at each stage of the patient’s appointment as outlined in [Appendix 1](#).

3.2. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members observing a violation of this policy may support others to review and understand the policy and/or advise their management of the need for education and support of the policy. If a deficiency in adherence to the policy occurs, the appropriate documentation should occur through the Patient Safety Learning System and the Program unusual occurrence notification as appropriate (document SA 030 – Unusual Occurrences and Incident Reporting).

4. Related Documents

[SB 010 – Eligibility Criteria – Basic Booking Guidelines](#)

[SA 030 – Unusual Occurrences and Incident Reporting](#)

[VPP Patient, Client and Resident Identification](#)

5. Definitions

Encounter: Describes a particular instance when a Patient, Client or Resident is registered within the healthcare system (e.g., hospital, clinic, daycare, homecare, and/or any other department where they receive service).

Medical Record Number (MRN): The patient’s unique identification number assigned by a healthcare facility.

Participant: A patient or client using Breast Screening services.

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6. Appendices

Appendix 1- Points of Interaction when Asking Patient for Identification

Points of Interaction	No. of Identifiers Required	Identifier Types (refer to 2.1)	Role
Time of booking	At least two	1 – 4*	Booking Clerk
Appointment Check-in/Admitting	At least two	1 – 6	Centre Clerk Technologist
Exam Preparation	At least two	1 – 3, 6	Centre Clerk Technologist
Commencement of Exam	At least two	1 – 5	Technologist
Completion of Exam (PACS and RIS)	At least two	1 – 3, 6	Technologist
Reporting (MagView)	At least two	1 – 3, 6	Radiologist
Image Transfers	At least two	1 – 3, 6	Centre Clerk
Quality Assurance	At least two	1 – 4, 6	All
Records Management and Investigations	At least two	1 – 4, 6	All

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First Issued:	01-MAR-2011		
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Posted Date:	04-APRIL-2023		
Version:	2.0		
Revision:	Name of Reviser	Description	Date
	Mary Nagy	Policy template updates and alignment with VPP policy	13-MAR-2023

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