Patient Identification Verification Policy (LTR34120)

PRINCIPLE:

The keystone to the laboratory’s ability to provide accurate test results is the proper identification of the patient from whom the specimen is collected. The laboratory cannot provide clinically helpful data, and may even report harmful results, if proper identification is not followed. Therefore it is crucial to ensure that the specimen being processed and run is correctly identified with the patient. The laboratory receives specimens from several origins and so proper patient identification will vary a little.

POLICY:

Inpatients: All inpatients should be identified prior to specimen collection by use of TWO pieces of identification. One is the patient’s Name and the other is the patient’s Date of Birth. Both are compared on the patient’s armband and the patient’s wristband barcode must be scanned for positive identification whether using Specimen Collection Runs or PowerChart Specimen Collect. An additional verbal confirmation of patient name and date of birth should be used whenever appropriate. Blood should not be drawn, or other specimens collected, until their armband properly identifies the patient. The patient’s full name should be inspected to ensure proper identification. In emergency or stat circumstances, where it is absolutely not possible to get the armband on the patient before being drawn, his/her nurse may identify the patient by Full Name and Date of Birth. This should be annotated in comments upon receipt of the specimen(s). These occasions are rare and should be avoided whenever possible.

Outpatients: When calling patients to the back of the Outpatient Laboratory, use only the first name of the patient. All outpatients should be identified by inquiring to the patient or the patient’s close relative (in the case of infants) as to proper identification by verbal confirmation of Full Name and Date of Birth. Compare this information with the information in PowerChart and PowerChart Specimen Collection. In all circumstances, the patient’s full, proper name should be used. Nicknames and abbreviations are unacceptable.

Specimens from Outside the Hospital: Frequently the laboratory receives specimens, which originate from outside the hospital. They come from clinics, physician’s offices, other labs, etc. In all cases the laboratory has no contact with the patient and so proper identification becomes even more important. Proper specimen labeling is of extreme importance for these specimens. All of the necessary information should appear on the label and no specimen should be received until it is properly labeled. In the event that not all the information is provided and investigation should ensue to obtain what is missing. This may involve phoning the office, clinic, or even the patient to discover needed information.

Emergency Department: The EMD is a special department in that it often requires rapid specimen collection and processing. Even though this is true, proper specimen identification is still
essential. The Emergency Room provides armbands to their patients for identification. All patients should be identified two ways: 1.) First, by asking the patient to state their full name, then compare this information with the patient’s wristband. 2.) Second, by comparing the patient’s verbal and wristband information with that in PowerChart when performing PowerChart Specimen Collect. Scanning of the wristband barcode when doing the Specimen Collection in PowerChart (PPID – Positive Patient Identification) is required. If the armband is absent, seek out the EMD secretary and request that he/she armband the patient prior to specimen collection. In emergency situations, where obtaining the armband would cause too much of a delay or where the patient’s name is not available, the patient should be identified by his/her nurse. This should be annotated in comment upon receipt of the specimen(s). These occasions should be avoided whenever possible.

**Nursing Homes:** Patients whom are drawn in a nursing home environment do not have an identification armband. When it is necessary to collect specimens from these patients the person collecting the specimen should have the patient properly identified by the attending nurse on duty or appropriate employee of the nursing home. The identifying individual should accompany the person collecting the specimen to the resident’s bedside and properly identify the patient by using the patient’s full and proper name (avoid abbreviations and nicknames). Then the nursing home employee should sign or initial the Outpatient Specimen form.

**NOTE:** The final step in performing and identifying patient and samples, when using either PowerChart Collection Runs or PowerChart Specimen Collect, is Positive Accession Identification (PAID). The barcode from each accession label that has been collected is scanned under the patient to 1.) mark those samples as having been collected in the system, and 2.) confirm these samples belong to the correct patient.

By following these identification verification guidelines concerning specimens, processing of patient specimens can be made more efficient and potential errors eliminated. If everyone involved in specimen collection will follow the appropriate requirements, tests results can be made available much more rapidly. Thank you all for your cooperation.

**REFERENCES:**