



Stony Brook Medicine Administrative Policy and Procedures

Subject: RI0035 Patient Identification	Published Date: 03/29/2016
Ethics, Rights and Responsibilities	Next Review Date: 03/29/2019
Scope: Hospital Wide	Original Creation Date: 09/26/2002

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Responsible Department/Division/Committee:

Patient Access Department

Policy:

Stony Brook University Hospital (SBUH) promotes patient safety, identity integrity and fraud prevention by ensuring that standardized patient identification processes are followed prior to providing any care, treatment, or services. Diligent validation processes promote identity integrity and fraud prevention.

Definitions:

Capacity – the ability to understand and appreciate the nature and consequences of health care decisions, including the risks, benefits, alternatives and risks of alternatives of any proposed health care, and to reach an informed decision. This is not the same as competence; the term used to describe a determination by a court that a patient is unable to make health care decisions or manage his/her own affairs.

Positive Patient Identification – the requirement whereby patients are able to state who they are *and* provide identification documentation to confirm their "Positive Identity."

Patient Identified – an individual who is alert and oriented and can state who they are but do not have the required documents to confirm positive identity or lack capacity to state who they are but have acceptable forms of identification, or has a surrogate who is willing to identify the patient upon visualization.

Patient Unidentified – Patients who are unable to identify themselves and no other person is present to identify the patient and there are no other identifying documents on the patient or by another person.

Authorized representative- an individual legally empowered to provide permission, consent or action on behalf of a patient, including a health care agent, executor/executrix, surrogate decision maker, court appointed guardian/agent or power of attorney specific to health care.

Attestation Form – Form completed by a person who asserts that they are known to the unidentified patient.

Procedures:

- I. A system for positive identification of all hospital patients fulfills four basic functions:
 - A. Provides positive identification of patients or their authorized representative from the time of admittance or acceptance for treatment.
 - B. Provides a positive method of linking patients to their medical records and treatment.
 - C. Minimizes the possibility that identifying data is lost or transferred from one patient to another.
 - D. Improves the accuracy of patient identification.
- II. Patient identification status is dependent upon the following circumstances:
 - A. **Patient Positively Identified**
 1. Patient is able to state who he/she is and provides an acceptable form of photo identification.
 2. An authorized representative identifies the patient when the patient lacks capacity to provide this information and an acceptable form of patient identification is provided.
 - B. **Patient Identified**
 1. Patient is alert and oriented and states who they are, but does not have acceptable documents to confirm positive identity.
 2. An unaccompanied patient who is unable to state who they are, but has acceptable documentation.
 3. Patient has an authorized representative who is willing to identify the patient but acceptable documentation is not available.

4. In general, until the acceptable form of patient ID is secured the patient will remain identified but not positively identified.

C. **Patient Unidentified** - A patient who is unable to identify him/herself, no other person is present to identify patient and no acceptable identification documents are available.

III. Acceptable forms of Patient Identification:

A. Positive Patient Identification forms – Government issued photo ID:

1. Passport;
2. US Permanent Residency Card, (Green Card);
3. Certificate of Naturalization (N550-570) or Certificate of US Citizenship (N 560-561);
4. US Work Visa;
5. Certificate of Degree of Indian Blood or other US American Indian/Alaska Native Tribal document with photo;
6. Driver's License/State identification.

B. The following forms of Patient Identification may be used to identify a patient but are not acceptable for positive patient identification:

1. Work or School ID;
2. Government Agency ID;
3. Patient Identification Attestation form completion.

C. Attestation Completion - If no acceptable form of photo ID is available, a person known to the unidentified patient may attest to the identity of the patient.

1. Provides their own form of photo ID, (corresponding with A & B above) and identifies their relationship to the patient.
2. The *Patient Identification Attestation* form is completed by the authorized representative and witnessed by a Hospital staff member.
3. If not initiated by, or together with a Patient Access Department staff member, the original copy of the *Patient Identification Attestation* form is provided to a Patient Access Department staff member.
4. The completed form is scanned by the Patient Access Department staff into the patient's electronic medical record.
5. Social Work continues efforts to obtain a photo ID subsequent to the completion of a *Patient Identification Attestation* form by a person known to the unidentified patient. When provided, patient identification documents are brought to the Patient Access Department for scanning.

D. Patient Unidentified

1. Patients who present to the Emergency Department as Patient Unidentified are registered via a "quick registration" process to expedite the provision of emergent patient care. These patients are labeled as PNT or DST in the registration system.
2. An electronic referral to Social Work is automatically generated when an unidentified patient is admitted.
3. Whenever possible, the following individuals inspect the patient's wallet or other property for patient identification purposes.
 - a. Suffolk County Police Department, SCPD;
 - b. Suffolk County Scheriff Department;
 - c. SUNY Police;
 - d. RN.
4. Social Work initiates a diligent search for appropriate sources of patient identification when there is none or identification needs further clarification.
5. Any information obtained regarding the patient's identity is provided to Social Work and documented to facilitate continued efforts to identify the patient after transfer out of the Emergency Department.
6. University Police is notified by Social Work if the patient remains unidentified 48 hours following the initial Social Work referral.
7. When an unidentified patient is transferred to another unit or service, the SBAR communication must include details regarding the patient's unidentified status by both the RN and social worker to the corresponding receiving providers. This includes all efforts made to identify the patient, information acquired and any pending inquiries.

E. Change and Documentation of Unidentified Patient Status:

1. Patient Access Services is notified of the confirmed change to the patient's identification status based on the *Patient Identification Attestation* form, the acceptable documents or the patient's self-identification.
2. All identifying documents are brought to the Patient Access Department for scanning. The patient's name and other relevant demographic information is updated by the Patient Access Registration staff.

3. Social Work documents efforts to obtain proper patient identification via Care Management/Social Work note.
 4. Social Work updates the interdisciplinary team of the newly identified status of the patient.
- IV. Before any procedure is carried out, the patient identification band worn by the patient is checked by the responsible care provider for the following two patient identifiers in order of priority:
- A. Patient's Full Name
 - B. Date of Birth
 - C. Medical Record Number
 - D. Staff requests that the patient state his/her name and date of birth. This information provided by the patient is confirmed by checking it against the written information on the identification band. Exception: Patients who lack capacity.
 - E. If the patient's date of birth is not available, the second identifier is the patient's medical record number (MRN).
 - F. Patient identification is confirmed using two identifiers associated with:
 1. Administration of medication;
 2. Transfusion of blood or blood component;
 3. Obtaining a specimen;
 4. Performing a treatment or diagnostic test (i.e., radiographic study);
 5. Transport of patient to another department.
 - G. When the patient's identity cannot be verified because the imprinted band is illegible or missing, the band is replaced immediately prior to any treatment, service or procedure.
 - H. Each healthcare provider conducting patient assessments checks the patient's identification band to assure the band is present and legible, as a routine component of the patient assessment process (as confirmed with the patient when possible). Specific patient care areas may also have policies regarding patient identification in addition to this policy.
 - I. Wristbands of varying colors identify certain conditions. At the time of the initial assessment, and/or when a condition(s) is determined, the appropriate color wristband is placed on the patient by unit staff. The following colors are used:
 - White: Generic Patient Identification
 - Red: Allergy Alert
 - Pink: Limb Alert
 - Yellow: Falls Risk

- Green: Latex Allergy
 - Blue: Requires Language Interpreter
- J. The identification band includes the patient's full name, hospital identification number, medical record number, date of birth, age, and sex. Any time a staff member places a new identification band on a patient, all information is verified by the responsible provider as outlined in this policy.
 - K. All other armbands are placed on the patient as conditions warrant.
 - L. For patients who are band intolerant, refer to [PC0139 Bar Code Scanning - Point of Care \(POC\)](#).
 - M. The patient identification band remains in place when he/she is discharged. In the event of death, the band remains on the patient's body.

Forms:

Patient Identification Attestation –English (DAS Print Form RM2C557)
 Patient Identification Attestation – Spanish (DAS Print Form RM2C568)

Policy Cross Reference:

[PC0139 Bar Code Scanning - Point of Care \(POC\)](#)
[EC0031 Management of Patient With Latex Allergy](#)
[MM0072 Medication Administration - General](#)
[NUPC0011 Admission of an Inpatient to University Hospital](#)
[PC0011 Blood Drawing by Phlebotomy Team](#)
[PC0036 Preoperative Care of the Surgical Patient](#)
 Patient Access Department Policy & Procedure B20
[PC0140 Transfusion of Blood and Blood Products](#)
[Laboratory User's Manual, Section V, Specimen and Collection Handling](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

Family Health Care Decisions Act NY Public Health Law Article 29-CC

References and Resources:

National Committee for Clinical Laboratory Standards (NCCLS) H3-A4, June 1998, Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard – 4th Edition.