

Blanchard Valley Health System Laboratory Services

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Patient Identification Verification Policy (LTR38990)

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Attention: Printed copies MAY NOT be the most current information. Please consult the Lab QMS for the current version.

POSTED-LIS

Patient Identification Verification

PRINCIPLE:

The key stone 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; the patient's Full Name and Date of Birth. Both must be verified verbally and visually by looking at the patient's armband and asking the patient to verbally state the two patient identifiers. When the LIS is available, the patient's wristband barcode must be scanned prior to collection as to provide an additional positive identification process. Information provided must be compared to that within the LIS. Blood should not be drawn, or other specimens collected, until the armband properly identifies the patient. In emergency or stat circumstances, where it is absolutely not possible for the patient to have an armband on 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). All deviations from any of these processes should be documented within the LIS and 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, an 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 same processes should be followed as for Inpatients, but discrepancies should be addressed with minimal delay. If the armband is absent or is incorrect, seek out the EMD secretary and request that he/she armband the patient prior to specimen collection.

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.

NOTES: The final step in performing and identifying patient and samples, when using either PowerChart Collection Runs or PowerChart Specimen Collect (the LIS), 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.

It is also important to identify "truncated" patient names on specimen labels. If a patient's name exceeds the character limit on the LIS specimen label the last character will appear as an asterisk symbol (*) (labels used outside of BVHS will not have this symbol to indicate truncated names and will need to be evaluated on a case by case basis). The patient identification information must be closely compared between the information within the LIS, the verbal patient confirmation, and the label. As long as the identification information can be verified, then the specimen may be labeled with the truncated name. Truncated names are not acceptable for the labeling of Blood Bank specimens. A full name must be present on Blood Bank specimens. This may be done by placing an additional label on the specimen that does not truncate the name or by handwriting the name on the specimen.

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.

REFERENCES:

BVHS Laboratory Policy, 2004 National Patient Safety Goals, CAP Guidelines checklists for specimen collection and patient identification.