

# LAC+USC MEDICAL CENTER POLICY

Subject: <b>PATIENT IDENTIFICATION VERIFICATION</b>	Original Issue Date: 3/23/04	Policy # <b>909</b>
	Supersedes: 5/17/19	Effective Date: 10/21/22
Departments Consulted: Patient Safety Committee Ambulatory Care Services Health Information Management Information Systems Nursing Services Patient Financial Services	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer  (Signature on File) Chief Executive Officer

## PURPOSE

To properly identify each patient before providing services, thereby helping to prevent medical errors and improving patient safety.

## POLICY

Prior to rendering care/services to a Medical Center patient, staff will verify the person's identity using two distinct identifiers and match the intended care, treatment, and/or service to that individual.

## PROCEDURE

- All patients entering the LAC+USC Medical Center will be issued a unique Medical Record Unit Number (MRUN) to help ensure correct identification of each patient.
- Each patient will be issued a patient identification card with patient's full name (last name, first name), date of birth, (MM DD YYYY in numerical format), and permanent MRUN.
- A patient identification band with imprint of full name, date of birth, age, identifies as, MRUN, and FIN will be placed on the patient's wrist when he or she is:
  - Admitted into the hospital
  - Registered for the emergency department, observation unit (all locations), diagnostic and/or treatment unit, or outpatient surgery
  - Receiving blood transfusion, chemotherapy, procedural sedation, or any type of invasive procedure
- If a patient requires emergency admission/evaluation prior to the identification process, a temporary medical record (alias name and MRUN) will be issued. (See Medical Center Policy 401).
- When there is doubt about a patient's true identity, staff shall thoroughly investigate, document, and report any unusual situation or incident to supervisory staff.
- In the event that the patient is unable to respond, staff may ask family members to verify identification.
- If the patient and family do not speak English, staff will utilize qualified interpreter services, as necessary to assist with identification.

**Patient With Identification Band (i.e., Emergency Department, Evaluation Areas, Inpatient, Outpatient Surgery, etc.)**

**Adult/Pediatric**

- Before placing an identification band on the patient, staff shall ensure the patient states his or her full name and date of birth (Month, Day, Year format). If the patient verbally gives the date of birth in numerical format, staff must clarify which number is the month and which is the day. Staff will then verify the stated information with that printed on the identification band. In the case of a child who is unable to verbalize this information, the parent or guardian will be asked to provide it.

**Mother/Infant In The Delivery Room Setting**

- Mother and infant are never separated until identified and identification bands applied to each.
- Identification bands shall contain the following identical information: Mother's last name, first name, following the first name BabyBoy, or BabyGirl will be added, infant's MRUN, FIN, and sex; date and time of delivery; birth order if multiple births; and Tag number.
- Adult band is placed around mother's wrist.
- Infant bands are placed snugly around infant's wrist and ankle.
- In the event of a neonatal resuscitation, dummy identification bands will be placed on the mother and baby. After the situation has stabilized, the above procedure will be completed.

**Patient Without Identification Band (i.e., Ambulatory Care Setting)**

- Staff will review department logs/tracers before scheduled clinic sessions to identify same or similar names on the schedule. If such names are found, the corresponding records will be marked with "Name Alert" to notify clinic staff of same or similarly named patients.
- All clinic documents (e.g., clinic notes, prescriptions, laboratory, and radiology requests) are to be stamped with the patient's identification card. If the identification card is not available, a new one will be generated by either Nursing Clerical, Patient Access, or Patient Financial Services staff.
- Staff/providers will summon patient in a clear, audible voice, pronouncing the patient's name accurately and clearly. Interpreters are to be used as needed.
- Staff/providers will ask the patient to state his or her name and date of birth (Month, Day, Year format). If the patient verbally gives the date of birth in numerical format, staff must clarify which number is the month and which is the day. Staff/providers will then verify the stated information with that printed on the patient's identification card and relevant documents before initiating treatment/service. In the case of a child who is unable to verbalize this information, the parent or guardian will be asked to provide it.
- Staff/providers will verify name and MRUN before completing any clinic document or writing prescriptions.

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**RESPONSIBILITY**

All Employees  
All Staff

**PROCEDURE DOCUMENTATION**

Attending Staff Manual, Rules and Regulations  
Nursing Services and Education Generic Structure Standards  
Departmental Policy and Procedure Manuals

**REFERENCES**

The Joint Commission National Patient Safety Goals  
DHS Policy No. 393, Identifying Patients (Without Ident-I-Bands) Prior to Rendering Medical Care/Services  
Medical Center Policy 401, Health/Medical Record Unit Number  
Medical Center Policy 924, Specimen Collection and Labeling for Laboratory Testing

**REVISION DATES**

March 23, 2004; September 29, 2008; May 8, 2012; May 19, 2016; May 17, 2019, October 21, 2022