

ROP Fact Sheet: Checking Two Patient Identifiers Before Care

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that organizations must have in place to keep patients/clients/residents safe and reduce risk.

ROP Definition:

The team uses at least two client identifiers before providing any service or procedure.

This ROP affects all clinical programs that provide direct care to patients, clients or residents at any point in the continuum. Properly identifying a patient significantly reduces the potential for errors to occur, therefore surveyors will be looking for evidence that at least two person-specific identifiers are checked prior to any care activity that has the potential of causing harm if administered to the wrong person. It can also be a way of engaging and partnering with patients to know with confidence that the treatment, care activity or medication being administered is meant for them.



Meeting this ROP: what compliance looks like:

1. We check patients' identity at medication administration, and more.

Medication administration is the most common example of a care activity when we are expected to check the patient's identity as part of the 7 Rights, as close as possible to the point of administration. Other examples of care activities when we check two patient identifiers include, but are not limited to:

- Any surgical procedure, as part of a Surgical Safety Checklist
- Any other invasive care procedure (i.e. catheter insertion/care)
- Administration of blood products
- Administration of lab and diagnostic tests
- Total parenteral nutrition
- Transporting patients on and off-unit (including bed moves)



Different teams may have additional examples specific to their patient population's inherent risk factors: for example, allowing off-unit passes.

2. We use at least two approved identifiers.

We use patient identifiers that are specific to the individual. Examples of approved identifiers that we use include, but are not limited to:

- First and last name
- Date of birth
- Medical record number (MRN) or client number
- Provincial health number (PHN, i.e. BC Care Card)
- Current photo



- Double witnessing
- Asking the client to state their name or birthdate
- Address verification (i.e. for home visits)

The two identifiers may be on the same physical place, e.g. checking for two pieces of information on the patient bracelet, the MAR, or the test requisition sheet.

3. We do not rely on unapproved identifiers to make sure we have the right patient.

Examples of unapproved identifiers are:

- Room or bed number
- Labels on clothing or equipment (i.e. wheelchairs)
- Asking the client “Is your name...?”

Facial recognition is only acceptable for longer-stay clients with stable staff assignments (i.e. residential care, rehab), so we use it together with other approved identifiers. We also use name alerts any time we have patients, clients or residents with same or similar-sounding names, to prompt us to use additional caution.



4. We involve our patients in why we double-check who they are.

Whenever our patients wear a bracelet, the verification of two identifiers can be done very quickly and unobtrusively. However, it's important to let patients and families know that we will be checking and/or asking them to help us verify that the treatments, care activities or medications being administered are meant for them, as a way to keep them safe from medical errors.

We want our patients to expect it, as part of being actively involved in their own care and safety. In fact, a number of our provincial patient experience surveys now include the question “Did staff check your identification band before giving you medications, treatments, or tests?”. As of our last survey of acute inpatients, which polled patients who stayed at VCH hospitals between October 1, 2011 and March 31, 2012, **77.7%** of our patients responded “**Yes, always**”. Way to go!

What You May Be Working On:

- Keeping up the good work** – consistency is key, and keeping patients safe is a job that is never finished.
- Involving patients/families as partners in care** – continue to engage them in their role in safety, and encourage being actively involved and asking questions.

Surveyors could:

- Observe staff during medication administration, blood draws, or patient transfers to match the right care activity to the right person
- Ask staff how they know that they have the right patient/client/resident
- Ask staff what they do if they have patient/clients/residents with a name alert
- Ask patients/clients/residents if they noticed staff checking that they have the right person

Accreditation on VCH Connect: <http://vch-connect/programs/qps/accreditation/Pages/default.aspx>