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 enhance patient/client/resident safety 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 at any point in the continuum, including hospital, rehabilitation, outpatient clinics and community care settings. 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 carried out with the wrong person.

**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. Other examples of care activities when we always 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)

   Your team may have additional examples specific to your patient population’s inherent risk factors: for example, assigning patient-specific mobility equipment.

2. **We use at least two person-specific 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
   - Current photo
   - Asking the client to state their name or birthdate
   - Double witnessing
The two identifiers may be on the same physical place, e.g. checking for two pieces of information on the patient bracelet, the Medication Administration Record, or the test requisition.

3. **We do not rely on unapproved identifiers to make sure we have the right person.** 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-term clients with stable staff assignments (i.e. rehabilitation settings), so we use it together with other approved identifiers. We also use name alerts any time we have clients 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 confirm their identity many times over, 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, if your site participates in provincial patient experience surveys, the questionnaire may even include a question around noticing staff checking identification before care activities. Posters, messages on LCD monitors and verbal reminders are all great ways to engage patients and families. Do you have a fun, creative example to share?

**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
- Ask staff how they know that they have the right person
- Ask staff what they do if they have patients with a name alert
- Ask patients/families if they noticed staff checking that they have the right person

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