

National Patient Safety Goals: FAQ's

Goal #1: Improve the accuracy of patient identification.

1. **What is the intent of the requirement for “two identifiers?”** The intent is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.
2. **How will Joint Commission surveyors evaluate our compliance with this Goal?**
Here are examples of how surveyors evaluate compliance:
 - a. **Watch** you perform a procedure, administer a medication, obtain a specimen
 - b. **Ask you** how you are sure you are giving medications to the right patient
 - c. **Ask you** to describe your procedure for collecting specimens or hanging blood
 - d. **Ask the patient** what steps staff use at MGH to verify their identity.
3. **Do the same two identifiers have to be used throughout the organization?**
No, however the same two identifiers must be used in a given setting. For example, on inpatient units at MGH we use name and MRN; in outpatient areas we use name and DOB.
4. **I work in a procedural area that sees both inpatients and outpatients. Should I use name and MRN for inpatients and name and DOB for outpatients? This is confusing.**
All staff in your procedural area should use the same two identifiers from the time the patient enters your area until the time he or she leaves. Clinicians in your procedural area should come together to decide which two identifiers would be best for you and your patients to use.
5. **I work in an outpatient area where we perform high risk procedures. The receptionists use name and DOB when checking the patients in and the nurses and doctors use name and MRN when they perform their procedures. Is this acceptable?**
The intent is that the same two identifiers be used from the time the patient enters until the patient leaves. If the receptionists are checking in patients using name and DOB, clinicians should also use name and DOB; if they wish, clinicians can use MRN as a third identifier.
6. **Is it acceptable to lay the ID band on the bedside table or tape it to the bed?**
No. The ID band must be attached to the patient.
7. **What do I do if I go into a room and the patient does not have an ID band attached?**
If the ID band is missing, it can be replaced by either the staff member who removed the former ID band, the patient's primary nurse, any unit personnel directly familiar with the patient's identity, the patient's physician. If you are one of the above individuals, you should replace the ID band immediately. If you are not, directly contact one of the above to replace the ID band. See *Identification Bands (ID Bands) Clinical Policy and Procedure Manual*.
8. **Does the requirement apply to the delivery of patient meals and snacks?**
At a minimum, it applies whenever the patient requires a special diet or the meal/snack that is being delivered is part of a special diet.
9. **When collecting blood or other specimens, do all tubes and containers need to be labeled in the presence of the patient?**
Yes. The intent of the goal is to match the patient to the specimen. The most reliable way to do this is to label the specimen containers at the time of collection in the presence of the patient.

**10. If I am giving medications or drawing blood on a patient on precautions, do I still have to match the two identifiers on the ID band with those on the MAR and requisition?
How do I do this?**

Yes, you must check two identifiers when administering medications or drawing blood of patients on precautions. Procedures in the Nursing Procedure Manual describe the steps to take with precaution patients. See *8-01-07, Medication Administration, 8-01-7A EMAPPs Electronic Medication Administration Process for Patient Safety and 01-08-01 Blood Sampling Venipuncture.*

11. Who is “qualified” to initiate transfusion of blood products at MGH?

Transfusions must be administered by a physician, or a registered nurse, nurse practitioner, physician's assistant who has completed the educational requirements in Transfusion Therapy at MGH and have demonstrated competency. Respiratory therapists who are certified in ECMO and have completed the educational requirements for Transfusion Therapy can administer transfusions during ECMO procedures.

12. Who is “qualified” to participate in the verification process that is conducted prior to starting transfusion of blood products?

Verification must be done by

- Two registered nurses, one of whom must have completed the MGH educational packet and competency process for blood administration, and the other who has completed the verification education process, or
- A physician and a registered nurse who has completed the verification education process.

13. Can the verification be done in the utility room?

No, the verification must be done at the bedside.

14. Where can I find the MGH policies that address initiating transfusions at MGH?

See *Blood Transfusion*, in the Clinical Policy and Procedure Manual and *06-01-01, Transfusion Therapy Overview* in the Nursing Procedure Manual.