

Sullivan County Department of Public Health

<p><u>Title:</u> Patient Identification</p> <p><u>Number:</u> CP 10</p> <p><u>Page Number:</u> 1 of 1</p>	<p>Original Approval: 9/19</p> <p>Reviewed/ revised: 5/24</p>
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Statement/ Purpose:

To safely and consistently identify all patients

Authority:

Application:

All SCDPH CHHA staff

Terminology:

Responsible Party:

Training and Quality Improvement Coordinator

Cross-Reference:

Photography/ Videography of Patients, Admission to CHHA

Procedure:

1. Patient identification is to occur at each new patient interaction, and is to be performed by each direct care staff member.
2. Ask the patient to state their name and date of birth, confirming with the information in the Electronic Medical Record.
3. If a patient is unable to provide their name or date of birth, verify with a caregiver and patient's photograph in the Electronic Medical Record.