
 <b>وزارة الصحة</b> <b>Ministry of Health</b>	<b>المملكة العربية السعودية</b> <b>وزارة الصحة</b> <b>الإدارة العامة للطب المنزلي</b>	 <b>الطب المنزلي</b> <b>Home Medical Care</b>
	<b>Policy Number:</b> HMC-IPSG-PPGs-1 (3)	
<b>Title:</b> Patient Identification	<b>Replaces Number:</b> 2	<b>Issue Date:</b> 11/05/2016
<b>Applied To:</b> All HMC Staff	<b>Page:</b> 1 of 2	<b>Review Date:</b> 11/05/2019

### 1. **Purpose:**

To ensure the accuracy of patient identifications by reliably identifying the individual as the person to whom the service is intended and matching the service to that individual.

### 2. **Definition:**



2.1 To identify the individual accurately as the person to whom the service is intended.

### 3. **Policy:**

- 3.1 Every patient should be identified using two identifiers (patient name and medical identification number)
- 3.2 Patient address/location should not be used to identify patients.
- 3.3 Every patient should be identified using the name (first, middle and family names) and medical record number in the following situations:
  - 3.3.1 Before starting the consultation with the home medical care professionals.
  - 3.3.2 Before receiving any specimen (urine, stool or swap) from the patient.
  - 3.3.3 Before withdrawal of blood from any patient.
  - 3.3.4 Before ordering any specific tests for the patient.
  - 3.3.5 Before receiving any lab/ imaging results including critical ones.
  - 3.3.6 Before administering any medication to the patient
  - 3.3.7 Before performing any procedure to the patient .
  - 3.3.8 Before dispensing the medications to the patient.

### 4. **Procedure:**

- 4.1. All patient receiving service by home medical care personnel should have their identity checked using two identifiers (patient name & medical I.D Number) at all clinical encounters (see situations 2.3.1-2.3.8) and during the patient home visit.
- 4.2. The name of the patient should be enquired about from the patient to confirm his / her identify by asking the patient for his full name (first, middle and last name)
- 4.3. In case of unresponsive, demented, mentally or retarded patient should be verified with the caregiver.

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4.4. Patient home package provided to the patient / caregiver at first home visit including the patients name (first, middle & last name) plus the patient medical I.D numbers.

**5. Responsibility:**

5.1 All Home Medical Care Staff.

**6. Forms:**

N/A

**7. References:**

7.1 Policies and procedures guidelines of Home Medical Care Center, Home Medical Care Administration, Medina Munwara Region, 2016

7.2 Policies and procedures guidelines of Home Health Care Unit, Family and Community Medicine Department at Riyadh Military Hospitals,2014

7.3 Joint Commission International Accreditation Standards for Home Care, 2012

7.4 MOH Home Medical Care Standard, 2015

<b>Prepared by:</b> Dr. HashemSayed Al-Masrey Incharge , Technical Affairs Home Medical Care Administration Medina Munwara Region	<b>Signature:</b>	<b>Date:</b>
<b>Reviewed By:</b> Dr. Aeshah I. Al-Saghier Training And Development Advisor Home Medical Care General Administration Ministry Of Health , Riyadh	<b>Signature:</b>	<b>Date:</b>
<b>Approved by:</b> Dr. Ali MagboulAlarabiAlghamdi Director General Of Home Medical Care MOH Headquarter , Riyadh	<b>Signature:</b>	<b>Date:</b>