ABOUT THE ROP HANDBOOK

For convenience and ease of use, all of the Required Organizational Practices in the Accreditation Canada Qmentum program have been collected into this handbook. Most apply to more than one health sector or service and therefore appear in multiple sets of standards. The applicable standards sets are identified at the beginning of the ROP or in the table at the end of the handbook.

In this handbook, the ROPs are presented as follows:

The ROP

The ROP statement defines the expected practice. For example:

Accountability for quality: *The governing body demonstrates accountability for the quality of care provided by the organization.*Guidelines

The guidelines provide context and rationale on why the ROP is important to patient safety and risk management. They also show supporting evidence and provide information about meeting the tests for compliance.

While the guidelines provide insight and information, they are not requirements and the tests for compliance can be met without using the guidelines.

Tests for Compliance (major and minor)

The tests for compliance are categorized as major or minor. They outline the specific practices, activities, and expectations that the organization must have in place to comply with the ROP. For the ROP to be assessed as compliant, all of the associated tests for compliance must be rated as 'met.'

Surveyors assess the tests for compliance during the on-site survey.

Major tests for compliance have an immediate impact on safety, while minor tests for compliance support longer-term safety culture and quality improvement activities and may require additional time to be fully developed and/or evaluated. As a rule, required follow-ups for major unmet tests for compliance must be submitted within five months, while those for minor unmet tests for compliance must be submitted within eleven months.

Reference Material

Supporting evidence used to develop the ROP, as well as tools and resources to assist organizations in meeting the tests for compliance. The reference materials do not appear in the standards.

CLIENT IDENTIFICATION

This ROP is found in most service-based sets of standards, see table on page 71.

Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.

GUIDELINES

Using person-specific identifiers to confirm that clients receive the service or procedure intended for them can avoid harmful incidents such as privacy breaches, allergic reactions, discharge of clients to the wrong families, medication errors, and wrong-person procedures.

The person-specific identifiers used depend on the population served and client preferences. Examples of person-specific identifiers include the client's full name, home address (when confirmed by the client or family), date of birth, personal identification number, or an accurate photograph. In settings where there is long-term or continuing care and the team member is familiar with the client, one person-specific identifier can be facial recognition. The client's room or bed number, or using a home address without confirming it with the client or family, is not person-specific and should not be used as an identifier.

Client identification is done in partnership with clients and families by explaining the reason for this important safety practice and asking them for the identifiers (e.g., "What is your name?"). When clients and families are not able to provide this information, other sources of identifiers can include wristbands, health records, or government-issued identification. Two identifiers may be taken from the same source.

TESTS FOR COMPLIANCE

Major	At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.

REFERENCE MATERIAL

- Allworth, S., Lapse, P., Kelly, J (2008). Technology Solutions to Patient Misidentification - Report of Review. Australian Commission on Safety and Quality in Health Care. Sydney, Australia. www.safetyandquality.gov.au/wp-content/uploads/2012/01/19794-TechnologyReview1.pdf
- World health Organization (2007). Patient Identification. Patient Safety Solutions. www.who.int/patientsafety/solutions/patientsafety/PS-Solution2.pdf

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Client Identification

(Formerly called *Two Client Identifiers*)

Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.

Q: What is the intent of the Client Identification ROP?

A: The ROP is intended to prevent client harm when a team member fails to provide a service or provides the wrong service. This requires that team members confirm that the client is the person for whom the service is intended by identifying the client AND matching the service or procedure to that client. Doing so requires using at least two person-specific identifiers to confirm the client's identity. The same two identifiers must also be associated with the service or procedure in order to match it to the client.

Q: What is a person-specific identifier?

A: A person-specific identifier is information that is unique to an individual. For example, a first name is not usually person-specific, whereas a full name is more likely to be person-specific. Other examples of person-specific identifiers include an accurate photograph, date of birth, provincial health insurance number, or hospital registration number. A home address can be a person-specific identifier when it is confirmed by the client.

It is recommended that organizations consider their client population and client preferences when determining which identifiers they will use. For example, a full name may not be person-specific in some populations. Some populations may need more than two identifiers to confirm a client's identity.

Q: What is NOT an acceptable person-specific identifier?

A: Examples of identifiers that are not person-specific and that could lead to misidentification include:

- Bed or room number
- Home address (unless it is confirmed by the client)
- Personal familiarity (facial recognition is acceptable in some cases, see below)

Q: Our clients do not have armbands. How can we perform client identification?

A: Partnering with clients is important in any setting. Ask clients to state the two identifiers, such as their full name and date of birth and compare this with the information on the requisition or health record.

Q: We know our clients. Can we use facial recognition?

A: In situations of continuing care where the team knows the client (e.g., home care, long-term care, community health, residential care), facial recognition may be used as an identifier. A second person-specific identifier is still required; this could be obtained by confirming the client's home address or consulting an accurate photograph on the client record. In the beginning, or for new team members, two person-specific identifiers are required and neither can be facial recognition. Facial recognition can only be used once the client is known to the team. Organizations wishing to use facial recognition should specify when facial recognition can be used, and what constitutes *known to me* (e.g., the same team member has seen the client for X number of visits within X amount of time, or team members who provide daily care to the same client). As always, the most important part of client identification is not which identifiers are used, but that the team verifies that the client is receiving the service intended for them.

Q: In my area, a single team member cares for the same client for extended periods of time. Do we need to use two identifiers each time a service is provided?

A: At least two client identifiers must be used at the beginning of an encounter with a client to confirm their identity. When one-on-one care is provided to a single client during an encounter (e.g., a critical care shift, or an episode of care with a single client), once the client's identity is confirmed, the team member can match the two identifiers to the client record for the duration of the encounter. Verbal verification with the client or use of other person-specific identifiers is not required once the client's identity is confirmed.

If the team member is caring for more than one patient, at least two identifiers must be used at the beginning of each encounter to confirm the identity of the client and confirm the service is intended for them.

Q: Do we need to use at least two identifiers when delivering meals or snacks?

A: At least two-person specific identifiers are needed when providing meals or snacks to clients who are on a special diet (e.g., they have allergies or dietary restrictions, or are preparing for a procedure). It may be easiest to implement this for all clients, rather than target it to clients on a special diet.

Q: Do we need to use at least two identifiers when transporting clients?

A: Yes. Depending on the setting, misidentification during transport can cause harm. Client identification can prevent transporting a trauma victim to the wrong hospital or having a client miss an important therapy or test.

Q: Our clients are often cognitively impaired and unable to confirm their identity. How can we complete client identification?

A: There are many ways to confirm a client's identity. Accurate photographs can be stored on medication carts and the client record to assist with identification. Some organizations use wristbands. Personal familiarity can be used in some situations, see above.

Q: In the emergency department, clients may arrive unresponsive and unable to communicate. How can we complete client identification?

A: These clients are often assigned a temporary name (e.g., Jane Doe) and identification number upon arrival. These two identifiers can be used until the client's identity is confirmed. Once their identity is confirmed, two person-specific identifiers must be used.

Q: We provide emergency medical services (EMS). How do we perform client identification?

A: Because EMS typically treats one patient at a time and treatment protocols are symptom-specific and not patient-specific, EMS providers are not expected to use two client identifiers before providing out-of-hospital services or activities.

EMS is expected to complete client identification for inter-facility transfers. EMS providers should use at least two identifiers to ensure they are transporting the correct client to the correct location. For inter-facility transfers, EMS can use the same identifiers used by hospital staff (e.g., full name, date of birth, personal identification numbers). In cases in which the client's identify is unknown, EMS can use the hospital's 'Jane Doe' system to ensure their case names match those being used by the hospital.

Q: We are a large organization. Do we have to use the same identifiers everywhere?

A: No. Standardization is ideal, but it is important that the identifiers are suitable for the population served.