

DEPARTMENT OF THE ARMY HEADQUARTERS, US ARMY MEDICAL COMMAND 2050 WORTH ROAD FORT SAM HOUSTON, TEXAS 78234-6000

MCHO-CL-Q **2** 7 MAR 2007

MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE COMMANDS

SUBJECT: Mandatory Use of Full Patient Name and Date of Birth for Patient Identification

1. References:

- a. US Army Medical Command (MEDCOM) Regulation 40-41, The Patient Safety Program, 14 Jan 02.
- b. Joint Commission on Accreditation of Healthcare Organizations, Hospital Accreditation Standards Manual, 2007.

2. Background:

- a. The Joint Commission (TJC) National Patient Safety Goal #1A requires accredited organizations to use two patient identifiers when administering medications or blood products, and when collecting blood samples and other specimens for clinical testing. TJC stipulates patient room number or physical location will not be used as an identifier and requires containers used for blood and other specimen collection to be labeled in the presence of the patient.
- b. Currently Military Treatment Facilities (MTFs) locally select the two identifiers for use. Lack of standardization across the system requires healthcare providers to refamiliarize themselves with a new set of identifiers when moving among MTFs.
- 3. Effective immediately all staff will use patient full name and date of birth for patient identification. The following MTFs are subject to Joint Commission survey in calendar year 2007 and at their discretion may delay implementation until immediately after the survey: 121 CSH; Bassett ACH; Blanchfield ACH; Darnall AMC; Dewitt ACH; Guthrie AHC; Kenner AHC; Kimbrough ACC; General Leonard Wood ACH; Lyster AAC; Martin ACH; McDonald ACH; Munson AHC; Tripler AMC; Weed ACH; and Winn ACH.
- 4. Local policy to address identification of patients who present unaccompanied and non-responsive to the MTF remains in effect. Typically this consists of assigning a trauma number and surrogate name upon presentation to the emergency department. Both are used as the two patient identifiers until positive identification is made. For clinical services that impose more stringent requirements for patient identification, such as transfusion medicine, additional identifiers may be used.

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- 5. Standardization will improve patient safety by decreasing variation in routine patient identification throughout the Army Medical Department. This memorandum is interim guidance pending revision to MEDCOM Regulation 40-41.
- 6. Point of contact for this memorandum is LTC Robert Durkee, MEDCOM Patient Safety Center, at (210) 221-6622, DSN 471-6622, or <u>robert.durkee@us.army.mil</u>.

FOR THE COMMANDER:

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Chief of Staff