

Patient Identification Audit Tool

1. Unit

<ul style="list-style-type: none"> <input type="radio"/> A-1 <input type="radio"/> A-2 <input type="radio"/> A-3 <input type="radio"/> A-4 <input type="radio"/> Adult Cardiology Clinic <input type="radio"/> Ambulatory Care Pharmacy <input type="radio"/> Anesthesia Auxiliary <input type="radio"/> B-1 <input type="radio"/> B-2 <input type="radio"/> B-3 <input type="radio"/> Blood Bank-Apheresis <input type="radio"/> C-1 <input type="radio"/> C-2 <input type="radio"/> C-3 <input type="radio"/> Cardiac Cath Lab (Invasive) <input type="radio"/> Cardiology Lab (Non-Invasive) - Echo <input type="radio"/> CCC-CWA <input type="radio"/> CCC-CWB <input type="radio"/> CCC-OPD <input type="radio"/> CCU <input type="radio"/> CSICU - A (Adult) <input type="radio"/> CSICU - P (Pediatrics) <input type="radio"/> CVSD <input type="radio"/> CVT (C4) 	<ul style="list-style-type: none"> <input type="radio"/> D-3-1 <input type="radio"/> D-3-2 <input type="radio"/> D-4 <input type="radio"/> DEM (Department of Emergency) <input type="radio"/> Dental Clinic <input type="radio"/> DMU (Day Medical Unit) <input type="radio"/> DSU (Day Surgery Unit)/PAC(Pre Anesthesia Clinic) <input type="radio"/> E-1 <input type="radio"/> E-3 <input type="radio"/> Endoscopy Clinic <input type="radio"/> F-1 <input type="radio"/> F-2-1 <input type="radio"/> F-2-2 <input type="radio"/> F-3 <input type="radio"/> Family Medicine/Poly Clinic <input type="radio"/> HBO <input type="radio"/> HDU <input type="radio"/> Hemodialysis <input type="radio"/> Home Health Care <input type="radio"/> Inpatient Lab Collection <input type="radio"/> Internal Medicine <input type="radio"/> IVF Clinic <input type="radio"/> Liver Transplant Clinic 	<ul style="list-style-type: none"> <input type="radio"/> L&D <input type="radio"/> Lab Family Medicine <input type="radio"/> Lab NT 3rd Floor <input type="radio"/> Lab NT 4th Floor <input type="radio"/> Lab NT 6th Floor <input type="radio"/> Lab Oncology <input type="radio"/> Lab OPD basement <input type="radio"/> Medical Clinic <input type="radio"/> Medical Genetic Department <input type="radio"/> MICU-C <input type="radio"/> MICU-D <input type="radio"/> MICU-E <input type="radio"/> Neurophysiology Lab <input type="radio"/> Neurosciences Clinic <input type="radio"/> NICU <input type="radio"/> Nutrition Services <input type="radio"/> Ob/Gyn Clinic <input type="radio"/> Oncology Clinic <input type="radio"/> Ophthalmology Clinic <input type="radio"/> ORL Clinic <input type="radio"/> OR-L2 Holding Bay <input type="radio"/> OR-L2 <input type="radio"/> OR-L4 <input type="radio"/> Orthopedic Clinic <input type="radio"/> Orthotics / Prosthetics Services 	<ul style="list-style-type: none"> <input type="radio"/> PACU (Post Anesthesia Care Unit) <input type="radio"/> PDU (Peritoneal dialysis) <input type="radio"/> Pediatric Clinic <input type="radio"/> Pediatric Cardiology Clinic <input type="radio"/> Physical Therapy <input type="radio"/> PICU <input type="radio"/> Protocol <input type="radio"/> Radiation Therapy <input type="radio"/> Radiology <input type="radio"/> Radiology-CCC <input type="radio"/> Registration, Appointment, & Admission Staff - RAAS <input type="radio"/> Renal Transplant Clinic <input type="radio"/> Speech Language Pathology <input type="radio"/> SSCU-B <input type="radio"/> Surgical Clinic
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2. Auditor ID# _____

3. Type of KFSHRC Staff

<ul style="list-style-type: none"> <input type="radio"/> Ambulance Staff <input type="radio"/> Anesthesia Technologist <input type="radio"/> Audiology Staff <input type="radio"/> Care Assistant <input type="radio"/> Cardiac Technologist <input type="radio"/> Case Manager <input type="radio"/> Dental Staff <input type="radio"/> Dietician Staff 	<ul style="list-style-type: none"> <input type="radio"/> Food Services Staff <input type="radio"/> Health Education Staff <input type="radio"/> Medical Record Staff <input type="radio"/> Neurophysiology Technologist <input type="radio"/> Nurse <input type="radio"/> Orthotic / Prosthetic Technologist <input type="radio"/> Ophthalmology Technologist 	<ul style="list-style-type: none"> <input type="radio"/> Patient Care Assistant <input type="radio"/> Patient Relation Staff <input type="radio"/> Pharmacist <input type="radio"/> Phlebotomist <input type="radio"/> Physical Therapist <input type="radio"/> Physician <input type="radio"/> Perfusionist <input type="radio"/> Radiation Therapist 	<ul style="list-style-type: none"> <input type="radio"/> Radiology Technologist <input type="radio"/> Registration, Appointment & Admission Staff – RAAS <input type="radio"/> Respiratory Therapist <input type="radio"/> Social Worker <input type="radio"/> Speech therapy Staff <input type="radio"/> US Ob/Gyn Technologist <input type="radio"/> Others: _____
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4. Date: _____

5. Shift: Day Night

6. Did the Healthcare Provider ask Patient / Sitter* to verbalize full Name? Yes No: ____

7. What did the Healthcare Provider use to identify the patient? *(You can choose more than one choice)*

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full name | <input type="checkbox"/> Location |
| <input type="checkbox"/> MRN | <input type="checkbox"/> Q-Matic |
| <input type="checkbox"/> Bed number | <input type="checkbox"/> Request form |

8. Is the patient wearing the patient identification bracelet?

- Yes (Go to Q.9)
- No (Go to Q.10)
- Not Applicable (Go to Q.10)

9. Did the Healthcare Provider check the patient identification bracelet? Yes No

10. Did the Healthcare Provider match service / treatment with the correct patient prior to provision of care? Yes No Not Applicable

**Sitter means any person accompanying the patient and able to identify him/her like a nurse, relative, guardian...etc*