

R³ Report | Requirement, Rationale, Reference

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Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email delivery](#).

Distinct newborn identification requirement

Effective Jan. 1, 2019, one new element of performance (EP) will be applicable to all Joint Commission-accredited hospitals and critical access hospitals that provide labor and delivery services. This new requirement at National Patient Safety Goal NPSG.01.01.01 is designed to improve the quality and safety of care for newborns during their hospital stay following delivery. Because babies do not talk, can sometimes look very similar, and can share a similar naming convention (for example, Baby Boy Smith), The Joint Commission has created a new requirement with the goal of providing more distinguishable naming methods for this vulnerable population.

Engagement with stakeholders, customers, and experts

The need for improved newborn identification practices in the obstetric unit was brought to the attention of Joint Commission leadership by a representative of the American Academy of Pediatrics (AAP). Joint Commission research into this topic included an extensive literature review, a learning visit, and discussions with leaders in the field. During these vetting sessions, it was determined that a new requirement for distinct newborn identification was needed. The new requirement was posted for public field review, and more than 500 responses were received.

The prepublication version of the newborn identification EP will be available online until the end of 2018. After Jan. 1, 2019, please access the new requirement in the E-dition or standards manual.

National Patient Safety Goal

NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment, and services.

Requirement	NPSG.01.01.01 EP 3: For newborn patients: Use distinct methods of identification for newborn patients. Note: Examples of methods to prevent misidentification may include the following: - Distinct naming systems could include using the mother's first and last names and the newborn's gender (for example: "Smith, Judy Girl" or "Smith, Judy Girl A" and "Smith, Judy Girl B" for multiples). - Standardized practices for identification banding (for example, two body-site identification and barcoding). - Establish communication tools among staff (for example, visually alerting staff with signage noting newborns with similar names).
Rationale	Newborns are at high risk of misidentification due to their inability to speak and lack of distinguishable features. In addition to well-known misidentification errors such as wrong patient/wrong procedure, misidentification has also resulted in feeding a mother's expressed breastmilk to the wrong newborn, which poses a risk of passing bodily fluids and potential pathogens to the baby. A reliable identification system among all providers is necessary to prevent error.

Reference*	<p>Adelman J, et al. Use of temporary names for newborns and associated risks. <i>Pediatrics</i>. 2015;136:327-333.</p> <p>Adelman J, et al. The 'Babyboy/Babygirl' Problem: Evaluating the risk of non-distinct, temporary first names for newborns and measuring the effect of changing the paradigm to reduce wrong patient orders. Paper presented at the Perinatal Section Opening Poster Session, San Diego, CA. October 2014.</p> <p>Patient ID a top source of error; newborns high risk. <i>Healthcare Risk Management</i>. 2016;38:133-144.</p> <p>Gray JE, et al. Patient misidentification in the neonatal intensive care unit: Quantification of risk. <i>Pediatrics</i>. 2006;117:e43-e47.</p> <p>The Joint Commission. Temporary names put newborns at risk. <i>Quick Safety</i>. 2015;no.17:1-2.</p> <p>Wallace SC. Newborns pose unique identification challenges. <i>Pennsylvania Patient Safety Advisory</i>. 2016;13: 42-49.</p>
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*Not a complete literature review.