



# New: Requirement for Distinct Identification for Newborns

The Joint Commission recently approved one new requirement for **hospitals** and **critical access hospitals** that provide labor and delivery services. This new element of performance (EP)—**effective January 1, 2019**—is at National Patient Safety Goal NPSG.01.01.01, EP 3. The EP is designed to improve the naming convention of newborns after delivery to prevent medical errors—such as wrong tests, wrong procedures, or administering the wrong expressed breastmilk to an infant—due to conventional, nondistinct naming methods. These requirements were finalized using responses from a public field review, which included review from professional organizations. The project’s [R<sup>3</sup> Report](#) provides the rationales for the new requirements as well as references to the research articles used to develop them.

The new requirement requires hospitals and critical access hospitals to use distinct naming methods for their newborn patients; the EP also provides examples of how organizations may meet the new requirement based on their current practices and areas of self-perceived risk. Hospitals and critical access hospitals are asked to evaluate their current naming methods of newborn identification and determine how they can take that naming convention one step further for the safety of their newborn patients.

The new, underlined requirement shown below will be posted on the [Prepublication Standards](#) page of The Joint Commission website. The changes also will be reflected in the fall 2018 E-dition® and the 2019 hard copy publications of the *Comprehensive Accreditation Manuals* for the hospital and critical access programs.

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## Official Publication of Joint Commission Requirements

# New Requirement for Newborn Naming Convention

APPLICABLE TO HOSPITALS AND CRITICAL ACCESS HOSPITALS

**Effective January 1, 2019**

### National Patient Safety Goals (NPSG)

**National Patient Safety Goal 01.01.01:** Use at least two patient identifiers when providing care, treatment, and services.

#### Element of Performance for NPSG.01.01.01

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).*