

DOUBLE IDENTIFICATION AUDIT

Ensure that all patients/residents are properly identified at all times with this audit checklist.

Complete 4 times a year for every care unit. Deliver this document to the Quality Improvement Team before the end of August, November, February and May.

Audit 10 patients/residents on the unit.

AUDIT INFORMATION	
DATE & TIME:	UNIT: SHORT-TERM CARE
AUDIT DONE BY:	SIGNATURE:

PATIENT/RESIDENT	YES	NO	CORRECTIVE ACTION TAKEN
1- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			
2- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			
3- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			
4- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			
5- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			
6- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			
7- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			
8- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			

PATIENT/RESIDENT	YES	NO	CORRECTIVE ACTION TAKEN
9- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			
10- PATIENT NAME: _____			
The patient is wearing an up-to-date identification bracelet			

TOTAL CONFORMITY IN PERCENTAGE			
Total "Yes"		Total "No"	
Calculation: $\frac{\text{Total "Yes"}}{\text{Total Questions Answered}} \times 100 = \%$		_____ %	

[illegible]