PATIENT PRIVACY: PATIENT IDENTIFICATION ON WHITEBOARDS POLICY

PURPOSE

The purpose of this policy is to establish patient privacy guidelines for the use of Whiteboards in public and semi-public areas and restricted access areas. Other boards that are provided for patient use and are intended to convey patient instructions, such as prescription pick-up boards, are not considered Whiteboards for the purpose of this policy.

POLICY STATEMENT

It is the policy of The University of Texas MD Anderson Cancer Center (MD Anderson):

- To comply with the Health Insurance Portability and Accountability Act (HIPAA) regarding the privacy and confidentiality of Protected Health Information (PHI) without compromising patient safety.
- To limit the information included on Whiteboards to the amount necessary to allow Workforce Members to perform their job functions in a safe and efficient manner.
- To consider the location of a particular Whiteboard and the populations that will be able to view that Whiteboard (e.g., other staff members, other patients, family members, visitors) when determining the amount of information to be included on that particular Whiteboard.
- To locate Whiteboards intended solely for Workforce Members’ use in areas not easily visible to non-Workforce Members, whenever possible.
- That Whiteboards are not to be used in place of positive patient identification.

SCOPE

This policy applies to Whiteboards in public and semi-public areas and restricted access areas. Other boards that are provided for patient use and are intended to convey patient instructions, such as prescription pick-up boards, are not considered Whiteboards for the purpose of this policy.

Compliance with this policy is the responsibility of all faculty, trainees/students, and other members of MD Anderson’s workforce.

TARGET AUDIENCE

The target audience for this policy includes, but is not limited to, faculty, trainees/students, and other members of MD Anderson’s workforce in areas where Whiteboards are used.
**DEFINITIONS**

Covered Entity: See [HIPAA Definitions Plan](#).

Protected Health Information (PHI): See [HIPAA Definitions Plan](#).

Whiteboard: An electronic screen or monitor or dry-erase board displaying patient names that is used to convey information about patients to numerous workforce members for clinical and/or operational patient management purposes (including but not limited to patient tracking, assignments, and watch lists). Other boards that are provided for patient use and are intended to convey patient instructions, such as prescription pick-up boards, are not considered Whiteboards for the purpose of this policy.

Workforce Member: See [HIPAA Definitions Plan](#).

**PROCEDURE**

1.0 Restricted Access Areas

1.1 PHI displayed on Whiteboards in restricted access areas may include:

   A. Patient’s full last name,
   
   B. Patient’s full first name, and
   
   C. Patient’s medical record number.
   
   D. A “lock” indicator may be used on Whiteboards in restricted access areas to indicate a patient’s confidential patient status.

2.0 Public and Semi-Public Areas

2.1 Wall Mounted Whiteboards:

   A. PHI displayed on wall-mounted Whiteboards may include: The first three letters of the patient’s last name followed by the initial of the patient’s first name.
   
   Example: Test Patient = Pat, T.
   
   B. PHI displayed on wall-mounted Whiteboards for patients with last names containing two characters or less may include: The patient’s last name followed by the initial of the patient’s first name.
   
   Example: Test Wu = Wu, T. or Test X = X, T.
   
   C. A “lock” indicator may not be used on wall mounted Whiteboards in public or semi-public areas to indicate a patient’s confidential patient status.

2.2 Desktop Whiteboards:

   A. PHI displayed on desktop Whiteboards may include: The first three letters of the patient’s last name followed by the initial of the patient’s first name.
   
   Example: Test Patient = Pat, T.
   
   B. PHI displayed on desktop Whiteboards for patients with last names containing two characters or less may include: The patient’s last name followed by the initial of the patient’s first name.
   
   Example: Test Wu = Wu, T. or Test X = X, T.
Example: Test Wu = Wu, T. or Test X = X, T.C.

Note: A “lock” indicator may be used on desktop Whiteboards to indicate a patient’s confidential patient status.

3.0 Same or Similar Names (Name Alerts)

When a patient care area has two or more patients with the exact same last name or similar sounding names, the Whiteboard should call attention to the similar names using a visual indicator such as bold and italic font and/or asterisks. For example:

Examples: Pat, A*** and Pat, B***

\[ \text{Pat, A and Pat, B} \]

See Section 7.0 of the Patient Identification Policy (UTMDACC Institutional Policy # CLN0579) for details about Name Alerts.

4.0 Patient Safety

Whiteboards are not to be used in place of positive patient identification. See the Patient Identification Policy (UTMDACC Institutional Policy # CLN0579).

5.0 Exceptions

If a Workforce Member believes that compliance with this policy for a particular Whiteboard poses a serious threat of compromise to patient safety, he/she should contact the Institutional Compliance Office at 713-745-6636 to determine whether an exception to this policy is appropriate.

6.0 Policy Violation

Violation of this policy may result in disciplinary action in accordance with MD Anderson’s Disciplinary Action Policy (UTMDACC Institutional Policy # ADM0256), up to and including termination.
ATTACHMENTS/LINKS

HIPPA Definitions Plan (UTMDACC Institutional Policy # ATT0699).

RELATED POLICIES

Confidentiality Policy (UTMDACC Institutional Policy # ADM0264).

Disciplinary Action Policy (UTMDACC Institutional Policy # ADM0256).

Information Security Office Policy for the Use and Protection of Information Resources (UTMDACC Institution Policy # ADM0335).

Limited Data Set and Data Use Agreement Policy (UTMDACC Institutional Policy # ADM0343).

Patient Identification Policy (UTMDACC Institutional Policy # CLN0579).

Patient Privacy: Authorization for The Use and Disclosure of Protected Health Information Policy (UTMDACC Institutional Policy # ADM0396).

Patient Privacy: Breach Notification Policy (UTMDACC Institutional Policy # ADM1033).

Patient Privacy: De-Identification of Protected Health Information (PHI) Policy (UTMDACC Institutional Policy # ADM1180).

Patient Privacy: Disclosures of A Patient’s Protected Health Information to Individuals Involved In the Patient’s Care Policy (UTMDACC Institutional Policy # ADM1032).

Patient Privacy: Joint Notice of Privacy Practices Policy (UTMDACC Institutional Policy # ADM0395).

Patient Privacy: Marketing Policy (UTMDACC Institutional Policy # ADM0353).

Patient Privacy: Public Figures Policy (UTMDACC Institutional Policy # ADM1179).

Patient Privacy: Right to Request Restrictions Policy (UTMDACC Institutional Policy # ADM0393).


Patient Privacy: Uses and Disclosures of Protected Health Information Policy (UTMDACC Institutional Policy # ADM0401).

Use of Information Technology Policy (UTMDACC Institutional Policy # ADM0263).

JOINT COMMISSION STANDARDS / NATIONAL PATIENT SAFETY GOALS

IM.02.01.01:

NSPG.01.01.01:
“Use at least two patient identifiers when providing care, treatment, and services.” Standard: Comprehensive Accreditation Manual for Hospitals (CAMH), 2016.
RI.01.01.01: “The hospital respects, protects, and promotes patient rights.” Comprehensive Accreditation Manual for Hospitals (CAMH), 2016.

OTHER RELATED ACCREDITATION / REGULATORY STANDARDS


REFERENCES

POLICY APPROVAL

Approved With Revisions Date: 02/12/2016
Approved Without Revisions Date:
Implementation Date: 02/12/2016
Version: 13.0

RESPONSIBLE DEPARTMENT(S)

Institutional Compliance Office, Patient Safety