ASPR TRACIE Technical Assistance Request

Requestor:
Requestor Phone:
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 28 November 2016
Response Date: 1 December 2016; updated 6 June 2018
Type of TA Request: Standard

Request:

The requestor asked for technical assistance in researching conventions and best practices for temporarily naming unidentified patients during disaster or emergency.

Response:

The ASPR TRACIE Team reached out to ASPR TRACIE Subject Matter Expert (SME) Cadre members for resources and feedback. Section I below includes the opinions and anecdotal information received from the ASPR TRACIE SME Cadre members. Please let ASPR TRACIE staff know if you would like to speak directly with these SMEs for further information and we will connect you.

The ASPR TRACIE Team also researched materials related to naming conventions for unidentified patients during disasters or emergencies. Those resources are provided in Section II of this document.

I.   ASPR TRACIE SME Cadre Member Comments

Please note: these are direct quotes or paraphrased from emails and other correspondence provided by SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1
- The naming convention is a recurrent issue. In particular, we see institutions having issues with numeric systems where confusion between patients occurs. Frequently hospitals use blood / Hollister / Typenex numbers as the unidentified number, which can work, but still requires significant time and cognitive effort for providers trying to validate lab results, etc.
- Depending on the size of the institution and their process for electronic health records (EHR), they might consider state names, state/ color names, or other combinations. This would be much easier when a staff member is asking questions such as, "Who is in OR 2? The response would be something like "Purple Montana" instead of "X100673825." The institution may also elect to include "2016" for the year if the name is to be entered into their EHR so that duplicates are not created over time and multiple events.
- Our facility is working on a process to manage all unidentified patients as well as disaster patients the same way, which will be 'color, unknown2016, state.' This way staff can

always search for unknown patients that need to be identified and it will help avoid duplicates.

- o In our facility, the middle name does not display on the trackboards, but is still available for searching.
- Excel can be used to import state names to one column, colors to another, and then generate a random association table which results in thousands of combinations that can be pulled from when needed daily or in a disaster.
  - o County, lake, and other names can be used as well. However, many institutions will not need this level of complexity or volume and can use pre-labeled packets with just states or colors.

SME Cadre Member 2

- Multiple healthcare facilities are currently revisiting their naming configuration. Our organization has 300 prepared disaster patients' kits that include a two page MD/ RN work sheet, lab order sheet, radiology order sheet, and labels using a number and naming system. When our facility calls a Code Orange (disaster), we go from our daily electronic medical record/ registration system to the disaster system. At triage, a patient is issued a packet and a registration clerk records the packet name/ number on a starting registration form that reflects where everyone goes.
- Previously we used to use the number from the triage tag the patient was given for unidentified patients. However, our clinicians did not like using numbers because it was too hard to refer to in various communication, was impersonal, and led to some documentation issues.
- The naming scheme our organization is currently shifting to is "Omega Alpha Duck." The idea is "Omega" helps us find the individual as a disaster victim from a non-disaster victim. The second name continues for 100 patients and then we can change to Bravo for the next set of 100 patients, etc. Finally, the third name changes with each person and is a name unlikely to be anyone's real name. It also provides for some disaster levity.
- Once at the patient bedside, follow on registration clerks' start filling in patient packet name/ date of birth / social security number/ sex and other information into a manual recording process that becomes electronic when resources and confusion allows. We do not change to a patient's real name until they are being discharged to avoid lab/ x-ray and billing confusion.

Additional Notes from ASPR TRACIE

- On March 28, 2018 ASPR TRACIE hosted the webinar "Healthcare Response to a No-Notice Incident: Las Vegas" with healthcare providers who responded to the October 2017 mass shooting incident in Las Vegas, NV. The Question and Answer (Q&A) portion of the webinar addressed a question about naming conventions.
- During the webinar noted above, Dr. Scott Scherr (Emergency Department Director, Sunrise Hospital and Medical Center) mentioned that after the mass shooting event healthcare facilities in Las Vegas quickly ran out of names for unidentified patients. They had previously used a single list of trauma and name for alias. Based on their lessons learned, they are now using the NOAA hurricane list for first names and trauma as the last name.

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II. Naming Convention Resources

Brigham and Women's Hospital, Harvard Medical School, and Elsevier. (2015). [Managing Patient Information during a Mass Casualty Incident.](#)

> This presentation was provided at the Healthcare Information and Management Systems Society (HIMSS) 5th Annual Conference and Exhibition in April 2015. It identifies lessons learned from mass casualty incidents (e.g., the Boston Marathon bombing), and addresses the challenges of managing unidentified patient names and records.

InformationWeek Healthcare. (2014). [Marathon Bombing Lessons: Boston Hospital Revamps Information Systems.](#)

> In this article, the Brigham & Women's emergency department leaders describe how they corrected system deficiencies revealed by the 2013 Boston Marathon bombing, including enhancing unidentified-patient naming conventions.

Landman, A., Teich, J., Pruitt, P., et al. (2015). [The Boston Marathon Bombings Mass Casualty Incident: One Emergency Department's Information Systems Challenges and Opportunities](#). (Abstract only.) Annals of Emergency Medicine. 66(1): 51-59.

> The authors share findings from post-incident briefing that included challenges with "unidentified patient naming convention, real-time situational awareness of patient location, and documentation of assessments, orders, and procedures." To address these lessons learned, they updated select systems and clarified roles and responsibilities for maintaining electronic systems.

MCG Health, Inc. (2011). [Procedure for Trauma Registrations.](#)

> This document outlines the procedures for registering trauma patients that present to the MCG Health, Inc. Emergency Department for treatment. Specifically, pages 4-5 address the policies for registering unidentified trauma patients.

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