

**Management of Patient Belongings  
Self-Assessment Checklist**

<b>Policy Review and Development</b>
<p><b>Suggested Policy Content</b> (organization-specific):</p> <ul style="list-style-type: none"><li>• Title (clear, simple title that facilitates database search)</li><li>• Audience/applicability (patients, families, staff)</li><li>• Policy owner/approval/sign off</li><li>• Date of origin/review/revision</li><li>• Definitions</li><li>• Procedure<ul style="list-style-type: none"><li>○ Policy communication methods (electronic, paper, signage)</li><li>○ Individual and departmental roles related to management of patients' items including inventory and documentation</li><li>○ Responsibilities for reporting and investigation of lost items</li><li>○ Inpatient, outpatient and ambulatory settings</li><li>○ Hospital departments (e.g., imaging, therapy)</li><li>○ Medications (pharmacy involvement)</li><li>○ Potentially dangerous items (e.g., contraband, weapons)</li><li>○ Disposition, retention and storage of items, including oversized items</li><li>○ Unaccompanied patients</li><li>○ Patients who lack capacity</li><li>○ Management of items after patient's death</li></ul></li><li>• Threshold for Risk or Finance consultation or approval</li><li>• References</li></ul>
<b>Communication</b>
<ul style="list-style-type: none"><li>• Prior to Admission<ul style="list-style-type: none"><li>○ Advise patients prior to admission about the organization's policy for personal items</li><li>○ Encourage patients to leave valuables at home</li><li>○ Request that patients clearly label items and bring containers for personal items such as eyeglasses, contact lenses and dentures</li><li>○ Remind patients of alternatives to keeping items with them, based on the organization's practices (send items home, place in safe)</li></ul></li><li>• At the time of admission<ul style="list-style-type: none"><li>○ Communicate policy verbally and with admission consent and other documentation</li><li>○ Encourage patients to hand off items to a companion. If not possible, follow organization's procedure to document items and secure them in safe/storage area</li><li>○ Review admission documents, patient education materials and other documentation in printed or electronic documents or tablets</li><li>○ Include in admission documents large or bold font and prominent language regarding patient responsibility for property, noting that the organization is not responsible for any items the patient elects to keep.</li><li>○ Ensure items kept with patients (eyeglasses, contact lenses, dentures, assistive devices) are clearly labeled with the patient's name</li></ul></li><li>• Signage</li></ul>

- Post signage in appropriate areas such as admitting and emergency departments
- Post reminders on white boards in each patient room
- Website
  - Incorporate relevant language into the organization’s website (e.g., under “Patient Information” or “What to Bring”)

**Chain of Custody**

- Inventory lists that include initial accounting, as well as updating with each transfer, and at discharge
- Signing items “in” and “out” of the safe/storage area when custody is transferred
- Patient property bags with receipts for storage in safe
- Process for certain situations, for example, if the patient lacks capacity due to altered mental status or injury, and no family member or representative is present
- Process for items belonging to patients transferred to another facility
- Process for items belonging to deceased patients incorporated into policies for transfer to morgue or to medical examiner

**Storage and Maintenance**

- Develop separate methods for securing items for individual departments (e.g., ED, perioperative areas and radiology)
- Outline process for use of in-room safes
- Evaluate responsibilities for departmental safes and their contents (e.g., admitting department, patient care unit, security department)
- Determine the location of current storage areas in each department (authorized and unauthorized)
- Consider lockers with patient-set combinations in areas such as radiology and ambulatory surgery
- Obtain larger locked storage areas for storing items that are too large for a safe
- Identify a period for storage (e.g., 30/60/90 days)m which should be explained when policy is communicated
- Determine disposition process for stored items (i.e., return to owner, donate, transfer to law enforcement)

**Essential Items**

- Document in the admission assessment items needed for daily functioning (e.g., hearing aids, eyeglasses, dentures, assistive devices) to ensure they are part of care delivery
- Provide labelled belongings boxes so patients have a designated place to store essentials; instruct patients and families on their use
- Create visual cues with use of brightly colored bags for storage of patient property
- Provide education and reminders to food service, environmental services and nursing staff, as well as patients and families regarding frequent checks for these items, especially before removing meal trays, linens or trash. Consider reminders on white boards in each patient room

**Financial Management**

- Avoid promises or assurances to patients regarding compensation for missing items until after review by designated leadership
- Evaluate on a case-by-case basis claims for items lost/damaged under the hospital's custody or control