

***PATIENT IDENTIFICATION SYSTEM: OBSERVATIONAL STUDY OF THE QUALITY OF HEALTH CARE***

**SISTEMA DE IDENTIFICAÇÃO DO PACIENTE: ESTUDO OBSERVACIONAL DA QUALIDADE DA ASSISTÊNCIA À SAÚDE**

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**ABSTRACT**

**Objective:** To evaluate the conditions of use of the identification bracelet in patients hospitalized in hospitalization units of a university hospital, according to the established protocol. **Method:** this is a descriptive, observational study with a quantitative approach. The collection instrument was structured based on the Standard Operating Procedure elaborated by the hospital under study according to the Patient Identification Protocol of the Ministry of Health. The data were analyzed by means of simple descriptive statistics such as absolute frequency distribution, simple percentages and central trend measures for data related to the identification bracelet. **Results:** It was observed that of the 340 patients interviewed, 90.6% (307) had the institution's identification bracelet. Regarding the verification of the data on the wristband before any care, 56.2% reported that the professionals did not check the bracelet. **Conclusion:** The results of this research show that there are still flaws during the identification process. Thus, it is necessary to sensitize the multidisciplinary team to comply with the protocol in all its stages, the conference of patient identification data through the verification of the wristband before the procedures.

**Keywords:** Patient Care; Quality of Health Care; Observational Study; Patient Safety; Patient Identification Systems.

**RESUMO**

**Objetivo:** Avaliar as condições de uso da pulseira de identificação em pacientes internados em unidades de internação de um hospital universitário, conforme protocolo estabelecido. **Método:** trata-se de um estudo descritivo, observacional, com abordagem quantitativa. O instrumento de coleta foi estruturado com base no Procedimento Operacional Padrão elaborado pelo hospital em estudo de acordo com o Protocolo de Identificação do Paciente do Ministério da Saúde. Os dados foram analisados por meio de estatística descritiva simples como distribuição de frequências absolutas, porcentagens simples e medidas de tendência central para os dados relacionados à pulseira de identificação. **Resultados:** Observou-se que dos 340 pacientes entrevistados, 90,6% (307) encontravam-se com a pulseira de identificação da instituição. Quanto à verificação dos dados constantes na pulseira antes de qualquer cuidado, 56,2% relataram que os profissionais não verificam a pulseira. **Conclusão:** Os resultados desta pesquisa mostram que ainda existem falhas durante o processo de identificação. Assim, faz-se necessária a sensibilização da equipe multiprofissional para o cumprimento do protocolo em todas as suas etapas, a conferência dos dados de identificação do paciente por meio da verificação da pulseira antes dos procedimentos.

**Palavras-chave:** Assistência ao Paciente; Qualidade da Assistência à Saúde; Estudo Observacional; Segurança do Paciente; Sistemas de Identificação de Pacientes.

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## INTRODUCTION

Currently, there is a growing concern about patient safety in discussions between government agencies, health service providers and class entities, as this theme is intrinsically associated with the quality of health services and patient safety. According to the International Classification of Patient Safety (ICPS), proposed by the World Health Organization (WHO), the definition of patient safety is the reduction of risks of damage or injuries, related to health care to an acceptable minimum <sup>(1)</sup>.

Identifying the patient is a simple and basic strategy, but that can avoid complex problems. It is one of the main pillars when it comes to safety, because when done properly and systematized it is capable of preventing a true chain effect that can generate serious adverse events <sup>(2)</sup>.

The correct identification of the patient is the first international goal of patient safety and is a fundamental component in the provision of safe care, as it ensures that the procedure or treatment is provided to the person for whom it is intended, preventing errors that may cause injury. Failures in this process are associated with complications produced by error in the administration of medications, blood products, in diagnostic tests, in surgical procedures and in the delivery of newborns to wrong families <sup>(3)</sup>.

In this sense, the process of correct identification of the patient aims to safely identify the individual who will be submitted to a certain type of service, treatment or procedure and ensure that this action is effectively the one that the patient needs, preventing errors, mistakes and adverse events <sup>(4)</sup>.

Studies on the process of identifying patients with the use of wristbands have shown that there are high levels of professional awareness of the team and have highlighted the importance of making decisions to apply the device at the earliest possible time, especially in emergency patients. They emphasized the importance of patient participation to minimize the risk of erroneous data and concern with the use of the device in some special clinical circumstances, such as blood transfusion and medication administration. Consensus and expert reports indicate significant reductions in the occurrence of errors after the implementation of patient identification processes <sup>(5)</sup>.

Incidents related to the care provided to the patient in the hospital environment are capable of causing lethal damage, which can generate an emotional conflict, a barrier between the health professional and the patient, hindering trust, affective and technical development at the time of care <sup>(6)</sup>.

Approved patient identifiers are usually items of information that can be used

when administering care services and can basically include the patient's name (name, possibly middle and last name), date and place of birth, gender, address, medical record number, individual health identifier <sup>(7)</sup>.

The practice of identifying the patient is important, guiding him/herself or his/her family members, companions and caregivers on the importance of wearing identification bracelets. The nurse should not fail to observe whether the patient is making use of and the integrity of this identification device, as this guarantees a safe care <sup>(2)</sup>.

Increasingly, there are indications of the importance of patient identification, as an additional resource to minimize possible devastating errors that incorrect identification can bring. Besides being an indispensable step and inherent to any therapy or care provided to the patient, therefore, it cannot be neglected <sup>(8)</sup>. In view of the above, this study aims to evaluate the use of the identification bracelet in patients hospitalized in hospitalization units of a university hospital.

## **METHODS**

### **Type of study**

This is a descriptive, observational, quantitative study. The present study aimed to evaluate the identification protocol of patients hospitalized in a University Hospital.

### **Study site**

This research was carried out at the internment posts of a public school hospital located in Teresina, Piauí. The teaching hospital has 190 inpatient beds, 15 Intensive Care Units (ICU) and ten operating rooms for surgical and clinical patients.

### **Study participants**

Patients hospitalized in the aforementioned sectors of the hospital during data collection were adopted as inclusion criteria in the study. The patients excluded were: outpatient consultations, diagnostic areas and therapeutic sessions, outpatient surgical sessions, operating room, intensive care unit, with hospitalization below 48 hours, in addition to patients who were unable to sign the Informed Consent Form (ICF) and did not agree to participate in the study.

### **Data collection**

The research was based on the application of a form on the identification protocol to patients hospitalized in the hospital posts under analysis. Overall, the data collection period was from November 2018 to July 2019. The instrument applied was the checklist used by the Care Risk Management Unit (CRMU) with the addition of a questionnaire with open and closed questions about the patient identification protocol.

Data collection occurred through direct observation of the identification

bracelet, observing whether the patient used the wristband, and whether the data and conditions of the wristband were in accordance with the patient identification protocol and the SOP (Standard Operating Procedure) of the institution. It was performed at the institution's hospitalization posts, in the afternoon shift, for at least 2 hours a day.

Data were collected through the consented approach and completion of the collection instrument for patients at the corresponding hospitalization posts at the place of hospitalization at the time available. At the time of data collection, the objectives of the study were elucidated for the prior knowledge of the participant or guardian and subsequent signing of the Informed Consent Form - ICF.

### **Study variables**

As dependent variables for this investigation, the patient uses an identification bracelet, how long he/she has been without an identification bracelet, the patient was instructed by the professional what the purpose of the wristband, patient has already been incorrectly identified. The independent variables are gender, age group, hospitalization time and diagnosis.

### **Data analysis**

The data were organized and tabulated at Microsoft Excel 2016 and statistically analyzed in the Statistical Package for the

Social Sciences – SPSS version 22, using simple descriptive statistics for the data referring to the identification bracelet. With the intention of observing the associations and differences between dependent and independent variables, bivariate analyses were performed. The usual confidence level of 5% (0.05) was adopted.

### **Ethical aspects**

The research project is part of the macroproject entitled "Good Nursing Care Practices for Patient Safety" forwarded to *Plataforma Brasil* and to the ethics committee of the hospital for consideration, with CAAE:66309017.9.0000.5214 and opinion number: 2.283.109. The participants were presented the ICF, ensuring confidentiality and privacy, image protection, non-stigmatization and non-use of information to the detriment of professionals, in accordance with the guiding principles set out in Resolution n. 466/2012 of the National Health Council.

### **RESULTS**

There were 340 patients interviewed, mostly female 53.5% (n=182), with predominant age group over 60 years (50.9%). The average number of days in which the patients remained hospitalized was

14 days. The main reason for hospitalization was neoplasms with 28.5% (n=97) and 50.40% (n=171) were patients from another hospital (Table 1).

The interviewees were 115 elderly, aged between 60 and 90 years, with a mean age of 69 years and standard deviation of 7.1,

the predominant age group was 60 to 69 years (61.7%). The majority were female (58.3%) and brown (67%), married or in stable union (63.4%). In terms of schooling, a significant number of illiterate (48.7%) stood out and in terms of income, most families had 1 to 2 minimum wages (92.2%) (Table1).

**Table 1** - Social and clinical characterization of patients attended at Hospital-Education Reference, Teresina-Pi, Brazil. (N = 340).

	N	%	Mean	Min	Max	Sd
<b>Sex</b>						
Female	182	53.50%				
Male	158	46.50%				
<b>Age Group</b>						
≤24 years	18	5.30%	57	17	95	18
25- 59 years	149	43.80%				
≥ 60 years	173	50.90%				
<b>Hospitalization Length (days)</b>						
			14	2	150	15
<b>Medical diagnosis</b>						
Neoplasm	97	28.50%				
Cardiovascular	58	17.10%				
Orthopedic	39	11.50%				
Digestory	57	16.80%				
Neurological	12	3.50%				
Others	77	22.60%				
<b>Sector</b>						
House	168	49.60%				
Other Hospital	171	50.40%				

Source: The authors.

According to Table 2, the results presented, 90.6% (307) of the hospitalized

patients were identified with a wristband identifying the patient of the institution. Of

the 32 patients who were without a bracelet, 17 pulled out or refused to wear the bracelet. In addition, 9 patients reported not wearing the bracelet because it was tight, took it for surgery, to puncture a vein or other procedure, and the bracelet was not put back on. Another 4 patients (13%) did not know why they were without a bracelet.

It was observed that 5.2% did not have a comfortable bracelet or the appropriate size, since 21.2% of the patients had the bracelet damaged or illegible. In addition, 9.8% said they had changed bracelets during hospitalization at the hospital.

**Table 2** - Characterization of the Checklist performed by professionals in patients attended at Hospital-Education of Reference, Teresina-Pi, Brazil. (N = 340)

	N	%
<b>Does the patient use the wristband?</b>		
Yes	307	90.6%
No	32	9.4%
<b>If the previous answer is NO. What reason? And how long has it been without identification bracelet?</b>		
Patient took out or patient refuses to use	17	56.7%
Do not know why you are without or did not	4	13.3%
Was tight, took out for surgery, to puncture or another procedure and did not put back	9	30.0%
<b>White, comfortable bracelet and suitable size?</b>		
Yes	291	94.8%
No	16	5.2%
<b>Bracelet damaged or unreadable?</b>		
Yes	65	21.2%
No	242	78.8%
<b>Was there an exchange of the bracelet from the entrance to the hospital?</b>		
Yes	30	9.8%
No	277	90.2%
<b>Does the patient use other identification bracelets?</b>		
Yes	68	22.1%
No	239	77.9%

**Is the other bracelet in accordance with the SOP?**

Yes	68	100.0%
No	0	0.0%

**Does the bracelet have at least two identification indicators?**

Yes	307	100.0%
No	0	0.0%

**Full name**

Yes	307	100.0%
No	0	0.0%

**Birthdate**

Yes	307	100.0%
No	0	0.0%

**Number of the medical chart**

Yes	297	96.7%
No	10	3.3%

**Is white identification bracelet in accordance with the SOP of the institution?**

Yes	303	98.7%
No	4	1.3%

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Source: The authors.

Table 3 shows that 80% (n=272) of the patients were responsible for the questionnaire answers. Only 7.8% (n=27)

were instructed about the purpose of the bracelet and only 30.9% (n= 105) of the professionals checked the identification bracelet before performing any care.

**Table 3** - Knowledge of patients on the identification bracelet at the Reference Hospital-School, Teresina-Pi, Brazil. (N = 340).

	N	%
<b>Responsible for the answers:</b>		
Patient	272	80.0%
Companion/Guardian	68	20.0%
<b>Was the patient oriented by the professional about the purpose of the bracelet? Of the data on the bracelet?</b>		
Yes	27	7.9%



No	313	92.1%
<b>Which guidance?</b>		
Identification	15	55.6%
Safety	7	25.9%
Others	5	18.5%
<b>Was the patient guided to seek the team in case of loss or damaged bracelet?</b>		
Yes	16	4.7%
No	324	95.3%
<b>Does the patient know if the professional confers the data on the bracelet before making some care?</b>		
Yes	105	30.9%
No	191	56.2%
Sometimes	44	12.9%
<b>Has patient have already been identified incorrectly?</b>		
Yes	8	2.4%
No	332	97.6%
<b>If so, when?</b>		
Procedure exchange	1	12.5%
Called the wrong name	5	62.5%
Others	2	25.0%
<b>Was the patient's bracelet placed at the time of admission to the hospital?</b>		
Yes	329	96.8%
No	11	3.2%

Source: The authors.

## DISCUSSION

In this study, there were 90.6% identification bracelet, although the percentage evidenced seems to be a great result, the number of individuals correctly identified should approach 100%, because it is an important step that precedes most care. Monitoring the proportion of patients using

the standardized wristband is one of the practices reviewed in the patient identification protocol and the institution's Standard Operating Procedure (SOP).

Thus, corroborating a study conducted in the Pediatric ICU of the University Hospital Maria Aparecida Pedrossian – HUMAP of the Federal University of Mato



Grosso do Sul that obtained 96.4% of patients with the identification bracelet. There is a recommendation in other studies that the rate of patients without identification bracelets remains between 0.2% and 0.3% <sup>(9)</sup>.

The reasons most cited by the 9.4% of the patients to be without a bracelet were: patient took out or patient refused to use; unaware of why the patient is without or did not put it; it was tight; taken for surgery; puncture or other procedure and did not put it back. In this context, it is essential to educate and aware those responsible and/or companions so that they participate effectively in the therapy, sharing responsibilities with patient safety, being an ally of the health team, at the same time acting as a supervisory and vigilant agent of the care provided <sup>(4)</sup>.

The absence of identification bracelets, in part of the sample, should be seen seriously. Its use in the administration of medications is seen as an important strategy in the reduction of errors related to the wrong patient <sup>(10)</sup>. Another study showed that the most used patient identification resource in the pediatric ICU of the hospitals studied was the identification plate, fixed at the head of the bed or at the box door (n=94.98%). Another aspect that drew attention was the fact that no patient had used the identification bracelet <sup>(11)</sup>.

Of the patients with white bracelet, 4.6% reported that the bracelet was not comfortable and inadequate size, since 21.2% of the patients stated that the bracelet had some damage or was illegible. One study revealed that 16.2% of the information was erased, due to the clinical picture and the therapies used, the process of fluid retention and edema formation also exposes the patient to risks, and it is necessary to perform routine inspections by the care team to avoid the limb's tourniquet. <sup>12</sup>

This is considered an important nursing care for the critical patient and this action is pointed out in the instructions on patient safety of the Regional Nursing Council of São Paulo (COREN/SP), being recommended the daily evaluation of the integrity of the skin of the limb in which the bracelet is installed <sup>(13)</sup>.

In a study conducted in the medical clinic wards of a university hospital located in Rio de Janeiro, composed of 52 beds, the state of conservation of the identification bracelet was identified as a relevant factor in patient safety. Moreover, it is emphasized that the wear of the material was reported by the participants and is based on the quality of the material used, the research also points out that conditions inherent to the patient may disadvantage the identification by bracelet, such as: edema of limbs, anasarca, excessive sweating, amputation of limbs, decreased

level of consciousness and excess invasive devices <sup>(6)</sup>.

Regarding the orientation of the patient performed by the professional on the importance of the wristband, 313 participants answered no. The nurse has the role of educator of their respective teams, training on care at the time of identification of patients is a practice that can be taught by nurses contributing to health promotion capable of ensuring the reduction of errors resulting from the lack of the use of patient identification bracelet <sup>(6)</sup>.

One study addresses the report of 137 patients, and 90% (n=124) of them reported that they had no guidance. In addition, 61% (n=84) reported that professionals did not check their wristband before performing procedures. When asked about the use of the bracelet, 73% (n=100) of the patients considered it important to use it for their safety, noticing, in relation to the records in the medical records (n=137), that, in 35% (n=48), there was at least one daily record, performed by the nurse and/or by nursing resident, about the presence and location (69% -33) and the conditions of the wristband (31% -15) <sup>(14)</sup>.

In the category "if professionals check the identification bracelet before performing some care", only 30% answered yes. In this sense, authors affirm that the practice of checking the patient's wristbands before the

provision of care ends up being neglected by health professionals and their users. Even with the measures of standardization, dissemination of knowledge, education and sensitization of health professionals about the identification of the patient, the practice of unambiguous valorization is weakened, not being recognized as an essential element in the field of safe care, despite the high proportion of adverse events and errors found in health care <sup>(4)</sup>.

The correct identification of the patient is important to guarantee the care process; crucial for the correct execution of procedures, in all situations of consciousness, orientation, confusion and unconsciousness <sup>(15)</sup>.

Checking the bracelet is a simple procedure, low cost and easy to perform. Due to this simplicity, it is sometimes trivialized, either by forgetting its realization or by the excessive self-confidence of the professional or even the intention not to disturb the patient by continuously checking his/her identity <sup>(14)</sup>. In this way, nurses play a fundamental role in promoting patient safety during the care process. Being the professional responsible for coordinating the nursing care provided <sup>(16)</sup>.

It is evident the need to face the identified failures, stimulate the exercise of continuing education together with professionals regarding the relevance of the wristband as a prevention instrument, and the

need for supervision and screening of possible failures regarding its use <sup>(17)</sup>. In this direction, in addition to the continuing education of health professionals, it is also recommended the training of the entire multidisciplinary team, since patient safety and risk prevention involve the entire multidisciplinary health team <sup>(18)</sup>.

Moreover, the importance of educational activities directed to patients, companions and family members is emphasized, involving them in the identification process, in order to provide knowledge to them and allow them to co-participate in the steps that require the conference of patient identification in the hospital environment. These moments allow identifying non-conformities in the application of the care protocol, as well as the lack of motivation and collaboration of professionals for its effective application in the care routine <sup>(19)</sup>.

It was noticed the need for sensitization aimed at the nursing team regarding the quality of patient safety. Continuing education, updates, and improvement aim to increase the knowledge acquired in basic curricular training and help reduce failures in the work process <sup>(20)</sup>.

This study has some limitations, such as biases due to data collection, since the form has subjective and open questions. In addition, some patients may interfere with

verbal reporting due to the fear of changing treatment when addressing questions about health professionals.

## CONCLUSIONS

The results of this research allowed evaluating that the hospital adhered to the identification bracelet, but there are still flaws during the identification process. It was possible to analyze and recognize the vulnerable aspects that need improvement for the quality and safety of patients in the service studied.

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