

# Analysis of adherence of patient identification in the medical clinics sector

## *Análise da adesão da identificação do paciente no setor de clínica médica*

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### RESUMO

Objetivo: identificar e avaliar a adesão ao Procedimento Operacional Padrão referente à identificação dos pacientes vigente na Instituição. Método: pesquisa quantitativa, descritiva, composta de 45 pacientes selecionados intencionalmente. A coleta de dados ocorreu por método observacional, por meio de formulário estruturado, com dados referentes à utilização das pulseiras de identificação nas clínicas médicas de um hospital universitário. Para análise, foi utilizada estatística descritiva com frequências absolutas e relativas. Resultados: 82% dos pacientes encontravam-se com a pulseira corretamente e 18% dos pacientes estavam sem a pulseira. Quanto à conservação, 40% estavam em bom estado 22% em regular estado e 38% em péssimo estado. Conclusão: o estudo mostrou inconformidades no processo de identificação do paciente e contribuiu ao identificar elementos no uso de pulseiras que podem ser aprimorados para o seguro processo de identificação.

**Descritores:** Sistemas de identificação de pacientes; Segurança do paciente; Enfermagem.

### ABSTRACT

Objective: to identify and evaluate the adherence to the Standard Operating Procedure regarding the identification of patients in the Institution. Method: quantitative, descriptive research, consisting of 45 patients intentionally selected. The data collection was performed by observational method, using a structured form, with data referring to the use of identification wristbands in the medical clinics of a university hospital. For analysis, descriptive statistics were used with absolute and relative frequency. Results: 82% of the patients found the bracelet correctly and 18% of the patients were without the bracelet. As for conservation, 40% were in good condition 22% in regular state and 38% in poor condition. Conclusion: the study showed nonconformities in the patient identification process and contributed by identifying elements in the use of bracelets that can be improved for the safe identification process.

**Descriptors:** Patient identification systems; Patient safety; Nursing.

### NOTA

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## INTRODUCTION

Safety in healthcare has been widely debated in the past decades by national and international health organizations. The intensification of the discussions on the subject started from the publication of the Institute of Medicine's report, *To err is human: building safer health care*, in 1999, which showed the failures in safety, errors and adverse events that occurred in US hospitals related to safety and the quality of care provided to the patient in the hospital environment <sup>(1)</sup>.

Inpatient units are increasingly concerned about taking safety measures to promote safe and quality care for their clients. In this context, we have highlighted the adoption of measures to prevent risk exposure through actions, implementation of institutional protocols and adherence to goals established by national agencies, represented by the Ministry of Health, and international agencies, such as the World Health Organization.

Dentre as medidas de maior importância destacam-se a Aliança Mundial para a Segurança do Paciente, lançada pela Organização Mundial da Saúde, que identificou seis áreas de atuação, entre elas, o desenvolvimento de "Soluções para a Segurança do Paciente". O Brasil, em 2004, o país tornou-se um dos Estados signatários da Aliança Mundial para a Segurança do Paciente, assumindo o compromisso de difundir os conhecimentos e as soluções encontradas, através de programas e recomendações destinadas a garantir a segurança dos pacientes ao redor do mundo <sup>(2)</sup>.

In 2013, the National Program for Patient Safety in Brazil was established by the Ordinance of the Ministry of Health No. 529, of April 1, 2013, containing actions for patient safety in health services, as well as the six basic safety protocols of the patient, reaffirming the government's commitment and its concern with the qualification of healthcare in health facilities and with promoting safety for the triad: patients, health professionals and the health care environment <sup>(3)</sup>.

The six International Patient Safety Goals are solutions that are intended to promote specific improvements in problem areas in care. The adoption of such goals is a strategy to reduce the risk of errors and adverse events in Health Institutions and are: Identify the patient correctly; improve communication among health professionals; Improve safety in the prescription, use and administration of medicines; ensure surgery at the correct intervention site, procedure and patient; sanitize hands to prevent infection; reduce the risk of falls and pressure ulcers.

Patient safety <sup>(4)</sup> is understood to reduce to an acceptable minimum the risk of unnecessary harm associated with healthcare. Research <sup>(5-6)</sup> highlights the importance of the problem in describing that millions of hospital

patients suffer some kind of error or adverse event. In Brazil, such events have been widely reported, however, little is known about the extent of the problem, since there is a shortage of available evidence to measure such reality <sup>(5)</sup>.

The correct identification of the patient is the process by which it is ensured that it is destined to a certain type of procedure or treatment, preventing the occurrence of errors and mistakes that could harm them, guaranteeing the safety and quality of the care in the health institutions in the different levels of attention.

Based on these reflections, what is the adherence to the Standard Operating Procedure regarding the identification of patients in the medical clinic of a university hospital? Thus, the objective of this study is to identify adherence to the Standard Operating Procedure (POP) referring to the identification of patients currently in the Institution.

## METHOD

This is a descriptive study, with a quantitative approach <sup>(7)</sup>, carried out in the general medical clinic wards of a University Hospital located in the city of Rio de Janeiro, composed of 52 beds. The technique of data collection was an interview where a data collection instrument was used containing closed questions related to the following variables: Use of the identification bracelet, location of the identification bracelet, record of the use of the bracelet and the state of conservation of the bracelet identified by the researcher. This instrument was elaborated from the topics present in the Standard Operating Procedure of the Institution and in the Protocol developed by the National Patient Safety Program.

Data collection was performed from June to August of 2015 through interviews with inpatients and observation of the investigator regarding the use of the identification bracelet. Participants were guaranteed anonymity in order to preserve privacy. Prior to the interview, the participants received guidance on the research through the Free and Informed Consent Term, authorizing the use of the information collected through their signature.

All patients admitted to the medical clinic wards at the time of data collection were included in the study. Patients who were not present at the hospitalization units at the time of data collection were excluded. Data were collected in a sample of 45 interviewed patients. We were not able to analyze the total population because 7 beds were vacant during the period of the survey.

Data analysis was performed using Epi Info software. The data were organized in a database and later applied to descriptive statistics to describe and synthesize the results that were arranged in absolute and relative frequencies.

The research followed all the ethical precepts, regulated in Resolution 466/2012, and was forwarded and approved by the ethics committee of the University of the State of Rio de Janeiro in research through opinion number CAAE 43523715.1.0000.5259.

## RESULTS AND DISCUSSION

Regarding the use of the identification wristband, the following frequencies of use were verified in the sample studied according to table 1.

Despite the requirement to use the identification wristband as the first goal of patient safety recommended by the Ministry of Health, 18% of the sample investigated still did not present the identification.

Faced with such a scenario, the patients were asked about the reason for the absence of the identification bracelet. Some of them reported that no professional had given it to them, while others said that although they had received it on admission, they kept it in the drawer because they did not consider it important, which led to a moment of orientation as to why the hospital provided the bracelets and their importance to their safety while hospitalized.

According to the World Health Organization, the correct identification of the patient is the responsibility of health institutions, which must implement programs and protocols with an emphasis on the responsibility of health workers for the correct identification of the patient <sup>(2)</sup>.

In a study, <sup>(6)</sup> it was found that patient identification has a dual purpose: first, to determine with certainty the legitimacy of the recipient of the treatment or procedure and second, to ensure that the procedure to be performed is effectively what the patient needs. It should be emphasized that in practice, patient identification is a step in nursing care that does not receive due attention, and may interfere with other stages, which are essential to guarantee the quality and safety of the service provided <sup>(6)</sup>.

In order to address the problem of lack of patient identification, the adoption of lifelong education has been

considered an important tool in the construction of the professional competence of the nursing team, contributing to the organization of work, articulating knowledge, skills, values and attitudes, focused on contextualizing health services and solving their problems <sup>(9-10)</sup>.

It should be emphasized that in addition to training, aspects related to work organization should also be considered the genesis of the absence of patient identification, such as: the intensification of work caused mainly by the reduced number of workforce and patient complexity which interfere with the quality of service <sup>(1)</sup>.

It is important to reflect on the importance of the number of nursing personnel to maintain quality of care and minimize workloads, especially regarding patient identification, which can be understood as non-priority in face of the patient's clinical requirement. Studies <sup>(11)</sup> emphasize that the introduction of hard technologies in the work process is accompanied by an increase in the workload, requiring a sufficient number of professionals to maintain the quality of care.

Research carried out in a hospital unit about patient identification and safety <sup>(12)</sup> points out that conditions inherent to the patient may disadvantage the identification by bracelet, such as: limb edema, anasarca, excessive sweating, limb amputation, decreased level of consciousness, excess of care devices.

Regarding the state of conservation of the identification bracelet, the variables investigated were: good condition when the bracelet was intact and the patient data readable; regular when it presents a malfunction, but it is possible to read the data and, lastly, poor state of conservation, when they presented malfunctions that harmed the reading of the data, according to table 2.

Although most of the identification checked wristbands were in good condition, 38% of the patients had the identification wristband in poor condition, which, in addition to being non-conforming to the standard operational procedure, may cause failures during the care process, with consequent impairment to the safety of this patient.

**TABLE 1 – Use of identification wristband. Rio de Janeiro, RJ, Brazil, 2015**

Variables	N	%
Yes	37	82
No	8	18
Total	45	100

Source: research data

**TABLE 2 – State of conservation of the Identification Bracelet - Rio de Janeiro, June 2015**

Variables	N	%
Good condition	18	40
Regular state of conservation	10	22
Very poor condition	17	38
Total	45	100

Source: research data



The World Health Organization recommends that the identification wristbands contain at least two qualifying elements <sup>(12)</sup> and the room or bed numbers. The standard operating procedure of the unit studied adopts five qualifications for patient identification, which are: full name, date of birth, sex and color, in addition to the presence of the bar code.

The state of conservation of the identification bracelet was pointed out as a relevant factor in patient safety, it should be noted that the wear of the material was identified and reported by the participants around 3 days, which denounces the poor quality of the material used. In this way, the lack of resources for the work and lack of participation of the workers in the choice of input hinder the development of the task causing damages to patients and workers.<sup>(13)</sup>

Another important aspect concerns the low investment of the organizations in the acquisition of inputs in order to reduce expenses. In Brazil, the economic crisis that impacts several sectors and in particular health is a context that leads to scarce investment and inefficient consumption of resources, which impact on patient identification and safety <sup>(14-15)</sup>.

## CONCLUSION

In investigating adherence to the first goal of the patient safety plan, ie identification and maintenance of identifying wristbands in the medical clinic sector, it was identified in the sample that although the first patient safety goal established by the National Safety Program

that all patients hospitalized in the health care system should be identified, it was verified that a significant portion of the sample did not present identification and was in disagreement as the institution's Standard Operating Procedure.

Another aspect related to the identification of the patient was that even in the portion of the sample in which the identification bracelet was present, almost half were in poor condition, preventing it from fulfilling its role of identifying and conferring safety in the execution procedures.

The results indicate that although there is a process of identification of the patients, this is not effective because it presents factors related to the patient's understanding of the need for identification, the professionals' performance regarding the maintenance and effective adherence to the routines of the service. Such implications for the nursing work process and for patient safety require scientific investigation as to their mediations for better understanding.

It is also considered important to include this content in the training programs of health professionals, since the increase of knowledge regarding patient safety will contribute to patients having a more effective, efficient and safe care.

The present study presents limitations that prevent the generalization of its results because it is a local investigation with a reduced sample. However, it points out the need to carry out new studies that investigate the issue of patient identification in a clinical unit.

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