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ORIGINAL ARTICLE

ADHERENCE TO THE CORRECT IDENTIFICATION OF THE PATIENT BY HOSPITAL WRISTBAND

ADESÃO À IDENTIFICAÇÃO CORRETA DO PACIENTE PELO USO DA PULSEIRA

ADHESIÓN A LA IDENTIFICACIÓN CORRECTA DEL PACIENTE POR EL USO DE LA PULSERA

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ABSTRACT

Objective: to analyze the adherence to the identification of the patient by hospital wristband by the health team and by the patients. ***Method:*** this is a quantitative, descriptive and documentary study. The sample consisted of 137 patients hospitalized in a cardio-intensive unit of a university hospital. Data was collected by completing a structured form, then organized and analyzed using simple descriptive statistics. ***Results***: the presence of the identification wristband was observed in 100% of the patients. Of these, 26% had nonconformities. From the patients' reports, 61% of the professionals did not use the wristband to identify them at the time of the procedures and 90% of the patients were not guided as to the reason and importance of the use of the wristband. ***Conclusion:*** the identification of patients was unanimously observed, however, it is necessary, in practice, to increase awareness and training of the multi-professional team for the adequacy as recommended in Goal 1 of Patient Safety. ***Descriptors***: Patient Safety; Patient Identification Systems; Quality of Health Care; Risk Management; Hospitalization; Hospitals, University.

RESUMO

Objetivo: analisar a adesão à identificação do paciente por pulseira pela equipe de saúde e pelos pacientes. ***Método:*** trata-se de estudo quantitativo, descritivo e documental. Constituiu-se a amostra por 137 pacientes internados em uma unidade cardiointensiva de um hospital universitário. Coletaram-se os dados, mediante o preenchimento de um formulário estruturado, em seguida, organizados e analisados utilizando-se a estatística descritiva simples. ***Resultados:*** observou-se a presença da pulseira de identificação em 100% dos pacientes. Destes, 26% apresentavam não conformidades. Ansalisou-se, a partir dos relatos dos pacientes, que 61% dos profissionais não utilizaram a pulseira para identificá-los no momento dos procedimentos e 90% dos pacientes não foram orientados quanto ao motivo e importância da utilização da pulseira. ***Conclusão:*** observou-se de forma unânime a identificação dos pacientes, no entanto, necessita-se, na prática, de maior sensibilização e treinamento da equipe multiprofissional para a adequação conforme se preconiza na Meta 1 de Segurança do Paciente. ***Descritores:*** Segurança do Paciente; Sistemas de Identificação de Pacientes; Qualidade da Assistência à Saúde; Gestão de Risco; Hospitalização; Hospitais Universitários.

RESUMEN

Objetivo: analizar la adhesión a la identificación del paciente por pulsera por el equipo de salud y por los pacientes. ***Método:*** se trata de un estudio cuantitativo, descriptivo y documental. Se constituyó la muestra por 137 pacientes internados en una unidad cardiointensiva de un hospital universitario. Se recogen los datos, mediante el llenado de un formulario estructurado, a continuación, organizado y analizado utilizando la estadística descriptiva simple. ***Resultados:*** se observó la presencia de la pulsera de identificación en el 100% de los pacientes. De ellos, el 26% presentaba no conformidades. Se analizó, a partir de los relatos de los pacientes, que el 61% de los profesionales no utilizaron la pulsera para identificarlos en el momento de los procedimientos y el 90% de los pacientes no fueron orientados en cuanto al motivo e importancia del uso de la pulsera. ***Conclusión:*** se observó de forma unánime la identificación de los pacientes, sin embargo, se necesita, en la práctica, de mayor sensibilización y entrenamiento del equipo multiprofesional para la adecuación conforme se preconiza en la Meta 1 de Seguridad del Paciente. ***Descriptores***: Seguridad del Paciente; Sistemas de Identificación de Pacientes; Calidad de la Atención de Salud; Gestión de Riesgos; Hospitalización; Hospitales Universitarios.

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INTRODUCTION

Identity is present in individuals' lives from birth until after death, including in periods of need for health care. Sometimes, in the hospital environment, patients are referred by professionals for a disease and / or bed number. Errors related to identification can occur from the time of hospital admission to discharge. The absence of effective identification mechanisms has been attributed as the root cause of several errors and adverse events.[1-3]

Using the patient identification wristband, it is possible for professionals, before performing any procedure, to check and identify them effectively, a simple and effective practice to reduce errors and provide safer care.[3-4-8]

Health professionals are considered to actively participate in the construction of safe and quality organizations. The individual characteristics of the professional, such as dedication, commitment and conscience at work, aiming at good health practices, are fundamental for the foundation of safe organizations, including, in the identification of the patient, since this needs to be carried out in the daily care practices.[9]

It is added, with respect to promoting patient safety by its correct identification, that Memorial Veterans Hospital has introduced the use of two indicators (full name and patient record number) to check the patient's identification. As a result, the hospital, which supports more than 11 thousand admissions and 700 thousand outpatient consultations per year, presented a decrease in the notification of adverse events and errors due to bad identification, being: 63 in 2009; 19 in the year 2010 and ten in the year 2011.[8]

Since 2013, discussions on practices that promote patient safety have been intensified in Brazil since the Ministry of Health (MH) instituted the National Patient Safety Program (NPSP) and determine its implementation in the organizations by the Patient Safety Nuclei (PSN), according to Collegiate Board Resolution No. 36. The MH has established six basic protocols to be implemented in health institutions for the six Patient Safety Targets, Goal 1: Identifying Patients Correctly.

The basic protocol of the Ministry of Health related to Goal 1 is highlighted, whose purpose is to reduce the occurrence of incidents through three interventions: Identify the patients; educate patients / caregivers / family / caregiver and confirm patient identification prior to care. It is recommended, in this protocol, that the identification be performed using at least two indicators in a standardized white wristband.[3]

It is known that the patient identification wristband is an easy-to-access, objective, low-cost tool that contributes to safe and quality care, however, there are implementation gaps due to the low appreciation of the need to identify the patient. Thus, considering the importance of the theme and its relation with the occurrence of errors in health care, it is believed that the results of this research can provide support for the reflection, in the care practice, about adherence to the correct identification of the patient by the use of the wristband.

OBJECTIVE

- To analyze adherence to patient identification by wristband by the health team and patients.

METHOD

This is a quantitative, descriptive and observational study conducted in 2016 in a cardio-intensive unit of a university hospital of the municipality of Rio de Janeiro.

Cardiac patients that require intensive monitoring and a specialized multi-professional team are hospitalized in the cardio-intensive unit. The unit has a physical structure with nine beds capacity and human resources that make up a multi-professional team including: nurses, nursing technicians, physiotherapists and physicians, as well as residents and undergraduate students of these professional categories.

Patients who were hospitalized at the unit during the data collection period were the study population. Patients admitted to the unit were excluded for less than 12 hours; in respiratory precaution and those who were performing examinations, surgeries or interventions of the team at the time of data collection.

For the data collection, a questionnaire containing 21 structured questions in three parts was used to collect data on the use and conditions of the identification wristband; the identifiers present on the wristband; records in the medical records and conduct of health professionals.

The first part of the form was referred to the presence, location or member, conditions and descriptors present on the identification wristband. The second part looked for data related to the records in the charts, carried out by the health professionals, about the

identification wristband. And the third part of the instrument contemplated data referring to the patient: period of hospitalization; ID wristband exchange; it was considered important to use the wristband inside the hospital; if they were oriented on the reason for the use and if they observed the professionals conferring it before performing procedures.

Data was collected through the reading of the Informed Consent Term by patients and professionals, between April and June 2016, on random days, including weekends and holidays, without prior scheduling, in the morning shifts, afternoon and night. Subsequently, the data was organized and stored in an electronic bank in the Excel Program, version 2016, of Microsoft®. For the statistical analysis of the data, the descriptive statistics were used, through the absolute (n) and relative (%) frequencies, from categorical and discrete variables.

The study was approved by the Research Ethics Committee under the opinion of No. 1,478,493 and CAAE 54055215.9.0000.5282.

RESULTS

There were 137 patients (100%), 86 (63%) males, with a mean age of 60 years. All patients were identified with the identification wristband. Regarding location, 67 (49%) of them were in the upper left limb, 52 (38%) in the right upper limb and 18 (13%) in the lower limbs (ankles). It was also observed that of the wristbands in use, 26% (36) presented nonconformities with the one standardized by the institution, according to table 1.

Table 1. Types of nonconformities of identification wristbands. Rio de Janeiro (RJ), Brazil, 2016. (n=36)

Type of nonconformity	n	%
Illegibility of data	28	78
Torn	5	14
Scrubbing the patient's limb	3	8

The data contained in the wristbands were compared with those on the nameplates, fixed to the beds, and those contained in the patients' charts. It was observed that there were no errors between the data of the wristbands and those of the medical records. However, it was noted that in 19% (26), bedside identifications were at odds with data on wristbands and medical records. Of these disagreements, the incomplete name was predominant 58% (15) followed by the incorrect age 38% (10) and the incorrect registration number 4% (1).

It was investigated whether patients were advised on the importance and reason for using the identification wristband and 90% (124) of them reported not having any guidance. In addition, 61% (84) reported that professionals did not check their wristband before performing procedures. When asked about the use of the wristband, 73% (100) of the patients considered it important to use the same for their safety.

It was observed that, in the records in the medical records (137), in 35% (48), there was at least one daily register, performed by the nurse and / or nursing resident, about presence and location (69 % - 33) and the conditions of the wristband (31% - 15). That is, if there was illegible data or if the wristband was torn.

Three records were also recorded in the medical records about the need to exchange, request and place a new identification wristband for the patient.

DISCUSSION

It is inferred, according to the presented results, which the unit in question shows complete adhesion to the placement of the identification wristband, since all the patients observed were identified as recommended by the institution.

It is noted that, although standardization of the right upper limb for the placement of the wristband by the institutional protocol, five results obtained differ from the standard member. This divergence is due to the fact that in this unit, patients frequently undergo the procedure of cardiac catheterization and angioplasty, whose standardized vascular access in the institution is in the right upper limb making it impossible to use the wristband in this limb by the presence of compressive dressing.

It can be stated, as far as the illegible wristband data is concerned, that these resemble the result found in a study carried out in a university hospital in São Paulo, which showed that 20% of the identification wristbands were illegible.[10] However, for the effective safety of the care, the readability of the data must be guaranteed since the opposite makes it difficult to visualize the indicators and the correct identification.

It is therefore recommended that the exchange or replacement of the wristband be carried out with legible descriptors, when the data begins to erase or the visualization of both the professionals and the patients should not fail, and should not wait for the total illegibility to change the wristband.[6]

It is complemented that the identification wristbands in the investigated institution are digitalized and provided by the hospitalization sector, however, the identification plates of the beds, although not institutionally standardized, are filled manually by the Nursing professionals. Even with the intention of correctly identifying the patients, the information contained in the bed did not match those of the wristbands.

It was reported during the data collection, through the patients, that the professionals have the habit of identifying them by the information of the bed plate instead of the wristband, which demonstrates a risk in the correct identification of the patients. This fact evidences the low importance still given by health professionals to the identification process, as well as the lack of verification of the descriptors.

The patient is correctly identified when asked to confirm his or her data with that present on the wristband.[4-8] The information contained in the beds should not be used exclusively for identification because of the possibility of patient exchange and / or the non-updating of the bed form, being able to be a facilitator for the occurrence of errors.

It is important, in addition to verifying the descriptors, to periodically confirm with the patient and / or the accompanying person if the data on the wristband is indeed correct and, if there are errors, correct immediately. This is an important moment, too, for clarifying to patients the importance of the wristband by encouraging their participation in their identification process.[6]

It is emphasized, in view of the question of valuing the identification of the patient by the professionals, that a study carried out in Spain, showed that 17.1% of the professionals were unaware of the reason for the use of the wristband and 40.7% did not believe that the wristband was capable of preventing errors.[11] Another study, conducted in Malawi, evaluated the reason for not using an identification system and the results demonstrated, mainly, the team's lack of time (34%) and negligence (18%).[12]

According to the patients' reports, most of the professionals at the unit did not effectively use the identification system standardized by the institution, since they did not perform the identification by the wristband and did not involve the patients in the process. However, the majority of the patients investigated reported using a wristband inside the hospital, either because they had already undergone other hospitalizations or because they were sufficiently educated to understand the reason for their use. However, it should not be assumed by the health professional that the patient knows and / or understands the need / importance of wearing the wristband inside the institution, and it is always necessary to perform the orientation at the time of placement.

It is pointed out that effective adhesion to correct identification does not only mean that the patient is using the wristband, but rather that it is used in the daily practice of health professionals. In this way, the identification process presents gaps in its implementation, since it involves changes in habits and behaviors, building a culture focused on quality and safety.[8]

In a study carried out in Santa Catarina, the importance of the identification of the patient was raised, reports of nursing professionals about the process were collected. The professionals of this study bring the identification as a right and necessary element for the safety of the patient and relate the importance of this process in several procedures carried out in the everyday life as the administration of medications, homonymous patients and reception of the planned care.[13]

It was demonstrated, in a Brazilian study that investigated the team's adherence to Goal 1, in the surgical procedure, that 100% of the patients were identified with the wristband. However, there were disagreements in the questionnaires marked by the professionals, because it was erroneously informed that there were patients without the wristband confirming that they did not know about the use of the wristband in the institution.[14]

The propagation of the safety culture is stimulated and the patient is included in the safety processes when the patient is guided about their identification.[8-9] The interaction between health professionals and patients can facilitate or hinder the maintenance of safety. Environments in which the patient does not receive care information, where the professional-patient interaction is considered low, are considered to be unsafe environments.[15]

In this context, 89% of the patients who reported that they did not consider the use of the wristband, were not oriented as to the reason for their placement, nor did they observe the professionals to check before the procedures. Since they are excluded from the process, they do not observe the use by the team and are unaware of the identification systems. Therefore, it is understandable to consider that wearing the wristband is irrelevant.

A study was carried out in a large university hospital in the South of Brazil between 2013-2014, with 6,201 patients interviewed demonstrating the importance of permanent education in patient safety. Their results showed a significant difference between adherence to the verification of wristbands before and after the implementation of educational measures; initially (on average 40-50%) and after an educational activity (73-81%). Subsequently, with the passage of time, there was a return of low adherence (65%) and, after new activity, there was an increase in adherence (76%).[16]

It is emphasized that checking the wristband is a simple, inexpensive and easy procedure to perform. Due to this simplicity, it is sometimes trivialized, either by forgetfulness of its realization or by the excessive self-confidence of the professional or even the intention not to disturb the patient by continuously checking their identity.[17]

It is evident in the study carried out in Santa Catarina that the team acknowledges the existence of human error and understands that when an error occurs, it is not only the patient who will suffer the consequences, since all those involved in the care process will have implications. It is believed that the use of patient identification, in addition to avoiding harm to the patient, can be an ally in promoting professional safety by preventing errors from occurring.[13]

In this context, the culture of patient safety is fostered as a fundamental element in an institution that seeks to create barriers, prevent failures, train professionals and ensure safer care.18-19 In this way, a method used by the PSN of the hospital researched for the education of health professionals, patients and relatives was the elaboration of a video related to the importance of the identification of the exposed patient in the televisions that are in the waiting room of the concierge and of some infirmaries that have structure for the activity.

The permanent education of a public policy for the formation of quality human resources is promoted as an evidence-based method for the implementation of patient safety measures.[20-21] In a study carried out with the nursing team in a hospital public of Porto Alegre, in which educational actions took place as a conversation wheel on the theme of Goal 1, was raised by the participants: the non-existence of patients identified with the wristband; boards in bed with incorrect information; conflict between management and care professionals and that the compulsory use of the wristband in an external sector would increase the number of patients identified.[19-20]

It is believed that the identification of the patient and the maintenance of the wristband are the responsibility of the entire multi-professional team.[4-7,15,19] However, in the medical records, there were no records about the wristband for other professional categories besides the Nursing. However, it is important to note that the records observed were performed by the same professionals. When these were not present, the records on the identification wristband were not found in the charts analyzed.

The professional is supported ethically and legally, by registration for the care provided. Thus, when there is an inadequacy or lack of data, it is possible for professionals not to compromise on the safety of the care provided and also to reduce the ability to measure results from professional practice.22 Thus, it should be noted that during the period of data collection, there were changes of wristband without registration of the activity, which shows that the care was carried out by the team, however, there was no documentation of the same.

It is emphasized that the study has some limitations. Despite all the care taken, biases are possible due to the data collection, since part of the form was based on the verbal reports of the patients, being able to be under or overestimated.

CONCLUSION

It was possible to analyze, by this study, the adhesion to the use of the identification wristband in a cardio-intensive unit of a university hospital in the city of Rio de Janeiro. The results of this study demonstrate that the implementation of the placement of the standardized wristband was adhered to. However, it presents, as main limitations, factors related to professional conduct. It is necessary to raise the awareness of the multiprofessional team for the correct identification of the patient by checking the wristband before the procedures and

improving the records in the medical records, besides the involvement of the patients in the subject.

It is concluded that, despite the increasing debates about patient safety, there are still gaps in the effective implementation of safety targets. The performance of this study contributed by providing evidence of the use of identification wristbands in the unit. Thus, in order to improve the practices related to the subject, it is suggested the need for greater involvement and responsibility of professionals, managers and the patients themselves in the process of identification. Another point to emphasize is the need for the development of new studies that involve a more expressive number of hospitals for the establishment of norms that fit the Brazilian reality.

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