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CASE REPORT ARTICLE

PATIENT IDENTIFICATION AS A SAFETY STRATEGY

IDENTIFICAÇÃO DO PACIENTE COMO ESTRATÉGIA DE SEGURANÇA

IDENTIFICACIÓN DEL PACIENTE COMO UNA ESTRATEGIA DE SEGURIDAD

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ABSTRACT

Objective: to report the experience in the development of a project of continuous quality improvement for the unequivocal identification of the patient. ***Method:*** it is a descriptive, type of case report, which shares the development off a project that aims to unequivocally identify the patient, in the hospital context, according to the framework of the Order of Nurses of Portugal. ***Results:*** it is presented in eight stages: identification and description of the problem; perception of the problem and its causes; formulation of objectives; definition of the target audience and inclusion / exclusion criteria; planning and execution of activities; verification of results; corrective measures proposal; uniformity and training of the team and, finally, recognition and sharing of success. ***Conclusion:*** it is concluded that the unequivocal identification of the patient becomes essential to reduce the incidents during the provision of care. It is suggested, therefore, to create strategies to sensitize professionals to the implementation of the procedure to guarantee the quality and safety of the care provided. ***Descriptors*:** Safety; Patients; Quality of Health Care; Quality Assurance, Health Care; Nursing; Nurses.

RESUMO

Objetivo*:** relatar a experiência na construção de um projeto de melhoria contínua da qualidade para a identificação inequívoca do paciente. ***Método*:** trata-se de um descritivo, tipo relato de experiência, que compartilha a construção de um projeto que tem como finalidade a identificação inequívoca do paciente, no contexto hospitalar, segundo o referencial da Ordem dos Enfermeiros de Portugal. ***Resultados*:** apresentaram-se em oito etapas: identificação e descrição do problema; percepção do problema e suas causas; formulação de objetivos; definição do público-alvo e critérios de inclusão/exclusão; planejamento e execução das atividades; verificação dos resultados; proposta de medidas corretivas; uniformização e capacitação da equipe e, finalmente, reconhecimento e compartilhamento do sucesso. ***Conclusão: conclui-se que a identificação inequívoca do paciente se torna fundamental para diminuir os incidentes no decorrer da prestação de cuidados. Sugere-se, assim, criar estratégias para sensibilizar os profissionais para a implementação do procedimento de modo a garantir a qualidade e segurança dos cuidados prestados. ***Descritores*:** Segurança; Paciente; Qualidade da Assistência à Saúde; Garantia da Qualidade dos Cuidados de Saúde; Enfermagem; Enfermeiras e Enfermeiros.

RESUMEN

Objetivo: reportar la experiencia en la construcción de un proyecto de mejora continua de la calidad para la identificación inequívoca del paciente. ***Método:*** es un informe descriptivo, de tipo de experiencia, que comparte la construcción de un proyecto que tiene como objetivo identificar inequívocamente al paciente, en el contexto hospitalario, de acuerdo con el marco de la Orden de Enfermeros de Portugal. ***Resultados:*** presentados en ocho etapas: identificación y descripción del problema; percepción del problema y sus causas; formulación de objetivos; definición del público objetivo y criterios de inclusión / exclusión; planificación y ejecución de actividades; verificación de resultados; propuesta de medidas correctivas; uniformidad y formación del equipo y, finalmente, reconocimiento y reparto del éxito. ***Conclusión:*** se concluye que la identificación inequívoca del paciente se vuelve esencial para reducir los incidentes durante la prestación de la atención. Se sugiere, por lo tanto, crear estrategias para sensibilizar a los profesionales sobre la implementación del procedimiento a fin de garantizar la calidad y seguridad de la atención brindada. ***Descriptores*:** Seguridad; Pacientes; Calidad de la Atención de Salud; Garantía de la Calidad de Atención de Salud; Enfermería; Enfermeras y Enfermeros.

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INTRODUCTION

It is known that health quality issues have been a concern in the management of health organizations due to the presence of increasingly demanding people, high technological development, the complexity of work dynamics and the continuous need for innovation, reflecting on an emerging update of professionals to adapt to changes in competitiveness in an increasingly globalized world.[1]

In addition to the development of scientific knowledge, it is considered vital, in addition to the development of scientific knowledge, the guarantee of quality in the provision of care, emphasizing, for this purpose, the importance of skill development, whether at the level of clinical and organizational management, whether within the practice of care.[2]

It is understood that the concern with patient safety is undoubtedly an important dimension of the quality of health care and is, therefore, a topic of increasing relevance at a global level. It is observed that adverse events can occur in any place where healthcare is provided, but it is also recognized that, in most situations, these are subject to preventive measures.[3-4]

The conception, evaluation and monitoring of projects for continuous quality improvement by health professionals become essential, given this assumption, in order to reflect health gains, through the definition and monitoring of indicators based on quality criteria.[5]

It is understood, considering that this theme is closely related to risk management, in the direct or indirect provision of care,[6] that there are fundamental principles, which are based, on the one hand, on the identification of the preventive actions that already exist and on the evaluation of the measures taken and, on the other, on the adoption of reactive and corrective measures after the occurrence of incidents or events. Therefore, the close complementarity between the a priori and a posteriori analyzes is highlighted, highlighting the flaws not identified as factors and dangers that can contribute to the occurrence of security incidents.[7]

It appears that, in 2004, the World Alliance for Patient Safety, with other partners, including the Joint Commission International, came together to promote the goal of patient safety with the motto "First do no harm" and reduce the consequences of care unsafe healthcare. It is estimated that this initiative underlined the importance of patient safety as a global health problem and its program, launched in 2005, aimed at coordinating, disseminating and accelerating improvements in patient safety worldwide.[8] In the light of this program, the international implementation of the international goals for patient safety stood out, as well as the publication of the International Classification of Patient Safety, whose conceptual framework aimed to present a cycle of learning and continuous improvement, focusing on risk identification, prevention, detection and reduction, incident recovery and system resilience.[9]

It is noted in Portugal that, in 2001, the Portuguese Order of Nurses (ON) understood that the creation of health quality systems should be a priority action, as well as the definition of quality standards in each specific domain of social mandates of each of the professions involved. It should be noted, in relation to Nursing, that the document of the Quality Standards of Nursing Care allowed reflecting on the professional practice of nurses and the nursing care to be provided to citizens.[10]

In 2011, the National Plan for Patient Safety (PNSD) 2015-2020 was established, which showed the involvement of the responsibilities of governance, coordination and the operational practice of the provision of care, and each institution must adapt the plan to its own reality. In this plan, the fifth objective was to ensure the unequivocal identification of patients,[7] action considered indispensable to professionals who provide health care in order to promote safety.[11]

Today, there is evidence that the safe provision of health care is compromised if the patient's identification or the patient's correspondence to the procedure to which they are submitted are not properly performed.[12]

It is observed that the National Health Service, in 2010, showed that, between February 2006 and January 2007, 24,382 reports of situations incompatible with the care of the person were recorded. It is estimated that approximately 2,900 of these incidents were related to the use of wristbands with the absence of the wristband or incorrect information on them. It is warned that these situations can increase the risk of patients being identified incorrectly and, consequently, receiving wrong care. It should also be noted that the standardization of wristbands, as well as the information contained therein and the processes used to check data at critical moments are essential to improve patient safety.[13] This recommendation is corroborated by Guideline No. 18/2011 of the Portuguese Directorate-General for Health (DGS) - "Mechanisms and procedures for the unambiguous identification of patients in health institutions", [14] as well as the PNSD 2015-2020.[7]

In view of these considerations, it is essential to adopt indicators to monitor the process related to patient identification, with a view to reducing the chances of failure occurring,[15] since the empirical view on clinical practice allied to the PNSD 2015-20207 shows that the possible failures

associated with patient identification can cause errors with medication, transfusions, in carrying out complementary means of diagnosis and therapy, interventions to wrong patients and other incidents or accidents. Based on the Nursing Care Quality Standards, it was chosen, more specifically, framed in the descriptive statements "Prevention of Complications" and "Organization of Nursing Care",[10] for building a project for continuous quality improvement, relating to the unequivocal identification of patients, in the hospital context.

OBJECTIVE

- To report the experience in the development of a project of continuous quality improvement for the unequivocal identification of the patient.

METHOD

This is a descriptive study, type of experience report, which narrates the construction of a project of continuous quality improvement that has, as an objective, the unequivocal identification of the patient in the hospital context.

The project was built during the month of March 2020. Its dissemination is planned for the months of April and May and its implementation from June 2020.

It appears that this project was based on the framework issued by Portuguese ON, for the organization of projects for the continuous improvement of the quality of nursing care, integrated in the program of quality standards.[16] It is pointed out that the project followed the eight recommended steps: (1) identification and description of the problem; (2) perception of the problem and the causes; (3) formulation of objectives; (4) definition of the target audience and the inclusion and exclusion criteria; (5) planning and execution of tasks / activities; (6) verification of results; (7) proposal for corrective measures, team uniformity and training; (8) recognition and sharing of success.

RESULTS

It is established, based on the adopted framework, that the project of continuous quality improvement, aimed at the unequivocal identification of the patient, will be presented in eight phases.

As a goal, it is considered that at least 95% of people are correctly identified in the course of nursing care. The result indicator corresponds to the rate of correctly identified people.

♦ Phase 1 - Problem identification and description

It is revealed, in the Portuguese context, that the lack of a norm for the unequivocal identification of the person, the lack of training of nurses on the subject and the lack of supervision in the contexts show a gap in daily practice, enhancing the opportunity for the occurrence of sentinel event, incident and error situations when providing care.

It is assumed that the problem of unequivocal patient identification is clearly centered on the person with regard to the safety and quality of health care provided. It is known that its non-compliance or violation may result in serious or potentially serious incidents and / or accidents, which may translate into losses, instead of health gains. It is argued that patient identification is a fundamental pillar in health care, and must precede any provision of health care, from the moment of admission to discharge.

On the other hand, it is pointed out that, when the institution providing health care uses the bracelet as a means of identifying the person, its consultation must be made before any procedure, requiring the validation of the data of the person there registered, before their placement. In addition, confirmation of at least two data is required, which, in practice, does not always happen.

♦ Phase 2 - Perception of the problem and the causes

It is emphasized, to understand more deeply the context of the problem, that the observation of the situation, questioning where, when, what and how, constituted some of the strategies.

It is added, in order to understand the causes of the problem, in addition to resorting to a bibliographic review, whose objective was to highlight the state of the art, which the resource, the techniques of analysis of cause and effect and the methods of brainstorming allowed to frame the problem locally. On the other hand, it is believed that the sharing of experiences among the team members favored a closer view, facilitating the identification of its real causes.

Thus, in the context of the problem under study, in figure 1, the organization of all factors that lead to incorrect identification of the patient is shown.

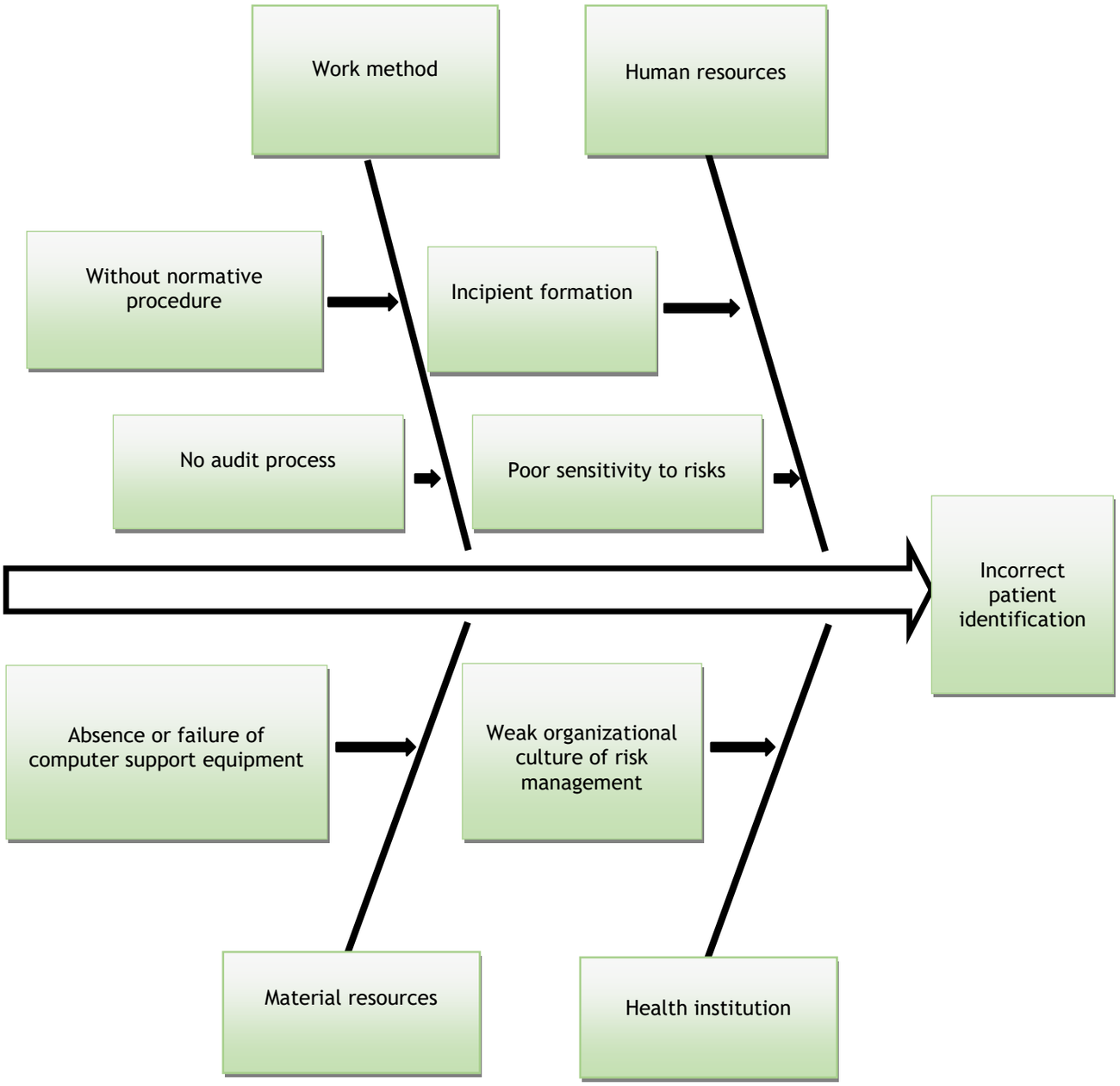

Figure 1. Ishikawa diagram that summarizes all the factors that lead to incorrect patient identification. Porto, Portugal, 2020.

In the hospital, which acts for the incorrect identification of the patient, there are gaps associated with the work method, material and human resources, in addition to characteristics associated with the institution itself.

It was considered, in addition to the existing working method, the absence of a standard that allows, in a reasoned and universal way, the correct identification of the patient, as well as the absence of monitoring on the behavior of professionals in the practical application of national guidelines as compromising elements of the person's safety in this context.

It should also be noted the lack or lack of material resources that would promote the correct practical application of the procedure, such as equipment for the printing of identification bracelets, and the absence of computer tools that detect equal names of patients present at the same time in the hospital. On the other hand, the low level of training of the institution's professionals on the subject is perceived, which causes desensitization to the risks associated with the absence of an assertive practice during the provision of care and which can lead to the occurrence of errors and critical incidents.

It is also noteworthy the weak involvement of hospital management with regard to organizational culture, within the scope of risk management, reflected in the performance of all professionals in relation to the notification and definition of corrective and preventive actions for new incidents, in the course of providing health care. Finally, in relation to organizational culture, in the scope of risk management, there is a weak involvement of the hospital community.

♦ **Phase 3 - Formulation of objectives**

It is known that the PNSD 2015-2020 establishes, through strategic objective five, to ensure unequivocal identification of patients. In addition, it was stipulated that, by the end of 2020, 95% of healthcare providers must implement safe patient identification practices. In this way, it was established as a general objective in the construction of the project, to guarantee the correct unequivocal identification of the patient,

aiming at safety in the provision of health care. It was designed, as a specific objective, to standardize, in the institution, the procedure inherent to the correct identification of patients at the time of hospitalization and, also, at the various moments of hospitalization. It is intended to achieve at least 95% the result indicator previously defined. For this purpose, an instrument was developed that will facilitate the verification of compliance with the procedure of unequivocal identification of patients.

♦ **Phase 4 - Definition of the target audience and the inclusion and exclusion criteria**

For the project of unequivocal identification of the patient, all patients who visit the hospital were defined as the target audience and the inclusion and exclusion criteria for the application of the procedure were established. In this way, this project includes all people who use the emergency service, inpatient services, surgical units, outpatient surgical center and other services on an outpatient basis, for example, the day hospital and consultations external.

♦ **Phase 5 - Planning and execution of tasks / activities**

After outlining the objectives and the inclusion and exclusion criteria, the planning of the activities to be carried out, as well as the definition of the sequence of the tasks to be performed, was elaborated. Ten activities were contemplated, as shown in figure 2, always considering the involvement of all participants in this process.

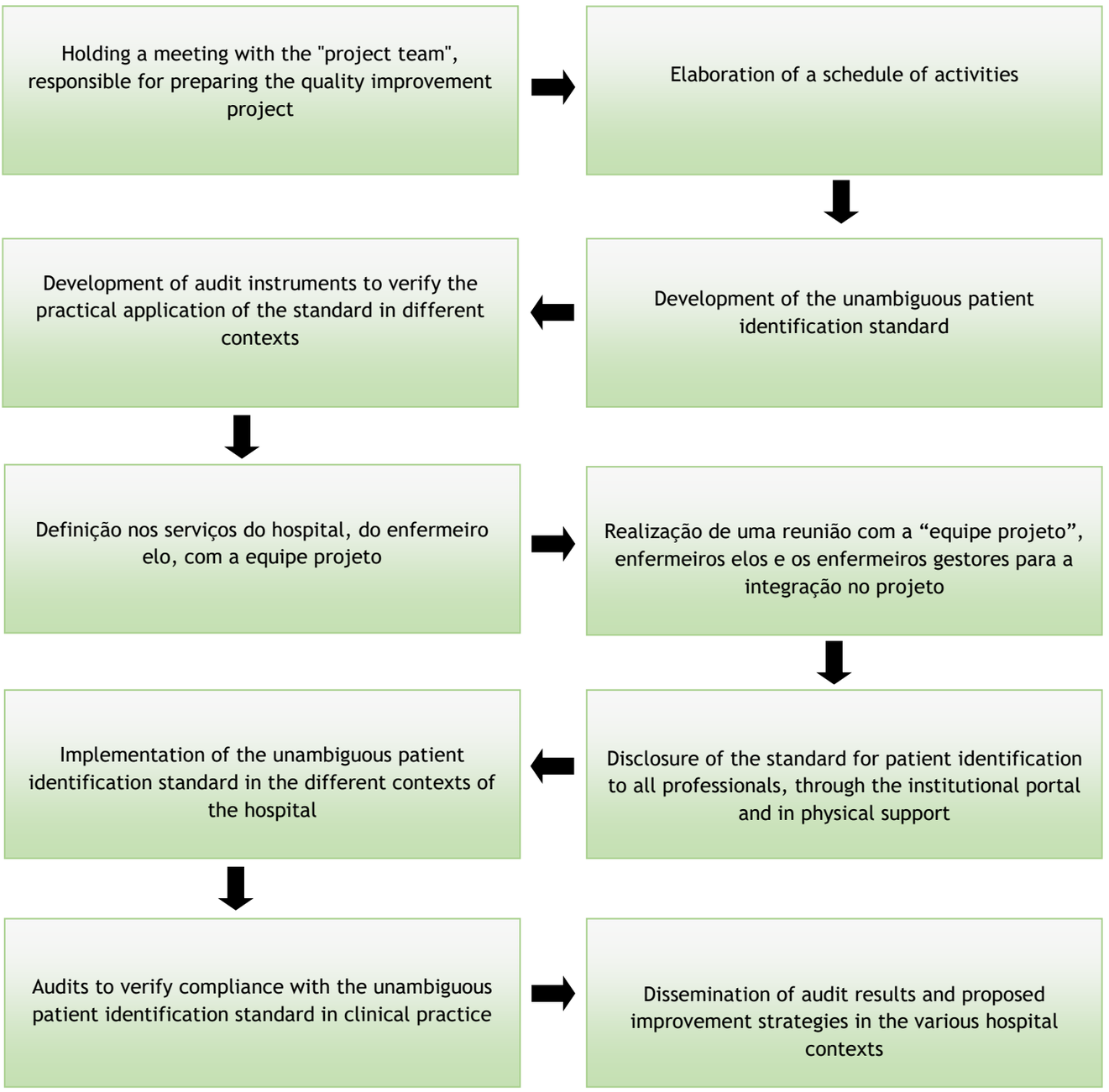

Figure 2. Planning of activities to be carried out. Porto, Portugal, 2020.

It is pointed out, as shown in figure 2, after the introductory meeting with all the elements responsible for the elaboration of the quality improvement project (project team), elaboration of the activities schedule and the patient identification standard, which fell to the nurse managers the appointment of a nurse to perform the functions inherent to the link with the project

team. It appears that these nurses will have the responsibility to mobilize the team in the implementation and compliance with the unambiguous patient identification norm and, equally, to work in partnership with the project team, developing proposals for the optimization of the procedure.

It is essential, in the sense of monitoring the implementation of the standard of unambiguous identification of the patient, to carry out random monitoring and on a monthly basis, in all clinical contexts where the standard is in force, based on an observation worksheet built previously. This phase is reserved for data collection to subsequently calculate the rate of correctly identified patients, constituting the defined result indicator. It is pointed out that the monitoring is the responsibility of the nurses in the various services, establishing the execution, by direct observation, of ten actions each month. It is observed, during these moments, that the compliance with the standard (Figure 3) will be assessed through the observation worksheet (Figure 4), both of which have already been mentioned. Regarding the indications for patient identification, in Figure 4, some of the activities included in the evaluation worksheet are referred.

Content	Description
Justification	Patient identification is an instrument that guarantees his safety, allowing health professionals to provide the right care to the right patient.
Objectives	Correctly identify the patient; ensure patient safety.
Recipients	Health professionals; operational assistants; technical assistants.
Responsibilities	All professionals who have direct contact with patients and provide them with any care. In the case of identification of the patient with a bracelet, the nurse is responsible for validating, printing and placing it. Monitoring the process is the responsibility of the quality office.
Reference documents	DGS Guideline 18/2011 - "Mechanisms and procedures for the unambiguous identification of patients in health institutions". National Plan for Patient Safety 2015-2020
Standard description	Identifying data are considered: name; date of birth; process number; National Health Service (NHS) user number and address. In cases where the patient's condition makes their real identity impossible, they should be provisionally registered as: sex (**Unidentified Male / Unidentified Female**) and process number. The unambiguous identification of the patient must occur before any diagnosis, treatment or support services to be performed at the hospital. It is mandatory regardless of the patient's use of an identification bracelet and at least two identifying data must be considered. The identification bracelet is mandatory for all patients admitted to the hospital. It must be placed on the right upper limb and, if this is not possible, the following order must be respected: 1st - left upper limb; 2nd - lower limbs and, finally, next to the patient's unit, if none of the previous situations are possible. The patient's refusal of a bracelet should be recorded in his clinical file. In situations of death, the bracelet should be kept on the patient.

Figure 3. Standard for unambiguous patient identification. Porto, Portugal, 2020.

Service_____	Date: __/__/_____
Observation	Indication for patient identification
Num.____	Before administering medication **Verifies** ○ Bracelet ○ Name ○ Date of birth ○ User Num. ○ Process Num. ○ **Does not verify** ○
	Before the administration of blood products – **Verifies** ○ Bracelet ○ Name ○ Date of birth ○ User Num. ○ Process Num. ○ **Does not verify** ○
	Before specimen collection **Verifies** ○ Bracelet ○ Name ○ Date of birth ○ User Num. ○ Process Num. ○ **Does not verify** ○
	Before performing treatment **Verifies** ○ Bracelet ○ Name ○ Date of birth ○ User Num. ○ Process Num. ○ **Does not verify** ○
	Before surgery **Verifies** ○ Bracelet ○ Name ○ Date of birth ○ User Num. ○ Process Num. ○ **Does not verify** ○
	Before performing complementary exams **Verifies** ○ Bracelet ○ Name ○ Date of birth ○ User Num. ○ Process Num. ○ **Does not verify** ○
	Before service transfer **Verifies** ○ Bracelet ○ Name ○ Date of birth ○ User Num. ○ Process Num. ○ **Does not verify** ○

Figure 4. Observation worksheet for the audit. Porto, Portugal, 2020.

It is pointed out that the procedure of unequivocal identification of patients is a transversal responsibility to all health professionals who have contact with the person or who handle products or documents that concern them. It is oriented, in the sense of a better perception of all aspects that involve the unequivocal identification of patients, that all professionals consider the guidelines of the flowchart presented in figure 5.

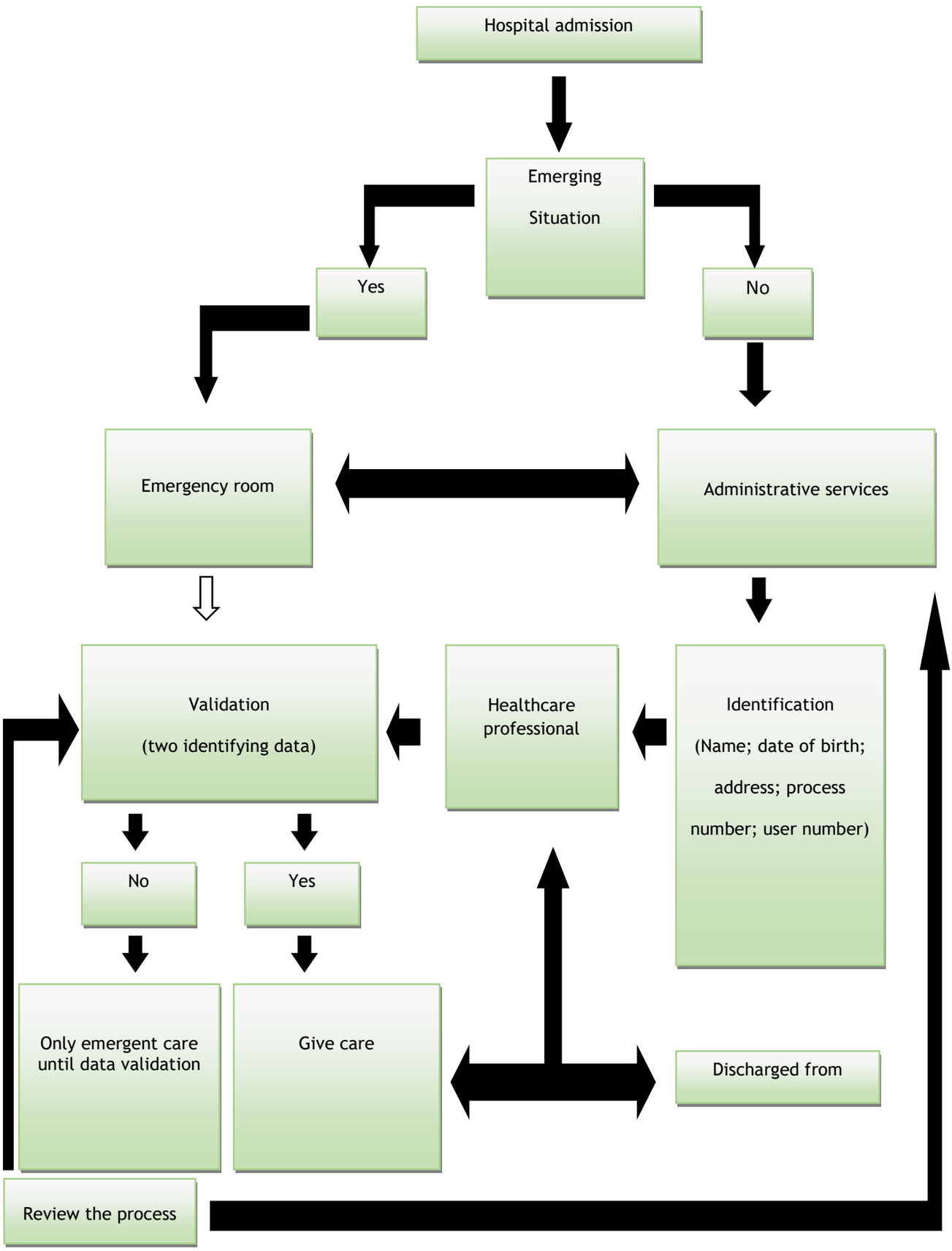

Figure 5. Flowchart of unambiguous identification of the patient during a service of the hospital. Porto, Portugal, 2020.

The flow chart shows the patient's trajectory from admission to discharge. It is understood that, regarding admission, the patient's contact with the hospital may happen due to an urgency / emergency situation for the scheduled hospitalization or by means of external consultation. In the event of an emergent situation, the patient is immediately directed to the emergency room, to receive emergency care assistance. Throughout this process, the connection with administrative services takes place, and this articulation can be made by family members, the fire department or professionals of the National Institute of Medical Emergency (INEM), in Brazil, Mobile Emergency Care Service (SAMU), in order to identify the patient and facilitate the registration process in the computer system. However, in the case of lack of information, due to lack of family members or impossibility to find data for the patient's record, it should be noted that the patient will be identified as unidentified male/female and

without defined age. After the discovery of valid data, the correct identification of the patient is carried out by means of confrontation with his own documents, the statements of direct family members and, in some cases, the presence of police authorities. It is verified, in both situations, that the corresponding bracelets and stickers will be issued by the administrative services.

It is noted, in the emergency room, that the validation of patient data also includes the need for the presence of two identifying elements. It is defined, in their absence, while the support services seek the patient's identity, that only emergency care is provided.

In the event of an appeal to the hospital for non-emergency care, for scheduled hospitalization or for external consultation, the patient must present his identification data in the administrative services. Regardless of the reason for resorting to the hospital, validation of the patient's identification with at least two identifying elements is required. In the case of hospitalization, the use of a bracelet with the patient's identification data is used, namely: full name, date of birth and case number.

It is established, even with a bracelet, whenever there is any inconsistency, that the health professional does not provide care before reviewing all data inherent to patient identification, in conjunction with administrative services.

♦ **Phase 6 - Verification of results**

It is verified, after the conclusion of the activities, that the project team will evaluate the results obtained, comparing them with the data obtained before the implementation of the project. In the evaluation of the results, it is clarified whether the objectives were achieved or not by monitoring the contracted indicator in the construction of the project. In this sense, it is reinforced that the goal to be achieved will be that at least 95% of patients are correctly identified during the provision of health care. It is stated that the result indicator corresponds to the rate of patients identified unequivocally, in the various moments of health care, as shown in the following formula:

Unequivocally identified patient rate = (unequivocally identified patient rate / total number of patients in the service) x 100

This result indicator is calculated by dividing the number of correctly identified patients with the total number of patients in the service, multiplying the value obtained by 100.

♦ **Phase 7 - Proposal for corrective measures, uniformity and training of the team**

It is considered necessary, sometimes, after monitoring the result indicator and the data collected, to standardize the process in writing for all contexts, and not only on the intranet, in order to implement a new work process and train the team to ensure understanding of the new guidelines. These potential measures are closely related to the values of the success rate of project implementation.

♦ **Phase 8 - Recognition and sharing of success**

At this stage of the process, we proceed to make known all the work developed, from the analysis of monitoring data, to the sharing of results with the hospital community. It is a point of reflection for the redefinition of strategies. For the dissemination of the results obtained, the institution's internal means of communication are used, specifically, the institutional electronic mail and the intranet portal, in the area corresponding to clinical governance.

It was noticed, with the presentation of the eight phases, that the construction and diffusion of continuous improvement projects are defined as an essential benchmarking strategy, of the professional performance of nurses, with regard to good practices in nursing care.

DISCUSSION

It is understood that patient safety is one of the most discussed topics in the field of health, with a direct influence on the quality of care. It is known that technological and scientific advances have promoted an increase in demands on health institutions that are increasingly concerned with ensuring the quality of care provided.[11]

It should be noted that quality in health has been a concern of international organizations, such as the World Health Organization (World Health Organization) and the International Council of Nurses, as well as national organizations, such as DGS and the Portuguese ON.[10]

It is assessed that the consequences of possible failures in health systems have a negative impact on people, families, organizations and society at large. It has been pointed out in studies that the occurrence of adverse events in the care process for hospitalized patients causes complications in their recovery process, increased infection rates and the average hospital stay. It is supported by the world literature that one in ten hospital admissions results in the occurrence of at least one adverse event. It should also be noted that more than half of these incidents could be avoided.[12,15]

In this context, the PNSD foresees the unequivocal identification of patients before any intervention, whether referring to diagnosis, treatment or the provision of support services, in line with the recommendation of the World Health Organization in 2007,[17] towards the requirement to adopt strategies that promote the standardization of good practices in this area.

Thus, the theme developed in the article is revealed as a challenge to the praxis of nurses,

and it is essential to reflect on the value of unequivocal identification of the patient, for the safety and quality of care.

It is known that professional organizations in the health field have a prominent role in defining quality standards for each of the domains that characterize the social mandates of the professions.[18] In 2001, it was observed that the Portuguese ON Nursing Council, in a clear concern for quality in health, defined the quality standards of nursing care, which were immediately constituted as an instrument that would facilitate the continuous improvement of quality.[19] It was pointed out, in addition to serving as guidance for the professional practice of nurses and the definition of quality standards, the need to design programs for continuous improvement in the quality of nursing care and, in this context, the importance of build continuous quality improvement projects.

These projects are directed to the reality of each institution, department or unit, whose purpose is to contribute to the implementation and development of quality systems, particularly in more fragile areas and where the highest number of incidents usually occurs. This allows the definition of quality indicators, the prevention of incidents, as well as the production of useful information capable of influencing health policy decisions.[20]

It is understood, following previous investigations, that the causal factors for the occurrence of incidents are not mainly related to the lack of technical competence of the professionals, but with aspects related to the organization or communication within the institution,[7,21] reflecting a safety culture not aligned with the identification of risks associated with health care.

It is also known that, in different contexts of clinical practice, work overload, inadequate dimensioning of nurses and nurses,[22] the existence of patients with the most diverse care needs and the high turnover of patients contribute to trigger unwanted events related to their identification. It is emphasized that the incorrect identification of the patient is a problem recognized worldwide and a source of errors in the provision of care, with disastrous consequences for the patient and for professionals and health institutions.[23]

It is considered fundamental, recognizing the importance of the Nursing activity, as it has a high professional responsibility, as well as the need for the effective implementation of the correct identification of patients, for example, by means of identification bracelets,[12,24] the construction of this project of continuous quality improvement, fulfilling, in the hospital, the fifth strategic objective of the PNSD.

It is evaluated, therefore, that the project of unequivocal identification of the elaborated patient will allow the standardization of the practices and will avoid the occurrence of errors, constituting, in the first instance, a strategy of sensitization of the professionals. It is believed that its dissemination in continuing education programs,[12,21] and, subsequently, the publication of the analysis of the results of the monitoring will guarantee the recognition, by nurses, that the unequivocal identification of patients may prevent a high number of adverse events.

It is noted, although assuming as a limitation the fact that the current circumstances, in the hospital context, do not allow the completion of the last four phases of the project, that the involvement of the nurses will soon facilitate its effective implementation.

CONCLUSION

It is concluded that the construction of projects for continuous improvement of the quality of Nursing care, for example, the unequivocal identification of the patient, in addition to promoting the uniformity of practices, defines guidelines for monitoring Nursing care provided through conception and operationalization of easily measurable indicators.

It is evaluated, being the unequivocal identification of the patient a strategic objective that contributes to the provision of nursing care of excellence, that the construction of the project was advantageous insofar as it has the potential to guarantee patient safety in the development of clinical practices.

CONTRIBUTIONS

It is informed that all authors contributed equally in the design of the research project, collection, analysis and discussion of data, as well as in the writing and critical review of the content with intellectual contribution and in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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