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Original Article

SEGURANÇA NA IDENTIFICAÇÃO DO PACIENTE: A REALIDADE DE UMA UNIDADE PSIQUIÁTRICA

PATIENT'S SAFE IDENTIFICATION: THE REALITY OF A PSYCHIATRIC UNIT

SEGURIDAD EN LA IDENTIFICACIÓN DEL PACIENTE: LA REALIDAD DE UNA UNIDAD PSIQUIÁTRICA

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RESUMO

Objetivo: Identificar as ações realizadas pela equipe de enfermagem, para alcançar a meta de segurança de identificação correta de pacientes, em uma unidade de internação psiquiátrica. **Método:** Estudo de caso, com abordagem qualitativa, realizado em uma unidade psiquiátrica de um hospital de ensino. A coleta de dados ocorreu mediante observação e entrevistas, com roteiro semiestruturado, com a equipe de enfermagem, e analisadas segundo a análise de conteúdo. **Resultados:** a identificação ocorria, por meio da admissão, uso de placas de identificação no leito, identificação no prontuário e uso de quadro branco no posto de enfermagem. O envolvimento da família melhora a identificação e a segurança do paciente, mas não houve identificação de uma prática baseada nos protocolos nem atuação do núcleo de segurança do paciente. **Conclusão:** Não havia uma sistematização no processo de identificação na unidade. Em razão das singularidades do pacientes psiquiátricos urge a necessidade de melhorias e identificação adequada.

Descritores: Segurança do Paciente; Sistemas de Identificação de Pacientes; Transtornos Mentais.

ABSTRACT

Objective: To identify the actions executed by the nursing staff to achieve the safety goal of correctly identification of patients at a psychiatric inpatient unit. **Method:** Case study with a qualitative approach, conducted at a psychiatric unit of a teaching hospital. Data collection occurred through observation and interviews, using a semi-structured guide, with the nursing staff, and analyzed according to content analysis. **Results:** identification occurred through admission, use of identification plates on the bed, identification on medical records and use of whiteboard at the nursing post. Family engagement improves patient identification and safety, but there was no identification of a protocol-based practice or performance of the patient safety center. **Conclusion:** There was no systematization in the identification process at the unit. Due to the uniqueness of the psychiatric patient, there is a need for improvement and proper identification.

Descriptors: Patient Safety; Patient Identification Systems; Mental Disorders.

RESUMEN

Objetivo: identificar las acciones tomadas por el personal de enfermería para lograr el objetivo de la seguridad en identificar correctamente a los pacientes en una unidad de hospitalización psiquiátrica. **Método:** estudio de caso con enfoque cualitativo, realizado en una unidad psiquiátrica de un hospital universitario. La recopilación de datos se realizó mediante observación y entrevistas, con un guion semiestructurado, con el personal de enfermería, y se analizaron de acuerdo con el análisis de contenido. **Resultados:** la identificación se produjo a través de la admisión, el uso de placas de identificación en la cama, la identificación en los registros médicos y el uso de pizarra en la estación de enfermería. La participación familiar mejora la identificación y la seguridad del paciente, pero no se identificó una práctica basada en el protocolo o el desempeño del núcleo de seguridad del paciente. **Conclusión:** no hubo sistematización en el proceso de identificación en la unidad. Debido a la singularidad del paciente psiquiátrico, existe una necesidad de mejora e identificación adecuada.

Descriptores: Seguridad del Paciente; Sistemas de Identificación de Pacientes; Trastornos Mentales.

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INTRODUCTION

Patient safety is a growing issue under discussion in the global scope, pled, mainly, by the health services. In order to reduce errors and increase the number of safe practices, healthcare institutions are investing in actions that prioritize care quality and seek to spread a culture of safety for patients, professionals and the environment[1-2].

The essence of patient safety is characterized by a concern with the significance of the occurrence of adverse events (AE), i.e., with injuries or damages to the patient caused by health care[1]. The occurrence of events involves social, economic and numerous costs, and may result in irreversible damage to patients and relatives[1,3].

In this context, the World Health Organization (WHO) has mobilized the actions of safe practices and quality of health care and, in 2004, created the World Alliance for Patient Safety, which focused on the creation and development of policies in favor of patient safety for all countries members of the World Health Organization (WHO)[4].

In 2013, in Brazil, the National Program for Patient Safety (PNSP) was created, establishing protocols to meet international safety goals and determining the creation of Patient Safety Cores (NSP) in health services. These changes focus on six safety goals, recommended by the WHO, whose goal number one is the patient's correct identification, a process that ensures the patient care procedures and/or treatments, preventing errors and risks to safety[4-5].

Thus, preventing an error requires restructuring the hospital care system, recognizing that no institution is invulnerable to the problem of patient identification[6].

For the psychiatric patient, the hospitalization is a specialized treatment modality, often used for patients considered dangerous to themselves or others, or who require intensive services. The objectives of the hospital treatment are specific and focused on the stabilization of behaviors, addressing the crisis that precipitated the hospitalization and alignment of services for the patient's return to his/her community[7].

To try to ensure the patient safety during hospitalization, there are some strategies for the correct identification of the patient, such as emphasizing that all health professionals are responsible for its implementation and confirmation of the action. The patient and family, in turn, must be actively involved in the process and receive information on the importance of correct identification. At admission and care provision, there should be at least two identifiers to make this identification, as well as standardizing approaches to patient identification between the various units and institutions, within a health system[6,8].

Ensuring the correct identification of the patient, even if the professional is familiar with him/her, ensures the right of the patient to receive proper care[6,8].

For this study, it is assumed that an effective identification involves providing the patient identification from his/her admission, having a visual and automated method to bind the patient to his/her medical-therapeutic documentation and minimizing the possibility of transferring identification data to another person[6].

In this context, the correct identification of the psychiatric patient becomes relevant for a safer practice resulting from the patient's particularities. The mental healthcare unit represents a complex scenario, involving physically and verbally aggressive patients, with extreme agitation, episodes of delirium, acute psychosis and mental confusion[9]. In addition, few researchers of health services study hospital psychiatry, and the issue has not been a priority among research funders. Several policy levers could begin to resolve these deficiencies, which includes aligning the stimuli to patient-centered care, performing analyses of incidents in this area and encouraging more researches[10].

The psychiatric patient needs a continuous nursing care, with constant observation, considering the episodes of mood swings, escape attempts, and suicide. Identifying the needs of the psychiatric patient allows for the establishment of individualized interventions and treatments, facilitating and implementing rehabilitation[11]. The correct identification, as one of the safety goals, becomes indispensable and essential in the final outcome: a safe and quality care.

Considering the importance of the theme and realizing the existence of weaknesses, this study sought to deepen the gaze at the correct identification of patients, at a hospitalization ward of psychiatric patients of a teaching hospital.

With the considerations presented, the following guiding questions emerged: how has the nursing team identified the patients form the psychiatric unit? How has the team reduced the damage and promoted patient safety at this ward? In this way the present study sought to identify the actions performed by the nursing team to achieve the safety goal of correct patient identification at a psychiatric hospitalization unit.

METHODS

This is a qualitative case study, whose purpose is to analyze a social unit, seeking to understand the complex social phenomena and answer "how" and "why" they occur. This research method was chosen because it allows the researcher to capture significant characteristics present in the actual context[12].

The unit of analysis was the service of psychiatry of a mid-sized, philanthropic teaching hospital, linked to a federal university, located in Zona da Mata, Minas Gerais, Brazil. The hospital is part of the network of sentinel hospitals, with the presence of a risk management commission and a NSP since 2013.

The service of psychiatry is a hospital unit with 15 beds and is a reference in the care of a micro-region composed of nine municipalities. The service had a nursing team composed of ten professionals, being two nurses and eight nursing technicians (NT) (day and night shifts), with a 12x36h roster, two NT by shift, and a nurse for eight hours a day and another for six hours a day. It should be emphasized that it is the nursing team is responsible for the patient identification at the service.

The research participants were elected with the inclusion criteria: professional from the nursing team (nurse or NT) of the psychiatric hospitalization unit, regardless of the time working in the function. The exclusion criterion was: absent nurses or NT due to any reason in the period of data collection. Therefore, entire team was interviewed: two nurses and eight NT.

Data collection occurred through interviews and observation. For the interviews, a semi-structured guide drawn up by the researchers was use, conducting a pilot test, without necessary changes. The observation took place before and after the interviews, to achieve the proposed objective, with annotations in a field diary. The psychiatry team was observed for 32 hours. The collection took place in the period from July to August 2016. The interviews were carried out by the main researcher and lasted an average of 20 minutes, carried out at the workplace itself, at a reserved and comfortable place to allow the participants to expose their ideas, which were previously scheduled with each one. The guide addressed questions about the importance of the patient identification; the actions and strategies necessary in the identification, types of training to improve the patient identification, the occurrence of errors and AE and the work of the NSP in the ward.

The interviews were audio recorded with professionals' consent and were fully transcribed, and, after this step, were analytically and descriptively processed from the Content Analysis theoretical reference[11]. To ensure the participants' anonymity, the statements were coded with the letter P (participant) followed by Arabic numerals, according to the sequence of interviews.

For the Content Analysis, there was a chronological sequence of the following stages: pre-analysis, material exploration and treatment of results, inference and interpretation[13]. Thus, initially, a floating reading and analysis of issues of interviews were performed so that the researchers could become familiar with the text and acquire an understanding about what the subject intended to transmit. Then, there was the thematic selection, which consisted of identifying the meaning cores, or semantically similar elements, for subsequent categorization and interpretation according to the literature.

The study was conducted according to the norms of Resolution 466/2012 of the National Health Council, starting after examination and approval by the Human Research Ethics Committee of the Federal University of Viçosa (CAAE: 44109015.0.0000.5149). All participants signed the Informed Consent Form.

RESULTS AND DISCUSSION

The study participants were 10 professionals: 56% men and 44% women. The psychiatry service is believed to admit more men and women due to the characteristics of the patient in mental suffering. The age range was from 30 to 45 years, and the average time since graduation was 8 years, with a maximum time of 19 years. The nurses had no specialization in the area.

The analysis resulted in the following categories: actions carried out in the identification of psychiatric patient; family

engagement in the patient identification and safety; patient identification: difficulties identified.

To facilitate the understanding of analysis, Frame 1 summarizes the categories, subcategories and some participants' statements about the patient identification at the psychiatric unit.

Frame 1 - Categories and subcategories: actions carried out to achieve the safety goal of correct patient identification at a psychiatry inpatient unit.

Category	Subcategories	Statements
1-Actions carried out in the identification of psychiatric patient	Identification on the bed	"Always before performing any procedure with the patient I call him by his name and check the bed number. Having the nameplate on the bed helps a lot." (P2) "The first thing I pick up is the patient chart, where I look at the name, and I already put the identification paper on the patient's bed." (P4) Patient identification is very poor. It is identified on the material, the patient's name goes on the material, medication... They are thinking of adopting bracelets and there is the patient identification on the bed. (P10) Here, there is a lot of risk of falling, putting two Sebastian in the same room. One Sebastian next to the other. The nurse even tries to manage, but once he leaves, it is free, there is only that male place, so we put that patient there, then we relocate him. Patient ID is too poor, there is only patient ID on bed. (P8)
	Identification frame	"We know who the patient is because of this frame at the nursing post". (P3) "I always identify by the bed number and patient's name".(P7)
2-Family engagement in the patient identification and safety	Admission with Family members	"At admission, the Family are part of the process through questions and are released soon after".(P1) "At admission, I usually talk to the family, and, sometimes to the patient, depending on the patient's complexity. The Family has to participate". (P6)
3-Patient identification: difficulties identified	Lack of the process systematization	"When we have two people with the same name, we don't have difficulties, because we have few beds, and when we have the same name, we assess by the physical difference between them, each one has a way of being".(P5)
	Uniqueness of the patient with mental disorder	"In psychiatry, the patients remove and rip the papers, but we stay alert to know each one of them, and not make any mistake". (P4) "If I only check the bed's number, I give the wrong medication, because they go to other beds when they are delusional" (P7) "I psychiatry, each case is unique. We have patients with disorders, drug users, patients with alcohol problems, and may other reasons, and this ends up hindering the identification".(P8)
	Lack of the action of the patient safety center	"During the months I've been here, I've never heard of a commission. Now, the

		nursing ethics, maybe this commission is acting with patient safety". (P1) "Look, sincerely, I don't even know what this centers does, I don't think it even exists here". (P9) "Very difficult; but, what kind of commission and center are these? The patient is safe all the time, we're the ones unsafe in here, because they can hurt us. We have to talk to them, be friends with them". (P4) "We do have a commission, I just don't know how it works, but it's always on the board, we pass by it and read it". (P5)
	Trainings	"I've never attended any training on how to identify patients". (P1) "I've been working in this hospital for a long time, and had never had a moment to learn about patient identification". (P7). "The nurse is always talking about identification, that we have to pay attention. We feel lost, the institution has to offer a training on patient identification".(P4) "We're always guiding, using permanent education, we attend meetings, but we don't work with sentences, we work with guideline, education". (P10)

Source: Database, 2016.

The results indicate that the actions developed by the nursing team, in the psychiatric unit, included the identification at the bedside, completed on admission; completion of a white board containing the patient's full name and number of the bed, located at the nursing post, aiming to reduce future errors and streamline the process of team work. However, due to the characteristics of the patient with mental disorder, the findings of the observation and statements indicated that this identification was not always kept at the bedside.

In the healthcare practice, there is still a delay in the development of efforts to improve patient safety. This delay is, especially in hospital psychiatry, where there is a risk of damage to the patient[10]. The results of this study corroborate the literature, demonstrating that there are few efforts to achieve the safety goal of correct patient identification at the psychiatric hospitalization unit.

The observation allowed for analyzing identification plates on the bed, completed by the nursing technician at the patient's admission, by completing the full name, registration, mother's name and the name of the responsible doctor, in addition to assessing the risk of fall, risk of injury and allergies. In spite of the instrument, several times, the patient had no sheet on the headboard of the bed and the team alleged that the patient had removed it.

In relation to the identification board, it was located at the nursing post, and identified name, reason, date of admission and responsible doctor. The nurse, at the beginning of the duty, was responsible for fulfilling and checking it, and the nursing technician was responsible for updating it throughout the day with discharges and admissions. Before executing care and procedures such as bathing, feeding and administration of medicines, the professional called the patient by the first name. In the data collection period, there was no visit of the NSP's team to the service, nor was witnessed a training with the team.

Sometimes, the records had incomplete data regarding the patient identification, incomplete names of nurses, nursing technicians, records and prescriptions. There were no standard operational procedures or protocols on the correct identification of the patient available in the ward.

When the patient was admitted to the ward from another service, such as the CAPS,

Emergency Care, or another, there was no strategy for patient identification. The family members accompanied the patient to the service, with documents of hospitalization and others, such as medical admission and prescription.

The patient identification must aim at determining with certainty the legitimacy of the treatment or procedure and ensure its execution according to the patient's needs[2,4-5]. In practice, the correct identification of the patient is part of the nursing care and, in this research, the results revealed flaws in relation to this process, leaving the patient vulnerable to errors. Identifying the patient only by name and number of the bed, or even memorize the physiognomy of the patient, characterizing an unsafe action that does not meet the protocols recommended by the MoH and PNSP, may interfere in other stages of the multiprofessional assistance, being a primary action to guarantee the quality and patient safety[2].

It should be emphasized that the statements and observation data pointed out that the ward had no standardization in the process of patient identification. Since the implementation of the PNSP, institutions need to reconcile the devices recommended by the protocol and patients' desire[2]. Thus, the administration of the institution, together with other leaders, must invest in patient identification, making use of favorable and available technologies proven as strategies in preventing errors, such as bracelets, scanned tags, labels and bar codes, so that professionals have adequate resources to execute this practice[6].

The guidelines for implementation of the goal of correct patient identification recommend that institutions adopt uniform methods to identify their patients, such as bracelets identification, with a minimum of two identifying elements and ensure its verification prior to the procedures of higher risk, such as prior to the administration of medicines, blood and blood components, collection of samples, diagnostic tests and surgical procedures[14].

Os resultados apresentados também demonstraram que a estratégia da identificação na beira do leito, na ala psiquiátrica, não tem sido eficaz, nesse sentido, estudos apontam que, além das placas, nas cabeceiras, podem ser utilizados adesivos nas roupas e para certificar-se de que os pacientes sejam identificados de forma correta[14]. A identificação do paciente deve ocorrer como um processo sistematizado e atentar para critérios como integridade e legibilidade[2].

The results also showed that the strategy of identification at the bedside, in the psychiatric ward, has not been effective, in this sense, studies suggest that, in addition to the cards, in the headwaters, adhesives can be used in clothing and to ensure that patients are identified in the correct way[14]. The identification of the patient should occur as a systemized process and look for criteria such as integrity and legibility[2].

For greater safety, the identification of all patients should be performed at admission to the service and must remain for the entire time that patient is under care. It should be emphasized that health services should develop, implement and regularly review processes that facilitate the correct identification of patients, including the transmission of case between health teams, transfer and discharge of the patient[8].

Regarding the second category, participants reported about the importance of family engagement in the process of patient identification, being a fundamental part, mainly, in the effective admission of the patient, aiding in data information when entering the unit. The family, in the context of psychiatric patients, assists in confirming the patient's identity, which should be performed before any care, including administration of medications[15], as well as the collection of material for tests, delivery of the diet and invasive procedures.

Involving the family/companion and explaining the purpose of identifying the patient facilitate the provision of care; moreover, the involvement of all is part of efforts to improve the safety[10].The monitoring and the bond of family with the psychiatric patient are fundamental to the understanding and therapy, during the hospitalization, providing support, kindness, dedication and aiding in the prevention of errors in the period of hospitalization[16].

The family is a basic support for the life of any person, but for psychiatric patients, it becomes even more essential due to their need for care and monitoring outside the hospital environment. In this way, it is an important social group, and the nursing and health teams should assist in the interaction and strengthening of relations[14].

In the category of patient identification: difficulties identified, the analysis highlights important failures in the process of patient

identification and gaps in knowledge of the team regarding patient safety. The nursing team only identified difficulties in case of homonyms and unstable patients.

At the psychiatric unit, patients have oddities related to the medication in use, exchange of beds between them, ripping the identification plates, unstable condition, requiring specific care. In this way, disseminating the importance of correct identification at this unit becomes essential, considering its patients[17].

One participant reported that there was no need for identifying patients, due to the small number of beds. Nevertheless, it is worth noting that the psychiatric patients present with complexities and are met by various teams that often provide care during a portion of the day[2]. Thus, an incorrect identification can lead to failures and/or errors in the whole care process.

International researches show that the high incidence of problems and errors are related to misidentification of patients. Annually, approximately 850 patients in the United States are transfused with blood intended to other patients and approximately 3% of these patients evolve to death. In every 1,000 patients who receive transfusions of blood or blood components, an individual receives the blood intended to other person[15].

Specifically in psychiatry, a study highlights the lack of use of patient identification bracelet, at the psychiatric clinic, justified by the small number of patients, which facilitated memorizing their names[18]. In this sense, the errors are generally related to the incorrect registration of the name on the admission records or on the medical chart itself, with the frequent incidence of homonyms and with inadequate process of verification of the patient's name[19].

International study emphasizes that not always the psychiatric patients access appropriate health care and may suffer inequalities in care. The use of medicines for treating mental diseases is one of the pillars of modern practice. The treatment involves the use of high-risk drugs such as lithium, antipsychotics and clozapine, very common in this population and present unique challenges for the safe use of medicines. To worsen, not all users of mental health services can feel involved in decisions about therapy[20]. These data reinforce the importance of a safer assistance to the patient with mental disorder.

Misidentification may occur in virtually all aspects of diagnosis and treatment. Patients may be sedated, confused or not fully alerts; can change beds, rooms or wards within the hospital; may have sensory impairments or may be subject to other situations that may lead to errors of identification[21].

This category allowed for observing that the team does not recognize the NSP's performance in the field of psychiatry, and the results showed lack of knowledge about patient safety and international goals of patient safety.

NSP is the instance of the health service set up to promote and support the implementation of actions aimed at patient safety at all wards of the institution, consisting of an extremely important component in the search for the quality of the activities developed at health services. The patient needs to be safe, regardless of the care process to which he/she is subjected. Among the various functions of the NSP, there is the permanent education of professionals working at the institution[5].

The results also indicate that professionals did not receive training on how to perform the correct identification of the patient. The professionals identify patients empirically due to the lack of a policy of permanent education aimed at patient safety.

In this sense, the permanent education must go along with any change in the work process, directed to the improvement and interaction between the subjects, in order to involve the whole team, stimulating the critical, reflexive, committed and technically efficient performance, seeking to overcome the deformations and deficiencies in training of health workers[22]. Therefore, the involvement of managers becomes necessary, contributing positively to everyday qualification of the professionals.

To achieve success in the correct identification of the psychiatric patient, the involvement of professionals, managers, better communication with the hospitalization service, strategies that improve the process are essential. The use of indicators of patient safety and protocols also facilitate the path of quality and safety[14, 23].

Regardless of the technology or approach used for the identification of psychiatric patient, it is necessary to build a planning for the care processes, because it will ensure the proper identification of the patient before any health

intervention, this leading to a safer care provision[1,6].

FINAL THOUGHTS

The study shows how the nursing team has performed the patient identification at a hospitalization ward for people with mental disorder and brings contributions to improve the patient identification, making it safer. Strategies of identification are necessary, as well as the systematization of the actions in the psychiatric unit. The family appears as a fundamental part in the process of improving patient safety.

The study identified that the professionals use admission with full name, identification plate on the bed, identification on the medical records and white board at the nursing post. Nonetheless, there is not systematic practice, no deployment of protocols or other strategies to assist in the correct identification of the patient in psychiatry, although there is a concern of the team in reducing errors.

The difficulties in the identification process at the unit result mainly from the complexity and oddities of psychiatric patients. However, it is important to execute the identification scientifically and according to the recommendations of the WHO.

The participants did not recognize the performance of the NSP, at the ward, but it is an instance within the institution that should influence, directly, the permanent education, implying in training and construction of a planning to improve the range of safe practices.

Thus, the study has implications for the nursing practice, the importance of the nurses' work to contribute to the development of a culture of patient safety, as well as inserting actions, strategies for better patient identification, such as bracelets, labels, deployment of Standard Operating Procedure, protocols, permanent education, involvement with the team, to improve and make health care safer, avoiding errors and adverse events.

There are research gaps that need to be better studied, especially about the influence of the family to achieve safer practices. A limitation of the study is the small literature about the approach and identification of the patient in psychiatry, in addition to its development at a single service, aspects that hinder comparisons. Therefore, the present article may guide other studies that seek to make mental health care safer.

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