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AN IMPORTANT PROBLEM FOR PATIENT SAFETY: PATIENT MISIDENTIFICATION

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ABSTRACT

Correct patient identification is very important for ensuring patient safety. Wristbands are requisite for accurate patient identification. Wristbands for patient identification are not being used to their maximum capacity. However, there are insufficient studies about wristbands and there is require more studies for rebuilding the protocols for wristbands and implementing them in hospitals.

KEYWORDS: Patient safety, patient identification, wristbands

INTRODUCTION

Patient safety is universal problem and has been discussed all over the world. Correct patient identification is very important for preventing medical errors and ensuring patient safety. It is also the first target defined by the Joint Commission International (JCI) for safe, and high-quality care. Wristbands are an usually used method of identifying patients. These are typically applied onto a wrist and they convey necessary informations for healthcare staff to be able to identify a patient. Mistakes in identification can jeopardise the whole care process. Patient misidentification is a preventable event when it is esteemed by health professionals. However, inpatients are not always correctly identified, thus they are at risk of receiving inappropriate care. It was reported that more than one in 10 the incompatible care measures notified were related to wristbands. 15 incorrect patient identification incidents were found over a 5 month period in 18 acute care hospital in the United Kingdom. (Tase *et al.*, 2015, Hoffmeister *et al.*, 2015, Smith *et al.*, 2011, Sevdalis *et al.*, 2009a, Sevdalis *et al.*, 2009b).

ACCURATE IMPLEMENTATION OF WRISTBANDS

Errors occur when patients don't have wristbands, the wristband does not convey correct identification information, the hospital staff doesn't check or correctly check the wristband. Wristbands

should include patient's last and first name, date of birth and hospital registration number. The information on the wristband must be checked with the patient/family before use it. Wristbands should be worn immediately after hospital admission and should be worn in all inpatients along any medical or care intervention. Damaged wristbands should be replaced immediately with new ones. (Hoffmeister, 2015, Tase *et al.*, 2015, Smith *et al.*, 2011, Sevdalis *et al.*, 2009a, Sevdalis *et al.*, 2009b).

COLOR-CODED WRISTBANDS

Color-coded wristbands are used to indicate special statuses such as allergies, the risk of falling, confused patient and others. However, the efficacy of color coding does not seem to be supported by evidence. It was notified only 16 of 28 allergies were issued with an allergy wristband in the study with 256 parents-child pairs. Also there are conflicting use of color coding on wristbands. Colors were changeable depending on the hospital such as a red wristband could indicate 'do not resuscitate' status, the risk of fall or allergy. There is a case in literature, that patient almost died as a result of staff confusion regarding what a yellow wristband was meant to signify. It is recommended only red color should be used to indicate special patient statuses (Gebhardt, 2013, Sevdalis *et al.*, 2009a, Sevdalis *et al.*, 2009b).

IDENTIFICATION IN NEWBORNS

Identification in newborns is also important. Errors in the identification of mother and child can cause prolonged hospitalization, disability, the wrong infant presented to a mother and death of the newborn. In Tase and colleagues' study in obstetric units, it was stated only %34 of children were identified with wristbands. However, there isn't enough studies to evaluate the quality of performance on the mother-child identification protocol through wristbands (Tase, 2015).

PATIENT IDENTIFICATION IN BLOOD TRANSFUSIONS

The identity of the patient must be checked by the name before receiving blood transfusions. But patients are frequently not asked to confirm their name before receiving blood transfusions. It was reported in literature, as many as one in 6 transfusion patients was not wearing wristbands (Sevdalis et al 2009b).

CONCLUSION

Attention to detail in application and use of wristbands may offer further gains in patient safety. The health professionals' engagement in the process of patient identification can provide the high rate of conformity of the wristbands. Identifying elements in the use of wristbands can ensure improved identification process. However, there are insufficient studies about wristbands and there is require more studies for rebuilding the protocols for wristbands and implementing them in hospitals.

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