A Report on

"Gaps and Challenges in Patient Identification"

At

Oscar super specialty Hospital, Jhajjar

Submitted by

Dr. Anjali Ahlawat (PG/20/010)

Post-Graduate Diploma in Hospital & Health Management

2018-2022

International Institute of Health Management Research, New Delhi

(From 4th April, 2022 to 4th July, 2022)

IIHMR DELHI | INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Anjali Ahlawat**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "**Gaps and challenges in patient identification**" at "**Oscar Super Specialty Hospital, Jhajjar**" in partial fulfillment of the requirements for the award of the PGDM (Hospital & Health Management).

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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Organization Mentor Name: Ms. Setu Dhamkar
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Completion of Dissertation from Oscar Super-specialty Hospital

The certificate is awarded to

Dr. Anjali Ahlawat

in recognition of having successfully completed her Internship in the department of

Quality Department

and has successfully completed her Project on

Gaps and challenges in patient identification

From: 4th April,2022 to 4th July,2022

at

Oscar Super Specialty Hospital, Jhajjar

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish her all the best for future endeavors.

Training & Development

Ms. Sneha Juneja
HR HEAD
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Zonal Head-Human Resource

Ms. Sneha Juneja
HR HEAD
Oscar Group of Hospitals

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Anjali Ahlawat** , student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has completed her internship on the topic of '**Gaps and challenges in patient identification**' in the department of **Quality** from **4th April 2022 to 4th July,2022.**

During the above period, her performance was good.

We wish her all the best for her future endeavor.

Ms Sneha
Manager-HR

Ms. Sneha Juneja
HR HEAD
Oscar Group of Hospitals

Ms Setu Dhankar
Head- Quality

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Anjali Ahlawat** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **Oscar Super speciality Hospital, Jhajjar** from **4th April,2022 to 4th July,2022.**

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical. The Internship is in fulfillment of the course requirements.

I wish her all success in all his/her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Mentor
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled **"Gaps and challenges in patient identification"** at **"Oscar Superspeciality Hospital"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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FEEDBACK FORM

Name of the Student: Dr. Anjali Ahlawat

Name of the Organisation in Which Dissertation Has Been Completed: Oscar super speciality Hospital, Jhajjar

Area of Dissertation: Quality.

Attendance: 99 %

Objectives achieved: Yes

Deliverables: Yes

Strengths: Good observer, detail oriented.

Suggestions for Improvement: None

Suggestions for Institute (course curriculum, industry interaction, placement, alumni): Satisfactory

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 5th July, 2022

Place: Jhajjar

OSCAR Super Speciality Hospital & Trauma Center Pvt. Ltd. ★ JHAJJAR HARYANA

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled ..."Gaps and challenges in... ...Patient Identification"...

and submitted by (Name) ...Dr. Anjali Ahlawat... Enrollment No. ...PG/20/010...

under the supervision of ...Dr. Rohini Rustal...

for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from ...4th April, 2022... to ...4th July, 2022...

embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Anjali
5/7/2022

Signature (ANJALI AHLAWAT)

ACKNOWLEDGEMENT

Completing a task is never a one man effort. It is often the result of valuable contribution of a number of individuals, in direct or indirect manner that helps in shaping and achieving an objective. This acknowledgement is nothing but a small token of gratitude in recognition of their help in this endeavor.

I am indebted to all faculties of International Institute of Health Management Research for their valuable guidance, encouragement & support to complete this project. I express my sincere thanks to **Dr. Rohini Ruhil**, Associate Professor, IIHMR Delhi, my mentor for her constant guidance and education throughout the internship.

I would like to express my gratitude to Dr. Vipin Sangwan (Managing Director, Oscar Health Services) for providing me with the opportunity to work in this organisation and for helping me through the process.

I would like to thank Ms. Setu Dhankar (Quality Manager) for giving me an opportunity to do the project work in this organization & also guiding me to complete this project work.

I extend my thanks to all the staff members of Oscar Super specialty Hospital for their kind cooperation, support & patience.

Dr Anjali Ahlawat

PG/20/010

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Abbreviations

Abbreviations	Full Form
ICU	Intensive Care Unit
JCI	Joint Commission International
NABH	National Accreditation Board for Hospitals & Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
WHO	World Health Organization
IPD	In Patient Department
OT	Operation Theater
CCU	Cardiac Care Unit
CSSD	Central Sterile Supply Department
ECHS	Ex-service men contributory health scheme
USG	Ultra Sonography
OPD	Out Patient Department
NICU	Neonatal Intensive Care Unit
CT	Computed tomography
MRI	Magnetic Resonance Imaging
TPA	Third Party Administrator
MICU	Medical Intensive Care Unit
EWS	Economic Weaker Section
QCI	Quality Council of India

CHAPTER-1

ABSTRACT

Title Of the study: Gaps and Challenges in Patient Identification.

Key words: Errors, Patient identification, IPSG, JCI, patient safety, wristbands, color coding, quality indicator

Background: Correct identification of patients is a wicked problem in the healthcare setup not only in India but across the world. Wicked problems are often complex in nature and it is difficult to find a solution for them as they resist conventional solutions.

Although all the staff working in the hospital, concerned with patient care is prone to patient misidentification but because as we know nurses deal with patients for the maximum amount of time and they are always at the forefront in healthcare delivery setups; therefore nurses are most likely to witness any identification error involved in clinical practice at some point in their nursing careers. Although the nurses are very much aware of the critical importance of correct patient identification and the safety mechanisms undertaken to minimize such errors by asking patient their full name, their UHID number, checking the wrist identification bands, still the problem of patient identification remains an area of concern.

Objective:

1. To evaluate the accuracy of nursing staff in verifying patients identity before performing any task given.
2. To provide the solutions to minimize the errors occurring in patient identification thereby preventing incidents in the hospital.

Study Design: This is a Descriptive cross-sectional study in which we are using convenience sampling.

Primary data was collected from the nursing staff working in Oscar Super specialty hospital from 2st May, 2022 to 16th May, 2022.

Methods: A structured questionnaire was prepared which was given to the nursing staff working in all IPD areas, dialysis unit, daycare unit, and endoscopy unit.

Results: A total of 40 responses were collected from the nursing staff and on analysis it was found that out of all the identification errors, most common was that the nursing staff missed to provide Id band to patient after admission in the hospital (35%) and next common was the incorrect method of confirming the patient name (24%). The least common errors were

giving wrong medicine to the patient because of mis-identification (0%) and drawing blood sample from the wrong patient because of misidentification (6%)

Conclusion:

The study concluded that majority of the nursing staff working in the hospital is accurately identifying the patients and is compatible with JCI guidelines of patient identification but certain leaks and gaps are there which can be bridged by reinforcing the training part and bringing about some technological advancements.

CHAPTER-2

ORGANISATIONAL LEARNING

Oscar Superspeciality Hospital & Trauma Centre, Jhajjar:
Is A Unit of Oscar Health Services Presently headed by Dr. Vipin Sangwan .

The hospital has established itself as a centre of excellence in a very short span of time and is providing its sevices to the common masses in 6 districts of Haryana namely Jhajjar, Rohtak, Charkhi dadri, Sonipat, Panipat, Jind.

The hospital is fully equipped with dedicated department of Laparoscopic Surgery, General Surgery, Gynaecology, ophthalmology, ENT, Paediatrics, Orthopaedics, Dental, Skin, Anaesthesia, Nephrology, cardiology, oncology, Gastroenterology, Plastic surgery, Neurology, Urology.

The hospital is equipped with state of the art 13 bedded ICU/ICCU with ventilator (07) support and monitoring facilities, centralized oxygen. The hospital has well established department of Urology with facilities for laparoscopic surgery. Complete range of various Specialty departments are an asset to this multispecialty hospital which offer holistic care to the general masses. Oscar Super Speciality Hospital & Trauma Centre has specialized team of doctors for patient's care.

The facilities of well equipped Operation theatre with C-Arm and anaesthesia work station with ventilator support, ambulance, canteen, Pharmacy, Physiotherapy, Super Specialist OPD, economy and private Rooms, ICU/ICCU, 24 Hours Service for pathology Labs, Digital

X-Ray, Ultrasound, Colour Doppler, Echo, ECG, CT Scan, EEG and comfortable room services & many more facilities. Oscar, a multi-super-strength, quaternary consideration hospital, which has been considered among perhaps the best medical hospital in Jhajjar and nearby areas.

Oscar Hospital, has gone through an exhaustive on location survey of the quality and security of care being given and is focused on persistently fulfilling thorough global guidelines. Oscar Hospital, Jhajjar has acquired its situation as one of the top medical hospital in near areas utilizing trend setting innovation and top clinicians to convey the absolute best in medical care. Their drives appropriately catch the beat of individuals they serve, going from redid preventive wellbeing checks to quaternary consideration from very specific clinicians directing uncommon and complex medical procedures. It showed restraint 'first' then, at that point, and has kept on being so.

MISSION

To provide maximum health care along with personalized medical attention & facilities to the best in an honest & friendly environment and at prices affordable to all.

VALUES:

• Patient centricity-resolves to best results and experience for patients

• Integrity – show moral mental fortitude to shout out and do the right things

• Teamwork-proactively support one another and work as one group

• Ownership-be mindful and invest wholeheartedly in our activities

• Innovation-consistently improve and enhance to surpass assumptions

AFFILIATIONS AND ACCREDITATIONS:

Oscar hospital accepts that the accreditation of clinic's projects and divisions is another enormous achievement that supports the establishment's situation in the medical care area and will add to its prominent quality clinical benefits. Oscar Hospital is authorize by NABH and follow the guidelines given by the accreditation body to cater to safe patient care and to set quality boundaries in the medical care institute.

INVESTIGATION FACILITIES

A complete range of investigative facilities is available 24*7 to cater to needs of both in-patients and out-patients.

1. **Pathology lab**

    - Microbiology,
    - clinical pathology,

- immunology,
- haematology,
- clinical Chemistry
- Histopathology

2. **Radiology Department**
   - CT Scan,
   - X- Ray using 500 MA, 100MA

3. **Ultrasonography/ Color Doppler/ ECHO/ TMT/ PFT/ECG/EEG**

SUPPORT FACILITIES

1. CSSD
   Centralized Sterilization and Supply department

2. PHARMACY
   A-24 hour Medical and Surgical shop

3. PHYSIOTHERAPY
   The hospital has a physiotherapy unit which is well equipped with the latest machines to meet demands of young, elderly, post-traumatic, postoperative and sick patients to facilitate early mobilization and recovery.

4. MEDICALRECORDS
   Patient's medical records are maintained for retrieval at any required time

5. KITCHEN
   The hospital runs FSSAI approved Kitchen facility for fulfilling the special dietry needs of patients and their relatives.

6. DIETICIAN

7. AMBULANCE
   Fully equipped ambulance for transfer of sick Patient to the center round the clock.

8. LAUNDRY
   Facility for cloth washing and drying.

GENERAL DISCIPLINES

- General Medicine
- General Surgery dpartment
- Obstetrics & gynaecology
- Ophthalmology
- ENT
- Department of Pediatrics

- Department Orthopaedics
- Plastic surgery
- Dental unit
- Dermatology
- Psychiatry
- Anaesthesia department

SPECIALIZED DISCIPLINES

- Joint replacement and spine surgery
- Plastic surgery
- Neuro surgery
- Department of Urology
- Pediatric surgery
- Department of Laproscopic surgery
- Department of Cardiology
- Department of Nephrology

INDUCTION PROGRAM IN THE HOSPITAL

After our joining as intern in Oscar Super specialty Hospital, the HR- Department organized an induction program for us, to orient us with the over-all functioning of the hospital's all clinical, nonclinical and support system departments. It was a great experience, which gave us an insight of, how all clinical, non-clinical and supporting departments are interlinked in making hospital a complete entity which serves mankind.

I had visited following departments.

- CSSD
- Linen and laundry
- Fire-safety and security
- Biomedical engineering
- Engineering
- Food and beverages
- International marketing
- Quality
- Operations
- Pharmacy
- Purchase
- Ambulance and transport
- Out -patient department

- In patient department
- Intensive Care Unit
- Operation theater and Anesthesia
- Pathology
- Radiology
- Medical Record Department (MRD)

CHAPTER-3

PROJECT REPORT

INTRODUCTION

Past one year has been a devastating year not only for India but for the entire world as we saw the entire healthcare system crippling under the burden of COVID -19 pandemic thus bringing about a lot of transformation in the healthcare industry paying more attention to quality and safety. Although there have been a lot of issues that mushroomed within the Indian healthcare system during the pandemic, one of the most pertinent problems healthcare providers faced and are still facing is the patient identification errors. Misidentification of patient is detrimental to patient safety and quality both. Thus it is no wonder that last year in 2021, as per the JCI patient safety goals, correct patient identification was on the top priority.

Incorrect identification of patients continues to result in errors in administration of drugs, errors while transfusion of blood, sample testing errors, errors involving wrong site or wrong person procedures. It can in certain circumstances even lead to the handover of infants to the wrong families

Identification of patients and matching, is one activity which is the crux of effective treatment and patient safety. Patient identification is the most important and vital step in Health-care management, one has to be vigilant enough so no error should transpire anytime. Because these errors can be fatal and life-threatening for health-care seekers, it is hence proved that accurate patient identification is core of Health-care activities. It is seen that most of the identification errors are being caught before any harm to patients, but few get missed and cause significant fatal harm to patients, which is not acceptable at all. Most of the patient identification errors are preventable with help of latest technologies.

While wristbands are commonly employed in some countries to identify hospitalised patients, the effectiveness of this system is constrained by lost wristbands or inaccurate patient information. The colour coding of wristbands makes it easier for employees who offer care at numerous locations to identify specific problems quickly, but the absence of an uniform coding system has resulted in mistakes.

When Diagnostic or therapeutic components of patient care are mismatched with patients seeking for health-care, then ominous errors take place.

What causes patient identification errors?

Patient misidentification can happen in a variety of situations in the healthcare business, and many of them can lead to diagnostic errors and patient harm.

- Homonymy,
- Errors during registration of patients
- Reliance on erroneous patient information
- Order entry error (incorrect or incomplete data entry),
- Orders that have been mistranscribed,
- Biological specimens taken from the wrong patient, incorrect sample labelling, and
- Inaccurate test results entry or communication in the laboratory information system Obstacles to precise patient identification

Despite the fact that medical history is littered with incidents of identification errors, and despite the fact that many efforts have been made in recent decades to address this critical.

PROBLEM STATEMENT

Patients visit hospitals to get quality treatment and have a better life but because hospitals are hub of innumerable activities running side by side and there are a number of encounters a patient has with doctors, nurses, technicians and other healthcare staff which makes patients prone to misidentification at any level of care. Less number of nurses compared to the patient load in hospitals, often working under stressful and chaotic conditions, time-bound nature of work, a patient's functional and physical ability and the accuracy and legibility of information presented on ID bands are all the factors which act like different holes in cheese and when they are aligned in a single line then they lead to identification errors just as we see in a swiss cheese model, thus compromising the quality of care.

REVIEW OF LITERATURE:

The history of patient identification is intertwined with the history of medicine, and this history has revealed how societies' attitudes toward illness and disease have evolved from ancient times to the present. Medical Diagnosis, Medical prognosis and advanced Medical Ethics were introduced by Indians to the world. In Health-care industry, where quality of patient care is required to be maintained 24*7, with so many staff assigned to take care of patients, with minimum 3 Hand over processes between health-care staff, Human errors are so much possible due to communication problems.

It has also been observed by different-different studies in field of patient identification, that most of the medical errors take place due to patient mis-identification. These mis-

identifications lead to Medication Errors, Transfusion errors, Procedure on wrong limb, Handing over of infants to wrong families, testing errors

1. A study was conducted by Philip L. Henneman , Donald L. Fisher , Elizabeth A. Henneman et al in which 61 emergency health care workers—28 nurses, 16 technicians, and 17 emergency service associates—participated in 183 patient scenarios with the goal of evaluating the frequency and accuracy of health care workers verifying patient identity before performing common tasks, with the result that 61% of health care workers caught the identity. The assigned task was performed on the wrong patient by 39% of health care workers. The study's findings showed that there are significant differences in how health care professionals confirm a patient's identity before carrying out routine tasks. To increase the frequency and precision of patient identification, it is necessary to implement technology, process modifications, and education.

2. A study conducted by Chawla R, Kaushik S to identify the number of individuals for whom double identification check was done before carrying out any procedure/intervention and prior to the administering of medication, as per Continuous Quality Improvement (CQI 3j) indicator measured as part of compliance to National Accreditation Board of Hospitals (4th edition) and policy of the hospital.

   According to the findings, many doctors, nursing staff and technicians in clinical settings do not validate patient ID before executing a task, with greater than 1/3rd of employees failing to follow the double identification method.

   The study also revealed that double identification is followed in nearly three-fourths of all invasive operations. Contrarily, minimal compliance with double identification was seen during non-invasive procedures (less than $1/4^{th}$)).

3. A study conducted by Riplinger, L., Piera-Jiménez, J., & Dooling, J. P. in (2020) with the aim of identifying the most widely utilised patient identification methods and techniques in the modern healthcare setting. to uncover issues with incorrect patient identification.
   The study found that a variety of patient identification methods, including hybrid models, algorithms, and unique patient identifiers, have been put into use all around the world. However, no patient identification method now in use has produced a match percentage of 100 percent.

4. A study conducted by Krimalshammari, Radhi & Hanadihusnialabed, & Shahin, Mahmoud in 2020. Conducted at a Hospital in Saudi Arabia, the study's objective was to gauge the intensive care nurses' degree of knowledge and compliance with the IPSGs.

Critical care nurses generally possess a high level of knowledge regarding IPSGs, as evidenced by the high mean of knowledge mean-scores for the nurses. Overall IPSG compliance was quite high (M=4.64).
Conclusion: Although staff understanding of IPSGs was high enough to be considered satisfactory, there is still room for development. By offering continuing education programmes and encouraging staff participation for these courses, patient safety can be ensured and improved.

5. A meta analysis study was conducted by M. Khammarnia, A. Kassani,*and* M. Eslahi in 2015 with an aim to investigate the effectiveness of wristband bar-code medication scanning to reduce medical errors (ME).
   There were a total of 14 papers which were reviewed with 483 cases. According to the meta-analysis, wristband bar-code medication scanning can cut down on ME by about 57.5 percent.

   Wristband Bar-code medication scanning in a hospital setting helps to minimise Medication errors. Because patient safety is their top priority, the World Health Organization recommends employing a unique patient identification barcode together with the patient's name, medical record number, and bar-coded financial number.

AIM OF THE STUDY

This project aims to find out if there are any gaps existing which hamper in correct identification of patients and the knowledge, attitude and practice of nursing staff towards the International patient safety Goals (IPSG) given by Joint Commission International (JCI) to correctly identify patient.

STUDY OBJECTIVES

1. To evaluate the accuracy of nursing staff in verifying patients identity before performing any task given .
2. To provide the solutions to minimize the errors occurring in patient identification thereby preventing incidents in the hospital.

LIMITATIONS OF THE STUDY:

1. As the questionnaire was administered to the staff itself about the patient identification errors, this can be a potential source of bias as the authencity of the answers lies with the concerned staff itself.
2. All the departments in the hospital were not included in the study as outpatient department and critical areas.

RESEARCH METHODOLOGY

This Report is based on Descriptive cross-sectional study in which Primary Data is collected to assess the accuracy of the nursing staff in compliance to IPSG-1 Goal of JCI i.e. to identify the patients correctly, using a structured questionnaire (Annexure-1) that was filled by the concerned nursing staff.

- **Study Population**- All the current nursing staff working in morning shift in the IPD wards, day care unit, dialysis unit, endoscopy unit of the hospital.
- **Location of study**-Oscar Super Specialty Hospital, Jhajjar
- **Duration of study**-15 Days (2st May,2022 to 16th May,2022)
- **Study Design**-Descriptive cross-sectional study
- **Sampling Method** - Convenience Sampling is used in this study.
- **Sample Size** - Nurses: 40
- **Type of data -**Primary Data
- **Analysis Tools** - Statistical software used for data analysis MS excel and MS word.
- **Methods of Data Collection** – A structured questionnaire form (Annexure-1) related to 'Knowledge about IPSG-1 and its compliance' was administered to all the concerned nursing staff.
- **Data Analysis**- Done by Microsoft Excel.

METHOD:

This is a cross-sectional study which is descriptive in nature in which data is collected from the nursing staff using a structured questionnaire during 6 days in a week (in stipulated time frame of 4 hours given by the hospital) from 2nd May to 16th May by visiting all the IPD Wards (General, semi-private, private, platinum), day care units, dialysis unit and endoscopy unit in the hospital. Done in Oscar super-specialty Hospital, having 150 beds, located in Jhajjar, Haryana.

The study was undertaken following the approval of the Head of Quality Department and Medical Director of Oscar hospital.

OUTLINE OF THE RESEARCH APPROACH

The study was carried out in phase manner:

PHASE I

In the initial phase we had induction program at the hospital in which all the departments of the hospital were visited. The main areas of concern for which in-depth observation of patient flow was done were all the IPD's, endoscopy unit, dialysis unit, day care unit, and sample collection room. The process flow of patient admission and patient identification was observed and the documented policy of the hospital for Patient Identification was studied in detail.

On basis of this, a structured questionnaire was prepared and given to the nursing staff in order to find out any gaps if existing in the correct patient identification.

As per the policy, currently the hospital is using two color bands for identification- blue color band for vulnerable patients and green color bands for normal patients.

The process which is followed in this hospital for correct identification of patients, which involves use of two identifiers is given below:

1. Ask the patient his/her full name.
2. Confirm that the patient's stated name is an exact match to what is printed on ID Band.
3. Check the UHID number printed on ID band of the patient
4. Cross match the UHID number and confirm it's the same as written on patients file.

PRIMARY RESEARCH – PHASE II

Primary Data collection was done in the next phase from the nursing staff in the IPD wards, dialysis unit, daycare unit, endoscopy unit.

In the second phase, data collection was done from the nursing staff for stipulated study period.

ANNEXURE-1

Questionnaire

1. Which two identifiers you use to identify patient correctly?
    a. Full name and room number
    b. Full name and MRN
    c. Date of birth and MRN

2. How do you confirm the name of the patient?
    a. Ask the patient to confirm his or her name by asking “is your name ABC?”
    b. Ask the patient to state his or her name by asking, “What is your name?

3. Have you ever misidentified any patient?
    a. Yes
    b. No

4. Have you ever missed to provide the Wrist ID Band to patients you are taking care of?
    a. Yes
    b. No

5. Have you ever applied wrong ID band to patients?
    a. Yes
    b. No

6. Have you ever given wrong medicines to patients due to identification error?
    a. Yes
    b. No

7. Have you ever drawn blood sample from wrong patient?
    a. Yes
    b. No

DATA ANALYSIS

This is a cross-sectional study with sample size of 40 nurses, in the stipulated time frame. We moved forward with time with a set of structured questionnaire having preformed questions. The responses received from the questionnaire provided us with some relevant insights and also helped us to gauge the process of patient identification. This project aims to find out any chances of near-miss incidents happening in various departments in the hospital due to leaks in standard protocol of patient identification and thus nipping the problem of adverse events resulting from misidentification of patients in the bud itself thereby improving patient patient safety and quality.

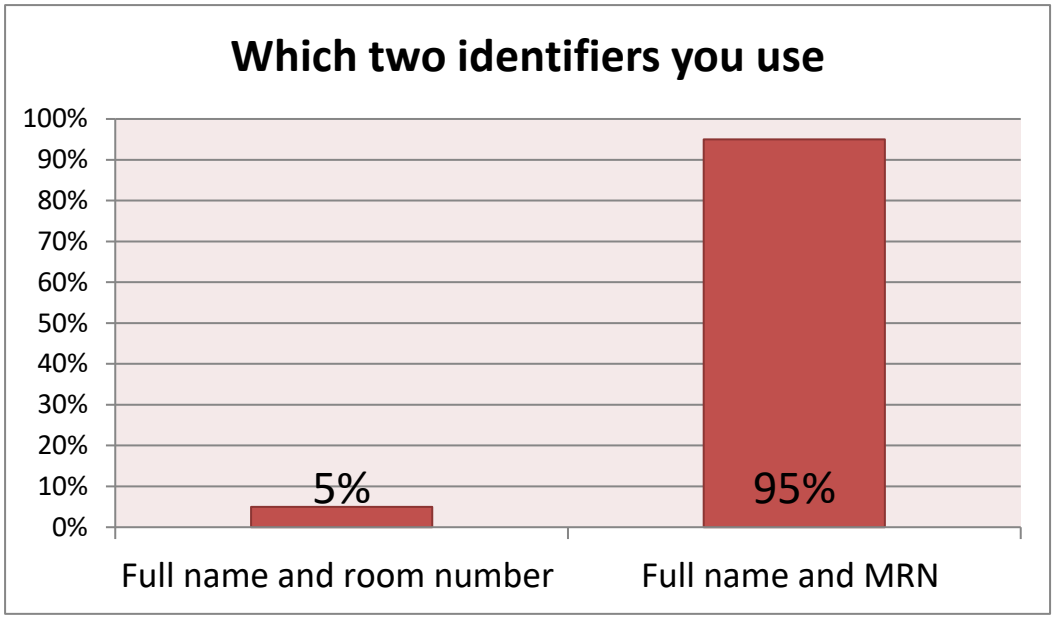
Analysis of the questionnaire filled by the nursing staff.

Q -1 which two identifiers you use to identify your patient correctly?

a) Full name and room number
b) Full name and UHID

c) Date of birth and UHID

Identifiers used by nurses	Number of nurses	% of nurses	Total sample size of nurses
Full name and room number	2	5%	40
Full name and MRN	38	95%	40
Date of birth and MRN	0	0%	40

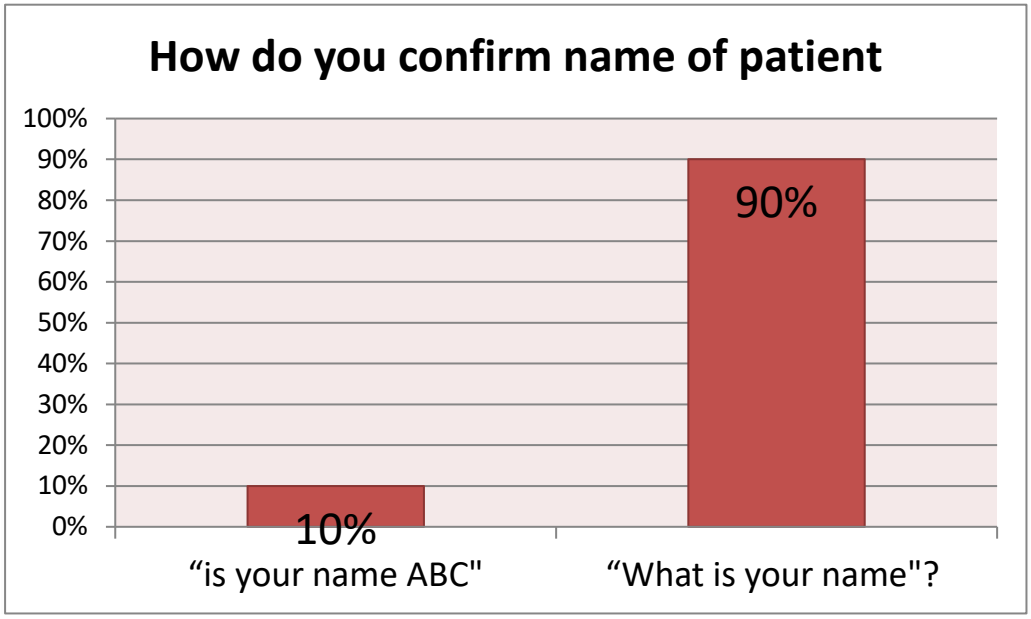


95% of the nursing staff was aware of and followed the guidelines as per IPSG given by JCI but 5% of the nurses were using the room number as identifier which is a wrong practice and should not be done.

Q-2 How do you confirm the name of the patient?

a) Ask the patient to confirm his or her name by asking “is your name ABC?”
b) Ask the patient to state his or her name by asking, “What is your name?

How do you confirm the name of the patient?	Number of nurses	% of nurses	Total sample size of nurses
Ask the patient “is your name ABC?”	4	10	40
Ask the patient “What is your name?	36	90	40



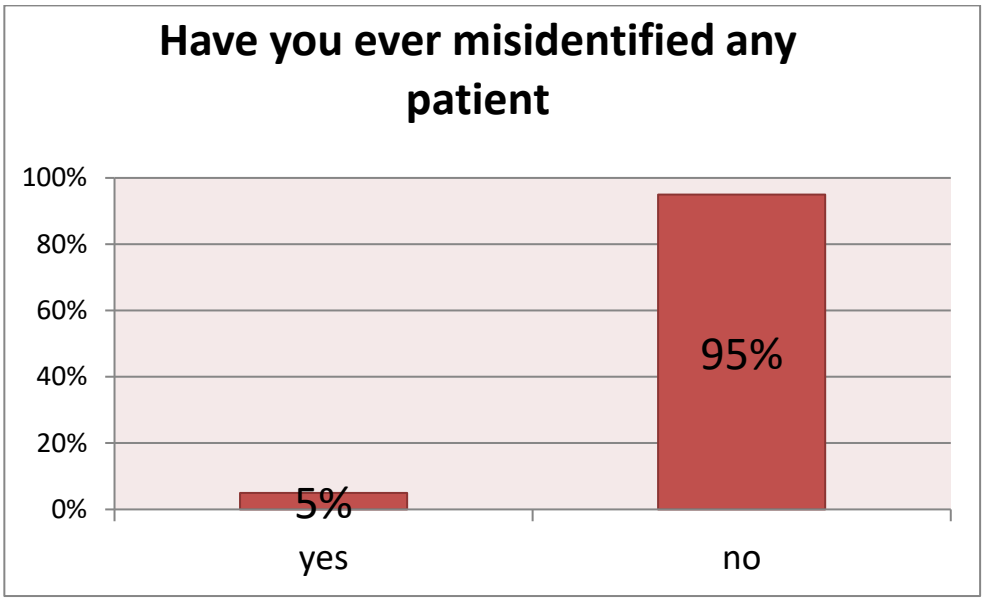
90% of the nurses are following the right way to confirm the name of the patient whereas rest 10% is confirming the name of the patient in a way that can potentially lead to errors.

Q-3 Have you ever misidentified any patient?

a) Yes
b) No

Have you ever misidentified any patient?	Number of nurses	% of nurses	Total sample size of nurses

Yes	2	5	40
No	38	95	40

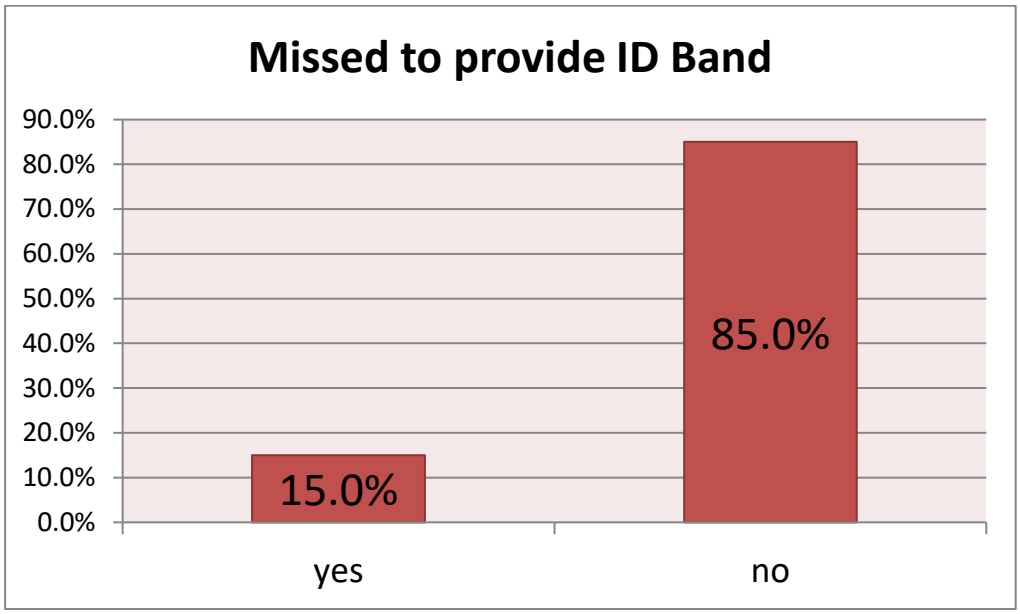


5% of the nurses said yes they misidentified patient sometime in their nursing career whilst 95% said that they never misidentified any patient.

Q-4 Have you ever missed to provide the Wrist ID Band to patients you are taking care of?

a) Yes
b) No

Have you ever missed to provide the Wrist ID Band to patients you are taking care of?	Number of nurses	% of nurses	Total sample size of nurses
Yes	6	15%	40
No	34	85%	40

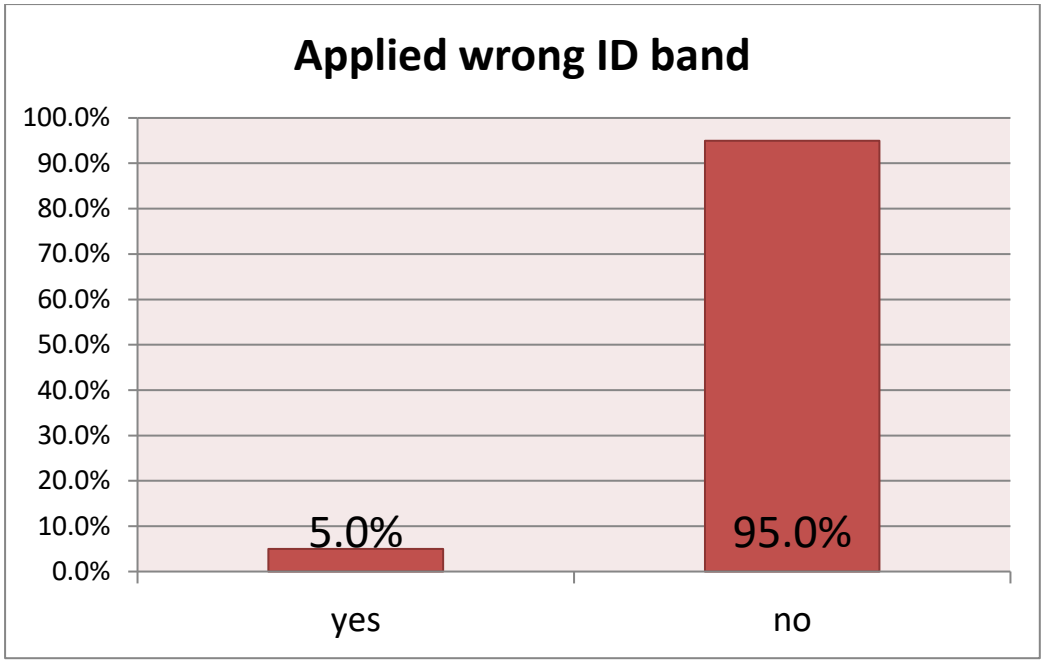


15% nurses said they missed to provide the Id bands to patients after admission in the hospital whilst 85% of the nurses made it a point and never missed the protocol to provide the Id band to patient after admission in the hospital.

Q-5 Have you ever applied wrong ID band to patients?

a) Yes
b) No

Have you ever applied wrong ID band to patients?	Number of nurses	% of nurses	Total sample size of nurses
Yes	2	5%	40
No	38	95%	40

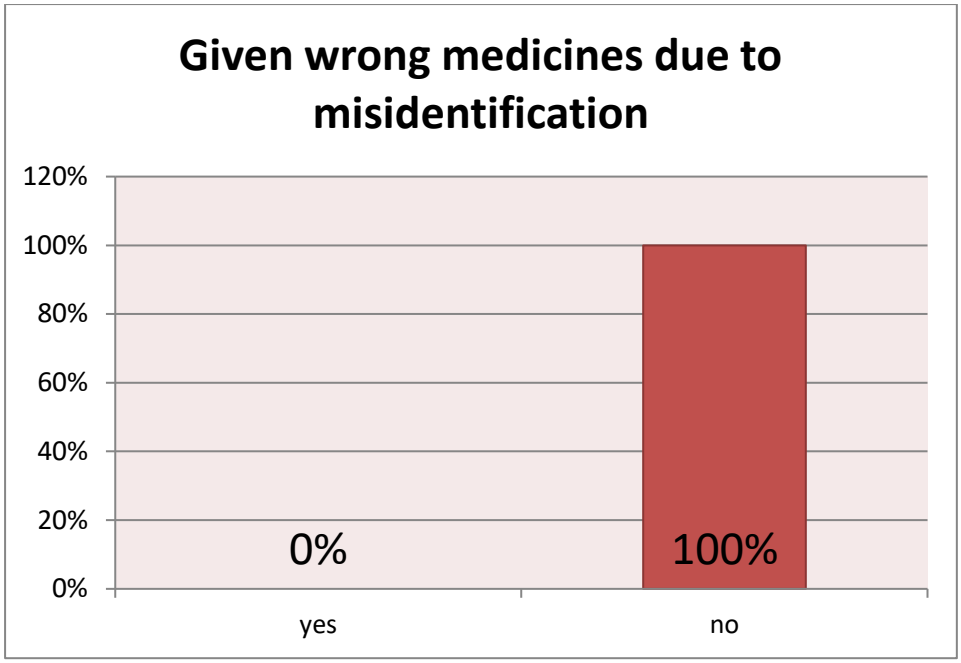


5% of the nurses said that they applied wrong Id band to the patients at some point in their nursing career whereas 95% nurses said they never applied wrong Id band to any patient.

Q-6 Have you ever given wrong medicines to patients due to identification error?

a) Yes
b) No

Have you ever given wrong medicines to patients due to identification error?	Number of nurses	% of nurses	Total sample size of nurses
Yes	0	0%	40
No	40	100%	40

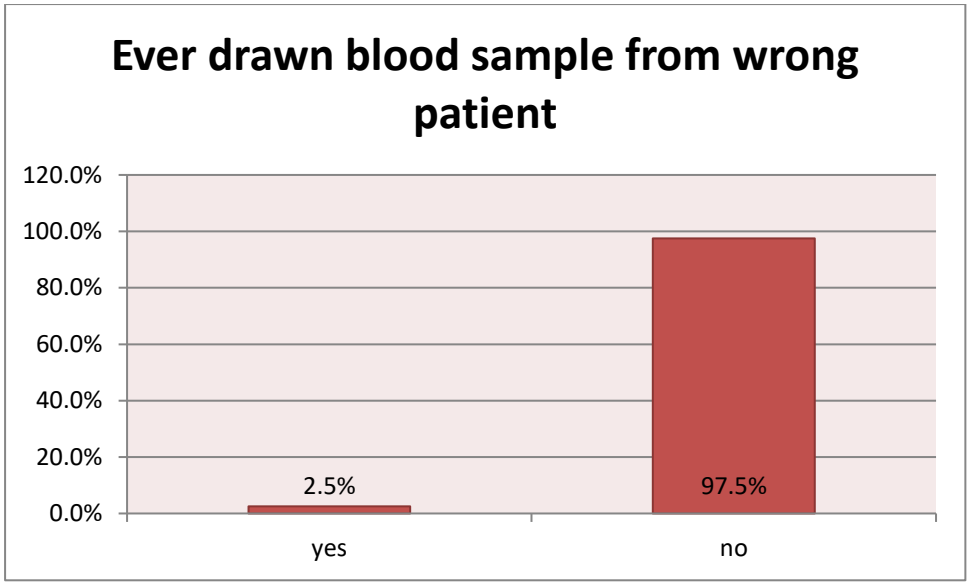


0% of the nurses said that yes they had given wrong medicine to the patient due to identification error whilst 100% of the nurses never gave wrong medicines due to identification error.

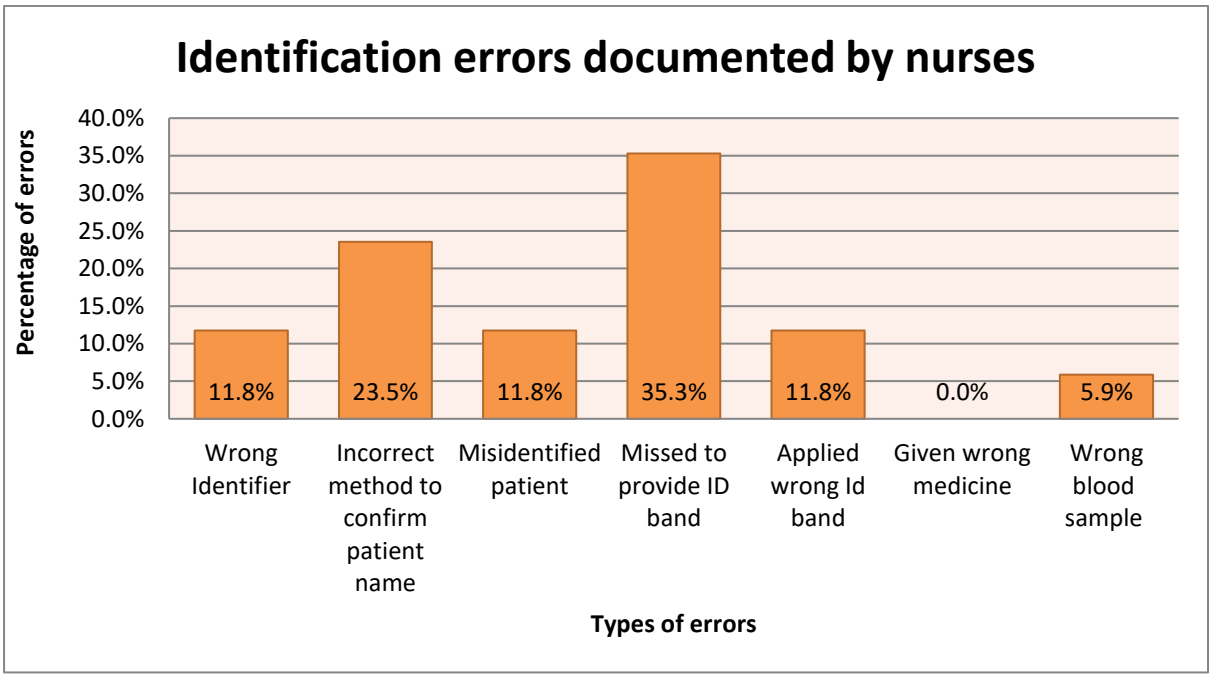
Q-7 Have you ever drawn blood sample from wrong patient due to identification error?

a) Yes
b) No

Have you ever drawn blood sample from wrong patient?	Number of nurses	% of nurses	Total sample size of nurses
Yes	1	2.5%	40
No	39	97.5%	40



2% of the nurses said that yes they had drawn blood sample from the wrong patient due to identification error whilst 98% of the nurses said they had never drawn blood sample from wrong patient due to identification error.



RESULTS AND FINDINGS

Out of all the identification errors, most common was that the nursing staff missed to provide Id band to patient after admission in the hospital (35%) and next common was the incorrect method of confirming the patient name (24%).

Application of wrong Id band by the nursing staff was the third common error (12%). In 12% of the cases mis-identification of patient was done by the nursing staff sometime in their nursing career.

Using room number as one of the identifiers was seen in 12% of the cases.

The least common errors were giving wrong medicine to the patient because of mis-identification (0%) and drawing blood sample from the wrong patient because of misidentification (6%)

CONCLUSION

The process of correct identification of patients is the corner stone which lays the foundation for quality and safety in healthcare setups. After the study we reached at a conclusion that the protocol for correct Patient identification is being adhered to in all the departments of the hospital as per IPSG-1 and majority of the nurses are following the guidelines for correct patient identification but there are some leaks and gaps which can easily be fulfilled by proper training of the staff. The study concluded that most common error was that the nursing staff missed to provide ID band to the patients, whereas the least common error was giving wrong medicine to the patient because of mis-identification (0%) and drawing blood sample from the wrong patient (5%). From the data we can make out that even after taking all the measures still nurses are not immune to identification errors because of the nature of work and time bound and chaotic work environments in a hospital.

RECOMMENDATIONS

The following strategies should be considered by the hospital:

- As the hospital is currently using only two color Id bands, it is advisable and highly recommended that there should be different color bands for pediatric patients and for patients with history of allergy.

- One approach can be incorporating additional training on correct method for checking and verifying a patient's identity into the induction program and continuing the professional trainings and development for health-care workers based on mid assessment tests.

- Patients and their family or attendants should also be made aware of importance of Id bands in a positive way at the same time respecting their concern for privacy.

- To tackle the problem of unavoidable human errors, we can turn to technology and begin employing bar-coded wristbands, which encode the patient's name and UHID.

- The hospital should have processes in place, such as an unified policy to be followed and defined methods for non-verbal approaches to detecting comatose or disoriented patients in the policy

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