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PERCEPTION OF NURSES ON PATIENT IDENTIFICATION AS SAFETY IN THE CARE OF HOSPITALIZED CHILD

PERCEPÇÃO DE ENFERMEIRAS SOBRE A IDENTIFICAÇÃO DO PACIENTE COMO SEGURANÇA NA ASSISTÊNCIA A CRIANÇA HOSPITALIZADA

PERCEPCIÓN DEL PERSONAL DE ENFERMERÍA DE LA IDENTIFICACIÓN DEL PACIENTE COMO MEDIDA DE SEGURIDAD EN LA ATENCIÓN A LOS NIÑOS HOSPITALIZADOS

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Objective: to identify the perception of nurses who work in a pediatric unit about patient safety measures. Method: qualitative, descriptive and exploratory study, conducted in a public hospital in Pernambuco, Brazil. Six pediatric nurses participated. Data collection was conducted between November and February 2021 through semi-structured interviews; data analysis was conducted through content investigation. Results: three categories were identified from the analysis of the results: nurses' perception of patient safety, patient identification barriers in the pediatric unit, and identification wristbands: a strategy to mitigate errors in the pediatric unit. Final Considerations: it was possible to realize that nurses believe in the importance of patient identification as a strategy to minimize the occurrence of medication-related errors and emphasize that this act provides greater safety to professionals during the execution of procedures.

Descriptors: Patient Safety. Nursing. Child, Hospitalized. Quality of health care. Organizational Culture.

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Objetivo: identificar a percepção de enfermeiras que atuam em unidade pediátrica sobre medidas de segurança do paciente. Método: estudo qualitativo, descritivo e exploratório, realizado em um hospital público de Pernambuco, Brasil. Participaram seis enfermeiras atuantes na pediatria. A coleta de dados foi realizada entre novembro e fevereiro de 2021 mediante entrevistas semiestruturadas, a análise dos dados foi realizada por meio da investigação do conteúdo. Resultados: identificou-se três categorias a partir da análise dos resultados, sendo elas a percepção das enfermeiras sobre segurança do paciente, as barreiras de identificação do paciente na unidade pediátrica e a pulseiras de identificação: estratégia para mitigar erros na unidade pediátrica. Considerações Finais: foi possível perceber que as enfermeiras acreditam na importância da identificação dos pacientes como uma estratégia para minimizar a ocorrência de erros relacionados a medicamentos e enfatizam que esse ato proporciona uma segurança maior aos profissionais durante a execução dos procedimentos.

Descritores: Segurança do paciente. Enfermagem. Criança hospitalizada. Qualidade da assistência à saúde. Cultura Organizacional.

Objetivo: identificar la percepción de las enfermeras que trabajan en una unidad pediátrica sobre las medidas de seguridad del paciente. Método: estudio cualitativo, descriptivo y exploratorio, realizado en un hospital público de Pernambuco, Brasil. Participaron seis enfermeras que trabajaban en la unidad pediátrica. La recogida de datos se llevó a cabo entre noviembre y febrero de 2021 mediante entrevistas semiestructuradas, el análisis de datos se realizó mediante investigación de contenido. Resultados: se identificaron tres categorías a partir del análisis de los resultados, siendo éstas la percepción de las enfermeras sobre la seguridad del paciente, las barreras de identificación del paciente en la unidad pediátrica y las barreras de identificación: estrategia para mitigar los errores en la unidad pediátrica. Consideraciones Finales: Fue posible notar que las enfermeras creen en la importancia de la identificación del paciente como estrategia para minimizar la ocurrencia de errores relacionados a la medicación y destacan que este acto proporciona mayor seguridad a los profesionales durante la ejecución de los procedimientos.

Descriptores: Seguridad del Paciente. Enfermería. Niño Hospitalizado. Calidad de la Atención de Salud. Cultura Organizacional.

Introduction

The World Health Organization (WHO) defines patient safety as the reduction of the risk of avoidable harm to an acceptable minimum, considered a fundamental element and closely related to patient care[1].

In Brazil, the National Patient Safety Improvement Program (NPSIP – *Programa Nacional de Segurança do Paciente*) was instituted with the objective of implementing assistance, educational and programmatic measures with initiatives aimed at patient safety in different areas of attention, organization and management of health services through risk management and Patient Safety Centers in health establishments[1].

The Patient Safety actions should occur with the aim of preventing and reducing the incidence of events that cause harm to the patient, adopting as scope of action for events associated with health care, the Six Goals of WHO. Among these goals is the identification of the patient, considered the number one goal for safe care[2].

Adverse events related to failures in patient safety corroborate the increase in hospitalization days and mortality of patients. Thus, it is of fundamental importance to have a more sensitive look at this issue, given its relevance in patient care, especially in child care area, who present a profile of greater vulnerability[3]. A study conducted in a public university hospital, showing medication-related errors, allergies caused by the identification wristband, and risk of falling corresponded respectively to 40%, 20% and 20% of the 40 reported cases. Thus, efficient strategies for monitoring actions and conducting further research on the safety culture of hospitalized children are necessary[4-5].

The process of patient identification can occur through the patient's identification wristbands with markers or with a plate containing the identification data, which must be fixed to the patient's bedside upon admission. Correctly identifying the individual for whom the care is intended, minimizing harm to the patient, the

family, and the institution is the main objective of this safety goal[4-5]. However, some elements influence the occurrence of incidents, such as the exchange of digits in the hospital record number, the use of wrong labels or with incorrect, incomplete, or illegible data, and homonymous individuals. Hence, challenges still remain for the correct identification of patients in the hospital unit[6-7].

Among the safety measures, the identification wristbands show positive results, reducing the chances of incidents, besides minimizing the possibility of increased hospitalization time, which mitigates hospital expenses and repercussions to patient and family. Thus, it is essential the implementation of this measure and the dissemination of knowledge among professionals involved in the care[8].

Among the groups that can suffer flaws in the identification process are children, who deserve special attention due to the high risk of incidents described in the literature, their physical, morphological, cognitive, emotional and social development specificities [4]. In a study about the main safety incidents reported by family members of patients hospitalized in pediatric units, those related to safety at different stages of care to the hospitalized children were identified, highlighting the importance of thinking about strategies for family inclusion in child care to minimize risks and incidents related to the assistance provided[9]. This way, the nurse within the healthcare team occupies a prominent place in maintaining the identification of the patient and training the nursing team[10]. Thus, this study aims to identify the perception of nurses who work in a pediatric unit about patient safety measures.

Method

This is a qualitative, descriptive and exploratory research. The study was conducted in a hospital located in the state of Pernambuco, in the pediatric service, a unit that has resources for the care of children aged 0 to 12 years. The participants were nurses working in this unit.

The inclusion criteria were nurses who had worked in the unit for at least six months, and the exclusion criteria were related to nurses on leave due to illness, pregnancy leave, vacation or who did not agree to sign the ICF during the data collection period. Among the seven nurses who worked in the pediatric unit, six met the inclusion criteria and agreed to participate in the study.

Data collection was performed in the period from November 2020 to February 2021 by the author herself, through semi-structured interviews individually and in a reserved environment in the workplace, with pre-established date and time, according to previous contact with the participants, the whole process was audio recorded and transcribed in full. The participants were identified with the letter I (interview) and the ordinal number of the interview (I1, I2...), preserving their anonymity. The interviews were conducted after clarification and signing of the Informed Consent Form (ICF).

For data analysis, a detailed reading of the semi-structured interviews was performed, according to content analysis of the type that enables a systematic, concrete and qualitative evaluation, based on an inductive process [11].

The project was approved by the Research Ethics Committee under Certificate of Presentation of Ethical Appreciation n.º 36292820.0.0000.5189, meeting the recommendations of the Brazilian National Health Council n.º 466/2012.

Results

Six nurses, aged between 37 and 59 years, participated in the study. All with more than 10 years of training, with graduate courses, but none specific in pediatrics. All of them work 30 hours a week in the institution and three have been employed by the hospital for more than 10 years. In relation to post-graduate degrees, three have a degree in Public Health and the others in other areas. Regarding the time of employment with the hospital, three have more than 10 years of experience in the institution and all participants work 30 hours per week.

In the sequence, the categories that emerged from the data analysis process were presented: nurses' perception of patient safety; patient identification barriers in the pediatric unit; and identification wristbands: a strategy to mitigate errors in the pediatric unit.

Nurses' perception of patient safety

Through the interviews, it was possible to verify that the nurses' perception of patient safety is mainly related to the correct identification of the patient, so as not to put his or her life at risk. The importance of this act is emphasized in the sense of reducing risks, avoiding damage, and even patient death due to an error.

> *I think it is important because of the issue of risking one's life actually. Taking the wrong medication, especially the issue of medication, you can take the wrong medication and kill the patient or stop medication, or switch.* (I1).

> *Patient safety is, first of all, knowing how to identify the patient before doing any procedure, so you don't do anything wrong that puts the patient's life at risk* (I2).

> *It is one of the most important things not only in the hospital, but in any healthcare facility because you protect both the patient and yourself, because everything you do can cause harm to patients or not, everything needs care* (I3).

> *They are strategies in patient care to reduce unnecessary harm* (I4).

> *There are several factors, right? Identification, medication, the right ones, risks of falling, risks of infection resulting from our care* (I5).

> *I believe that it is fundamental in the hospital because it prevents harm to patients and also, in a certain way, protects us as health professionals.* (I6).

Patient Identification Barriers in the Pediatric

According to the interviewees, the identification devices that exist in the pediatric unit are the identification nameplates on the bed, which they mention are not necessarily used. In the same logic, the nursing duty roster and the patient's medical record were also mentioned as forms of identification:

> *Here, currently, only the chart, the information sheet, and in the bed, only the plate with the patient's name that, actually, due to the turnover, is not even used anymore* (I1).

> *There are several, but there is one that we used, I mean, actually, it is still to be used, but few people comply, which is the identification at the bedside. There was a time when everybody did it very well, but then it gets more and more relaxed, one does it and another doesn't. And it also makes the work easier, besides the fact that it's very easy to do. And it also makes the work easier, besides the safety being greater, the service flows better. I think that identification is important, but it has to be looked at very carefully, I don't know if it already exists in other hospitals, I really don't know how it will work in practice. So, we identify more by the passage of the shift, by the census and by the medical records themselves. There is not something that ties it all together. There was this question of identification in the bed, but it is not working.* (I2).

> *In pediatrics, we put little plaques on the wall with the child's name, but I believe that this is not enough. We have to always ask the name of the child to be able to medicate and not make mistakes* (I3).

> *In fact, I think that it is still necessary to improve these strategies, not all beds have bars, and neither do they use identification wristbands. The identification should be done in the patient's bed with the printed panel with name, although it is done sometimes. About the prescriptions, I believe that some doctors, not all, should pay more attention to the evolution of the children and look at the prescriptions themselves without repeating prescriptions* (I4).

> *Today we only identify ourselves by the bed. With the name on the chart, by the bed where the child is* (I5).

> *Today in pediatrics there is only the panel that is on the patient's bed, but it is no longer used as correctly as it was in the beginning, and it is not as safe because the companions sometimes change the children's beds* (I6).

Identification wristbands: strategy to mitigate errors in the pediatric

The nurses believe that identifying patients can contribute to reducing the occurrence of medication-related errors, and emphasize that this act provides greater safety to professionals during the execution of procedures, especially in situations of patients with the same names and companions who change the patient's bed, among others:

> [...] *when we go to take some medication, we ask the mother what their name is. And if the mother is not there we wait. Because sometimes they change beds and you can make the wrong medication if it is only by the identification nameplate* (E1).

> [...] *very important. And it also facilitates the work, besides the safety being greater, the service flows better* (E2).

[...] *with the correct identification, we don't medicate wrongly and we don't perform wrong procedures on the child* (E3).

There is no doubt about the importance of patient identification, because sometimes they have very similar names in prescriptions, to avoid errors in medications (E4).

[...] *we have already observed a few times the patients changing beds, the companions themselves do this, even the family we have already observed changing. For example, if there are two brothers, then they switch, it is more difficult for us to identify* (E5).

[...] *prevents failures from happening and protects not only patients, but healthcare professionals from making mistakes* (E6).

The nurses express as a positive way the identification of the patient with the identification wristbands, at the same time, they mention the need for its implementation in the pediatric inpatient unit, as a strategy to mitigate errors and harm to patients.

[...] *It would be much more interesting than the other types, because even if the boy changed beds he would be identified. In the change of companion, outside the bed, where he would be identified, when he goes for an exam outside the sector he is already identified. And sometimes it is a companion that does not even know the child's name and with the wristband he is already identified* (I1).

I think the identification is important, but it has to be seen very carefully, I don't know if it already exists in other hospitals. I really don't know how it will work in practice (I2).

[...] *is very important, it would even be better because we would have more security in relation to the correct identification of the patient* (I3).

In my opinion, it would be essential: name, bed and mother's name, date of admission (I4).

[...] *I had already commented more than once with the team that this would be the best way to identify, because we have already tried this way of identifying in the bed with all the data, but with time it gets worn out and doesn't stay. The wristband would be better, because wherever the patient goes they will be identified with this wristband, not only the little nameplate in the bed that will identify them* (E5).

[...] *I believe that this is going to be the most effective way to guarantee the safety of the patients, to avoid errors and damages, because if they leave the sector, wherever they go, they will be identified. It will minimize a lot that mistakes happen* (E6).

Discussion

Patient safety is related to the reduction to an acceptable minimum of the risk of unnecessary harm related to health care and has been widely discussed since the publication of the report *To err is human: building a safer health system*, by the Institute of Medicine in 1999, which suggests alarming numbers in relation to deaths in American institutions due to failures in assistance[10]. The incidents can be events that result in unnecessary harm to patients, called as harmful incident or adverse event, when it results in damage to the patient[11]. Care-related harm to hospitalized children is more frequent when compared to hospitalized adults, presenting more aggravating results according to the anatomical and physiological peculiarities of the child[12].

According to the nurses of the study, patient safety is fundamental in health care and their perception is related to the correct identification of the patient. It is known that, according to the Joint Commission International (JCI) international goals for patient safety, identification is goal number one[13]. Thus, the nurses refer that the correct identification of the patient before performing any procedure can prevent errors that endanger the patient's health.

In a study conducted with family members of patients in pediatric units, they reported having witnessed incidents related to patient identification[8]. The absence of an identification wristband or the lack of its verification demonstrate fragilities and expose patients to risks; at the same time, the attachment of a nameplate to the bedside or to the box door is a form of identification that generally does not accompany the patient during transportation for diagnostic or therapeutic procedures outside the unit of origin and may contribute to errors in the identification of patients[14].

The nurses in this study also refer to patient safety as a form of protection for health professionals, since errors in the different stages of care-related processes also imply ethical issues for professionals. This finding corroborated another study that referred to the relevance of patient identification for both the professional who promotes care and the user who receives the care provided, both being vulnerable to

incidents related to failure in patient safety. Thus, it is essential the continuing education of these professionals to ensure their protection, especially those who provide assistance to hospitalized children, due to the particularity of this group[15].

The nursing team, by providing direct and continuous patient care, is also responsible for implementing and maintaining patient safety measures. Some barriers, such as unpreparedness and lack of knowledge of professionals often compromise this safety. A study identified insufficient knowledge of nursing professionals about adverse events and how to report them, justified by the fear of being exposed to institutional punishment[16]. Given this, the health professionals themselves reveal the need for improved communication and implementation of training for professional updating and participatory management, which can minimize errors and adverse events[17].

With regard to the patient identification barriers available in the pediatric unit, the nurses mention the patient's identification nameplate on the bed or at the entrance to the box, an initiative that demonstrates a fragile safety culture. The absence of an identification bracelet or the lack of verification of it demonstrate weaknesses, corroborating the study conducted in an ICU, which showed that the attachment of the nameplate to the bedside was the most used resource for patient identification[13]. Therefore, other ways and actions to ensure patient safety in pediatric units must be thought of, in order to strengthen the culture of these places, as well as to provide quality care in health institutions[18].

In this regard, a study shows the importance of the insertion of family members in patient care, as well as concerning patient safety[19]. It is noticed that family members have also been proving to be proactive with regard to patient safety. According to a research, it was verified that the co-production is a valuable resource for the advance in the patient's safety[19], thus the professionals need to stimulate the pediatric units' family members to participate in the care, in order to contribute with asafer assistance.

It was pointed out in this study that patient identification from the identification wristband can be a strategy to mitigate errors and harms, especially related to medication administration in the pediatric unit. The identification wristband is an instrument that enables a professional practice based on patient safety, resulting in improved care and the development of the Systematization of Nursing Care (SNC) [2]. Another study points out as forms of patient identification, the admission of the referred patient, as well as the filling of the data in the medical chart, identification on the bed, filling out a proper form at the nursing station and always calling the patient by first and last name[20].

One method to ensure safety in care is to recommend checking the complete patient's name and not using unreliable sources that may lead to error, such as the patient's bed number. The correct identification of the patient enables the correct care to be safely delivered, such as the administration of drugs, among other care provided[8].

The adherence to protocols recommended by WHO are strategies that favor patient safety, but from the perspective of the nurses surveyed, these protocols are not as widespread in hospitals. This reality is related to the little dissemination of the safety culture in health institutions, professional training, little personal and collective engagement, especially regarding the communication between the health team for dissemination and collective incorporation of safe and quality care practice[21].

As a strategy to strengthen patient safety, the nurses of the study suggest the implementation of identification wristbands in the pediatric unit in question. It is noteworthy that the wristband can contribute to prevent or minimize errors and harm in care, besides being a low-cost practice that is easy to implement and use. However, permanent education has fundamental importance in the process of patient identification, being an important tool in terms of the nurses' positioning regarding the safety and legitimacy of the treatment actions or procedure aimed at the patients; this strategy ensures that the procedure to be performed is effectively what

the patient needs. Although in the daily life of health services, patient identification is a stage of nursing care that does not receive due importance, it highlights the need for this education process as a way to interfere in the other care stages[22].

In a study carried out, the professionals of the multiprofessional team discussed about double-checking identification at all times/opportunities, being performed by two professionals, in addition to checking at least two indicators (full name and medical record number) and maintaining the legibility/integrity of the wristband[23]. The importance of the wristband is also emphasized in studies, especially regarding the performance of exams, procedures and the medication process, and also the need for the wristband to be intact[22,23,20]. Therefore, they reinforce that it is necessary to check the patient's identification, as well as double-checking, in order to guarantee the correct identification, since simply putting on the wristband does not guarantee that care will be provided to the correct patient.

Even in the face of measures that drive the standardization and dissemination of knowledge for professionals who deal with assistance, patient identification has not yet been recognized as an essential element in the field of care. Evidencing that in the provision of care, the practice of checking the patient's wristbands ends up being neglected by health professionals, especially for users with a long hospital stay, a conduct based on the justification that they already know the patient[4].

Thus, there is evidence that nursing care performed in line with patient safety, in order to respect the care protocols, adverse event reporting bulletin, use of checklist and use of the SNC in an appropriate way, are strategies that can ensure patient safety in health services[16].

In order to guarantee the applicability of these strategies by health institutions, the Ministry of Health (MH), the National Health Surveillance Agency (ANVISA) among other ministerial agencies propose policies aimed at guaranteeing quality care and actions aimed at patient safety. The Brazilian National Patient Safety Program (NPSP) was instituted with the general objective of contributing to the qualification of care in all health establishments in Brazil. RDC nº 36 establishes mandatory patient safety actions for health institutions, such as: creation of Patient Safety Centers, implementation of Patient Safety Protocols and incident reporting[24].

Given this scenario, the rise of the patient safety culture in health institutions in Brazil is noticeable. Thus, it is clear that patient safety is configured as a key indicator for health institutions, which experience daily different events related to safety in the care provided to users[25]. This advance is the result of the reflection process developed by the health team, which considers the relevance of error identification strategies and the use of tools to improve care[16, 26].

Final Considerations

From this study it was possible to identify that in the perception of nurses of a pediatric unit of a hospital in Pernambuco, the correct identification of the patient, whether by identification nameplates or medical records, is the most important aspect for patient safety. Given these actions, continuing education is recommended to drive changes in institutional behavior, encouraging the availability of supplies and defining flows and guidelines for effective care delivery. It was also possible to notice in this scenario that nurses believe in the importance of patient identification as a strategy to minimize the occurrence of medication-related errors.

Discussing this issue in health services with nursing professionals is important, since it directly implies the quality of care and ensures that the patient is not subjected to a certain type of unnecessary procedure or treatment, preventing the occurrence of errors and mistakes that can cause damage. Given these actions, it is recommended that continuing education drives changes in institutional behavior, encouraging the availability of supplies and defining flows and guidelines for the provision of care effectively.

The sample size was one of the limitations of the study, since it was carried out in a specific unit of the institution. Another limitation is related to the questionnaire used, which was developed by the authors themselves. Given the

above, it is recommended that further research should be conducted to monitor and encourage strategies related to the safety of hospitalized children, including other services that provide assistance to pediatric patients in public and private institutions, as well as include other professionals from the multidisciplinary team.

Collaborations:

1 – Conception and planning of the project: Vanessa Rocha Boaventura and Simone Coelho Amestoy;

2 – Analysis and interpretation of data: Vanessa Rocha Boaventura, Simone Coelho Amestoy, Ana Cristina Pretto Báo, Maria Gorethe Alves Lucena, Ionara da Rocha Virgens and Andressa Silva Carneiro de Souza;

3 – Writing and/or critical review: Vanessa Rocha Boaventura, Simone Coelho Amestoy, Ana Cristina Pretto Báo, Maria Gorethe Alves Lucena, Ionara da Rocha Virgens, Andressa Silva Carneiro de Souza and Mariane Valesca de Menezes Lacerda;

4 – Approval of the final version: Vanessa Rocha Boaventura, Simone Coelho Amestoy, Ana Cristina Pretto Báo, Maria Gorethe Alves Lucena, Ionara da Rocha Virgens, Andressa Silva Carneiro de Souza and Mariane Valesca de Menezes Lacerda.

Conflicts of interest

There are no conflicts of interest

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