

Patient Misidentification in Medical Organizations: A Case Report

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ARTICLE INFO	ABSTRACT
<p>Article type: Case Report</p> <hr/> <p>Article history: Received: 15-June-2017 Accepted: 29-June -2017</p> <hr/> <p>Keywords: Emerging technologies Misidentification Near Miss Patient Safety</p>	<p>Introduction: Patient identification is a significant area in every medical field. Misidentification of patients leads to various challenges, such as surgical operation on the wrong patient, erroneous prescription of medications, and mistakes in performing the treatment procedures. Therefore, patient misidentification is associated with significant malpractice and economic loss. Healthcare providers and staff members are responsible for the management of the patients' information and their proper identification.</p> <p>Case: We presented a typical case of misidentification, which might have led to performing a surgical procedure on a misidentified patient. In this report, we have discussed the outlines of the misidentified case, contributing factors leading to the incident, and provided recommendations on the potential solutions that could be considered to avoid similar incidents and enhance patient safety. In addition, the presented case has been compared with the World Health Organization (WHO) protocols and guidelines on the prevention of patient misidentification and proper communication within the medical team.</p> <p>Conclusion: Adopting a technologically advanced system and proper training of healthcare providers are essential to improving patient safety and diminishing legal challenges in the field of medicine.</p>

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Introduction

Accurate identification of patients is of paramount importance in every healthcare organization since any errors in this regard lead to various complications. Some examples of patient misidentification are performing surgical operations on the wrong patient, erroneous administration of medications, errors in blood transfusion, and switching newborns. These situations threaten patient safety and may even lead to fatal outcomes. Therefore, healthcare providers and medical team members must work collectively to insure patient safety through diligent patient identification (1).

A recent report by the ERCSI dedicated to patient identification errors denoted that misidentification is a common, serious issue in various medical fields. The current paper presents several solutions to improve the problems associated with patient identification in all the stages of hospital care, accentuating the significance of hospital registration protocols in developing proper decision-making, smart technologies, and training of healthcare professionals (2).

Case

Two patients were admitted to the pediatric ward of hospital by recording their first names only. The

patients had different diagnoses; one patient was scheduled for an appendectomy, and the required paperwork was carried out by the nursing staff of the pediatric ward. Upon the request of the nurse in charge, patient ID stickers were printed by the laboratory.

In order to save time, the nurse took one of the patient ID stickers from the ward trolley, which originally belonged to the other patient. While the operating surgeon was explaining the risks and complications of the surgery to the patient and the family to obtain their consent, he noticed the difference in the age of the patient and the birth date labeled on the patient's ID sticker. Evidently, the nurse had forgotten to check the full name of the patient and had accidentally registered the patient with the other patient's information who had the same first name. This represented a classic case of patient misidentification in medical settings.

Afterwards, the operating surgeon discussed the incident with the nurse, allowing her to realize the possible consequences of her mistake had it not been rectified early. The incident was not reported as it could have happened to any of the healthcare staff under stressful conditions. The nurse was warned and asked

to be more vigilant in identifying the patients in the future.

Discussion & Conclusion

In 2007, the World Health Organization (WHO) released recommendations and accreditation guidelines to ensure correct patient identification in five steps. The first step involves the policy of verifying the patient's identity, wherein two identifiers are recommended in every patient transfer or referral within the hospital departments. This step highlights the need for the training of healthcare providers on a standardized protocol to verify the patient's identity and intervene if needed. Lastly, healthcare providers must be encouraged to ask patients to confirm their information before any interactions.

In the analysis of the presented case, the misidentification near miss was partly due to human error and the lack of warning signs in the ward to alert the physicians and nurses about the presence of two patients with similar names. A favorable practice used by some hospitals is to install alert warnings in the wards and nursing stations when there are referred patients with similar identities. Therefore, it is suggested that all the patients' information be presented in computerized forms in order to minimize human error in hospitals. Furthermore, implementation of automated identification systems has been recommended in the WHO guidelines (2017), such as coding, electronic entries, and radiofrequency identification (1).

A recommended solution to prevent patient misidentification is to adopt a computerized identification system, in which the information of patients is entered digitally and printed for signature only. As a result, the rate of the human errors leading to patient misidentification would decrease significantly.

More importantly, an identification protocol should be developed to address the case of the admitted patients that have similar personal details in the hospital. Use of biometric fingerprinting and facial

recognition has recently been reported in a study as a precise approach for accurate patient identification.

Another effective technique in this regard involves adopting a smart recognition system incorporated into a mobile device, which is known as Radiofrequency Identification (RFID) (3). RFID is a wireless technology, which is capable of providing a unique automatic identifier per each patient and using radio waves to transfer data from an electronic RFID tag attached to the patient for identification and tracking. In the study by Ajami et al. entitled the "Radiofrequency Identification (RFID) Technology and Patient Safety", the authors discussed the implementation of such devices and their further customization in healthcare institutions, emphasizing on the fact that RFID could save time and reduce healthcare costs as well (4).

Considering the advancement of technology and availability of numerous recognition security applications in non-medical fields, it is strongly suggested that such systems be introduced in hospitals and clinics after thorough research and necessary modifications.

Medical records are legally used in the case of medical malpractice. The basic information in these records is the demographic data of patients (e.g., name, date of birth, and ID number). If patient misidentification is not mentioned in the reported case, nurses and physicians could be subjected to legal consequences based on the medical records of the patient (5).

In conclusion, with the innovative advancement of identification technologies in non-medical industries, such inventions could be tailored, so that they would be implemented in healthcare sectors in order to diminish the rate of the human errors leading to patient misidentification.

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