



Wristband as identity and as Evidence of Patient Safety

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ABSTRACT

The patient bracelet is used to identify the patient. The bracelet must be safe and complete as it is used for patient identification. The preliminary study results showed that the wristbands had not been put on for all patients, and the stages of the bracelet fitting procedures were not the same. The impact of not installing a bracelet is a risk if there is an error in providing health services. Although there is no data, there have been reports of errors in providing services. The research objective was to determine the use of identity: wristband as evidence of patient safety at dr. Soekardjo Hospital City of Tasikmalaya in 2017. This research type is a mixed-method with in-depth interview data collection methods, field observations, documentation studies, and Focus Group Discussions. Sampling was done by snowball sampling from the Quality Committee, medical services/pediatricians, nurses/midwives, inpatient registration officers. The collected data were analyzed descriptively and performed content analysis. The implementation of the lowest bracelet fitting was saying greetings (0%), giving information to patients if the bracelet was loose immediately reported to the officer (0%). Whereas the release of the wristband identity had the highest implementation, namely the procedure of preparing tools and materials with 93.3%, the removal of the bracelet was carried out by 93.3% of duty nurses. In comparison, the lowest implementation procedure was related to soft skills in saying greetings 0%, saying thank you 0%. There are two colors of the bracelet, namely blue for men and pink for women. The material of the bracelet is safe and has never been reported as having allergies. Complete identity for all adult patients, but the use is not evenly distributed, whereas there is a number Medical Record (RM) for all infants. The placement and removal of the wristbands are not following the existing Standard

Operating Procedures (SPO). The redesign of the bracelet is possible according to the needs of the hospital. It needs commitment from all parties by prioritizing patient safety, and it is necessary to revise the SPO referring to existing regulations and adjust their implementation.

Keywords: patient safety, wristband, identity, SPO

I. INTRODUCTION

An essential and global issue in Health Services is Patient Safety, a discipline that prioritizes reporting, analysis, and prevention of medical errors that often lead to Unexpected Events (KTD). Various countries reported the number of injured patients and died due to medical errors. The World Health Organization realizes this impact on 1 in 10 patients worldwide, thus declaring patient safety concerns as an endemic.

International Patient Safety Goals (IPSG) are implemented in all hospitals under the International Standards for Hospitals. IPSG has the aim to promote improvements in patient safety. One of the goals is to correctly identify the patient because of the frequent misidentification of patients in all aspects of diagnosis and treatment. This goal aims to correctly identify the patient as the person to be provided with the service and match the patient's service or care. The identification process is facilitated by making a policy and procedure to identify patients using the patient's name, identification number, date of birth, bracelet with barcode, and the other.

Patient identification using bracelets makes it easier for health workers in the hospital to carry out all activities related to clinical examinations and the treatment process. The materials used for patient bracelets should be made soft, anti-stain, water-repellent, anti-microbial, and safe for patient use. That is, they do not irritate sensitive patients such as infant patients. It is hoped that the wristband as a patient's identity will not result in errors in patient handling procedures or malpractice events. Malpractice incidents due to mistaken identity have occurred and can be found on the internet. In other countries, cases have been revealed through DNA testing, while in Indonesia, it is still rare to do DNA tests, so that the incidence is small because not many are known.

The use of patient identities is required in hospital accreditation. Minister of Health Regulation No. 12 of 2012 in the third chapter states that the first goal is "Accuracy of Patient Identification." The number of officers and procedures in the hospital and the patient's condition make patient identification a policy that must be implemented.

Research in 2015 on the redesign of the patient identification system as the implementation of Patient Safety in hospitals showed that 90% of the identification results in the form of an identity bracelet were not attached to pregnant women and showed a lack of socialization in the outpatient department. Results of preliminary studies at dr. Soekardjo City of Tasikmalaya obtained the results there is a printer of a patient identification bracelet in the inpatient registration room. However, the identity bracelet was not given to all patients, and the stages of the procedure for giving the bracelet were different. Because of this, researchers are interested in carrying out this research.

II. METHODS

The research method used is the mixed method by combining qualitative and quantitative approaches in the methodology. In-depth interviews carried out data collection, field observations, documentation studies, and Focus Group Discussions. The collected data were analyzed descriptively and conducted the content analysis by examining all the data collected from in-depth interviews, and FGDs then summarized, reduced, interpreted, and presented in a narrative form (content analysis). The instruments used in data collection were interview guidelines and observation sheets to see the implementation of the wristband identity usage and its suitability with the hospital's SPO. Other instruments used are a voice recorder, camera, ballpoint, pencil, eraser. The sampling method is snowball sampling from the Quality Committee, medical services/pediatricians, nurses/midwives, inpatient registration officers.

III. RESULTS

The results of observations in the delivery room and the perinatology room at the dr. Soekardjo Hospital City of Tasikmalaya obtained the results of the percentage of activities to attach identity bracelets to 30 newborns as follows:

Table 1

Activities	Imple- mented		Not Imple- mented		Total
	F	%	F	%	
Prepare tools and materials	30	100	0	0	30
Hand hygiene	26	86,7	4	13,3	30
Say greetings	0	0	30	100	30
Introduce myself	1	3,3	29	96,7	30
writing bracelet 1	30	100	0	0	30
Writing bracelet 2	30	100	0	0	30
Explain the use of the bracelet	28	93,3	2	6,7	30
Explains the dangers of no bracelet	6	20	24	80	30



Activities	Imple-mented		Not Imple-mented		Total
	F	%	F	%	
Check bracelet	27	90	3	10	30
Installation of the bracelet according to gender	30	100	0	0	30
Location of mounting the bracelet	30	100	0	0	30
Method of fixing the bracelet	27	90	3	10	30
Information if the bracelet comes off	3	10	27	90	30
Thank-you note	0	0	30	100	30
Hand hygiene	21	70	9	30	30

The results of the observation that the activity of put a bracelet was the highest based on the procedure for preparing tools and materials there were 30 activities (100%), writing the identity on the bracelet according to gender was carried out by the nurse after the birth of the baby by writing the mother's name and father's name, the date and time of birth there were 30 activities (100%), making an identity bracelet containing the name of the mother and father of the baby, date and time of birth using a printing machine at the OPD registration area during working hours or emergency room outside of working hours 30 activities (100%) but the identity of the bracelet is not printed using a machine but manually using a permanent marker by the room attendant, placing a bracelet according to the location with a pink bracelet for girls and blue for boys 30 activities (100%), installing according to the location of the baby's condition 30 activities (100%), while the percentage the lowest bracelet fitting procedure activity or activities not carried out the highest is say greetings 30 activities (0%), informing the patient if the loose bracelet immediately reports to the officer 30 activities (0%).

The use of wristbands at dr. Soekardjo Hospital City of Tasikmalaya was carried out in the inpatient unit. This implementation starts

from the patient registration process, printing the wristbands, attaching the wristbands to removing the wristbands when the patient finishes treatment, and currently printing patient wristbands at dr. Soekardjo Hospital City of Tasikmalaya, which uses a computerized system, is only carried out at the Inpatient Registration Place for adult patients. Meanwhile, for patients with newborn status, automatic printing of the patient's wristbands was not performed manually.

Tabel 2

Activities	Imple-mented		Not Imple-mented		Total
	F	%	F	%	
Prepare tools	28	93,3	2	6,7	30
Perform hand sanitization	6	20,0	24	80,0	30
Say greetings	0	0	30	100	30
Introduce myself	0	0,0	30	100,0	30
Describe the procedure	18	60,0	12	40	30
Removal procedure	28	93,3	2	6,7	30
To say thanks	2	6,7	28	93,3	30
Clean hands	17	56,7	13	43,3	30

Based on the table above, the results for the observation of releasing the patient's identity bracelet, especially for newborns at dr. Soekardjo Hospital City of Tasikmalaya, the procedure with the highest implementation was the procedure of preparing tools and materials 93.3%, the removal of the bracelet was carried out by 93.3% of on-duty nurses. The lowest implementation procedure was related to soft skills in saying greetings 0%, saying thank you love 0%.

IV. DISCUSSION

Use of identity: wristband at dr. Soekardjo Hospital City of Tasikmalaya referred to the SPO that had been made, but the implementation was

not under this. The results of the observations showed that the placement of a newborn identity bracelet with 30 samples was still a procedure that was rarely even performed by officers, namely;

1. Say greetings to 0%,
2. Introducing herself before putting on a bracelet 3.3%,
3. The identity bracelet containing the mother's and father's name of the baby, date, and time of birth using a machine is printed at the OPD registration place during working hours or the ER when it is outside 100% working hours. However, the bracelet's identity is not printed using a machine but is done manually using a permanent marker by a room officer.
4. Explain to patients or families about the benefits of bracelets, 20%,
5. Providing information to patients when the loose bracelet immediately reports to the officer as much as 0%.

The results of the observation of the implementation of the release of the wristband identity, especially for newborns at dr. Soekardjo Hospital City of Tasikmalaya with 30 samples obtained the highest results of the procedure, namely the procedure to prepare tools and materials 93.3%, the removal of the bracelet was carried out by 93.3% on-duty nurses. In contrast, the lowest implementation procedure was related to soft skills in saying greetings 0 %, say thank you 0%. Communication is an essential thing for health workers in the therapeutic relationship between health workers and patients. It is even explicitly studied in therapeutic communication. Effective communication is also the second goal in Patient Safety Goals (SKP). It can be concluded that there is still an implementation of installing and removing the bracelet that is not following the existing SPO. There are still procedures that are not implemented. Officers do not understand SPO related to the

implementation of patient safety activities in the use of identity: wristbands and do not know the main tasks and functions.

Observations and interviews using identity obtained the results: wristbands are still not a priority for the hospital management. The few cases are caused by misidentification, causing the management to not prioritize because of the impacts that are deemed not requiring special attention. Misidentification has a fatal impact even though the cases are just a little.

V. CONCLUSION

The results of this study can be concluded that the implementation of the use of wristband identity in dr. Soekardjo Hospital City of Tasikmalaya in 2017 has not been optimal due to the availability of bracelets and has not become a priority because it is only used to distinguish gender. Adult patients' identity is incomplete because they are printed directly by the machine and are not evenly used. Whereas for newborn patients it has not been carried out according to the SOP, is not registered in inpatient registration, the identity uses the mother's name/father's name, the date and time of birth are written in permanent black marker

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