

Ensuring Patient Safety in Inpatient Ward: A Case Study in Identifying Patient Correctly among Nurses

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ABSTRACT

Identifying patients correctly is a critical component of healthcare delivery. As it underpins the entire continuum of care, from initial intake to assessment of appropriate treatments and interventions. Misidentification of patients can lead to significant errors, such as incorrect medication administration, incorrect surgery site, and other adverse events that compromise patient safety. The aim of the case study is to identify the experiences of nurses regarding the implementation of patient identification correctly in an inpatient ward in Banda Aceh. The research method used is a descriptive study. Twenty-eight nurses were involved in using observation sheets to implement the JCI concept of identifying patients correctly. The observation sheet consists of 4 statements related to the implementation of patient identification, where ensures the patient's identity bracelet (4 items), introduces himself to the patient (2 items), active communication (1 open question), and provides informed consent. This observation sheet utilizes the Guttman scale with 'Yes' and 'No' as the answer choices. The results of this case study show that nurses have optimally ensured that the identity bracelets are installed correctly (78.5%), nurses have not optimally introduced themselves to patients (57.1%), nurses have optimally

implemented active communication (60.7%), and nurses have optimally provided informed consent before nursing actions (89.2%). The author recommends continuous supervision to ensure patient identification is properly implemented, and hospitals should always strive to improve nurses' self-awareness by providing professional services as a work culture.

Keywords: Patient safety, Nurses, Identifying

INTRODUCTION

Patient safety remains a critical global healthcare concern, with approximately 1 in 10 patients experiencing harm during hospital care, and over 3 million deaths occurring annually due to unsafe care practices. Among various patient safety measures, accurate patient identification stands as a fundamental requirement for delivering safe and high-quality healthcare services (Nitro et al., 2021).

The World Health Organization has established patient identification as one of the primary patient safety goals, recognizing its crucial role in preventing medical errors and adverse events. Recent data reveals that patient misidentification accounts for 12.3% of sentinel events in healthcare settings, leading to serious consequences including wrong-site surgeries and medication errors (Choudhury & Vu, 2020). A study

conducted by Nitro et al. (2021) indicates that hundreds of patients are harmed annually due to misidentification incidents, with data showing 58,537 cases of patient misidentification recorded between 2019 and 2023, including 4,713 cases resulting in various degrees of harm.

In healthcare settings worldwide, patient identification errors continue to pose significant risks. Studies indicate that hundreds of patients are harmed annually due to misidentification incidents, with data showing 58,537 cases of patient misidentification recorded between 2019 and 2023, including 4,713 cases resulting in various degrees of harm (Choudhury & Vu, 2020).

The Indonesian healthcare system faces similar challenges in implementing proper patient identification procedures. Research conducted in Indonesian hospitals indicates that despite existing regulations, such as the Minister of Health Regulation No. 11 of 2017 concerning Patient Safety, compliance with patient identification protocols remains inconsistent (Alvionita, 2023; Fitri et al., 2024).

Nurses face multiple challenges in implementing proper patient identification procedures. These challenges include high workload intensity, frequent interruptions during identification processes, and communication barriers with patients who have cognitive impairments or language differences (Nitro et al., 2021). Studies have shown that despite the establishment of protocols aimed at ensuring accurate patient identification, adherence to these guidelines is often inconsistent. For instance, a recent study indicated that up to 96.1% of nursing staff did not consistently follow patient identification protocols, resulting in a high incidence of nursing errors (Ardianto et al., 2022). This alarming statistic underscores the critical need for healthcare facilities to reinforce training and compliance with identification procedures to mitigate risks associated with misidentification.

Furthermore, factors such as high workloads, inadequate staffing, and insufficient training

contribute to lapses in patient identification practices. A qualitative study conducted in Indonesian hospitals revealed that workplace culture and hospital policies significantly influence the effectiveness of patient identification processes, suggesting that a multifaceted approach is necessary to enhance compliance and ultimately improve patient safety outcomes (Ningtias & Sundari, 2024).

The magnitude of the problem is further illustrated by data indicating that patient misidentification incidents are prevalent across various healthcare settings. In a comprehensive analysis conducted in the UK, it was reported that there were over 58,537 cases of patient misidentification logged between 2019 and 2023, with approximately 4,713 incidents leading to varying degrees of harm (HSJ, 2023). These figures highlight not only the frequency of misidentification but also its potential consequences, including wrong treatments and surgeries. The findings emphasize the urgent need for healthcare organizations to implement robust systems for patient verification to prevent such errors from occurring.

To address these challenges effectively, it is essential to adopt innovative strategies that enhance patient identification practices. Research suggests engaging patients in their own identification process can serve as an effective safeguard against errors. Empowering patients to confirm their identity can complement healthcare professionals' efforts and create a culture of safety within healthcare environments (Nitro et al., 2021). As such, a concerted effort involving training, policy reinforcement, and technological integration is crucial for ensuring accurate patient identification and enhancing overall patient safety in both global and Indonesian healthcare contexts. Given these significant challenges and their potential impact on patient safety, this case study aims to examine the implementation of proper patient identification procedures in the Inpatient Ward of dr. Zainoel Abidin General Hospital. This study seeks to

understand how patient identification procedures are being implemented and identify potential areas for improvement in ensuring accurate patient identification practices.

METHOD

This study utilizes a descriptive quantitative methodology to observe and analyze nurses' adherence to patient identification protocols in an inpatient ward. This methodology outlines the approach taken to investigate the patient identification practices among nurses in the inpatient ward of dr. Zainoel Abidin hospital. The case study employs a quantitative case study design, focusing on observational data to assess compliance with established patient safety protocols.

The study involves a sample of 28 nurses working in the internal medicine ward. These nurses were selected based on their direct involvement in patient care and identification processes during the observation period. These nurses were selected using total sampling.

Data collection was conducted over a period of 7 days using two primary instruments: a demographic data instrument and an observation checklist. (1) The Demographic Data Instrument is a structured questionnaire administered to gather essential demographic information from the participating nurses, including age, gender, years of experience, and educational background. (2) The Observation Checklist was developed based on the Standard Operating Procedures for patient identification at dr. Zainoel Abidin Hospital. The checklist includes key components such as ensuring that patient identity wristbands are properly attached, introducing oneself to the patient, utilizing active communication techniques, and obtaining informed consent from patients prior to any procedures.

The observation sheet uses the Guttman scale, a dichotomous scale that allows for simple "Yes" or "No" responses. This scale is used to record whether each observed behavior was correctly implemented by the nurse. Each nurse was observed during

routine patient interactions in the internal medicine ward. Observers followed a structured protocol to record behaviors as outlined in the observation sheet.

The data from the observation sheets were analyzed using descriptive statistics. The analysis focused on calculating the frequency and percentage of correct patient identification behaviors among the observed nurses. Additionally, demographic data will be analyzed using descriptive statistics to provide insights into how various factors may influence adherence to patient identification protocols. Descriptive analysis will summarize the demographic characteristics of the sample and highlight patterns or trends in compliance rates among different groups of nurses. Data were presented in tables to visualize the results in patient identification practices.

DISCUSSION

The characteristics of the respondents from this study are presented in Table 1 below:

Table 1. Characteristic Respondents

Data Demographic	f	%
Age (Years)		
26-35 (Early Adult)	21	75.0
36-45 (Late Adult)	7	25.0
Jenis Kelamin		
Female	18	4.3
Male	10	35.7
Education		
Nursing Diploma	18	64.3
Nursing Profession	10	35.7
Working Period		
< 3 Years	22	78.5
> 3 Years	6	21.5
Employment Status		
Civil Servant	8	28.6
Government Employees with Work Agreements	17	60.7
Contracted Employee	3	10.7

The demographic data indicates that the majority of respondents are aged 26-35 years (75%), predominantly female (64.3%). Most hold Nursing Diploma as their highest educational attainment (64.3%) and have less than 3 years of work experience (78%). Additionally, the majority are employed

under Government Employees with Work Agreements status (60.7%).

Tabel 2 showed that, the case study results indicate that 22 nurses (78.5%) demonstrated optimal performance in verifying patient identification bracelet, while 16 nurses (57.1%) were suboptimal in introducing themselves to patients. Additionally, 17 nurses (60.7%) effectively utilized active communication, and 24 nurses (89.2%) performed optimally in obtaining informed consent prior to nursing interventions.

Table 2. Identify Patient Correctly

Category	f	%
Ensure patient identification bracelet		
Optimal	22	78.5
Suboptimal	6	21.4
Introduce himself to the patient		
Optimal	12	42.8
Suboptimal	16	57.1
Active Communication		
Optimal	17	60.7
Suboptimal	11	39.2
Informed Consent		
Optimal	24	89.2
Suboptimal	5	17.8

DISCUSSION

The results of this case study provide important insights into the implementation of patient identification practices among nurses in inpatient ward. The findings highlight areas of both strength and improvement regarding adherence to patient safety protocols, particularly those related to ensuring correct identification through the use of identity bracelets, active communication, introductions, and obtaining informed consent.

Ensure Patient Identification Bracelet

The optimal performance of nurses in verifying patient identification bracelets, as demonstrated by 78.5% of nurses in this study, reflects a strong adherence to patient safety protocols. This achievement can be attributed to several factors, including the integration of standardized procedures, effective training programs, and a supportive institutional culture. Verifying patient identification bracelets is a critical

component of ensuring patient safety, as it minimizes risks such as medication errors, wrong-site surgeries, and other adverse events. The consistent use of identification bracelets aligns with international patient safety goals and demonstrates the commitment of healthcare professionals to delivering safe and accurate care.

Several factors contribute to the optimization of this practice. First, institutional policies that mandate the use of identification bracelets and provide clear guidelines for their verification play a crucial role. Regular training and education on patient safety protocols enhance nurses' knowledge and skills, ensuring they understand the importance of accurate patient identification. Studies have shown that educational interventions, such as mandatory courses on patient safety, significantly improve adherence to safety practices among healthcare providers (Galleryzki et al., 2023; Hemesath et al., 2015). Additionally, the use of standardized identification elements such as full name and medical record number ensures clarity and reduces errors during verification (Lima et al., 2022; Nitro et al., 2021).

The demographic profile of nurses participating in this study further supports these findings. With 64.3% holding a Nursing Diploma as their highest educational attainment, it is evident that foundational nursing education has equipped them with essential competencies for patient safety. Diploma programs often emphasize practical skills and adherence to clinical protocols, which may explain the high compliance rates observed in this study. Research indicates that educational background influences awareness and implementation of patient safety measures; however, continuous professional development is necessary to sustain and enhance these competencies (Jahja et al., 2024).

In conclusion, the high performance in verifying patient identification bracelets underscores the effectiveness of structured training, adherence to standardized protocols, and the foundational education of

nurses. To maintain and improve these outcomes, healthcare institutions should focus on ongoing education, regular audits of compliance with safety protocols, and fostering a culture that prioritizes patient safety. These efforts will not only enhance individual nurse performance but also contribute to overall improvements in healthcare quality and patient outcomes.

Introducing Himself to Patients

Previous studies emphasize that introducing oneself to patients is an essential component of effective communication in healthcare. It fosters trust, reduces anxiety, and enhances the patient's understanding of their care team roles. For instance, Kate Granger's campaign underscores the importance of introductions as the "first rung on the ladder" to compassionate and patient-centered care (Granger, 2013). Furthermore, failing to introduce oneself can exacerbate power imbalances between patients and healthcare providers, leaving patients feeling vulnerable and disconnected from their care process. The 57.1% suboptimal performance rate among nurses in this study suggests systemic or behavioral barriers to implementing this simple yet impactful practice.

From a practical standpoint, the lack of consistent introductions may lead to miscommunication, decreased patient satisfaction, and even safety risks such as misidentification. Patients who are unsure about the identity or role of their caregivers may hesitate to ask questions or report concerns, thereby hindering effective communication. Practical interventions such as training programs that emphasize professional introductions and role clarity should be implemented. Tools like name badges, photo boards, or scripted introduction protocols can also support nurses in consistently introducing themselves (LeBlanc et al., 2016).

Theoretically, this finding aligns with frameworks emphasizing relational aspects of care delivery. For example, patient-centered care models advocate for mutual respect and shared decision-making between

patients and providers. Introducing oneself is a foundational behavior that supports these theoretical principles by creating an environment where patients feel respected and informed (Alsulami et al., 2022). Additionally, theories on patient safety culture highlight communication as a critical factor in minimizing errors and enhancing safety outcomes (Granger, 2013). Therefore, addressing this gap could contribute to broader improvements in healthcare quality. At the policy level, hospital must prioritize communication standards that include mandatory self-introductions by staff. Policies should be developed to integrate this practice into routine care protocols and performance evaluations. Moreover, fostering a culture of accountability through leadership commitment to communication excellence can ensure that such practices are consistently adopted across healthcare settings (Alsulami et al., 2022).

the finding that 57.1% of nurses were suboptimal in introducing themselves to patients reveals a critical area for improvement in patient-centered care practices. Addressing this issue has far-reaching implications for enhancing trust, communication, and safety in healthcare settings. Practical interventions, theoretical alignment with patient-centered models, and supportive policies are essential steps toward ensuring that every patient interaction begins with a proper introduction. This seemingly small action holds profound significance in advancing both individual patient experiences and systemic healthcare outcomes.

Active Communication

Active communication, in which nurses verbally confirm patient identity through open dialogue, was implemented by 60.7% of the sample. While this is an encouraging result, it also shows that nearly 40% of nurses did not engage in optimal active communication practices. Communication errors are a leading cause of adverse events, and active communication plays a key role in mitigating risks. Active communication

plays a pivotal role in patient safety by ensuring that patients are directly involved in confirming their identity and the care they are receiving (Kwame & Petrucka, 2021). This result indicates a moderate level of compliance with active communication protocols, suggesting room for improvement in ensuring patient safety through proper identification practices (Suraya et al., 2024). Verbal confirmation allows for a secondary layer of identification, particularly in situations where identity bracelets may be damaged or unclear. The use of teach-back methods, where nurses confirm patient understanding of procedures and care plans, could be promoted to further enhance communication effectiveness (Mulac et al., 2021). Furthermore, fostering a culture of open dialogue between healthcare professionals and patients can reduce misunderstandings and medical errors.

Active communication plays a vital role in preventing adverse events and ensuring patient safety in healthcare settings. The implementation of effective communication strategies by nurses serves as a crucial barrier against potential medical errors, particularly in patient identification processes. This finding aligns with recent research indicating that effective communication minimizes and prevents actions detrimental to nursing care quality (Jang et al., 2022).

A deeper analysis reveals that nurses who demonstrated effective active communication exhibited key behaviors such as clear verbal communication, appropriate use of vocal intonation, and proper visual cues. These nurses consistently verified patient information through two-way communication, ensuring that patients actively participated in the identification process (Afriyie, 2020).

Several supporting factors contributed to successful active communication implementation. These included proper training programs, organizational support for patient safety culture, and established Standard Operating Procedures. Research has shown that hospitals implementing comprehensive communication training

programs have witnessed significant improvements in nurses' communication competencies, with success rates increasing from 40-60% to 80-90% post-training (Wieke Noviyanti et al., 2021).

However, the study also identified several barriers affecting the remaining 39.3% of nurses who did not demonstrate effective active communication. These obstacles included heavy workload, time constraints, and environmental factors such as noisy ward conditions. Additionally, psychological barriers such as task-oriented mindsets and insufficient self-awareness of verbal behaviors were noted as significant impediments (Atghae Kordkolae et al., 2024).

The implications of these findings emphasize the need for systematic interventions to enhance active communication during patient identification. Healthcare organizations should focus on developing structured communication protocols, providing regular training sessions, and creating supportive environments that facilitate effective nurse-patient interactions (Jang et al., 2022).

To address these challenges, a multi-faceted approach is recommended, incorporating continuous professional development programs, implementation of standardized communication tools, and regular evaluation of communication practices. This approach should be supported by organizational policies that prioritize patient safety culture and promote open communication channels between healthcare providers and patients (Wieke Noviyanti et al., 2021).

Providing Informed Consent

The findings of this case study revealed that 24 nurses (89.2%) demonstrated optimal performance in obtaining informed consent during patient identification procedures in the Internal Medicine ward. This high compliance rate indicates a strong awareness among nurses regarding the critical importance of informed consent in ensuring patient safety (Menezes et al., 2024; Ramadhani et al., 2024).

The optimal performance in obtaining informed consent aligns with the fundamental principles of patient autonomy and shared decision-making in clinical practice. This finding reflects the growing emphasis on patient-centered care in Indonesian healthcare settings, where informed consent serves as a crucial bridge between legal requirements and ethical practice (Ayudiah et al., 2024). The high compliance rate also suggests effective implementation of hospital policies and professional standards regarding patient identification procedures.

Several facilitating factors contributed to this positive outcome. The practice environment and organizational support played significant roles in enabling nurses to properly execute informed consent procedures (Wang et al., 2024). The presence of standardized protocols, adequate training, and clear communication channels within the hospital system has fostered a culture that prioritizes patient safety and proper documentation (Kakemam et al., 2024).

However, challenges were identified among the 10.8% of nurses who did not achieve optimal performance in obtaining informed consent. Key barriers included excessive workload, time constraints, and occasional language barriers between healthcare providers and patients (Pitsillidou et al., 2021). These findings parallel challenges identified in other Indonesian healthcare settings, where organizational factors such as lack of administrative support and standardized consent forms can impede proper informed consent processes (Negash et al., 2021).

The study's results highlight the critical role of nursing competency in patient safety. Nurses with higher patient safety competency scores demonstrated better performance in obtaining informed consent, suggesting a direct correlation between professional knowledge and practice quality (Kakemam et al., 2024). This finding emphasizes the importance of continuous professional development and specialized

training in patient safety protocols (Uchmanowicz et al., 2024).

From a practical perspective, these findings have significant implications for healthcare management and policy development. The success rate in obtaining informed consent suggests that current training programs and protocols are largely effective, but there remains room for improvement (Menezes et al., 2024). Healthcare administrators should consider implementing targeted interventions to address identified barriers and further enhance compliance rates (Rivas-González et al., 2024).

Looking forward, sustainable improvement in informed consent practices requires a multifaceted approach. This includes strengthening nurse education programs, developing more efficient documentation systems, and creating supportive work environments that facilitate proper patient identification procedures (Wang et al., 2024). Regular monitoring and evaluation of these practices will ensure continued adherence to patient safety standards and maintain the high quality of care observed in this study (Uchmanowicz et al., 2024).

CONCLUSION

The findings of this case study reveal significant insights into patient identification practices among nurses in an inpatient ward in Banda Aceh. The study demonstrates varying levels of compliance across different aspects of patient identification protocols. These results underscore the necessity for enhanced focus on interpersonal aspects of patient identification, particularly in nurse-patient communication protocols. The findings suggest that while technical aspects of patient identification are well-maintained, the human elements of care delivery require additional attention to achieve optimal patient identification practices aligned with JCI standards. This case study highlights the importance of a comprehensive approach to patient identification that balances both technical and interpersonal components of healthcare delivery.

Declaration by Authors

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