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Patient labels as a quality indicator of identitovigilance in French hospitals

Les étiquettes patient, un indicateur de qualité de l'identitovigilance dans les établissements de soins français

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Abstract

Introduction. – Identity risk is frequent and serious. Between 2007 and 2010, 25.6% of 1572 serious adverse events declared in France are related to identitovigilance. No regulation clearly defines an ideal patient label even when a delivery refusal is applied in case of absent or incomplete identity (absence of surname and/or first name and/or birth date). The aim of the study was to draw up the current situation of patient labels in hospitals connected with our blood transfusion center and being used for blood products delivery and immuno-hematology analyses.

Materials and methods. – We defined an ideal label with 5 items which must be present and clearly identified: surname, usual or marital name, first name, birth date and sex. It contains also an identifier, if possible with a bar code. We compare it with labels used in our hospitals.

Results. – Only 22% (17/76) had a patient label in compliance with our ideal label. Most of the items, even if they were not clearly identified on the label, were present. The surname was present and clearly indicated in 75% of cases (57/76). In approximately 50% of cases, there was a barcoded permanent and/or stay identifier.

Conclusion. – Our results, with only 22% of labels considered as 'ideal', show all the work which remains to be done. A temporary solution can be the elaboration by hospitals of an identification guide of their present labels.

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Keywords: Identitovigilance; Label patient; Establishments of health; Blood transfusion; Blood products

Résumé

Introduction. – Le risque identitaire est fréquent et grave (25,6 % des 1572 incidents grave déclarés sur e-lit entre 2007–2010 avait un lien avec l'identitovigilance). Les étiquettes patient réalisées par les établissements de santé (ES) à l'entrée de celui-ci représentent le socle de l'identification tout au long d'un séjour de soins.

Matériel et méthodes. – Nous avons effectué un état des lieux des étiquettes patients existant dans différents ES rattachés à l'établissement français du sang Centre Atlantique (EFSCA) et servant à la délivrance des PSL, et/ou à la réalisation des examens immuno-hématologiques. Nous avons étudié la variabilité de chacune de ces étiquettes en fonction d'une étiquette jugée idéale. L'étiquette idéale comprend les 5 items suivants nommément inscrits : nom de famille, nom d'usage, prénom, date de naissance et sexe, ainsi qu'éventuellement un identifiant code barres (permanent ou séjour).

Résultats. – Dix-sept sur 76 des prescriptions (22 %) ont une étiquette conforme à notre étiquette idéale. Pour la majorité des items, même s'il n'y avait pas de mention explicative, ils étaient présents. Le nom de famille était clairement indiqué dans 75 % des cas (57/76), avec une mention telle que : Naiss, nom de jeune fille (Njf), née. Dans environ 50 % des cas, il existait un code barre sous la forme d'un IPP ou d'un IPS.

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Conclusion. – Nos résultats, avec seulement 22 % des étiquettes patients conformes à notre étiquette idéale, montrent tout le travail qu'il reste à faire. Une solution temporaire, qui peut exister dans certains établissements en attendant que les services informatiques inscrivent nommément les items, est de faire produire par la direction des ES un guide d'identification de leur étiquette, permettant ainsi de vérifier sa conformité.

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Mots clés : Identitovigilance ; Étiquette patient ; Transfusion sanguine ; Établissement de santé ; Produits sanguins

1. Introduction

Identity risk is frequent and serious. It is the cause of 13% of surgery errors and 67% of blood transfusion ones [1]. Furthermore, 25.6% of 1572 serious adverse events declared in France between 2007 and 2010 are related to identitovigilance [2]. It means 1 attribution error for 30,000 blood products (BP). Importance of a good identification process was underlined in the French regulation on the transfusion act [3] and, more recently, by a national instruction asking to use surname for patient identification in health information systems [4]. Nevertheless, no regulation clearly defines an ideal patient label even when a delivery refusal is applied in case of absent or incomplete identity (absence of surname and/or first name and/or birth date). We decided to study the present situation of patient labels used for BP or biological exams prescription in every hospital related to our regional blood transfusion center.

2. Materials and methods

EFS Centre Atlantique is one of the French regional blood transfusion centers. It consists of 12 sites delivering more than 180,000 BP to 88 public or private hospitals. Every site was invited to collect a standard patient label from each hospital, preferentially a female patient with both a surname and a usual name.

We defined an ideal label according to the regulation [3,4]. Five items must be present: surname ('*nom de famille*' in French), usual or marital name ('*nom d'usage*' or '*nom marital*'), first name ('*prénom*'), birth date and sex. These items must be present and clearly identified on the label (Fig. 1). It may also be a patient identifier, if possible with a bar code.

Data concerning the patient identity items were compiled to study the variability of each label compared with our ideal label.

Surname (nom de famille): DXCAR [REDACTED]
 Usual Name (nom d'usage): DXBEL [REDACTED]
 First name (prénom): SOL [REDACTED]
 Date of Birth (Né le): 12/05/1980
 Sex (sexe): F
 Date of Entry (date d'entrée): 25/04/2013 UF : 4028
 IPP : 000012669715
 IPS : 514398965

Fig. 1. Ideal patient label.

14000762 00 (F) 28/01/1
 RJC [REDACTED] Hug [REDACTED]
 ALL [REDACTED] 8/09/192
 2290978030001 78 0228

Fig. 2. Patient label without clearly identified surname, usual name, and first name.

Table 1
 Variability of identification items on patient labels.

	Surname	Usual name	First name	Birth date	Sex
<i>Item</i>					
Present	76/76 (100%)	76/76 (100%)	76/76 (100%)	76/76 (100%)	73/76 (96%)
Absent	0/76 (0%)	0/76 (0%)	0/76 (0%)	0/76 (0%)	3/76 (4%)
<i>Item clearly identified</i>					
Present	57/76 (75%)	23/76 (30%)	16/76 (21%)	76/76 (100%)	71/76 (93%)
Absent	19/76 (25%)	53/76 (70%)	60/76 (79%)	0/76 (0%)	5/76 (7%)

3. Results

We included between March and June, 2014, patient labels of 76 hospitals connected with our regional blood center. Forty-nine were public institutions, 27 were private institutions. All major hospitals were included and missing ones were among the smallest.

A lot of labels looked like the Fig. 2. Only 22% (17/76) were in compliance with our ideal label. Among these 17 hospitals, 76% were public institutions.

Table 1 shows the presence or absence of identity items. Most of them, even if they were not clearly identified on the label, were present, except 3 labels without a sex indication. But the surname was clearly indicated in only 75% labels (57/76), with a mention such as: birth, maiden name, born. . . as shown in Fig. 3. Surname was not clearly identified in 19/76 (25%) labels, creating a risk

13 5830 Entrée : 26/11/2013 à 16 h 3
 MACH BER [REDACTED]
 Nom jeune fille: MON [REDACTED]

Fig. 3. Patient label where the surname (maiden name) is clearly identified.

Table 2
Variability of barcoded IPP (permanent identifier) and IPS (stay identifier) on patient labels.

	IPP	IPS	IPP and IPS	IPP or IPS
Present	16/76 (21%)	22/76 (28%)	2/76 (3%)	36/76 (48%)
Absent	60/76 (79%)	54/76 (72%)	74/76 (97%)	40/76 (52%)

of confusion between surname and usual name, even with some first names.

Results concerning the presence of a barcoded patient identifier are presented in Table 2. There are two types of identifier: a unique patient identifier for every stay in the hospital (IPP), or a stay identifier, which will change, with each stay (IPS). In approximately 50% of cases, there was a bar code on the label, either IPP or IPS.

4. Discussion

The instruction DGS/DHOS/AFSSAPS 03/582 of December 15th, 2003, relative to the realization of blood transfusion [3] specifies that labels used for prescription of BP and immunohematology analysis have to specify clearly the surname, the usual name and the first name. Its appendix 2 highlights that prescription of BP has to provide a “patient identification: surname, first name, usual or marital name, sex, birth date and identifier (IPP and/or IPS) when it exists”. We used it to draw up our ideal label.

This definition of an ideal label was necessary to set a standard and be able to have an unequivocal comparison with this one. The chosen items could hardly be discussed and they are in accordance with the national instruction DGOS/MSIOS of June 7th, 2013 [4]. Supplementary items, like the place of birth, could be considered, but the five major items seem sufficient for a good identitovigilance.

Identitovigilance is now clearly recognized as a fundamental issue in health security, and the patient label can be seen as a first quality indicator. Patient label reliability is a good reflection of the reliability of patient identification in hospital admission. Each hospital must have identitovigilance directives for everybody, especially with the admission staff considering its key role. For example, the French health ID-card (*‘carte vitale’*) is known for its errors and should better be replaced by an official identity document. Such modalities are part of the work of identitovigilance committees existing in every hospital [5]. They have to highlight the important role of the patient himself in this identification and to guarantee patient label quality.

Such recommendations were also defined by Szymanowicz et al. [6] in order to secure the identity of patients, the prescription of BP and immuno-hematology analyses. Flourie et al. [7] studied the impact of identitovigilance on transfusion safety but only from an immuno-hematology results aspect. The crucial

role of the patient identification was emphasized in this study but there was no definition of an ideal label as we did.

We did not find another study comparing the patient identification with regard to an ideal label. With only 22% of labels found “ideal”, our study shows that a lot of work remains to be done [8]. Priority seems to clearly identify surnames on labels. In the meantime, there is a need in each concerned hospital for a guide of identification of their labels, which clarifies the exact position of each identity item. Concerning the barcoded identifier, IPP or IPS, approximately half of the establishments used one and it is surely a necessity to go further.

5. Conclusions

One can unfortunately fear that there is at present underestimation of identification errors [9]. It requires a raising awareness and information of patients and hospital staffs. The French survey of prevalence and typology of identity errors in pre-transfusion phase [10] plays a part in this raising awareness. Our study plays another part with a proposed standardization of labels.

We asked our teams to use our results to make our hospitals aware of these problems and to help them to implement improvements. A new survey is planned in order to measure them.

Disclosure of interest

The authors have not supplied their declaration of conflict of interest.

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