Photographic bracelet as an innovative tool in the identification protocol for patients with acute mental disorder

Pulseira fotográfica como ferramenta inovadora no protocolo de identificação do paciente com transtorno mental agudo

Pulsera fotográfica como herramienta innovadora en el protocolo de identificación del paciente con transtorno mental agudo

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ABSTRACT
Objective: to describe the development of a protocol for identification of patients with acute mental disorders. **Method**: this qualitative exploratory study was carried out from May 2018 to January 2019 through an integrative literature review, an online questionnaire answered by 17 health personnel belonging to the Brazilian Society for Quality of Care and Patient Safety, and a focus group of four mental health experts. **Results**: no articles specifically on identification for patients with acute mental disorders were found in the review. The consultation of patient safety experts found that 82.3% had no specific protocol in their institutions. The focal group highlighted difficulties communicating with these patients. **Conclusion**: the protocol including the photographic bracelet is believed to constitute an innovative tool for reducing risks associated with identification of these patients.
Descriptors: Mental Disorders; Mentally Ill People; Patient Safety; Patient Identification Systems.

RESUMO
Objetivo: descrever a elaboração de protocolo para a identificação do paciente com transtorno mental agudo. **Método**: estudo exploratório e qualitativo, realizado de maio 2018 a janeiro 2019, por meio das etapas: revisão integrativa da literatura, questionário *online* respondido por 17 profissionais de saúde vinculados à Sociedade Brasileira para a Qualidade do Cuidado e Segurança do Paciente, e grupo focal com 04 especialistas em Saúde Mental. Para tratamento dos dados, utilizou-se a análise descritiva e comparativa. **Resultados**: na revisão não se encontraram artigos sobre identificação do paciente com transtorno mental agudo. Na consulta aos especialistas da segurança do paciente identificou-se que 82,3% não possuíam em suas instituições protocolo específico. No grupo focal evidenciou-se dificuldade na identificação deste paciente. **Conclusão**: acredita-se que o protocolo com a inserção da pulseira fotográfica apresenta-se como uma ferramenta inovadora na redução de riscos associados à identificação deste paciente.
Descritores: Transtornos Mentais; Pessoas Mentalmente Doentes; Segurança do Paciente; Sistemas de Identificação de Pacientes.

RESUMEN
Objetivo: describir el desarrollo de un protocolo para la identificación de pacientes con trastornos mentales agudos. **Método:** este estudio exploratorio cualitativo se realizó de mayo de 2018 a enero de 2019 a través de una revisión integradora de la literatura, un cuestionario en línea respondido por 17 miembros del personal de salud pertenecientes a la Sociedad Brasileña de Calidad de Atención y Seguridad del Paciente, y un grupo focal de cuatro personas de salud mental expertos. **Resultados:** en la revisión no se encontraron artículos específicos sobre identificación de pacientes con trastornos mentales agudos. La consulta de expertos en seguridad del paciente encontró que el 82,3% no tenía un protocolo específico en sus instituciones. El grupo focal destacó las dificultades para comunicarse con estos pacientes. **Conclusión:** se cree que el protocolo que incluye la pulsera fotográfica constituye una herramienta innovadora para reducir los riesgos asociados a la identificación de estos pacientes.
Descriptores: Transtornos Mentales; Enfermos Mentales; Seguridad del Paciente; Sistemas de Identificación de Pacientes.

INTRODUCTION

Studies on the care for patients with acute mental disorders point to the challenges found in health care services concerning the possibility of incidents due to such patients' specificities[1,2]. In the acute phase, patients with mental disorders may show their anguish and suffering through aggressiveness and alteration in their level of consciousness[3-5]. These particularities can trigger risky behaviors, thus increasing the occurrence of incidents.

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The challenges are related to health care professionals' practices aimed at care safety due to the specific characteristics of patients with acute mental disorders, as well as to the need to ensure the quality of such practices in all health care services with regard to greater vigilance in the face of these patients' unpredictability[1] and the lack of a specific protocol for the identification of this clientele.

In order to promote interventions that safely meet the specificities of patients with acute mental disorders, their identification is highlighted as an important initial practice. Correct Patient Identification is considered an essential tool in preventing and reducing patient harm, which serves to ensure care quality[6].

The need for Correct Patient Identification is present in the Patient Identification Protocol by the Ministry of Health (MH)[7], which presents actions to operationalize this process. However, it is noteworthy that these actions are generalist and, because they do not address issues specific to this clientele, they tend to be ineffective.

For Correct Patient Identification, it is essential to ask patients their names and confirm them by means of a wristband installed upon their admission. However, as regards patients with acute mental disorder and, in the occurrence of their disorganized attitudes due to alteration in thinking and perception[8], the impossibility of self-identification is intrinsic. This can contribute to inadequate identification, thus increasing the risk for incidents at moments when identifying the patient is necessary, namely during medicine administration.

It is noteworthy that correctly identifying patients is the guarantee that treatment will be provided to the right person, as it prevents the risks of incidents and reduces the chances for errors, which can occur at any time during hospitalization. In the context of psychiatry, there are difficulties in the practical application of what is proposed by the guidelines for the patient safety protocol[6], and it is necessary to produce scientific knowledge in addition to innovative proposals focused on this topic.

Thus, the objective of this study is to describe the development of a protocol for identification of patients with acute mental disorders.

THEORETICAL FRAMEWORK

Patient Safety is a topic that has permeated discussions worldwide for just over two decades and more systematically in Brazil since 2013 as a result of the publication of the National Patient Safety Program (PNSP)[9]. Since its publication, PNSP has made efforts to achieve national goals, the first being: Identifying Patients Correctly[9].

In order to meet this demand, many initiatives have been improved and others have been initiated. In this context, protocols have been emphasized. Based on such protocols, institutions seek quality in their services by ensuring the safety of health care professionals and of patients in particular. When managing and organizing work, they can be considered a guiding element, that is, an educational tool[10].

Care-provision protocols are instruments that aim to standardize the conduct of professionals involved in health care. They add increased security for patients and professionals and help decision-making as well as the incorporation of new technology[11]. They also aim to favor the development of process and result indicators, thus improving care quality[12].

To develop a protocol, in addition to resources and teamwork, knowledge of the client's epidemiological profile and priorities is required. Therefore, a protocol must be adapted to the reality of the service where it will be implemented[13].

In this study, the proposed innovation is directly related to the improvement of methods, processes, products and work organization. Such improvement should take into account the health care institution and the patients served in it, so that it is advantageous for both[14].

It is understood that the potential risks associated with health care must be detected and minimized early by using innovative strategies which, when implemented in a specific situation, will allow the development of products that tend to improve the care-provision practice.[15].

Considering the problem in question, it is believed that a patient identification protocol, in the context of psychiatry, can collaborate with the quality of such care and, consequently, with its safety by mitigating the risks associated with this process.

METHODOLOGY

Exploratory study with a qualitative approach, conducted from May 2018 to January 2019 and divided into three phases, namely: Integrative Literature Review; Online questionnaire with the participation of 17 health care

professionals related to the Brazilian Society for Care Quality and Patient Safety (SOBRASP); and Focus group with four mental health specialists. All participants expressed agreement to participate in the study through an Informed Consent Form. The research project was approved by the Research Ethics Committee, CAAE number: 96664318.0.0000.5285 and approval report number 2.854.164/2018.

Phase 1 was developed based on an Integrative Literature Review and supported the discussion on the topic Correct Identification of Patients with acute mental disorders in the context of Patient Safety and psychiatry. It aimed to analyze scientific evidence in the process of identification and health care for these patients.

In phase 2, specialists in the field of Patient Safety participated by means of a questionnaire designed on Google Forms® and sent online via a multiplatform instant messaging application, being structured with basis on the following themes: existence of a protocol for the correct process of identifying patients with mental disorders in the acute phase in their workplaces; facilitating and hindering agents in the identification of these patients; and the need to identify such patients.

The inclusion criteria for participants in phase 2 were: professionals in the safety field; SOBRASP members; working in Patient Safety Centers, Risk or Quality Management. SOBRASP was selected for disseminating safety practices in care provision and for bringing together professionals interested in the topic in different Brazilian states.

Finally, in phase 3, the focus-group data-collection technique was carried out with nurses specialized in Mental Health. Thus, the following topics were discussed: daily practices for identifying patients with mental disorders in the acute phase; alternative practices for identifying such patients; and experience in patient identification during the care-provision practice. All phases supported the proposal for the academic product produced: the identification wristband. The methodological organization of the three phases covered in this study is presented below for the development of the protocol for Correct Identification of Patients with acute mental disorder. Figure 1 shows the three phases that support the development of the study.

PHASE 1 Integrative Review	PHASE 2 Health Care Professionals in Patient Safety	PHASE 3 Focus Group (Health Care Professionals in Psychiatry)
Search for scientific articles published from 2013 to September 2018 on the Virtual Health Library (VHL) and Public/Publisher Medline (PubMed) portals, using the descriptors: Patient identification system; patient safety; mental disorders; psychiatric patient; mentally ill people; psychotic disorders and psychiatric emergency. After analyzing the studies, the sample consisted of six articles that were classified according to their level of evidence.	Questionnaire designed on Google Forms and sent via WhatsApp® to members of the SOBRASP group, with open questions addressing their experience in the management of patients with acute mental disorder, barriers and facilities in the process.	Moderated by the main researcher and guided by reflective questions on the process of identifying patients with acute mental disorder.

FIGURE 1: Methodological phases covered in the development of the study. Rio de Janeiro, RJ, Brazil, 2019.

The inclusion criteria for the participants were: professionals specialized in Mental Health who had practical experience in such field. Data were collected at the Federal University of Rio de Janeiro State, Alfredo Pinto School of Nursing and lasted one hour. The focus group audios were recorded and transcribed verbatim in order to facilitate data analysis. The focus group participants were identified by their professional category followed by capital letters, in alphabetical order.

RESULTS AND DISCUSSION

In phase 1, comprising the Integrative Literature Review, six articles were selected which referred to patient safety, care-provision quality and acute mental disorder. Among the selected articles, two highlighted the assessment of risks to which patients with mental disorders are exposed[3,5]. Evidence of harm and mortality in people with severe mental illness during clinical or surgical hospitalizations was identified[16], in addition to the perception of mental health service users themselves concerning safe care[17]. Patient Safety was found in one article focusing on patients undergoing psychiatric hospitalization[2], and another one showed it in scientific publications that referred to community mental health services[4].

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It is noteworthy that none of the identified articles, despite answering the research question, presented the specificity of Correct Identification of Patients with mental disorders in the acute phase in the context of Patient Safety, thus making it difficult to find scientific evidence on the subject, on implemented protocols or on experiences in this theme. Thus, the importance of developing innovative tools based on what is identified as a problem in daily health care and as a gap in scientific knowledge for the improvement of health care processes and quality is highlighted[14].

As regards the second phase in this study, thirteen nurses, two doctors, one nursing technician and one pharmacist with a mean professional training time of 14 years participated in it. All participants had attended a post-graduation program, and ten of them in the field of Patient Safety.

Concerning the experience of Correct Identification of Patients with acute mental disorders, data analysis identified that most of the participants (82.3%) did not have their own protocol aimed at the patients in their institutions.

The identification strategies reported by the participants originated two categories: Adequacy of the Identification Protocol proposed by MH; and Proposals based on the MH Protocol. The first category was constructed through reports by the participants who individually supervised the identification of patients with mental disorders in the acute phase (42%). As for the second category, the mentioned strategies were related to the MH Protocol, without specifying the strategies or protocols aimed at the Correct Identification of Patients with acute mental disorders (58%). They were generalist strategies that did not consider attitudes focused on the patient's context and may present disorganized actions due to changes in patients' thinking and perception[8], with the intrinsic impossibility of self-identification.

It is noteworthy that data analysis also showed the possible barriers to the Correct Identification of Patients with mental disorders in the acute phase, identified by the study participants through the construction of two categories: Factors inherent to the Patient and Factors inherent to the Professional.

The first category obtained the larger number of factors (62.2%), which shows these patients' specificity as a challenge for their safe and quality care. It was composed of the following factors: level of consciousness/orientation of such patients; absence of a companion; constant need for vigilance; and removal of the identification wristband by the patient. Such elements, also found in the scientific literature, highlight the need for greater vigilance by health professionals in the face of this patient's unpredictability[1].

These patients' individuality, which is different from other users', makes their characteristics evident, so that standards and guidelines for Patient Safety should be appropriate to such condition. The level of consciousness/orientation of the patients in question is the main barrier that increases the risks to which they are exposed during care provision.

The absence of a companion and the constant need for vigilance were mentioned by the participants as factors that create barriers to Correct Patient Identification. Such factors increase the need for these patients' observation by the team, requiring intensive vigilance, which is often difficult to provide.

The second category, entitled: "Factors inherent to the Professional", refers to the professional barriers to the Correct Identification of Patients with acute mental disorder. It was identified that these are related to: Imposing the use of the wristband; Lack of adherence to the protocol; Prejudice and lack of team information; and a reduced number of mental health care professionals. Professional factors are considered fundamental for safe and quality practice, and their identification is important in order to build strategies to overcome these difficulties and enhance the health care quality for patients with acute mental disorders.

Data analysis showed that the identification process occurs in a similar way to that of other patients, without considering their specificities. However, it is important to emphasize that the establishment of barriers to the abovementioned process, the need for adequacy in the correct identification of such patients through protocols, as well as the professional qualification and reorganization of mental health services in order to minimize the risks involved, contribute to safety in the care-provision setting.

Four nurses specialized Mental Health Care participated in the third phase of the study, one of whom had a doctoral degree. Three participants were females and one was a male, whose ages ranged from 40 to 76 years. Their professional training extended from 16 to 55 years, and their length of experience in the mental health care was from 4 to 55 years.

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This phase emphasizes the category "Patient Identification in daily care provision at psychiatric services", which was built with basis on the analysis of the participants' statements and includes: Failures in the Correct Identification of Patients with mental disorders in the acute phase; Forms of identification of such patients; Specificities of patients with mental disorder in the acute phase; Standardization of mental health care; and Interdisciplinary team.

As for the flaws in patient identification, it was unanimous that this system is flawed within the psychiatric scenario, considering the topic of Patient Safety. The participants reported that there was no use of an identification wristband, as recommended by MH. However, they understand the need for a previously defined identification system to minimize the occurrence of incidents during care provision, especially in the acute phase, since they identified the specificity of such patients in the mentioned scenario, as noted in the following statement:

[...] because he (the patient) may, in fact, be disoriented. (Nurse A)

The lack of patient identification in psychiatric inpatient units was also pointed out in a study developed with nurses, in which it was reported that there were no instruments for patient identification in psychiatric inpatient units[18].

In the present study, the participants, specialists in the Mental Health field, valued the ways of identifying patients with mental disorders in the acute phase and their specificities as important guiding factors for the production of safe practices. In the following statement, the need to advance identification is highlighted:

[...] We need standardization. I think it is necessary to move forward in relation to patient identification. (Nurse B)

When asked what the best way to identify patients with acute symptoms of mental illness would be, the participants suggested that, once such patients are signaled, identified or marked, a negative condition could be generated in their behavior. However, the identification wristband was recommended, as it would not be exclusive to these patients.

Another important aspect in this study analysis was the participants' observation regarding the lack of a specific protocol to verify patients' identities, which has an impact on their safety. Individuals in the acute phase, when admitted to the emergency service, show unpredictable and uncooperative behaviors. Such behaviors have been described in previous studies, regarding these patients' demonstrations of anguish and suffering through aggressiveness and alteration in their levels of consciousness[2,5].

Another theme arising from the data analysis was the need to discuss Correct Patient Identification in the context of interdisciplinary work in the field of Mental Health. According to the participants in the focus group, the Correct Patient Identification process must be discussed with the team of professionals who care for patients with mental disorders. In order for it to be defined and put into practice, this work process must be accepted and supported by the entire team, so that criteria and suggestions are defined according to the experience of each professional involved.

By highlighting the contradictions between the MH recommendations regarding the Correct Patient Identification Process and the daily practices in psychiatric units, the barriers encountered and the importance of reflecting on the subject under consideration, the analysis developed in this investigation made it possible to design an innovative tool in the identification protocol of patients with acute mental disorder. The contradictions found, which identify the importance of building innovative tools to identify patients in acute conditions, and the convergences present in the three phases of the present study are listed for the construction of the protocol in question. Thus, we point out the most relevant aspects that are common to the three phases of the study.

Failure in the communication of patients with mental disorders is evident in studies[2,5]. This condition is related to alteration in their level of consciousness or cognitive impairment, which are peculiar in acute conditions[1-4]. This is corroborated by security professionals, as 52% of their responses point to this problem. The literature emphasizes the potentialization of risks from these patients[3,5,17], and all the phases mentioned the development of their own protocol as essential.

Another situation pointed out by the review was the stigma that accompanies patients with mental disorders[5,16]. The professionals specialized in Patient Safety who participated in the first phase of the research confirmed such situation. However, they suggested using a photo on the wristband in order to facilitate these patients' identification due to their characteristics. As for professionals in the field of Mental Health, they suggested the use of an identification wristband with the addition of an assumed name in case a patient identifies himself/herself with it.

Therefore, the protocol developed innovates by proposing a different identification wristband from those following the existing standard. Such wristband presents imagery and written information, which tend to overcome obstacles encountered by patients and their care-provision team when users are unable to inform their identity with certainty.

Thus, the articulation between the three phases in the study is pointed out, with emphasis on the convergences arising from the data analysis. Hence, Chart 2 shows the most relevant data that were listed, according to the analysis of the data from the three study phases.

PHASE 1 Integrative Review	PHASE 2 Approach to Health Care Professionals in Patient Safety	PHASE 3 Focus Group with Health Care Professionals in Psychiatry
Change in the Level of Consciousness / Communication Failure.	52.6% of the participants indicated that these patients' altered level of consciousness was a barrier.	These patients' lack of orientation.
Stigmatized patients.	Stigmatized patients.	Stigma is not a potential problem.
Need for a specific protocol.	Need for a specific protocol, inserting a photo onto the identification band.	Need for a specific protocol.

FIGURE 2: Main data listed according to each analysis of the study phase. Rio de Janeiro, RJ, Brazil, 2019.

The Protocol

It is a specific protocol for the correct identification of patients with acute mental disorders. Its development was based on the MH Identification Protocol and, therefore, conducted by findings in the specific literature and information from specialists in patient safety and mental health, whereby these patients' specificities were considered and suited as recommended by safety policies.

The wristband developed is the great differential in the protocol, and it is considered a product innovation for incorporating changes to existing technology[14]. In addition to the common identification items, it has a barcode and a QR-code to be utilized in places where this technology is already under use. As the proposal is based on the MH Protocol, it is emphasized that only the items that have undergone adaptations will be demonstrated here.

Figure 3 shows the main items in the Protocol for Identification of Patients with Mental Disorders in the Acute Phase.

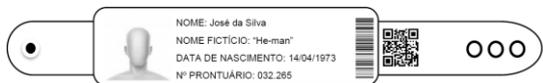| Protocol Items	Patient Identification Protocol, MH / 2013	Protocol for Identification of Patients with Acute Mental Disorder / 2019
Purpose	To ensure the identification of any patient.	To ensure the identification of patients with acute mental disorder.
Justification	Costs arising from identification failures.	Costs arising from identification failures; epidemiological factor of mental disorders.
Coverage	National health care services.	Health care services that provide general and emergency hospitalization.
Intervention	Two identifiers (full name and date of birth).	Addition of a photo and assumed name to the wristband, besides the identifiers already recommended. The photo must also be inserted in medical charts and prescriptions.

FIGURE 3: Main items in the Protocol for Identification of Patients with Mental Disorder in the Acute Phase as compared to MH recommendations. Rio de Janeiro, RJ, Brazil, 2019.

Note: Image produced by the researcher.

Increase of one centimeter in width to accommodate the photo, which will measure two centimeters in height by two centimeters in width, in addition to being in good resolution and preferably in color. Another change is the inclusion of the field "assumed name". In addition, we highlight:

- Content: white wristband with soft, smooth and rounded edges to maintain patient comfort. It should feature a fastener on the extremity for closing, and it should not press on the skin.
- Size:
    - Total length: 25 centimeters;
    - Length of the identification area: 12 centimeters;
    - Length of closing straps: the smaller - 5 centimeters, and the larger - 8 centimeters;
    - Width of the identification area: 3 centimeters;
    - Width of straps: 2 centimeters.
- Material: waterproof, flexible, washable and non-allergenic plastic.

CONCLUSION

The description of the development of a protocol for Correct Identification of Patients with acute mental disorder identified the importance of the theme Patient Safety for quality health care in this population group and focused on safe practices for patients with acute mental disorder. The knowledge gap regarding the practices developed and the absence of proposals for innovation concerning the goals related to patient safety and health practices as well as to the particularities of patients with acute mental disorders was noticed.

This study reaffirms the importance of adapting Patient Safety policies in individual contexts. The implementation of measures for correct identification of this clientele in any scenario of health care services, in accordance with Patient Safety guidelines, is essential. However, such practice is still a challenge in health care services. Thus, the need for new studies materializing a critical attitude towards MH recommendations regarding Correct Patient Identification aimed at individualized forms of identification for each population group is suggested.

The limitations of the study refer to the discussion on the Correct Identification of Patients with severe mental disorders only with professionals in the field of Mental Health working in psychiatric health units. It is also necessary to establish dialogue with health teams in non-psychiatric units, since those are scenarios that can receive such patients.

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