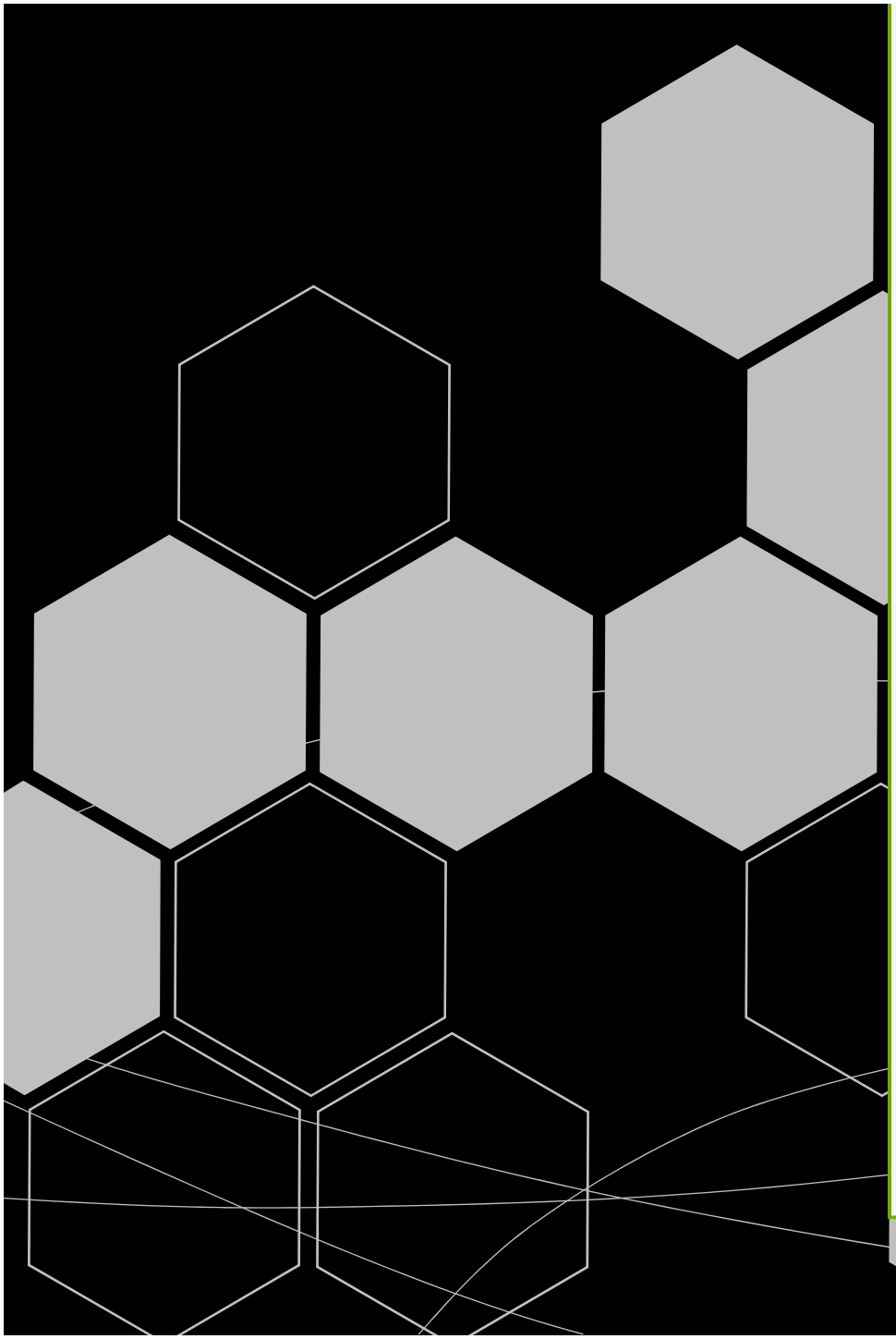


The Accessibility of Patient Identification Bands in Operating Theatres

By A. Akinyemi, J. Davies, D. Muller, M. Wallace, P. Kerr, D. Johnston, A. Grice

Background

- ABO-incompatibility blood transfusions are potentially fatal but preventable occurrences.

- Missing, defaced or hidden identification bands contribute to wrong blood incidents. (BCSH 2009)

- All patients receiving a transfusion are positively identified using an accessible ID band. (BCSH 2009, NPSA 2006)
- Unconscious patients.
- Suggestions of ID band inaccessibility in certain procedures at the RD&E.

Objective

- Observe 30-40 operative procedures that may require blood products.
- Identify which procedures and surgical specialties are affected by patient ID band inaccessibility.
- What are the reasons for this?
- Propose suggestions on how the problem can be resolved.

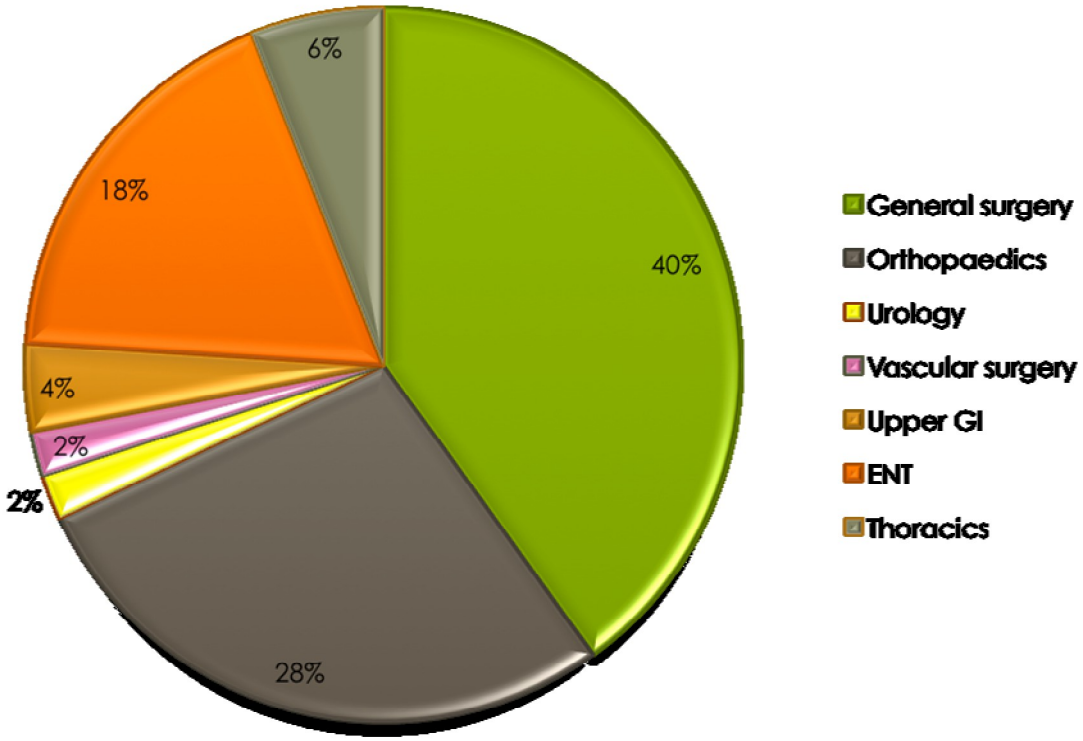
Standards

- *"patients receiving a blood transfusion must be wearing an identification band".* (BCSH 2009)
- *"the final identity check must be done next to the patient by matching the blood pack with the patient's identification band*". (NPSA 2006)
- Compliance – 100% Exceptions - none

Method

- A primary direct observational prospective audit was conducted observing operations in RD&E hospital.
- March – June 2014.
- 53 surgeries observed.
- Data collection – proforma filled in by the observer.

Surgical Departments Observed



Results

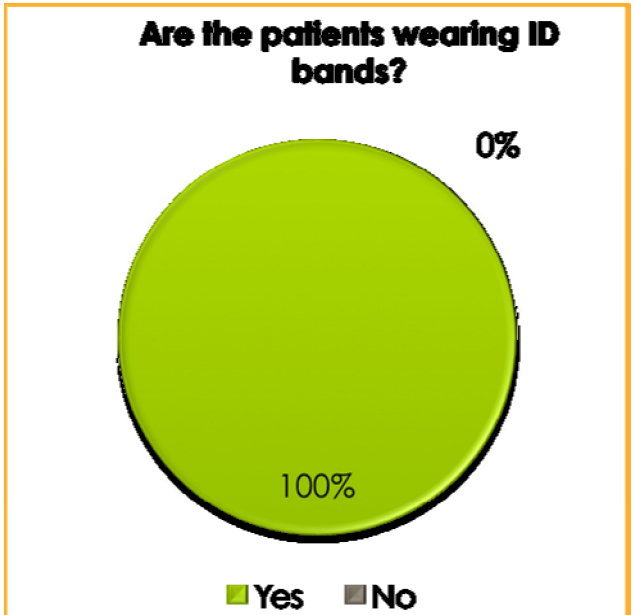
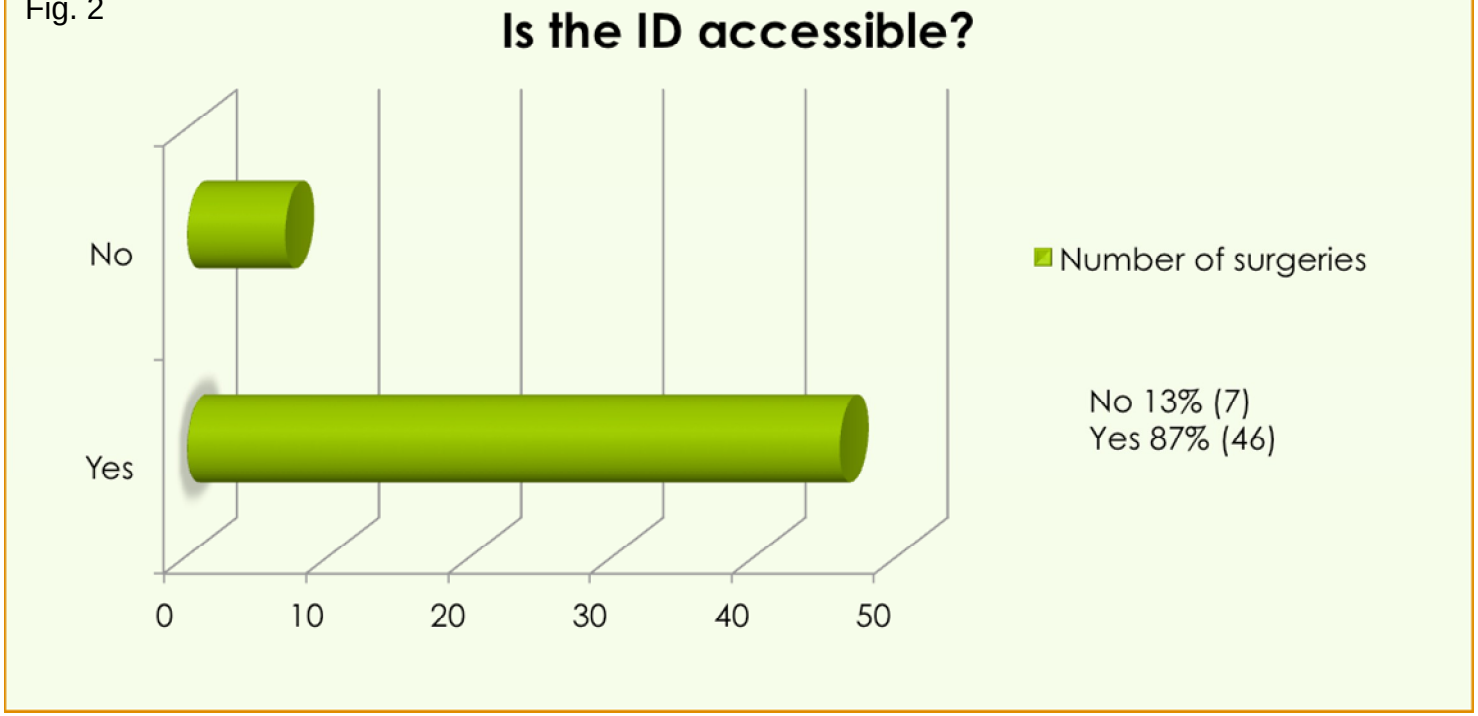


Fig. 1

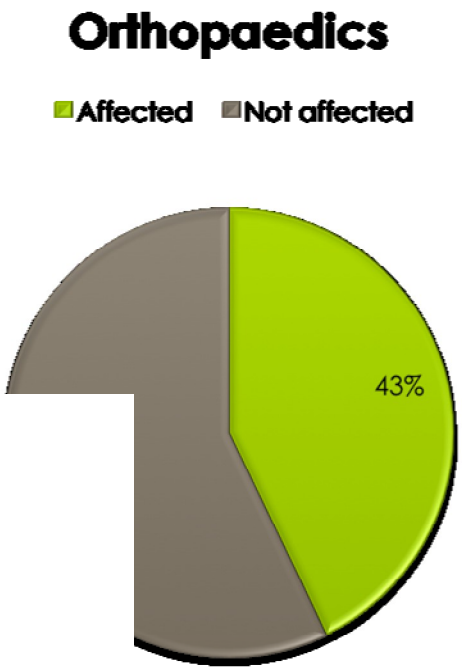
There was 100% compliance with standard 1. All patients observed were wearing identification bands. (Fig. 1)

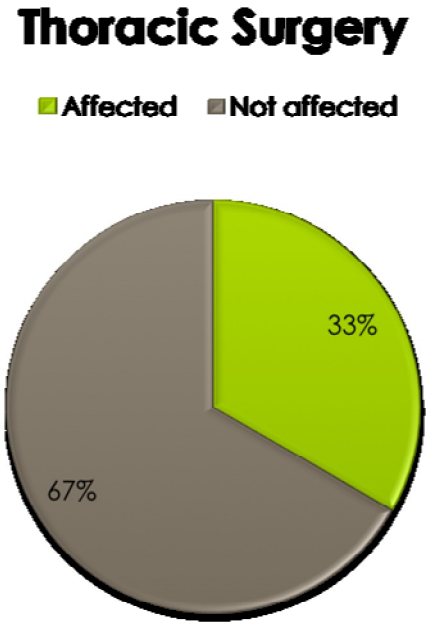
Fig. 2



Orthopaedic, Thoracic and General surgery make up the 13% of ID bands that were inaccessible during the surgeries observed. Therefore, 13% non compliance with standard 2.(Fig. 2)

- Orthopaedics 6/14
- Thoracic surgery 1/3





Discussion

- ID band inaccessibility is uncommon.
- Of those affected there is either a failure to recognise the problem or act to resolve it.
- Orthopaedic surgery was the most affected.
- E.g. spinal and joint replacement surgeries.

Discussion cont.

Reasons:

- The limbs are secured under the draping with tape.
- The upper limbs are folded across the chest, attempting access will interrupt the sterile and operative field.

Limitations

- The definition of accessibility assumed by some to be at anytime before, during or after the operation. The audit aimed to observe accessibility during the operation.

- Not all surgical specialties were observed and those observed were not of equal proportions.

Conclusion

- When ID band inaccessibility occurs there is either a failure to recognise or correct it.
- Orthopaedics was most affected at the RD&E hospital.

Recommendations

- Include ID band accessibility on the pre-operative checklist.
- Train staff on how to recognise and resolve the issue.
- Use other alternatives. E.g. forehead, endo-tracheal tube.

Action Plan

- audit to be put forward for patient safety initiative.
- Audit results to be shared with orthopaedics.

“It is definitely worth re-auditing once the audit results have been shared with the users and changes in practice identified and implemented”

Considerations to Re-audit

- Look at every specialty.
- Statistically significant population size.
- Identify elective and emergency surgeries.
- Look at different positions and alternative ways the pt can be positioned to resolve it.

Acknowledgements

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References

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