

## Patient Identification in Mental Health

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Identifying Patients correctly represents a high level risk concern on an international level. In response for such concern The World Health Organization listed the goal of identifying patients correctly as the number 1 goal to be achieved in patient safety and all the accreditation bodies gave patient identification standards top priority in the evaluation process:

- Wrong-patient errors occur in virtually all aspects of diagnosis and treatment.
- Patients may be sedated, disoriented, or not fully alert; may change beds, rooms, or locations within the organization; may have sensory disabilities; or may be subject to other situations that may lead to errors in identification.

To achieve this goal medical and safety professionals agreed on that a standard practice should be used. This practice must cover the following points:

- The use of at least two (2) ways to identify a patient: patient name and medical record number.
- Patient is asked and identifiers cross checked.
- The patient's room number and location cannot be used to identify the patient.
- Patients are identified when:
  1. Giving medicines, blood or blood products.
  2. Taking blood samples and other specimens for clinical testing.
  3. Providing any other treatments or procedures.

The general method used across the health sector is the use of patient identification band with the identifiers labeled on it and on the patient medical file.

### Patient identification in mental health

Unfortunately the general method that is used for patient identification in the general health setting (identification wrist bands) is not applicable in the mental health sector, as wristbands may adversely affect patient privacy and dignity, can be easily removed and may jeopardize safety if the wrong label is attached as the patient may be unable to respond to identity confirmation cross check and it may also form a source of harm for the patients where they might miss use it as a method of inflicting self-harm or to gain access to the medications of others.

Due to the inefficiency of the application of wrist band method in the mental health sector alternative methods had to be used.

**Current statutes in the kingdom**

The current method used in mental health services in the kingdom is attaching a copy of the patient formal ID to the file and use it as a reference to cross check during patient identification.

This method has several downfalls:

- Many patients may not have the ID during admission.
- Updates on ID happen every 10.
- Many patients go through dramatic change in appearance.
- Reliance on nursing staff memory in remembering patients is very high.

Due to these downfalls this method is considered ineffective and unaccepted by today patient safety standards.

**Suggested solutions**

After reviewing mental patient’s identification policies of several countries, it was found that the best solutions would be:

1. The use of photographic identification.
2. The use of fingerprints identification [1,2].

<b>Comparison</b>	<b>Photographic identification</b>	<b>Fingerprint identification</b>
Cost	Cheap to apply	Expensive to apply
Social acceptance	Have some social issues regarding female patients	Socially accepted
Difficulty of use	Easy to use	Need special equipment
Repetition	On every admission	Once
Hygiene	No special care needed	Special care needed
Patient rights	Have to be included in consent	
Regulation	Need legislation	

**Bibliography**

1. Identification of Patients within Inpatient Mental Health Care Settings - Mental Health Service Procedure. South Eastern Sydney Local Health District.
2. Patient Identification Guideline. Department of Health and Ageing. Government of South Australia.

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