

## ORIGINAL ARTICLE

### IDENTIFICATION OF INDIVIDUALS WITH ACUTE MENTAL DISORDERS IN THE CONTEXT OF PATIENT SAFETY\*

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#### ABSTRACT

**Objective:** To analyze the identification process for patients in the acute phase of mental disorders in health institutions.

**Method:** Exploratory, qualitative study with data collection conducted between September and December 2018. A digitized questionnaire, whose link was made available through the WhatsApp group of professionals attached to the Brazilian Society for the Quality of Care and Patient Safety, was used.

**Results:** Of the 17 study participants, 64.7% worked in Patient Safety Centers, and all of them were specialists (58.8% in the patient safety area). Of the respondents, 90% do not count on a specific protocol for the identification of these patients in their institutions. The categories created for the strategies were "Adequacy of the Ministry of Health Protocol" and "Protocol of the Ministry of Health", and for the barriers, categories "Inherent Patient Factors" and "Inherent Professional Factors" were created.

**Conclusion:** Important strategies were identified to improve the identification of this clientele.

**DESCRIPTORS:** Quality of Health Care; Patient safety; Mentally Ill People; Psychotic disorders; Mental disorders.


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## IDENTIFICAÇÃO DO PORTADOR DE TRANSTORNO MENTAL AGUDO SOB O CONTEXTO DA SEGURANÇA DO PACIENTE

### RESUMO

Objetivo analisar o processo de identificação de portadores de transtornos mentais na fase aguda em instituições de saúde.

Método: estudo exploratório, qualitativo, com coleta de dados entre setembro e dezembro de 2018, com um questionário digitalizado cujo link foi disponibilizado via aplicativo Whatsapp®, no grupo de profissionais vinculados à Sociedade Brasileira para a Qualidade do Cuidado e Segurança do Paciente.

Resultados: entre os 17 participantes do estudo, 64,7% pertenciam a Núcleos de Segurança do Paciente, todos especialistas (58,8% na área de segurança do paciente). Dos entrevistados, 90% não possuem em suas instituições protocolo específico para a identificação destes pacientes. As categorias elaboradas para as estratégias foram "Adequação do Protocolo do Ministério da Saúde" e "Protocolo do Ministério da Saúde" e, para as barreiras foram "Fatores Inerentes ao Paciente" e "Fatores Inerentes ao Profissional".

Conclusão: identificaram-se importantes estratégias para a melhoria da identificação desta clientela.

DESCRITORES: Qualidade da Assistência à Saúde; Segurança do Paciente; Pessoas Mentalmente Doentes; Transtornos Psicóticos; Transtornos Mentais.

## IDENTIFICACIÓN DEL PORTADOR DE TRASTORNO MENTAL AGUDO BAJO EL CONTEXTO DE LA SEGURIDAD DEL PACIENTE

### RESUMEN:

Objetivo: analizar el proceso de identificación de portadores de trastornos mentales en la etapa aguda en instituciones de salud.

Método: estudio exploratorio, cualitativo, cuyos datos se obtuvieron entre septiembre y diciembre de 2018, por medio de cuestionario digital, presentándose link en la aplicación Whatsapp®, en el grupo de profesionales vinculados a la Sociedad Brasileña para la Calidad del Cuidado y Seguridad del Paciente.

Resultados: entre los 17 participantes del estudio, 64,7% pertenecían a Núcleos de Seguridad del Paciente, todos especialistas (58,8% en el área de seguridad del paciente). De los entrevistados, 90% no tienen en sus instituciones protocolo específico para identificación de estos pacientes. Las categorías que se elaboraron para las estrategias fueron "Adecuación del Protocolo del Ministerio de la Salud" y "Protocolo del Ministerio de la Salud" y, para las dificultades fueron "Factores Inherentes al Paciente" y "Factores Inherentes al Profesional".

Conclusión: se identificaron importantes estrategias para perfeccionar la identificación de esta clientela.

DESCRITORES: Calidad de la Asistencia a la Salud; Seguridad del Paciente; Personas Mentalmente Enfermas; Trastornos Psicóticos; Trastornos Mentales.

## INTRODUCTION

In the beginning of the 21<sup>st</sup> century, patient safety-related themes have gained wide prominence in the agendas of various countries of the world. Technological advances in clinical areas, greater access to and dissemination of information, as well as changes in the organizational structure of services, have greatly impacted the current scenario of health organizations<sup>(1)</sup>.

The care provided, which was previously simpler, consisting of few elements and less satisfactory results, underwent major changes. Diseases cause lower mortality and diagnostic and therapeutic interventions are more effective. However, due to their greater complexity, despite technological advances, these interventions have a higher risk potential<sup>(1-2)</sup>.

In this context, it is worth highlighting the actions aimed to promote Patient Safety set out by the World Health Organization (WHO), which advocates the reduction of the risk of damage generated by health care and which can be prevented<sup>(3)</sup>. These actions have made health professionals, and patients themselves, aware of the search for the improvement of the care provided. Through this awareness, it is expected that the number of incidents and/or adverse events, which may represent serious problems with various consequences, will be reduced<sup>(4)</sup>.

In Brazil, the Ministry of Health created in 2013 the National Patient Safety Program (PNSP), whose main objective is to contribute to the qualification of health care in all health institutions in the national territory. The PNSP is supposed to promote actions targeted to patient safety, with the dissemination of good practices to health professionals, patients and companions. Among the preventive actions, we highlight the implementation of the six WHO's International Patient Safety Goals<sup>(5)</sup>.

The first goal, "Correct Patient Identification", can and should be considered the pillar of safe patient care, because this goal enables all others to be achieved<sup>(6)</sup>. It is an important tool in the prevention and mitigation of the risk caused to the patient, because with the correct identification, it can be ensured that the prescribed treatment will be performed on the right person<sup>(7)</sup>. According to the Ministry of Health's Patient Identification Protocol, every patient should wear an identification wristband with at least two identifiers. Thus, the health professional should ask the patient or companion to inform the data on the ID wristband, checking if the information is consistent with the data recorded on the wristband, prior to any procedure<sup>(5)</sup>.

Given that the protocol of the Ministry of Health includes general interventions to be implemented and that some care contexts require specific measures, patients with mental disorders in the acute phase deserve special attention.

Measuring the possible outcomes of care during the acute symptoms experienced by these clients is not an easy task. At those moments, the individual gives vent to his/her distress and suffering, feeling disconnected or detached from one's self (physically and socially), which may have harmful consequences for the patient and those who are close to him/her. Moreover, these individuals also exhibit maladaptive behaviors, evidenced by the deterioration in appearance, aggressive behavior, agitation, negativism, depersonalization, derealization, unpredictability, among others<sup>(6,8)</sup>.

Despite the widespread dissemination and expansion of patient safety, studies on this topic related to mental health are generally scarce<sup>(9)</sup>. This can be explained by the specificity of the care delivered to these patients, and the fact that the possible occurrence of a change in patient identity can make things more complicated, such as the requirement of safety principles other than the general principles applicable to the other patients<sup>(10)</sup>.

The report "To Err is Human: Building a Safer Health Care System", published in 1999, stressed the high mortality rate in US hospital patients due to adverse events and the consequent increase in costs. Adverse event (AE) was defined by the WHO as an

injury that was caused by medical management (rather than the underlying disease) and that prolonged the hospitalization or produced a disability at the time of discharge". It is estimated that adverse events result in approximately 100,000 people dying every year, at a cost of US\$17-29 billion in the United States<sup>(10:4)</sup>.

According to other US studies, of the 24,382 errors that occurred, 2,900 were related to misidentification of patients, and an estimated expense higher than US\$13 million was necessary to repair these errors<sup>(11-12)</sup>.

In order to identify whether there is a need for specific actions targeted to patients with acute mental disorders, the following objective was set for the present study: to analyze the development of the process of identification of patients with acute mental disorders.

## METHOD

Exploratory study with a qualitative approach. The inclusion criteria were health professionals who performed their activities in Patient Safety, Risk Management or Quality Centers, of both genders, with specialization or experience of at least six months in the area.

Data were collected from September to December 2018. For this purpose, a questionnaire designed with the help of the Google Forms® tool, structured in two parts, was used. The first part contained an invitation to participate in the study and the second part presented the informed consent. The health professionals who consented to participate in the study received a questionnaire divided into questions that characterized their profile and questions related to the object of study, which corresponded to the second part. The questions were as follows:

1. Considering the Patient Identification Protocol of the Ministry of Health, is there any protocol, Standard Operating Procedure (SOP), or any kind of guidance on the correct process of identifying patients with mental disorders in the acute phase in your institution?
2. If not, how should these patients be identified and what strategies should be used to implement this identification?
3. What could be considered a facilitating agent in the identification of these patients?
4. What could hinder the process of identification of these patients?
5. In care practice, have you ever needed to identify these patients? How was your experience?

The link of the digitized questionnaire was made available through the WhatsApp® group of professionals attached to the Brazilian Society for Quality of Care and Patient Safety (SOBRASP), with representatives from all states of Brazil.

Data was calculated, presented in tables, and submitted to descriptive analysis. The questions in the instrument generated two categories in each table, as well as the description of the participants' characteristics.

The study was approved by the Research Ethics Committee of the proposing institution, under protocol no. 2,854,164 of 2018.

## RESULTS

The questionnaire was answered by 17 professionals, as follows: 13 nurses, two physicians, a pharmacist and a nurse technician. Of these, 14 professionals are from Rio de Janeiro, one from Espírito Santo, one from Paraná and one from Rio Grande do Norte.

Table 1 shows a predominance of female professionals, with an average length of time in the profession of 14.2 years; 15 professionals (82.2%) have up to five years of experience in the area, with an average of 3.8 years, and 15 (82.2%) live in Rio de Janeiro.

Most professionals who participated in the study, 10 (64.7%) perform their duties in Patient Safety Centers and all are specialists, nine (58.8%) work in the area of health quality /patient safety. Also, some respondents are specialized in more than one field.

Table 1 – Profile of the Study Participants. Rio de Janeiro, RJ, Brazil, 2019

Professional Occupation		Length of professional experience (in years)	Professional education (in years)	Graduate level	Area de Atuação
Professional 01	Nurse	17	3	Cardiology	Qualidade
Professional 02	Physician	31	17	Health Surveillance Management	GR
Professional 03	Nurse	4	0.5	Cardiology /Patient Safety	NSP
Professional 04	Nurse	15	4	Patient Safety	Qualidade
Professional 05	Nurse	6	4	Quality and Management	NSP
Professional 06	Nurse	13	2	Health Quality and Patient Safety	NSP
Professional 07	Nurse	5	1	Family Health/Quality and Accreditation	NSP
Professional 08	Nurse	15	4	Doctorate	NSP
Professional 09	Nurse	12	3	Patient Quality and Safety	NSP
Professional 10	Nurse Technician	24	2	Patient Quality and Safety	NSP
Professional 11	Nurse	18	2	Pediatrics	NSP
Professional 12	Nurse	20	3	Patient Safety/ Dermatology	NSP
Professional 13	Nurse	14	5	Master	Qualidade
Professional 14	Pharmacist	9	3	Master degree in Clinical Medicine - Pulmonology	GR
Professional 15	Nurse	11	0.5	Medical-Surgical and Occupational Nursing	GR
Professional 16	Physician	23	7	Patient safety and health quality	NSP
Professional 17	Nurse	5	4	Health quality and Patient Safety	GR
	Mean (in years)	14.2	3.8		

Regarding the recommendations and opinions of professionals, from the analysis of responses, it was observed that 15 respondents (90%) do not have in their workplace a specific protocol for the identification of patients with acute mental disorders.

Regarding the approach to the strategies that could be implemented to facilitate the process of identification of patients with acute mental disorders, Table 2 shows the possibilities.

Table 2 - Strategies for Identifying Patients with Mental Disorders in the Acute Phase. Rio de Janeiro, RJ, Brazil, 2019

Identification Strategies		Number of Answers
Adequacy of the Protocol of the Ministry of Health	Own Identification Protocol	3
	Photo on ID wristband	1
	Through the medical record	1
	Flagging	1
	Risk assessment on admission	1
Protocol of the Ministry of Health	Same as for other patients	5
	Collaboration of a family member or companion	5

The strategies provided by the respondents were divided into two categories: one suggests that the recommendations of the Ministry of Health (MS) should be followed, and the other adds some individual factors to meet the specificities of these patients, as seen in Table 2. Most strategies suggested (n = 10) cite the protocol of the Ministry of Health, without mentioning any specificity.

The barriers to the process of identification of patients with acute mental illness that were cited originated two categories: Inherent Patient Factors and Inherent Professional Factors (Table 3). The barriers described a higher number of responses (n = 10) related to level of awareness/orientation/lack of understanding/patient collaboration.

Table 3 - Barriers to the Process of Identification of Patients with Mental Disorders in the Acute Phase. Rio de Janeiro, RJ, Brazil, 2019

Identification Barriers		No of Responses
Patient Inherent Factors	Level of awareness/orientation? lack of understanding / patient collaboration	10
	No companion	2
	Needs constant surveillance	1
	No ID wristband (when removed by the patient)	1
Professional Inherent Factors	Compulsory use of ID wristband	1
	Non-adherence to the protocol	1
	Prejudice and lack of staff information	2
	Few on-site mental health professionals	1

## DISCUSSION

Most participants (82.2%) have up to five years of professional experience in safety, which can be explained by the recent creation of the National Patient Safety Program (PNSP), in 2013. The program established standards for patient safety nationwide, with emphasis to the obligation to implement Patient Safety Centers in all health institutions <sup>(10)</sup>.

Regarding the educational level, all health professionals have graduate degree. Thus, the team seeks training and updating. This may explain the active participation of the group with regard to the recommendations requested, although most of them have no experience (88%) in the process of identifying patients with acute mental disorders. However, it should also be noted that 14 (82.2%) participants live in Rio de Janeiro, although professionals from all Brazilian states were invited. Difficulties in obtaining collaboration for the participation in studies with experts have been reported <sup>(12-13)</sup>.

Regarding the categories created, in the group Adequacy of the Identification Protocol of the Ministry of Health, some ideas were added for the organization and improvement of care. Thus, the need for a proper and uniform protocol, which guides the management of patients with mental disorders in the acute phase, was mentioned.

Protocols "are instruments used by health services to address problems or to better organize actions" <sup>(13:38)</sup>. In fact, protocols guide care through standardization and can minimize the errors of this process, making it safer <sup>(13)</sup>.

Other issues raised were the use of medical records and the flagging of these patients to distinguish them from the other patients. Medical records may contain the necessary information, including an additional security item, but the identification process also depends on other factors. When we address the importance of flagging to distinguish these patients from others, we may subject them to the stigma associated with mental illnesses. These individuals are confronted with some form of stigmatization, and signaling them in order to distinguish them from others can maximize the condition, making it difficult to identify and sometimes provide care to these patients <sup>(14)</sup>.

Schizophrenic patients, for example, are delusional individuals and naturally think the others are plotting to cause them harm <sup>(15)</sup>. So if they realize they are flagged, this will be sufficient to trigger a violent reaction in these individuals, who will consider themselves victims of a conspiracy.

Risk assessment on hospital admission is a question raised by one of the respondents, which fits perfectly within a protocol, for "this group of patients with mental disorders is at increased risk due to communication challenges related to cognitive impairment and psychotic symptoms" <sup>(16:1069)</sup>. Therefore, assessing the risks on admission can contribute to the quality of care provided and facilitate the process of identification of these individuals.

Putting a photo on the ID wristband was a strategy suggested. Since these patients are not able to confirm their names and other personal data, putting their photos on their identification wristbands would be a concrete and undeniable way of confirming the identification.

An Australian study consulted professionals and users of a local mental health service on the best way to identify mentally ill individuals. The patients' suggestion was to use a digital photograph printed in medical records and identification wristbands, of proportional size, to facilitate the identification of the users <sup>(17)</sup>.

The answers that were included in the second category, which referred to the Protocol of the Ministry of Health, were based on the guidance of the Identification Protocol of the Ministry of Health, which is generalist, and does not take into account the characteristics of these patients. Five participants responded that the identification process should be identical for everyone, with the use of wristbands. However, two of these responses were

complemented with professional training. It was also said that the patients should be convinced to wear the wristbands, and that the cases should be reported to the psychology service.

According to the Ministry of Health's Patient Identification Protocol, the use of the identification wristband and its verification is the standard way to identify patients. And this wristband is by far the best resource available, according to the current state of the art, but it should be implemented based on protocols performed by healthcare professionals<sup>(18)</sup> and all professionals should be trained to ensure proper use of these ID wristbands.

This communication should not only occur in the psychology/ mental health services during the admission of patients who require such care, but for the entire interdisciplinary team, since the patients are assisted by different professionals. Therefore, the implementation of a special protocol to guide this care is mandatory, since individuals with acute mental disorders are vulnerable because of their impaired level of consciousness that impacts their ability to communicate<sup>(9,16,19-20)</sup>.

Another result mentioned by five respondents was the importance of the participation of family members or companions, to ensure the confirmation of identification of the patient and assist in the maintenance of the identification wristband during patient care. This would undoubtedly be an ideal condition in the identification process, which is referred to in the Ministry of Health's Patient Identification Protocol: "the health professional responsible for the delivery of care should ask the patient's name to the patient/family member/companion and check if information on the patient's identification wristband is consistent with the prescribed care"<sup>(5:4)</sup>. However, many patients with acute mental disorders are admitted unaccompanied or often remain alone most of the time, in observation after initial care, which means that this strategy cannot always be adopted.

The main barrier described in 10 responses (52.6%), was the level of awareness/ orientation of these patients, as they do not cooperate, demonstrating aggressiveness because of their pathological condition<sup>(9,16,19-20)</sup>.

The absence of a companion was again mentioned and, as it is known, these patients require greater surveillance by the health care team. This is another barrier to the identification of these patients mentioned by the respondents that cannot be easily neglected, particularly due to the nature of the work, as well as to the excessive number of tasks, patients, among other factors. And this is proven by the following statement: "professionals who provided care to patients with acute mental disorders always considered the patients' behavioral conditions"<sup>(20:168)</sup>, because they are less cooperative during care delivery compared to patients with non-acute mental disorders<sup>(19)</sup>.

The lack of collaboration of patients with acute mental diseases, expected because of their clinical/mental conditions, may result in the removal of their identification wristbands. Therefore, the search for ways of identifying these patients is the focus of the present study, for the safety of these users when they are assisted in different health units. Thus, the compulsory nature of health policies to ensure care consistent with the needs of these patients should be reinforced<sup>(21)</sup>.

Regarding the barriers to the process of identification, the Professional Inherent Factor category grouped some important responses such as the lack of knowledge of the team<sup>(22)</sup> and a reduced number of mental health professionals during the service. However, even though patients with acute mental disorders require special management and longer surveillance time, if an adequate number of well-trained professionals is available on site, they can manage such patients.

Other barriers cited were lack of adherence to a possible protocol and mandatory use of ID wristbands by the patients. However, there was no decision on which protocol should be followed, the one of the Ministry of Health or a specific protocol for this group of patients. It should also be noted that compelling a patient to wear an identification wristband in the acute phase of a mental illness that is difficult to manage, as it has been

previously mentioned, could be another stressor, enhancing the patient's positive symptoms (hallucinations and delusions) and hence jeopardizing care.

Of all the participants who completed the questionnaire, 15 (88%) reported having no experience in dealing with patients with acute mental disorders. This may explain the lack of a proper identification protocol for these patients, as they are not routinely assisted in these units. In fact, a low percentage of these patients are assisted in these services, since severe mental disorders, which are considered chronic disabling diseases, affect 0.4% to 7.7% of the world population<sup>(23)</sup>.

The process of identification of patients with acute mental illnesses in the health units of the professionals who participated in this study often does not differ from the process of identification of the other patients. The absence of questions about notification and identification of incidents in the questionnaire related to the identification process of these clients is a limitation of this study. Another limitation is the small sample size, as the sample selected is not representative of the country's health institutions.

Preliminary analyzes of the studies investigated, of the strategies and of the barriers mentioned demonstrate the need for adequacy of care to these patients, regarding their identification in the context of Patient Safety, in order to reduce the risks involved in this process. Also, proactive action should be taken to address the risks inherent in health care, to minimize or recognize them, and in any case, manage them.

## CONCLUSION

The findings of this study provided knowledge about important strategies to improve the identification of patients with acute mental disorders, despite the lack of experience of the participants in such management.

The classification of the responses into two groups made it possible to demonstrate which recommendations were based on the protocol of the Ministry of Health, and which ideas would fit the protocol, taking into account the specificities of these users. And the fact that the participants cited the awareness/orientation of these patients as the main barrier to the process of identification of patients with acute mental disorders demonstrates the need for improvement of this process.

It should be noted that this study is based on a local reality (contextualization), and therefore the data obtained cannot be generalized. Thus, further studies in other environments with other specificities are recommended, so that the appropriate actions and care targeted to the specificities of patients with acute mental disorders can be implemented, ensuring efficient and safe care.

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