Evaluation of Patient Identification Practices by Nurses Working at Saigon ENT Hospital

My Thi Phuong Ngo

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EVALUATION OF PATIENT IDENTIFICATION PRACTICES
BY NURSES WORKING AT SAIGON ENT HOSPITAL

A Thesis Submitted in Partial Fulfilment
of the Requirements for the Degree of
Master of Science

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College of Natural and Health Sciences
School of Nursing
Advance Nurse Generalist

May 2020
This Thesis by Ngo Thi Phuong My

Entitled: Evaluation of Patient Identification Practices by Nurses Working at Saigon ENT Hospital

Has been approved as meeting the requirement for the Degree of Master of Science in College of Natural and Health Sciences, School of Nursing, Advance Nurse Generalist Program

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ABSTRACT


Recently, patient misidentification has been identified as a common error in healthcare systems. Six patient safety recommendations from the World Health Organization (2007) have resulted in research and improvements to increase patient safety. However, patient misidentifications continue and are a challenge to patient safety. Failure to correctly identify patients continues to result in errors with medications, transfusions, diagnostic testing, and wrong person procedures.

In the hospital, patient identification is performed throughout the hospitalization stay: at admission, before a treatment procedure or general nursing care, medication administration, and handover from provider to provider. In some hospital settings, this task is supported by technology such as barcode scanning and mobile nursing stations. In other hospitals, patient identification is conducted by the individual nurse. The purpose of this research was to identify gaps in patient identification procedures by nurses in one specialty hospital setting to enhance patient safety and quality of care.

A descriptive observational study was conducted with 34 nurses working in in-patient, out-patient, and operating room areas of a large Vietnamese city hospital. A questionnaire and checklist, Evaluation of the Nurse’s Practice About Patient Identification Procedure, regarding the use of nine “right” practices in patient identification were developed by an expert clinician based on years of experience, review
of the literature, and using the procedure recommended by the WHO and Joint
Commission International (2007). Findings revealed statistically significant scores for
the use of “right” practices related to the higher education of the nurse and the
department type with in-patient nurses demonstrating the highest scores. The study
results revealed several indicators of high rate of use of correct practices as well as areas
that needed improvement. Findings provided support for improving practice and the role
of nurse advocacy in the area of patient identification, and also served to direct further
research regarding patient safety.

Keywords: Patient identification, patient safety, quality and safety
ACKNOWLEDGEMENTS

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I also would like to give my acknowledgement to Dean Tran Thi Thuan, Chief of Nursing Division at the University of Hong Bang International, Ho Chi Minh City, who worked with us for our success in this course.

At last, I would like to say thank you to my Director and my team who helped me complete this thesis.
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CHAPTER I

INTRODUCTION

Nursing is a profession with a long history associated with the development of human society and healthcare systems around the world. Nowadays, nursing is an independent profession and an integral part of healthcare systems that can be seen by the development of a nursing system in many developing countries in the world. There are many new responsibilities, roles, and titles in nursing. In hospitals, the role of a nurse is more and more important to the healthcare system. The nurse today works with medicine in the care and treatment of the patient, which differs from the past when the nurse was considered the assistant for the physician and followed the orders of the doctors.

When caring for patients in hospitals, a nurse must cooperate with other staff in all aspects of care including direct treatment, patient care, nurturing, and rehabilitative procedures. Nurses apply their knowledge to help the patient maintain and promote their health; prevent possible risks; take care of themselves to prevent sickness, physical, and mental pain; and get their basic life demands met. Nurses are integral because they are the closest to the patient. They work with their heart and with dedication; thus, they have the trust of their patient to help them overcome their disease (Vietnam Ministry of Health, 2011).

Now the image of a nurse has become one of competence along with the image of dedication and compassionate patient care. Every day, nurses take care of the patient comprehensively, independently, and with collaboration from others to create a safe care
environment. What is a safe care environment? It is a collaborative system that is developed and managed through systems thinking and a systems approach. To achieve a safe system, all staff must perform procedures following an established guideline and always remain aware of safety issues to continue to work through problems and improve guidelines. Working in a safe system, every individual is stimulated to promote safety and challenge themselves to improve safety standards.

**Background and Significance**

In 2007, the World Health Organization (WHO, 2007) defined six issues related to patient safety. Of these, Correct Patient Identification was the first of six patient safety recommendations from the WHO. This showed the importance of patient identification before all medical interventions. From that time, many studies have defined issues relating to patient identification for improving the quality of care in the healthcare system (WHO, 2007).

Many medical errors result from wrong patient identification. Identification of the patient occurs throughout nursing care. When a patient is incorrectly identified, severe consequences can result; in approximately 9% of cases, both fatal consequences and temporary or permanent damage occur (Alves et al., 2018). This problem could be prevented by understanding the main factors that lead to an increasing number of patient misidentifications during hospital services.

Some studies have reported issues related to patient misidentification such as work overload, weakness in human resources, and incomplete patient identification data in the medical and nursing team records. Improvement plans often include increases in the number of professional staff, improvement in skills and knowledge, creation of a
safety culture, and instilling an attitude of learning from every mistake (Alves et al., 2018).

The problem of written communication, specifically the patient identification in the records of health professionals, is a crucial aspect to address. Health professionals could collaborate to promote strategies that anticipate the fragilities in the system and strengthen patient safety (Alves et al., 2018).

Major feasibility concerns include fostering good individual behavior, promoting effective communication, and enhancing the safety culture in the professional team. Other things should be considered as well such as a lack of staff and a high volume of patients, which could act as a barrier for solving this difficult problem.

Given the concept *To Err Is Human* (Institute of Medicine [IOM], 2000), some potential problems should be concerning to all health professionals including

- Ineffective communication,
- Look-alike or sound-alike patient names,
- Improper individual behavior by professional staff,
- Work overload or a lack of professional staff.

Recently, misidentification has been shown as a common error in healthcare systems. Related to the six patient safety recommendations from the WHO (2007), many studies and many improvements have increased the rate of patient safety. However, some misidentifications still happen that lead to serious harm and unintentional medical interventions for the patient. Failure to correctly identify patients continues to result in errors with medications, transfusions, diagnostic testing, and medical procedures.
Additionally, patient identification errors are particularly concerning because they could involve two patients rather than just one. For example, when one patient receives an unintended intervention, another patient might be missing the needed intervention intended for them. This action might result in harm for one or both patients and result in procedures being performed on the wrong person, procedures being performed on the wrong side, procedures being performed on the wrong site, medication and infusion errors, blood transfusion errors, and errors in diagnostic testing (WHO, 2007).

In the United Kingdom, the National Patient Safety Agency reported many incidents and near misses related to missing wristbands or incorrect information on wristbands (WHO, 2007). Similarly, the U.S. Department of Veterans Affairs’ National Center for Patient Safety defined more than 100 individual root cause situations resulting from patient misidentification for the period from January 2000 to March 2003 (WHO, 2007).

In Vietnam, incidences of wrong-site surgery and incorrect medication administration were due to misidentification of patients with a look-alike name. These incidences led to unintended surgery or treatment of the patient (TuoitreOnline, 2017).

During daily activity in the Saigon ENT Hospital, many patients need to be identified to get a medical examination, medical treatment, nursing care, nursing assessment, or nursing intervention. Thus, with the goal of improving safety in the nursing care system and following the six patient safety recommendations from the WHO (2007), a procedure was written and applied in the nursing care system. According to this procedure, before admission, nursing care, or nursing intervention, all patients must be identified with at least two details of the patient’s information (full name and date of
birth) by a responsible nursing staff member. All nurses were trained in this procedure but in the last two years, there continued to be incidences of wrong patient identification and documentation. Particularly in the inpatient department, caring for patients with the same name or sound-alike medication name often caused confusion among the nursing staff. This confusion resulted in mistakes made in nursing skills or due to individual behaviors of some nurses.

**Purpose and Research Questions**

Thus, the purpose of this research was to define and examine patient identification practices by nurses in a specialty hospital setting. With this aim, the following research questions were developed:

**Q1** What are the differences in nurses’ patient identification practices related to the nurses’ age, gender, classification, language, department, and computer skills?

**Q2** What is the extent of correct implementation of patient identification procedures?

**Summary**

In hospitals, patient identification should be performed on admission, before treatment procedures, nursing care, medication administration, or transfer to another department. The WHO (2007), together with the Joint Commission, recommended six safety practices that should be instituted across healthcare settings. Problems continue to exist with patient identification, particularly in developing countries without sufficient access to technology approaches to promote patient safety. While this task should be supported by technology such as barcode scanning or a mobile nursing station, in the setting for this study, especially in the inpatient department, nurses must perform these tasks manually. For successful implementation of patient identification, nurses in this
setting must have effective communication, correct implementation of patient identification procedures, and perform their duties with a high level of responsibility and understanding of nursing ethics.
CHAPTER II

REVIEW OF EVIDENCE-BASED LITERATURE
RELATING TO THE STUDY

Introduction

The purpose of this study was to examine patient identification practices by nurses in a specialty hospital in a developing country. The literature related to patient identification practices, nursing studies as well as studies conducted by other health professional researchers were reviewed. Studies and articles regarding patient identification practices were examined for characteristics of nurses and settings that influenced patient safety procedures.

Nursing Studies About Patient Identification

Errors in patient identification have been seen as a common mistake in healthcare systems. Some of these errors lead to severe consequences such as affecting two patients and wasting money and resources. Therefore, increasing the rate of correct patient identification is one of the goals of quality improvement in all healthcare systems. In 2007, the WHO published an article with patient safety solutions for ensuring correct patient identification in healthcare systems. The main suggestions included

- the responsibility of healthcare workers to define the identity of patients and match the patients with the correct care using at least two identifiers (name and date of birth), creation of a procedure for patient identification in the
healthcare system, and engaging patients in the process using barcode labeling of container specimens in the presence of the patient;

- The importance of training and follow up regarding the performance of the procedure;
- The vital aspect of educating patients in patient identification procedures to obtain their cooperation (WHO, 2007).

Related to the recommendations from the WHO (2007), many articles and studies by health professionals in other fields have addressed information related to patient identification. Lippi, Mattiuzzi, Bovo, and Favaloro (2017) studied errors of identification in the laboratory. Although the error rate was less than 1% of the specimens, 10-20% of those errors could have led to serious harm for the patient and significant cost in human and economic resources. In addition to defining this issue, they provided some solutions for correct patient identification, i.e., using more than two patient identifiers. Consequently, a patient’s identifiers must then be reliable and suitable and healthcare staff must be trained. They also suggested some recommendations regarding the label on the lab tube so these were always identified in the presence of the patient. Additionally, there must be appropriate and systematic procedures for using more than two unique patient identifiers, annual training of healthcare workers, spreading resources for patient safety, and recognizing that all safety practices must be considered before venipuncture (Lippi et al., 2017).

Kim, Dotson, Thomas and Nelson (2013) examined specimen handling errors that occurred with varying degrees of potential clinical impact such as wrong operating site, patient information, and provider information. They also noted an increasing risk of
errors on specimen labeling. They examined the results of 1,000 cases over three years to write a standardized protocol and found it helped to decrease the rate of specimen labeling errors from 5.79 to 3.53 out of 1,000.

Henneman et al. (2010) conducted a study using 183 simulated patient scenarios with 61 emergency healthcare workers participants (28 nurses, 16 technicians, and 17 emergency service associates). They found

- Eye-tracking data were available for 73% of the patient scenarios (133/183).
- Of health professionals, 37/61 (33%) committed errors regarding patient identification (61% nurses, 94% technicians, and 29% emergency service associates).
- Of healthcare workers, 24/61 (39%) would have performed a designated procedure on the wrong patient (39% nurses, 6% technicians, and 71% emergency service associates).
- Of healthcare workers, 74% (n = 45) failed to match the patient’s information to the identity band (87% nurses, and 49% technicians).
- Of healthcare workers, 27% (16/61) failed to match the details to the patient or the identity band before performing their duty (33% nurses, 9% technicians, and 33% emergency service associates).
- Of healthcare workers, 15% (5/33) who completed the steps to verify patient identity failed to recognize that a patient had an identification error.

Through their observations, the authors found that with the wide discrepancy among caregivers, patient misidentification could happen anytime, anywhere. Therefore,
it was essential to be aware and attentive when strictly following a systematic procedure (Henneman et al., 2010).

Probst, Wolf, Bollini, and Xiao (2016) stated that patient identification is performed commonly by caregivers every day and is an essential issue for patient safety. From the recommendation of the WHO (2007), patient identification is seen as one of their national patient safety goals. Suggestions included using at least two patient identifiers (e.g., patient name and date of birth) when performing any nursing care such as administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. Armband use is a common, useful tool to help caregivers easily identify their patients. In this article, the authors discussed a standardized armband design with useful, effective details and arrangements for improving patient identification.

Paparella (2012) described several key issues in each step of the patient identification process to ensure correct identification during treatment:

- Patient registration: use full legal name, define information by cross checking with photo identification if possible, reconfirm the information on the wristband before application, be aware of patients with the same name and note it in the system.

- Prescribing: require correct patient identification from the prescriber, manage the prescribers well using a computer in Emergency Department.

- Transcribing the order: always confirm the patient’s information before any step, being exact on every detail, respect the procedure for documentation of all verbal orders.
• Dispensing medication: ensure correct drug use for the right patient with the right clinical condition, mark the patient information on medication that is prepared and separated.
• Administering medication: respect the double check procedure with two identifiers, respect patient’s rights by thoroughly explaining what will be done, perform the last identification before administering medication.
• Work flow: avoid using bed location to identify patients.
• Human factors: avoid neglect during the performance of nursing care such as medication preparation or administration, do not rely on memory in the performance of the task, be honest about any mistakes and respect the procedure. (pp. 364-365)

Nursing Ethics Related to Patient Safety

Working as a nurse requires knowing and understanding a code of ethics for nurses. An international code of ethics for nurses was first approved by the International Council of Nurses; it has been revised various times, most recently in 2012. In every country, a national nursing system writes and approves a code of ethics for that particular country. Every code of ethics includes provisions related to patient safety, protecting the rights of patients, and application of ethical principles to patient care.

In the United States, a code of ethics for nurses was launched by the American Nurses Association (2015) with nine provisions that discussed issues such as practicing with compassion and respect; making the patient the primary commitment of the nurse; promoting, advocating for, and protecting the rights, health, and safety of the patient; having authority, accountability and responsibility for nursing practices; taking the
responsibility to promote health and safety; establishing, maintaining, and improving the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care; advancing the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy; and collaborating with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy (American Nurses Association, 2015).

In Vietnam, a code of ethics for Vietnamese nurses was approved by Vi Nguyệt Hồ, chairman of the Vietnamese Nurses Association (2012), with eight provisions for nursing staff. It emphasized issues such as patient’s safety, respect for human and cultural rights, the patient’s right to choose what they want, addressing self-esteem, and being treated with respect. Nursing care is respectful of and unrestricted by concerns of age, creed, culture, disability or illness, gender, nationality or political ideology (Vietnamese Nurses Association, 2012).

**Patient’s Rights**

In a healthcare system where the goal is creating an effective cooperation between caregivers and patients, the principles and procedure of patient rights and patient responsibility must be established and respected. Through this collaborative process, the nurse and the patient address all of the issues a patient has during the time of hospitalization.
Working as a nurse in the healthcare system to fulfill nursing tasks, nurses must know the rights the patient has and also their responsibilities. A medical document was published by the Vietnam Ministry of Health (n.d.) that defined provisions for patient rights and patient obligations.

**Summary**

This chapter presented a review of the literature pertaining to patient safety and evidence-based recommended patient identification practices. In addition, nursing ethics related to patient safety were presented as well as concepts regarding patient rights, which are fundamental to establishing a cooperative relationship with patients and ensuring practices that promote patient safety.
CHAPTER III

METHODOLOGY

Research Design

This was a descriptive observational study for assessing the practice of patient identification by nurses working in Saigon ENT Hospital. The results of this study helped to define the practice of correct patient identification in nursing practices.

Research Setting

Saigon ENT hospital is a specialty private hospital with 32 beds situated in district 1 of Ho Chi Minh City. The hospital provides inpatient and outpatient services and has a surgical department.

Research Participants

The sample consisted of 34 nurses whose ages ranged from 25 to 45 years. All participants worked in Saigon ENT Hospital and had an average of three years of nursing experience. The participants were selected respecting the rules and considering the aspects raised regarding the importance of correct identification of the patient and its relationship with the occurrence of errors in health care.

Research Problem and Purpose

Throughout the world and with the goal of improving the quality of and reducing the errors in healthcare systems, studies have been initiated to determine the value of using wristbands and other factors for promoting correct patient identification. As mentioned earlier, in underdeveloped countries, no technology tools have been available
to support nursing tasks like patient identification. Therefore, in this study, the focus was to define the role of nursing practices in correct patient identification to improve patient safety. This study was conducted to detect errors in practice and understanding patient identification procedures.

**Research Objectives and Questions**

To define the role of nursing practices in the procedure of correct patient identification for increasing patient safety, the following research questions related to this research purpose were developed:

Q1 What are the differences in nurses’ patient identification practices related to the nurses’ age, gender, classification, language, department, and computer skills?

Q2 What is the extent of correct implementation of patient identification procedures in this specialty hospital setting?

**Methodology**

This study was conducted using a descriptive observation method. The sample consisted of nurses who had been trained in procedures of correct patient identification and worked in the Saigon ENT hospital. Data were collected through the use of a questionnaire and by means of an observational method with a checklist from July 31 to August 23, 2019 in Saigon ENT Hospital. Descriptive statistics were used for analysis. The questionnaire and checklist were both developed by an expert clinician based on years of experience, review of the literature, and using procedures recommended by the WHO (2007).

This instrument included information related to correct patient identification procedures such as the ways in which identification is done and when it is conducted. Nurses must know and be aware of the harm of mistreatment of patients from
misidentification, not only for the first patient in the error but also for the second patient who did not receive treatment.

This study was conducted in Saigon ENT hospital in two stages. In stage one, participants answered questions using the Evaluation of the Nurse’s Practice about Patient Identification Procedure (see Appendix A) from July 31 to August 3, 2019. In stage 2, data were collected and observations were analyzed from August 3 to August 23, 2019).

Data for the study were collected from nurses in the inpatient department (IPD), operating theatre (OR), and outpatient department (OPD) in Saigon ENT Hospital, which has 32 beds, four operating rooms, and 10 consultation rooms. Nurses answered 36 questions in nine categories and were shown nine steps for performing the patient identification procedure from July 31 to August 3, 2019. The participants completed the structured questionnaire, which applied the use of their knowledge on ensuring the implementation of correct patient identification. The data were stored and analyzed with SPSS software. The data were then analyzed using multivariable regression models.

**Ethical Considerations**

This study was undertaken following the approval of the Board of Directors of the Saigon ENT Hospital and Nursing Ethics Committee of the Research and Postgraduate Group of the International University of Hồng Bang (see Appendix B), and the University of Northern Colorado’s Institutional Review Board (see Appendix C). Obtaining data from the hospital records occurred through signing of the terms of consent for data use, which was standardized in the hospital, by the researcher responsible for the
study. For the collection of the data, the participants were requested to read and sign specific terms of consent created for participants (see Appendix D).
CHAPTER IV
ANALYSIS OF RESULTS

Introduction

The purpose of this study was to examine nurses’ knowledge and practices related to correct patient identification in a private specialty hospital in Vietnam. This chapter presents the results of the data analysis to answer the research questions.

Demographic Characteristics of Participants

Most of the nurses \((n = 27; 79.4\%)\) were from 25 to 30 years of age. The IPD had the highest number of young nurses \((90.9\%)\) while the OPD had the highest number of older nurses \((36.4\%)\). The majority of nurses \((n = 30; 88.2\%)\) were female. Most of the male nurses worked in the OR \((25\%)\). The mean years of experience was 5.6 years, ranging from 2.1 to 11 years.

Regarding nursing education in Viet Nam, there are three levels: intermediate (two years), college (three years), and bachelor (four years). Less than half of nurses \((44.1\%)\) had obtained intermediate degrees, 26.5% of nurses had college degrees, and 29.4% had university degrees. The IPD had the highest number of university nurses \((54.6\%)\) while the OPD had the highest number of intermediate-degree nurses \((54.5\%)\).

In Viet Nam, three English language levels from A (lowest level) to C (highest level) were set up by the educational system. Among the 23 nurses \((68\%)\) who reported their language proficiency, the majority \((69.6\%)\) had an English Level B. Most of these participants worked in the IPD and OPD \((77.8\% \text{ and } 71.4\%, \text{ respectively})\).
Regarding computer skills, an A represents the lowest level of proficiency and a B level indicates a higher proficiency; these standards were established by the educational system. Most of the nurses \((n = 22; 64.5\%)\) had a Level A qualification and 35.6\% \((n = 12)\) had a Level B qualification. Half of nurses in the IPD were at Level B, followed by nurses in OPD (33.3\%) and nurses in OR (25.0\%). Table 1 presents a detailed description of participant demographic characteristics by department.

Table 1

**Demographic Characteristics of Nurses by Departments**

<table>
<thead>
<tr>
<th></th>
<th>Department</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IPD</td>
<td>OR</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-30 yrs</td>
<td>10 90.9</td>
<td>10 83.3</td>
</tr>
<tr>
<td></td>
<td>27 79.4</td>
<td></td>
</tr>
<tr>
<td>31-45 yrs</td>
<td>1 9.1</td>
<td>2 16.7</td>
</tr>
<tr>
<td></td>
<td>7 20.6</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>0 0.0</td>
<td>3 25.0</td>
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<tr>
<td></td>
<td>4 11.8</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>11 100.0</td>
<td>9 75.0</td>
</tr>
<tr>
<td></td>
<td>30 88.2</td>
<td></td>
</tr>
<tr>
<td>Credential level of nurses</td>
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<tr>
<td>Intermediate</td>
<td>3 27.2</td>
<td>6 50.0</td>
</tr>
<tr>
<td></td>
<td>15 44.1</td>
<td></td>
</tr>
<tr>
<td>College</td>
<td>2 18.2</td>
<td>5 41.7</td>
</tr>
<tr>
<td></td>
<td>9 26.5</td>
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<tr>
<td>University</td>
<td>6 54.6</td>
<td>1 8.3</td>
</tr>
<tr>
<td></td>
<td>10 29.4</td>
<td></td>
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<tr>
<td>Computer skills</td>
<td></td>
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</tr>
<tr>
<td>Level A</td>
<td>5 50.0</td>
<td>9 75.0</td>
</tr>
<tr>
<td>Level B</td>
<td>5 50.0</td>
<td>3 25.0</td>
</tr>
<tr>
<td>Total</td>
<td>10 100</td>
<td>12 100.0</td>
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<td></td>
<td>31 100</td>
<td></td>
</tr>
<tr>
<td>Language proficiency</td>
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<tr>
<td>Level A</td>
<td>2 22.2</td>
<td>3 42.9</td>
</tr>
<tr>
<td>Level B</td>
<td>7 77.8</td>
<td>4 57.1</td>
</tr>
<tr>
<td>Total</td>
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<td>7 100.0</td>
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<td>Years of experience</td>
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<tr>
<td>N</td>
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<tr>
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</tr>
<tr>
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</table>
Right Practices of Patient Identification

Explaining to the Patient About Patient Identification Before Implementation

Nurses were to follow the right practice of explaining to patients about patient identification before implementation. Additionally, they regularly explained the procedure when they met patients. Most of the nurses \( n = 30; 88.3\% \) had the right practice of explaining to the patient about patient identification before implementation.

Using age for a stratified analysis showed two age groups (25 to 30 and 31 to 45) had similar rates of right practice (88.9\% vs. 85.7\%). There was no significant relationship between age and correct practices \( (p = .8) \).

Using gender for a stratified analysis showed male nurses had a higher rate of correct practices than did female nurses (100.0\% vs. 86.7\%). There was no significant relationship between gender and right practice \( (p = .4) \).

Using years of experience for a stratified analysis showed junior \( (< 5) \) and senior nurses \( (>5) \) had similar rates of right practice (88.3\% vs. 86.7\%). There was no significant relationship between years of experience and the right practice \( (p = .9) \).

Using the category of level of nurses for a stratified analysis showed college nurses had the highest rate of right practice (100\%), followed by university nurses (90\%). There was no significant relationship between the level of nurses and the rate of right practice \( (p = .9) \).

Using language proficiency for a stratified analysis showed nurses with an English level A had higher rates of right practice than did nurses with an English level B (100\% vs. 87.5\%). There was no significant relationship between language proficiency and the rate of right practice \( (p = .9) \).
Using computer skill for a stratified analysis showed no differences were found in the rate of right practice between nurses with level A and level B qualifications. There was no significant relationship between computer skills and the rate of right practice ($p = .9$).

Using department for a stratified analysis, both the IPD and OR had higher right practice rates than did the OPD (100%, 100%, and 63.6%, respectively). There was a significant relationship between department and the rate of right practice ($p = .009$).

**Using Opening Questions for Getting Verbal Answer of the Patient as Confirmation**

Nurses were to follow the right practice of using opening questions to get verbal responses from patients as confirmation when they said yes to question 5 and said no to questions 6, 7, and 8. Most of nurses (88.2%) followed the right practice of using an opening question to get the verbal answer from the patient as a confirmation.

Using age for a stratified analysis, nurses aged 25 to 30 had higher right practice rates than did nurses aged 31 to 45 (95.6% vs. 85.7%). There was no significant relationship between age and the rate of right practice ($p = .6$).

When using gender for a stratified analysis, male nurses had a lower rate of right practice than did female nurses (75% vs. 93.3%). There was no significant relationship between gender and the rate of right practice ($p = .4$).

Using years of experience for a stratified analysis showed junior ($\leq 5$ years) nurses had lower rates of right practice than senior ($> 5$ years) nurses (82.4% vs. 100%). There was no significant relationship between years of experience and the right practice ($p = 0.07$).
Using the level of nurses for a stratified analysis showed university nurses had the highest rate of right practice (100%), followed by intermediate-level nurses (93.3%). There was no significant relationship between diploma level of nurses and the rate of right practice \( (p = .2) \).

Using language proficiency for a stratified analysis showed that nurses with an English level of B had higher rates of right practice than nurses with an English level of A (93.7% vs. 85.7%). There was no significant relationship between language proficiency and the rate of right practice \( (p = 0.9) \).

Using computer skill for a stratified analysis showed no differences in the rates of right practice between level A and level B qualified nurses. There was no significant relationship between computer skills and the rate of right practice \( (p = .9) \).

Using department for a stratified analysis showed both IPD and OR had higher rates of right practice than OPD (100%, 100%, and 72.7%, respectively). There was a significant relationship between departments and the rate of right practice \( (p = .009) \).

**Checking Patient’s Information**

Nurses were to follow the practice of checking a patient’s information when they responded yes to question 9 and no to questions 10, 11, and 12. Less than half of nurses (47.1%) followed the right practice of checking a patient’s information.

Using age for a stratified analysis showed nurses aged 25 to 30 had higher rates of right practice than nurses aged 31 to 45 (55.5% vs. 14.3%). There was no significant relationship between age and the rate of right practice \( (p = .05) \).
Using gender for a stratified analysis showed male nurses had higher rates of right practice than did female nurses (75% vs. 43.3%). There was no significant relationship between gender and the rate of right practice ($p = .2$).

Using years of experience for a stratified analysis showed junior (≤ 5 years) nurses had lower right practice rates than senior (> 5 years) nurses (47.1% vs. 50%). There was no significant relationship between years of experience and the rate of right practice ($p = .8$).

Using the level of nurses for a stratified analysis showed university nurses had the highest rates of right practice (60%), followed by college nurses (44.4%). There was no significant relationship between the level of nurses and the rate of right practice ($p = .2$).

Using language proficiency for a stratified analysis showed nurses with an English level of B had higher right practice rates than nurses with an English level of A (56.3% vs. 28.6%). There was no significant relationship between language proficiency and the rate of right practice ($p = .2$).

Using computer skill for a stratified analysis showed nurses with a level A of technology skill had lower right practice rates than nurses with a level B of technology skill (45% vs. 54.5%). There was no significant relationship between computer skills and the rate of right practice ($p = .6$).

Using department for a stratified analysis showed OR nurses had the highest rates of right practice (83.3%), followed by IPD nurses (54.5%) and OPD nurses (0.0%). There was a significant relationship between department and the rate of right practice ($p < .001$).
Realizing Barriers in Patients’ Identification

Nurses were to follow the right practice of realizing barriers in patients’ identification when they responded yes to question 13 and said no to questions 14, 15, and 16. Most of the nurses \( n = 24; 70.6\% \) followed the right practice of realizing barriers in patients’ identification.

Using age for a stratified analysis showed nurses aged 25 to 30 had a higher rate of right practice than nurses aged 31 to 45 (74.1\% vs. 57.1\%). There was no significant relationship between age and the rate of right practice \( (p = .4) \).

Using years of experience for a stratified analysis showed junior \( (\leq 5 \text{ years}) \) nurses had higher rates of right practice than senior \( (> 5 \text{ years}) \) nurses (70.6\% vs. 68.7\%). There was no significant relationship between years of experience and the rate of right practice \( (p = .9) \).

Using the level of nurses for a stratified analysis showed university nurses had the highest right practice rate (90\%), followed by intermediate level nurses (66.7\%). There was no significant relationship between the level of nurses and the rate of right practice \( (p = .2) \).

Using language proficiency for a stratified analysis showed nurses with an English level of B had higher rates of right practice than nurses with an English level of A (81.3\% vs. 57.2\%). There was no significant relationship between language proficiency and the rate of right practice \( (p = .2) \).

Using computer skill for a stratified analysis showed nurses with a level A qualification in technology had a lower rate of right practice than nurses with a level B
qualification in technology (60% vs. 81.8%). There was no significant relationship between computer skills and the rate of right practice ($p = .6$).

Using department for a stratified analysis of the right practice of realizing barriers in patients’ identification showed OR nurses had the highest right practice rate (75%), followed by IPD nurses (72.7%) and OPD nurses (63.6%). There was no significant relationship between department and the rate of right practice ($p = .8$).

**Comparing Patient’s Information with Information in Their Medical Document**

Nurses were to follow the right practice of comparing a patient’s information with the information in their medical document when they said yes to question 17 and said no to questions 18, 19, and 20. More than half of the nurses ($n = 20; 58.8\%$) followed the right practice of comparing a patient’s information with the information in their medical document.

Using age for a stratified analysis showed nurses aged 25 to 30 had higher rates of right practice than nurses aged 31 to 45 (48.1% vs. 14.3%). There was no significant relationship between age and the rate of right practice ($p = .1$).

Using gender for a stratified analysis showed female nurses had higher rates of right practice than male nurses (43.3% vs. 25%). There was a significant relationship between gender and the rate of right practice ($p = .03$).

Using years of experience for a stratified analysis showed junior ($\leq 5$ years) nurses had higher right practice rates than senior ($> 5$ years) nurses (47.1% vs 37.5%). There was no significant relationship between years of experience and the rate of right practice ($p = .6$).
Using the level of nurses for a stratified analysis showed college nurses had the highest rates of right practice (55.6%), followed by university nurses (50.0%). There was no significant relationship between the level of nurses and the rate of right practice ($p = .3$).

Using language proficiency for a stratified analysis showed that nurses with an English level of B had higher right practice rates than nurses with a level of A (56.2% vs. 42.9%). There was no significant relationship between language proficiency and the rate of right practice ($p = .5$).

Using computer skill for a stratified analysis showed the nurses with a level A qualification in technology had lower right practice rates than nurses with a level B qualification (30.0% vs. 63.6%). There was no significant relationship between computer skills and the rate of right practice ($p = .07$).

Using department for a stratified analysis showed the IPD nurses had the highest right practice rates (81.8%), followed by OR nurses (41.7%) and OPD nurses (0.0%). There was a significant relationship between department and the rate of right practice ($p < .001$).

**Wearing a Wristband in the Inpatient Reception Area**

Nurses were to follow the right practice of having patients wear wristbands in the inpatient reception area when they said yes to question 21 and said no to questions 22, 23, and 24. More than half of nurses ($n = 24; 70.6\%$) followed the right practice of having patients wear wristbands in the inpatient reception area.
Using age for a stratified analysis showed that nurses aged 25 to 30 had higher rates of right practice than nurses aged 31 to 45 (74.1% vs. 57.1%). There was no significant relationship between age and the rate of right practice ($p = .3$).

Using gender for a stratified analysis showed female nurses had higher rates of right practice than male nurses (73.3% vs. 50%). There was no significant relationship between gender and the rate of right practice ($p = .3$).

Using years of experience for a stratified analysis showed junior (≤ 5 years) nurses had higher right practice rates than senior (> 5 years) nurses (70.6% vs 68.7%). There was no significant relationship between years of experience and the rate of right practice ($p = .9$).

Using the level of nurses for a stratified analysis showed college nurses had the highest right practice rate (77.8%), followed by intermediate level nurses (73.3%). There was no significant relationship between the level of nurses and the rate of right practice ($p = .6$).

Using language proficiency for a stratified analysis showed that nurses with an English level of A had higher right practice rates than nurses with a level of B (100% vs. 68.7%). There was no significant relationship between language proficiency and the rate of right practice ($p = .09$).

Using computer skill for a stratified analysis showed nurses with a level A qualification in technology had lower right practice rates than nurses with a level B qualification (70% vs. 72.7%). There was no significant relationship between computer skills and the rate of right practice ($p = .8$).
Using department for a stratified analysis showed IPD nurses had the highest right practice rates (90.9%), followed by OR nurses (75%) and OPD nurses (45.5%). There were no significant relationships between department and the rate of right practice \((p = .001)\).

**Recognizing Wristband Colors**

Nurses were to follow the right practice of recognizing wristband colors of patients when they said yes to question 25 and said no to questions 26, 27, and 28. Most of the nurses \((n = 28; 82.4\%)\) followed the right practice of recognizing wristband colors in these circumstances.

Using age for a stratified analysis showed that nurses aged 25 to 30 had higher right practice rates than nurses aged 31 to 45 (88.9% vs. 57.1%). There was a significant relationship between age and the rate of right practice \((p = .05)\).

Using gender for a stratified analysis showed female nurses had higher rates of right practice than male nurses (83.3% vs. 75%). There was no significant relationship between gender and the rate of right practice \((p = .3)\).

Using years of experience for a stratified analysis showed junior \((\leq 5 \text{ years})\) nurses had higher right practice rates than senior \((> 5 \text{ years})\) nurses (88.3% vs 81.3%). There was no significant relationship between years of experience and the rate of right practice \((p = .6)\).

Using level of nurses for a stratified analysis showed college nurses had the highest right practice rate (88.9%), followed by intermediate level and university nurses (80%). There were no significant relationships between level of nurses and the rate of right practice \((p = .8)\).
Using language proficiency for a stratified analysis showed that nurses with an English level A had higher right practice rates than nurses with an English level B (100% vs. 81.3%). There was no significant relationship between language proficiency and the rate of right practice ($p = .2$).

Using computer skill for a stratified analysis showed that nurses with level A qualification in technology had lower right practice rates than nurses with a level B qualification (80% vs. 81.8%). There was no significant relationship between computer skills and the rate of right practice ($p = .9$).

Using department for a stratified analysis showed OR nurses had the highest right practice rate (100%), followed by IPD nurses (90.9%) and OPD nurses (54.5%). There was a significant relationship between department and the rate of right practice ($p = .01$).

### Explaining Necessary Information to Patient

Nurses were to follow the right practice of explaining necessary information to the patient when they said yes to question 29 and said no to questions 30, 31, and 32. Most of the nurses ($n = 27; 79.4\%$) followed the right practice of explaining necessary information to the patient.

Using age for a stratified analysis showed that nurses aged 25 to 30 had a lower rate of right practice than nurses aged 31 to 45 (77.8% vs. 85.7%). There was no significant relationship between age and the rate of right practice ($p = .6$).

Using gender for a stratified analysis showed the female nurses had higher rates of right practice than male nurses (80% vs. 75%). There was no significant relationship between gender and the rate of right practice ($p = .8$).
Using years of experience for a stratified analysis showed that junior (≤ 5 years) nurses had lower right practice rates than senior (> 5 years) nurses (76.5% vs. 81.3%). There was no significant relationship between years of experience and the rate of right practice ($p = .7$).

Using the level of nurses for a stratified analysis showed intermediate level nurses had the highest right practice rates (86.7%), followed by university nurses (80%). There was no significant relationship between the level of nurses and the rate of right practice ($p = .5$).

Using language proficiency for a stratified analysis showed that nurses with an English level of A had lower rates of right practice than nurses with an English level of B (57.1% vs. 87.5%). There was no significant relationship between language proficiency and the rate of right practice ($p = .1$).

Using computer skill for a stratified analysis showed that nurses with a level A qualification in technology had lower right practice rates than nurses with a level B qualification (80% vs. 81.8%). There was no significant relationship between computer skills and the rate of right practice ($p = .9$).

Using department for a stratified analysis showed OR nurses had the highest right practice rates (83.3%), followed by IPD nurses (81.8%) and OPD nurses (72.7%). There was no significant relationship between department and the rate of right practice ($p = .8$).

**Verifying a Patient's Information a Final Time Before Performing a High-Risk Procedure**

Nurses were to follow the right practice of verifying the patient's information a final time before performing a high-risk procedure when they said yes to question 33 and
said no to questions 34, 35, and 36. Most of the nurses \((n = 30; 88.2\%)\) followed the right practice of verifying the patient’s information a final time before performing a high-risk procedure.

Using age for a stratified analysis showed that nurses aged 25 to 30 had higher right practice rates than nurses aged 31 to 45 (92.6% vs. 71.4%). There was no significant relationship between age and the rate of right practice \((p = .1)\).

Using gender for a stratified analysis showed female nurses had higher rates of right practice than male nurses (93.3% vs. 50%). There was a significant relationship between gender and the rate of right practice \((p = .01)\).

Using years of experience for a stratified analysis showed that junior \((\leq 5 \text{ years})\) nurses had higher right practice rates than senior \((> 5 \text{ years})\) nurses (100% vs. 75%). There was a significant relationship between years of experience and the rate of right practice \((p = .03)\).

Using the level of nurses for a stratified analysis showed that university and college nurses had the highest right practice rates (100%), followed by intermediate nurses (73.3%). There were no significant relationships between the level of nurses and the rate of right practice \((p = .06)\).

Using language proficiency for a stratified analysis showed that nurses with an English level of A had lower rates of right practice compared to nurses with an English level of B (57.1% vs. 87.5%). There was no significant relationship between language proficiency and the rate of right practice \((p = .1)\).

Using computer skill for a stratified analysis showed nurses with a level A qualification in technology had a lower right practice rate than nurses with a level B
qualification (80.5% vs. 100%). There was no significant relationship between computer skills and the rate of right practice ($p = .2$).

Using department for a stratified analysis showed IPD and OPD nurses had the highest right practice rate (90.9%), followed by OR nurses (83.3%). There was no significant relationship between department and the rate of right practice ($p = .8$).

**Following the Whole Process of Patient Identification**

The right practice of following the whole process of patient identification was defined as the sum of questions 1, 5, 9, 13, 17, 21, 25, 29 and 33. Nurses who had a higher mean practice score would have higher rates of right practice. The mean score of right practice for all nurses in the sample was 6.6, ranging from 3 to 9.

Using age for a stratified analysis showed that nurses aged 25 to 30 had higher scores than nurses aged 31 to 45 (6.9 vs. 5.3). There was no significant relationship between age and the rate of right practice ($p = .1$).

Using gender for a stratified analysis showed female nurses had higher scores than male nurses (1.9 vs. 1.7). There was no significant relationship between gender and the rate of right practice ($p = .8$).

Using years of experience for a stratified analysis showed that junior ($\leq 5$ years) nurses had higher scores than senior ($> 5$ years) nurses (2.1 vs 1.7). There was no significant relationship between years of experience and the rate of right practice ($p = .5$).

Using the level of nurses for a stratified analysis showed university nurses had the highest scores (7.1), followed by college (6.7) and intermediate level nurses (6.2). There were no significant relationships between the levels of nurses and the rate of right practice ($p = .8$).
Using language proficiency for a stratified analysis showed that nurses with an English level of A had lower scores than nurses with an English level of B (6.6 vs. 7.1). There was no significant relationship between language proficiency and the rate of right practice ($p = .8$).

Using computer skill for a stratified analysis showed that nurses with a level A qualification in technology had lower right practice scores than nurses with a level B qualification (6.3 vs. 7.2). There was no significant relationship between computer skills and the rate of right practice ($p = .2$).

Using department for a stratified analysis showed IPD and OR nurses had higher scores than OPD nurses (7.6 and 7.4 vs. 4.6). There was no significant relationship between departments and the rate of right practice ($p = .2$).

Table 2 presents the right practice of patient identification procedure of nurses by demographic characteristics and Table 3 provides the right practice of patient identification procedure of nurses by language proficiency, computer skills and departments.
## Table 2

**Patient Identification Procedure of Nurses by Demographic Characteristics**

<table>
<thead>
<tr>
<th>Right Practices</th>
<th>Age</th>
<th>Gender</th>
<th>Years of Experience</th>
<th>Diploma Level of Nurses</th>
<th>Mean ± Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25-30 yrs</td>
<td>31-45 yrs</td>
<td>Male</td>
<td>Female</td>
<td>≤ 5 yrs</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Explaining to the patient about patient identification before implementation</td>
<td>24</td>
<td>6</td>
<td>0.8</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>88.9</td>
<td>85.7</td>
<td>100</td>
<td>86.7</td>
<td>88.3</td>
</tr>
<tr>
<td>Using opening question for getting the verbal answer of the patient as a confirmation</td>
<td>25</td>
<td>6</td>
<td>0.6</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>95.6</td>
<td>85.7</td>
<td>75</td>
<td>93.3</td>
<td>82.4</td>
</tr>
<tr>
<td>Checking patient’s information</td>
<td>15</td>
<td>1</td>
<td><strong>0.05</strong></td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>55.5</td>
<td>14.3</td>
<td>75</td>
<td>43.3</td>
<td>47.1</td>
</tr>
<tr>
<td>Realizing barriers in patients’ identification</td>
<td>20</td>
<td>4</td>
<td>0.4</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>74.1</td>
<td>57.1</td>
<td>25</td>
<td>76.7</td>
<td>70.6</td>
</tr>
<tr>
<td>Comparing a patient’s information with the information in their medical document</td>
<td>13</td>
<td>1</td>
<td>0.1</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>48.1</td>
<td>14.3</td>
<td>25</td>
<td>43.3</td>
<td>47.1</td>
</tr>
<tr>
<td>Wearing wristbands in the inpatient reception area</td>
<td>20</td>
<td>4</td>
<td>0.3</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>74.1</td>
<td>57.1</td>
<td>50</td>
<td>73.3</td>
<td>70.6</td>
</tr>
<tr>
<td>Realizing patient wristband colors</td>
<td>24</td>
<td>4</td>
<td>0.05</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>88.9</td>
<td>57.1</td>
<td>75</td>
<td>83.3</td>
<td>88.3</td>
</tr>
<tr>
<td>Explaining necessary information to the patient</td>
<td>21</td>
<td>6</td>
<td>0.6</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>77.8</td>
<td>85.7</td>
<td>75</td>
<td>80.0</td>
<td>76.5</td>
</tr>
<tr>
<td>Verifying the patient's information a final time before performing a high-risk procedure</td>
<td>25</td>
<td>5</td>
<td>0.1</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>92.6</td>
<td>71.4</td>
<td>50</td>
<td>93.3</td>
<td>100</td>
</tr>
<tr>
<td>Following the whole process of patient identification</td>
<td>6.9 ± 1.7</td>
<td>5.3</td>
<td>0.8</td>
<td>6.7</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>2.0</td>
<td>1.7</td>
<td>1.9</td>
<td>2.1</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Bold font indicates statistical difference.
Table 3

Patient Identification Procedure of Nurses by Language Proficiency, Computer Skills, and Department

<table>
<thead>
<tr>
<th>Right Practice</th>
<th>Language Proficiency</th>
<th>Computer Skills</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level A %</td>
<td>Level B %</td>
<td>p</td>
</tr>
<tr>
<td>- Explaining to the patient about patient identification before implementation</td>
<td>7 14.0</td>
<td>19 10.0</td>
<td>0.3</td>
</tr>
<tr>
<td>- Using opening question for getting the verbal answer of the patient as a confirmation</td>
<td>6 15.0</td>
<td>18 10.0</td>
<td>0.9</td>
</tr>
<tr>
<td>- Checking patient’s information</td>
<td>2 9.0</td>
<td>9 6.0</td>
<td>0.6</td>
</tr>
<tr>
<td>- Realizing barriers in patients’ identification</td>
<td>4 13.0</td>
<td>12 9.0</td>
<td>0.2</td>
</tr>
<tr>
<td>- Comparing a patient’s information with the information in their medical document</td>
<td>3 9.0</td>
<td>6 7.0</td>
<td>0.07</td>
</tr>
<tr>
<td>- Wearing wristbands in the inpatient reception area</td>
<td>7 11.0</td>
<td>14 8.0</td>
<td>0.8</td>
</tr>
<tr>
<td>- Realizing patient wristband colors</td>
<td>7 13.0</td>
<td>16 9.0</td>
<td>0.9</td>
</tr>
<tr>
<td>- Explaining necessary information to the patient</td>
<td>4 14.0</td>
<td>15 9.0</td>
<td>0.6</td>
</tr>
<tr>
<td>- Verifying the patient's information a final time before performing a high-risk procedure</td>
<td>6 16.0</td>
<td>17 11.0</td>
<td>0.2</td>
</tr>
<tr>
<td>- Following the whole process of patient identification</td>
<td>6.6 7.1</td>
<td>6.3 7.2</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Bold font indicates statistical difference.
Influence of Factors on the Right Practice of Patient Identification

The influence of baseline variables (age, gender, level of nurses, level of language, level of computer skills, years of experience and department type) was evaluated using multivariable regression models. The right practice of following the whole process of patient identification was analyzed using multivariate linear regression models. Backward elimination with a significance level of .05 was used to automatically select relevant explanatory variables (see Table 4).

In the full model, for the right practice of following the whole process of patient identification, statistically significant scores relating to the level of nurses were observed ($p = .01$). The positive effect estimate (1.51) indicated that being a more highly educated nurse was associated with higher scores of right practice in following the whole process of patient identification while being a less educated nurse was associated with a lower right practice score.

Another statistically significant association was found with the right practice of following the whole process of patient identification and department type ($p < .001$). The negative effect estimate (-3.2) indicated OR nurses had lower scores than IPD nurses; similarly, OPD nurses had lower scores than IPD nurses.
Table 4

*Regression Analyses for the Right Practice of Following the Whole Process of Patient Identification*

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Explanatory Variable</th>
<th>Sample Size</th>
<th>Effect Estimate</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>The right practice of following the whole process of patient identification</td>
<td>Diploma level of nurses</td>
<td>21</td>
<td>1.51</td>
<td>0.01</td>
</tr>
<tr>
<td></td>
<td>Types of department</td>
<td></td>
<td>-3.2</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>
CHAPTER V
DISCUSSION

Recently, misidentification has been seen as a common error in healthcare systems, resulting in medication errors, transfusion errors, testing errors, and procedures performed on the wrong person. From the six patient safety recommendations proposed by the WHO (2007) and many studies, many improvements have been made to increase the rates of patient safety. However, some misidentifications have continued to happen, which could lead to serious harm for the patient through unintentional or omitted interventions.

In a healthcare system, patient identification is the first step to ensure the right procedure on the right patient. In developing countries, not enough medical tools are available to support this task; therefore, the right implementation of procedures by the health professional is even more important. Thus, in the study hospital, a procedure was written and training conducted. However, from the answers to the 36-question questionnaire and participants’ observed responses, the study found some mistakes were still occurring from incorrect implementation of procedures.

Issues of Nursing Staff Practices in Patient Identification

To follow the procedure, staff must implement nine steps to ensure patient identification and patient safety. In evaluating their practice and through their answers, there was evidence of incorrect thinking.
In the first step, a nurse must explain the patient identification procedure to the patient before implementation. Some nurses still thought they should only explain the procedure when patients asked or when they felt the need to; even others said this was a daily task and, thus, there was no requirement to explain.

In the second step, during the implementation of the patient identification procedure, nurses should use an opening question to get a verbal answer from the patient as a confirmation. Most of the nurses used an opening question, some nurses said they used a yes–no question, and still others thought there was no need to be concerned about the kind of question they used.

Given the rule that to identify a patient at least two pieces of patient information (full name, date of birth) are needed, getting one more piece of information must be required if any confusion is suspected. Some nurses only used a room number to identify a patient.

Asking about recognizing barriers in patient identification and knowing how to solve them (if any) is necessary. Some nurses believed there was no barrier to implementing patient identification procedures.

After identifying a patient, nurses must compare the information provided with the information in the medical document, wristband, or patient card. Most nurses were doing this step well but some were not concerned about it. Sometimes, they only compared information on the wristband or medical file.

Another crucial rule was wristbands must be worn in the inpatient reception area. With this step, all the nurses in the IPD provided the correct answer. Some nurses were confused about the reception area of the hospital and some provided the wrong answer.
The three colors of the wristbands were also important: adult, child (blue), fall risk (yellow), and allergy (red). All of nurses in the IPD responded appropriately but the rest of staff answered incorrectly.

Nurses must explain necessary information to the patient (e.g., when there is another patient with the same name). Most nurses did this task well but some nurses still thought they needed to explain only when being asked. Even others said patients must manage this problem themselves.

Nurses need to verify the patient's information one last time before performing high-risk procedures, saving the results digitally, or before administration of a high alert. All of nurses in the IPD and OR did this step well. However, some nurses in the OPD were confused by this procedure.

Additionally, through the results of this analysis, the influence of several factors on the right practice of following the whole patient identification procedure were identified. The influence of baseline variables (age, gender, level of nurses, level of language, level of computer skills, years of experience, and department type) was evaluated using multivariable regression models. The right practice of following the whole process of patient identification was analyzed using multivariate linear regression models. Backward elimination with a significance level of .05 was used to automatically select relevant explanatory variables.

In the full model, for the right practice of following the whole process of patient identification, statistically significant scores related to the level of nurses were observed \( (p = .01) \). The positive effect estimate (1.51) indicated being a more highly educated nurse was associated with higher scores of right practice in following the whole patient
identification procedure while being a less educated nurse was associated with a lower right practice score.

Another statistically significant association was found with the right practice of following the whole process of patient identification and department type ($p = .001$). The negative effect estimate (-3.2) indicated that OR nurses had lower scores than IPD nurses; similarly, OPD nurses had lower scores than IPD nurses. On the other hand, some issues regarding the written procedure were discovered. The procedure must include department-specific guidelines with concrete and clear details.

After reading nursing studies, the important role of wristbands, patient label design, working a flowchart in a high volume department, and the result of misidentification was clearly recognized (Henneman et al., 2010; Probst et al., 2016). On the other hand, there was the truth of the concept that “to err is human” (IOM, 2000). Therefore, the professional should not rely on memory or experience but use a checklist to demonstrate and monitor what has been done during daily nursing care. Thus, through further research, it would be important to determine the attribution of the correct implementation by the nurse in patient identification.

**Strengths and Limitations of the Study**

In summary, the strengths of the study were that it was done through actual activity in the study hospital, the team willingly participated, and there was real enthusiasm in working for improvement to make patient care better. The data collection was done using a reliable, trusted method. The data were all collected as part of nursing care.
Limitations of the study included

- the short study period with a low number of participants. Human factors might have affected the results such as not concentrating or being careless.
- Results might have varied based on the experience of the person who did the observations.

**Relationship to Theoretical Framework**

Nursing theories and ethical frameworks provide an important foundation for nursing practice. The Vietnamese code of ethics for nursing (Vietnamese Nurses Association, 2012), which is consistent with the international code of ethics (American Nurses Association, 2015), has several provisions ensuring patient rights, the responsibility of nurses to act as patient advocates, and the commitment to treat all patients respectfully. An overriding principle of all of the code provisions has to do with providing safe and appropriate care. This study concerning nursing patient identification practices followed the Vietnamese code of ethics (Vietnamese Nurses Association, 2012). Further, the examination of patient safety procedures was consistent with a nurse’s responsibility to advocate for patients and provide the highest level of care.

**Conclusion and Implications for Research and Practice**

This study was conducted to examine patient identification practices among nurses in a specialty hospital in a large city in Vietnam. The hospital had initiated procedures to promote patient safety, specifically in the appropriate use of patient identification practices. The study results indicated several areas of high rate of use of correct practices and some areas that needed improvement. Strengths of the study included its conduct in an actual care setting and commitment of the staff to examining
nursing practices to improve patient safety. Limitations included the short data collection period and use of one hospital setting in a developing country. Findings provided support for improving practice in the area of patient identification and also could be used in planning further research. The study was supported by ethical nursing theories and provided additional evidence of the advocacy role of nurses in ensuring patient safety.
REFERENCES


APPENDIX A

QUESTIONNAIRE
EVALUATION OF THE NURSE’ S PRACTICE ABOUT PATIENT IDENTIFICATION PROCEDURE

The aim of this questionaire is the evaluation of the nurse about the level of nursing practice of patient identification procedure. This set of questions to serve the research. In order to get objective information, you do not need to write your name on the questionnaire, and all informations of your answers will be kept confidential and only use data for study. Please spend about 15 minutes to answer the following questions. Thank you for your participation

I. INTERVIEWEE’S INFORMATION

1. Year of birth: ………………………………………………………

2. Gender: Male ☐ Female: ☐

3. Ethnics:

..............................................................

4. Month of experience:

..............................................................

5. Diploma of nursing level:

   Intermediate ☐ College ☐
   University ☐ Post-graduate ☐
6. Language: ..............................................

<table>
<thead>
<tr>
<th>Level</th>
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<th>Level</th>
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<tbody>
<tr>
<td>A</td>
<td>[ ]</td>
<td>B</td>
<td>[ ]</td>
</tr>
<tr>
<td>C</td>
<td>[ ]</td>
<td>Other</td>
<td>[ ]</td>
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</tbody>
</table>

7. Computer proficiency:

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<tr>
<th>Level</th>
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<th>Level</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>[ ]</td>
<td>B</td>
<td>[ ]</td>
</tr>
<tr>
<td>C</td>
<td>[ ]</td>
<td>Other</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
II. QUESTIONNAIRE

Answer instructions:

This is a questionnaire for assessment the practice of patient identification, With the Yes – No answer.

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Điều Dưỡng giải thích với người bệnh trước khi thực hiện quy trình nhận diện – Nurse explain to the patient about patient identification before implementation.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Điều Dưỡng chỉ giải thích với người bệnh trước khi thực hiện quy trình nhận diện khi cần thiết – In case of need, nurse will explain to the patient about patient identification before implementation.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Điều Dưỡng chỉ giải thích với người bệnh trước khi thực hiện quy trình nhận diện khi được yêu cầu - In case of request, nurse will explain to the patient about patient identification before implementation</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Đây là việc vẫn thực hiện thường ngày nên không cần giải thích - This is a daily task so there is no need to explain.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Khi thực hiện quy trình nhận diện người bệnh ĐĐ cần sử dụng câu hỏi mở để có được câu trả lời của người bệnh như là sự xác minh – During performance of patient identification procedure, nurse should use opening question for getting the verbal answer of the patient as a confirmation.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Khi thực hiện quy trình nhận diện người bệnh ĐĐ cần sử dụng câu hỏi trả lời đúng, sai để người bệnh dễ trả lời - During performance of patient identification procedure, nurse should use yes – no question for patients to easily answer.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Khi thực hiện quy trình nhận diện người bệnh ĐĐ cần sử dụng câu hỏi đồng cũng được - During performance of patient identification procedure, nurse can use closed question.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Đặt câu hỏi mở hay đồng đều được chỉ cần có câu trả lời của người bệnh – It does not matter what kind of question we use, we need only getting patient’s answer.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Xác nhận người bệnh cần 2 thông tin tối thiểu: họ và tên, ngày tháng năm sinh, và phải kiểm tra thêm 1 thông tin nếu có yếu tố bị nghi ngờ - To identify patient, we need only at least 2 patient’s informations (full name, date of birth), and 1 more information must be checked if any factor is suspected.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Xác nhận người bệnh chỉ cần 2 thông tin tối thiểu: họ và tên, ngày tháng năm sinh là đủ - To identify patient, we need only at least 2 patient’s informations (full name, date of birth).</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Xác nhận người bệnh chỉ cần 2 thông tin tối thiểu: họ và tên, ngày tháng năm sinh và số phòng nếu có yếu tố bị nghi ngờ - To identify</td>
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<tr>
<td>Number</td>
<td>Vietnamese TEXT</td>
<td>English TEXT</td>
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<tr>
<td>12</td>
<td>Xác nhận người bệnh càng nhiều yếu tố càng tốt – For identifying the patient, it is as many factors as possible we can ask.</td>
<td><strong>Patient Identification</strong> – It is important to have as many factors as possible when identifying the patient.</td>
</tr>
<tr>
<td>13</td>
<td>Xác nhận các rào cản trong nhận diện người bệnh và biết cách giải quyết (nếu có) là việc cần thiết – Realising barriers in patients identification and knowing how to solve them (if any) is necessary.</td>
<td><strong>Realising Barriers</strong> – It is necessary to identify barriers and how to solve them (if any).</td>
</tr>
<tr>
<td>14</td>
<td>Xác nhận các rào cản trong nhận diện người bệnh là không cần thiết vì đã có ĐD Trưởng giải quyết Realising barriers in patients identification and knowing how to solve them (if any) is not necessary because it is the responsibility of head nurse.</td>
<td><strong>Realising Barriers</strong> – It is not necessary to identify barriers because it is the responsibility of the head nurse.</td>
</tr>
<tr>
<td>15</td>
<td>Xác nhận các rào cản trong nhận diện người bệnh là việc dễ dàng – It is easy for realising barriers in patients identification.</td>
<td><strong>Realising Barriers</strong> – It is easy to identify barriers.</td>
</tr>
<tr>
<td>16</td>
<td>Hầu như không có rào cản trong nhận diện người bệnh – There is no barriers in patients identification.</td>
<td><strong>Realising Barriers</strong> – There is no barrier in patients identification.</td>
</tr>
<tr>
<td>17</td>
<td>Sau khi nhận diện thông tin ĐD phải đối chiếu với thông tin trên hồ sơ, bằng nhận diện người bệnh hoặc thẻ khám bệnh – After doing patient identification, nurse must compare it with the information in their medical document, wristband or patient card.</td>
<td><strong>Resistance Identification</strong> – After patient identification, nurses must compare it with the information in their medical document, wristband or patient card.</td>
</tr>
<tr>
<td>18</td>
<td>Sau khi nhận diện thông tin ĐD phải đối chiếu với thông tin trên hồ sơ - After doing patient identification, nurse only need to compare it with the information in their medical document.</td>
<td><strong>Resistance Identification</strong> – After patient identification, nurses only need to compare it with the information in their medical document.</td>
</tr>
<tr>
<td>19</td>
<td>Sau khi nhận diện thông tin ĐD phải đối chiếu với thông tin trên bằng nhận diện người bệnh - After doing patient identification, nurse must compare it with the information in their wristband.</td>
<td><strong>Resistance Identification</strong> – After patient identification, nurses must compare it with the information in their wristband.</td>
</tr>
<tr>
<td>20</td>
<td>Sau khi nhận diện thông tin ĐD không cần đối chiếu với thông tin trên hồ sơ, bằng nhận diện người bệnh - After doing patient identification, nurse do not need to compare it with the information in their medical document, wristband or patient card.</td>
<td><strong>Resistance Identification</strong> – After patient identification, nurses do not need to compare it with the information in their wristband.</td>
</tr>
<tr>
<td>21</td>
<td>Vòng tay nhận diện được đeo ngay tại khu tiếp nhận bệnh của khoa nội trú – Wristband must be worn in inpatient reception area.</td>
<td><strong>Wristband Identification</strong> – Wristband must be worn in inpatient reception area.</td>
</tr>
<tr>
<td>22</td>
<td>Vòng tay nhận diện được đeo ngay tại khu tiếp nhận bệnh của phòng khám - Wristband must be worn in outpatient reception area.</td>
<td><strong>Wristband Identification</strong> – Wristband must be worn in outpatient reception area.</td>
</tr>
<tr>
<td>23</td>
<td>Vòng tay nhận diện được đeo ngay tại khu tiếp nhận bệnh của bệnh viện - Wristband must be worn in hospital reception area.</td>
<td><strong>Wristband Identification</strong> – Wristband must be worn in hospital reception area.</td>
</tr>
<tr>
<td>24</td>
<td>Vòng tay nhận diện được đeo ngay sau khi người bệnh nhận phòng tại khoa nội trú – After in the patient room in inpatient department, patient will be worn a wristband identification</td>
<td><strong>Wristband Identification</strong> – Wristband will be worn after the patient is admitted.</td>
</tr>
<tr>
<td>25</td>
<td>Vòng tay nhận diện được ghi nhận có 3 màu chính thức đánh cho người lớn, trẻ em (xanh), nguy cơ té ngã (vàng), tiền căn dị ứng (đỏ) – There are 3 color for realising wristband: adult, child (blue), fall risk (yellow), allergy (red).</td>
<td><strong>Wristband Color</strong> – There are 3 colors for wristband: adult (blue), child (blue), fall risk (yellow), allergy (red).</td>
</tr>
<tr>
<td>26</td>
<td>Vòng tay nhận diện được ghi nhận có 3 màu chính thức đánh cho người lớn (xanh), trẻ em (hồng), tiền căn dị ứng (đỏ) - There are 3 color for realising wristband: blue (adult), pink (child), red (allergy).</td>
<td><strong>Wristband Color</strong> – There are 3 colors for wristband: blue (adult), pink (child), red (allergy).</td>
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<tr>
<td><strong>27</strong></td>
<td>Vòng tay nhận diện được ghi nhận có 3 màu chính thức đánh cho người lớn (xanh), trẻ em (hồng), nguy cơ té ngã (vàng) - <em>There are 3 color for realising wristband: blue (adult), pink (child), yellow (fall risk)</em></td>
<td></td>
</tr>
<tr>
<td><strong>28</strong></td>
<td>Vòng tay nhận diện không cần phân biệt màu sắc chỉ cần thông tin chính xác là đủ - <em>wristband do not need to distinguish colors, need only accurate information.</em></td>
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<tr>
<td><strong>29</strong></td>
<td>ĐD phải giải thích với người bệnh các thông tin cần thiết (nếu có như khi có NB trùng tên) – <em>Nurse must explain to the patient about necessary information (if any, such as when there is another patient with the same name)</em>.</td>
<td></td>
</tr>
<tr>
<td><strong>30</strong></td>
<td>ĐD chỉ giải thích với người bệnh các thông tin cần thiết khi được yêu cầu – <em>Nurse only need to explain to the patient about necessary information when asking.</em></td>
<td></td>
</tr>
<tr>
<td><strong>31</strong></td>
<td>Là việc thường ngày nên không có gì cần giải thích với người bệnh - <em>As a daily task, therefore there is nothing to explain to the patient.</em></td>
<td></td>
</tr>
<tr>
<td><strong>32</strong></td>
<td>Người bệnh sẽ phải tự nhận biết các vấn đề của mình – <em>Patient must know themselves their problem.</em></td>
<td></td>
</tr>
<tr>
<td><strong>33</strong></td>
<td>ĐD cần xác minh lại thông tin người bệnh lần cuối trước khi: thực hiện các thủ thuật có nguy cơ cao, trước khi lưu kết quả vào phần mềm, trước khi tiêm thuốc.... – <em>Nurse need to verify the patient's information last time before: performing high-risk procedures, before saving the results to the software, before administration high alert medication....</em></td>
<td></td>
</tr>
<tr>
<td><strong>34</strong></td>
<td>Nhận diện người bệnh lần cuối trước khi: thực hiện các thủ thuật, trước khi lưu kết quả vào phần mềm, trước khi bom máu vào ông là không cần thiết – <em>It is unnecessary to verify the patient's information last time before: performing high-risk procedures, before saving the results to the software, before administration high alert medication....</em></td>
<td></td>
</tr>
<tr>
<td><strong>35</strong></td>
<td>Trong ngày nhận diện người bệnh một lần là đủ - <em>Implementation of patient identification is only performed one time a day.</em></td>
<td></td>
</tr>
<tr>
<td><strong>36</strong></td>
<td>Nhận diện người bệnh nhiều lần sẽ gây phiền hà cho người bệnh – <em>It is uncomfortable for the patient to have so many time of patient identification.</em></td>
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</tbody>
</table>
APPENDIX B

PERMISSION FOR DATA COLLECTION
CÔNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập – Tự do – Hạnh phúc
---oOo---

ĐƠN XIN LÃY SÓ LIỆU NGHIÊN CỨU

Về việc thực hiện để tài nghiên cứu khoa học: “Đánh giá kỹ năng thực hành nhìn đễn người bệnh của Điều Dưỡng đang làm việc tại bệnh viện Tai Mũi Hồng Saigon”

- Kính gửi: - Ban Giám Đốc Bệnh Viện Tai Mũi Hồng Saigon.
  - Tội tiền là: Ngô Thị Phương Mỹ.
  - Hiến công tác tại: Phòng Điều Dưỡng.
  - Xin lấy số liệu cho để tài nghiên cứu “Đánh giá kỹ năng thực hành nhìn đễn người bệnh của Điều Dưỡng đang làm việc tại bệnh viện Tai Mũi Hồng Saigon”.
  - Đối tượng nghiên cứu là Điều Dưỡng đang làm việc tại bệnh viện.
  - Thời gian lấy mẫu từ 31/7/2019 đến 03/8/2019

Nay tôi viết đơn này kính xin Ban Giám Đốc bệnh viện Tai Mui Hồng (ENT) Saigon cho phép tôi được tiến hành lấy số liệu.
Rất mong được sự đồng ý của Ban Giám Đốc.
Chân thành cảm ơn Ban Giám Đốc đã giúp tôi hoàn thành để tài nghiên cứu.

Ngày 30 Tháng 7 Năm 2019

Duyệt
Ban Giám Đốc

Người xin thư pháp số liệu

TS. BS. Hoàng Lương
CNDD. Ngô Thị Phương Mỹ
APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL
DATE: July 29, 2019

TO: My Thi Phuong Ngo, Ms
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: 1449658-2 Evaluation of the Practice of Patient Identification Procedure of the Nurse Who Works in Saigon ENT Hospital

SUBMISSION TYPE: Revision

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: July 29, 2019

EXPIRATION DATE: July 29, 2023

Thank you for your submission of Revision materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Nicole Morse at 970-351-1910 or nicole.morse@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB’s records.
APPENDIX D

INFORMED CONSENT: VIETNAMESE AND ENGLISH
Institutional Review Board

CONSENT FORM
THÔNG TIN ĐÓN Đ - KÝ TÊN KHI ĐỒNG Y THỰC HIỆN

Tên đề tài: Đánh giá kỹ năng thực hành nhân diện người bệnh của Điều Dưỡng làm việc tại bệnh viện Tai Mũi Hồng Sài Gòn.

Student Researcher: Ngô Thị Phương Mỹ

Research Advisor: Faye Hummel RN, PhD, CTN-A, ANEF, School of Nursing.

Mục đích: đánh giá kỹ năng thực hành Điều Dưỡng trong việc nhân diện người bệnh.

Mục tiêu: Đề tài được xây dựng để
- Đánh giá kỹ năng thực hành của Điều Dưỡng trong việc nhân diện người bệnh.
- Xác định vai trò của Điều Dưỡng trong việc nâng cao tỉ lệ nhân diện đúng người bệnh.
- Xác định các mối quan hệ có thể tồn tại về yếu tố khác trong công tác nhân diện người bệnh nhằm tăng tính an toàn trong chăm sóc

Tất cả các kết quả đánh giá sẽ được giữ bí mật và ẩn danh, sẽ được quyết vào máy tính được bảo vệ bằng mật khẩu và sao đó bị cắt vعين (hủy vĩnh viễn. Tất cả dữ liệu và thông tin nghiên cứu sẽ được lưu giữ trên ổ đĩa được cắt vào ngăn kéo trong tủ có khoá. Không có rủi ro nào dự đoán cho việc tham gia khảo sát này. Nếu bạn hoàn thành khảo sát, đề nghị xem như là bạn đồng ý tham gia. Bạn có thể giữ lại hầu hết thông tin này để tham khảo cho tương lai.

Việc tham gia nghiên cứu là tự nguyện. Bạn có thể quyết định không tham gia nghiên cứu này và nếu bạn đã tham gia, bạn vẫn có thể dừng và rời đi vào bất cứ thời điểm nào. Sự quyết định của bạn luôn được tôn trọng và không ảnh hưởng đến quyền lợi mà bạn đang có.
Vui lòng đọc và có thể hỏi bất kỳ câu hỏi nào, ký tên dưới đây nếu bạn tham gia vào nghiên cứu này. Một bản sao của giấy này sẽ được gửi bạn giữ tham khảo cho tương lai. Nếu bạn có bất kỳ mối quan tâm cho việc chọn lựa hay điều trị như một người tham gia nghiên cứu, vui lòng liên hệ Cơ Quan Nghiên Cứu, Kepner Hall, Trường Đại Học Northern Colorado Greeley, CO 80639; 970-351-1910.

Vui lòng cho thông tin đồng ý này và hoàn thành nội dung thực hành nghiên cứu
(người đưa bản mẫu thông tin này)

Thông tin liên lạc của hội đồng:

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Điện thoại: 970-351-1697

Người tham gia:
Số câu hỏi chỉ định _______________________
Ghi tên ____________________________
Ký tên ____________________________
Project Title: Evaluation the practice of patient identification procedure of the nurse who work in Saigon ENT Hospital

Student Researcher: My NGO Thi Phuong

Research Advisor: Faye Hummel RN, PhD, CTN-A, ANEF, School of Nursing

Purpose: The purpose of this project is to evaluation the practice of patient identification procedure of the nurse who work in Saigon ENT hospital

Objective: This project sets to

- Assessment of nursing practice of patient identification procedure.
- Define the role of nursing practice in promote the correct patient identification

All responses will be kept confidential and anonymous. All questionnaires will be scanned into a password protected computer and then “shredded” (permanently destroyed). All study data and information will then be kept on a thumb drive in a locked drawer in a locked cabinet. There are no anticipated risks by participation in this survey. If you complete the survey, it will be assumed that you have communicated consent for your participation. You may keep this form for future reference.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled.

Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Research, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.
Please give this informed consent and the completed questionnaire to the researcher (the one who gave you the form).

**Committee Contact information:**

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Research Advisor: Faye Hummel RN, PhD, CTN-A, ANEF, School of Nursing  
Email: Faye.Hummel@unco.edu  
Phone: 970-351-1697

Participant  
Questionnaire Number Assigned ____________

Print Name ________________________________

Sign Name ________________________________