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Review

Improving Compliance with Patient Identification Protocols: A Quality and Patient Safety Improvement Study

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Abstract

Background: Patient misidentification is one of the most common and preventable causes of medication errors, diagnostic delays, and procedural mistakes. Baseline audits revealed a low compliance rate of 64–70% in using two patient identifiers before interventions and 20 misidentification incidents within three months, indicating a significant threat to patient safety.

Objectives: To increase compliance with patient identification protocols to 100% by reinforcing proper identification practices and reducing misidentification incidents to zero within the project period.

Methods: A pre–post interventional study was conducted from April to June 2025 in the Nursing Quality and ICU areas. Interventions included re-orientation training, workflow simplification, visual reminders, and weekly audit-feedback cycles. Compliance data were collected monthly using standardized audit tools.

Results: Compliance improved steadily from 70% at baseline to 75% in April, 82% in May, and 88% in June. Staff engagement increased, night-shift compliance improved, and audit fatigue reduced after introducing peer-led feedback and visual prompts.

Conclusion: Structured training, visual cues, and consistent audit-feedback mechanisms significantly improved adherence to patient identification protocols. Sustained monitoring is essential to achieve the final target of 100% compliance.

Keywords: Patient identification, patient safety, quality improvement, nursing compliance, misidentification prevention.

INTRODUCTION

Correct patient identification is a foundational component of safe healthcare practice, ensuring that patients receive the intended treatment, medications, diagnostic procedures, and laboratory services. Inaccurate identification is associated with wrong-patient medication administration, mislabeled samples, unnecessary procedures, and serious sentinel events. Internal audits conducted from January to March 2025 revealed that only 64–70% of staff consistently used two identifiers before care activities, and 20 misidentification incidents were reported in three months. These findings indicate substantial safety risks, demonstrating the need for an evidence-based intervention to strengthen compliance. This project aligns with JCIA/CBAHI standards, WHO directives, and The Joint Commission's National Patient Safety Goals, all of which emphasize accurate patient identification as a core safety objective.

Aim:

To improve compliance with patient identification protocols in order to reduce misidentification-related risks and enhance patient safety.

Objectives:

1. To increase patient identification compliance from 70% to 100% by the end of the project.
2. To eliminate misidentification incidents during the project period.
3. To enhance staff awareness through structured re-orientation and visual reminders.
4. To implement weekly audit-feedback cycles to reinforce correct identification practices.
5. To strengthen real-time accountability through peer and shift-leader monitoring.

METHODOLOGY

Study Design:

A pre–post interventional design evaluating changes in compliance following structured interventions.

Study Setting:

Nursing Quality Department and ICU unit of Wadi Al-Dawaser General Hospital.

Study Participants:

All nurses responsible for medication administration, procedures, laboratory processes, and patient handovers.

Sample Size:

All patient encounters audited during April, May, and June 2025.

Intervention Process:

The intervention consisted of multiple components. Staff underwent re-orientation focusing on correct use of two or three identifiers—such as full name, MRN, and wristband verification—before any clinical action. Visual reminders including posters, checklists, and badge cards were placed at all points of care to reinforce daily practice. The workflow was simplified to ensure that compliance was achievable even during high workload periods. Weekly mini-audits were introduced to monitor progress and provide immediate feedback. Peer monitors and shift leaders played a key role in addressing non-compliance, particularly during night shifts, where performance gaps were initially noted.

Timeline:

- **Baseline Data:** March 2025
- **Interventions:** April–June 2025
- **Evaluation:** Monthly audits

Post-Intervention Assessment:

Compliance was measured using the same audit checklist to ensure consistency in pre–post comparison.

Data Collection Tools:

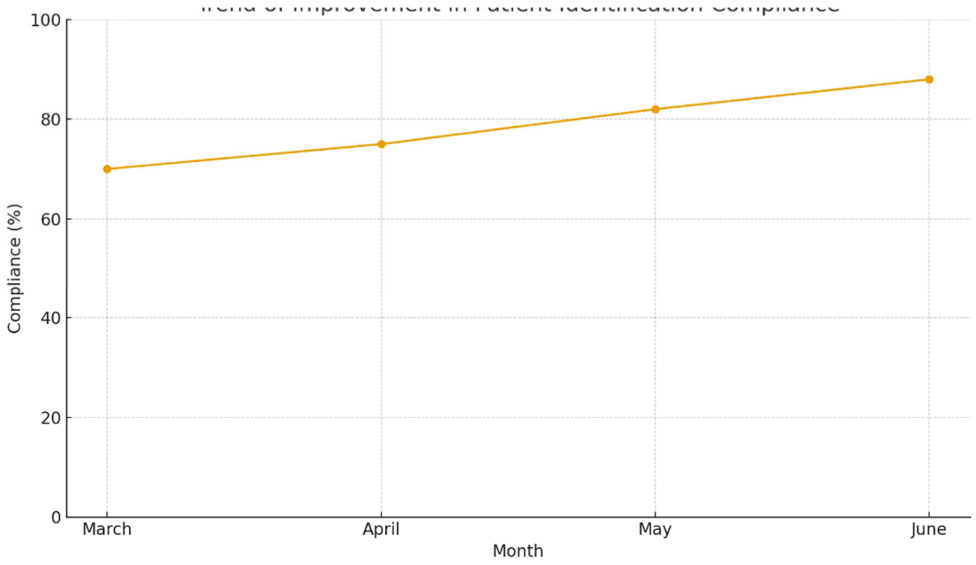
Standardized patient ID audit forms, observation checklists, and weekly feedback logs.

Data Analysis:

Descriptive statistics were used to assess monthly changes. A trend graph was used to visualize pre- and post-intervention performance.

RESULTS

Baseline compliance was 70%, indicating substantial deviation from required safety practices. Following the April intervention, compliance improved to 75%, showing early responsiveness to re-orientation and visual cues. By May, compliance reached 82%, with improvements linked to the introduction of peer monitoring and workflow simplification. In June, compliance increased further to 88%, demonstrating strong upward momentum and effective integration of new practices. Visual reminders and weekly feedback cycles were particularly impactful, and staff engagement improved significantly across all shifts.



Graph 1: Trend of Improvement

STATISTICAL ANALYSIS

The improvement from 70% to 88% represents an 18-point absolute increase and a 25.7% relative improvement. Month-to-month analysis shows a consistent rising trend, with a 5% increase in April, a sharper 7% increase in May, and a further 6% increase in June. This linear upward progression demonstrates the effectiveness of the interventions. No decline was observed during the project period, confirming sustained behavioral improvement among staff. The graph visually confirms a continuously ascending compliance trajectory.

INTERPRETATION OF RESULTS

The results strongly indicate that the multi-component intervention successfully improved compliance with patient identification protocols. Staff training increased awareness and confidence, while visual reminders reinforced correct practice throughout the shift. The structured audit-feedback system created accountability and immediate corrective action, while peer monitoring helped reduce night-shift non-compliance. The consistent improvement across the three months suggests that the interventions were practical, acceptable to staff, and sustainable.

DISCUSSION

This project demonstrated that strengthening staff awareness, simplifying workflow steps, and reinforcing practice through visual cues and consistent audits significantly improves adherence to patient identification protocols. The findings align with international literature showing that human factors—such as interruptions, workload, and familiarity—contribute to identification errors, and that targeted strategies can mitigate these risks. The improvement trend in this study reflects a positive shift toward a stronger safety culture. Although 100% compliance has not yet been reached, the continuous upward trend indicates high potential for achieving the goal with sustained monitoring and regular refresher training.

CONCLUSION

The interventions implemented in this study were effective in improving compliance with patient identification protocols from 70% to 88% over three months. By integrating education, visual reminders, workflow refinement, and ongoing audits, the project reduced risk and strengthened patient safety practices. Continued monitoring and reinforcement are essential to achieve full compliance and eliminate misidentification incidents completely.

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