## Novel ID System Reduces Neonatal ICU Errors



A unique naming system designed to clearly identify newborns without a first name helps reduce confusion and miscommunication in the neonatal intensive care unit (NICU), according to a recent study. The use of the naming system significantly reduced near-miss wrong-patient orders in the electronic medical record (EMR) by more clearly identifying neonates who have yet to be given a first name, researchers at Montefiore Medical Center (New York, NY, USA) reported.

The system involves a formula to create a first name for newborns by assigning a number first (i.e., 1, 2, 3, etc.), followed by the mother's first name, then the letter *s* and finally the gender, boy or girl. An example is 2MariasBoy.

In a study conducted to test the effectiveness of the naming system, only 33 errors were found amongst 98,513 individual EMR orders between July 2013 and February 2014. In contrast, the old naming system (BabyBoy or BabyGirl) resulted in 68 errors found amongst 101,731 individual orders for the period November 2012 to June 2013. The new naming system therefore reduced by 49.9 percent the error rate for individual orders, the research team pointed out.

To further secure correct NICU identification, the Montefiore team conducted another study that introduced an identification re-entry function. Results showed that the added entry reduced the magnitude of error in the NICU considerably, a reduction greater than that in the non-neonate hospitalised population. The research team presented their studies at the annual American Academy of Pediatrics meeting held recently in San Diego (CA, USA).

"We did a national survey of NICUs across the country. Over 300 NICUs responded, and more than 80 percent said they used BabyBoy/BabyGirl or BB/BG in their NICUs," said lead author and study presenter Jason Adelman, MD, patient safety officer (PSO) at Montefiore Medical Center. "The issue is that when babies are born in a hospital, very often parents don't have the names ready to go the second the baby [is born], but we must put a wrist band on the child [immediately]."

In a 2006 study published in *Pediatrics* by Gray et al., researchers at Beth Israel Deaconess Medical Center in Boston (MA, USA) observed that in the NICU, on 44 percent of patient days, medical records numbers were similar; on 34 percent of patient days, patient last names were identical; and on 9.7 percent of patient days, last names were phonetically similar.

Even after twins and triplets were removed from analysis, the researchers noted that 26.3 percent of patient days were at risk for misidentification.

EMRs typically generate sequential patient record numbers. As NICU babies are generally born within days, and even hours of one another, the numbers are often close, according to Dr. Adelman.

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