Patient Misidentification in Healthcare: Ponemon Institute Report

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Today’s Speakers

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Agenda

- Results of the 2016 National Patient Identification Report – Ponemon Institute
- Patient misidentification causes and challenges
- Potential solutions

Poll – Question #1

- Have you seen an increase, decrease, or no change in the amount of misidentified patients receiving care in your facilities?
- Increase
- Decrease
- No change
Introduction

A serious problem in healthcare organizations is patient misidentification, which results in medical errors, financial loss and a negative impact on the patient experience. In the 2016 National Patient Misidentification Report of nurses, physicians, IT practitioners and CFO's we examined:

- Patient misidentification root causes
- Impact on medical errors and patient safety
- Impact on hospital revenue
- Potential solutions to misidentification
Sample response | Freq | Pct%
--- | --- | ---
Sampling frame | 9760 | 100.0%
Total returns | 598 | 6.1%
Rejected or screened surveys | 95 | 1.0%
Final sample | 503 | 5.2%

Primary root causes of misidentification
Clinical Audience Respondents (Three responses allowed)

Registration mistakes are the #1 primary root cause of patient misidentification
Primary root causes of misidentification
Financial Audience Respondents (Three responses allowed)

Financial leaders also cite registration mistakes are the #1 primary root cause of patient misidentification

Incorrect patient identification at registration (i.e., 63%)
Time pressure when treating patients (60%)
Insufficient employee/clinician training and awareness (35%)
Too many duplicate medical records in system (34%)
Registrar errors (human errors) (32%)
Turf or silo issues across departments/workflows (20%)
Inadequate safety procedures (15%)
Over reliance on homegrown (obsolete) identification (9%)
Patient behavioral issues (misinformation) (3%)
Other (3%)

What leads to patient misidentification?
On a scale of 1 = never happens to 10 = happens all the time (7+ responses reported)

Having a hard time finding the chart or medical record for a patient in your care (68%)
Searching or query a patient and finding duplicate medical records for that patient (67%)
Pulling up the wrong record for a patient because another record in the registration system or EMR has the same name and/or date of birth (61%)
The wrong record is associated with the wrong patient (i.e., patient misidentification) because two patients share the same name and/or date of birth (56%)
Have you ever witnessed or known of a medical error that was the result of patient misidentification?

86% of respondents have witnessed a medical error from misidentification

Positive (biometric) patient identification can reduce overall medical errors and adverse events

77% of respondents agree positive patient identification could reduce medical errors
What % of denied claims result from inaccurate patient identification?

On Average, 35% of denied medical claims result from patient misidentification

How significant do you believe denied claims from patient misidentification have on the hospital’s accounts receivable?
The financial benefits of positive patient identification

Yes responses

- Positively identifying a patient at registration through biometrics could improve cash flow for the hospital: 80%
- Positively identifying a patient at registration through biometrics could reduce denied claims: 76%
- Positively identifying a patient at registration through biometrics could reduce days in AR: 72%

Methods
Type of organization where respondents work

- Large integrated health system: 49%
- Standalone hospital: 24%
- Office practice or clinic: 19%
- Specialty clinic: 7%
- Other: 2%

Functional area that best describes respondents’ position or role within the organization

- Nursing: 27%
- Physicians/physician’s assistant: 15%
- Chief financial officer: 14%
- Chief information officer: 12%
- Patient access officer: 15%
- Quality officer: 14%
- Revenue cycle officer: 12%
- Compliance officer: 8%
- Chief medical information officer/Chief medical officer: 6%
- Risk management: 5%
- Other: 3%
Caveats

There are inherent limitations to survey research that need to be carefully considered before drawing inferences from findings. The following items are specific limitations that are germane to most web-based surveys.

- **Non-response bias**: The current findings are based on a sample of survey returns. We sent surveys to a representative sample of individuals, resulting in a large number of usable returned responses. Despite non-response tests, it is always possible that individuals who did not participate are substantially different in terms of underlying beliefs from those who completed the instrument.

- **Sampling frame bias**: The accuracy is based on contact information and the degree to which the list is representative of individuals who are nurses, physicians or IT practitioners. We also acknowledge that the results may be biased by external events such as media coverage. We also acknowledge bias caused by compensating subjects to complete this research within a specified time period.

- **Self-reported results**: The quality of survey research is based on the integrity of confidential responses received from subjects. While certain checks and balances can be incorporated into the survey process, there is always the possibility that a subject did not provide a truthful response.

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Ponemon Institute Presentation Private and Confidential
Why misidentification happens

- Patients confused or can not communicate
- Information on file outdated or incorrect
- Registrars rushed or poorly trained
- Lack of accountability and conflicting priorities
- Cultural variation in naming conventions
- Intentional medical fraud and abuse
- Lack of awareness by the general public

Why is identification so difficult?

- Number of patients in the Harris Health System's database: 3,428,925
- Number of times when two or more patients share the same last and first names: 249,213
- Number of times when two or more patients share the same last and first names, and date of birth: 69,807
- Number of patients named Maria Garcia: 2,488
- Number of Maria Garcia's with the same DOB: 231

Source: Harris Health System Press Release
Patient identification is complex & costly

Patient presents at hospital
User attempts to identify patient
User creates new record
Patient is discharged
De-dupe and overlay records are scrubbed
Insurance provider denies claim due to inaccurate billing

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7-10% patient misidentification rate

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Patient misidentification rates

10% of patients are misidentified when patient access staff are accessing records through an electronic health record (EHR)

Result in Adverse Incidents

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How misidentification impacts patient care

- Clinicians accessing incomplete or inaccurate records
- Previous tests repeated
- Medications improperly managed
- Privacy breeches
- Patients accessing invalid information
- Results sent to unaffiliated physicians

How it impacts revenue

- Claim denials for duplicate tests
- Payment delays due to wrong demographics
- Claims reworked, re-billed
- Extensive labor costs to correct records
- Patient dissatisfaction, distrust
- Penalties associated with privacy breeches
Case study – Carolinas HealthCare System

- Reduced duplicate medical records to .01% from 5%
- Reduced check-in times by 75%
- Prevented ID theft & insurance card sharing
- Improved patient safety & satisfaction

Better than national average by:

80x

Source: Craig Richardville's testimony before the Senate Committee on Health, Education, Labor and Pensions on June 10, 2015.
How can positive patient identification impact emergency care?

Identification of unconscious or incoherent patients

The system is totally portable and can be used on mobile carts (WOWs) in the Emergency Department.
How can positive patient identification be used at the point of care?

Point of care verification

Radiation oncology – Patient treatment

PatientSecure Reader at Treatment Machine with custom made platform

Queue at Treatment Machine with cursor placement for RIN feed

Appointment Tracker view for patient identification
Poll – Question #2

Are you currently investigating biometric patient identification solutions?

- Yes, we are researching
- Yes, we are evaluating
- No, we already have a solution
- No, we have no plans to implement
The positive patient identification platform

Positive ID at registration  
Point of care verification  
Unconscious patient identification  
Self-service kiosk support  
ADT, EHR & EMPI integration  
Hospital & patient adoption program  
Reporting & analytics

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Q&A

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