

Patient Identification Errors



SITUATION: Patient identification errors continue to burden health care across the care continuum. Misidentification has resulted in devastating consequences for patients. Designing accurate patient identification processes requires careful analysis as each phase of care is unique. For example, the process of pathology specimen labeling differs from medication administration which differs from documenting a patient's plan of care.



BACKGROUND: Patient safety stakeholders have worked to develop best practices for patient identification with some novel recommendations being published. In ECRI Institute Patient Safety Organization's Deep Dive: Patient Identification, more than 7,600 patient identification events were reviewed. A multitude of contributing factors were identified, followed by recommendations for accurate processes. The *Health IT Safe Practices Toolkit* resulted from ECRI's convening of the Partnership for Health IT Patient Safety, a multi-stakeholder workgroup that focused on health IT as a patient identification solution. Along the continuum of care, the workgroup discovered that 87% of errors occurred at the patient encounter point.¹ These errors included sound-alike names, armbands not checked against orders, breastmilk labeled for the wrong infant and tests completed on the wrong patient.



ASSESSMENT: A single patient identification process across the care continuum is not sufficient. Studies show that technology can be highly effective in developing unique approaches across phases of care. With these multiple stakeholder studies, organizations can compare processes designed with a range of best practice research while harnessing health IT to optimize patient identification systems across the care continuum.²

RECOMMENDATIONS:

Organizations should conduct a deep dive into their existing patient identification systems and implement change where weaknesses are identified.³ Consider the following research-based recommendations to advance accurate patient identification:

- Ensure a commitment by leadership
- Create policies and procedures
- Engage patients and families
- Focus on phases of care (pre-encounter, encounter, post-encounter)
- Standardize and simplify
- Employ health IT/technology
- Implement event reporting and response
- Focus on dos and don'ts of safe patient identification

¹ Partnership for Health IT Patient Safety. (2017, February). *Health IT Safe Practices: Toolkit for the Safe Use of Health IT for Patient Identification*. ECRI Institute. https://www.ecri.org/Resources/HIT/Patient%20ID/Patient_Identification_Toolkit_final.pdf

² Patient Safety Organization. (2016). *Deep dive: Patient identification* (Vol. 1). ECRI Institute. <https://www.ecri.org/patient-identification-deep-dive>

³ Dooling, J. A., Durkin, S., Fernandes, L., Just, B., Kotyk, S., Karl, E. S., & Westhafer, K. (2014). Managing the integrity of patient identity in health information exchange (updated). *Journal of AHIMA*, 85(5), 60–65.