

Do you know who you're treating?

Positive patient identification is the foundation of effective healthcare – the right care needs to be delivered to the correct patient. And now, more than ever, healthcare providers need to be able to accurately identify patients, ensure patient safety, and secure PHI.

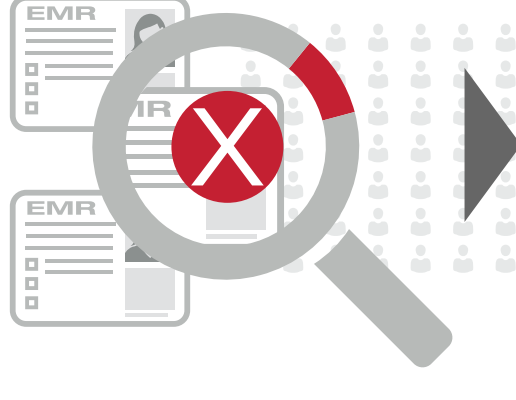


Patient misidentification isn't a big deal, is it?

Actually, it is – and it's far too common. The safety of your patients, and of your bottom line, is at risk.

10%

of patients are misidentified during medical record searchesⁱ



And as databases grow, so does that percentage – opening you up to more potential costs of patient misidentification.

What contributes to misidentification?

Unfortunately, the care continuum is full of opportunities for misidentification to occur. And while misidentification can occur at any point of care...



63%

of nurses, physicians, and IT practitioners believe that the primary cause of patient misidentification is incorrect identification at registration.ⁱⁱ

Medical identity theft and fraud can directly impact patient identification processes. In an identity theft case, fraudulent identification cards and shared insurance cards presented at the time of registration create a significant risk for patients and clinicians.

2.3 million

Americans were victims of medical identity theft in 2014



Misidentification at registration can lead to further complications: duplicates, which occur when a single patient is associated with more than one medical record, and overlays, which are created when one patient's record is overwritten with someone else's data.

9%

of analyzed misidentification events led to harm^{ix}



Duplicate medical records occur at a rate of

8-12%ⁱⁱⁱ



And while duplicates are more common than overlays, consider Harris Health's dilemma.



2,488

patients at Harris Health are named Maria Garcia^{iv}



231

of those patients also share the same birthday^v

Providing the correct care to each Maria Garcia is dependent on care providers being able to positively identify each individual – and to ensure that the information in their medical record is actually theirs.

How high are the costs?

Patient identification errors can result in significant revenue loss for hospitals through denied medical claims, clean-up of duplicate and overlay medical records, and – though hard to put a price on – patient safety and retention.



35%

of all denied claims may be due to misidentification – a share that can cost an average healthcare facility \$1.2 million per year^{vi}

\$

\$1,100

Is the average increase in cost of care per patient due to care quality decreases which often occur as the result of incomplete or incorrect patient records^{vii}

\$96

is the average cost to cleanse one pair of duplicate medical records^{vii}

Know who you're treating

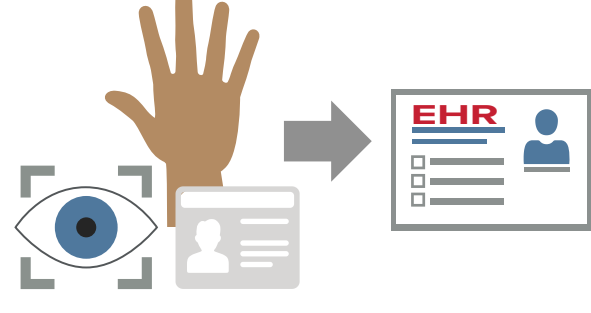
Positive patient identification is the foundation of effective care.

Ensuring that patients are accurately matched with their unique medical records can help to:

- Reduce medical errors
- Improve patient safety
- Improve revenue cycle efficiency
- Reduce medical fraud and identity theft



Learn more about how Imprivata PatientSecure® can ensure positive patient identification at your organization using biometrics by visiting: www.imprivata.com/imprivata-patientsecure



1. Biometric enrollment creates a 1:1 link to MRNs from multiple clinical systems



2. Securely and accurately identifies patients at any point of care directly from the registration screen



3. Retrieves the correct record from appropriate clinical systems

ⁱ <https://www.wsj.com/articles/SB10001424052970204124204577154661814932978>

ⁱⁱ <https://www.imprivata.com/resources/analyst-reports/2016-national-patient-misidentification-report>

ⁱⁱⁱ AHIMA MPI Task Force. "Building an Enterprise Master Person Index." Journal of AHIMA 75, no. 1 (Jan. 2004): 56A–D

^{iv} <https://www.harrishealth.org/en/news/pages/patient-safety-biometric-palm-scanner.aspx>

^v Ibid.

^{vi} <https://www.imprivata.com/resources/analyst-reports/2016-national-patient-misidentification-report>

^{vii} <http://perspectives.ahima.org/wp-content/uploads/2016/03/WhyPatient.pdf>

^{viii} Ibid.

^{ix} <https://www.wsj.com/articles/SB10001424052970204124204577154661814932978>