

Reduce medical errors and denied medical claims

Misidentification insights

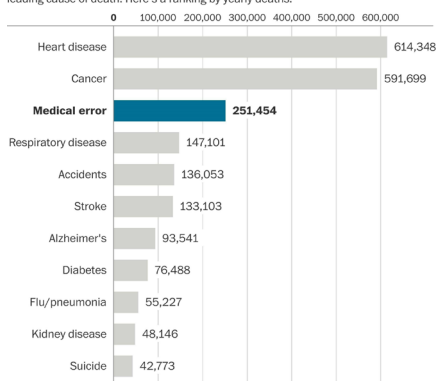
76% Clinicians witnessed death from misidentification

30% Denied claims from misidentification

5% Annual revenue loss from misidentification

Death in the United States

Johns Hopkins University researchers estimate that medical error is now the third leading cause of death. Here's a ranking by yearly deaths.



Source: National Center for Health Statistics, BMJ

THE WASHINGTON POST

Improve patient safety and reduce medical errors with positive patient identification

Medical errors are the third highest cause of death in the United States, according to researchers at Johns Hopkins University¹. Many medical errors such as radiation overdoses, medication errors, and blood transfusion errors result from patient misidentification at the point of care as well as at registration. Further, in a national study conducted by the Ponemon Institute, 76% of clinicians admitted to witnessing or knowing of a patient death due to misidentification². That's why improving patient identification is the #1 National Patient Safety Goal for hospitals, as outlined by The Joint Commission.

A recent ECRI report³ studied 7,600 wrong-patient events and found that nearly 9% of misidentification events analyzed led to harm. Examples of serious adverse events from patient misidentification included:

- A patient was not resuscitated in the operating room because doctors pulled up the wrong health record, which included a do-not-resuscitate order
- A patient who was not supposed to eat but was brought the wrong meal tray and nearly choked
- An infant that was infected by hepatitis after being given breast milk from the wrong mother

Causes of patient misidentification include duplicate medical records, overlaid medical records, identity theft and incorrect wristbands placed on the wrong patient. Duplicate medical records account for 8% of all medical records in the United States and are an ongoing safety and financial problem for hospitals. In an identity theft case, fraudulent identification cards and shared insurance cards presented at the time of registration result in overlaid medical records, which can create a significant risk for clinicians.

Positive patient identification solutions that identify patients at registration and point of care can significantly improve the accuracy of patient identification and:

- Reduce medical errors
- Prevent medical identity theft
- Eliminate duplicate medical records



About Imprivata

Imprivata, the healthcare IT security company, enables healthcare securely by establishing trust between people, technology, and information to address critical compliance and security challenges while improving productivity and the patient experience.

For further information please contact us at 1 781 674 2700 or visit us online at www.imprivata.com

Offices in

Lexington, MA USA
Uxbridge, UK
Melbourne, Australia
Nuremberg, Germany
The Hague, Netherlands

Increase revenue cycle efficiency by reducing denied claims

Patient identification errors result in significant revenue loss and bad debt for hospitals through denied medical claims and write-offs, unnecessary duplicative testing, costly clean-up of duplicate and overlaid medical records and a loss in patient retention.

According to the Advisory Board⁴, demographic and technical errors are the leading source of claim denials and write-offs, resulting in annual losses of net patient revenue from 1-5 percent, or \$2 million to \$3 million annually, for an average 300-bed organization.

A recent report conducted by the Advisory Board found that 30% of denied claims are a result of misidentification, and that positive patient identification could reduce denied claims by 25%. Further, the average days in AR were 104 days, partially a result of denied claims from misidentification.

Duplicate medical records are 8% of all hospital medical records and are a large source of patient misidentification, costing hospitals up to \$1,000 to fix⁵. Overlays are even more complex, costing up to \$5000 to cleanse and unmerge. Further, in many scenarios a physician may not have the correct medical history for the patient and they order unnecessary orders and testing, which the hospital is later not reimbursed for.

Positive patient identification solutions that identify patients at registration and point of care can significantly improve the accuracy of patient identification and:

- Boost hospital revenue and reduce denied claims by 25%
- Eliminate costs associated with duplicates and overlays
- Prevent denied claims from medical insurance fraud

About Imprivata PatientSecure

Imprivata PatientSecure[®] is the leading positive patient identification solution for healthcare that improves patient safety and financial outcomes through biometric identification, medical record clean-up, improved patient matching, and workflow optimization. Imprivata PatientSecure creates a 1:1 link between a patient's unique biometric information and their individual medical records. The solution is conveniently embedded in the hospital information system's work flow through integration with existing EMR, EMPI, HIS, and ADT systems. Imprivata PatientSecure is proven to help hospitals overcome their patient identification challenges resulting in improved patient safety, revenue cycle efficiency, and patient satisfaction while reducing medical identity theft and insurance fraud.

Learn more at, www.imprivata.com/imprivata-patientsecure.

1. <http://www.bmj.com/content/353/bmj.i2139>
2. [Ponemon Study](#)
3. <https://www.ecri.org/press/Pages/Patient-Identification-Errors.aspx>
4. <http://www.beckershospitalreview.com/finance/4-ways-healthcare-organizations-can-reduce-claim-denials.html>
5. AHIMA MPI Task Force. "Building an Enterprise Master Person Index." Journal of AHIMA 75, no. 1 (Jan. 2004): 56A–D