Identity Crisis: Patient ID Errors More Dangerous Than Many Clinical Mistakes, Report Says

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If you've undergone a major or even a minor medical procedure lately, you may have been asked to say, spell, and confirm your name and birthdate no fewer than five times after you walk in the door. Your providers aren't forgetful or dense—they're simply following proven protocols for ensuring you're getting the right treatment by confirming your identity. Unfortunately, not all providers follow this protocol.

AHIMA has devoted a whole advocacy campaign, MyHealthID, to the issue of patient identity—the concept of correctly matching a patient's health records with the right patient. The MyHealthID initiative calls for the creation of a voluntary patient safety identifier that would help reduce the likelihood that two people with similar names and birthdates could be confused with the other. A core tenet of AHIMA's position is that accurate identity matching is a patient safety issue (for more information, visit www.ahima.org/myhealthid).

And AHIMA is in good company with this assertion. In their third annual "Top 10 Patient Safety Concerns for Healthcare Organizations" report, the ECRI Institute rated "patient identification errors" as the second most troublesome patient safety issue. ECRI investigators wrote that patient identification errors "were not only frequent, but serious." So serious, in fact, that ECRI is publishing a "deep dive" report on the topic later this year. The report's number one safety issue also relates to health information management (HIM)—"health IT configurations and organizational workflow that do not support each other"—which should come as little surprise to HIM professionals who encounter this problem on a regular basis.

The institute's report also listed other practices frequently cited as major risks to patient safety, such as:

- Unintentionally leaving medical instruments in a patient's body after surgery
- Failure to report test results back to the patient in a timely manner
- Fostering an environment in which clinical staff don't feel comfortable reporting errors they've witnessed to leadership

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