Patient Safety Identifiers Could Improve Outcomes for John Does

By Mary Butler

AHIMA's advocacy work around accurate patient identification, particularly through this last year's #MyHealthID campaign, is part of an effort to raise the public's consciousness about the risks of inadequate patient identification. The campaign aimed to reach patients, lawmakers, and health information management (HIM) professionals that tackle patient matching dilemmas on the job every day.

AHIMA's efforts eventually reached Dr. Christopher Janowak, MD, a trauma surgeon and assistant professor of surgery at the University of Cincinnati's division of trauma and critical care, via the *Journal of AHIMA* article "Finding John Doe: Patient Matching and the Need for a National Health Safety Identifier." Janowek has for several years been studying the short-term and long-term outcomes of patients who are designated as a John Doe when they present for care following a trauma.

Janowak says that John Does—unidentified victims of traumatic injury assigned a temporary alias. As a cohort, these patients rank among some of the most severely ill and injured within the heterogeneous trauma landscape. They are typically "found down" patients—unconscious, intoxicated, unable to communicate, have no ID present, purposefully concealing identity, etc.—and are a sick and vulnerable population, in both a physiologic and psychosocial sense, says Janowak.

"However, their underlying commonality starts with an artificial construct created purely for the medical record—the need for a unique identifier," says Janowak.

How Patient Identifiers Can Help Doctors and John Does

It's reasonable to wonder how the creation of a patient safety identifier would help improve outcomes for John Doe patients. After all, even if every individual in the United States were issued or adopted a unique ID, how useful would that ID be when a patient is brought into a trauma center unconscious and alone?

Janowak says that in the field of trauma, physicians frequently have to make decisions in the absence of a lot of information, whether it's a patient with gunshot wounds or a person who's been in a car accident.

"However, with the electronic health record and things like that we actually have the opportunity after stabilization—and perhaps once they're in the ICU or the floor—to flesh out that background in relatively quick fashion," Janowak says. "However, a John Doe presents a problem. If you can't verify someone's identity and you can't necessarily find out who to contact to verify and get background, you now have a patient who penetrates deeper into the healthcare system—for hours and sometimes days—where you may not know certain aspects of their background. Things of critical importance like medications they're taking, or allergies, or previous diagnoses that may actually influence how you treat these patients," he says.

But in a world where every person has a unique ID that links them with their medical history, a John Doe who regains consciousness may be able to provide medical staff with enough clues to help match them with their data from previous visits. Many hospitals have trauma databases of everyone ever treated, stretching back as long as 10-15 years.

"By the time they get into the trauma database they've almost uniformly been identified because the registrars are entering the data after the patient has left the hospital so you have the full course of their hospitalization. What I've had to do is go to our hospital registrars and asked them to look through the patients that have come in as whatever alias and scheme that particular medical center uses and then try and associate that with the patients in our database, which is actually somewhat difficult to follow," Janowak adds.

A patient safety identifier would expedite this part of the patient's care and treatment. Janowak says it's not uncommon for the same John Doe to have eight or nine different medical records.

"The medical record number we're using right now has, at least in my current environment, the ability to connect with other hospitals that are using the same medical record product and so it's actually been very nice when patients who have a known identity when they come in, we can grab their workup and healthcare data from those other hospitals that may have done a detailed cardiac workup, or may have an explanation for why they're taking certain medications, and what they've had in the past. Those sorts of things are very helpful."

Currently, Janowak is working with his hospital's registrars to build his own John Doe database in order to track John Doe patients as they receive care and are eventually positively identified, as well as study their long-term outcomes. He has even looked into working with local homeless shelters to cross-register shelter residents with local hospitals to help expedite identification.

Mary Butler is the associate editor at The Journal of AHIMA.

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