



INCLUDE

Electronic fields containing patient identification data should consistently use standard identifier conventions.

- Rationale: To promote patient safety, avoid duplicate record creation, keep information from appearing in the wrong record, and facilitate matching and interoperability, the fields containing patient identification data should consistently use standard identifier conventions to capture information using the greatest level of granularity.



DETECT

Use a confirmation process to help match the patient and the documentation.

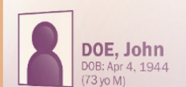
- Rationale: A confirmatory step is necessary to facilitate a match between the patient and the documentation used throughout the encounter. Attributes such as a patient's name and date of birth, initials, photo, or medical record number, when entered and/or viewed at various stages in the care process, can provide an opportunity to confirm that the information being entered is for the correct individual.

EVALUATE



Use standard attributes and attribute formats in all transactions to improve matching.

- Rationale: The use of standard attributes and attribute formats should be part of all transactions in order to improve patient matching. Patient demographic elements should be captured and stored in the same format. The lack of a standard data set can lead to records not being correctly linked to one another, impeding proper identification.



NORMALIZE

Use a standard display of patient attributes across the various systems.

- Rationale: For accurate identification, the patient's attributes should be displayed and represented in a standard format across the various health IT systems. The information should appear in the same format regardless of where the information is being displayed (e.g., on headers, wristbands, lists) throughout an organization or across organizations.



TAILOR

Include distinguishing information enhancing identification on screens, printouts, and those areas that require interventions.

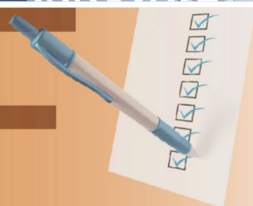
- Rationale: Visual displays, including screens and printouts, should provide distinct clues. The appearance of the attribute information (font, order, type of information), the use of white space, the location of identifying information, and the incorporation of technology (e.g., photographs), in conjunction with attributes, can aid in distinguishing patients and improve identification.



INNOVATE

Integrate new technologies to facilitate and enhance identification.

- Rationale: New technologies and new uses of technology should be evaluated and incorporated into patient identification processes. New technologies, once appropriately vetted and sufficiently mature, can facilitate accurate and timely identification. The improved use of technology facilitates matching of the appropriate patient with the correct treatment, diagnostic, or other modality.



FOLLOW UP

Implement monitoring systems to readily detect identification errors.

- Rationale: Automated monitoring of current systems, whether used to detect errors in patient identification before they are propagated (proactive) or to provide additional checks, detect inconsistencies, and aid in confirming identity (reactive), can prevent duplication and record overlay.



YIELD

Include high-specificity active alerts and notifications to facilitate proper identification.

- Rationale: Highly specific alerts and notifications can be used to alert users when they attempt to create a new record for an individual who has a current record, select an incorrect individual, or enter a name that may contain typos, transpositions, or misspellings. Monitoring how alerts are used and providing direct feedback will improve proper identification.

Partnership for Health IT Patient Safety



The Project and its participants. The *Partnership* is a multi-stakeholder collaborative program for sharing and analyzing health IT-related patient safety hazards and events and for using what is learned to develop safer products and practices. Convened by ECRI Institute in 2014, the *Partnership* brings together stakeholders spanning clinical users, professional societies, health information vendors, Patient Safety Organizations (PSOs), healthcare organizations, patient advocates, and policymakers. An Expert Advisory Panel advises on methods, approaches, and prioritization.

The Goal. The *Partnership* proactively identifies safety issues and hazards within a non-punitive learning environment to not only improve health IT patient safety but to fully realize the potential of the technology in providing safer care. The *Partnership* works to reduce risks, promote safety and quality, and enhance health IT innovation.

The Data. The health IT safety data is curated by ECRI Institute PSO in a non-identifiable manner. The *Partnership* gathers data using standardized, validated taxonomies namely the Health IT Hazard Manager and the Agency for Healthcare Research and Quality's Common Formats for health IT in addition to help desk logs, root cause analyses, and vendor reports.

The Protections. The Patient Safety Act, a federal law, applies to this initiative. The PSO framework provides legal privilege and confidentiality, and thus encourages a culture of reporting, supports data aggregation, and allows for this collaborative analytic approach to safe health IT use, using health IT safely, and using health IT for safety.

The Principles. Transparency is a fundamental principle of the operations of the *Partnership*. Knowledge acquired as a result of the analytic activities are shared through the public dissemination of Safe Practice Recommendations. To date, safe practice recommendations for the use of copy and paste and safe practice recommendations for the use of health IT for patient identification have been made available.

The Analysis. The analytic team identifies contributing factors and trends identified from information submitted by healthcare providers and vendors in order to establish priorities. Through collaborative analysis, the *Partnership* gathers information needed to clarify potential hazards and to aid in prioritizing safety recommendations and health IT improvements.

The Recommendations. The *Partnership* has established multi-disciplinary and multi-stakeholder workgroups to focus on single topic issues. In using this approach, the workgroup is able to develop topic focused Safe Practice Recommendations and implementation resources. Information developed is available at www.ecri.org/hitpartnership. The Safe Practice Recommendations address patient identification and copy and paste.

Safer Care. Through these efforts, safer care is possible. The *Partnership* will continue to develop and publicly disseminate resources and educational tools to identify and remediate harm associated with health IT and to use health IT for safer care. We welcome your participation in the *Partnership for Health IT Patient Safety*.

Please direct any questions that you may have to: hit@ecri.org



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