

What's next



Healthcare

Patient misidentification – solutions are insight

The risks associated with patient misidentification are clear and profound. For hospitals, patient misidentification first and foremost affects patient safety and quality of life, as well as the quality of care provided and the productivity of healthcare providers. But as an industry, we have the tools, resources, and insights we need to support a national patient identification strategy – one that would not only alleviate many of these risks but should also support patients' rights to privacy and security. We at Nuance have joined forces with Patient ID Now, a coalition of leading healthcare organizations, to advocate for these important initiatives with our legislature.

Diana Nole

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In 2007, The World Health Organization (WHO) [published](#) an article on the importance of accurate patient identification. Patient misidentification, they wrote, is the “root cause of many errors,” including the prescription of incorrect medication, flawed transfusions, testing errors, wrong person procedures, and the discharge of infants to the wrong families. To mitigate misidentification, the WHO advocated a range of strategies and actions and looked ahead to the advent of automated systems that could “decrease the potential for identification errors.”

Fast forward 13 years, and we are still talking about the issue of patient misidentification. In fact, these effects appear to be heightening in light of the COVID-19 pandemic, particularly as we consider contact tracing and immunization registries. [McKinsey](#) adds that because providers and patients increasingly shift sites of care (for example, from inpatient hospitals to ambulatory sites or from physicians’ offices to [telehealth](#)), continuity of care rises in importance. The combination of these factors makes a national, strategic approach to patient identification even more important.

Recently, a growing number of healthcare groups and organizations, including AHIMA, CHIME, and HIMSS, have been advocating for implementing a national patient identification strategy. A strategy like this would establish a process for correctly matching a patient to their intended medical services; this goes beyond physical identification and extends to communications

about patients' health and wellbeing.

Historically in the U.S., patient privacy concerns – and an [outright ban](#) on federal funds for the promulgation or adoption of a unique patient identifier – have stood in the way of creating a unique patient identifier that would advance a national patient identification strategy. However, the good news is that we now have the technological architecture that combines artificial intelligence, machine learning, and biometrics to enable accurate patient matching. The U.S. House of Representatives recently voted to overturn the ban that, according to the Healthcare Information and Management Systems Society ([HIMSS](#)), has “stifled innovation around patient identification.” Any national patient identifier must also honor its legal obligations to patients' privacy and their most personal data and information.

We firmly believe that as leaders in healthcare technology, we must keep patients front and center in all we do, design, and develop, which is why we are proud to be partnering with the [Patient ID Now](#) coalition. Founded by the American College of Surgeons, AHIMA, CHIME, HIMSS, Intermountain Healthcare, and Premier, Patient ID Now is committed to advancing through legislation and regulations nationwide to address patient identification.

We look forward to joining forces with our colleagues throughout the healthcare industry, as well as the U.S. Department of Health and Human Services, to embark on this important work to reduce errors directly related to patient misidentification.

***Patients Front and Center** is a blog series by Diana Nole, Executive Vice President and General Manager of Nuance's Healthcare division. Patients are at the center of the healthcare universe. They want to be fully engaged in their health and care and want more time, more empathy, more context, and more personalized care. When we apply AI and technology to reduce clinicians' administrative tasks, doctors and nurses can give more to their patients keeping the patient front and center to improve experiences, outcomes, and lives.*

Tags:



About Diana Nole

Diana joined Nuance in June 2020 as the executive vice president and general manager of Nuance's Healthcare division, which is focused on improving the overall physician-patient experience through cutting-edge AI technology applications. She is responsible for all business operations, growth and innovation strategy, product development, and partner and customer relationships. Over the course of her career, Diana has held numerous executive and leadership roles, serving as the CEO of Wolter Kluwers' Healthcare division, president of Carestream's Digital Medical Solutions business, and vice president of strategy, product management, and marketing for Eastman Kodak's Healthcare Information Technology Solutions business. Diana has dual degrees in Computer Science and Math from the State University of New York at Potsdam and earned her MBA from the University of Rochester's Simon School.

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