



Patient Identification, Enablement and Centered Interactions

Foundational Curriculum:

Cluster 7: Patient and Device Integration/Research and Biomedicine

Module 12: Patient Centered Interactions, Population Management and Public Health Informatics

Unit 1: Patient Identification, Enablement and Centered Interactions

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Unit Objectives



- Define patient enablement
- Define patient engagement
- Describe patient-centered interactions
- Describe healthcare environments where patients have access to their own health and care information
- Explain how to provide general health information for patients
- Describe the concept of patient provided records
- Differentiate between the types of content of patient health records (such as paper-based records, scanned records, electronic medical record, personal health record, patient-supplied data, etc.)
- Describe how health IT/eHealth can support safe, effective, person-centered care and patient engagement
- Describe how to assist patients with accessing their information, and be informed about their health, care, education and other resources such as where they can go for help and support
- State how to utilize positive patient identification techniques within the EHR system
- Describe different identifiers used for positive patient identification (e.g., National Health Service number, Community Health Index (CHI) number, hospital number, Unified Identifier, Master Record number, etc.)
- Identify technologies related to patient identification within the clinical management, healthcare delivery, medication administration and records documentation processes
- Explain the importance of correct patient identification when using the electronic health record



Patient Enablement, Empowerment, and Engagement



Although patient enablement, empowerment and engagement have often been used interchangeably, from the very words' definitions we can identify different levels of care. The three different levels of a care relationship between a clinician and a patient can be considered as **patient partnerships**.

- **Patient enablement** is the act of enabling a patient to be aware of their healthcare, and most pertinently, their healthcare records. This is when patients have free access to all their health data, as well as knowledge about their coordination of care possibilities
- **Patient empowerment** is when the patient is empowered to be part of the decision-making process as an active participant. However, the patient may or may not take full advantage of this ability. Patient empowerment gives the patient the power to make decisions, involving them in the eight dimensions of care coordination
- **Patient engagement** is when providers and patients are actively working together to improve the patient's health. This is when a patient uses their knowledge and power to take action. The patient is in effect engaged as a decision-maker as well in their care, with the possibility to improve their care and condition

Knowledge



Ability



Action



Patient Enablement vs. Empowerment vs. Engagement

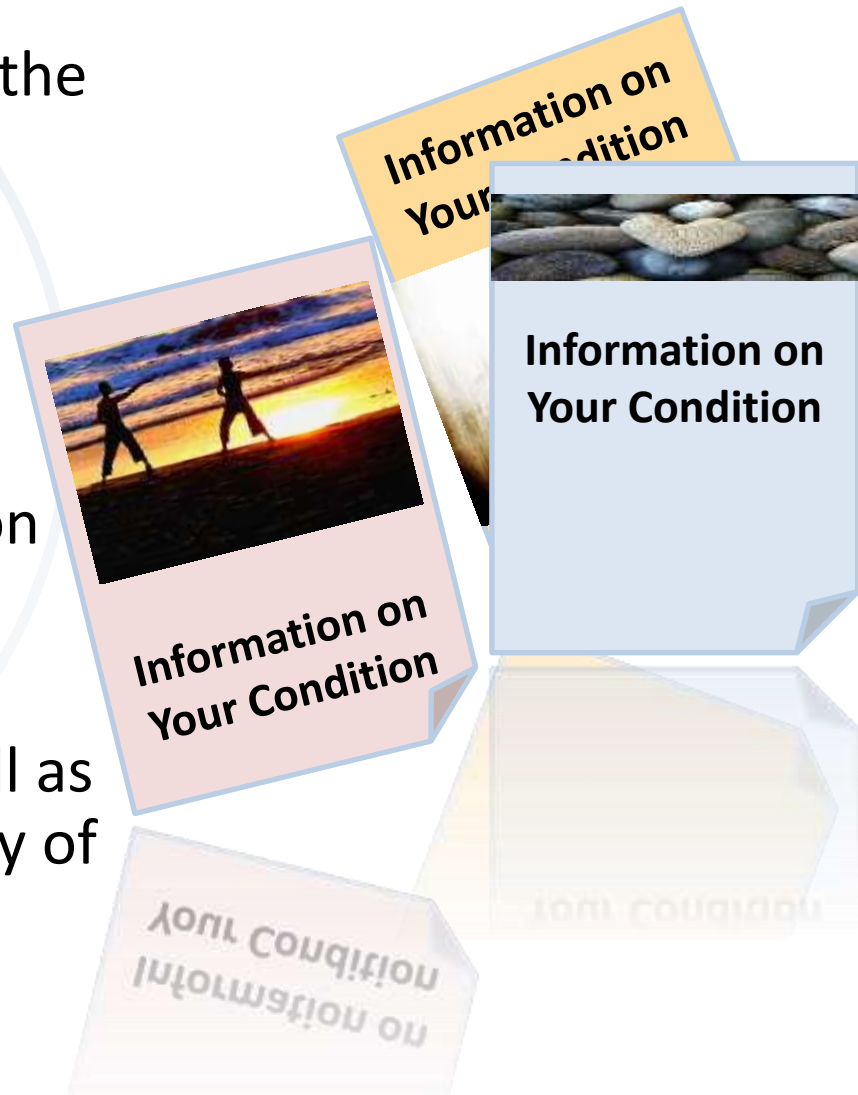
	Patient Enablement	Patient Empowerment	Patient Engagement
Basic Qualities	<ul style="list-style-type: none">• Patients are aware of care	<ul style="list-style-type: none">• Patients have power in their care	<ul style="list-style-type: none">• Patients take active role with their care
Benefits	<ul style="list-style-type: none">• Patients are aware of their health and healthcare process• Healthcare is provided to the patient with the patient's knowledge	<ul style="list-style-type: none">• Patients have ability to improve their health and healthcare process• Healthcare is provided to the patient who can make decisions in the process	<ul style="list-style-type: none">• Patient actively works toward improving his/her health and healthcare process, with improved outcomes• Healthcare is a cooperation between the patient, family, and providers



Patient Enablement

Patients who are enabled in the care process have a better understanding of their healthcare. With patient enablement, a patient can:

- Be aware of information available on their condition
- Be aware of their EHRs
- Be aware of physical and emotional support, as well as other aspects of continuity of care





Patient Empowerment

An empowered patient has the ability to make key decisions related to their healthcare. With patient engagement, a patient can:

- Have access to his or her EHR
- Have access to physical and emotional support
- Have access to information on his or her condition
- Have the ability to share key information to their family and support network





Patient Engagement

An engaged patient takes an active role in his or her healthcare. With patient engagement, a patient can:

- Access information on his or her condition
- Use a patient portal to gain information about his or her condition
- Have an active role in care
- Request preferences in care, such as mode of communication and language preferences
- Work with doctors to monitor, improve or have emotional and physical support for their condition
- Take advantage of mobile health applications that aids in management of their condition





Patient-Centred Interactions

- **Patient-Centred Care**, as covered in previous units, is *the act of providing care* that is respectful of, and responsive to, individual patient preferences, needs, values and culture, ensuring that patient values guide all clinical decisions
- **Patient-Centred Interactions** are *the individual interactions or encounters that patients have with providers* specifically tailored to the individual patients' preferences, needs, values and culture, ensuring that patient values guide all interactions





Patient-Centred Interactions in eHealth



Health-IT/eHealth can be utilized to achieve successful patient-centred interactions in the following ways:

- Providing educational material online
- Giving patients translated material in their language and at their level available through technologies
- Using technology to divine patient preferences
- Encouraging the use of personal activity trackers or other applications
- Using technologies to facilitate family learning from online information resources





Typical Content in Patient Health Records

Paper-based records

Medical records, health forms, laboratory test results, or medical certificates in a paper form



Scanned records

Paper records scanned to electronic form. These are only images and are therefore unstructured data.



Electronic health records

Discharge summaries from EMRs, referral or consultation reports, medication records or lists, allergies



Personal health record

Health records from care organizations with patient portals, or PHRs compiled by the patient him/herself



Patient-supplied data

Data provided by the patient, for example activity tracker information or food diaries in a notebook



Patient Provided Records

Typical characteristics of patient provided records are that they are paper-based, and thus, unstructured and may not be as current or up-to-date as most EHR standards.

There are reasons why patients may need to provide their own records, such as:

- The patient has needed paper records in the past or personal access to healthcare information
- The patient has compiled his or her own data, notes and logs on their condition
- The patient has changed their primary care provider
- The patient has moved to another city, state, region or country
- The patient is sharing their records from their general practitioner or from one specialist to another specialist, in the case where one or both providers do not have electronic health records with interoperability
- The patient is visiting another country for special treatments only available in that country





Assisting Patients with Accessing Information

Patients should be shown how to access their information, as well as be informed about their health, healthcare, educational and other resources. In order to assure this, a member of the allied health team can and should guide the patient by:

- Informing the patient how to access his or her data
- Providing instructions in the patient format of preference
- Providing instructions on where and how to obtain healthcare information and resources
- Informing the patient if the region they are in has collective databases for health data
- Letting the patient know alternative access methods for information as well as how to use these methods

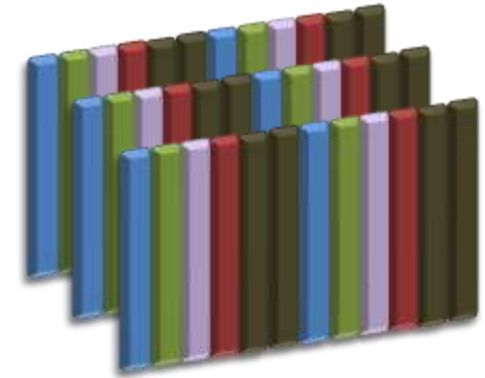




Providing General Health Information for Patients in Healthcare



- The commitment and activity of patients varies, but the desire for information about given care is high
- The best way to enable, engage and empower patients to provide them with information when, how, and as they need it
- Information given should be tailored to the patient-specific situation
- Enabled patients will want to have multiple sources of information, including information from the physician, nurses and other providers as well as from other sources





Two-Factor Patient Identification



- To prevent instances of misidentification and near-misses, regulations and best practices require that two identifiers be used for every patient encounter. This process is called **two-factor identification**
- Examples of two-factor identifiers include:
 - patient's full name
 - date of birth
 - assigned identification number (e.g., medical record number)
 - phone number
 - government assigned identification number
 - address
 - photo
- If a caregiver were to assume they have the correct patient based on the name the patient uses versus their legal name, it could create a serious and potentially life-threatening problem when it comes to treatments or procedures
- If a patient has the same name as another patient, or with patients who share names with people in their family, there is also a risk of misidentification
- The practice of engaging the patient in identifying themselves and using two patient identifiers is essential in improving the reliability of the patient identification process



Patient Identification via Two Forms of Identification (cont'd)

- **First Identification of Patient:**
 - Identification via license, passport or insurance or health card
 - Patient gives name, age, height, weight, insurance and other related health data
 - In the event that a patient is unable to self-identify, family members may also verify patient identification or medication information
 - It is also possible that a patient may be relatively unknown. In that case, the hospital can assign the patient a somewhat anonymized identity
- **Ongoing Identification of Patient:**
 - Hospital barcode bands during inpatient care provide the best form of ongoing identification
 - In an outpatient setting, a health identification card with photo and/or biometric data may provide positive confirmation of identity, along with potential linkage to the EHR
 - A government identification with photo may also be provided as identification in the outpatient setting





Positive Patient Identification

- Positive patient identification means the correct identification of the patient. In inpatient facilities the following methods can be used:
 - Barcodes in hospital bracelets
 - Patient card at the bed
- Patient identification before admitting the patient to any treatment, or in small appointments the patient can be identified by
 - Name and social security number





Patient Identifiers



- There are different identifiers used in different parts of the world
- For example the following identifiers are used:
 - **National Health Service number:** Patient identifier which is written to any document received from NHS, such as prescription or test result
 - **Community Health Index (CHI) number:** Patient ID in NHS Scotland. The number is formed using the patient's date of birth (DDMMYY), followed by four digits: two randomly generated digits , the third digit identifying gender at birth (odd for men, even for women) and a check digit
 - hospital number
 - Unified Identifier
 - Master Record number



Patient Identification in Electronic Health Records



- It is as important to achieve positive patient identification when using EHRs than when treating or diagnosing the patient
 - False identification might lead into reading wrong patient history, thus missing medication allergies or contraindications to treatment. On the other hand, if the patient is thought to have other illnesses or conditions he/she does not have, some treatment might not be given as a precaution
- In EHR the patients should be identified with the nationally available identifier method, like social security number or other code
 - The combination of patient name and code should provide the correct patient, since it is unique



Unit Review Checklist

- Defined patient enablement
- Described patient-centered interactions
- Defined Patient Engagement
- Described healthcare environments where patients have access to their own health and care information (OB01)
- Explained how to provide general health information for patients (OB02)
- Described the concept of patient provided records (OB03)
- Differentiated between the types of content of patient health records (such as paper-based records, scanned records, electronic medical record, personal health record, patient-supplied data, etc.) (OL02)
- Described how health IT/eHealth can support safe, effective, person-centered care and patient engagement (OL03)
- Described how to assist patients with accessing their information, and be informed about their health, care, education and other resources such as where they can go for help and support (OL01)
- Stated how to utilize positive patient identification techniques within the EHR system (SB05)
- Described different identifiers used for positive patient identification (e.g., National Health Service number, Community Health Index (CHI) number, hospital number, Unified Identifier, Master Record number, etc.) (SB01)
- Identified technologies related to patient identification within the clinical management, healthcare delivery, medication administration and records documentation processes (DB03)
- Explained the importance of correct patient identification when using the electronic health record



Unit Review Exercise/Activity



1. What might the value of Patient-Centred Interactions be? Please illustrate an example of one successful and one interaction that isn't patient-centred.
 - a) Successful patient-centred interaction
 - b) Non-patient-centred interaction
2. What might the value of Patient Partnerships be? Please describe one example of possible benefits of each patient enablement, empowerment, and engagement.
 - a) Patient enablement
 - b) Patient empowerment
 - c) Patient engagement



Unit Exam



1. Which of the following statements is true about patient identification?
 - a. Risks to patient safety occur when there is a mismatch between a given patient and components of his or her care
 - b. Matching of a patient to an intended treatment is an activity that is rarely performed in care settings
 - c. The only treatment error caused by misidentification is that of a patient receiving a medication intended for another patient
 - d. The primary importance of patient identification is for insurance companies
2. Which of the following would not be acceptable as two-factor identifiers
 - a. Allergies and birth date
 - b. Full name and birth date
 - c. Photo and medical record number
 - d. Birth date and address



Unit Exam



3. Which of the following is not an example of why a patient may need to provide his or her own medical records to a clinician?
- a) The patient recently moved to Madrid from Barcelona
 - b) The patient has a regular doctor who sometimes needs reminding of the patient's condition, although she already has a file on hand
 - c) The patient has kept a journal on his asthma, including recent flare-ups
 - d) The patient is travelling to Canada from Germany to get a special treatment only available in Canada
4. True or False. Patient enablement is the three different levels of a care relationship between a clinician and a patient.
- a) True
 - b) False



Unit Exam

5. Which of the following is the most accurate example of patient enablement?
- a) A patient reading about their condition
 - b) A patient who is aware that there is information available on their condition
 - c) A patient with diabetes who takes notes on their condition
 - d) A patient who takes active control of their condition
6. Which of the following is the most accurate example of patient empowerment?
- a) A patient who has the ability to share key information to their family and support network
 - b) A patient who is unaware of their health condition
 - c) A patient who takes an active role in their care
 - d) A patient with a heart condition who actively monitors their heart rate and blood pressure
7. Which of the following is the most accurate example of patient engagement?
- a) A patient who has the ability to access their EHRs
 - b) A patient who uses mhealth technologies to actively monitor his or her condition
 - c) A patient who is aware of mHealth applications
 - d) A patient who has access to physical or emotional support