FOR IMMEDIATE RELEASE
For more information, please contact:
Nikitta Foston 312-233-1152
nikitta.foston@ahima.org

The Fight for a Unique Patient Identifier Continues

Journal of AHIMA examines the crisis related to patient misidentification and the need for a unique patient identifier

CHICAGO - February 18, 2020 - A mix-up in a New Jersey hospital resulted in an organ transplant patient receiving a kidney intended for someone else. Six days later, the patient who was supposed to receive that kidney received another one. Although both patients reportedly recovered, experts say that it often takes a sentinel patient safety event for some providers to wake up to the dangers of patient misidentification.

In the article Who Are You? The Quest for a Unique Patient Identifier, in the February 2020 digital issue of the Journal of AHIMA, Mary Butler examines the national crisis and AHIMA’s advocacy efforts in support of a unique patient identifier (UPI), including efforts to repeal the ban preventing federal dollars from being used toward a UPI.

While the language prohibiting funding for a UPI remains in the current Labor-HHS Appropriations bill, the Office of the National Coordinator for Health IT is required to issue a report within one year to evaluate the effectiveness of current patient matching methods along with recommended actions to increase the likelihood of accurate matching.

While experts say that UPI is not a silver bullet, AHIMA and its partners in advocacy believe that UPI should be a part of the national conversation.

Butler makes a distinction between patient matching and patient identification, noting that they are often used interchangeably, but refer to different processes. Matching involves leveraging demographic data elements, while patient identification is the
process of correctly matching a patient and communicating information about a patient’s identity accurately throughout the continuum of care.

Accurately identifying and matching patients to their health information records is a critical step in the healthcare process and key to producing better outcomes,” said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. “A unique patient identifier can lead to increased accuracy and greater safety for patients.”

The February 2020 issue of the Journal of AHIMA is the first digital-only edition of the monthly award-winning publication, which includes a revamped user-friendly interface with interactive quizzes and increased engagement opportunities.

**Also in this issue**

**Aligning Governance, Risk, and Compliance**

In the article, *Aligning Governance, Risk, and Compliance*, Ty Greenhalgh, HCISPP, examines how HIM departments are now responsible for privacy in many organizations, alongside information security, compliance, and cybersecurity. A new category of software, GRC software, which stands for government, risk and compliance - automates and aligns these departmental goals and integrates operations. The article explores:

- The need to align cybersecurity and privacy with compliance using a risk-based methodology
- The importance of risk management
- Breaking the ‘Silo Mentality’
- Understanding GRC

Read these articles and more in the February digital-only edition of the Journal of AHIMA at [journal.ahima.org](http://journal.ahima.org)

###

**About AHIMA**

The American Health Information Management Association (AHIMA) represents more than 103,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for best practices in health information and to actively contributing to the development and advancement of health information professionals worldwide, [www.ahima.org](http://www.ahima.org)