

# Positive patient identification product guide, 7/13:20

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## Who's who, what's what? Thoughts on positive patient ID

*Fingerprint and palm scanners, smartphones, Android-based and Apple-based handhelds, multi-use devices. CAP TODAY heard about those and more when it asked lab administrative directors and managers and a few companies about positive patient identification. They told us what they're doing, what they're hoping and aiming for, and what's most in demand. Our questions and their answers follow. On pages 24-30 is our roundup of the positive patient ID, or PPID, market.*

**Do you think concern about specimens being accurately linked to patients is increasing, decreasing, or remaining the same? Cheryl Paige, administrative laboratory director, Chesapeake (Va.) Regional Medical Center:** That concern hasn't gone away, but there's a much, much stronger confidence that the correct patient is being identified and the specimen is being labeled properly.

**David Jordan, manager, laboratory and pathology services, El Camino Hospital, Los Gatos, Calif.:** I think the concern has always been high, and it's not going to roll back. The number of situations in which positive patient identification will be required is only set to increase. For everybody's protection, we're going to be scanning patients almost every time we say hello. The increasing requirements by various regulatory bodies are leading to the spread of PPID. It's being used in so many fields now. For example, we've had interest expressed by nutrition services, not for meals, obviously, but for supplements and so forth. We've pushed PPID out to the CCU for line draws. The hospital has introduced it as a key element of the medication administration system, and we're looking at spreading it to nonblood collections, breast milk management, pathology specimen tracking, and so on.

**Pat Heniff, vice president, Lattice:** I think the level of concern is increasing. So many hospitals have implemented PPID capabilities on the medication side, and the thinking is: Why aren't the other invasive procedures in the hospital also using this? Everyone is understanding more and more that any type of invasive procedure requires a positive identification element, and risk-management personnel are getting more vocal about the potential cost of not implementing PPID.

**Brenda Carbon, product manager, laboratory clinical workflow, Siemens Healthcare:** There are a couple of different populations to think about. Because when patient identification solutions have already been deployed in the inpatient population, we see concern about patient ID during specimen collection decreasing there. But we have to remember the populations that don't have armbands. With point of care moving out from the hospital, I think we're going to see more widespread solutions for PPID in those types of populations.

**Susan Eben, product manager, lab solutions, McKesson:** It's definitely increasing. It's a huge, huge concern, not because there are more errors but because it's still important.

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## How important is it for laboratories and hospitals to have single or consolidated positive patient ID solutions versus multiple PPID products?

**Jordan (El Camino):** My personal inclination would be to stick with one vendor, especially a proven vendor, rather than mix and match. It's like anything else: If you have a good experience putting in a new LIS or blood bank system, it works well and the vendor is good with implementation, teaching, and followup support, you tend to go back to that vendor.

**Heniff (Lattice):** In the last two to three years, I've seen more hospitals change their systems than ever before. For the longest time, you went to Sunquest or Cerner and you stayed there. But now hospitals want a system that's

transferable; it protects their investment. If you have an integrated or monolithic package, when the system goes down for maintenance, the whole system goes down, including PPID. Whereas with an interfaced solution, we have all the orders stored on a separate server, even during downtime. It also means the hospital doesn't have to retrain people. If the hospital that was on a Soft LIS migrates to Epic, it wants to have a PPID system that can actually cater to both. If it was a single-purpose system, chances are it was sold by the manufacturer of the LIS, and it won't transfer. The system is integrated to the manufacturer's own product. Whereas with a best-of-breed PPID solution, if the hospital switches to another LIS, it can just change the interface. I think that's a big thing. It wasn't a factor three to five years ago.

**Eben** (McKesson): I don't know that single versus multiple really matters. Users like to have shared devices, but they don't have to be on the same platform. We try to work with other vendors so we can all be on the same device or have the same scanner. People don't want multiple scanners; they want one that can work with four or five different vendors.

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### **Which cutting-edge technologies are you, the vendors, incorporating into positive patient ID product lines, and why are you focusing on those particular technologies?**

**Heniff** (Lattice): We already have a palm-scanning capability as well as a biometric fingerprint-scanning capability. The latter enables the caregiver, particularly when you have unbanded patients or a lot of patients who are not completely conscious, to use a fingerprint to verify that they're dealing with the right patient. That also is a good mechanism to reduce fraud. The palm scanning is a live product; the fingerprinting feature isn't live yet.

As hospitals push for expanded use of PPID systems in the inpatient setting, particularly with nursing, it becomes necessary to offer an extended platform of devices. Whether to deploy handhelds, desktops, laptops, or tablets is usually dictated by the application and its intended user group. The use of smartphones in the inpatient setting hasn't taken off because of difficulties with the label-printing application, screen size, and durability, and because of the concern about inventory shrinkage. Outpatient and outreach areas are looking to implement PPID systems that incorporate smartphones as a way to reduce their investment in hardware.

**Gilbert Hakim, CEO, SCC Soft Computer:** We have two-dimensional bar coding available with our products. New products that will be released by the end of this year are Android-based and Apple-based handheld devices, which have substantially lower costs than traditional proprietary operating systems. In the near future, Windows 8 will be available, and we will port the application to that device as well. As far as RFID (radio-frequency identification) is concerned, we haven't seen a commercial version of the handheld yet on the market, and there is no demand yet for it. That technology hasn't taken off at all. It's still too expensive.

**Carbon** (Siemens): Physicians are certainly going to be using their own devices, but these devices will be varied; it's not going to be 'one device fits all.' There's going to be different devices for different users. For example, we provide capabilities for PPID to run on a PC and a cart-type system. Some folks will continue to want to use those because of the larger screens needed for medication administration checks. There will be users in other venues, such as critical care venues, in which the nurse will want to carry one device and not use those carts.

**Eben** (McKesson): In some of our other solutions, such as our hospital information solutions, we are starting to incorporate biometrics such as a palm print. That information resides in the hospital information system with the intent that, perhaps eventually, other PPID systems can use that technology to help identify the patient.

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### **Which cutting-edge technologies would you, the customer, most like to see incorporated into positive patient identification?**

**Jordan** (El Camino): Two-dimensional bar codes. The only thing preventing us from using two-dimensional bar codes at the moment is the ongoing expansion of 'bar coding at the bedside' and the need to make sure other 'legacy' technologies catch up with that requirement. In addition, clinical staff will soon be moving from tablet

computers, which represent five- to 10-year-old technology, to iPads, smartphones, or similar devices. Eventually it would be great to have these PPID systems in the form of iPhone apps so the users aren't looking for a scanner or logging on to a PC every time. I wouldn't pretend to be any sort of expert in computer security, but I'm told that barriers can be put in place to make this a realistic option. And I know our vendor, Lattice, is looking at that specific option. We used to use WOWs (workstations on wheels), and in some places still do, but there is a move to get away from that technology. It's a nuisance having to push a cart from one room to another. One of these days, the nurses will simply pull out their iPhones and scan their patients, and it'll look more and more like 'Star Trek' every day.

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### **Which features are most in demand in the positive patient ID marketplace?**

**Bobbie Jenkins, laboratory administrative director, MedCentral Health System, Mansfield, Ohio:** From a hardware standpoint, I hope some of the technology will become a little easier for the phlebotomist to carry around. It would be great to see technology that is smaller, lighter, and more durable for phlebotomists to carry along with their blood collection trays. That's a lot of weight to have to carry all over a hospital and into patient rooms. Plus they do tend to drop them, and the screens crack. There are new models coming out that are better, but they still are heavy and a little bulky.

**Heniff (Lattice):** A lot of new features are driven by the fact that LISs (laboratory information systems) are deficient in certain aspects. The best-of-breed PPID systems, at least from our frame of reference, have been able to offer capabilities that the LIS doesn't provide. As an example, every time a certain test is ordered, we can have it automatically tell the caregiver, 'This is what you need to do every time this test comes through.' And we also can require the caregiver to note what they did based on what test was ordered. One of the other trends we're finding is that there's a lot of pressure to expand the PPID systems to nursing. One of the trends there is to be able to offer single sign-in or to have the PPID applications embedded in the vendor software so the nurse has to log in only once.

**Gilbert Hakim (SCC Soft Computer):** What's in demand is the ability to use single sign-on and hyperlinks so that the nursing staff only has to enter an ID and password once. That allows them to navigate the HIS and LIS modules as well as handheld phlebotomy on the same device without having to log in on separate modules.

**Carbon (Siemens):** Specimen collection has definitely been taking off. It had a bit of a slow start, but it is part of every LIS at this point. We do not see sales of an LIS without that. Several years ago, we would see users phasing in PPID first to the phlebotomists, then to nursing, then to blood administration. Now our sites want to introduce it to the full house in one phase. We're also going to expand to multi-use devices that go beyond PPID, looking at devices that will do positive patient ID and will also do phones, alarms, testing, tracking materials, and tests, and really be a single bedside mobile device that can be used by various care providers with certain options turned on or off.

**Eben (McKesson):** The biggest thing is that users want it to be easy. They don't want a lot of steps, a lot of manipulation. They want to scan, they want to identify, they want to print, and they want to move on. And there's an even bigger demand for it to be absolutely dummy-proof, so there's no way to do a workaround and there's no option for an error. Another thing I've noticed is that some customers are moving away from handheld devices and are using our application on a mobile PC in the room, because on that PC you can do so much more than you can on a little handheld device. We've talked about developing an app for an iPhone but haven't yet done it.□n

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*Interviews conducted and edited by writer Anne Ford, Evanston, Ill.*