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Health Plan

Maria Garcia was causing trouble in Texas. Not the person—the name. The Harris Health System in the United States’ Harris County had 2,833 Maria Garcias in its system, 528 of whom shared a birthday. It’s not an isolated problem—matching patients to their actual records is growing more difficult for healthcare providers. And the consequences can be deadly: A patient may be administered the wrong medicine or even the wrong surgery.

Hospitals have long struggled to mitigate the issue, and recent trends are making the problem worse. Hospital mergers are expanding provider networks, creating even bigger databases. As patients move around or visit different providers, the chance for duplicate records—one individual having multiple versions of their record—increases, making it possible for large providers to have in excess of hundreds of thousands of duplicate records.

In response, hospitals have launched projects to implement biometric technology—including fingerprint, iris and palm vein scanners—for identification. In March, the Medcover Hospital in Warsaw, Poland became the first in the nation to implement biometric signature recognition. Imprivata, a provider of biometric systems, completed 23 biometric healthcare projects globally last year and has more underway.

“If you consider the very real risk to patient safety when duplicate records are created, this has the potential to save lives,” says Jack Cole, administrative director of IT, CoxHealth, Springfield, Missouri, USA. In February, CoxHealth, which partnered with Imprivata, introduced palm vein scanners across five of its six hospitals and most of its clinics. This was part of a project initiated in 2017 and scheduled to be completed later this year.

But for these projects to be successful, organizations need to get internal stakeholders on board to ensure patients will use the new technology.

Safe and Secure

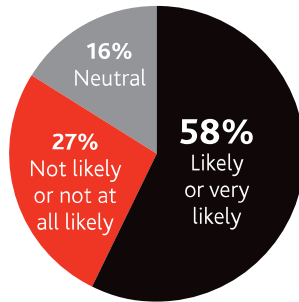
While privacy concerns have hindered past efforts to establish similar patient identifiers, the growing ubiquity of biometric identification in everyday transactions, such as unlocking smartphones, is giving this latest batch of projects a greater chance.

“It’s encouraging that people are becoming more comfortable with biometrics. Any issues they have are addressed with the project teams, which have systemized the process of implementation and put

The New Silicon Valleys

Silicon Valley has long been considered the epicenter of the global technology industry. But that could be shifting, according to a 2019 KPMG survey.

KPMG asked 740 global technology industry leaders whether they believed Silicon Valley would lose its seat as the world’s technology innovation capital by 2023.



What city will take Silicon Valley’s place? Here are the top emerging hubs, according to survey respondents.

1

NEW YORK, NEW YORK, USA

Some of the world’s biggest tech companies—including Apple, Facebook and LinkedIn—have bulked up their presence in the city. And though Amazon’s proposal to establish a headquarters in the Queens borough fell through, Google announced its own plans in December to double its New York-based workforce and build a US\$1 billion campus in Manhattan.

2

BEIJING, CHINA

The city government has backed a fundraising campaign that would inject CNY10 billion into the city’s tech sector. The money will be used to underwrite Beijing-based ventures that are developing everything from new uses for artificial intelligence to electric vehicles—and aim to give those ventures an edge over their Western counterparts.

3

(TIE) TOKYO, JAPAN

Tokyo has become a hotbed for the development of robotics and 3D manufacturing, which earned it the top spot on 2thinknow’s Innovation Cities Index in 2018. Industry leaders hope to use the Tokyo 2020 Olympic Games to supercharge their tech innovation efforts—similar to the 1964 Olympics, when the city unveiled the world’s first bullet train.

3

(TIE) LONDON, ENGLAND

London is being refashioned into a global capital of the fintech industry. Of the 29 fintech unicorns (startups valued over US\$1 billion), seven are based in London—topped only by San Francisco, California, USA, which is home to nine. But with Brexit looming, the fintech industry could be standing on potentially shaky ground.

clear methodologies in place,” says Ed Ferguson, manager, PatientSecure Services, Imprivata, Lexington, Massachusetts, USA.

The major challenges remaining for project teams are coordinating the many stakeholders involved in the complex and far-reaching projects, and ensuring their buy-in. “Many hospitals outsource system management to a third company, so coordinating three teams becomes more of a challenge. We also need to deal with many departments within the hospitals, and getting each to agree on workflow changes can take time,” Mr. Ferguson says, noting that project delays can ensue when hospitals do not prioritize the projects and assign them sufficient staff.

Health Drive

Internal adoption by hospital staff is essential, as nearly all biometric systems are voluntary. It’s up to front-line staff to encourage patients to use them, an issue CoxHealth struggled with initially.

“The single biggest challenge relates to hard-wiring the process with the registration staff, who are frequently the touch point for registering patients in the system,” Mr. Cole says. “Because many of the staff didn’t initially recognize the seriousness of the problems we are striving to prevent, some weren’t proactively educating patients on the benefits of participating. In fairness to them, if they don’t understand the importance, it seems we are just giving them more work.”

In addition to learning modules and on-site training for staff, Mr. Cole said the project team implemented continuing education, manager follow-ups and flyers to encourage staff adoption. On the education side, for instance, the team created online education to help the registration staff learn how to use the application, he says. “These things were

Double Trouble

Duplicated medical records come with high costs.

18%

average portion of a healthcare provider’s patient records that are duplicates

The average expense of repeated medical care because of a duplicated record:

US\$1,950

per patient per inpatient stay

>US\$800

per emergency department visit

Source: Black Book Research, 2018



“If you consider the very real risk to patient safety when duplicate records are created, this has the potential to save lives.”

—Jack Cole, CoxHealth, Springfield, Missouri, USA

planned in the initial rollout but were emphasized more as the project progressed. I don’t think we realized how much they would be needed.”

As more hospitals adopt these systems, Mr. Cole foresees another challenge: getting these proprietary systems to talk to one another. When patients visit hospitals owned by different companies, they can still face hurdles related to disconnected records.

For now, though, CoxHealth’s project has seen staff better understanding the importance of the biometric process, with the net effect of more patients getting enrolled in the biometric system. So far, about 75,000 patients have joined, Mr. Cole says. “Staff has to understand the ‘why’ before it becomes hard-wired into their process.” —Ambreen Ali

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