



Effectiveness of a Biometric Patient Identification System

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Scientific Areas of Interest:

e-Health

Internet of Things

Knowledge management for people with disabilities

Web and Mobile Development

Structure

1. Introduction
2. Research
3. Methodology
4. Design
5. Evaluation
6. Results
7. Conclusion & Future Works

1. Introduction

Around 2.6 million deaths¹ per year, due to medical errors

684 patient misidentification events in the US led to patient harm, and in some cases, death (32 months span)

Missing patient wristbands or incorrect information on them

\$42 billion¹ & \$1.2 million² in costs each year

+

¹ In low to middle-income countries (WHO)

² for the average healthcare organization in the US ("2016 National Patient Misidentification Report" independently conducted by Ponemon Institute LLC Sponsored by Imprivata)

Objective - Effectiveness of using biometric technology for identifying patients

Research

- Patient Identification Process
- Existing problems
- Identification methods and solutions
- Security and privacy issues

System Requirements

- Developing a list of system requirements
- By means of a questionnaire to healthcare professionals

System Proposal

- Propose a system based on biometric technology

Objective - Effectiveness of using biometric technology for identifying patients

Evaluation

System versus a dataset

Analysis

The results

Recommendations

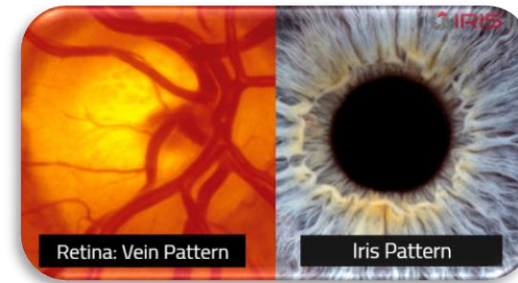
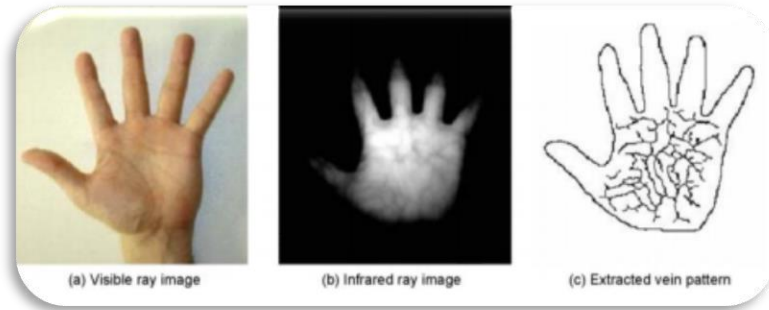
How to improve the system

2. Research

Identification methods



ii. Palm Vein Pattern Recognition



iv. Face Recognition

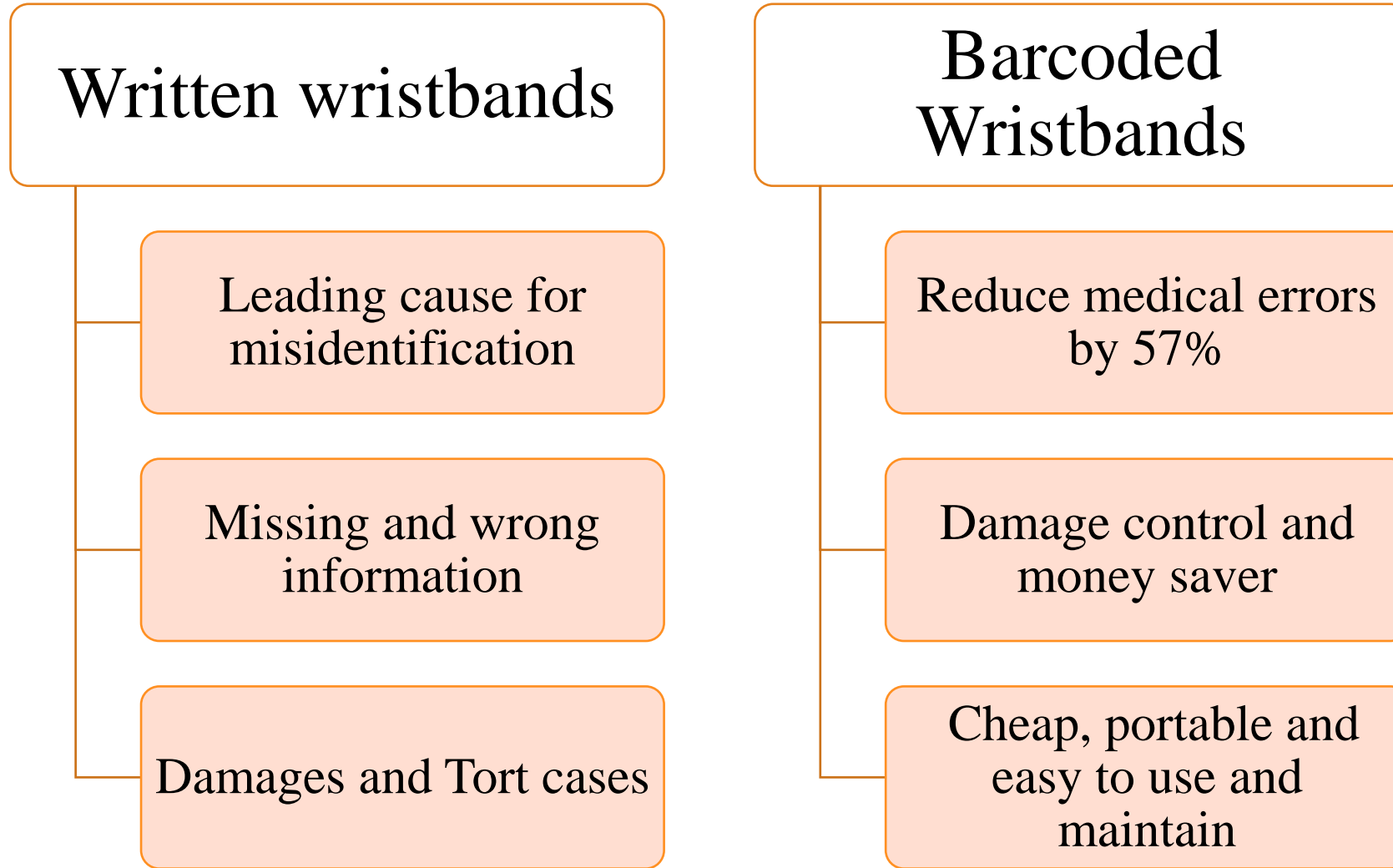


iii. Ocular Based Identification

i. Wristbands



i. Wristbands



ii. Palm Vein Pattern Recognition

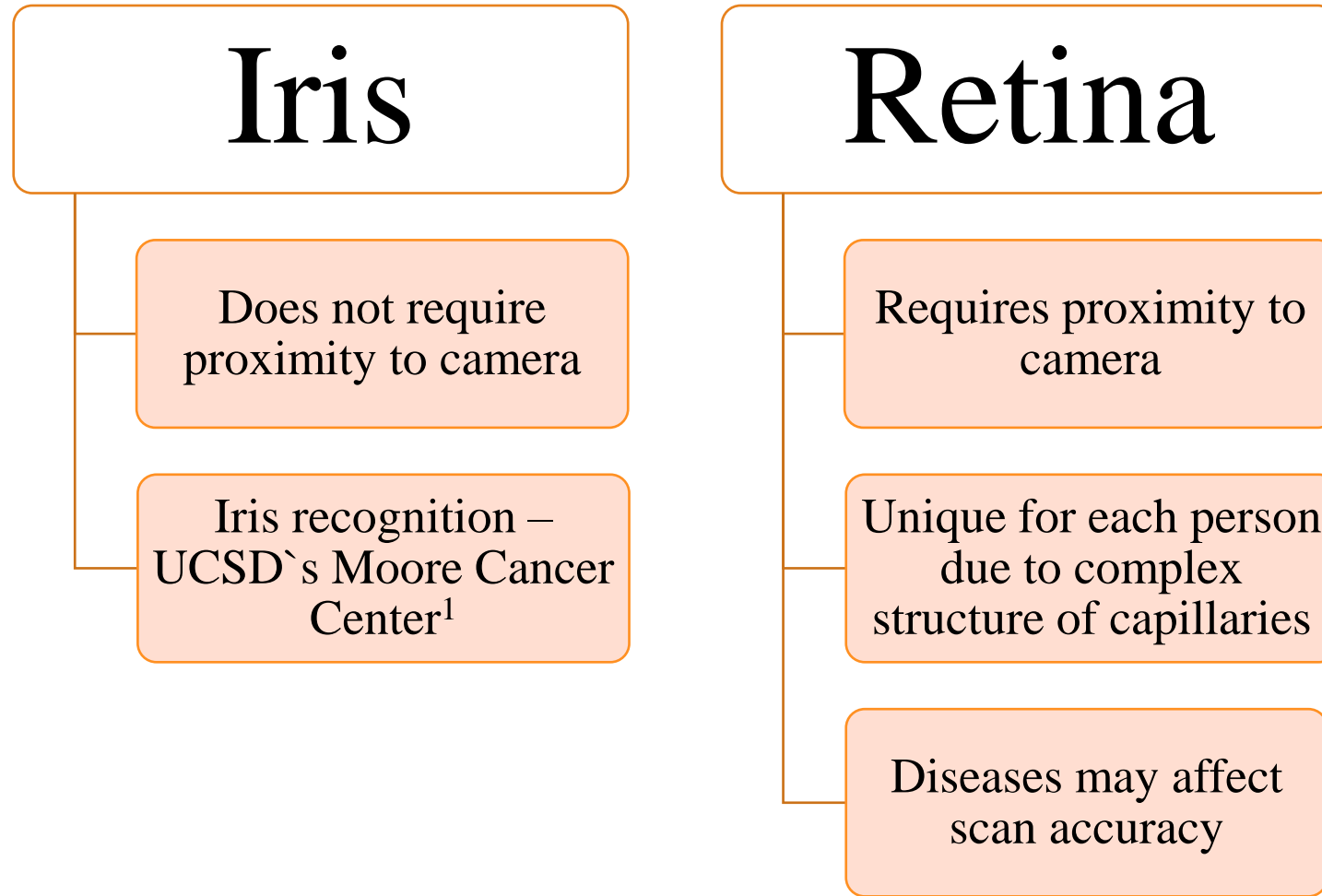
Uniqueness of
palm vein
pattern

Impossible to
reproduce with
fake palms

More accurate
– More costly
and Intrusive

Less Hygienic

iii. Ocular Based Identification



¹B. N. HAILE, “THE EYES HAVE IT : IRIS BIOMETRICS SAFELY IDENTIFY UCSD PATIENTS FOR RADIATION ONCOLOGY TREATMENT,” 2010.

iv. Face Recognition

Identification
of person by
facial
features

Challenges
for faces
with
occlusions

Cheap to use

Hygienic

May be
Intrusive

Less
accurate
than palm
vein and
ocular based
scanning

3. Methodology

Questionnaire

- **Stakeholder** information
- Their **awareness** of the problem, if any
- Their **process** of patient identification
- Their **preferences** of **solutions**

Participants

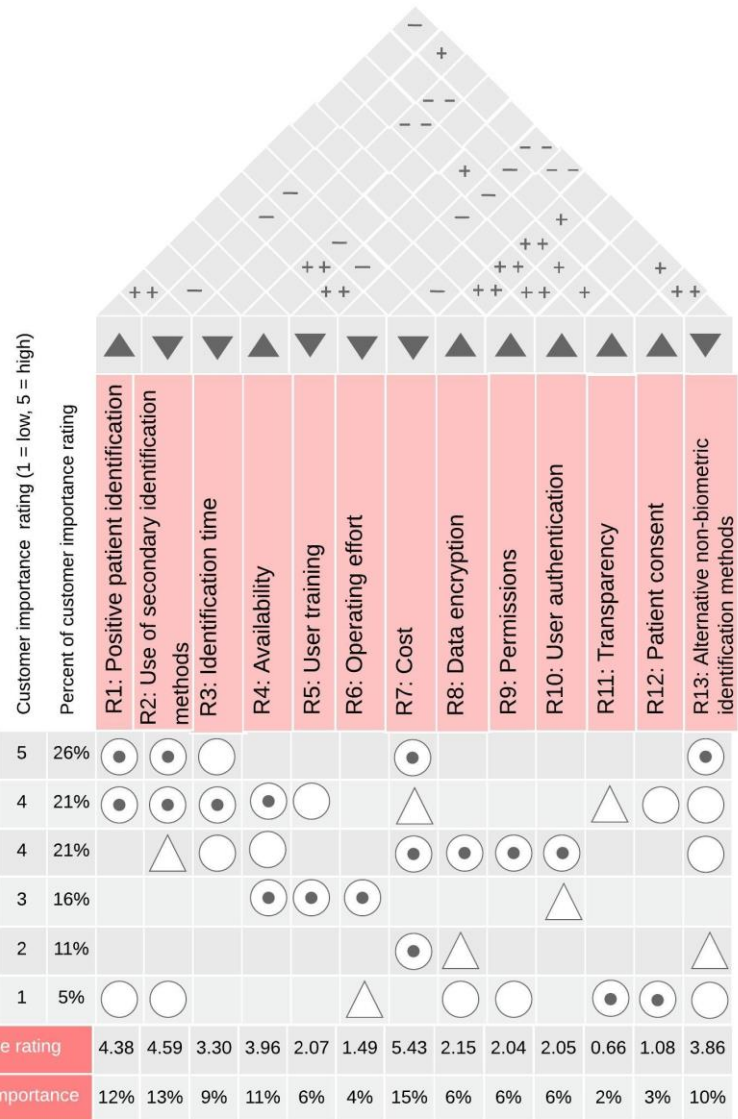
- Nurses
- Doctors
- Physiotherapists
- Surgeon
- Speech language pathologist

Results

- **67%** think that their current system works moderately well, with **low-cost** being the main reason behind this
- **Security** was the biggest concern

Correlation matrix	
++	Strong positive
+	Positive
-	Negative
--	Strong negative
	Not correlated

Relationship matrix		
●	Strong	9
○	Medium	3
△	Weak	1
	No assignment	0

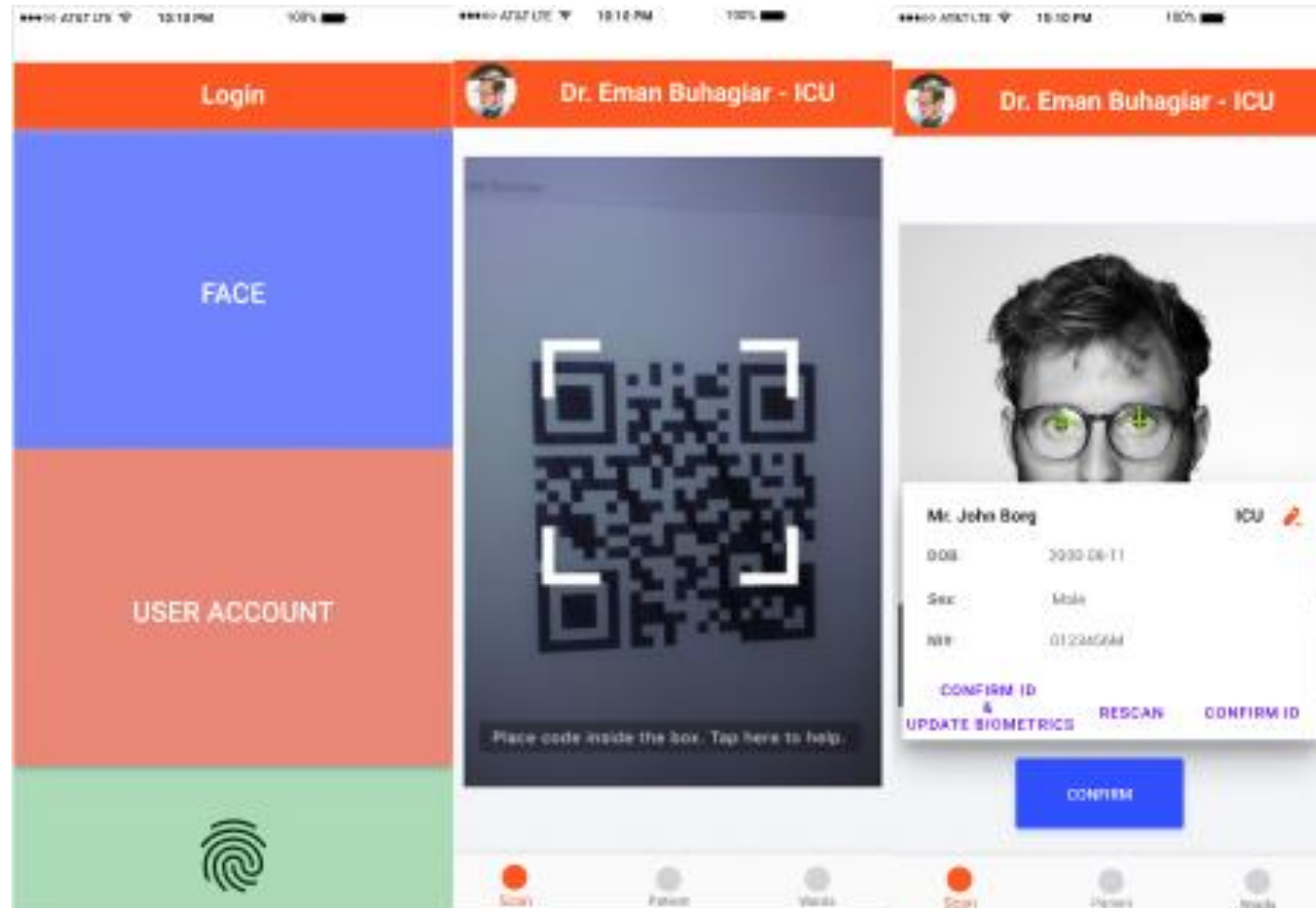


House of Quality (HoQ) Matrix for System Requirements

4. Design

- **Mobile app** with user authentication and authorisation. + ●
- User can identify an already registered patient by:
 - **Scanning** the patient's barcode
 - Taking a **photo** of the patient's face
 - **Confirming** the patient details
- Patient crucial information is then displayed on the phone, which can be adjusted to the organization's needs.

4. Design



Proposed app system designs. Authentication, Barcode/QR code scanning, Identification confirmation

5. Evaluation

Implementation using Microsoft Cognitive Services and their Face API

- **Seamless, secure and easy** to integrate and operate
- Face images are **not stored** on their servers
- Configurable confidence **thresholds**
- Relatively **cheap**

Accuracy Evaluation

- **Dataset** of faces¹ to be evaluate against
- All faces were registered with the API
- Identification was **tested**

Performance Evaluation

- A **proof-of-concept mobile application** was developed
- Scanning of a barcode and a person's face
- Biometric information sent to Microsoft Face API for identification.
- Database call to fetch patient's fake records.

¹S. Milborrow, J. Morkel, and F. Nicolls, "The MUCT Landmarked Face Database," Proc. Pattern Recognit. Assoc. South Africa, pp. 32–34, 2010..

6. Results

- Accuracy
 1. Different **angles**:
 - **88%-93%** with 0.97 confidence
 - **100%** with 0.94 confidence
 2. Different **lighting**:
 - **40%-44%** with 0.97 confidence
 - **93%-97%** with 0.94 confidence
 3. After **training** the dataset:
 - **65%** with 0.97 confidence
 - **97%** with 0.94 confidence
- Performance
 - **5 to 7 seconds** with full-bar Wi-Fi connection to detect and identify the patient and get their records from a database.

TABLE I. CASE 1 RESULTS

Thr. Sc.	0.97	0.96	0.95	0.94
b	88.04	98.55	99.28	100.00
c	88.04	98.55	99.28	100.00
d	99.28	100.00	100.00	100.00
e	93.48	97.83	98.91	100.00

n = 276

TABLE II. CASE 2 RESULTS

Thr. Sc.	0.97	0.96	0.95	0.94	0.93	0.92
rb	43.96	73.63	90.11	98.70	100.00	100.00
sb	39.56	64.84	82.42	93.41	98.54	100.00

n = 91 (photos 000 - 090)

TABLE III. CASE 3 RESULTS'

Thr. Sc.	0.97	0.96	0.95	0.94	0.93
sb	64.84	82.42	92.31	96.70	100.00

n = 91 (photos 000 - 090)

Conclusion and Future Works

Patient Misidentification

- Known global problem in the Health Sector
- Complications - Patient and Organisation

Face Recognition

- This was the main focal point of study for identification of patients
- Most biometric preferred method chosen by questionnaire participants
- Over 80% accuracy

Conclusion and Future Works

Future Works

- System needs to be evaluated against a larger dataset
- More face occlusions and real-case scenarios

Security Aspects

- Minimise risks of malicious attacks
- Gain more confidence from end users.

Thank you for your attention!

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