

## Patient Identification and Matching Naming Policy Pledge

Lack of accurate patient identification can affect clinical decision making, treatment, patient outcomes, patient privacy, and results in duplicative testing and increased costs.<sup>1</sup> Lack of a standard demographic data set can also lead to patient records not being linked to one another, resulting in health information being unavailable at the time the provider is treating the patient.<sup>2</sup>

Mismatching and duplication also have a disproportionate impact on underserved communities. According to OCHIN<sup>3</sup> and the patient population they serve, duplicate records for unserved communities are double and tripled compared to the population percentage. For example, black patients make up 13 percent of OCHIN's patient population but 21 percent have duplicate records. Hispanic/Latino patients make up 21 percent of the population and 35 percent have duplicate records.

Collecting patient demographics is the starting point of trusted, reliable data during the patient's health journey. However, institutional policies around the collection of patient demographics vary. This results in an environment where data is collected and entered in a variety of ways, which can jeopardize patient safety, limit data sharing and interoperability, delay claims, and diminish data quality.

A critical component to accurately identifying patients through patient demographics is the use of a naming policy. A naming policy provides the structure for data entry and collection in the master patient index (MPI) and enterprise master patient index (EMPI).

As professionals committed to excellence in the management of health information for the benefit of patients and providers, we have a **responsibility** to ensure that health data is accurate, complete, and available to patients and clinicians. Indeed, AHIMA's Code of Ethics **obligates us as a profession** to ensure the accessibility and integrity of health information.

We are asking you **today** to live up to that obligation and take the pledge below.

AHIMA wishes to thank TxHIMA for creating and initiating this important policy in 2018 that has been presented and utilized throughout Texas. Their "Interoperability and Challenges with Patient Matching" brief was used to create the following naming policy.

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<sup>1</sup> Riplinger, Lauren, Jordi Piera-Jimenez, and Julie Pursley Dooling. "Patient Identification Techniques – Approaches, Implications and Findings." *IMIA Yearbook of Medical Informatics* 2020.

<sup>2</sup> Lusk, Katherine, et al. "Patient Matching in Health Information Exchanges." *Perspectives in Health Information Management*, 2014. <https://perspectives.ahima.org/patient-matching-in-health-information-exchanges/>

<sup>3</sup> Butler, Mary. "COVID-19 Magnifies Urgent Need for Patient Identification Strategies." *Journal of AHIMA*, July 7, 2020. <https://journal.ahima.org/covid-19-magnifies-urgent-need-for-patient-identification-strategies/>

## Call to Action—Take the Pledge:

*As health information professionals, we are committed to excellence in the management of health information for the benefit of patients and providers. Patient misidentification continues to jeopardize patient safety, limit and delay data sharing and interoperability, and has an adverse effect on data quality.*

*Today, as a health information professional, I pledge to advocate and educate members and other key stakeholders on the importance of naming policies in our healthcare organizations. I will support, encourage, and educate my fellow health information professionals to implement the following data policies.*

Capturing and Recording in the Master Patient Index (MPI):

### Patient's Name:

- Complete Legal Name as reflected on government issued identification or by a legal name changing event such as marriage, adoption, etc.
  - If patient's name is a single legal name, record the name in both the first and last name fields.
- UPPER CASE to eliminate variations in patient matching algorithm
- Middle Name
  - If patient does not have a middle name, the field is left blank.
  - If patient's middle name is an initial, record it.
- Suffixes entered if documented on government issued identification.
- Nicknames/Alias/Preferred Name: Never to be entered as the legal name.
- Pronouns: Patient's preferred pronoun: she/her, he/him and they/them
- Temporary names:
  - Newborns: The Joint Commission's National Patient Safety Goal NPSG.01.01.01 to distinctly identify newborns<sup>4</sup>
  - Fetal care, in-vitro or prior to delivery utilize temporary newborn naming convention with estimated delivery date as the date of birth
  - No identification available/provided (update within 24 hours of identity notification):
    - A unique alphanumeric identifier will be assigned.
    - Unknown shall appear as either the first or last name.
- **Sex and Gender:**
  - ONC Standards
    - Patient Identified Sexual Orientation
    - Gender Identity
    - Sex Assigned at Birth
  - Capture Legal Sex
- **Follow Health Level 7 version 2.6 standards in the MPI Patient Identification Segments**

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<sup>4</sup> "National Patient Safety Goals Effective July 2020 for the Hospital Program." [https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2020/npsg\\_chapter\\_hap\\_jul2020.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2020/npsg_chapter_hap_jul2020.pdf)