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Recommended Data Elements for Capture in the Master Patient Index (MPI)

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The following health information (HI) professionals informed the development of the naming policy.

Deborah Adair, MPH, RHIA, MS, Executive Director, Digital Health Enterprise HIM, Mass General Brigham

Susan Clark, BS, RHIT, CHTS-IM, CHTS-PW, Health IT Consultant, Briljent

Angelique Jefferson, RHIA, Associate Consultant, Cerner Corporation

Judy Kelly, MS, RHIA, CCS, CCS-P, CHDA, CPHI, Sr. Director HIM & CDI, Rochester Regional Health

Katherine Lusk, MHSM, RHIA, FAHIMA, AHIMA Board Chair, Senior Director Strategic Partnerships, Texas Services Authority

Mark Newsom, MSc, Principal, Health Evaluations

Neysa Noreen, MS, RHIA, Inpatient Coding and CDI Manager, Children's Hospitals and Clinics of Minnesota

Rachel Podczervinski, MS, RHIA, Vice President, Professional Services, Harris Data Integrity Solutions

AHIMA STAFF:

Lesley Kadlec, MA, RHIA, CHDA, Director, Policy and State Advocacy Engagement

Julie A. Pursley, MSHI, RHIA, CHDA, FAHIMA, Director, Health Information Thought Leadership

Lauren Riplinger, JD, Vice President, Policy and Government Affairs

Michael Bittner, Media and Communications Manager

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American Health Information Management Association
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601

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RECOMMENDED DATA ELEMENTS FOR CAPTURE IN THE MASTER PATIENT INDEX (MPI) 2
INTRODUCTION 2
GUIDING PRINCIPLES 3
COMPLETE LEGAL NAME 3
FIRST NAME FIELD 4
MIDDLE NAME FIELD 4
LAST NAME FIELD 5
RECORDING MULTIPLE NAMES WITHIN A SINGLE FIELD 5
SINGLE LEGAL NAME 6
UNIDENTIFIED INDIVIDUAL 6
NEWBORNS 7
DISTINCT NEWBORN NAMING CONVENTION 7
SINGLE BIRTH 7
TWIN BIRTH 7
MULTIPLE BIRTHS 8
SAFE HAVEN BABY 8
ADOPTION AT BIRTH 8
BIRTH PRONOUNS 9
FETAL CARE 9
PREFIXES 9
SUFFIXES 9
NICKNAMES, PREFERRED NAMES, ALIASES, AND VERY IMPORTANT PATIENT 10
NICKNAME 10
PREFERRED NAME 10
ALIASES, VIP 10
HYPHENS, APOSTROPHES AND PUNCTUATION 11
PRONOUNS 11
SEX AND GENDER 12
HEALTH LEVEL SEVEN (HL7) MPI PATIENT IDENTIFICATION SEGMENTS 12
GLOSSARY 12

RECOMMENDED DATA ELEMENTS FOR CAPTURE IN THE MASTER PATIENT INDEX (MPI)[1,2]

INTRODUCTION

Collecting patient demographics is the starting point of trusted, reliable patient data. However, institutional policies around the collection of patient demographics may 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 and integrity.

AHIMA defines Data Quality and Integrity as "the extent to which healthcare data are complete, accurate, consistent and timely throughout its lifecycle including collection, application (including aggregation), warehousing and analysis.

It is widely recognized that lack of accurate patient identification can affect clinical decision making, treatment, patient outcomes, and patient privacy, while resulting in duplicative testing and increased costs.[3] Lack of a standard demographic data set can also lead to patient records not being linked to one another, resulting in incomplete health information being presented at the time the provider is treating the patient.[4]

Mismatching and duplication also have a disproportionate impact on underserved communities, potentially exacerbating existing health disparities.[5] Health disparities are differences in health outcomes and their causes among groups of people.[6] According to OCHIN[7] and the patient population they serve, duplicate records for underserved communities are double and triple compared to the average 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.

A critical component to accurately identifying patients through patient demographics is the use of a naming policy. A naming policy (also known as "naming convention policy") provides the structure for data entry and collection in the master patient index (MPI) and enterprise master patient index (EMPI). There are positive steps being taken to create and support a national patient matching strategy; however, at this time the industry operates without one. Thus, naming policies will remain critical as we operationalize a future where standards, best practices, and guidance improves the capture of patient demographics to increase patient matching rates and inextricably link patients to their unique health record.

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1 To call attention to certain data elements, NAMES and FIELDS are represented in CAPITALS throughout this best practice guidance document.

2 The following best practices and guidelines supersedes AHIMA's previous Naming Policy published in June, 2021.
AHIMA Perspectives in Health Information Management Article entitled, "Patient Matching in Health Information Exchanges".

3 Riplinger, Lauren, Jordi Piera-Jimenez, and Julie Pursley Dooling. "Patient Identification Techniques–Approaches, Implications and Findings." IMIA Yearbook of Medical Informatics 2020.

4 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/

5 https://www.ahima.org/advocacy/policy-statements/health-equity/

6 https://www.cdc.gov/healthequity/features/reach-health-equity/index.html

7 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/

GUIDING PRINCIPLES:

As an association of professionals committed to excellence in the management of health information for the benefit of patients and providers, AHIMA believes that stakeholders in the healthcare ecosystem have an obligation to provide the highest quality data possible. This means that stakeholders must ensure that health data is accurate, complete, and timely throughout its lifecycle.

Consistent with these principles, the guidance and best practices in this guide build upon existing naming convention policies and should be viewed as a "rising floor". Over time, as standards, technologies and process evolve, we anticipate updating this policy to reflect changes in the healthcare ecosystem.

As part of this naming policy, AHIMA recognizes that in today's environment there is no "one-size-fits-all" approach and that stakeholders may have challenges in implementing these best practices given limitations with certain technologies and systems. In such circumstances, AHIMA recommends that whenever source technology is unable to collect data in the suggested manner or within a certain field length, the organization should communicate with information technology leadership and the technology vendor to address enhancing the platform to accommodate the following best practices and guidance.

COMPLETE LEGAL NAME

Maintaining the highest level of data quality and integrity in health information technology (IT) systems, begins with the collection of a patient's complete legal name at registration.

The name entered should mirror a government-issued identification, such as, but not limited to, birth certificate, passport, military ID, or driver's license, or documentation of a changed name by a legal name change event. Events altering the legal name include but are not limited to marriage, divorce, adoption, or a court-approved name change. FIRST NAME, MIDDLE NAME AND LAST NAME should all be collected and represented in separate fields.

AHIMA recognizes the LEGAL NAME may differ from a patient's PREFERRED NAME or ALIAS NAME; however, for successful patient matching, a best practice is to mirror a government-issued identification. Some patients may not possess a government-issued identification at the point of registration. In this case, follow your organization's naming policy.

Table 1 shows examples of how COMPLETE LEGAL NAMES should be captured.

Table 1- Complete Legal Name Examples

Name provided at Registration	Legal Name Verified on Government-issued ID	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
Harvey Garcia Rodriguez	HARVEY DAVIS GARCIA-RODRIGUEZ	HARVEY	DAVIS	GARCIA-RODRIGUEZ
C Nguyen	C N NGUYEN	C	N	NGUYEN
Wayne Martinez	R D WAYNE MARTINEZ	R D	WAYNE	MARTINEZ
George Jones	GEORGE 7 JONES	GEORGE	7*	JONES
Elena Lusk	ELENA LUSK	ELENA		LUSK
Patty Anderson		PATTY		ANDERSON
Madonna	MADONNA	MADONNA		MADONNA

**NOTE: Health IT systems should be evaluated for inclusion of numeric values in name fields.*

FIRST NAME FIELD

- If a patient's FIRST NAME (or GIVEN NAME) is two names, collect both in the FIRST NAME field with a space between the two.
- If a patient's FIRST NAME is an initial or single character, place the initial in the FIRST NAME field.
- Periods (.) after initials should not be collected.
- Examples of the FIRST NAME field are shown below in Table 2 using:
  - One First Name: CHELSEA
  - Two First Names: CHELSEA MARIA
  - Two First Names exist with hyphen: CHELSEA-MARIA

Table 2: First Name Field

Circumstance	FIRST NAME(S)
One First Name exists	CHELSEA
Two First Names exist	CHELSEA MARIA
Two First Names exist with hyphen	CHELSEA-MARIA

MIDDLE NAME FIELD

- If the MIDDLE name is listed on the government-issued identification, collect it in its entirety. Do not abbreviate the name by capturing only the middle initial.
- Periods (.) after initials should not be collected.
- If the patient's MIDDLE NAME is an initial(s), the initial(s) should be collected. However, the period should not be included.
- If the patient does not have a MIDDLE NAME, the field should be left intentionally blank.
- If the patient's MIDDLE NAME is two names, collect them both in the MIDDLE NAME field with a space between the two.
- Examples of the MIDDLE NAME field are shown below in Table 3 using:
  - One Middle Name: MALIA
  - Two Middle Names: MALIA ANNE
  - Two Middle Names exist with a hyphen: MALIA-ANNE
  - Legal Middle Name is initial(s): M or MA
  - No Middle Name: Field left intentionally blank

Table 3: Middle Name Field

Circumstance	MIDDLE NAME(S)
One Middle Name exists	MALIA
Two Middle Names exist	MALIA ANNE
Two Middle Names exist with a hyphen	MALIA-ANNE
Legal Middle Name is initial(s)	M or MA
No Middle Name	Intentionally blank

LAST NAME FIELD

This field may also be known to patients as SURNAME or FAMILY NAME.

If the patient has two or more last names, a space or hyphen depending on government-issued ID should be entered between the names.

Examples of LAST NAME Field are shown below in Table 4 using:

- One Last Name: Garcia
- Two Last Names: Garcia Lopez
- Two Last Names exist with a hyphen: Garcia-Lopez
- Three or More Last Names: Garcia Lopez Hernandez
- Three or More Last Names exist with a hyphen: Garcia Lopez-Hernandez

Table 4: Last Name Field

Circumstance	LAST NAME(S)
One Last Name exists	GARCIA
Two Last Names exist	GARCIA LOPEZ
Two Last Names exist with a hyphen	GARCIA-LOPEZ
Three or More Last Names exist	GARCIA LOPEZ HERNANDEZ
Three or More Last Names with Hyphen present	GARCIA LOPEZ-HERNANDEZ

RECORDING MULTIPLE NAMES WITHIN A SINGLE FIELD

It is a best practice to capture all names within the FIRST, MIDDLE AND LAST fields without splitting them apart. In cases where the name may contain more characters than the field or technology allows, AHIMA recommends using the ALIAS (or other designated) field to capture any names that were not collected in the FIRST, MIDDLE OR LAST NAME fields.

Examples for recording MULTIPLE NAMES are in Table 5. The LAST NAME, SURNAME, or FAMILY NAME may need to be discussed and clarified with the patient during the registration process.

Table 5: Recording Multiple Names within a Single Field

Name provided by patient	Legal Name Verified on Government-issued ID	FIRST NAME	MIDDLE NAME	LAST, SURNAME OR FAMILY NAME	ALIAS OR OTHER DESIGNATED FIELD
Juan Martinez	JUAN PABLO RODRIGUEZ-MARTINEZ	JUAN	PABLO	RODRIGUEZ-MARTINEZ	
Maria del Carmen Ramirez-Salinas	MARIA DEL CARMEN RAMIREZ-SALINAS	MARIA	DEL CARMEN	RAMIREZ-SALINAS	
Eleanor DeRochefoucauld	Eleanor Elizabeth DeChaterlerault DeRochefoucauld Aquitaine	ELEANOR	ELIZABETH	DECHATERLERAULT	AQUITAINE[8]
Mao Tse-tung[9]		TSE-TUNG		MAO	
Kim Young	YOUNG KIM	YOUNG		KIM	
Yao Ming	MING YAO	MING		YAO	
Abdulaziz Bin Mohamed Al Nasser			BIN MOHAMED	AL NASSER	
Gumasha Said Ahmed Al Tuwaijri	GUMASHA SAID AHMED AL TUWAIJRI	GUMASHA	SAID AHMED	AL TUWAIJRI	

SINGLE LEGAL NAME

- If the patient's name is a SINGLE LEGAL NAME, record the NAME in both the FIRST and LAST name fields.
- Leave the MIDDLE NAME field blank intentionally.
- An example of SINGLE LEGAL NAME is shown below in Table 6 using:
  - One SINGLE NAME: Madonna

Table 6: Single Legal Name

FIRST NAME	MIDDLE NAME	LAST NAME
MADONNA		MADONNA

8 This example assumes the field or technology does not allow for full capture of the LAST NAME. Therefore, the ALIAS or OTHER DESIGNATED FIELD is used to capture the third name in the LAST NAME.

9 Some names may be given in an order that is unfamiliar to the person registering the patient. Education is needed to ensure the registrar is familiar with these cultural variations.

UNIDENTIFIED INDIVIDUAL

- If documentation is not available to identify the patient, a system generated, random ALIAS is recommended. This method can increase the likelihood of linking a patient to their unique health information.
- To decrease the risk of linking one UNIDENTIFIED patient to another UNIDENTIFIED patient, the use of a generalized approach such as "DOE" naming conventions (i.e., using John Doe or Jane Doe) is not recommend.
- AHIMA recommends a report from the MPI/EMPI be generated on a consistent basis to identify and update UNIDENTIFIED patients.

NEWBORNS

The following guidelines and examples of newborn naming conventions were influenced by The Joint Commission's National Patient Safety Goal and the Children's Hospital Association's 2021 publication, Health Information Management Best Practices: Identification Interoperability and Patient Matching.[10]

DISTINCT NEWBORN NAMING CONVENTIONS

During the interval between birth and when the infant's birth certificate is completed, AHIMA recommends the following: The Joint Commission's National Patient Safety Goal NPSG.01.01.01 to distinctly identify newborns:[11]

> *"Use distinct methods of identification for newborn patients. Note: Examples of methods to prevent misidentification may include the following: Distinct naming systems including using the mother's first and last names and the newborn's gender [sex] (for example, "Smith, Judy Girl" or "Smith, Judy Girl A" and "Smith, Judy Girl B" for multiples)"*

Depending upon the number of live births (e.g.—SINGLE, TWIN, MULTIPLE), the following examples were developed for use in Tables 7, 8, and 9 using the Mother's (i.e. birth mother, adoptive mother) demographic information.

Mother's First Name: Katie

Mother's Maiden Name: Miller

Mother's Last Name: Smith

10 https://www.childrenshospitals.org/Quality-and-Performance/Operations-and-Performance-Improvement/Resources/Health-Information-Management-Identification-Interoperability-and-Patient-Matching

11 "National Patient Safety Goals® Effective January 2021 for the Hospital Program.» Available at: https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2021/npsg_chapter_hap_jan2021.pdf.

SINGLE BIRTH

The following example shown in Table 7 illustrates how SINGLE BIRTH should be collected for GIRL, BOY, and SEX UNDETERMINED respectively. The MIDDLE NAME field is intentionally left blank.

Table 7: Single Birth

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
GIRLKATIE		SMITH
BOYKATIE		SMITH
BABYKATIE		SMITH

TWIN BIRTH

AHIMA recommends using birth identifiers (1,2 or A,B) in temporary newborn names, placing these identifiers in the patient's FIRST NAME field. If the health IT system allows for numbers, use 1,2,3 etc., otherwise use A,B,C etc. The following example shown in Table 8 illustrates how TWIN BIRTH should be collected for GIRL and BOY respectively. The MIDDLE NAME field is intentionally left blank.

Table 8: Twin Birth

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
GIRL1KATIE		SMITH
BOY2KATIE		SMITH

MULTIPLE BIRTHS

Multiple births is defined as three or more births. The following example shown in Table 9 illustrates the mother having a hyphenated name. The example shows how MULTIPLE BIRTHS should be collected for GIRL1, BOY2, and BOY3 respectively. The MIDDLE NAME field is intentionally left blank.

Table 9: Multiple Births

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
GIRL1KATIE		MILLER-SMITH
BOY2KATIE		MILLER-SMITH
BOY3KATIE		MILLER-SMITH

SAFE HAVEN BABY

When a baby is relinquished[12] to a designated location consistent with a state's safe haven law, follow the UNIDENTIFIED individual guidance above.

12 https://www.childwelfare.gov/pubpdfs/safehaven.pdf

ADOPTION AT BIRTH

When a baby is anticipated to be adopted immediately after delivery, it is recommended the adoptive parents' name be used in the temporary LAST NAME field. The following example shown in Table 9 illustrates how SINGLE BIRTH should be collected for GIRL, BOY, AND UNDETERMINED respectively. The MIDDLE NAME field is intentionally left blank.

Table 9: Adoption at Birth

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD (ADOPTIVE PARENT LAST NAME)
GIRLKATIE		SMITH
BOYKATIE		SMITH
BABYKATIE		SMITH

BIRTH PRONOUNS

AHIMA recommends an optional designated field for capturing pronouns in situations where parents request a particular one be documented for their minor child. For more information, navigate to the section on PRONOUNS.

FETAL CARE

In circumstances where a fetus might require treatment prior to birth, AHIMA recommends using the following:

- Mother's LAST NAME for the child's LAST NAME
- BABY for the fetus's FIRST NAME (BABY1, BABY2, etc. or BABYA, BABYB, etc. for twins or multiple births) depending upon what fields and technology allow.
- UNKNOWN in the GENDER field since it will not be assigned until birth.

AHIMA also recommends that such information be documented in both the mother's and fetus's records. Following live birth, these records should be remediated to mirror the birth certificate. This can be completed either through generating reports or addressed when the child becomes a patient within the normal course of business. The MIDDLE NAME field is intentionally left blank. The following example shown in Table 10 illustrates how these should be documented for one BABY, first TWIN and second TWIN respectively. Examples are provided below in Table 10.

Table 10: Fetal Care

GENDER	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
UNKNOWN	BABY		SMITH
UNKNOWN	BABY1		SMITH
UNKNOWN	BABYA		SMITH

PREFIXES

AHIMA recommends capturing PREFIXES such as DR (Doctor), SR (Sister), FR (Father). It is not necessary to collect common prefixes such as MR, MS.[13]

13 https://www.healthit.gov/playbook/registrar/chapter-3/

SUFFIXES

AHIMA recommends capturing SUFFIXES listed on government-issued identification.

- It is not recommended to place a PREFIX or SUFFIX in the FIRST, MIDDLE or LAST name field(s).
- It is not recommended to capture numbers to represent suffixes.
- Periods (.) after initials should not be collected.
- Table 11 illustrates how suffixes should be captured.
- Examples of suffixes:
  - JR
  - SR
  - II
  - III
  - IV
  - V

Table 11: Suffix Examples

Legal Name Verified on Government-issued ID	DATA ENTERED IN FIRST NAME FIELD	DATA ENTERED IN MIDDLE NAME FIELD	DATA ENTERED IN LAST NAME FIELD	DATA ENTERED IN SUFFIX FIELD
James R. Billings Jr.	JAMES	RANDOLPH	BILLINGS	JR
Charles Wayne Miller III	CHARLES	WAYNE	MILLER	III

NICKNAMES, PREFERRED NAMES, ALIASES, AND VIP

NICKNAME

AHIMA recommends a separate field for capturing a patient's NICKNAME. A NICKNAME is not necessarily listed on the patient's government-issued identification, however, it could be a variation of the legal name as seen in the examples provided below. NICKNAMES should never be collected in the FIRST, MIDDLE, OR LAST NAME fields. These fields should be reserved for the COMPLETE LEGAL NAME.

Nicknames or diminutive forms should only be entered in the MPI field(s) specifically designed for this purpose. There may be instances of where a patient's LEGAL NAME is a commonly used nickname. In such circumstances, it would be appropriate to use as a legal name due to its legal status.

Table 12 provides examples of how nicknames should be converted when entered.

Table 12: Nickname Examples

Name Provided at Registration	Legal Name Verified on Government-issued ID	DATA ENTERED IN THE FIRST NAME FIELD	DATA ENTERED IN THE MIDDLE NAME FIELD	DATA ENTERED IN THE LAST NAME FIELD
Bob T. Williams	Robert Thomas Williams	ROBERT	THOMAS	WILLIAMS
Lizzie Susan Whitley	Elizabeth Susan Whitley	ELIZABETH	SUSAN	WHITLEY
Greta Brown	Margaret Brown	MARGARET		BROWN

PREFERRED NAMES

A PREFERRED NAME is not necessarily listed on the patient's government-issued identification. It is a name the patient elects and prefers to use as a substitute for their legal name. AHIMA recommends a separate field for capturing the PREFERRED name.

ALIASES and VIP

When a Very Important Patient (VIP) presents or it is necessary for a patient to remain anonymous, AHIMA recommends using the ALIAS or VIP field to capture this information. It is best practice to update the ALIAS or VIP name post-discharge to the COMPLETE LEGAL NAME for accurate patient matching.

HYPHENS, APOSTROPHES AND PUNCTUATION

AHIMA recommends the only punctuation appropriate for the name field is a hyphen.

There should be no spaces on either side of the hyphen (E.g. SMITH-LOGAN not SMITH – LOGAN).

Periods (.) after initials should also not be collected.

Apostrophes such as “O’Donnell” and punctuation such as “St. James” should also not be used and should be converted as illustrated in Table 13.

Table 13: Hyphens, Apostrophes, and Punctuation

Name Provided by Patient	Legal Name Verified on Government-issued ID	DATA ENTERED IN THE FIRST NAME FIELD	DATA ENTERED IN THE MIDDLE NAME FIELD	DATA ENTERED IN THE LAST NAME FIELD
Sean M. O’Donnell	Sean M ODonnell	SEAN	MATTHEW	ODONNELL
Mary D. Smith-Logan	Mary D Smith-Logan	MARY	DEBRA	SMITH-LOGAN
Susan L. St. James	Susan L Saint James	SUSAN	LOUISA	SAINT JAMES
Steven E. Van Der Ark	Steven Edward Van Der Ark	STEVEN	EDWARD	VAN DER ARK
Abbie N. McClintock	Abbie Nicole McClintock	ABBIE	NICOLE	MCCLINTOCK

PRONOUNS

AHIMA recommends the following Health Level Seven (HL7) third person pronoun value set as a proposed minimum set for interoperability[14] as illustrated in Table 14.

The proposed set is based on LOINC answer list for Personal Pronouns - Reported, LL5144-2 Personal pronouns / Answers: 10; Scale: Nom; Code: -; Score: -. The LOINC value set is an acceptable binding using canonical url: http://loinc.org/vs/LL5144-2.[15]

Table 14: Pronouns

Term	Definition
He, Him, His, Himself	Masculine Pronouns; Male Pronouns; He/Him Pronouns
She, Her, Hers, Herself	Feminine Pronouns; Female Pronouns; She/Her Pronouns
They, Them, Their, Theirs, Themself	They/Them Pronouns; They, Them, Their, Theirs, Themselves; Nonbinary Pronouns
Uses Other Pronouns	Other; Other (Please Specify); Other Pronoun Set; Another Pronoun Set; Other Pronouns; Other Pronouns Used
Unknown Pronouns	Unknown; used in situations wherein no pronouns can be asked for (young children, infants, neonates, etc.).

14 HL7 Informative Document: Gender Harmony– Modeling Sex and Gender Representation, Release 1, HL7_GENDER_R1_I1_2021JAN

15 ibid

SEX AND GENDER

AHIMA recommends following standards contained in ONC's Interoperability Standards Advisory (ISA).

- Patient Identified Sexual Orientation
- Gender Identity
- Sex Assigned at Birth
- AHIMA recommends following guidelines set forth in HL7® International's standard publication, "HL& Informative Document: Gender Harmony–Modeling Sex and Gender Representation, Release 1.
- Operational procedures at registration should ensure this information is provided by the patient (PATIENT SELF-IDENTIFIED), not assumed by a member of the healthcare team.
- SEX ASSIGNED AT BIRTH should be captured in a separate field as well as LEGAL SEX which is represented on government-issued forms of identification.

HEALTH LEVEL SEVEN (HL7®) MPI PATIENT IDENTIFICATION SEGMENTS:

AHIMA recommends following HL7® and Fast Healthcare Interoperability Resources (FHIR) current standards and mapping guidelines for MPI Patient Identification Segments. A discussion should be initiated with the organization's technology vendor for current version information.

GLOSSARY

ADOPTION AT BIRTH: A child whose birth or biological parent(s) have relinquished parental rights which constitutes the assignment of a temporary naming convention before the birth certificate is complete.

ALIAS: A field where names may be collected that are a substitute for the legal name, names that contain more characters than the FIRST, MIDDLE and LAST NAME fields allows, or names that need to remain anonymous.

BIRTH PRONOUNS: Suggested for capture in situations where parents request a preferred pronoun be documented for their child. See PRONOUN section or more information.

COMPLETE LEGAL NAME: All names that appear on their government-issued identification.

FAMILY NAME: Also known as SURNAME or LAST NAME.

FETAL CARE: Clinical care of a fetus prior to live birth.

FIRST NAME: Patient's first name(s) as it appears on their government-issued identification. See GIVEN NAME.

GENDER IDENTITY: An individual's deep, innate understanding that each person has of their identity as "male, female, more than one gender, or in some cases, another gender.

GIVEN NAME: Patient's FIRST name(s) as it appears on their government-issued identification. See FIRST NAME.

LAST NAME: Patient's last name(s) or surname(s) as it appears on their government-issued identification.

LEGAL SEX: Sex represented on a government-issued identification.

MIDDLE NAME: Patient's middle name(s) as it appears on their government-issued identification.

MULTIPLE BIRTHS: Live birth of three or more infants.

MULTIPLE NAMES: Patients may have more than one FIRST, MIDDLE or LAST NAME.

NEWBORNS: An infant from the time of birth until receiving a LEGAL NAME.

NICKNAME: A name is not necessarily listed on the patient's government-issued identification, however, could be a variation of the legal name.

OTHER DESIGNATED FIELD: An additional field that is created specifically to capture additional patient demographics to address limitations in existing fields.

PATIENT SELF-IDENTIFIED: Sexual orientation and gender identity information that the patient provides at the point of registration or to a provider. The information may not match legal documentation.

PREFERRED NAME: A name is not necessarily listed on the patient's government-issued identification. A name the patient elects and prefers to use as a substitute for their legal name.

PREFIX: Common, military, diplomatic, or professional designations.

PRONOUNS: Used as a substitute for a noun in a name, however, may not reflect the sex assigned at birth.

RISING FLOOR: Though the USCDI sets the floor of data availability, it's not static. ONC has established an expansion process that creates a "rising floor" over time based on input from industry and federal partners and consideration of various factors such as impact, feasibility, and standards maturity.[16]

SAFE HAVEN BABY: When a baby is relinquished to a designated location consistent with the state's safe haven law.

SEX AND GENDER: These two fields are often used interchangeably in health information systems and may differ based on patient self-identified vs. what is listed on government-issued identification.

- Sex is used to classify individuals as female, male, or specified (neither female or male) and can be based on an infant's anatomy, other biological characteristics, or can be associated with physical and physiological features.[17]
- Gender is defined as a person's inner sense of being a girl/woman/female/feminine, boy/man/male/masculine, nonbinary (Both "nonbinary" and "non-binary" spellings are used in the community.) something else, or having no gender.[18]

SEX ASSIGNED AT BIRTH: Gender assigned at birth (E.g.—Male, Female, Undetermined).

SEXUAL ORIENTATION: An individual's sexual or romantic attractions (E.g.—Heterosexual, Gay, Lesbian, Bisexual, Queer).

SEX UNDETERMINED: The sex cannot be determined at birth.

SINGLE BIRTH: Live birth of one infant.

SINGLE LEGAL NAME: Patient's FIRST, MIDDLE and LAST NAMEs are represented on their government-issued identification as a single name.

SUFFIX: Generational titles or educational degrees.

SURNAME: Also known as LAST NAME or FAMILY NAME.

TWIN BIRTH: Live birth of two infants.

UNIDENTIFIED: A patient for whom the legal name is not known or for whom a name that has not yet been assigned (E.g. trauma, baby, homeless).

VIP: Refers to a "very important patient". The VIP patient is someone who has asked to remain anonymous for purposes of healthcare or whom the facility has identified as needing identity protection.

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16 https://www.healthit.gov/buzz-blog/health-it/thinking-outside-the-box-the-uscdi-initiative

17 McClure, R.C., Macumber, C.L., Kronik, C., Grasso, C., Horn, R.J., Queen, R., Posnack, S., Davison, Kelly. Gender harmony: improved standards to support affirmative care of gender-marginalized people through inclusive gender and sex representation. *Journal of the American Medical Informatics Association*, 00(0), 2021, 1-10, doi: 10.1093/jamia/ocab197

18 ibid

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American Health Information Management Association
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601

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