



Integrating
the Healthcare
Enterprise

Patient Registration Content Profile **(Data Elements Update in IHE ITI** **PIX/PDQ Integration Profiles)**

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Problem

Patient Registration content is not standardized across organizations and information systems vendors today.

Getting Patient Registration right means:

- Information is correct, complete and timely
- Demographic entries are cross-validated throughout all documentation
- Documentation is complete
- Patient matching is enabled
- Documentation on the right patient is available to the right clinician (MD or RN) at the right time of the care

In 2016 AHIMA developed Patient Registration Use Case that serves the basis for this profile proposal.

Patient Registration Content Profile

Use Cases

Settings and Scope:

We identified 17 scenarios for patient registration across the 3 types of settings

1. Emergency department visit
 - **Registration of walk-in/patient presentation in ED**
 - **Registration initiated/conducted by clinicians**
2. In-patient setting visit (hospitals, clinics and other)
3. Out-patient setting visit

Focus in 2017: Emergency department visit setting

Sample Content to be standardized

Patient/Guardian demographics

- Name
- DoB
- Address

Visit demographics

- Enterprise MRN
- Date/Time of encounter
- Reason for visit

Care Team demographics

- Name
- Role
- PID
- Department/service

Insurance information

- Type of Payor
- Insurance ID
- Coverage
- Co-pay

Standards Needed

- IHE PIX/PDQ - Patient Identity Cross-Referencing/Patient Demographic Query HL7 Version 2.x Patient Administration
- HL7 C-CDA - Consolidated Clinical Document Architecture
- HL7 FHIR - Fast Healthcare Interoperability Resources
- X12 Administrative Transactions
- Others, such as SNOMED, LOINC, etc

Technical Approach

- No New Actors
- Existing Actors
 - Content Creator/Content Consumer
 - Or
 - PDQ Supplier/PIX Manager
- No New Transactions
- ITI-8 Patient Identity Feed may be impacted/constrained

Proposed work

- New content profile with core section that describes data elements and associated formats for standardized patient registration at the international level
- US specific national extension appendix to the content profile with additional details needed by AHIMA stakeholders in the US

Task Breakdown

- Review proposed list of data elements used in Patient Registration and identify core set of data elements that must be standardized
- Identify standardized code sets or value sets that may be available for each data element
 - Document code set to be used, if any
 - Document constraints
- Create content mapping to v2 and v3 representations (PID3 vs Person.Patient...)
- Identify standards or object checkers that may be used to validate content for a data element, such as the potential for using the US postal Service standard for US addresses

Risks

Political Risks

- Content standardization may need to be split between data elements that are internationally consistent and data elements and associated codesets that belong in volume 4

Technical Risks

- Definition and orchestration of data element validation may pose a challenge

Effort

- Moderate effort, tightly scoped to include content profile only
- Leave all patient matching and other gaps to future efforts

Reviewers

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