

The IHE logo consists of the letters 'IHE' in a bold, dark blue, sans-serif font. A vertical line is positioned to the right of the letters, separating them from the tagline.

IHE

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 workflow and content are 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

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

Use Case

Use Case Name: Registration of Walk-in/Patient Presentation in ED		
Actors	Business Actors: Patient (or Guardian/patient’s representative), Registration staff, Billing staff (Insurance verifier registrar), Payor, Clinician	
	Technical Actors: R-ADT System, HIS, Financial System, Payor System, EHR, EDMS, HIE, PHR, mHealth app	
# of Step	Workflow Steps	Information Items Examples (Record, Documents, Data Sets, Codes)
1	Patient enters into ED and presents to the Registration staff	<u>Episode of Care Record:</u> <u>Patient Registration Information</u>
2	Registration staff identifies patient, asks patient to complete necessary forms (paper or electronic), and checks in the visit in R-ADT System. Refer to Pt Matching Use Case as described in DG9 In the case of “trauma/unidentified patient”, registration staff assigns a tag with the ID number to be used in the episode of care.	1. Patient/guardian demographics (e.g., name, DoB, address) 2. Visit demographics (e.g., enterprise medical record number, date/time of encounter, reason for visit, list of barcodes, etc.), 3. Physician demographics (name, PID, department/service)
3	HIS creates an audit record of the encounter	4. Reason for visit 5. Consent for visit
4	R-ADT System searches and obtains patient and visit-relevant information from HIS, EHR, Financial Systems, EDMS, HIE, mHealth app, PHR	6. Consent for information sharing

Information Collected

- Patient Registration Information
 - Patient, Visit, Physician Demographics
 - Reason for visit
 - Consents (visit, information sharing)
- Insurance information
- Payment information

Collected
by Business
Actor

- Notification of Record Availability
- Acknowledgement of Receipt
- Audit Record: Who, When, Why, What

Collected
by
Technical
Actor

Standards Needed

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