Description

Mariela Gonzales Morales is selected as the patient and her record is opened in the EMR.

Comments

No Comments

Pre Condition

Mariela Gonzales Morales Initial Data Load completed.

Post Condition

Mariela Gonzales Morales is the active working patient in the EMR.

Test Objectives

Select New Patient: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother’s maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient’s information to external systems such as an immunization registry.

Evaluation Criteria

Tester shall verify that the product can distinguish Mariela Gonzales Morales from similar sounding names and her twin using all of the pediatric demographics:

- Patient ID (previously listed as “Medicaid Number”) - **Vendor supplied **
- Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name - **Shoreline Pediatrics **
- Patient ID: Type (e.g., medical record number, IIS ID) - **Vendor supplied **
- Patient Name: First - **Mariela **
- Patient Name: Middle - **Gonzales **
- Patient Name: Last - **Morales **
- Patient Date of Birth -** 05/30/2015 **
- Birth Time - **11:00 **
- Patient Gender (Administrative Sex) - ** F **
- Patient Multiple Birth Indicator - **Yes **
- Patient Birth Order - **1 **

- Responsible Person Name: First - **Joanna**
- Responsible Person Name: Middle - **Gonzales**
- Responsible Person Name: Last - **Morales**
- Responsible Person Name: Relationship to Patient - **Mother**
- Mother's Name: First - **Joanna**
- Mother's Name: Middle - **Gonzales**
- Mother's Name: Last - **Morales**
- Mother's Name: Maiden Last - **Gonzales**
- Patient Address: Street - **3321 Standish Way**
- Patient Address: City - **Stamford**
- Patient Address: State - **CT**
- Patient Address: Country - **US**
- Patient Address: Zipcode - **06903**
- Patient Address: County of Residence - **Fairfield**
- Race - **White**
- Ethnicity - **Hispanic or Latino**
- Birthing Facility Name (Birth Delivery Location Address BDL) - **Stamford Regional Hospital 15 Atlantic Avenue, Stamford Connecticut 06903**
- Patient Birth State - **CT**
- Patient Primary Language - **English**
- Patient Telephone Number - **(203) 555-1214**
- Patient Telephone Number Type (e.g., home, cell) - **home**
- Patient E-mail Address - ** **
- Publicity Code ** **
- Protection Indicator ** **
- Protection Indicator Effective Date ** **
- Immunization Registry Status ** **
- Preferred Contact Method - **Phone **

Notes for Testers

No Note

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