Description

The EHR vendor loads demographic data for Juana Mariana Gonzales.

Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data. There is no transaction associated with this test step.

Pre Condition

No PreCondition

Post Condition

The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Gonzales.

Test Objectives

Register New Patients: 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

Evaluation Criteria: Vendor successfully records all demographic data provided, and in particular (Mother's maiden name, multiple birth, birth order), with all required attributes indicated by [Y]:

Patient ID (previously listed as “Medicaid Number”)	Vendor supplied	Y					
Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name	Shoreline Pediatrics	Y					
Patient ID: Type (e.g., medical record number, IIS ID)	Vendor supplied	Y					
Patient Name: First	Juana	Y					
Patient Name: Middle	Mariana	Y					
Patient Name: Last	Gonzales	Y					
Patient Date of Birth	12/23/2009	Y					
Birth Time	11:05	N					
Patient Gender (Administrative Sex)	F	Y					
Patient Multiple Birth Indicator	No	Y					
Patient Birth Order	NA	C					
Responsible Person Name: First	Joanna	Y					
Responsible Person Name: Middle	Merida	Y					
Responsible Person Name: Last	Gonzales	Y					
Responsible Person Name: Relationship to Patient	Grandmother	Y					
Mother’s Name: First	Maria	Y					
Mother’s Name: Middle	Merida	Y					
Mother’s Name: Last	Gonzales	Y					
Mother’s Name: Maiden Last	Acosta	Y					
Patient Address: Street	4345 Standish Way	Y					
Patient Address: City	Stamford	Y					
Patient Address: State	CT	Y					
Patient Address: Country	USA	Y					
Patient Address: Zipcode	06903	Y					
Patient Address: County of Residence	Fairfield	N					
Race	White	Y					

Ethnicity	Hispanic or Latino	Y				
Birthing Facility Name (Birth Delivery Location Address BDL)	Shoreline Hospital 325 Shorline Drive, Stamford Connecticut 06901	[Y - birthing facility name, not address]				
Patient Birth State	CT	Y				
Patient Primary Language	English	Y				
Patient Telephone Number	(203) 555-1212	Y				
Patient Telephone Number Type (e.g., home, cell)	home	Y				
Patient E-mail Address	jmg@gmail.com	N				
Publicity Code		N				
Protection Indicator		N				
Protection Indicator Effective Date		N				
Immunization Registry Status		N				
Preferred Contact Method	Phone	Y				

─Notes for Testers─

No Note

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No PreCondition

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No Note