

Description

Juan Marcel Marina is selected as the patient and his record is opened in the EMR.

Comments

No Comments

Pre-condition

Juan Marcel Marina Initial Data Load completed.

Post-Condition

Juan Marcel Marina 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 Juan Marcel Gonzales from similar sounding names 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	Juan
Patient Name: Middle	Marcel
Patient Name: Last	Marina
Patient Date of Birth	03/04/2018
Birth Time	11:00AM
Patient Gender (Administrative Sex)	M
Patient Multiple Birth Indicator	No
Patient Birth Order	NA
Responsible Person Name: First	Manuel
Responsible Person Name: Middle	Marcel
Responsible Person Name: Last	Marina
Responsible Person Name: Relationship to Patient	Father

Mother's Name: First	Anita
Mother's Name: Middle	Francesca
Mother's Name: Last	Marina
Mother's Name: Maiden Last	Morales
Patient Address: Street	4623 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)	Shoreline Hospital 325 Shoreline Drive, Stamford Connecticut 06901
Patient Birth State	CT
Patient Primary Language	English
Patient Telephone Number	(203) 555-1213
Patient Telephone Number Type (e.g., home, cell)	home
Patient E-mail Address	
Publicity Code- Reminder/recall	no calls (03 HL70215)
Protection Indicator	
Protection Indicator Effective Date	
Immunization Registry Status	
Preferred Contact Method	Text

Notes

No Note