Description

Juana Maria Gonzales is selected as the patient and her record is opened in the EMR.

Comments

No Comments

Pre-condition

Juana Maria Gonzales Initial Data Load completed.

Post-Condition

Juana Maria Gonzales 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 Juana Maria Gonzales 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	Juana
Patient Name: Middle	Maria
Patient Name: Last	Gonzales
Patient Date of Birth	10/01/2019
Birth Time	11:15
Patient Gender (Administrative Sex)	F
Patient Multiple Birth Indicator	Yes
Patient Birth Order	2
Responsible Person Name: First	Joanna
Responsible Person Name: Middle	Elena
Responsible Person Name: Last	Gonzales
Responsible Person Name: Relationship to Patient	Mother
Mother's Name: First	Joanna

Mother's Name: Middle	Elena
Mother's Name: Last	Gonzales
Mother's Name: Maiden Last	Morales
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	Reminder/recall - no calls (03 HL70215)
Protection Indicator	No
Protection Indicator Effective Date	
Immunization Registry Status	
Preferred Contact Method	Text

Notes
No Note