

Description

The EHR vendor loads demographic and social history data for Anita Francesca Marina.

Comments

Set-up step evaluating EHR functions for capturing and storing adult demographic data and social history data supporting immunization recommendations. There is no transaction associated with this test step.

Pre-condition

No Pre-Condition

Post-Condition

The EHR has recorded all of demographic and social history data in the record created for Anita Francesca Marina.

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. The EHR or other clinical software system must be able to store information to successfully match with patients in immunization registries, if the information is available. Specific to immunization registries, that information includes the mother's maiden name, whether the patient was part of a multiple birth, and the birth order (i.e., ordinal number of birth, first, second, etc.). This information allows the provider to correctly identify the patient and also helps ensure a match when the EHR sends the patient's information to external systems such as an immunization registry.

Evaluation Criteria

Evaluation Criteria: Vendor successfully records all demographic data provided, with all required attributes indicated by [Y]. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

| | | |
|--|--------------------|---|
| Patient ID (previously listed as "Medicaid Number") | Vendor supplied | Y |
| Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name | Metro Primary Care | Y |
| Patient ID: Type (e.g., medical record number, IIS ID) | Vendor supplied | Y |
| Patient Name: First | Anita | Y |
| Patient Name: Middle | Francesca | Y |
| Patient Name: Last | Marina | Y |
| Patient Date of Birth | 06/01/1985 | Y |
| Birth Time | N/A | N |
| Patient Gender (Administrative Sex) | F | Y |
| Patient Multiple Birth Indicator | No | Y |
| Patient Birth Order | 1 | Y |
| Responsible Person Name: First | Anita | Y |
| Responsible Person Name: Middle | Francesca | Y |
| Responsible Person Name: Last | Marina | Y |
| Responsible Person Name: Maiden Last | N/A | N |
| Responsible Person Name: Relationship to Patient | Self | Y |
| Mother's Name: First | Sophia | Y |
| Mother's Name: Middle | Serena | Y |
| Mother's Name: Last | Santos | Y |
| Mother's Name: Maiden Last | Ramirez | Y |
| Patient Address: Street | 4623 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 | N/A | N |
| Birth Delivery Location Address (BDL) | N/A | N |
| Patient Birth State | CT | Y |
| Patient Primary Language | English | Y |
| Patient Telephone Number | (203) 555-1215 | Y |
| Patient Telephone Number Type (e.g., home, cell) | cell | Y |
| Patient E-mail Address | Proctor Supplied | Y |
| Publicity Code | Reminder/recall - any method (02 HL70215) | Y |
| Protection Indicator | N | N |
| Protection Indicator Effective Date | 10/1/2010 | Y |
| Immunization Registry Status | NA | N |
| Preferred Contact Method | email | Y |

Social History:

| | | |
|------------|---|---|
| Occupation | Adult Health Clinical Nurse Specialist [Clinical Nurse Specialists] | C |
| Industry | Home nursing services (except private practices) [Home Health Care Services] | C |
| Employer | River Rehabilitation Center | C |

Notes

Publicity Code is included in order to support documentation of communication method for the TestCase: Notify Patients of Immunization Status. If the EHR does not support this attribute, the result for this step may indicate pass, but the lack of support should be documented as a notable exception.

While the PID indicates that it is Vendor Supplied, the ID returned from the registry query is: 123456^^^MYEHR^MR~987633^^^MYIIS^SR. The IIS will not know the PID of the local system, and there is no context-based validation checking for the PID.

Protection Indicator Effective Date may use current date if constrained by EHR workflow.

Document in notable exceptions where any of the social history attributes can not be captured/recorded by product.

The Anita Francesca email supplied should be provided by the test proctor so they can receive the patient notifications. For the purpose of internal Vendor testing they can use their own emails.