

Topics	<p>Call to Action Sessions:</p> <p>PROFESSIONAL ENHANCEMENT CAMPAIGN AND ADVOCATING FOR THE PROFESSION Facilitator: <i>Jackie Bonyko – AHIMA Vice President, Marketing and Communications</i> Delegates will further their understanding of the professional enhancement campaign and the tools available. They will learn how they can be champions of and spokespeople for the campaign in their communities so that they are equipped to train members. Submit your personal brand by Oct. 7 on Engage.</p> <p>PATIENT MATCHING NAMING POLICY PLEDGE Facilitators: <i>Julie A. Pursley, MSHI, RHIA, CHDA, FAHIMA and Keisha M. Tolbert, MAM, RHIA, CHPS</i> Delegates will gain knowledge on the recommended naming policy, why it is important, and how to champion within their CSAs for education and organizational adoption.</p>
House Action Being Requested	<p><input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Recommendation <input type="checkbox"/> Informational</p>
Relevance to Strategy	<p><input checked="" type="checkbox"/> 1. Advance and advocate for the creation and use of trusted information across the evolving health continuum <input checked="" type="checkbox"/> 2. Shape the health information profession by growing the influence and competitiveness of health information skillsets. <input type="checkbox"/> 3. Drive strategic transformation and renewed growth as a great partner and place to work.</p>
Attachments / References	<p>Professional Enhancement Campaign:</p> <ul style="list-style-type: none"> • All Delegate Webinar, 3.11.20 Recording and Slides to review • All Delegate Webinar, 6.10.20, Recording and Slides to review • Professional Enhancement Campaign Toolkit • CSA Brand book & PEC Checklist • Professional Enhancement Campaign Templates (attached below) <p>Patient Identification and Matching Naming Policy Pledge (attached below)</p>

Mission: Empowering People to Impact Health

Vision: A world where trusted information transforms health and healthcare by connecting people, systems, and ideas

Professional Enhancement Campaign Templates

Create Your Personal Brand

As part of the Professional Enhancement Campaign (PEC), templates were developed so you can easily create narratives of what you do as a health information (HI) professional and what the profession encompasses. Please create your narrative and then use as you share what you do. By having all HI professionals use consistent language, the professional brand will be strengthened.

As a professional in health information, what do you do?

Template:

As a Health Information Professional, I draw on a comprehensive understanding of *[area of study]*, *[area of study]*, and *[area of study]* to ensure that the health information collected, accessed, and used by professionals throughout healthcare, is *[adjective(s)]*.

In my specific role as *[Title and/or name of organization]* I *[oversee/lead/am part of]* a team of *[professionals]*. By *[meaningful action]*, *[meaningful action]*, and *[meaningful action]*, we *[description of your primary objective, or the type of support you provide to patients]*.

Example:

As a Health Information Professional, I draw on a comprehensive understanding of **clinical practices, data management, and operations** to ensure that the health information collected, accessed, and used by professionals throughout healthcare, is **done so responsibly, and effectively**.

In my specific role as **Chief HIM & Exchange Officer for Children's Health**, I **oversee** a team of **health information professionals**. By **servicing as calm source of information for patients and their families, directing families to the patient portal for accurate clinical guidance, and working on new ways to make record management more efficient**, we **provide critical support to the people, patients and clinicians who need it most**.

What exactly is health information?

Template:

Health information is the data that comes with every healthcare experience. Every new *[interaction during a healthcare experience]*, *[interaction during a healthcare experience]*, and *[interaction during a healthcare experience]* in the healthcare space generates essential information that significantly impacts our personal and collective wellbeing.

Health information is complex, nuanced, ever-changing and deeply personal. Because of these uniquely human characteristics, its proper management requires a diverse range of expertise.

Example:

Health information is the data that comes with every healthcare experience. Every **new conversation, knee tap, and blood draw** in the healthcare space generates essential information that can significantly impact our personal and collective wellbeing.

Health information is complex, nuanced, ever-changing and deeply personal. Because of these uniquely human characteristics, its proper management requires a diverse range of expertise.

Patient Identification and Matching Naming Policy Pledge

Lack of accurate patient identification can affect clinical decision making, treatment, patient outcomes, patient privacy, and results in duplicative testing and increased costs.¹ Lack of a standard demographic data set can also lead to patient records not being linked to one another, resulting in health information being unavailable at the time the provider is treating the patient.²

Mismatching and duplication also have a disproportionate impact on underserved communities. According to OCHIN³ and the patient population they serve, duplicate records for unserved communities are double and tripled compared to the population percentage. For example, black patients make up 13 percent of OCHIN's patient population, but 21 percent have duplicate records. Hispanic/Latino patients make up 21 percent of the population and 35 percent have duplicate records.

Collecting patient demographics is the starting point of trusted, reliable data during the patient's health journey. However, institutional policies around the collection of patient demographics vary. This results in an environment where data is collected and entered in a variety of ways, which can jeopardize patient safety, limit data sharing and interoperability, delay claims, and diminish data quality.

A critical component to accurately identifying patients through patient demographics is the use of a naming policy. A naming policy provides the structure for data entry and collection in the master patient index (MPI) and enterprise master patient index (EMPI).

As professionals committed to excellence in the management of health information for the benefit of patients and providers, we have a **responsibility** to ensure that health data is accurate, complete, and available to patients and clinicians. Indeed, AHIMA's Code of Ethics **obligates us as a profession** to ensure the accessibility and integrity of health information.

We are asking you **today** to live up to that obligation and take the pledge below.

AHIMA wishes to thank TxHIMA for creating and initiating this important policy in 2018 that has been presented and utilized throughout Texas. Their "Interoperability and Challenges with Patient Matching" brief was used to create the following naming policy.

Call to Action—Take the Pledge:

As health information professionals, we are committed to excellence in the management of health information for the benefit of patients and providers. Patient misidentification continues to jeopardize patient safety, limit and delay data sharing and interoperability, and has an adverse effect on data quality.

Today, as a health information professional, I pledge to advocate and educate members and other key stakeholders on the importance of naming policies in our healthcare organizations. I will support, encourage, and educate my fellow health information professionals to implement the following data policies.

¹ Riplinger, Lauren, Jordi Piera-Jimenez, and Julie Pursley Dooling. "Patient Identification Techniques – Approaches, Implications and Findings." *IMIA Yearbook of Medical Informatics* 2020.

² Lusk, Katherine, et al. "Patient Matching in Health Information Exchanges." *Perspectives in Health Information Management*, 2014. <https://perspectives.ahima.org/patient-matching-in-health-information-exchanges/>

³ Butler, Mary. "COVID-19 Magnifies Urgent Need for Patient Identification Strategies." *Journal of AHIMA*, July 7, 2020. <https://journal.ahima.org/covid-19-magnifies-urgent-need-for-patient-identification-strategies/>

Capturing and Recording in the Master Patient Index (MPI):

Patient's Name:

- Complete Legal Name as reflected on government issued identification or by a legal name changing event such as marriage, adoption, etc.
 - If patient's name is a single legal name, record the name in both the first and last name fields.
- UPPER CASE to eliminate variations in patient matching algorithm
- Middle Name
 - If patient does not have a middle name, the field is left blank.
 - If patient's middle name is an initial, record it.
- Suffixes entered if documented on government issued identification.
- Nicknames/Alias/Preferred Name: Never to be entered as the legal name.
- Pronouns: Patient's preferred pronoun: she/her, he/him and they/them
- Temporary names:
 - Newborns: The Joint Commission's National Patient Safety Goal NPSG.01.01.01 to distinctly identify newborns⁴
 - Fetal care, in-vitro or prior to delivery utilize temporary newborn naming convention with estimated delivery date as the date of birth
 - No identification available/provided (update within 24 hours of identity notification):
 - A unique alphanumeric identifier will be assigned.
 - Unknown shall appear as either the first or last name.
- **Sex and Gender:**
 - ONC Standards
 - [Patient Identified Sexual Orientation](#)
 - [Gender Identity](#)
 - [Sex Assigned at Birth](#)
 - Capture Legal Sex
- **Follow Health Level 7 version 2.6 standards in the MPI Patient Identification Segments**

⁴ "National Patient Safety Goals Effective July 2020 for the Hospital Program." https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2020/npsg_chapter_hap_jul2020.pdf