General Guidelines

1) Ask the right questions: Verify the patient's information is current, such as the emergency contact, address, phone, etc. Be aware when asking for personally identifiable information or PII that you are not overheard to protect patient privacy.

2) Verify spelling: If a name is unfamiliar, has more than one spelling (ex. Shawn, Shaun, Sean) or verbal communication is difficult, use identification such as a driver's license or insurance card to capture the legal full name; if none of these are available, ask the person to write it down.

3) Include full first and middle names: Don't use initials. In some cultures, siblings may have the same first name, but a different middle name.

4) Double-check the data fields for typos:
- Name transposition: Smith Mary vs Mary Smith
- Misspellings: Maury Smith vs Mary Smith
- DOB transposition: 11/8 vs. 8/11
- Wrong numbers due to keys that are close together: 6 and 7 on the top number row or 4 and 7 on a 10-key number pad.
- Wrong entry from paper forms: 1 and 7 look similar in print and could be copied over incorrectly. Same with a lowercase "l" and uppercase "I," as in Illinois.
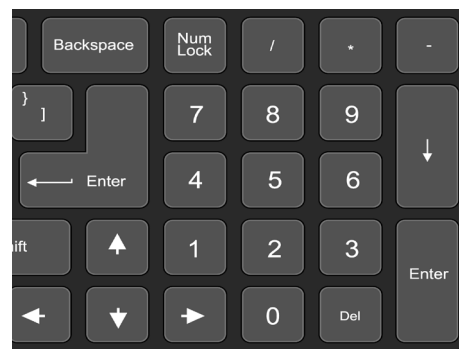
5) A Note About Social Security Numbers: While SSNs are not required, if one is collected, it can help improve patient matching. If the patient's SSN is not available, leave the field blank. If your EHR requires an entry, enter the same digit (e.g. 111-11-1111) to make it clear this is a placeholder number. A partial SSN can be more helpful than a blank one (ex. 2523).

Common Complex Scenarios

6) Newborns: If a placeholder name was used, update the given name as soon as possible. This especially important for **multiple births**. Double-check which child's information is being entered.

Example: Twins are born with the last name "Jenkins" and listed as Baby Girl A Jenkins and Baby Girl B Jenkins.

If the orginal record is not updated with the given names, a new MRN could be assigned or a new provider could create a record for "Mary Jenkins" and "Macy Jenkins" with no match or link to the placeholder name. (e.g. is "Mary" Baby Girl A or B?)

?

Baby Girl A Jenkins

Mary Jenkins =

?

Baby Girl B Jenkins

7) Trauma/unresponsive patients:
- Use an obvious temporary DOB (ex. 1/1/1888).
- Avoid using 19xx as that could be a legitimate DOB.
- Avoid reusing trauma names when the name is unknown. These alternate names are part of patient matching. Multiple John or Jane Does can cause matching issues.
- Update the patient's name as soon as it is known.

John Doe
1/1/1888 → **Anya Patient**
5/13/1988
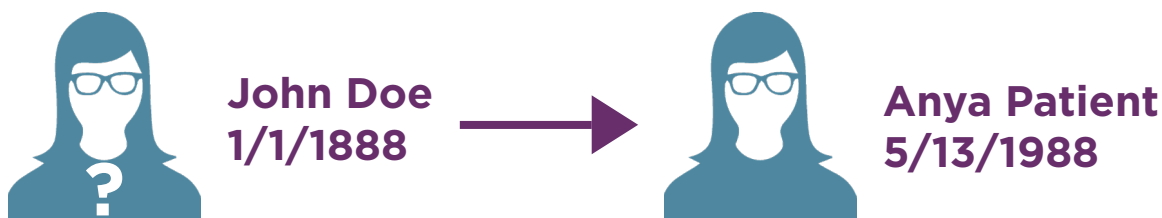
8) Patients experiencing homelessness:
- If the patient is in a shelter, use the shelter's address.
- If they are unsheltered, use an indicator like "Homeless" or "No permanent address" in the street line; enter city & state fields.
- Do not use the medical provider's address.
- It is very helpful to get an email address since address and phone will vary.

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