

Indian Health Service

Patient Registration

The First Step To Quality Health Care

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Quality Health Care Through Quality Information

It is critical to have accurate and complete data for the health care team and for the health care organization

M.V.P.

Patient Registration staff have become the *Most Valuable Professionals* in the entire health care process over the past decade.



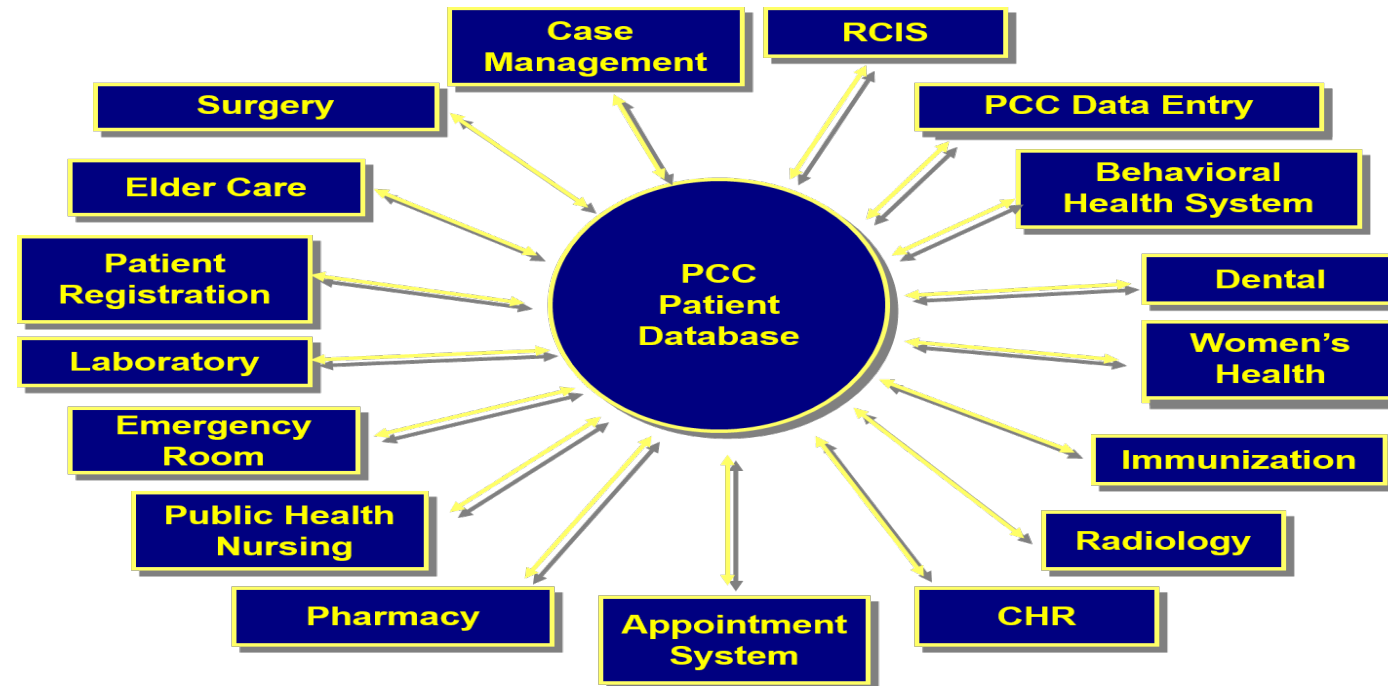
First Step to Health Care

Patient Registration is important to the patient's overall health care process for:

- Patient Identification
- Communication between their health care provider
- Statistical Data
- Meeting healthcare initiatives (GPRA)
- Revenue

Quality Health Care Through Quality Information

RPMS Patient Registration is the hub of all RPMS packages



Timelines Are Critical

Real-time data entry is crucial to patient care services in the following settings:

- All health care services (*clinic, ER, hospitalization*)
- Health Center & Health Station services
- Remote & virtual EHR user
- Admission to the nursing unit



Timelines Are Critical

- Bar Code Medication Administration (BCMA)
- Ancillary services (*lab and radiology*)
- Purchased Referred Care (*referrals & eligibility*)



Correctly Identifying the Patient

- Regulatory requirements indicate two or more identifiers to properly identify a patient.
- Delay with updating information may impact the health care process, such as: cancellation of surgery, delay of administering medication and even drawing blood.

QUESTION

Can you add other names used to the demographic information without Legal documents?

YES or NO ?

Correctly Identifying the Patient

- Patient record must match patient I.D.
- If different spelling or date of birth, add name to A.K.A. or other date of birth to “*Additional Information*” until patient can verify.



SCAN ALL is your BFF!

- Search by all names the patient may use, date of birth, and social security number.
- Be aware of same sounding names. Example: *Atcitty, Edsitty, Etsitty or Benally, Bennalley, Benalli*
- Maiden names, other names used (A.K.A.)
- Contact the HOME SU Facility to manually check MPI, as many patients may not be in the RPMS Registration system or under a different name.

Duplicate Registration

Using SCAN ALL, will avoid the possibility of creating a duplicate registration on the same patient at another Service Unit location.

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PATIENT REGISTRATION
SCAN for similar names - entire data base

Select PATIENT NAME: 123456
1 123456 DEMO,JOHN Q                12-25-2001
KAYENTA-AZ                MOTHER'S (MDN): SAMPLE,JANE
                            123456 NORTHERN NAVAJO MEDICAL CTR

2 123456 DEMO,JOHN Q                123456789 12-25-2001
KAYENTA-AZ                MOTHER'S (MDN): SAMPLE,JANE M
                            123456 FOUR CORNERS REGIONAL HLTH CTR
```

Very important to call the Home facility to avoid errors.

Impact on Patient Care and PHR

- Duplicate registration may impact services that the patient was referred to from another SU facility site.
- Patient health information is not consolidated for health care team.
- Health information under the Personal Health Record (PHR) web portal is not accurate.
- Situation creates a possible patient safety issue.



QUESTION

Can a person update their demographic information at any time even if the person is not being treated?

YES or NO

Updates for Continuity of Care

- Telephone update - Use 4 or 5 PII to validate patient identification via phone to update.

Name some examples

- Alternate Registration Authority – Does Clinic MSAs and PRC have authority and access to update via phone.
- Create an Area Registration Contact List.

QUESTION

Is a person that is Chinese who marries a Native American eligible for free health care with IHS?

YES or NO

Eligibility Requirements

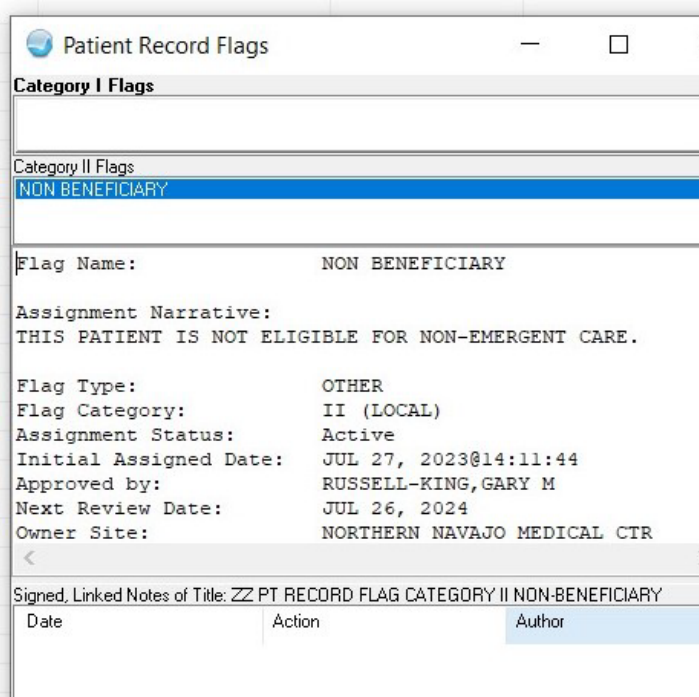
1. Enrolled member of a Federally Recognized Tribe, or of Indian Descent.
2. Non-Native woman pregnant for a Native male by marriage or acknowledgement (*paternity*)
3. Non-Native infected by a Native American with a communicable disease (*documented by provider*)

Eligibility

- Determining Eligibility is Registration responsibility. Beneficiaries have 30 days to provide CIB.
- Non-Ben – Only for emergency services then referred out. Non-Ben will be billed for services.
- Non-Ben Employee/Commissioned Officer – Only if facility is designated as an approved “*remote facility*” and services will be billed.

Non-Indians

- EMTALA – Follow your State requirements.
- Follow-up Services – Do not schedule a follow-up appointment or referral for IHS services.
- May consider using RPMS Patient Flag “*Not Eligible For Care*” to be placed on the record.
- The record also can be “*Inactivated*” in RPMS.



The screenshot shows a window titled "Patient Record Flags" with a search bar and a list of flags. The "NON BENEFICIARY" flag is selected and highlighted in blue. Below the list, the details for this flag are displayed:

Flag Name: NON BENEFICIARY

Assignment Narrative:
THIS PATIENT IS NOT ELIGIBLE FOR NON-EMERGENT CARE.

Flag Type: OTHER
Flag Category: II (LOCAL)
Assignment Status: Active
Initial Assigned Date: JUL 27, 2023@14:11:44
Approved by: RUSSELL-KING, GARY M
Next Review Date: JUL 26, 2024
Owner Site: NORTHERN NAVAJO MEDICAL CTR

Signed, Linked Notes of Title: ZZ PT RECORD FLAG CATEGORY II NON-BENEFICIARY

Date	Action	Author
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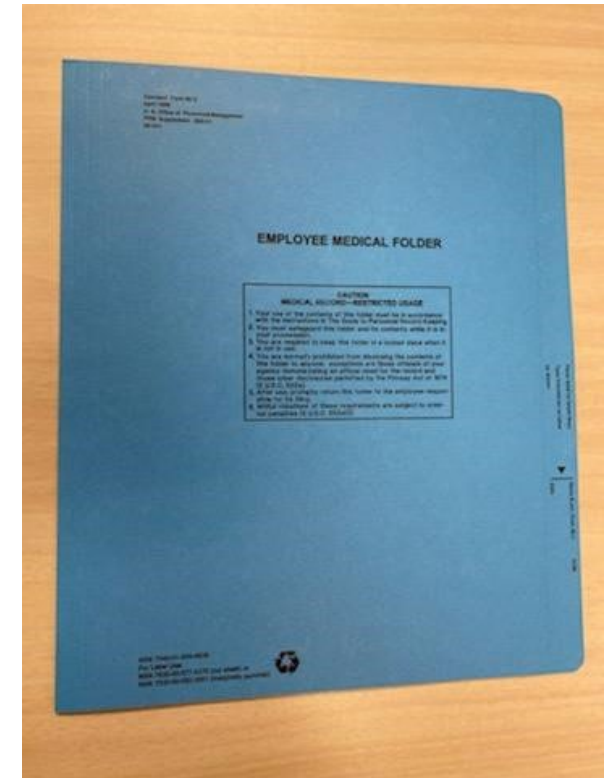
QUESTION

Is a employee required to establish
a medical record
for **Employee Health**?

YES or **NO**

Employee Health

- New employees are not required to have a new HRN for Employee Health as it is a separate record system.
- SF-66D Employee Medical Folder is to be used.
- Employee health are those required vaccinations and immunization required for the job administered by the Employee Health practitioner.



QUESTION

Is a
JOHN DOE chart and **DISASTER chart**
the same thing?

YES or **NO**

John Doe Chart

- John Doe Chart is to be issued when a person cannot be identified at the time of care. John Doe Chart is temporary until the patient is identified.
- This can be a Temporary or Permanent Chart number assignment, depending on your facility policy.

John Doe Registration

- Every attempt should be made to appropriately identify a person.
- Enter the minimum mandatory fields to create the new chart, and document under “Additional Information”.
- Call other surrounding Service Units facilities.
- Registration is responsible for following up with the John Doe patient until identified.
- HIM is responsible for combining the health record.

Disaster Chart

- Disaster Chart may be used during a horrific event that will bring many people to the facility or when a mass casualty is called and any and all patients will be treated in various locations, on or off site.
- Paper files numbered can be used for this type of emergency event. *Example: JD-00001*
- Coordinate with your local Emergency Management Team.

QUESTION

Is
Emergency Contact
and
Next of Kin
the same person?

YES or NO

Updates for Continuity of Care

- Emergency Contact – is a person that knows the person's health status and can talk to medical professionals about medical history, allergies, chronic conditions and current medications.
- Next-of-Kin – Someone who is of close blood relation to the person who can be notified for death notification.
- Both have no delegated authority for disclosure of PHI.

Updates for Continuity of Care

- Caregiver – Someone who regularly looks after a child, sick, elderly, or disabled person.
- Add Caregiver(s) as there may be more than one, enter under Additional Information as this information is needed for the health care team.

What To Do If Patient Refuses

- Record refusal reason under “Additional Information” in RPMS Patient Registration.
 - “Patient refuses to update demographic information”*
 - “Patient refuses to provide mailing address”*
 - “Patient refuses to provide telephone number”*
- Explain to the patient the need for the information and the purpose it will serve them for their healthcare.

Master Patient Index

- MPI is the heart of Patient Registration.
- MPI should be maintained at each facility site.
- MPIs should be cross-reference with other names used or gender used.
- MPI are permanent records of the facility and should not be destroyed.



Master Patient Index - Future

MPI will be important as IHS transitions into another Electronic Medical Record system, as three (3) different systems will be forever maintained:

- a. Paper records (*in FRC archives*)
- b. RPMS/EHR
- c. New EMR (*Cerner Oracle*)

Reactivating a HRN in RPMS

- It is very important that Registration communicates with HIM when changing the status of the record.
- HIM maintains Master Control Log.
- Chart Review and Audits – Temporarily activate for the duration of time, then deactivate.
- Identifying record activity is for inactivating medical records in the future (*every 3 years*).

Legal – Time Sensitive

- Requests for legal reasons need to be done timely:
 - Name changes – Need to be done asap.
 - Adoptions – Process asap.
 - Court Orders – Review to see if Order pertains to custody or health care decision making.
 - Gender change (SOGI) – Process asap. Court order is needed to change name and sex.
- Communication with HIM is important for recordkeeping.

Legal – Time Sensitive

NOTE: Patient expects the update to be done ASAP before they show up to clinic for service.

- Use “Additional Information” field to Enter Court Order Number, Date issued, Type of document, Issued by Federal/State/Tribe.
- Adoption record process must be completed by HIM to ensure both paper and electronic records are legally handled.

QUESTION

What is a Unit Record?

Unit Record

- Documents should be only obtained once for the patient medical record within a Service Unit.
- The medical record is a UNIT record, so if a CLB was provided at a satellite clinic, the other facilities within the SU don't have to request it for their facility record.
- Documents should be scanned into VistA for sites in the Service Unit to view.



Legal Documents For Scanning/Filing

- These documents approved for filing into the permanent medical record:
 - Advance Directives: Power Of Attorney & Living Will for health care decision making.
 - Certificate of Indian Blood (CIB) – for eligibility
 - Guardianship Court Documents
 - Copy of Death Certificate – To officially close out active record and positively identify the person.

Legal Documents

- Living Will = Spells out medical treatment an individual would and would not want to be used to keep them alive, as well as their preferences for other medical decisions, such as pain management or organ donation.
- Advance Directive = States a person's wishes about receiving medical care if that person is no longer able to make medical decisions because of a serious illness or injury.

Legal Documents

- Types of Advance Directives:
 - a. Durable Power of Attorney for Health Care/Medical Power of Attorney
 - b. Do Not Resuscitate (DNR)
 - c. POLST = Physician Orders for Life-Sustaining Treatment
 - d. Organ and Tissue Donation

Legal Documents

- Power of Attorney = The authority to act for another person in specific or all legal and financial matters.
- Durable Power of Attorney = Person is in-capitated and unable to handle matters on own until death.
- Medical Power of Attorney = Legal document that lets you give someone else legal authority to make decisions about their health care.

NOTE: Power of Attorney ends at time of death.

Legal Documents

- Temporary Custody = For minor children, which includes:
 - a. Petition for Guardianship
 - b. Trial of Guardianship
 - c. Permanent award of Guardianship
- IHS manual states only parents and legal guardians are acceptable for minor children.

Legal Documents

- Executor of Estate = An individual appointed to administer the last will and testament of a deceased person for financial matters and personal affairs.

Most Important To Remember

Timeliness and maintaining an accurate legal medical record is critical to patient care services.



Patient Registration

The most important first step to quality health care



“May You Walk In Health and Beauty”

Ahee' Ahee'



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