

Integrating the Healthcare Enterprise



5 **IHE Patient Care Coordination (PCC)
White Paper**

10 **Patient Registration Demographics Data Capture
and Exchange**

15 **Rev. 1.1 – Published**

20 Date: September 27, 2017
Author: IHE PCC Technical Committee
Email: pcc@ihe.net

25 **Please verify you have the most recent version of this document. See [here](#) for Published
versions and [here](#) for Public Comment versions.**

Foreword

30 Integrating the Healthcare Enterprise (IHE) is an international initiative to promote the use of standards to achieve interoperability among health information technology (HIT) systems and effective use of electronic health records (EHRs). IHE provides a forum for care providers, HIT experts and other stakeholders in several clinical and operational domains to reach consensus on standards-based solutions to critical interoperability issues.

35 The primary output of IHE is system implementation guides, called IHE Profiles. IHE publishes each profile through a well-defined process of public review and trial implementation and gathers profiles that have reached final text status into an IHE Technical Frameworks.

This white paper is published on September 27, 2017. Comments are invited and can be submitted at http://www.ihe.net/PCC_Public_Comments.

40 General information about IHE can be found at <http://ihe.net>.

Information about the IHE Patient Care Coordination domain can be found at http://ihe.net/IHE_Domains.

Information about the organization of IHE Technical Frameworks and Supplements and the process used to create them can be found at http://ihe.net/IHE_Process and <http://ihe.net/Profiles>.

45 The current version of the IHE Patient Care Coordination Technical Framework can be found at http://ihe.net/Technical_Frameworks.

CONTENTS

50

1 Introduction 4

 1.1 Open Issues and Questions 4

 1.2 Purpose of the White Paper..... 5

 1.3 Intended Audience 5

55 2 Patient Registration 6

 2.1 Overview..... 6

 2.2 Use Case..... 7

 2.2.1 Use Case #1: Registration of Walk-in/Patient Presentation in ED..... 7

 2.2.2 Process Flow 9

 2.2.3 Information Content..... 10

60 3 Overview of Proposed National Extension to the Technical Framework..... 12

 3.1 Scope of National Extensions 12

 3.2 Process for Developing National Extensions..... 12

 3.3 Process for Proposing Revisions to the Technical Framework 13

65 4 Proposed National Extension for IHE United States 14

 4.1 IHE United States Proposed Scope of Changes..... 14

 4.1.1 Proposed Requirements on All HL7 V2.x Transactions 16

 4.1.1.1 Patient Identification Segment 16

70 **1 Introduction**

The IHE PCC Patient Registration Demographics Data Capture and Exchange White Paper describes the requirements and constraints for patient demographic data that should be collected and exchanged for patient registration. However, these data requirements may be proposed to be published as a future IHE Technical Framework Volume 4 US National Extension to the IHE ITI
75 Patient Administration Management (PAM) Profile for the message-based data exchange.

In addition to patient demographic data, provider and encounter demographics, insurance and payment data are also captured and exchanged during patient registration. The workflow and requirements for these data elements are specified in the AHIMA Patient Registration Use Case¹.
80 We propose that the US National Extension to the IHE ITI PAM Profile also include detailed requirements and constraints on these other data elements.

1.1 Open Issues and Questions

Open issue 1. *Cross Enterprise Master Patient Index (C-EMPI) Identifier* should be added to the list of identifiers specified in the AHIMA Patient Registration Use Case data requirements as follows (see Note 1 below):

- 85
- Enterprise Master Patient Index (EMPI) Identifier
 - Medical Record Number (MRN)
 - Episode of Care Number
 - Visit Encounter Number (Account Number)
 - Previsit Number

90 Open Issue 2. Administrative Sex - Discuss with HL7 (table 4.1.1.1-3):

1. What does “other”, "not applicable", and “unknown” mean for Administrative Sex values?
2. Add “Patient Declined to Answer”

Open Issue 3. Race - Discuss with HL7 (Table 4.1.1.1-4):

- 95
1. Add “Unknown”
 2. Add “Patient Declined to Answer”

Open Issue 4: There is a need to verify with ITI PAM developers if PAM has the security component and how this should be addressed in the US National Extension to PAM Profile.

¹American Health Information Management Association (AHIMA). Specification of Use Cases for Information Management Practices in Healthcare: Patient Registration Use Case. Under Development. URL: Standards@ahima.org

100 **1.2 Purpose of the White Paper**

This white paper is focused on specifying patient demographic data elements that should be collected and exchanged for patient registration during an emergency visit at a healthcare organization. This white paper provides the detailed requirements and constraints on the relevant HL7^{®2} v2.5.1 segments from the IHE ITI PAM Profile for the patient demographic data.

105 **1.3 Intended Audience**

The intended audience of the IHE PCC Patient Registration Demographics Capture and Exchange white paper is:

- IT departments of healthcare institutions
- Technical staff of vendors participating in the IHE initiative
- 110 • Experts involved in standards development
- Those interested in integrating healthcare information systems and workflows

² HL7 is the registered trademark of Health Level Seven International.

2 Patient Registration

2.1 Overview

115 Patient Registration is the process of checking-in a person to initiate the episode of care. Patient registration takes place in various healthcare settings and at the various functions of the episode of care. The Registration Department, Patient Access, Admitting Departments, Call Centers, or Online Scheduling Services, are responsible for management of patient registration activities. In some emergent situations when the identity of a patient is unknown, for example, trauma patient, unconscious patient, patient with acute condition (stroke, heart attack), child who was brought to 120 the emergency department without a representative, patient registration can be conducted by other authorized staff, e.g., clinicians. In some cases, pre-registration may take place prior to the actual registration process at the healthcare organization. Pre-registration may happen as a part of emergency management service (EMS) transport of the patient, before arriving to the emergency department, scheduling a procedure prior to the episode of care and/or a follow-up visit, etc.

125 During the patient registration, insurance verification and pre-authorization may take place. In this case, an insurance verifier is involved in verifying payment information as a part of the patient registration process.

130 Patient registration information is provided by the patient and/or by the patient's designated (authorized, legal) representative (guardian) (parent, caregiver, decision-maker, etc.) to the registration staff. Information may also be received/uploaded from various data sources, e.g., Electronic Health Record (EHR) systems, Payor systems, Health Information Exchanges (HIE).

The patient registration information can be provided verbally, via facility registration portal/kiosk, or phone interview.

135 Information collected at the registration initiates the creation of a new episode of care record. This information will be further used at the next functions of the episode of care (triage/assessment, testing, treatment, medication management and discharge/transfer).

A. The following is the list of scenarios that involve patient registration and exchange of visit information for Emergency Department (ED) visit:

- 140 1. Registration of walk-in/patient presentation in ED
2. Registration initiated/conducted by clinicians for life threatening situations
3. Registration for diagnostic testing during ED stay
4. Registration for medication administration
5. Registration for pre-admission of patients into the hospital
6. Sending visit information for follow-up care

145 B. In-patient setting visit (hospitals):

1. Registration for planned admission

2. Registration for unplanned admission
 3. Registration for diagnostic testing during hospital stay
 4. Registration for medication administration
 - 150 5. Registration for treatment during hospital stay
 6. Registration/Scheduling for post-acute care follow-up
- C. Out-patient setting visit:
1. Registration for walk-in/patient presentation
 2. Registration/Scheduling for planned visit
 - 155 3. Registration/Scheduling for diagnostic testing (during the visit, and after the visit)
 4. Registration/Scheduling for treatment including observation services (during the visit, and after the visit)
 5. Registration for medication administration
 6. Registration for post-visit follow-up
- 160 This white paper focuses on **Scenario A1: Registration of Walk-in/Patient Presentation in ED.**

2.2 Use Case

2.2.1 Use Case #1: Registration of Walk-in/Patient Presentation in ED

165 Patient presents to the ED, conscious and able to provide identification. Registration staff (Patient Access staff) collect identifying information necessary to register patient. Registration is completed, Patient registration information is captured in EHR.

170 Table 2.2.1-1 below presents the description of the use case from the user perspectives. It describes business actors (humans) and technical actors (information systems) involved in the patient registration; workflow steps; information collected; entry and exit conditions and quality requirements. Please note that a patient care cannot be delayed if insurance information is not available at registration as per the Emergency Medical Treatment and Labor Act (EMTALA).³

³ Centers for Medicare and Medicaid Services. Emergency Medical Treatment & Labor Act (EMTALA). 1986. URL: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/>

Table 2.2.1-1: Patient Registration Use Case Workflow and Corresponding Information
(Italic font and grey highlight indicates steps performed/data created by Technical Actors)

175

Use Case Name: Registration of Walk-in/Patient Presentation in ED		
Actors	Business Actors: Patient (or patient’s legal representative), ED Registration staff, Billing staff (Insurance verifier registrar), Payer, Clinician	
	Technical Actors: <i>Registration-Admission/Discharge/Transfer (R-ADT) System, Health Information System (HIS), Financial System, Payor System, Electronic Health Record (EHR) system, Electronic Document Management System (EDMS), Health Information Exchange (HIE), Personal Health Record (PHR), Mobile Health Application (mHealth App).</i>	
Step #	Workflow Steps	Information Items (Documents/Records/Data)
1.	Patient is triaged and presents to ED registration staff.	<ul style="list-style-type: none"> <u>1. Patient Name</u> <u>2. DOB</u> <u>3. Reason for visit</u> <u>4. Consent for treatment (can be implied)</u> <u>5. Advanced Beneficiary Notice (ABN)</u>
2	Patient presents to the Registration staff.	<u>Patient Registration Record</u>
3	Registration staff identifies patient, asks patient to complete necessary forms (paper or electronic), and checks in/registers the visit in R-ADT System. In the case of “trauma/unidentified patient”, registration staff assigns a tag with the ID number to be used in the episode of care.	<ul style="list-style-type: none"> 1. Patient demographics (e.g., name, DoB, address) 2. Visit demographics (e.g., enterprise medical record number, date/time of encounter, reason for visit, list of barcodes, etc.), 3. Physician demographics (name, PID, department/service)
4	<i>HIS creates an audit record of the encounter.</i>	4. Reason for visit
5	<i>R-ADT System searches and obtains patient and visit-relevant information from various systems (HIS, EHR, Financial Systems, EDMS, HIE, PHR, mHealth app).</i>	5. Consents for visit (procedure, treatment, etc., may be implied consent)
6	Registration staff validates patient information, prints ID bracelet and corresponding labels with barcodes for the patient, and staff signs the record with e-signature or in ink. Registration staff sends patient to Insurance verifier or conduct insurance verification.	<ul style="list-style-type: none"> 6. Consent for information sharing 7. eSignature for Registration Staff 8. Wristband (patient ID bracelet) <u>Risk Management (RM)/Infection Control (IC)/ Public Health/ Population Health (PH) information</u> <u>Audit Record: Who, When, Why, What</u>
7	Insurance verification is conducted by the Registration staff or Insurance Verifier.	<u>Insurance information:</u>
8	Registration staff or Insurance Verifier verifies patient insurance information; contacts payor, if needed; obtains authorization; and requests/collects co-pay or	<ul style="list-style-type: none"> 1. Payor demographic 2. Insurance ID 3. Authorization to bill insurance 4. Coverage

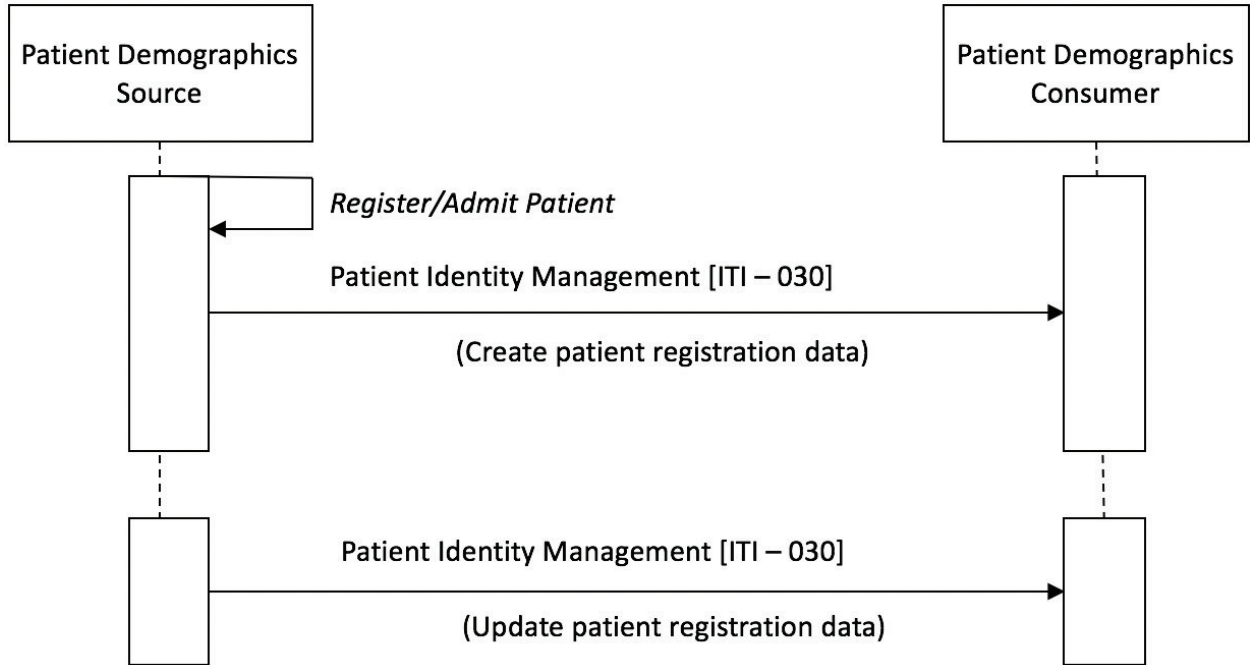
	makes payment arrangements.	5. Co-pay/deductible 6. eSignature for Insurance Verifier <u>Payment information</u> 1. Invoice for service 2. Payment receipt 3. Payment plan, if needed 4. eSignature for Billing Staff <u>Updated Audit Record: Who, When, Why, What</u>
9	<i>R-ADT System communicates with the payor system directly or via HIE to obtain patient insurance information. Patient information is updated in the Financial System.</i>	
10	<i>R-ADT System updates patient information in PHR via mHealth app.</i>	<u>Updated Patient Registration Record</u> <u>Updated Audit Record: Who, When, Why, What</u>
11	Registration staff assembles all documents necessary for the episode of care and completes the registration by signing the Episode of Care Record with e-Signature in EHR. This may be done automatically when the staff completes the record (all data are entered and verified) and closes the registration record for this patient. Staff sends patient to clinician for assessment. Clinician opens patient record to begin assessment and sends the acknowledgement of receipt.	<u>Documents may be scanned as appropriate e.g., insurance card, driver’s license, paper consent. HIPAA notice and other</u> <u>Updated Patient Registration Record</u> <u>eSignature for Registration Staff</u> <u>Notification of Record Availability including notification to Care Team</u> <u>Acknowledgement of Receipt</u>
12	<i>Registration information is uploaded into EHR. EHR sends Notification of Record Availability to clinician.</i>	<u>Updated Patient Registration Record</u> <u>Notification of Record Availability</u>
13	<i>EHR sends back to the R-ADT the Acknowledgement of Receipt.</i>	<u>Acknowledgement of Receipt</u>
14	<i>Audit trail for the personnel and systems involved in patient registration is completed in HIS.</i>	<u>Updated Audit Record: Who, When, Why, What</u>
Entry Condition	Pre-registration may happen as a part of EMS transport of the patient, pre-registration of the patient before arriving to the emergency department.	
Exit Condition	After the data is available, the HIS/EHR will contain a record that can be used for the patient care function as well as the audit trail record.	
Quality Requirements	Real time patient information verification.	

2.2.2 Process Flow

This use case covers the process of registering a walk-in patient upon presentation in the Emergency Department. The patient may be new or known to the current healthcare facility. The following sequence of steps replicated from the IHE ITI PAM Profile, describes the typical

180

process flow when a request is made to register the patient, or update the patient’s demographic information.



185

Figure 2.2.2-1: Basic Process Flow in Patient Registration Use Case

Pre-conditions:

190 Pre-registration may happen as a part of EMS transport of the patient, pre-registration of the patient before arriving to the emergency department.

Post-conditions:

After the data is available, the HIS will contain a record that can be used for the episode of care functions (e.g., triage, diagnostic testing, medication administration, etc.) as well as the audit trail record.

195 **2.2.3 Information Content**

The information items (documents/records/data) that are collected during patient registration are shown in Table 2.2.3-1.

Table 2.2.3-1: Patient Registration Information

<p><u>Patient Registration Information</u></p> <ul style="list-style-type: none"> • Patient demographics (e.g., name, DoB, address, biometrics) • Visit demographics (enterprise medical record number, date/time of encounter, reason for visit, list of barcodes, etc.) • Physician demographics (name, PID, department/service) • Chief complaint, Reason for visit, ABN • Consent for visit • Consent for information sharing • eSignature for Registration Staff • Wristband (patient ID bracelet with barcodes) 	<p><u>Insurance Information</u></p> <ul style="list-style-type: none"> • Payor demographic • Insurance ID • Coverage • Co-pay • eSignature for Insurance Verifier <p><u>Payment Information</u></p> <ul style="list-style-type: none"> • Invoice for service • Payment receipt • Payment plan, if needed • eSignature for Billing Staff
<p><u>Risk Management/Infection Control/Public Health/Population Health Information</u></p> <ul style="list-style-type: none"> • Have you been out of the country in the last three weeks? 	<ul style="list-style-type: none"> • Notification of Record Availability • Acknowledgement of Receipt <p>Audit Record: Who, When, Why, What</p>

Please note that during patient registration, clinical information may be collected; however, this information is out of scope for the Patient Registration Use Case.

205 **3 Overview of Proposed National Extension to the Technical Framework**

210 The goal of IHE is to promote implementation of standards-based solutions to improve workflow and access to information in support of optimal patient care. To that end, IHE encourages the development of IHE National Deployment Committees to address issues specific to local health systems, policies and traditions of care. The role of these organizations and information about how they are formed is available at http://www.ihe.net/Governance/#National_Deployment. The AHIMA Patient Registration Use Case specifies the workflow, data requirements and constraints for the proposed US National Extension to the ITI PAM Profile. The sections below capture the requirements for this proposal.

215 **3.1 Scope of National Extensions**

National extensions to the IHE Technical Framework are allowed in order to address specific local healthcare needs and promote the implementation of the IHE Technical Frameworks. They may add (though not relax) requirements that apply to the Technical Framework generally or to specific transactions, actors and integration profiles. Some examples of appropriate national extensions are:

- Require support of character sets and national languages
- Provide translation of IHE concepts or data fields from English into other national languages
- 225 • Extensions of patient or provider information to reflect policies regarding privacy and confidentiality
- Changes to institutional information and financial transactions to conform to national health system payment structures and support specific local care practices

All national extensions shall include concise descriptions of the local need they are intended to address. They shall identify the precise transactions, actors, integration profiles and sections of the Technical Framework to which they apply. And they must provide technical detail equivalent to that contained in the Technical Framework in describing the nature of the extension.

3.2 Process for Developing National Extensions

235 National extension documents are to be developed, approved and incorporated in the Technical Framework in coordination with the IHE Technical Committee and its annual cycle of activities in publishing and maintaining the Technical Framework. The first prerequisite for developing a national extension document is to establish a national IHE initiative and make information regarding its composition and activities available to other IHE initiatives.

240 Established IHE national initiatives may draft a document describing potential national extensions containing the general information outlined above. This draft document is submitted to the IHE Technical Committee for review and comment. Based on discussion with the

Technical Committee, they prepare and submit a finalized version of the document in appropriate format for incorporation into the Technical Framework. The publication of National Extensions is to be coordinated with the annual publication cycle of other Technical Framework documents in the relevant domain.

245 **3.3 Process for Proposing Revisions to the Technical Framework**

In addition to developing national extension documents to be incorporated in the Technical Framework, national IHE initiatives may also propose revisions to the global Technical Framework. These may take the form of changes to existing transactions, actors or integration profiles or the addition of new ones. Such general changes would be subject to approval by the IHE Technical and Planning Committees.

250

National extensions that are minor in scope, such as suggestions for clarifications or corrections to documentation, may be submitted throughout the year via the ongoing errata tracking process, called the [Change Proposal Process](#).

255

More substantial revision proposals, such as proposals to add new integration profiles or major country-based extensions, should be submitted directly to the IHE Technical and Planning Committees via the process for submitting new proposals called the [Profile Proposal Process](#).

4 Proposed National Extension for IHE United States

260 The proposed national extension documented in this section is planned to be used in conjunction with the definitions of integration profiles, actors and transactions provided in Volumes 1 through 3 of the IHE ITI Technical Framework. This section includes extensions and restrictions to effectively support the regional practice of healthcare in the United States.

265 This proposed ITI national extension document was developed by the AHIMA Standards Task Force and was authored under the sponsorship and supervision of Patient Care Coordination Committee. Based on the public comment outcomes, the proposal for the US national extension will be submitted to the IHE USA initiative. The point of contact for this proposal is:

Dr. Anna Orlova

American Health Information Management Association (AHIMA)

Senior Director, Standards

270 anna.orlova@ahima.org

4.1 IHE United States Proposed Scope of Changes

The proposed extensions, restrictions and extensions specified apply to the following IHE ITI profiles:

- ITI: Patient Administration Management (PAM)
- 275 • ITI: Patient Demographics Query (PDQ)

HL7 v2.5.1 events and segments used by the ITI PAM Profile are detailed in the IHE ITI Technical Framework Volume 2 which will be referred to as ITI TF-2 in the remainder of this section.

280 This section describes proposed constraints on HL7 v2.5.1 events and segments used for the AHIMA Patient Registration Use Case for patient demographic data exchange only. Some of these constraints would apply to all HL7 transactions. Others would only affect the [ITI-30] and [ITI-31] transactions.

The document narrows or specifies the use of events and segments mentioned in ITI TF-2.

285 Each segment is displayed as a table with rows of data items for the AHIMA Patient Registration Demographic dataset. Columns respectively specify the use of the item (“Usage”) and its cardinalities (“Card”).

The “Usage” column follows the common codification of HL7 and IHE as follows:

- R Required. The data element values must be provided for the AHIMA Patient Registration Use Case environment
- 290 • RE Required but may be empty. The data element may be missing from the message, but must be provided if the sending application owns the information. If the conformant

- 295 sending application knows a value for the element, then it shall send that value. If the conformant sending application does not know a value, then that element may be omitted. Receiving applications shall be able to successfully process the message if the element is omitted (no error message should be generated if the element is missing).
- O Optional. The usage for this data element within the message is not defined. This extension doesn't impose any restrictions on the item which may or may not be managed by sending and receiving applications. The sending application may choose to populate the field; the receiving application may choose to ignore the field.
 - 300 • C Conditional. This usage has an associated condition predicate. (See HL7 Version 2.5, Chapter 2, Section 2.12.6.6, "Condition Predicate".) If the predicate is satisfied: A compliant sending application shall populate the element. A compliant receiving application may ignore data in the element. It may raise an error if the element is not present.
 - 305 If the predicate is NOT satisfied: A compliant sending application shall NOT populate the element. A compliant receiving application shall NOT raise an error if the condition predicate is false and the element is not present, though it may raise an error if the element IS present.
 - 310 • CE Conditional but may be empty. This usage has an associated condition predicate. (See HL7 Version 2.5, Chapter 2, Section 2.12.6.6, "Condition Predicate".)
If the predicate is satisfied: If the conforming sending application knows the required values for the element, then the application must populate the element. If the conforming sending application does not know the values required for this element, then the element shall be omitted. The conforming sending application must be capable of populating the element (when the predicate is true) for all 'CE' elements. If the element is present, the conformant receiving application may ignore the values of that element. If the element is not present, the conformant receiving application shall not raise an error due to the presence or absence of the element.
 - 315 If the predicate is NOT satisfied: The conformant sending application shall not populate the element. The conformant receiving application may raise an application error if the element is present.
 - 320 • X Not Supported. Data element is supported in another data element available in the Segment (Table 4.1.1.1-1).
- 325 The "Card." column includes the bracketed highest and lowest cardinalities.
- The data type tables below list value sets for some of those data items. These lists (restricted, extended or even edited as compared with the original ones established by HL7) include values that are proposed for this extension.

4.1.1 Proposed Requirements on All HL7 V2.x Transactions

330 4.1.1.1 Patient Identification Segment

Standard Reference: HL7 Version 2.5.1, Chapter 3 (Section 3.4.2)

335 The PID segment from ITI Technical Framework Volume 2b ITI PAM Profile specification (Table 3.30-3) is used by all applications as the primary means of communicating patient identification information. This segment contains permanent patient identifying and demographic information that, for the most part, is not likely to change frequently. **Please note that red text in the Usage column indicates a constraint on the ITI PAM Profile specification.**

Table 4.1.1.1-1: PID - Patient Identification Segment

SEQ	LEN	DT	Usage	Card.	RP/#	TBL#	ITEM#	ELEMENT NAME	Notes:
1	4	SI	O	[0..1]			00104	Set ID – PID	
2	20	CX	X	[0..0]			00105	Patient ID	
3	250	CX	R	[1..*]	Y		00106	Patient Identifier List	Note 1
4	20	CX	X	[0..0]	Y		00107	Alternate Patient ID – PID	
5	250	XPN	R	[1..*]	Y		00108	Patient Name	Note 2
6	250	XPN	C	[0..1]	Y		00109	Mother's Maiden Name	Note 3
7	26	TS	R	[1..1]			00110	Date/Time of Birth	Note 4
8	1	IS	R	[1..1]		0001	00111	Administrative Sex	Note 5
9	250	XPN	X	[0..*]	Y		00112	Patient Alias	
10	250	CE	R	[1..*]	Y	0005	00113	Race	Note 6
11	250	XAD	R	[1..*]	Y		00114	Patient Address	Note 7
12	4	IS	X	[0..1]		0289	00115	County Code	
13	250	XTN	RE	[0..*]	Y		00116	Phone Number – Home	Note 8
14	250	XTN	RE	[0..*]	Y		00117	Phone Number – Business	Note 9
15	250	CE	R	[1..1]		0296	00118	Primary Language	Note 10
16	250	CE	O	[0..1]		0002	00119	Marital Status	
17	250	CE	O	[0..1]		006	00120	Religion	
18	250	CX	RE	[0..1]			00121	Patient Account Number	Note 11

SEQ	LEN	DT	Usage	Card.	RP/#	TBL#	ITEM#	ELEMENT NAME	Notes:
19	16	ST	X	[0..1]			00122	SSN Number – Patient	
20	25	DLN	X	[0..1]			00123	Driver’s License Number	
21	250	CX	O	[0..*]	Y		00124	Mother’s Identifier	
22	250	CE	R	[1..*]	Y	0189	00125	Ethnic Group	Note 12
23	250	ST	O	[0..1]			00126	Birth Place	
24	1	ID	O	[0..1]		0136	00127	Multiple Birth Indicator	
25	2	NM	C	[0..1]			00128	Birth Order	
26	250	CE	O	[0..*]	Y	0171	00129	Citizenship	
27	250	CE	O	[0..1]		0172	00130	Veterans Military Status	
28	250	CE	X	[0..0]		0212	00730	Nationality	
29	26	TS	CE	[0..1]			00740	Patient Death Date and Time	
30	1	ID	C	[0..1]		0136	00741	Patient Death Indicator	
31	1	ID	CE	[0..1]		0136	01535	Identity Unknown Indicator	
32	20	IS	CE	[0..*]	Y	0445	01536	Identity Reliability Code	
33	26	TS	CE	[0..1]			01537	Last Update Date/Time	
34	241	HD	O	[0..1]			01538	Last Update Facility	
35	250	CE	CE	[0..1]		0446	01539	Species Code	
36	250	CE	O	[0..1]		0447	01540	Breed Code	
37	80	ST	O	[0..1]			01541	Strain	
38	250	CE	O	[0..2]	2	0429	01542	Production Class Code	
39	250	CWE	O	[0..*]	Y	0171	01840	Tribal Citizenship	

340 In accordance with the HL7 Version 2.5.1 usage of this segment, fields PID-2 (Patient ID), PID-4 (Alternate Patient ID), PID-19 (SSN patient number) and PID-20 (Driver’s license number) are superseded by field PID-3; field PID-9 (Patient Alias) is superseded by field PID-5 (Patient Name); field PID-12 (County Code) is supported by county/parish component (PID-11 – Patient

Address); field PID-28 (Nationality) is superseded by field PID-26 (Citizenship) as shown below.

345 **PID-3 – Patient Identifier List (CX), required.** This field contains a list of identifiers (one or more) used by the healthcare facility to uniquely identify a patient.

Note 1: As shown in the constrained profile definition of data type CX in ITI TF-2x: Appendix N.1, subfields CX-1 “ID number”, CX-4 “Assigning authority” are required, and CX-5 “Identifier Type Code” is required if known for each identifier.

350 This field may be populated with various identifiers assigned to the patient by various assigning authorities.

The authorized values for subfield CX-5 “Identifier Type Code” are given in HL7 Table 0203 (HL7 Version 2.5.1, Chapter 2A, Section 2A.14.5).

355 Values commonly used for Identifier Type Code in the context of PID-3 for this extension are as follows:

- AN Account Number
- BR Birth Certificate number. Assigning authority is the birth state or national government that issues the Birth Certificate
- DL Driver’s license number. Assigning authority is the state
- 360 • PI Patient Internal Identifier assigned by the healthcare organization
- PPN Passport number
- PRC Permanent Resident Card Number
- SL State License. Assigning authority is the birth state or national
- SS Social Security Number
- 365 • VN Visit Number

In addition, the following may be used for visual verification of patient demographics validation:

- Photo - image of patient, or patient identity such as passport, driver’s license, state ID card, military ID to be used to identify the patient.
- Student ID Card- for college clinics
- 370 • Insurance Card
- Green Card– for US permanent residents
- Visa - for international patients

Above mentioned identifiers or other information from the identification documents listed above may be entered into the R-ADT system according to organization policies. If these patient

375 identifiers are entered into the system, the digital identity services guidelines⁴ for risk
management processes must be used.

Additional Requirements for Patient Record Identifiers:

- 380 • *Enterprise Master Patient Index⁵ (EMPI) Identifier, required but may be empty.* A unique number issued by the health institution to its various facilities and their information systems to enable access to patient’s information across facilities’ information systems. The EMPI is a patient identifier that is not encounter-specific. It allows for the management of multiple patient identifiers across organizations and encounters.
- 385 • *Medical Record Number (MRN),⁶ required but may be empty.* This is a unique number assigned to patient’s medical record, maintained by the healthcare facility’s information system.
- 390 • *Episode of Care⁷ Number, required but may be empty.* A unique number assigned to patient’s records associated with the continuous period of care related to a clinical problem. Episode of care may include several visits/encounters over a period; care may be provided at various facilities/specialists within the institution or outside of the institution. Important for quality and population health use cases.
- *Pre-Visit Number, required but may be empty.* A unique number assigned when scheduling patient’s individual visit /encounter at the healthcare facility.

PID-5 – Patient Name (XPN), required. This field contains one or more names for the patient.

395 **Note 2:** At least one name must be provided, with at least the first and second subfields “Family Name” and “Given Name” valued. See the constrained profile definition of data type XPN in Table 4.1.1.1-2 below. **Please note that red text in the Usage column indicates a constraint on the ITI PAM Profile specification.**

Table 4.1.1.1-2: XPN Data Type – extended person name

SEQ	LEN	DT	USAGE	CARD	TBL#	COMPONENT NAME
1	194	FN	R	[0..1]		Family Name
2	30	ST	RE	[0..1]		Given Name

⁴ National Institute of Standards and Technology (NIST). Digital Identity Guidelines. Special Publication 800-63-3. 2017. URL: <http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-63-3.pdf>

⁵ American Health Information Management Association (AHIMA). Pocket Glossary of Health Information Management and Technology. Chicago, IL. 2014. p.55: “EMPI: an index that provides access to multiple repositories of information from overlapping patient populations that are maintained in separate systems and databases”

⁶ American Health Information Management Association (AHIMA). Pocket Glossary of Health Information Management and Technology. Chicago, IL. 2014. p.70: “A unique numeric or alphanumeric identifier assigned to each patient’s record upon admission to a healthcare facility”

⁷ American Health Information Management Association (AHIMA). Pocket Glossary of Health Information Management and Technology. Chicago, IL. 2014. p.55: “A period of relatively continuous medical care performed by healthcare professionals in relation to a particular clinical problem or situation”

SEQ	LEN	DT	USAGE	CARD	TBL#	COMPONENT NAME
3	30	ST	O	[0..1]		Second and Further Given Names or Initials Thereof
4	20	ST	O	[0..1]		Suffix
5	20	ST	O	[0..1]		Prefix
6	6	IS	X	[0..0] (See Note1)	0360	Degree
7	1	ID	R	[1..1]	0200	Name Type Code
8	1	ID	O	[0..1]	0465	Name Representation Code
9	483	CE	O	[0..1]	0448	Name Context
10	53	DR	X	[0..0] (See Note1)		Name Validity Range
11	1	ID	O	[0..1]	0444	Name Assembly Order
12	26	TS	O	[0..1]		Effective Date
13	26	TS	O	[0..1]		Expiration Date
14	199	ST	O	[0..1]		Professional Suffix

400 Note 1: In accordance with the HL7 Version 2.5.1 usage of this data type, “Degree” and “Name Validity Range” are provided here for completeness, but must not be used.

Additional Requirements:

- 405 • *Family Name, required.* Do not send prefix or suffix in the family name field. Capture in the format shown in the documents verifying the patient’s identity. NOTE: If the patient does not have a Given Name, their single name will be sent in **Family Name**. E.g., Lightfeather, or Cher.
- *Given Name, required but may be empty.* Separate data entry. Capture in the format shown in the documents verifying the patient’s identity. NOTE: If the patient does not have a Given Name, his single name will be sent in **Family Name**. E.g., Lightfeather, or Cher.
- 410 • *Second and Further Given Names or Initials Thereof, optional.* Separate data entry. Capture in the format shown in the documents verifying the patient’s identity.
- *Suffix, optional.* Separate entry. Do not send in the Given Name field. Capture in the format shown in the documents verifying the patient’s identity. The Weber State University Data Standards⁹, and Middlebury Library & ITS Wiki Name Standards¹⁰ are two recommended sources for corresponding codesets.
- 415 • *Prefix, optional.* Separate entry. Do not send prefix in the Family Name field. Capture in the format shown in the documents verifying the patient’s identity. The Weber State

⁹ Weber State University Data Standards. URL: http://departments.weber.edu/qsupport&training/Data_Standards/Name.htm

¹⁰ Middlebury Library & ITS Wiki: Name Standards. URL: https://mediawiki.middlebury.edu/wiki/LIS/Name_Standards

University Data Standards¹¹, and Middlebury Library &ITS Wiki Name Standards¹² are two recommended sources for corresponding codesets.

- 420
- Patient may also provide a preferred patient name, which must also follow the above guidelines.

PID-6 – Mother’s Maiden Name (XPN), conditional: Condition predicate.

Note 3: This field is required if known. It serves to help link records when other demographic data and search criteria are not the same.

425 **PID-7 – Date/Time of Birth (TS), required.**

Note 4: Date of Birth¹³ format is Year, Month, Day. If the exact date of birth is not known, it can be truncated to the year of birth (e.g., 1954), or to the year and month of birth (e.g., 1954,11). Time may be provided for newborns only.

PID-8 – Administrative Sex (IS), required.

430 **Note 5:** The authorized values are shown in Table 4.1.1.1-3.

Table 4.1.1.1-3: Administrative Sex Values

Value	Description	Comment
F	Female	
M	Male	
O	Other	
U	Unknown	
A	Ambiguous	
N	Not Applicable	

PID-10 – Race (CE), required.

Note 6: The authorized values are shown in the user-defined Race Values Table 4.1.1.1-4.

435

Table 4.1.1.1-4: Race Values

Value	Description	Comment
AI	American Indian	
AN	Alaskan Native	
A	Asian	
AA	Black or African American	
NH	Native Hawaiian	

¹¹ Weber State University Data Standards. URL:

http://departments.weber.edu/qsupport&training/Data_Standards/Name.htm

¹² Middlebury Library &ITS Wiki: Name Standards. URL: https://mediawiki.middlebury.edu/wiki/LIS/Name_Standards

¹³ ISO 8601 Numeric Date and Time format. URL: <https://www.iso.org/iso-8601-date-and-time-format.html>

Value	Description	Comment
PI	Other Pacific Islander	
W	White	
O	Other Race	
PD	Patient Declined to Answer	

PID-11 – Patient Address (XAD), required.

440 **Note 7:** This field contains one or more addresses for the patient. At least one address must be provided, with at least the “Street Address”, “City”, “State”, and “Zip or Postal Code” subfields valued. See the constrained profile definition of data type XAD in Table 4.1.1.1-5 below. **Please note that red text in the Usage column indicates a constraint on the ITI PAM Profile specification.**

Table 4.1.1.1-5: XAD Data Type – extended address

SEQ	LEN	DT	USAGE	CARD	TBL#	COMPONENT NAME
1		SAD	R	[1..*]		Street Address
2	120	ST	O	[0..*]		Other Designation
3	50	ST	R	[1..1]		City
4	50	ST	R	[0..1]		State
5	12	ST	R	[0..1]		Zipcode or Postal Code
6	3	ID	O	[1..1]	0399	Country
7	3	ID	R	[1..1]	0190	Address Type
8		ST	O	[0..*]		Other Geographic Designation
9		IS	O	[0..1]		County/Parish Code
10		IS	O	[0..1]		Census Tract
11		ID	O	[0..1]		Address Representation Code

445 Additional Requirements:

- *Street Address, required.* Post Office Box Number can be used for street address.
- *Address Type, required.* Use the HL7 Address Types Table 0190. For the primary address, use the constrained values in Table 4.1.1.1-6 below.
- *Address subfields, required.* Capture in the format shown in the documents verifying the patient’s address, based on US Postal Standard¹⁴
- *Country, required.* All uppercase. Use HL7 Country Code table 0399.

450

¹⁴ Postal Addressing Standards. 2015 URL: <http://pe.usps.gov/cpim/ftp/pubs/Pub28/pub28.pdf>

Table 4.1.1.1-6: Address Types – Primary Address

Value	Description	Comment
C	Current	
H	Temporary Home	
L	Legal Address	
M	Mailing	
P	Permanent	

PID-13 – Phone Number – Home (XTN), required but may be empty.

455 **Note 8:** This field is required if known. This field contains one or more contact methods for the patient. It serves to help locate records when other demographic data and search criteria are not exactly the same. See the constrained profile definition of data type XTN in Table 4.1.1.1-7 below. **Please note that red text in the Usage column indicates a constraint on the ITI PAM Profile specification.**

460 **Table 4.1.1.1-7: XTN Data Type – extended telecommunication number**

SEQ	LEN	DT	USAGE	CARD	TBL#	COMPONENT NAME
1	199	TN	RE	[0..1]		Telephone Number
2	3	ID	C	[0..1]	0185	Telecommunication Use Code
3	8	ID	O	[0..1]		Telecommunication Equipment Type
4	199	ST	O	[0..1]		Email Address
5	3	SNM	O	[0..1]		Country Code
6	5	SNM	O	[0..1]		Area/City Code
7	9	SNM	O	[0..1]		Phone Number
8	5	SNM	O	[0..1]		Extension
9		ST	O	[0..1]		Any Text

Note: A change proposal has been submitted to ITI - CP#977 for XTN datatype clarification for phone number. This change proposal may affect the datatypes shown above in this table.

Additional Requirements:

- 465
- *Telecommunication Use Code, conditional.* Must provide preferred method of contact code from Table 4.1.1.1-8 if telephone number is available. See the values from HL7 Table 0185 Preferred Method of Contact below.

Table 4.1.1.1-8: Preferred Method of Contact Values

Value	Description	Comment
B	Beeper Number	
C	Cellular Phone Number	
E	E-mail Address	

Value	Description	Comment
F	Fax Number	
H	Home Phone Number	
O	Office Phone Number	

PID-14 – Phone Number - Business (XTN), required but may be empty.

470 **Note 9:** This field is required if known. It serves to help locate records when other demographic data and search criteria are not exactly the same. Follow same guidelines as for Home Phone Number above.

PID-15 – Primary Language (CE), required.

Note 10: Use HL7 Language table 0296.

475 **PID-18 – Patient Account Number (CX), required but may be empty.**

Note 11: HL7 Definition: This field contains the patient account number assigned by accounting to which all charges, payments, etc., are recorded. It is used to identify the patient’s account. Relationship to encounter: A patient account can span more than one enterprise encounter.

480 Condition predicate: At least one of the fields PID-18 “Patient Account Number” or PV1-19 “Visit Number” shall be valued in the messages of transaction [ITI-31] that use the PV1 segment. Patient Visit Number should be entered here and not in PID-3 above.

This is the same as the AHIMA definition of the Patient’s Visit/Encounter Number:

485 *Visit/Encounter¹⁵ Number (account number), required but may be empty.* A unique number assigned to patient’s individual visit /encounter at the healthcare facility with unique start and end time; may be a part of a series of visits within the episode of care.

PID-22 – Ethnic Group (CE), required.

Note 12: Use User-defined Table 4.1.1.1-9 below, extended from the HL7 Ethnic Group table 0189.

Table 4.1.1.1-9: Ethnic Group Values

Value	Description	Comment
H	Hispanic or Latino	
NH	Not Hispanic	
U	Unknown	
PD	Patient Declined to Answer	

490

¹⁵ American Health Information Management Association (AHIMA). Pocket Glossary of Health Information Management and Technology. Chicago, IL. 2014. p.151: “A single encounter with a healthcare professional that includes all the services supplied within the encounter”