BEGIN RIGHT...STAY RIGHT
Avoiding Miscommunication and Data Errors

BRITE with Instruction and Thorough Education | Begin Right

Communication not only involves our face-to-face and telephone interactions, but it also includes the information inputted and retrieved from our computing systems. In other words, we rely on the information from our computing systems just as much as the spoken words of patients, front desk personnel, nurses, physicians, etc.

The ADT Encounter Registration System acts as the central hub that feeds data to support a variety of UCLA Health System computer applications. When data is recorded incorrectly, this can lead to miscommunication that could result in medical errors.

In 1999, the Institute of Medicine (IOM) conducted two major studies that focused on hospitalization in the United States. Their findings revealed at least 44,000 people die in hospitals each year as a result of medical errors. This makes medical errors one of the leading causes of death and injuries in the United States, taking more lives than motor vehicle accidents, breast cancer, or AIDS. Medical errors are also costly. The IOM estimates preventable errors alone can cost the Nation over $17 billion a year.

According to UCLA Financial Systems/IT, who oversees the database management of ADT Encounter Registration, the most common data entry errors for us are:

- Creating a duplicate patient ID
- Using the wrong patient ID
- Transposing data inaccurately
- Selecting the Incorrect FCC

Recognizing and understanding where and how miscommunication can lead to data errors, is taking steps in the right direction to preventing medical errors.

The following is a list of common mistakes that can occur when creating and/or recording information for medical records on the ADT Encounter Registration System. Also provided are best practices to help you overcome these situations, so you can be successful in supporting the integrity of records and patient safety.

Searching for a Patient ID
If you are having difficulty locating a patient's medical record, try scaling back on the patient's name. If the patient's first name was recorded as Jon, no results would appear if you searched with Jonathon. However, by searching with Jon, both Jon and Jonathon listings would appear as matches.

Another common trouble-shooting practice is switching the sex of the patient. For example, on your first search attempt you try searching with the sex as male and no matches are found. For the second attempt, you search under the same name but list the sex as female and check for matches. If there are no matching records and you proceed to add a new record, do not forget to change the sex back. When adding a new ID, the data used for the search auto-populates to the *Patient Basic Data* screen. A common mistake is users forget to change the sex, causing the sex of the patient to be recorded incorrectly. Only a Super User can modify the Sex field after a record is established.

Transposing Information
When we are in a rush or distracted the risk of transposing data increases. The problem with transposing information is even if one letter or number is off that can result in a search of a medical record that does not belong to the patient you are servicing. Get in the routine of double or even triple checking your data entries, especially when creating a new patient ID. Front desk personnel should encourage patients to carefully review their registration package also known as a "face sheet" for any transposed characters or outdated information.

Updating DOBs and SSNs
The most common demographic fields patients update are their address and phone number when relocating, or last name when patients wed or divorce. Only a Super User can modify the DOB after a record is established and currently all users can make changes to the SSN. When you modify a patient's DOB or SSN, you should ask yourself, "Why am I changing this information?" DOB and/or SSN modifications are rarely required unless characters were originally transposed incorrectly. The danger with modifying this information is that the medical record may not belong to the person you are making the changes for; coincidently, they may share the same name. If too much information is changed, then the wrong record begins to look like the "right record" when in actuality it is not. When the real patient comes in for treatment, their record now reflects someone completely different.

Changing the Guarantor
Use caution when updating the guarantor or responsible party for a record. Changing the guarantor will automatically update all of the patient's encounters to reflect the new listing. This could cause implications with billing. Guarantors are usually updated when the patient turns 18 years old or has been assigned a legal guardian. For underage patients or those requiring a guardian, press F11 from the *Guarantor Data* screen to access the *Related Parties* screen in order to specify a guarantor that is not the patient. Even if a related party was designated during a previous encounter, the *Related Parties* screen must be accessed and the guarantor selected for every encounter to keep the record accurate. In other words, if a staff member presses Enter at the *Guarantor Data* screen (instead of F11), the patient will become the guarantor.

Selecting a Financial Class Code (FCC)
One of the top mistakes ADT Encounter Registration users make is selecting the wrong FCC as the payor. End-users are encouraged to consult with their managers and supervisors for help in selecting the proper FCC. Mangers and supervisors can contact Bill Witlin of UCLA Financial Systems/IT at 310-794-0933 or WWitlin@mednet.ucla.edu for FCC related inquiries.

All UCLA Health System staff share the responsibility of ensuring our patients' safety when it comes to the truthfulness of our medical records. It may be part of human nature to make mistakes, but it is also part of human nature to identify solutions, explore better alternatives, and face challenges. ◆

> "Mistakes are a fact of life it is the response to error that counts"
> -- Nikki Giovanni

Resources:
To Err is Human: Building a Safer Health System, Linda Kohn, Institute of Medicine
Medical Errors: The Scope of the Problem, Agency for Healthcare Research and Quality | UCLA Financial Systems/IT Department

ENCOUNTER REGISTRATION 2000

SOME FREQUENTLY ASKED QUESTIONS

What is the difference of using Patient Data Search (01) or ID Number Search (02) versus Add/Update Patient ID Info (A1) to search or create patient IDs?

Patient Data Search (01) and ID Number Search (02) – is commonly used by inpatient units. Compliance guidelines require inpatient units to obtain information from patients for inpatient registration such as race, birthplace, religion, mother's maiden name, etc., which are not required for outpatient registration. Outpatient practices (i.e. Outpatient Surgery) required to capture inpatient registration data may use functions 01/02. Since most outpatient clinics do not require inpatient registration data, it is preferable for these practices to use A1 for search or creation of patient IDs.

Add/Update Patient ID Info (A1) – is intended for the outpatient units that are not require to obtain inpatient registration data. A1 provides the ability of search by patient ID or patient data. Although the data fields appear similar, less information is required for completion to process an outpatient registration compared to the inpatient requirements performed via the Patient Data Search (01) or ID Number Search (02) functions. Therefore, outpatient practices are encouraged to use function A1 versus 01/02 since not all the data fields for inpatient sites are required for outpatient services.

Does the system provide a historical listing of referring physicians if my patient cannot recall the information for entry?

Yes! When you get to the *Encounter Data 2* screen for identifying the referring physician, press **F9** and the *Referring Physician Summary* screen will appear. The Referring Physician Summary is a record of listed referring physician(s) previously selected in Encounter Registration. This is a great method for identifying the referring physician when the patient cannot recall the information. **Note:** Non-listed physicians that are not registered in the database will need to be entered manually each time and will not store for historical reference.

My patient is from the District of Columbia. What is the STATE code?

To indicate a patient resides and/or receives mail in the District of Columbia (Washington D.C.) the code **DC** should be used under the **STATE** field for the address.

What about U.S. Territories or U.S. Military addresses?

For U.S. territories such as Guam and the Virgin Islands or U.S. Military Addresses, these codes can be identified by entering a "?" in the **COUNTRY** field, then pressing the enter key. The list is provided in alphabetical order. Use F8 to page forward and F7 to page backward.

Note: For these addresses there is no state, therefore the **STATE** field would be completed with **FC** (Foreign Country).

WHO CAN HELP?

BRITE Training

BRITE Training offers interactive staff development training on the Encounter Registration 2000 (outpatient database) system to introduce staff to outpatient registration functions. Successful course completion of *Introduction to Outpatient Registration* is required in order for staff to gain system access with making adds/changes. Additional courses are currently under development to provide UCLA Health System staff with training on insurance payors. BRITE Training personnel also provide telephone instruction on how to navigate through system screens and complete entry fields for Encounter Registration 2000 and PiMS Appointment Scheduling/Maintenance in collaboration with UCLA Financial Systems/IT.

310-794-**6281** | BRITE@mednet.ucla.edu

UCLA Financial Systems/IT

UCLA Financial Systems/IT oversees the application development and system management for many UCLA Health System software programs including ADT Encounter Registration (both inpatient and outpatient functions). Additionally, they provide technical support on how to manage database corrections such as duplicate patient ID numbers, expired IDs, and registration system errors. UCLA Financial Systems/IT also supports requests for RSD batch reports, real-time reporting, and system improvements.

Encounter Registration Support: 310-794-**0933** | WWitlin@mednet.ucla.edu

RTR & RSD reporting Support: 310-794-**8656** | GMelgoza@mednet.ucla.edu

Appointment Scheduling Support: 310-794-2547 | JOsejo@mednet.ucla.edu

Patient ID Support: PatientID@mednet.ucla.edu

Medical Center Computing Service (MCCS) Help Desk

MCCS initiates system security tasks that include creating new Mainframe User IDs, resetting expired User IDs and supporting help request with overall system access. The departmental authorizer must submit a request to MCCS for a Mainframe User ID and specify the application(s) that requires access (such as Encounter Registration) to avoid delays. For Encounter Registration 2000 (the outpatient database) *inquiry only* access is enabled by MCCS at the time the request is processed. After successful completion of training, the assigned Mainframe User ID is updated to permit full access in accordance with the departmental master screen, which is established by UCLA Financial Systems/IT.

Westwood: 310-794-**4357** or 4-**HELP** | Santa Monica: 310-31**9-4357** or **9-HELP**

mccsstaff@mednet.ucla.edu | http://helpdesk.mednet.ucla.edu