

Bringing HIM Front and Center for Master Data Management

Save to myBoK

By Melissa Martin, RHIA, CCS, CHTS-IM

MARCH IS A very busy month for AHIMA. We are kicking off our voluntary patient safety identifier campaign and preparing to showcase it at our Advocacy Symposium. Also, we will present the campaign to our legislators during Hill Day in early April.

This is the perfect time to inspire big thinking by showcasing our master data management (MDM) skills and launch our future. HIM professionals have always been the go-to team for our master patient index (MPI) skills to ensure data integrity and patient safety, and those skills are just the right tools to apply to all master data management.

Managing your master patient index is essential to patient safety and the overall reimbursement to your organization. It is important to not let education on the front end slide. As HIM professionals, we are often part of the “clean-up” process—but the more progressive teams play a prominent role in education of the front end staff to ensure the “one patient, one record” philosophy is met.

In today’s electronic health record (EHR) environment, those registering arriving patients may not be the registration or access staff. In the fast-paced environment of an emergency room it may very well be a nurse or physician entering the final patient information so orders can be placed quickly. Quick skill-based learning modules are great tools for your clinicians and registration staff. Prompt root cause analysis when errors occur, with direct feedback to staff, can help minimize the risk of future errors as well.

A common MPI challenge is one patient having more than one medical record number, often called a duplicate record. Even though this seemed easier to deal with in the paper world, in reality it was just as time consuming and potentially harmful to patients then as it is now.

Another challenge is record corrections, which can be a very complex process within an EHR. The average correction in the paper record most often could be corrected by moving one form or one note from one paper record to another. Today, correcting information in a fully integrated longitudinal EHR takes precise coordination to ensure the electronic health record as well as any downstream systems are changed. This process requires attention to detail and cooperation by all parties involved.

This complex process has created a fantastic opportunity for HIM professionals to showcase master data management, organizational leadership, and information technology skills. Staff coordinating these corrections within your organization must have a good understanding of each module of the EHR as well as a basic understanding of the impact and timing of corrections for downstream systems and, ultimately, patient safety. For example, in some downstream systems the correction or a portion of a correction must occur prior to the master correction, in other systems it cannot occur until after the master correction.

This must all be carefully orchestrated and validated at every step in the process, and the staff in charge of coordination needs to be educated and empowered to ensure quality and patient safety objectives are met. These same skills can and should be applied to all master data files such as physician, provider, and HIE masters.

As HIM professionals, we can make a big difference in these processes. Who’s up for the challenge?

Melissa Martin (melissa.martin@ahima.org) is associate vice president, privacy and health information management, and chief privacy and health information management officer for West Virginia University Medicine.

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