Master Patient Index - Recommended Core Data Elements (1997)

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Description

An accurate master patient (person) index (MPI), whether in paper or electronic format, may be considered the most important resource in a healthcare facility because it is the link tracking patient, person, or member activity within an organization (or enterprise) and across patient care settings. The MPI identifies all patients who have been treated in a facility or enterprise and lists the medical record or identification number associated with the name. An index can be maintained manually or as part of a computerized system. Retention of entries depends upon the MPI's use. Typically, those for healthcare facilities are retained permanently, while those for insurers, registries, or others may have different retention periods.

Data Elements

Data elements included in the MPI should:

- Accurately match persons being registered for care with their MPI record
- Minimize duplicate records within a facility and across patient care settings
- Facilitate merging MPIs to create enterprise MPIs
- Facilitate access to longitudinal patient records

This will speed access to patient information, resulting in significant benefits for patients and healthcare providers.

To achieve this, AHIMA recommends that the core data elements listed in Exhibit 1 be included in MPIs.

Exhibit 1 Recommended Core Data Elements to Be Included in MPIs

Data Element	Definition	Data Type*
Internal patient identification	Primary identifier used by the facility to identify the patient at admission (e.g., the medical record number)	Extended composite ID with check digit
Person name	Legal name of patient or person, including surname, given name, middle name or initial, name suffixes (e.g. Junior, IV), prefixes (e.g., Father, Doctor)	Extended person name
Date of birth	Patient's or person's date of birth. Year, month, and day of birth are entered (e.g., YYYYMMDD). It is essential that the year of birth be recorded as four numbers, not just the last two numbers	Time stamp
Date of birth qualifier	An indication of whether the date of birth is the actual date or an estimate. This will distinguish what is known from what is approximated (e.g. actual, estimate)	Text data

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Gender	Gender of patient (e.g., male, female, unknown, or undetermined)	Coded value
Race	Race of patient. Race is a concept used to differentiate population groups largely on the basis of physical characteristics transmitted by descent. Races currently used by the federal government for statistical purposes are American Indian or Alaskan Native, Asian or Pacific Islander, Black, White, and Unknown	Coded value
Ethnicity	Ethnicity of the patient. Ethnicity is a concept used to differentiate population groups on the basis of shared cultural characteristics or geographic origins. Ethnic designations currently used by the federal government for statistical purposes are Hispanic origin, not of Hispanic origin, and unknown	Coded value
Address	Address or location of patient's residence. Components include the street address, other designation (e.g., apartment number), city, state/province, zip or postal code, country, type of address (e.g., permanent, mailing)	Extended address
Alias/previous name	Any names by which the patient has been known other than the current legal name, including nicknames, maiden name, previous name that was legally changed, etc.	Extended person name
Social Security number	Personal identification number assignnd by the US Social Security Administration	String data
Facility identification	The unique identification number of a facility where patients seek care. (The Health Care Financing Administration is developing auniversal identifier system for healthcare facilities. Alternately, the American Hospital Association [AHA] numbering system may be used to identify facilities. The AHA numbering system is maintained centrally, updated frequently, covers private sector and federal hospitals, and contains historical data on institutions even if they cease to exist)	Person location
Universal patient identifier (when established)	Not yet established	Not yet established
Account number	Number assigned by the facility billing or accounting office for all charges and payments for this encounter	Extended composite ID with check digit
Admission or encounter date	Date the patient actually arrived for care (e.g., YYYYMMDD).	Time stamp
Discharge or departure date	Date the patient actually left the facility or died (e.g., YYYYMMDD).	Time stamp
Encounter or service type	A categorization of the encounter such as emergency, inpatient, outpatient, home care, or electronic (e.g., e-mail, Internet, telemedicine)	Coded value

Patient disposition	Patient's intended care setting following discharge. Examples include discharge home (not to home health service), to acute care hospital, to	Coded value
	nursing facility, to home to be under the care of a home health service, or to other healthcare facility; left against medical advice; alive, other,	
	or alive, not stated; died; admitted to hospital; admitted to observation; transferred to skilled nursing facility, intermediate care facility, other	
	facility; or other disposition as dictated by type of MPI	

^{*} Data types correspond to those described in Health Level 7 Version 2.3 (HL7, 1996) and E1238.94 (ASTM, 1994)

Optional Data Elements

The data elements listed in Exhibit 2 are considered to be optional. Collection of one or more of these elements may expedite emergency care, facilitate accurate patient identification during the registration process, and facilitate retrieval of information in the future. Note, however, that clinical data elements are sensitive and confidential. As such, access to them should be limited to those who have a legitimate need to know.

Exhibit 2 Optional Data Elements

Optional Data Element	Definition
Marital status	Marriage status of the patient, e.g. never married, married, separated, widowed, divorced, or unknown
Telephone number	Telephone number at which that patient can be contacted. This may be a home or business telephone number or the telephone number of a friend, neighbor, or relative
Mother's maiden name	The maiden name of the patient's mother. The maiden name is the given, family, or last name of the mother
Place of birth	The city, state, and country of the patient's birth
Advance directive and surrogate decision making	An advance directive describes an individual's current preferences about treatment should the person become incompetent or unable to communicate these preferences to medical personnel. Surrogate decision making is an alternative method for medical decision making on the individual's behalf; it is invoked in the absence of an advance directive when the individual is not competent to make an informed decision
Organ donor status	An indication whether the patient has consented to donate his/her organ(s) in the eventof death
Emergency contact	The name, address, telephone number, and relationship of the person whom the patient wishes to be the primary contact if notification is necessary
Allergies/reactions	Delineation of the patient's history of an allergic reaction to a medication based on information provided by the patient or a responsible informant, including the reaction manifestation
Problem list	Master list of all a patient's health problems or diagnoses

Related Practice Briefs

Related practice briefs published in the *Journal of AHIMA* are:

Developing Information Capture Tools (March 1997)

Retention of Health Information (Updated) (June 1999)

References

American Society of Testing and Materials. 1994 Annual Book of ASTM Standards, Section 14. "Standard Specification for Transferring Clinical Observations Between Independent Computer Systems, section E1238-94." Philadelphia, PA: 1994.

Centers for Disease Control and Prevention. Data Elements for Emergency Department Systems (DEEDS) Release 1.0. Atlanta, GA: Centers for Disease Control and Prevention, 1996.

Department of Health and Human Services, Health Information Policy Council. Uniform Hospital Discharge Data Set (UHDDS). Washington, DC: 1984.

Health Level Seven. Health Level 7, Version 2.3. Ann Arbor, MI: 1996.

National Committee on Vital and Health Statistics. Core Health Data Elements. Hyattsville, MD: 1996.

National Information Infrastructure, Health Information Network. Essential Medical Data Set (EMDS). Program, 1997.

Statistical Policy Directive 15, Race and Ethnicity Standards for Federal Statistics and Administrative Reporting. Office of Management and Budget (OMB). Washington, DC:1977.

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