

Mergers and Patient Identity Matching: A Tale of Two Hospitals

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by Mary Butler

In this web series, HIM professionals working in emerging roles give advice on tackling difficult HIM problems.

The HIM Problem

In a special election in August of 2012, the city of Colorado Springs, CO, voted to lease its city-owned University Health System Memorial Hospital (Memorial) to the University of Colorado Health (UCHealth). As part of this merger, operations for Memorial's Hospital for Children were set to be taken over by UCHealth's Children's Hospital of Colorado (CHCO), located in Aurora, CO, effective October 1. Health information management officials at UCHealth's Children's were notified in late August/early September that they would be responsible for assisting in the transition. This gave them approximately 30 days to develop a HIM plan for analysis, release of information, chart completion, physician suspension and notification, delinquency rate and coding and billing for two different electronic health record (EHR) systems with no existing interface.

The HIM Problem Solvers

Melinda Patten, MHA, RHIA, CHPS, CDIP, director of health information management at Children's Hospital Colorado (CHCO), and Just Associates, which assisted with patient matching services.

Where They Are Today

A year later, Patten and her team have streamlined their HIM services:

- Memorial staff registers patients in Memorial's system and then CHCO staff manually enters registration information into the CHCO system.
- Scheduling, ancillary services, and clinical documentation are handled by Memorial.

As for the medical record functions, Memorial performs chart completion functions, with paper documents sent to CHCO for scanning. Coders at CHCO access Memorial's system and code charts in their own system and make the records "whole" retrospectively with PDF file transfer/scanning.

How They Got There

Patient Identity Matching and Release of Information

Patten credits her successful transition to choosing the right partners. By far, the hardest part, she says, is the patient matching aspect of the merger. When Patten told the consultants at Just Associates what she needed to do and the deadline she was given, she says they were shocked but up to the challenge.

"I don't know that we would've made it without them, honestly. I couldn't imagine having to do the patient matching on my own," Patten says. "What you have to remember is our population is children. When they're born and transferred to us, they don't have a Social Security number. But additionally, the mother may be registering the child and give her address."

This can become complicated if a child's parents don't live together, and bring the child in for care in separate encounters, or when grandparents bring their grandchildren in. Multiple addresses for the same child can gum up the system.

Patten says the consultants were able to eventually get Patten's team to a point where there was a group of less than 1 percent of patients whose identities they were unable to match.

Even with the help of Just Associates for patient identity matching, there still were patient registration practices that had to be reconciled manually between the two facilities. The process was complicated by the fact that the two health systems employed two different EHRs.

Patten placed staff from CHCO at Memorial in Colorado Springs to help assist with the release of information and get new and existing Memorial patients registered in CHCO's system.

"What would happen is, we would go through the historic master patient index at Memorial, identify the patient—they maintained their own record and their own medical record number," Patten explains. "Then the patients at Memorial for Children's would either have an established member or would have to have a new medical record number issued."

EHR Reconciliation

At the time of the merger, CHCO used Epic while Memorial used Cerner, and the systems didn't "talk" to each other, according to Patten. She says if she'd had more time to complete the project, she would've interfaced the programs—although it has improved a lot since then. But in October 2012, Patten says many coders struggled. A common scenario went like this, according to Patten.

"So let's say I'm a coder, and I'm assigned to do Memorial charts today. So, I pull up our Epic and I will code the chart in our Epic but I have to look at the actual patient record and documentation and their Cerner. And I have dual monitors. Their Cerner is up on the left hand of the screen and on the right is Epic. I'm looking in Cerner and coding it in Epic," Patten explains.

The hard part started when patients were discharged and more information started to roll into the HIM departments on paper, which then had to be scanned into the EHR.

To make a patient's chart "whole," says Patten, "We had to get the information that was on their Cerner system into our Epic systems and we did that by doing what we've referred to as a print-to-file and then we created a PDF. And then we imported it. I would tell everybody not to do that if they could get away with it," Patten says emphatically, adding that it was a long, labor-intensive process.

Conclusion

A year later, Patten says there are days where she still feels like her head is full of marbles, but she's proud of what she and her team accomplished, and she credits Just Associates and the HIM teams at both facilities for the successful transition.

"Most hospitals would say, 'We're not doing this.' But we've partnered with UC Health [Memorial] and we pulled it off."

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