Essentials of Best Practice Recommendations for the Collection of Key Patient Data Attributes

**Prepared by the
National Association of Healthcare Access Management**

October 2016

Patient Name

1. Data related to patient name should be stored in five fields:

    *   Last name/surname
    *   First name/given name
    *   Middle name or initial (entire name is preferred)
    *   Suffix
    *   Prefix

2. Always ask the patient for government-issued identification. Patient name should be collected from a current government-issued photo identification whenever possible.

3. Patient should be asked to spell first, last, and middle names to avoid misspelling.

4. Punctuation and spaces should be captured, displayed and printed; however, punctuation and spaces should be eliminated by a patient matching algorithm and for electronic billing purposes.

5. In instances where a patient reports a name different from the one shown on the government-issued identification, the name shown on the identification should be used.

6. If a patient's name is changed, the previous name(s) should be retained for patient matching purposes.

7. Patient's preferred name should also be collected.

8. If a patient previously admitted reports a name that does not match an existing record, ask if there are any former legal names or past or present nickname(s).

Date of Birth

1. Data related to DOB should be recorded as mm-dd-yyyy.

2. Always ask the patient for government-issued identification. Patient DOB should be collected from a current government-issued photo identification whenever possible.

3. If DOB is unknown or the patient is unresponsive, and a representative is not immediately available, a standard format for an anonymous patient should be entered as 01-01-1880.

1. NAHAM recommends collecting addresses using the U.S. Postal Service's standards found in Publication 28, Postal Address Standards.

2. Abbreviations, if used, should follow the USPS Publication 28 Standards.

3. ZIP Code + 4 should be recorded.

4. The address collected should be the address where the patient lives.

5. Patient should be asked to spell street names, cities, and other address names to avoid misspelling.

6. If the patient reports a different address for purposes of billing, NAHAM recommends recording billing address on the line for a guarantor's address.

7. When a patient reports a new address, retain the previous address as a historical address and use for patient matching. Historical addresses are retained in the patient's records but not collected.

8. The current address should be requested from the patient or patient representative at each specific visit.

9. Verify patient addresses through a third party source, such as with the U.S. Postal Service.

10. In instances where a patient who has been previously admitted reports an address that does not match an existing record, ask for any former addresses.

11. Use the hospital's billing address for any homeless patient. If possible, also "flag" these records as a means to alert the billing department.

1. NAHAM recommends collecting phone numbers using the 10-digit North American Numbering Plan: (NPA) NXX-XXXX, where NPA (Numbering Plan Area code) is the area code, and the NXX prefix of the subscriber number indicates the local telephone exchange or rate center.

2. Data fields should provide for collection of primary and secondary phone numbers. Additional data fields should allow for selection of the type of phone number (e.g., home, office, and cell).

3. If the patient/family is unable to provide a number for the required field, a standardized number should be entered. The standard for entering an unknown number in the required field is 111-111-1111 (indicating an unknown value).

4. NAHAM also sees a distinction between an instance where no phone number is provided, and the instance where the patient does not have a phone. In this case, the iteration 999-999-9999 could be used to indicate that the patient does not have a phone, distinguished from the iteration 111-111-1111 to indicate that no phone number was provided.

5. When a patient reports a new phone number, retain the previous phone number as a historical phone numbers and use for patient matching. Historical phone numbers are retained in the patient's records but not collected.

6. The current phone numbers should be requested from the patient or patient representative at each specific visit.

7. In instances where a patient who has been previously admitted reports a phone number that does not match an existing record, ask for any former phone numbers.

1. Use indications for male (M), female (F), and unknown (U).

2. Because of the challenges associated with asking questions about an individual's sexual orientation/gender identity during the registration process, NAHAM recommends the use of the sex/gender recorded on a government-issued identification.

3. Always ask the patient for a government-issued identification, and collect/record the sex/gender as provided on the government-issued identification. Do not assume patient sex/gender based on visual appearance.

4. In the absence of government-issued identification or physician documentation, the patient must be asked his/her sex at birth. Collect/record the sex/gender as reported by the patient.

5. In the absence of government-issued identification, and if the patient is unavailable to provide information, the sex should be indicated as unknown, unless there is an order (i.e., lab work) that indicates sex as it should be entered.

6. NAHAM recommends that a field be added to healthcare IT systems for recording sexual orientation/gender identity.