

REPAIR OF CATASTROPHIC EDITS TO PERSON IDENTITY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes standard procedures for the consistent and timely correction of inaccurate electronic health record information and mitigation of risk associated with clinical and administrative decisions based on erroneous data resulting from catastrophic edits.

2. SUMMARY OF MAJOR CHANGES: This VHA directive provides procedures for the correction of electronic health record data due to catastrophic edits to person identity. Changes include:

- a. Updated definitions.
- b. Updated titles and acronyms.
- c. Additional responsibilities for VA Medical Facility Directors.
- d. Hyperlinks were added and updated.

3. RELATED ISSUES: VHA Directive 1906, VHA Handbook 1907.01, VHA Handbook 1605.1.

4. RESPONSIBLE OFFICE: The Office of Informatics and Information Governance (10P2) is responsible for the contents of this directive. Questions may be referred to the Program Manager, Healthcare Identity Management at 205-554-3452.

5. RESCISSIONS: VHA Handbook 1907.05, dated July 29, 2009, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April, 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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CHECKLIST FOR CATASTROPHIC EDIT REPAIR.....A-1

REPAIR OF CATASTROPHIC EDITS TO PERSON IDENTITY

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes procedures for correcting health and demographic information contained within electronic databases when a catastrophic edit is made to a person's identity traits in their electronic health record, resulting in the record being changed inappropriately to that of another individual. This directive provides standard procedures for the consistent and timely correction of inaccurate electronic health record information and mitigation of risk associated with clinical and administrative decisions based on erroneous data as a result of catastrophic edits. **AUTHORITY:** 38 U.S.C. 5723; 44 U.S.C. 3102.

2. BACKGROUND

a. The implementation of the Master Patient Index (MPI) in 1998 provided the ability to link all active person records across VHA and facilitated the sharing of person electronic health information. The Assistant Secretary for Information and Technology announced through VA Memorandum, Identity Management Policy, dated June 28, 2010, that VA would establish the Master Veteran Index (MVI) based on the enhanced Master Patient Index (MPI) to better serve the goal of VA to operate as a seamless client-centric organization.

b. The establishment of the Healthcare Identity Management (HC IdM) Program in 2001 allowed for monitoring of changes to identity in existing records and has revealed a recurring issue of catastrophic edits to person identity traits. When edits are made to two or more identity traits of a person's record in the local Veterans Health Information Systems and Technology Architecture (VistA) system within the same session, the MVI is alerted of potential catastrophic edits. These alerts are reviewed by the HC IdM Program staff to determine if a catastrophic edit has in fact occurred.

3. DEFINITIONS

a. **Catastrophic Edit.** Catastrophic edit to person identity means changes have been made to a person's electronic health record in a local VistA system that results in the record being changed inappropriately to that of another person, caused by, but not limited to, edits to person identity data (such as name, SSN, date of birth, gender) and/or erroneous merging of two or more distinct person records into a single record within VistA.

b. **Catastrophic Merge.** Catastrophic merge occurs when different persons' electronic health records are not properly reviewed and screened in a VistA system prior to being merged using the Duplicate Record Merge software. This results in two different person entries being merged into one single identity, the inactivation of one person's record and the intermingling of all other data (i.e., Clinical, Eligibility, etc.) in the remaining record.

c. **Duplicate Patient Merge.** Duplicate Patient Merge is the commonly used name for the Duplicate Record Merge application. The Duplicate Record Merge is a VistA software application with functionality to merge two records from within the same file in VistA. The application allows the user to select which identity data will be preserved in the surviving record.

d. **Master Veteran Index.** The Master Veteran Index (MVI) is the authoritative identity service within VA, establishing, maintaining and synchronizing identities for VA clients, Veterans and beneficiaries. The MVI correlates a person's identity across the enterprise, including all VistA systems and external systems, such as Department of Defense (DoD), and Veteran Health Information Exchange. Legacy systems from other VA administrations are being integrated with the MVI. The MVI includes authoritative sources for health identity data and contains over 41 million person entries. The MVI facilitates the sharing of health information, resulting in coordinated and integrated health care for Veterans by providing the access point mechanism for linking persons' information to enable an enterprise-wide view of person information; it uniquely identifies all active persons who have been admitted, treated, or registered in any VHA facility, and assigns a unique identifier to the person. The MVI data is accessed through the Attachmate Reflections application or the Identity Management Toolkit (TK).

e. **Integration Control Number.** The Integration Control Number (ICN) is VA's enterprise unique person identifier which is based on the conformance standard from ASTM E 1714-00, assigned and maintained by the MVI to each unique person within the VHA systems, and provides the key to linking the person electronic health record across the enterprise.

f. **National Service Desk Ticketing System.** The National Service Desk (NSD) ticketing system is used by the NSD, VA medical facilities and all support teams to submit tickets requesting assistance with problems related to person records. The Computer Associates Service Desk Manager (SDM) is the current NSD ticketing system.

4. POLICY

This VHA policy defines common causes and provides procedures for the remediation of catastrophic edits, including those caused by patient record merges. It establishes timelines and criteria for data repair activities, and assigns roles, responsibilities, and tasks for data repair in affected software applications and files.

5. RESPONSIBILITIES

a. **VHA Healthcare Identity Management Program Staff Members.** VHA HC IdM Program staff members are responsible for:

(1) Conducting a comprehensive review of any potential catastrophic edit. In the event a catastrophic edit has occurred, VHA HC IdM Program staff members make the initial determination as to which person's record is restored and which person will have a new record created. Normally, the original record will be restored and a new record will be created for the second person. The Identity Management TK is the application used by HC IdM staff to review and restore the identity traits on the record.

(2) Providing initial assistance to the facility in beginning the comprehensive review process of all affected data and monitor restoration of the person records until complete.

(3) Ensuring monthly reviews of all catastrophic edits are completed and evaluate findings for potential actions to be taken to reduce the occurrence of catastrophic edits to person identity. Monthly reports of Catastrophic Edit events will be shared with the national Informatics Patient Safety (IPS) office. IPS is available for consultation on person safety aspects as needed.

(4) Opening a National Service Desk (NSD) ticket describing the problem, including an assessment of data corrections needed and the name of the MVI point of contact (POC). The ticket should be categorized as a catastrophic edit and directed to the Health Product Support (HPS) Admin team.

b. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Ensuring all data is accurate, complete, and associated only with the person to whom the data belongs in each medical facility within their control.

(2) Ensuring that consistent and appropriate policies and procedures are implemented within each facility.

c. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring all data is accurate, complete, and associated only with the person to whom the data belongs.

(2) Taking appropriate action to restore the record including COTS applications, administrative data, and clinical health data; this includes:

(a) Ensuring an audit log or trail of corrections and "who corrected the data and why" is available. Data to be collected in the audit should include at a minimum, the original data value, the date the change was made and identity of the user who made the change.

(b) Establishing and implementing a systematic process for data restoration.

(3) Designating a local MVI POC to act as the primary liaison between facility staff and HC IdM staff for all issues related to catastrophic edits.

(4) Ensuring all facility staff members complete and document the "Preventing Catastrophic Edits to Person Identity (PCEI)" training prior to being assigned keys that enable editing of identity traits or merging of records, including local equivalent options.

NOTE: See the *Training Strategy* section (paragraph 7.c.(2)) for details on training materials.

(5) Ensuring all facility staff involved in the editing or alteration of electronic health records exercise care and caution when making changes to identity traits of persons, and report any suspected catastrophic edits to their designated facility MVI POC.

(6) Establishing and maintaining a local Catastrophic Edit Repair Team that, at a minimum, includes a Program Application Specialist (PAS) with VistA expert user skills, the MVI POC, an Information Resource Management (IRM) or Information Technology (IT) programmer, Clinical Application Coordinator (CAC) for affected applications, a site Patient Safety Officer, and a Health Information Management (HIM) representative.

NOTE: *The Catastrophic Edit Repair Team may delegate tasks to other facility personnel, who must work with a HC IdM staff member, a HPS Admin Team (formerly Patient Information Management Systems (PIMS)) member and potentially other HPS teams as needed.*

(7) Designating a staff member who initially identifies catastrophic edits and is responsible for contacting National HC IdM Program staff to open a NSD ticket.

d. **VA Medical Facility Chief, Health Information Management (equivalent position, or designee).** The VA medical facility Chief, Health Information Management, equivalent position, or designee, is responsible for:

(1) Maintaining the integrity of electronic health records and ensuring they are accurate and complete.

(2) Ensuring all catastrophic edits, changes, and corrections are completed within the timeframes described (see paragraph 7.b.(2)). This includes taking appropriate action when contacted by HC IdM advising of lack of response from local staff in resolving the issue in a timely manner.

e. **VA Facility Privacy Officer.** The VA facility privacy officer is responsible for addressing any identified privacy violations that may result from catastrophic edits to person records.

f. **VA Medical Facility Chiefs, Chief Business Office or Designee.** The VA medical facility Chief, Chief Business Office (CBO), or designee, is responsible for identifying the members of the specialized mail groups and recipients of the necessary security keys to monitor for potential catastrophic edits.

g. **VA Facility Master Veteran Index Points of Contact.** The VA facility MVI POC is responsible for:

(1) Facilitating the resolution of any catastrophic edits identified through daily maintenance activities, including but not limited to, submission of Identity Management TK Catastrophic Edit Requests, processing of MVI exceptions, review of alerts and bulletins and other related tasks.

(2) Acting as a liaison between facility staff and HC IdM staff as well as HPS staff for all issues related to catastrophic edits.

h. **National Health Product Support Administration Team.** The HPS Admin Team is responsible for:

(1) Providing support to the VA medical facility through all steps of the resolution process.

(2) Accepting ownership of catastrophic edit tickets directed to them by HC IdM. The ticketing system will be used to document progress.

(3) Requesting assistance from other support teams by opening additional tickets and/or communicating with other support teams as needed to correct the data if clinical or other data within applications not supported by the HPS Admin team is affected. The other team will directly work with the site as needed to correct the data for applications supported by their team.

(4) Escalating the original ticket back to HC IdM if site staff does not respond or make corrections in a timely manner after repeated attempts on the part of the Admin team member.

6. GOALS

The key goals are to maintain the integrity of the electronic health record, to minimize person safety risk, to support health care for person, and to ensure catastrophic edits to person records are addressed in a consistent, timely and comprehensive manner.

7. BUILDING BLOCKS TO ACCOMPLISH GOALS

a. **Local Monitoring.** Building block I is the local monitoring of all edits to person identity traits and the review of potential catastrophic edits to determine what, if any, action is required based on appropriate criteria. This includes:

(1) Ensuring staff are assigned to monitor the VistA bulletins "SSN CHANGED" and "PATIENT NAME CHANGED" to monitor possible catastrophic edits as they occur. This is a key function that provides responsible staff the information to address problems quickly and to minimize the impact of potential catastrophic edits. The recipient mail groups for these bulletins are determined by the MAS Parameters Name Change Group and Social Security Number (SSN) Change Group. **NOTE:** For further information see *User Manual - Supervisor ADT Manual*: <http://www.va.gov/vdl/application.asp?appid=55>.

(2) Assigning the VistA DG CATASTROPHIC EDIT security key to the responsible PAS, their alternates, and supervisor, so they are recipients of the POTENTIAL CATASTROPHIC EDIT OF PATIENT IDENTIFYING DATA alerts. These alerts, generated within the Registration Intake process, ensure that users are fully aware of potentially catastrophic changes made to person identity traits. Person identity fields are name (first and/or last), SSN, date of birth, and sex (gender). A warning message appears to the user during the registration process when the edits indicate the potential for a catastrophic edit. If the user proceeds to make changes to the person's identity fields, the alert is triggered with the potential person catastrophic edit information, and is sent to the individuals assigned the DG CATASTROPHIC EDIT security key.

Designated staff needs to review these alerts on a routine, timely basis to ensure that catastrophic edits are reported and resolved and that any issues with staff performing catastrophic edits are addressed.

(3) Establishing a process for daily review of the Report - Patient Catastrophic Edits (DG PATIENT CE REPORT option) and ensuring that all potential catastrophic edits listed on the report have been reviewed.

b. **Timelines and Priorities.** Building block II is the establishment of timelines and priorities for catastrophic edit resolution activities.

(1) Once discovered, each involved person record is to be flagged immediately, using a Category II Patient Record Flag (PRF), indicating that the record may contain compromised data. All PRFs require an accompanying progress note and the HIM representative, designee, or person responsible for setting the flag must document what steps will be taken to restore the information. Once the catastrophic edit is resolved, the PRF must be removed. **NOTE:** For instructions on how to set the PRF, refer to the PRF User Guide at: <http://www.va.gov/vdl/application.asp?appid=156>.

(2) Timelines for data correction: The timelines outlined below are strongly recommended, but not practical for all catastrophic edit or catastrophic record merge situations. Identity corrections should be completed as soon as possible but no later than 1 working day after creation of the NSD ticket. Medical/clinical data should be corrected as quickly as possible but may require careful and time-consuming review, coordination between various Clinical Application Coordinators, and multiple clinical service Program Application Specialists, etc. Some administrative (enrollment, military, eligibility, etc.) and Enrollment System (ES) data is not controlled by the site staff and may need to be corrected by Health Eligibility Center (HEC) staff or ES tier 3 staff.

Conditions	Timeframe
Current inpatient(s) affected	Immediate data correction is advised in most cases but no later than 5 working days after notification from the HC IdM Team or upon discharge, depending on which occurs first. All changes should be coordinated with the site MVI POC(s). Record merges should be corrected right away.
Current outpatient with active prescriptions, future appointments, and pending consults.	Within 10 working days or before the next scheduled appointment; whichever comes first.
Outpatient with no activity within the last 3 years	1-15 working days
Person is deceased, had never received care, or has no future care scheduled	1-25 working days

c. **Effective Communication and Training Strategies.** Building block III is the establishment of effective communication and training strategies for the prevention, identification, and resolution of catastrophic edits to person identity, including, but not limited to, front line staff, providers, and other members of the health care team.

(1) **Communication Strategy.** It is imperative that there is effective communication between all appropriate staff to alert them of catastrophic edits and to begin the necessary correction process.

(a) The local catastrophic edit repair team must notify and advise the affected health care team of the status of the cleanup of the electronic health record until all issues have been resolved.

(b) An effective method for communicating catastrophic edits is the use of the Category II PRF. When the record has been completely restored, the PRF must be inactivated. The HIM designee must document an administrative progress note within the electronic health record outlining the steps taken to restore the record and the staff involved. **NOTE:** *In the event that all issues cannot be resolved, the PRF must remain active.*

(c) The HC IdM Program provides guidance to the MVI POC on how to proceed, identify, and initiate steps to begin the resolution process, which is to be accomplished using the Identity Management TK supplemented with e-mail and telephone calls.

(d) Appropriate communication mechanisms, including the Identity Management TK, face-to-face meetings, conference calls, and e-mails (when using e-mail, encryption must be used if personally identifiable information is included) need to be used by all parties to facilitate the resolution of the data being corrected.

(e) The national HPS team communicates with site staff to identify and provide guidance on the necessary corrective actions. The NSD ticketing system is the primary communication mechanism between local facility and HPS staff.

(f) In the event a merge of person records is required, prior to the actual merge of potential duplicate records, the facility POC responsible for merge activities must communicate with the HIM representative and appropriate clinical ancillary reviewers to ensure the proposed merge is an actual duplicate. All proposed merges must be reviewed and approved by the clinical ancillary package experts and the Chief, HIM, or equivalent.

(2) **Training Strategy.**

All individuals with the ability to enter, edit, and merge person identity data (such as name, date of birth, SSN, and gender) specifically, those individuals who have been given the privilege of being assigned the XDRMGR and DG ELIGIBILITY keys and/or the VistA DG Load/Edit (DG LOAD PATIENT DATA) or XDR options, or local equivalent keys and options, are required to complete and document all required training including, "Preventing Catastrophic Edits to Person Identity (PCEI)" (Class 7861 in the Talent Management System (TMS)). This training is required prior to the assignment of the key to the individual. Supervisors are responsible for ensuring this training is

successfully completed and documented by the employee, as this is a key competency for person selection. Any individual who does not demonstrate competency of this skill must re-take the training until core competency is established. Any individual who selects a person in error, and generates a catastrophic edit to a person record, must re-take the training and provide evidence of successful completion to the individual's supervisor and the HC IdM Team. Supervisors must monitor employee work quality and ensure that employees achieve and maintain core competency of this skill; failure to achieve competency can lead to a patient safety issue.

d. **Resolution Process.**

(1) Building block IV is the definition of the overall resolution process to correct data (see Appendix A for a checklist of tasks that need to be completed).

(2) Impacted Electronic Systems. Ensure that all impacted electronic systems have been addressed, including Commercial Off-the-Shelf (COTS) applications, enterprise data repositories, inter-agency data exchanges, and others where mechanisms exist.

CHECKLIST FOR CATASTROPHIC EDIT REPAIR

NOTE: Under the Responsible Staff column, Health Product Support (HPS) marked with ** can provide guidance when requested.

STEP	DATA REPAIR STEP	RESPONSIBLE STAFF	COMPLETED BY	DATE COMPLETED
1	Notify Appropriate Staff of Discovery of Catastrophic Edit.	Medical Facility Staff, Health Care Identity Management (HC IdM) Staff or HPS Staff		
2	Create National Service Desk (NSD) ticketing system ticket.	Medical Facility Staff, HC IdM or HPS Staff		
3	Triage NSD ticket and assign to appropriate HPS team.	HPS Staff		
4	Create new person record(s) as needed.	Medical Facility Staff		
5	Correct person identity, and demographics information per HC IdM instructions; note actions and initial list of applications affected on the NSD ticket.	Medical Facility Staff, HC IdM Staff		
6	Flag person records to alert providers of potential record issues.	Medical Facility Staff		
7	Determine if person(s) are currently receiving in- or outpatient treatment and/or have future appointments.	Medical Facility Staff, **HPS Staff		
8	Verify that correct wristbands are on inpatient(s).	Medical Facility Staff		

STEP	DATA REPAIR STEP	RESPONSIBLE STAFF	COMPLETED BY	DATE COMPLETED
9	Assess data affected at a high level: Print a detailed Health Summary from the “Range of Dates Patient Health Summary” option; for example: Select health summary type “Remote Clinical Data (4YR)”; enter a date range of 1980 through current date; save output to a file. Note on NSD ticket all applications where the data exists.	Medical Facility Staff, **HPS Admin Team		
10	Assess data affected at a detailed level, including enrollment and eligibility. With the health summary as a “roadmap”, use Computerized Patient Record System (CPRS) to find details, for example: “Order Summary for a Date Range” report under Clinical Reports on the CPRS Reports tab, other application displays, and FileMan. Note: Some laboratory tests results (including pathology reports) have a significant diagnosis with a long-term impact on the care of a veteran; these need to be carefully reviewed and moved to ensure they are not left in the wrong record.	Medical Facility Staff, **HPS Admin Team		
11	Assign additional support teams as needed.	HPS Admin Team		
12	CAUTION: Do not delete, cancel, or discontinue anything appearing on the wrong record before re-entering data on the correct record. Keep records of changes so they can be documented in an audit trail progress note.	All Staff involved in catastrophic edit repair		

STEP	DATA REPAIR STEP	RESPONSIBLE STAFF	COMPLETED BY	DATE COMPLETED
13	Review Pharmacy prescriptions and Inpatient Meds and alert staff to prevent giving person(s) the wrong medications. CPRS Reports tab displays outpatient orders by issue date and Inpatient Meds by start date. Work from screen capture lists that have start and end dates and prescription numbers which can be entered in "View Prescription" to get details.	Medical Facility Staff, **HPS Clin 1 Team		
14	Review Adverse Reaction Tracking (ART). Mark items as retracted as needed and re-enter on correct person.	Medical Facility Staff, **HPS Clin 1 Team		
15	Assemble site-staffed repair team composed of Program Application Specialist (PAS), Clinical Application Coordinator (CAC), Master Veteran Index (MVI) point of contact (POC), and representatives from Information Resource Management (IRM), and Health Information Management (HIM). They will work with support team(s) (Medical Center, HC IdM, HPS Admin Team) to repair data and track progress on NSD ticket(s). Hold conference calls on a regular basis if needed for complex repairs.	Medical Facility Staff, HPS Staff		
16	Determine which Health Summary data belongs to which person by reviewing audit trails (Single Patient Audit File Print [RGMT AUDIT SINGLE]), mirror test account data, paper records, Veterans Information Solution/Hospital Inquiry (VIS/HINQ), Merge Images File 15.4 entry for a merge-from record, known providers, etc.	Medical Facility Staff, **HPS Admin Team		
17	Identify staff involved in catastrophic edit and follow up with additional training to prevent future catastrophic edits/merges.	Medical Facility Staff, HC IdM Staff		
18	Verify that the Patient Record Flag(s) (PRF) are associated with the correct persons and correct if necessary.	Medical Facility Staff, **HPS Admin Team		

STEP	DATA REPAIR STEP	RESPONSIBLE STAFF	COMPLETED BY	DATE COMPLETED
19	<u>Admissions:</u> Re-enter admissions, movements, and discharges. Wait until associated clinical data is repaired before removing patient movements from the other record and submitting Patient Treatment File (PTF) 099 transactions.	Medical Facility Staff, **HPS Admin Team		
20	<u>Scheduling:</u> Re-enter appointments and related data and reassign Text Integrated Utility (TIU) notes before backing out check-outs and cancelling on the other record.	Medical Facility Staff, **HPS Admin Team		
21	Check RAI/MDS data for nursing home patients affected by the catastrophic edit.	Medical Facility Staff, RAI/MDS Vendor		
22	Confirm Veteran Health Identification Cards (VHIC) have been sent to correct enrolled person.	Medical Center Staff		
23	Re-synchronize Health Eligibility Center (HEC) and local Enrollment/Eligibility data.	Medical Facility Staff, **HPS Admin Team, HEC staff as needed		
24	<u>Accounts Receivable (AR):</u> Use AR menus/options only to correct any erroneous data.	Medical Facility Staff, **HPS Management Systems Team		
25	<u>Automated Medical Information Exchange (AMIE)/ Compensation and Pension Records Interchange (CAPRI):</u> Check for in-process exams during the time of the catastrophic edit/merge and correct if necessary.	Medical Facility Staff, **HPS Admin Team		
26	<u>Bar Code Medication Administration (BCMA):</u> Use BCMA GUI Medication Log option to decide which doses to mark as 'Not Given' using the GUI Edit Med Log option.	Medical Facility Staff, **HPS Clin 1 Team		
27	<u>BCMA Contingency:</u> If Pharmacy records were corrected, run the patient initialization to correct the workstation contingency reports.	Medical Facility Staff, **HPS Clin 3 Team		
28	<u>Beneficiary Travel:</u> Check for payments sent to wrong person.	Medical Facility Staff, **HPS Admin Team		

STEP	DATA REPAIR STEP	RESPONSIBLE STAFF	COMPLETED BY	DATE COMPLETED
29	<p>CAUTION: Orders must be repaired separately in Computerized Patient Record System (CPRS) and ancillary applications. <u>CPRS:</u> Cancel and/or discontinue orders as entered in error where needed; reenter orders on correct person. Request support assistance, where needed.</p>	<p>Medical Facility Staff, **HPS Clin 2 Team</p>		
30	<p><u>Care Management:</u> Delete or correct tasks within the dashboard application and reset to the correct person.</p>	<p>Medical Facility Staff, **HPS Clin 2 Team</p>		
31	<p><u>Clinical Case Registries:</u> If person is in registry, the Registry Coordinator can make some edits using menu options. Request support assistance with corrections requiring the use of FileMan.</p>	<p>Medical Center Staff, **HPS Clin 4 Team</p>		
32	<p><u>Clinical Procedures:</u> Request support assistance with FileMan/M corrections.</p>	<p>Medical Facility Staff, **HPS Clin 3 Team</p>		
33	<p><u>Consult/Request Tracking:</u> Reenter consult requests on correct person. Disassociate results from incorrect person, reassign result note to correct person, then link to consult request using TIU MIS Manager Menus. Request support assistance with corrections requiring FileMan.</p>	<p>Medical Facility Staff, **HPS Clin 2 Team</p>		
34	<p><u>Decision Support System (DSS):</u> Request support assistance to update Data File Number (DFN) in IV Update Extract file.</p>	<p>Medical Facility Staff, **HPS Financial Systems Team</p>		

STEP	DATA REPAIR STEP	RESPONSIBLE STAFF	COMPLETED BY	DATE COMPLETED
35	<u>Dental:</u> Save all data before removing. The Dental Administrator or PAS is to find and delete encounter date/time for incorrect records in the Dental Records Management (DRM) Plus. Dental Administrator can remove a Dental Encounter (see DRM Plus Administrator manual). Deleting information from Dental History removes the entire encounter and it cannot be recovered. DRM Plus automatically updates PCE encounter entries and will delete them from Veterans Health Information Systems and Technology Architecture (VistA) as well. Enter encounter information on the correct person.	Medical Facility Staff, **HPS Clin 1 Team		
36	<u>Event Capture:</u> Delete encounters and reenter on correct person in Event Capture Patient File 721.	Medical Facility Staff, **HPS Financial Systems Team		
37	<u>Fee Basis:</u> Check Fee Basis Patient File 161 for erroneous data and request assistance if necessary to correct data.	Medical Facility Staff, **HPS Management Systems Team		
38	<u>Health Data Repository (HDR):</u> There is currently no mechanism to correct this data.	Medical Facility Staff, **HPS Clin 2 Team		
39	<u>Hospital Based Home Care (HBHC):</u> Use the “Patient Visit Data Report” to see if person is in the HBHC database. If so, request support assistance with Fileman/M corrections to repair the pointer to the person file. Follow instructions for TIU corrections.	Medical Facility Staff, **HPS Clin 3 Team		
40	<u>Intake and Output (I&O):</u> The Enter/Edit menu option within the I&O package allows a user to delete an entry made within the last 48 hours. Request support assistance with GMRY PATIENT I/O File 126 edits using FileMan.	Medical Facility Staff, **HPS Clin 2 Team		
41	<u>Lab:</u> Reenter orders on correct person. Request support assistance with FileMan/M corrections to Lab.	Medical Facility Staff, **HPS Clin 4 Team		

STEP	DATA REPAIR STEP	RESPONSIBLE STAFF	COMPLETED BY	DATE COMPLETED
42	<u>Medicine:</u> Request support assistance to determine where orders point and correct data.	Medical Facility Staff, **HPS Clin 3 Team		
43	<u>Mental Health (MH):</u> The MH manager Menu contains an option under "Psych Test Utilities to Delete Data." This allows prior administrations of instruments in the MH files to be deleted or marked as entered in error. Request support assistance as needed.	Medical Center Staff, **HPS Clin 4 Team		
44	<u>Nursing:</u> Request support assistance with corrections to Nursing Text Orders. Nursing Patient Classification errors can be corrected using menu options.	Medical Facility Staff, **HPS Clin 2 Team		
45	<u>Nutrition & Food Services:</u> A Nutrition Profile should be printed to view what data exists in the record. Request support assistance if data exists.	Medical Facility Staff, **HPS Clin 2 Team		
46	<u>Oncology:</u> Verify that records are associated with correct person. Request assistance, if needed.	Medical Facility Staff, **HPS Clin 1 Team		
47	<u>Pharmacy:</u> Reenter or backdate data as needed. Use Delete a Prescription [PSO RXDL] to delete prescriptions. Use the Non-VA Meds option to reenter prescriptions more than 6 months old. Discontinue inpatient meds if needed.	Medical Facility Staff, **HPS Clin 1 Team		
48	<u>Problem List:</u> Remove problems and reenter on correct person.	Medical Facility Staff, **HPS Clin 2 Team		
49	<u>Prosthetics:</u> If person is listed in Prosthetics Patient File 665 and has prosthetics data, request support assistance.	Medical Facility Staff, **HPS Financial Systems Team		
50	<u>Quasar:</u> Use "Inquire – A&SP (Audiology and Speech Pathology) Patient" option to see if person is in A&SP. If so, request support assistance with Fileman/M corrections to repair the pointer to the patient file. Follow instructions for TIU corrections.	Medical Facility Staff, **HPS Clin 3 Team		

STEP	DATA REPAIR STEP	RESPONSIBLE STAFF	COMPLETED BY	DATE COMPLETED
51	<u>Radiology or Imaging:</u> Review all data on affected persons and request support assistance with FileMan/M corrections.	Medical Facility Staff, **HPS Clin 3 Team		
52	<u>Social Work:</u> The Delete Record option can be used to delete records that were entered in error only. Request support assistance.	Medical Facility Staff, **HPS Clin 2 Team		
53	<u>Spinal Cord Injury:</u> Use the “Inquire to a Registry Patient” option to see if person is in the database. If so, request support assistance with Fileman/M corrections to repair the pointer to the patient file.	Medical Facility Staff, **HPS Clin 3 Team		
54	<u>Surgery:</u> Use the Delete Surgery Case action after selecting a person under the Operation Menu [SROPER] as needed; signed TIU documents must be retracted; scheduled cases need to be edited and corrected.	Medical Facility Staff, **HPS Clin 1 Team		
55	<u>TIU:</u> Use TIU MIS Manager Menu to reassign notes to correct person, which will leave the notes in a retracted status and unviewable in the incorrect person. Request support assistance with repointing notes using FileMan as needed.	Medical Facility Staff, **HPS Clin 2 Team		
56	<u>VBECs/Blood Bank:</u> Review all data on affected persons and request support assistance as needed.	Medical Facility Staff, **HPS Clin 4 Team		
57	<u>Visual Impairment Services Team (VIST)/Blind Rehabilitation:</u> Request support assistance if data exists.	Medical Facility Staff, **HPS Clin 4 Team		
58	<u>Vitals and Measurements:</u> Graphical User Interface (GUI) options should be used to mark vitals as entered in error and reentered on the correct person.	Medical Facility Staff, **HPS Clin 2 Team		
59	<u>Women’s Health:</u> Check data for female persons in Women’s Health files. Request support assistance as needed.	Medical Facility Staff, **HPS Clin 2 Team		

STEP	DATA REPAIR STEP	RESPONSIBLE STAFF	COMPLETED BY	DATE COMPLETED
60	Cooperate with HC IdM and Support Specialists if repair of data at other treating facilities is needed. Synchronization of data may be required.	Medical Facility Staff		
61	Enter a TIU note documenting the audit trail. Everything that was on the wrong person should be documented on that person's note, and the reentry of missing data should be documented on the other person's note.	Medical Facility Staff		
62	Notify HPS Admin Team specialist when data repair is complete.	Medical Facility Staff		
63	Request HC IdM review and verification of corrections made.	HPS Admin Team		
64	Review and either request additional repairs or advise HPS Admin Team specialist to close the NSD ticket.	HC IdM Staff		