



# Duplicate Numbers -- Double Trouble

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**A**lthough duplicate numbers are a phenomenon known to medical record employees throughout the United States, the term is really a misnomer. What actually is meant by this description is that a patient is assigned two different numbers. But the label "different numbers" never caught on.

Not only is the presence of duplicate numbers a problem in the unit record environment, it further complicates the tracking of patient care across a system. Enterprise-wide computer systems are becoming much more commonplace as a result of mergers of facilities and physician practices. Therefore, if all pertinent patient information cannot be retrieved using the "single" identifier (patient number), care could be compromised, reimbursement could be lost, and effort must be exerted to merge the two, three, four or more files of the patient under the correct number.

Historically, duplicate numbers were

resolved rather quickly because medical record staff would identify the error the next morning after admission and "type" the correct number on the patient's index card. In some facilities, no medical record number would be assigned until the medical record number control clerk issued the number to the registration clerk while the patient was waiting in the registration area. This environment has long since been replaced with computer technology and, at the same time, the safeguards have also been eliminated.

With computerized registration and the belief that the computer "knows all," very little research is done to validate the computer's "decision" when no match is made on the patient's name. Thus, there is a growing rate of duplicate numbers.

Are there ways to combat duplicate numbers? Some safeguard procedures include the following:

- using the soundex option of searching for the patient's name
- using the social security number

search option

- using a date of birth search option
- asking patients if they had another name when they were last at the facility

## ENTER HEALTH INFORMATION'S ROLE

As medical record personnel became health information coordinators, they found that their new role was one of correcting erroneous information. Duplicate numbers are often "fixed" the day after admission, but require multiple computer files to be updated to accept the correction. However, the potential for a volume of duplicate numbers in a computer database exists if registration systems permitted the automatic assignment of medical record numbers. So common is this potential that consulting firms now flourish in the business of cleaning up the master patient index (MPI).

Correcting duplicate numbers that have accumulated over time is much more difficult to do than correcting them the next day. Often, the record may be on microfilm

or may be imaged and, therefore, cannot be merged with its other components under the correct medical record number. If off-site storage is used, the facility incurs a retrieval fee to have the "incorrect" record returned in order to merge it with the correct data in another file. Regardless, the effort is not as effective as it would be if the correction could be made the next day or if the correct number was assigned in the first place.

Why bother to correct the data anyway? Yes, by the time some of the corrections are made, the data may be very old and of questionable value to the patient. However, what if there were a request for any and all records on the patient? What if there had been an indication of precancerous conditions in the incorrectly numbered file? What if the physician treated the patient not knowing the data in the incorrectly numbered file? Because the list of "what ifs" can go on and on, the Joint Commission on the Accreditation of Healthcare Organizations and other accrediting agencies have required organizations to have methods to ensure that the complete record can be brought together if necessary.

These solutions include:

- requiring all registration staff to follow the safeguard procedures noted above;
- vigilantly monitoring what errors are made and by whom so that management may address errors with the responsible individuals;
- taking action, including termination, on those individuals who have high rates of duplicate number assignments;
- recognizing that duplicate numbers will occur, most commonly in the emergency room, where patients and their relatives are not in a condition to respond to questions; and
- ensuring that a process is in place in health information services to correct the errors the next day.

Health information managers must address the problem of duplicate numbers. Ideally, errors made in the past would have been corrected. At a minimum, a great first step to attacking the problem is fixing the new mistakes that occurred yesterday.

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