

Topic: Mother/Guardian/Contact Information Displayed in IIS User Interface

Request Date: June 6th, 2017

Information Requested: We are interested to know from other IIS whether they:

1. Display full mother name including maiden in patient record
2. Display other contact (guardian, guarantor, etc.) name
3. If yes on #2, what is the field label?

Requesting Member: Bridget Ahrens (VT)

Responding Member(s): Ellen Amore (RI), Kim Sailsbury-Keith (RI), Jenne McKibben (OR), Danielle Sill (WI), Alice Stecko (SSG), Patricia Swartz (MD), and Miriam Muscoplat (MN)

Results:

RI: Yes, KIDSNET does display the mother’s full name including maiden in the patient record but mother’s maiden name is a separate field. We only display one name in the view but if we have other names and relationships, the user can scroll through them. KIDSNET also displays a contact name for <19 year olds. The field label is “Parent/Guardian” which can be seen in the example below.

Demographics [printer-friendly ve](#)

Search

Enter KIDSNET ID: [LookUp](#)

Demographic Information - 06/06/2017 [Click Here to Update Child](#)

Child Id: 7550977	Medical Record:	Date Updated: 08/23/2016
Patient: NEMO FINDING	Age: 5y 3m	
Alias:	Race: WHITE	Hispanic: UNKNOWN
DOB: (hh:mm) 02/20/2012 -10:00 AM	Gender: MALE	
Mother's Maiden Name: TEST	Hospital: WOMEN & INFANTS	Status: ACTIVE
State of Birth: RI	Last Known Insurance: RITE CARE - UNITED HEALTH *	
<i>Insurance status may not be current. Verify eligibility directly with the health plan.</i>		

Provider History

Current PCP: **TEST PEDIATRIC PRACTICE** Imm Labels:

Lead Screening: **DOCTOR, TEST**

Identified at Birth: **DOCTOR, TEST**

Parent/Guardian Information

MOTHER: (1 of 1)

Parent/Guardian: STU PICKLES	DOB: 01/01/1970
Relationship: MOTHER	Language: ENGLISH
Home Phone: (401) 555-1212	Status: G
Alternate Phone: (401) 222-2222	Status:

Parent/Guardian Address: **222 SOUTH STREET, Apt: 22
NEW SHOREHAM, RI 02222**

Mailing Address:

Status: **G**

**123 MAIN ST
PROVIDENCE, RI 02905**

Status:
**123 MAIN ST
PROVIDENCE, RI 02905**

OR: Below are a couple of screen shots that may help.

Personal Information

* Last Name: SAMPLE
 * First Name: SYDNEY
 Middle Name:
 Suffix:
 * Birth Date: 05/10/2010
 * Mother's Maiden Last (On File):
 * Mother's First Name: JEANNE

* Gender: Female
 SSN (On File):
 Medicaid ID:
 Birth Order: (for multiple births)
 Birth Country: UNITED STATES
 Birth State:
 Birth County:
 Patient Identifier: 6958006

Responsible Persons (2)

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Responsible Person listing Add New

Review	Remove	Name	* Relationship	Primary
<input checked="" type="radio"/>	<input type="checkbox"/>	SAMPLE, SCOTT	Father	<input checked="" type="radio"/>
		OR		
<input type="radio"/>	<input type="checkbox"/>	SCOTT, GRANDMA	Grandparent	<input type="radio"/>
		OR		

Details for Responsible Person: SCOTT SAMPLE
 Click 'Apply Changes' after applying updates
 Last Updated 06/29/2016

* Last Name: SAMPLE Street Address:
 * First Name: SCOTT Other Address:
 Middle Name: P.O. Box:
 * Relationship: Father City:
 Phone Number: - - State: OR
 Extension: Zip: +4
 E-Mail:

Apply Changes

WI: Danielle Sill is the Epidemiologist with the Wisconsin Immunization Registry, and provided the answers below.

Wisconsin includes both the first name and maiden name of the mother. Mother's maiden name helps in our deduplication process. We allow the following to be 'other contacts': brother, emergency contact, extended family, father, grandparent, guardian, life partner, mother, parent, self, sister, spouse, other adult, and unknown. The 'other contacts' relation to the patient can be chosen from a drop-down menu. The field label for the other contact is called responsible person(s).

SSG: The MIIS does consume and display both birth and caregiver data. We have a tab for birth information. The information in the top portion is received weekly from the Registry of Vital Records and is not available for edit (unless the birth certificate is updated by Vitals).

The information on the bottom portion is birth data from providers and can be edited.

Name: PATIENT TEST **Data Sharing:** Unknown **Address:** 543 MAIN ST., ANYTOWN, MA, 01111
Birth Date: 03/03/2002 **Age:** 15 yr 3 mo **Phone:** (781) 999-9999 **VFC Eligibility:** Not VFC Eligible
MIIS ID: 7252099 **Gender:** Female

[Save](#) [Close](#)

Patient Demographics Data Sharing Provider Information School Information **Birth Information** Immunizations Coverage

Birth Information

Birth Record from eVitals

Birth Certificate Number:	<input type="text"/>	Birth Facility:	<input type="text"/>
Multiple Birth:	<input type="text"/>	Birth Order:	<input type="text"/>
Birth City:	<input type="text"/>	Birth State:	<input type="text"/>
Birth County:	<input type="text"/>	Birth Country:	<input type="text"/>
Birth Mother Last Name:	<input type="text"/>	Birth Mother First Name:	<input type="text"/>
Birth Mother Middle Name:	<input type="text"/>	Birth Mother Suffix:	<input type="text"/>
Birth Mother Maiden Name:	<input type="text"/>	Birth Mother Home Phone:	<input type="text"/>
Birth Mother Date of Birth:	<input type="text"/>		

Historical Birth Information

Birth Certificate Number:	<input type="text"/>	Birth Facility:	<input type="text"/>
Multiple Birth:	<input type="text"/>	Birth Order:	<input type="text"/>
Birth City:	<input type="text"/>	Birth State:	Select State <input type="text"/>
Birth County:	<input type="text"/>	Birth Country:	<input type="text"/>
Birth Mother Last Name:	<input type="text"/>	Birth Mother First Name:	<input type="text"/>
Birth Mother Middle Name:	<input type="text"/>	Birth Mother Suffix:	<input type="text"/>
Birth Mother Maiden Name:	<input type="text"/>	Birth Mother Home Phone:	<input type="text"/>
Birth Mother Date of Birth:	<input type="text"/>		

We also accept caregiver/guardian information. This is displayed within the Patient Demographics tab.

Caregiver Contact Information

Caregiver Type:	Last Name:	First Name:	Middle Name:	Suffix:	<input type="checkbox"/> Same Contact as Patient	<input type="checkbox"/> Receive Reminder/Recall	Delete Caregiver
Mother <input type="text"/>	mother	patient					
Street Address:	Address Line 2:	City:	State:	Zip Code:			
5 elm st		boston	Select State <input type="text"/>	01234			
Home Phone:	Work Phone:	Mobile Phone:	Email:	Contact Method:			
(781) 999-9999				Select Contact Method <input type="text"/>			

[+ Add Caregiver Contact](#)

MD: Maryland's WIR-based IIS displays mother's maiden first and last name, and displays other contact name. It also labels the field/section 'Responsible Persons' where other contacts can be added (with a relationship dropdown). See screenshot below:

Responsible Person listing					Add New
Review	Remove	Name	* Relationship	Primary	
<input checked="" type="radio"/>	<input type="checkbox"/>	TESTIN, SAMANTHA	Mother	<input type="radio"/>	

Details for Responsible Person: SAMANTHA TESTIN
Click 'Apply Changes' after applying updates
Last Updated 07/01/2014

* Last Name	<input type="text" value="TESTIN"/>	Street Address	<input type="text"/>	Apply Changes
* First Name	<input type="text" value="SAMANTHA"/>	Other Address	<input type="text"/>	
Middle Name	<input type="text"/>	P.O. Box	<input type="text"/>	
* Relationship	Mother <input type="text"/>	City	<input type="text"/>	
Phone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>	State	MC <input type="text"/>	
Extension	<input type="text"/>	Zip	<input type="text"/> +4 <input type="text"/>	
E-Mail	<input type="text"/>			

Note that the contacts are displayed in the IIS only, not on the printed forms (except for the history report, where mother's maiden name is included if available).

MN: MIIC displays Mother's first and maiden name in UI. Mother's current last name is also displayed if saved as a contact. We also save and display other contact information in MIIC. See the below screen shot for an example.

AKA: MICKEY MOUSE Birth Date: 04/14/2013 MIIC ID: 9058726

Last Name Gender M F Unknown
 First Name Birth Date
 Middle Name Birth Country
 Name Suffix County
 Mother's Maiden Last Last Notice 09/06/2016
 Mother's First Name

Street Address City
 Other Address State Zip +4
 P.O. Box Phone - - Ext
 Undeliverable Address Address Last Updated Date: 04/17/2015

Client Information **Address(es)/Contact(s)** **Client Comment(s)**

Contact Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary
<input type="radio"/>	MOUSE	MICKEY	Self	ROCHESTER	Yes	
<input checked="" type="radio"/>	MOUSE	SUE	Mother	Northfield	Yes	

Address for Contact: SUE MOUSE Last Updated: 06/07/2017 03:14:34 PM)

Last Name Street Address
 First Name Other Address
 Middle Name P.O. Box
 Relation City
 Telephone State Zip +4
 Extension County

Notices?
 Client's Primary Address?
 Undeliverable Address?