



Topic: Temporary Place-Holder Names for Newborns

Request Date: May 29, 2020

Information Requested:

1. Does your IIS accept temporary/place-holder names for newborns e.g. |SMITH^BABY MARY|?
2. If yes, which naming conventions does the IIS accept and are there any other required fields such as PID-6, PID-24, or NK1-2/NK1-3?
3. What logic does your IIS use to optimize the merging of names from other sources (vital statistics, other provider visits)?

Requesting Member: Iris Cheever (CA)

Responding Member(s): Aaron Bieringer (MN), Alexandra Ternier (NYC), Wendell Gulledge (SC), David Baron (TN), Jon Reid (UT), Kathryn Riter (WA)

Results:

MN:

Minnesota has a policy against accepting temporary/placeholder names. We have the ability to reject incoming DX messages that contain names on a list, but the name must match exactly so providers tend to learn and adapt what they are sending so that it gets into the system. We try to help them understand why we don't want this data but usually the people that understand that and the people that are working to ensure that their data is not rejected, are not the same people.

NYC:

We have some experience with the handling of temporary/generic names in NYC. Please see our answers below:

1. Yes
2. The CIR accepts all generic name formats. The attached spreadsheet contains the ones we have so far identified.

For all incoming records (not just those with generic names), PID-6 and PID-24 are required but may be left empty and NK1-2 and NK1-3 are required.



3. A probabilistic matching model to merge records with generic names with those from other sources;

A generic record rejection process that places records with generic names that do not merge with an existing record in a table where they are re-processed weekly for up to 8 weeks or until they are matched/merged with a vital record (or a record with non-generic name). After 8 weeks, the generic records are permanently rejected.

Here is an analysis we completed with the Oregon and Michigan IISs on the topic for the CDC Sentinel Site Project (see Record Fragmentation section):

<https://repository.immregistries.org/resource/sentinel-site-denominator-inflation-project/from/major-iis-topics/IIS-fundamentals/IIS-101/>

We used to accept all generic records indiscriminately until last month, when we implemented a generic record rejection process that works as follows:

- We identify incoming generic records using a reference list of generic first names and other criteria;
- If the incoming generic record matches an existing database record, typically the Vital record (birth certificate), the generic record is merged with the existing record;
- If the matching program does not find any existing record matching the incoming generic record, the generic record is not inserted in the CIR database. Instead, it is placed in a holding table where it will be re-processed weekly for a maximum of 8 weeks in an attempt to merge it with the Vital record or another provider record with a valid first name. After 8 tries, the generic record is permanently rejected (not added to the CIR database).

Before implementing this process, we worked with all birthing facilities in our jurisdiction to inform them of the upcoming change and encourage reporting of the Hep B birth dose on the Vital record. Since the implementation, we have been monitoring the data to identify facilities that continue to report the birth dose on a generic record, and we are working with them to facilitate the switch to vital record reporting.

SC:

1. No. South Carolina Regulation 61-120 requires the submission of the newborn's legal name. Placeholder names for newborns are not allowed. If a provider attempts to submit a placeholder name, the message is rejected.



2. Not applicable.
3. South Carolina does not have a connection with Vital Records as birth records are considered confidential.

TN:

1. Yes, the TN IIS accepts temporary names for newborns.
2. We request Providers/EHR vendors to submit "BABYBOY" or "BABYGIRL" as a temporary legal first name, however, different naming conventions are still accepted. Providers/vendors are discouraged from including the mother's name as part of the newborn's first name (i.e. "GirlSarah" or "Jennysboy") as it may cause issues with matching and deduplication. PID-6, NK1-2/NK1-3 are not required. PID-24 is not required but will warn if unrecognized.
3. The TN IIS receives a weekly vital statistics file upload with demographic information (including mother's name) for all children born in TN. Approximately 90% of birth records are received within 6 weeks of birth.

We receive demographic updates from public health departments for all children participating in the Women, Infants, and Children (WIC) Program.

A nightly deduplication process searches the IIS database for records with matching demographic information. If records are matched on enough fields to meet the merge threshold the records are automatically merged. Records that match on some fields but not enough to reach the merge threshold are sent to manual review for IIS staff to process.

UT:

1. Yes, we have a holding table that stores invalid names and the corresponding vaccine information. It doesn't go into our main system and is not searchable by the users.
2. Here are the words that if they are contained in names we do not accept and will go into the holding table:

```
first_name LIKE '%BOY%' OR first_name LIKE '%GIRL%' OR first_name LIKE '%MALE%'  
OR first_name LIKE '%FEMALE%' OR first_name LIKE '%TWIN%' OR first_name LIKE  
'%BABY%' OR first_name LIKE '%DECEASE%' OR first_name LIKE '%ADOPT%' OR  
first_name LIKE '%ZZZ%'
```



3. We created a process that if we receive another immunization record where the DOB, mother's info, and MRN match we then link the immunization that had the invalid name to the valid patient received. We implemented this last October and have been able to match over 90% of vaccine records that had an invalid baby name with the correct information. This was pulled at the first of March, so February data wasn't complete yet. We are to the point where we can match the baby vaccine data to the correct record within 5 days, so they will be available to the pediatrician at the first well-visit. The MRN is matched from either an ADT record, an updated VXU or a birth record that has the MRN.

Month	Submitted	Matched	Percent	Avg Days
November	7116	6889	97%	54.448
December	4133	3996	97%	23.345
January	8814	8408	95%	5.2308
February	4192	3291	79%	5.2874
Total	24255	22584	93%	23.45

CA:

1. Yes, this example would be an accepted record.
2. PID 6- Recommended, PID-24 if sent must be valid code, NK1- shall be valued sequentially starting with 1, NK1-2- Must be a valid name (do not send none), NK1-3- must be a valid code.
3. Deduplication logic for incoming HL7s placing records into an auto match, potential match, or a new record based upon matching IIS patient record fields. Records that are potential matches are placed in queue that is processed manually by IIS staff.