

Document Code:	DPOTMH-B-6-P01-S05
Effective Date:	04-01-2022
Document Type:	Standard Operating Procedure
Page Number:	1 of 4
Department/Section:	Admitting Section
Document Title:	CORRECTION OF NAME AND OTHER PERTINENT DATA

#### **PURPOSE:**

- 1. To provide the appropriate guidelines for the correction of name, family name, and other pertinent data of in-patient and out-patient records.
- 2. To ensure that the hospital data conforms with the insurance policy information and PhilHealth documents such as PHIC Membership Data Record, PHIC Identification Card and PHIC Information Sheet.

### SCOPE:

Applies to all Admitting Section staff, Nurse on-Duty, PhilHealth staff of Dr. Pablo O. Torre Memorial Hospital.

#### **GENERAL GUIDELINES:**

- 1. The Admitting Staff should properly encode the correct data during admission based on the submitted Patient Registration Form, Identification Data (I.D.) and interview with the patient or watcher.
- 2. A Correction of Data Entry Form should be made for any errors in encoding.
- 3. Correction of personal data (e.g. Family Name, First Name or Middle Name) may be done by editing the Admission and Discharge Record within 24 hours from the time of admission.
- 4. Reliable sources of information such as Valid ID, Driver's License, Passport, Birth Certificate, PhilHealth Member Data Record and other approved legal documents should support any corrected data.
- Request for change in the patient's personal data after 24 hours will no longer be effected but will have to be supported by two affidavits to wit or a Birth Certificate.



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- 6. Corrections for Medico-legal cases should be supported by two affidavits.
- 7. Only the Admitting Staff shall be authorized to make any corrections.

#### PROCEDURE:

- 1. If the Patient Registration Form of the patient is incomplete during admission, the Admitting Staff attaches a note to the Admission and Discharge Record of the patient for the nurse to follow-up the patient's representative to complete the necessary data. A note is also attached to the Medical Records' copy of the Admission and Discharge Record to remind the Medical Records representative.
- 2. If the patient's data is erroneous and does not conform with his/her PHIC or Insurance Policy Information, the patient's representative retrieves the erroneous Admission and Discharge Record from the Nurses' Station and submits a photocopy of any valid I.D. such as SSS, PHIC Member Data Record, Company I.D. or any approved legal supporting document to the Admitting Staff.
- 3. The Admitting Staff checks the validity and accuracy of the supporting documents submitted against the erroneous Admission and Discharge Record.
- The Admitting Staff edits the patient's data and prints two copies of the corrected Admission and Discharge Record based on the validated supporting documents submitted.

#### **BIZBOX PROCEDURE:**

- 4.1 Go to Transactions.
- 4.2 Select Inpatients.
- 4.3 Search Name.
- 4.4 Select Edit.



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- 4.5 Click Patient Profile.
- 4.6 Change Data which need to be changed.
- 4.7 Save.
- 4.8 Print.
- 5. The Admitting Staff checks the corrected print out of the Admission and Discharge Record.
- 6. The patient's representative validates the final Admission and Discharge Record for any more corrections before signing.
- 7. The Admitting Staff fills up two copies of the Correction of Data Entry Form.
- 8. The patient's representative signs the Correction of Data Entry Form to conform with the corrections made, verified and witnessed by the Admitting Staff.
- The Admitting Staff gives to the patient's representative one copy of the corrected Admission and Discharge Record and one copy of the accomplished Correction of Data Entry Form.
- 10. The patient's representative gives back to the Nurses' Station the corrected Admission and Discharge Record with the accomplished Correction of Data Entry Form attached.
- 11. The Admitting Staff files the corrected and the erroneous Admission and Discharge Record together with the second copy of the accomplished Correction of Data Entry Form.



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	KEY TASKS	PERSON RESPONSIBLE	
1.	Attaches a note to the Admission and Discharge Record of the patient for the nurse to follow-up the patient's representative to complete the necessary data (if the Patient Registration Form of the patient is incomplete during admission)	Admitting Staff	
2.	Asks the patient's representatives to retrieve the erroneous Admission and Discharge Record from the Nurses' Station and submits a photocopy of any valid I.D. such as SSS, PHIC Member Data Record, Company I.D. or any approved legal supporting document if the patient's data is erroneous and does not conform with his/her PHIC or Insurance Policy Information	nd Discharge Record from d submits a photocopy of SSS, PHIC Member Data or any approved legal if the patient's data is conform with his/her PHIC	
3.	Checks the validity and accuracy of the supporting documents submitted against the erroneous Admission and Discharge Record	Admitting Staff	
4.	Edits the patient's data and prints two copies of the corrected Admission and Discharge Record based on the validated supporting documents submitted	Admitting Staff	
5.	Checks the corrected print out of the Admission and Discharge Record	Admitting Staff	
6.	Validates the final Admission and Discharge Record for any more corrections before signing	Patient's Representative	
7.	Fills out two copies of the Correction of Data Entry Form	Admitting Staff	



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8.	Signs the Correction of Data Entry Form to conform with the corrections made, verified and witnessed by the Admitting Staff	Patient's Representative
9.	Gives to the patient's representative one copy of the corrected Admission and Discharge Record and one copy of the accomplished Correction of Data Entry Form  Admitting Staff	
10.	Gives back to the Nurses' Station the corrected Admission and Discharge Record with the accomplished Correction of Data Entry Form attached	Patient's Representative
11.	Files the corrected and the erroneous Admission and Discharge Record together with the second copy of the accomplished Correction of Data Entry Form	Admitting Staff



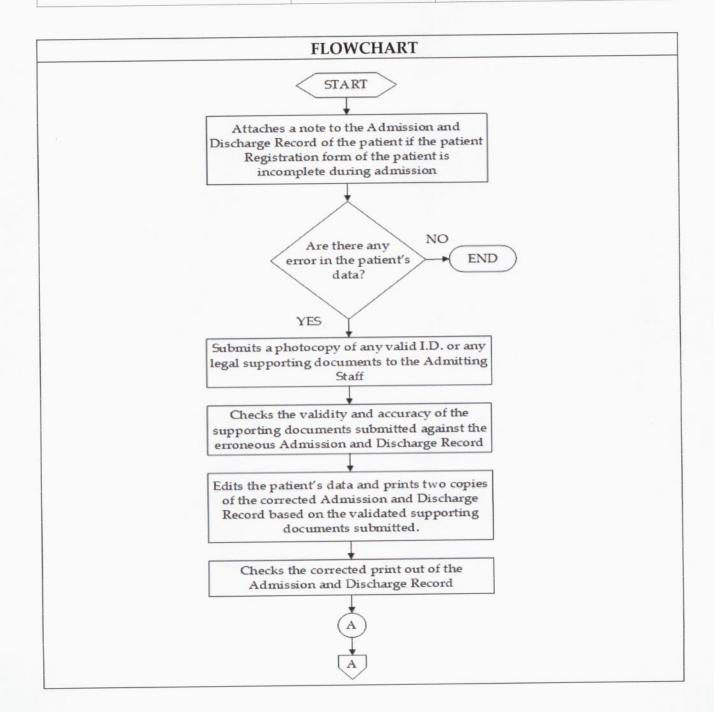
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Validates the final Admission and Discharge Record for any other corrections before signing

Fills out two copies of the Correction of Data Entry Form

Signs the Correction of Data Entry Form to conform with the corrections made, verified and witnessed by the Admitting Staff

Gives to the patient's Representative one copy of the corrected Admission and Discharge Record and one copy of the accomplished Correction of Data Entry Form

Gives back to the Nurses' Station the corrected Admission and Discharge Record with the accomplished Correction of Data Entry Form attached

Files the corrected and the erroneous Admission and Discharge Record together with the second copy of the accomplished Correction of Data Entry

END



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Approved:	GENESIS GOLDI D. GOLINGAN		
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