

## REPAIR OF CATASTROPHIC EDITS TO PERSON IDENTITY

### 1. SUMMARY OF MAJOR CHANGES: This directive:

a. Adds responsibilities in paragraph 2 for the Under Secretary for Health; Deputy Under Secretary for Health; Assistant Under Secretary for Health for Operations; Director, Office of Health Information Governance; Health Care Identity Management (HC IdM) Program Director; Department of Veterans Affairs (VA) medical facility Supervisors; VA medical facility Office of Information Technology Point of Contact.

b. Updates definitions in paragraph 6.

c. Relocates former paragraph 7 (Building Blocks to Accomplish Goals) to Appendix A.

d. Relocates former Appendix A (Checklist for Catastrophic Edit Repairs) to HC IdM SharePoint, available at:

<https://dvagov.sharepoint.com/sites/vhadataqualityprogram/HC%20IdM/Forms/AllItems.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

**2. RELATED ISSUES:** Veterans Health Administration (VHA) Directive 1906, Data Quality Requirements for Health Care Identity Management and Master Person Index Functions, dated April 10, 2020.

**3. POLICY OWNER:** The HC IdM Program within the VHA Office of Health Information Governance (105HIG) is responsible for the contents of this directive. Questions may be referred to the HC IdM Program Manager at [VHA19HDIHCIdMSMEs@va.gov](mailto:VHA19HDIHCIdMSMEs@va.gov) with subject line "VHA Directive 1907.05."

**4. RESCISSIONS:** VHA Directive 1907.05, Repair of Catastrophic Edits to Person Identity, dated April 4, 2017, is rescinded.

**5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of November 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**6. IMPLEMENTATION SCHEDULE:** This directive is effective upon publication.

November 21, 2022

VHA DIRECTIVE 1907.05

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH:**

/s/ Steven L. Lieberman, M.D.  
Deputy Under Secretary for Health

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on November 23, 2022.

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## REPAIR OF CATASTROPHIC EDITS TO PERSON IDENTITY

### 1. POLICY

It is Veterans Health Administration (VHA) policy to consistently identify, prevent and remediate catastrophic edits to person identity within the electronic health record (EHR), including those caused by catastrophic merges, to maintain the integrity of the EHR and mitigate risk associated with clinical and administrative decisions based on erroneous data as a result of catastrophic edits. **AUTHORITY:** 38 U.S.C. § 7301(b); 44 U.S.C. § 3102.

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health.** The Deputy Under Secretary for Health is responsible for supporting the Office of Health Information Governance (HIG) with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all Department of Veteran Affairs (VA) medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Director, Office of Health Information Governance.** The Director, HIG is responsible for:

(1) Providing oversight for the VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

(2) Ensuring the Health Care Identity Management (HC IdM) Program mission and vision are accomplished by making decisions regarding resources, funding and staffing.

(3) Seeking technical guidance on all issues related to identity management from the HC IdM Program Director.

(4) Supporting the development of VHA-wide identity management policies and procedures as written by the HC IdM Program.

e. **Health Care Identity Management Program Director.** The HC IdM Program Director is responsible for:

(1) Serving as the VHA business owner and data steward for person identity data maintained within the Master Person Index (MPI).

(2) Establishing and maintaining business rules and processes governing person identity management data collection and maintenance.

(3) Ensuring that resolution of catastrophic edits to person identity are continuously monitored and addressed as appropriate.

(4) Identifying and assisting in the improvement of processes and methods to enter person identity data into EHR systems and MPI.

(5) Providing information and training to users at all levels of the organization in accordance with paragraph 3.

f. **VHA Health Care Identity Management Program Staff.** VHA HC IdM Program staff are responsible for:

(1) Conducting a comprehensive review of any potential catastrophic edit received through an Identity Management Toolkit (TK) alert, incident ticket or directly from a VA medical facility. In the event a catastrophic edit has occurred, VHA HC IdM Program staff make the initial determination as to which person's record must be restored and which person must have a new record created. **NOTE:** *VHA HC IdM Program staff use the Identity Management TK to review and restore the identity traits on the record. The Identity Management TK is available at: <https://mvtkssoi.iam.va.gov/>. This is an internal VA website that is not available to the public. Access is granted by VHA HC IdM Program staff upon request by the VA medical facility Administrative MPI point of contact (POC).*

(2) Opening an Enterprise Service Desk (ESD) ticket describing the problem, including an assessment of data corrections needed and the name of the VA medical facility Administrative MPI POC. **NOTE:** *The ticket must be categorized as a catastrophic edit and addressed to the Health Services Portfolio (HSP) Team using assignment group PLM.HEALTH.HealthCareAdmin.*

(3) Notifying the VA medical facility Chief, Health Information Management (HIM) when the HSP Team escalates catastrophic edit tickets due to inaction from VA medical facility staff.

(4) Completing or delegating all assigned resolution tasks described in the Catastrophic Edit Repair Checklist, available at: <https://dvagov.sharepoint.com/sites/vhadataqualityprogram/HC%20IdM/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Providing initial assistance to the VA medical facility Administrative MPI POC in beginning the comprehensive review process of all affected data and monitoring restoration of the person records until complete.

(6) Ensuring an HC IdM Program staff member (e.g., HC IdM Program Analyst) completes weekly (or monthly, as necessary) reports reviewing all catastrophic edits and evaluating findings for potential actions to be taken to reduce the occurrence of catastrophic edits to person identity. These reports of catastrophic edit events are shared for awareness with HIG Data Quality leadership and HC IdM Program staff.

g. **Health Services Portfolio, Health Informatics Product Line, Health Information Governance Sub-Product Line Team Member.** The HIG Sub-Product Line Team member (referred to as HSP Team member) is responsible for:

(1) Supporting the VA medical facility Administrative MPI POC and other staff, as needed, through all steps of the resolution process.

(2) Accepting ownership of catastrophic edit tickets directed to them by VHA HC IdM Program staff for resolution. **NOTE:** *The ESD ticketing system must be used to document progress.*

(3) Requesting assistance from other support teams by opening additional ESD tickets or communicating with other support teams as needed to correct the data if clinical or other data within applications not supported by the HSP Team is affected. The other support teams work directly with the VA medical facility as needed to correct the data for applications supported by their teams.

(4) Escalating the original ESD ticket back to VHA HC IdM Program staff in accordance with the timeframes described in Appendix A, paragraph 2.b. if VA medical facility staff do not respond or make corrections after three repeated attempts on the part of the HSP Team member.

h. **Health Eligibility Center Staff.** Health Eligibility Center (HEC) staff are responsible for reviewing and responding to all HEC alerts created by the VA medical facility Administrative MPI POC. **NOTE:** *HEC alerts are created in circumstances when VA medical facility staff do not have the ability to correct Enrollment System (ES) data.*

i. **Veterans Integrated Service Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

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

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

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

(3) Ensuring the assigned VA medical facility Administrative MPI POC takes appropriate action to restore the record including use of Commercial Off-the-Shelf applications, administrative data and clinical health data; this includes:

(a) Ensuring an audit log or trail of corrections, including information on who corrected the data and reasons for correction, is available. Data collected in the audit must include at a minimum, the original data value, the date the change was made and the identity of the user who made the change. **NOTE:** *The audit trail of corrections is maintained by the VA medical facility Office of Information Technology (OIT) POC.*

(b) Establishing and implementing a systematic process for data restoration, using the Catastrophic Edit Repair Checklist as guidance to ensure all areas have been addressed. The Catastrophic Edit Repair Checklist is available at: <https://dvagov.sharepoint.com/sites/vhadataqualityprogram/HC%20IdM/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Designating a VA medical facility Administrative MPI POC to act as the primary liaison between VA medical facility staff and VHA HC IdM Program staff for all issues related to catastrophic edits. **NOTE:** *This can be facilitated by establishing and maintaining a VA medical facility Catastrophic Edit Repair Team that, at a minimum, includes the VA medical facility Administrative MPI POC, an Information Resource Management or Information Technology programmer, Clinical Application Coordinator for affected applications, a VA medical facility Patient Safety Officer and a HIM representative. The Catastrophic Edit Repair Team may delegate tasks to other VA medical facility personnel, who must work with HC IdM Program staff, an HSP Admin Team member and potentially other HSP teams as needed.*

(5) Designating a staff member who initially identifies catastrophic edits and is responsible for reporting to the VA medical facility Administrative MPI POC.

(6) Ensuring all VA medical facility staff involved in the editing or alteration of patient records exercise care and caution when making changes to person identity traits and reporting any suspected catastrophic edits to their designated VA medical facility Administrative MPI POC.

k. **VA Medical Facility Chief, Health Information Management.** The VA medical facility Chief, HIM or equivalent is responsible for:

(1) Maintaining the integrity of EHRs and ensuring the records are accurate and complete.

(2) Ensuring catastrophic edits, changes and corrections are completed within the timeframes described in Appendix A, paragraph 2.b. This includes taking appropriate action when contacted by VHA HC IdM Program staff advising of lack of response from VA medical facility staff in resolving the issue.

(3) Reviewing and approving all proposed merges communicated by the VA medical facility Administrative MPI POC.

l. **VA Medical Facility Chief, Chief Business Office.** The VA medical facility Chief, Chief Business Office is responsible for identifying the members of the specialized mail groups and recipients of the necessary security keys to monitor for potential catastrophic edits.

m. **VA Medical Facility Supervisors.** VA medical facility supervisors of employees who create, edit and merge person records are responsible for:

(1) Ensuring all training requirements are successfully completed and documented by the employee prior to being assigned keys that enable editing of person identity traits or merging of records, including local equivalent options for assigned keys. **NOTE:** See paragraph 3 and Appendix A, paragraph 3.b. for further information.

(2) Ensuring employees achieve and maintain core competency of the catastrophic edit prevention skill, including retaking the required training or completing refresher trainings as needed. For further details on training, see paragraph 3.

n. **VA Medical Facility Privacy Officer.** The VA medical facility Privacy Officer is responsible for addressing any identified privacy violations that may result from catastrophic edits to person identity.

o. **VA Medical Facility Administrative Master Person Index Point of Contact.** The VA medical facility Administrative MPI POC is responsible for:

(1) Facilitating the resolution of any catastrophic edits identified through daily maintenance activities, including but not limited to, submitting Identity Management TK Catastrophic Edit Requests, reviewing alerts and bulletins, restoring records and other related tasks. See Appendix A for information about VA medical facility-level activities. **NOTE:** ES data is not controlled by all VA medical facility staff and may need to be corrected by ES tier 3 staff or, if the VA medical facility does not have staff with ES editing capabilities or is unable to correct ES data, by creating a HEC alert for HEC staff to review. A HEC alert is created using the form available at: <https://wrap.hec.med.va.gov/hecalert/>. This is an internal VA website that is not available to the public.

(2) Acting as a liaison between VA medical facility staff, VHA HC IdM Program staff and HSP Team staff for all issues related to catastrophic edits. **NOTE:** See paragraph 2.g. for details.

(3) Forwarding all proposed person identity data merges to the VA medical facility Chief, HIM and the appropriate clinical ancillary package expert for review and approval.

(4) Requesting access to the Identity Management TK for VA medical facility staff, as necessary, using the Point of Contact Management function within the Identity Management TK.

p. **VA Medical Facility Office of Information Technology Point of Contact.** The VA medical facility OIT POC is responsible for:

(1) Ensuring that the audit trail of identity traits for all EHRs is maintained and never purged as this is critical in the identification and resolution of catastrophic edits to person identity.

(2) Supporting the VA medical facility Administrative MPI POC as needed with resolution of any catastrophic edits to person identity.

### 3. TRAINING

a. The following training is **required** for all VA medical facility staff prior to being assigned keys that enable entering, editing and merging person identity data in the EHR: Preventing Catastrophic Edits to Person Identity (PCEI) – Talent Management System (TMS) # 7861. **NOTE:** *This requirement applies specifically to those individuals who have been given the privilege of being assigned the XDRMGR and DG ELIGIBILITY keys and the Veterans Information Systems and Technology Architecture (VistA) DG Load/Edit (DG LOAD PATIENT DATA) or XDR options or local equivalent keys and options.*

b. The following training is **required** for all VA medical facility staff who have created a catastrophic edit: PCEI – REFRESHER (TMS # 29287). **NOTE:** *The refresher course is required to be taken after a person creates a catastrophic edit.*

### 4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

### 5. BACKGROUND

a. The implementation of MPI in 1998 provided the ability to link all active person records across VHA and facilitated the sharing of information within the EHR to serve the goal of VA to operate as a seamless client-centric organization.

b. The HC IdM Program, established in 2001, allows for monitoring of changes to person identity in the EHR and has revealed a recurring issue of catastrophic edits to person identity traits. When edits are made to two or more person identity traits in the local EHR within the same session, the MPI generates an alert for a potential catastrophic edit. These alerts are reviewed by VHA HC IdM Program staff to determine if a catastrophic edit has occurred (see Appendix A, paragraph 1 for information on the monitoring process at the local level). A catastrophic edit may result in the inappropriate sharing of Protected Health Information and could adversely impact delivery of necessary health care or result in erroneous administrative decisions.

## 6. DEFINITIONS

a. **Catastrophic Edit.** A catastrophic edit is a change made to person identity data in the EHR that results in the record being changed inappropriately to that of another person. Causes include, but are not limited to, edits to person identity data and catastrophic merges.

b. **Catastrophic Merge.** A catastrophic merge is the erroneous merging of two or more distinct person records into a single record within the EHR that results in the inactivation of one person's record and the intermingling of all other data (e.g., clinical, eligibility) in the remaining record. A catastrophic merge occurs when different person records in the EHR are not properly reviewed and screened prior to being merged.

c. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), VistA and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

d. **Enterprise Service Desk Ticketing System.** The ESD ticketing system is used by ESD, VA medical facilities and all support teams to submit tickets requesting assistance with problems related to person records by using YourIT ServiceNow or the current ESD ticketing system.

e. **Health Care Identity Management.** HC IdM is a set of business processes and supporting infrastructure for the creation, maintenance and use of digital identities. The HC IdM Program is the national business owner and data steward for person identity data within VHA. **NOTE:** *For further information, see the HC IdM Program website and SharePoint site, available at:*

<https://vaww.vhadataportal.med.va.gov/PolicyAdmin/HealthcareIdentityManagement.aspx> and

[https://dvagov.sharepoint.com/sites/vhadataqualityprogram/SitePages/Healthcare-Identity-Management-\(HC-IdM\).aspx](https://dvagov.sharepoint.com/sites/vhadataqualityprogram/SitePages/Healthcare-Identity-Management-(HC-IdM).aspx). *These are internal VA websites that are not available to the public.*

f. **Integration Control Number.** The Integration Control Number (ICN) is the unique person identifier, assigned and maintained by MPI to each person within VHA's system, that enables linking of a person's EHR across the VA enterprise. ICN is based on the American Society for Testing and Materials (ASTM) E1714-07(2013) standard available at: <https://www.astm.org/e1714-07r13.html>.

g. **Master Person Index.** MPI is the authoritative identity service within VA for establishing, maintaining and synchronizing identities for VA persons (e.g., Veterans, beneficiaries, patients, employees, IT users, and health care providers). MPI contains over 60 million person identities, populated from VA medical facilities, VA

Administrations and external sharing partners (e.g., Department of Defense). MPI facilitates matching and linking of system records entered for a person using a unique identifier, the person's ICN. This enables the sharing of person information and an enterprise-wide view of a person's record including the person's longitudinal EHR. MPI data is accessed through the Attachmate Reflections application or the Identity Management TK, available at: <https://mvtkssoi.iam.va.gov/>. **NOTE:** *This is an internal VA website that is not available to the public. Access is granted by VHA HC IdM Program staff upon request by the VA medical facility Administrative MPI POC.*

h. **Person Identity Data.** Person identity data is defined as name, Social Security Number, date of birth, and birth sex.

## 7. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. 44 U.S.C. § 3102.
- c. VHA Directive 2010-053, Patient Record Flags, dated December 3, 2010.
- d. Identity Management Toolkit (TK). <https://mvtkssoi.iam.va.gov/>. **NOTE:** *This is an internal VA website that is not available to the public. Access is granted by VHA HC IdM Program staff upon request by the VA medical facility Administrative MPI POC.*
- e. DG\*5.3\*754 User Manual - Supervisor ADT Menu.  
<http://www.va.gov/vdl/application.asp?appid=55>.
- f. DG\*5.3\*864 PRF User Guide – HRMHP.  
<http://www.va.gov/vdl/application.asp?appid=156>.
- g. HC IdM Program Website.  
<http://vaww.vhadatportal.med.va.gov/PolicyAdmin/HealthcareIdentityManagement.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*
- h. HC IdM Program SharePoint site.  
[https://dvagov.sharepoint.com/sites/vhadataqualityprogram/SitePages/Healthcare-Identity-Management-\(HC-IdM\).aspx](https://dvagov.sharepoint.com/sites/vhadataqualityprogram/SitePages/Healthcare-Identity-Management-(HC-IdM).aspx). **NOTE:** *This is an internal VA website that is not available to the public.*
- i. Catastrophic Edit Repair Checklist.  
<https://dvagov.sharepoint.com/sites/vhadataqualityprogram/HC%20IdM/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*
- j. ASTM E1714-07 (2013). Standard Guide for the Properties of a Universal Healthcare Identifier. <https://www.astm.org/e1714-07r13.html>.

**BUILDING BLOCKS TO ACCOMPLISH REPAIR OF CATASTROPHIC EDITS****1. 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:

a. Ensuring staff are assigned to monitor the Veterans Information Systems and Technology Architecture (VistA) bulletins “SSN CHANGED” and “PATIENT NAME CHANGED” for possible catastrophic edits as they occur. This provides assigned 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 Medical Administration Service Parameters Name Change Group and SSN Change Group. **NOTE:** For further information, see DG\*5.3\*754 User Manual – Supervisor Admission Discharge Transfer Menu: <http://www.va.gov/vdl/application.asp?appid=55>.

b. Assigning the VistA “DG CATASTROPHIC EDIT” security key to the responsible Department of Veterans Affairs (VA) medical facility Administrative Master Person Index (MPI) point of contacts (POCs), 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 potential catastrophic edits made to person identity traits. 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. **NOTE:** Staff at VA medical facilities using Cerner contact their VA medical facility Administrative MPI POCs regarding monitoring and updating the enterprise record through the Identity Management Toolkit (TK).

c. Ensuring designated staff review these alerts on a routine, timely basis to ensure that catastrophic edits are reported and resolved and that any issues with VA medical facility staff performing catastrophic edits are addressed.

d. Establishing a process for daily review of the Report – Patient Catastrophic Edits (“CE REPORT” option) and ensuring that all potential catastrophic edits listed on the report have been reviewed.

**2. TIMELINES AND PRIORITIES**

a. Building block II is the establishment of timelines and priorities for catastrophic edit resolution activities.

b. Once discovered, each involved person record must be flagged immediately, using a Category II Patient Record Flag (PRF) or by placing notes in the remarks field of

the person record, indicating that the record may contain compromised data. The Health Information Management (HIM) designee must document an administrative progress note within the electronic health record (EHR) outlining the steps taken to restore the record and the staff involved. Once the catastrophic edit is resolved and the record has been restored, the PRF must be removed if used. **NOTE:** See *Veterans Health Administration (VHA) Directive 2010-053, Patient Record Flags, dated December 3, 2010. For instructions on how to set the PRF, refer to DG\*5.3\*864 PRF User Guide at: <http://www.va.gov/vdl/application.asp?appid=156>.*

c. **Timelines For Data Correction.** The table below describes timeframes for data correction when specific conditions are present. When no listed condition is present, identity corrections must be completed as soon as possible but no later than 1 business day after creation of the Enterprise Service Desk (ESD) 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 PAS. Some administrative (e.g., enrollment, military, eligibility) and Enrollment System (ES) data is not controlled by VA medical facility staff and may need to be corrected by Health Eligibility Center staff or ES tier 3 staff.

Conditions	Timeframe for Data Correction
Current inpatient(s) affected	Immediate data correction is advised in most cases no later than 5 business days after notification from the Health Care Identity Management (HC IdM) Team or upon discharge, depending on which occurs first. All changes must be coordinated with the VA medical facility Administrative MPI Point of Contact POC(s). Catastrophic merges must be corrected immediately.
Current outpatient with active prescriptions, future appointments and pending consults.	Within 10 business days or before the next scheduled appointment; whichever comes first.
Outpatient with no activity within the last 3 years	1-15 business days
Person is deceased, has never received care or has no future care scheduled.	1-25 business days

### 3. 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 for staff including, but not limited to, front-line staff, health care providers and other members of the health care team.

a. **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.

(1) The VA medical facility Administrative MPI POC must notify and advise the affected health care team of the status of the cleanup of the EHR until all issues have been resolved.

(2) Effective methods for communicating catastrophic edits include using the Category II PRF or adding notes to the remarks field.

(3) VHA HC IdM Program staff provides guidance to the VA medical facility Administrative MPI POC on how to proceed, identify and initiate steps to begin the resolution process, using the Identity Management TK and supplemented with email and telephone calls.

(4) Appropriate communication mechanisms, including the Identity Management TK, face-to-face meetings, conference calls and emails need to be used by all parties to facilitate the resolution of the data being corrected. **NOTE:** *When using email, encryption must be used if personally identifiable information is included.*

(5) The national Health Services Portfolio (HSP) Team communicates with VA medical facility staff to identify and provide guidance on the necessary corrective actions. The ESD ticketing system is the primary communication mechanism between VA medical facility and HSP Team staff.

(6) In the event a merge of person records is required, prior to the actual merge of potential duplicate records, the VA medical 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.

b. **Training Strategy.** Training in accordance with paragraph 3 in the body of the directive is required prior to the assignment of keys that enable entering, editing and merging person identity data. 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 retake the training and provide evidence of successful completion to the individual's supervisor and HC IdM Program staff.

#### 4. RESOLUTION PROCESS

Building block IV is the definition of the overall resolution process to correct data. This includes ensuring that all impacted electronic systems and health records have been addressed, including Commercial Off-the-Shelf applications, enterprise data repositories, inter-agency data exchanges and others where mechanisms exist. **NOTE:** *For a checklist of tasks that need to be completed, see the Catastrophic Edit Repair Checklist available at: <https://dvagov.sharepoint.com/sites/vhadataqualityprogram/HC%20IdM/Forms/AllItems.aspx>. This is an internal VA website that is not available to the public.*