Request To Change Demographics in Care Evolve

Wake Forest Baptist	DOCUMENT TYPE:	Origin Date in Title 21 New
CLIA Lab Director:	LAB DEPARTMENT:	CONTACT:
Dr. Gregory Pomper	Central Processing Lab	Central Processing Lab

APPLICABLE LABORATORY(S)):

- ⊠ North Carolina Baptist Hospital (NCBH)
- □ Lexington Medical Center (LMC)
- □ Davie Medical Center (DMC)
- □ Wilkes Medical Center (WMC)
- □ High Point Medical Center (HPMC)
- □ Westchester
- \Box Clemmons

PROCEDURE STATEMENT

This procedure provides laboratory personnel with guidelines for a request to change demographics in Care Evolve.

SCOPE

- i. Procedure Owner/Implementer: Central Processing Lab
- ii. Procedure Prepared by: Central Processing Management
- iii. Who Performs Procedure: Central Processing Team Members

DEFINITIONS

- A. Procedure: A process or method for accomplishing a specific task or objective.
- B. WFBH Lab System: Wake Forest Baptist Lab System is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Lab at Westchester and Lab at Clemmons.

POLICY GUIDELINES

A. Procedure

Note: Steps to change patient's demographics in Care Evolve

Request to Change Demographics Requirements

- 1. All request to change demographics must be accompanied by a request to change demographics form. Form must list account location, practice name and phone number.
- 2. Request to change demographics form must include the following:
 - a. At least two unique patient identifiers (name, date of birth, medical record number)
 - b. Current patient demographics and information to be updated.
 - c. Name of the submitter, date and time and reason for correction.

Wake Forest Baptist	Medical Center Boulevard Winston Salem, NC 27157 Client Services: 877-933-9522 Fax: 336-716-8866	Location:	Practice Name: PHONE #	
PLEASE FILL II AI	N COMPLETELY AND FAX TO C so include a copy of this form	LIENT SERVICES with the specin	: 336-716-8866 ien	
REQUEST	TO CHANGE		OGRAPHIC	
Correct Patient Name:				
Previous Patient NAME:				
Correct DOB to:				
Previous DOB:				
Correct Sex to:				
Previous Sex:				
Submitted By:				
Date and Time:				
Reason:				

Updating Patient Information into Care Evolve

1. Using a web browser (recommend Chrome), navigate to the Care Evolve login page:

https://wfubmc.careevolve.com/doctors/framepage.asp

- **2.** Log in to Care Evolve:
 - a. Username: same as your Medical Center ID (computer login ID)

- b. Password: Initially set as PASSWORD1. You will be prompted to change at your initial login.
 - i. Password will expire if not periodically logged in.
 - ii. Passwords can be updated by Client Services or Path Tech (pathtech@wakehealth.edu).
- c. Location: CS (client services)
- **3.** Set the ordering location:
 - a. Use the Common Accounts dropdown box and type the location's name; or
 - b. Enter an account using the X location code (for example, XAFAM)
- **4.** Once the ordering location is selected, the main screen for the selected location will appear.
- 5. Enter the patient's last name in the Search box and press Enter. All patients with that last name under that ordering location will display.
- 6. If the desired patient is not listed, you may have to search under both original name and new name.
 - a. Click on demographics tab.
 - b. Make necessary changes and click save at the bottom left of the screen.
 - c. Log into WakeOne Beaker
 - d. Click Specimen Inquiry, search by Last name, First name and enter "X" location at submitter.
 - e. Click on specimen hyperlink
 - f. Click on Requisition Entry
 - g. Click registration.
 - h. Make necessary changes.
 - i. Click Save
 - j. Client can now place order.

REFERENCES

None

RELATED PROCEDURES/POLICIES

Registration and Order Entry into the Laboratory Information Systems (Formerly CP 27)

ATTACHMENTS/LINKED DOCUMENTS

Request to Change Demographics Form

REVISION DATES: REVIEW CHANGE SUMMARY AS REPRESENTED IN TITLE 21.