

# Chart Overlays & Combine Request – Quick Reference Guide

Found a chart overlay issue? Need help with a merge request? Need to know more information about what these are? Please refer to information below to guide your request.

All emails regarding overlay/combine requests should be sent to:

**[PAST.COMBINES@HCAHealthcare.com](mailto:PAST.COMBINES@HCAHealthcare.com)**

**\* Please note – You MUST include your leader on this email to help cover any gaps during or after shift change\***

### What is a Combine?

A **combine** (also called a merge) is the process of consolidating duplicate records that belong to the **same patient**. This ensures that all encounters and clinical data are unified under one correct MRN.

### Combine Request Email Checklist:

1. Patient Name
2. Patient Date of Birth
3. MRN A and/or Encounter A
4. MRN B and/or Encounter B

\*For encounter merges ONLY, please include which encounter to keep\*

### What is an Overlay?

An **overlay** occurs when information from two different patients is mistakenly combined under a single (MRN). This can result in clinical data from one patient appearing in another patient’s chart, which poses serious safety and privacy risks.

### Overlay Correction Email Checklist:

1. Patient A MRN, Name and Date of Birth
2. Patient B MRN, Name and Date of Birth
3. Visit to be moved (if known)

\*Please call out which MRN (A or B) is the correct patient\*

### Important Information to remember:

- Please put STAT in the Subject line of the email if the request is a true Urgent request.
- The EMPI Team has coverage for the North Carolina Division during these hours:
  - Monday – Friday: 7 AM – 1AM
  - Saturday & Sunday: 2:30 PM – 1AM
- If an Urgent Request/Overlay issue occurs outside of the EMPI Coverage times, please escalate to your leader immediately for resolution. They are aware of the next steps to take.

# Combine Request Form

## Instructions:

1. Fill out the form completely and accurately. Inaccuracies may cause a delay in task completion.
2. Send the completed form to the EMPI [PAST.COMBINES](mailto:PAST.COMBINES) mailbox.
3. Please submit only one form with 5 or fewer merge requests per email.
4. A response will be sent to you once all corrections have been made, or to notify you of additional information regarding your request.

Requestor Contact Information			
Requestor Name:		Requestor Email:	
NCDV Hospital:		Requestor Manager:	

Combine Requests – Please complete all required elements before submitting your request.					
Patient Information	Combine Request 1	Combine Request 2	Combine Request 3	Combine Request 4	Combine Request 4
Last Name, First Name, MI					
Date of Birth					
Hospital Name					
MRN # 1 and/or Encounter A					
MRN # 2 and/or Encounter B					
Comments					

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1. Fill out the form completely and accurately. Inaccuracies may cause a delay in task completion.
2. Send the completed form to the EMPI [PAST.COMBINES](mailto:PAST.COMBINES) mailbox.
3. Please submit only one form, with 1 Overlay Correction Request per email.
4. A response will be sent to you once all corrections have been made, or to notify you of additional information regarding your request.

Requestor Contact Information			
Requestor Name:		Requestor Email:	
NCDV Hospital:		Requestor Manager:	

Overlay Correction Request – Please complete all required elements before submitting your request.		
Patient Information	Correct Patient Information	Overlaid Patient Information
Last Name, First Name, MI		
Date of Birth		
Hospital Name		
MRN		
Date of Discharge (if applicable)		
Comments		