

Australian Standard™

Health care provider identification

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This Australian Standard was prepared by Committee IT-014, Health Informatics. It was approved on behalf of the Council of Standards Australia on 06 February 2004 and published on 19 March 2004.

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PREFACE

This Standard was prepared by the Australian members of the Joint Standards Australia/Standards New Zealand Committee IT-014, Health Informatics, in response to requests from the health care service community. After consultation with stakeholders in both countries, Standards Australia and Standards New Zealand decided to develop this Standard as an Australian Standard rather than an Australian/New Zealand Standard.

This Standard is the result of health industry needs for a common, best practice approach to the way data, used for the purpose of identifying health care providers, are captured and stored.

Its objective is to provide the health industry with a specific Standard for Health Care Provider Identification for clinical and administrative data management purposes (data structure and specification) which promotes uniformly good practice in identifying individual providers and recording identifying data; this will assist significantly in ensuring that records relating to each individual provider will be associated with that individual or organization and no other.

Without such a Standard, the unique identification of providers will be jeopardized and there is a risk that different parties may develop inconsistent methods.

This Standard has important uses in conjunction with AS 5017, *Health Care Client Identification*. For example, when patient health information is shared between various health care providers for purposes of clinical management AS 5017 should be used to ensure the unique identification of the patient associated with a particular provider.

In this initial publication, the scope of the Standard has been limited to Health Care Provider Identification in Australia only. In the future, consideration will be given to New Zealand and international requirements.

This Standard does not supersede any other Standards but rather acts as a consolidation of best practice principles and guidelines for collection and storage of Health Care Provider Identification data. Where these existing Standards already in use in health care have been sourced in preference to generally applicable Australian Standards.

The term 'informative' has been used in this Standard to define the application of the appendix to which it applies. An informative appendix is only for information and guidance.

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FOREWORD

The ability to positively identify health care providers and locate their relevant details is an important support to the provision of speedy, safe, high quality, comprehensive and efficient health care.

Unambiguous identification of health care providers (individuals or organizations) is necessary for a wide range of purposes including—

- (a) requesting and/or reporting of orders, tests and results (e.g. pathology, diagnostic imaging);
- (b) other communications and referrals between health care providers regarding ongoing care of patients (e.g. a referral from a GP to a specialist, a hospital discharge plan);
- (c) reporting on health care provision to statutory authorities (e.g. reporting of hospital patient administration systems data to State/Territory government health agencies);
- (d) payments to providers;
- (e) registration of providers; and
- (f) directories or lists of providers and their service locations for consumer information.

Benefits of positive identification include—

- (i) ability to confidently communicate with other health care providers for ongoing client care;
- (ii) ability to verify information about individual providers with other data to identify or confirm their capabilities and qualifications (e.g. their speciality, registration with accredited bodies);
- (iii) ability to provide reliable information about services provided by individual health care providers to individual clients;
- (iv) efficient and appropriate payment of fees, rebates etc. to providers;
- (v) less time wasted and inconvenience generated in searching for and/or re-gathering information; and
- (vi) less duplication of testing and prescribing.

These translate to more efficient health care.

In Australia and internationally, the delivery of health care is undergoing paradigm changes, brought about by changing consumer expectations, technological advances, economic pressures, socio-demographic change and changes in the patterns of health and ill health in communities.

These changes include—

- (A) a shift from institution-centred care to client-centred care, together with greater empowerment of health care consumers;
- (B) greater emphasis on continuity of services supporting quality and safety, health promotion and maintenance;
- (C) more integrated health care, in which organizational and administrative barriers are invisible to clients; and
- (D) migration from paper based to electronic media for health care transactions including orders, tests and results, sharing of patient health information between various health care providers, and payments to providers.

These changes underline the need for more careful attention to unambiguous identification of health care providers across all disciplines and settings.

This Standard provides a framework for improving confidence that the data being associated with any given health care provider, and upon which clinical communication and data aggregation are based, are appropriately associated.

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STANDARDS AUSTRALIA

Australian Standard
Health care provider identification

SECTION 1 INTRODUCTION

1.1 SCOPE

This Standard is a voluntary code of practice. It provides a framework for improving the positive identification of health care providers.

This Standard applies in respect of all providers of health care services to the Australian health care system. It defines demographic and other identifying data elements suited to capture and use for identification in health care settings and provides guidance on their application. It also makes recommendations about the nature and form of health care provider identifiers.

Accordingly this Standard includes only the minimum data required for unambiguous identification. It is recognized that specific applications such as provider directories or service locators will require additional data to fulfil their purposes. The Standard provides a generic set of identifying information which is application independent.

1.2 OBJECTIVES

The objectives of this Standard are to promote uniformly good practice in—

- (a) identifying individual and organizational health care providers;
- (b) the recording of health care provider identifying data; and
- (c) ensuring that data being associated with any given health care provider, and upon which clinical communication and data aggregation are based, are appropriately associated with that individual or organization and no other.

1.3 APPLICATION

This Standard is primarily concerned with Health Care Provider Identification data for clinical and administrative purposes. The Standard should be used by health and health related establishments that create, use or maintain records on health care providers. Establishments should use this Standard, where appropriate, for collecting data when registering health care providers.

NOTE: This Standard can be applied to a wider range of providers than might be traditionally considered.

1.4 RESPONSIBILITIES

1.4.1 General

The positive and unique identification of health care providers within and between organizations is a critical support to health service delivery, with direct implications for the safety and quality of health care.