AS 4846:2014

Australian
STANDARD

Person and provider identification in healthcare

STANDARDS
Australia

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Australian Standard®

Person and provider identification in healthcare

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PREFACE

This Standard was prepared by Standards Australia Technical Committee IT-014, Health Informatics, to supersede AS 4846—2006, *Health Care Provider Identification*, and AS 5017—2006, *Health Care Client Identification*, and in response to requests from the healthcare service community.

Standards Australia Technical Committee IT-014 recognizes the work of the Standards Australia Subcommittee IT-014-02, Health Concept Representation, in the preparation of this Standard.

The objective of this Standard is to provide the health industry with a Standard for healthcare provider and individual identification data, which includes processes for clinical and administrative data management purposes (data structure, process and specification).

The structures and practices identified in this Standard have been developed to support workflow in the clinical and administrative environments of healthcare.

This Standard reflects the developments incorporated into international technical specifications ISO/TS 22220:2011, *Health informatics—Identification of subjects of health care*, and ISO/TS 27527:2010, *Health informatics—Provider identification*, and also incorporates the introduction of Australian National Health Identifiers.

HB 222—2006 is being revised to provide additional information on this edition of AS 4846. The revised Handbook will be SA HB 222, *Person and Provider Identification in Healthcare Handbook.*

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

Statements expressed in mandatory terms in notes to tables are deemed to be requirements of this Standard.

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FOREWORD

This Standard is the result of the need of the health industry for a common, quality based, best practice approach to the capture, use and record keeping of data for the purpose of identifying individuals and healthcare providers.

Without such a Standard, the unique identification of providers and individuals in healthcare will be jeopardized, and there will be a risk that different parties might develop inconsistent, inadequate or ineffective methods of identification. The intention with this Standard is to provide a framework for improving identifying data and the confidence of health service providers and clients alike, so that the data being associated with any given individual, based on which clinical decisions are made, is appropriately associated and used.

This Standard aims to promote uniformly good practice in identifying individuals and healthcare organizations, and recording and using their identifying data. The correct application of this Standard will assist significantly in ensuring that records relating to each individual or organization are associated with that individual or organization, and no other.

In Australia and internationally the delivery of healthcare is undergoing a paradigm shift, 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 healthcare consumers;

(b) greater emphasis on continuity of services supporting quality and safety, health promotion and maintenance;

(c) more integrated healthcare, in which organizational and administrative barriers are invisible to clients;

(d) transition from paper based to electronic media for transactions, including orders, tests and results, sharing of patient health information between various providers, and payments to providers; and

(e) an environment of shared healthcare information, supported by national initiatives such as shared electronic health record systems.

These new service directions necessitate much greater flow of people, services and information across functional, jurisdictional, administrative and professional boundaries. In a more integrated healthcare environment correct identification is no less critical, but it is far more complex. Population mobility and multiple points of access to the healthcare system lead to the accumulation of client related data in a variety of fragmented, unrelated repositories. Correct identification of individuals and organizations in healthcare is recognized around the world as a critical success factor for healthcare reform.

Original Standards (AS 4846 and AS 5017) in this area had separate documents covering people as patients or carers and providers of care. It has been recognized that the metadata are largely the same for both groups as all have identifiers, names and addresses. For this reason, the specification has merged the requirements for individual providers, people and organizations. This ensures improved consistency of data, while acknowledging that different use cases require variations in rules for collection.

This Standard has been developed to specify the requirements to ensure records relating to each individual or organization are associated with that individual or organization and no other, and that the existence of such records can be established when needed, as well as recognizing the requirement for balance between these two needs. It aims to provide a framework for improving identifying data and the confidence of health service providers and clients alike, so that the data associated with any given individual, in terms of which clinical decisions are made, is appropriately associated and used. This Standard is intended to support all requirements for identification and identifying information throughout the continuum of care and data. Standards related to information exchange of identifying information are not addressed in this document but are specified in the AS 4700 series of publications.

Without such a Standard, the unique identification of providers and individuals in healthcare would be jeopardized, and there would be a risk that different parties might develop inconsistent, inadequate or ineffective methods of identification.

The ability to positively identify individuals and locate their relevant details is critical to the provision of speedy, safe, high quality, comprehensive and efficient healthcare. Health consumers, healthcare providers and the health industry need a common, best practice approach to the way data are captured, used, stored and managed for the purpose of identification.

NOTE: The requirements specified in this Standard are different to those that exist in many legacy systems in Australian healthcare. It is recognized that some of the elements included here are not in existing legacy systems in Australian healthcare. As Australia moves towards major system changes and enhancements in healthcare, it should be borne in mind that it is sometimes more cost effective to define and move towards the desired end point more quickly to reduce effort and maximize benefits. It is hoped that this Standard will be used by managers to encourage improvement in their systems, and that software vendors will take the opportunity to introduce change into their system that are most effective at the time for lessening the costs and maximizing the potential of their systems.

STANDARDS AUSTRALIA

Australian Standard
Person and provider identification in healthcare

SECTION 1 SCOPE AND GENERAL

1.1 SCOPE

1.1.1 Scope and general

This Standard defines the requirements for quality, sustainable and accurate identification of individuals (clients and providers of healthcare) and organizations in healthcare. It considers the issue of identification as well as the systems (computerized and manual) used to support identification. This Standard covers all identifiers used in healthcare, including but not limited to, national health identifiers.

This document supports workflow in the clinical and administrative environments of healthcare. It specifies not only data components, but also key procedures to support quality identification practice and management in a healthcare environment.

This Standard is primarily concerned with identification of three groups, which are—

(a) clients of the healthcare system or potential clients of that system, or carers for a client;

(b) providers of services in the healthcare system; and

(c) organizations that provide healthcare services.

NOTE: This Standard defines organizations far more broadly than the definition used by the National Health Identifiers Service.

This Standard recognizes the different identifying information used in different settings, and can be applied to the identification of all individuals, patients, providers of services collection, use and application of identifying information, and includes definitions of data elements to support the identification of individuals, people, providers of healthcare services and organizational providers.

This document does not provide technical implementation guidance on concept representation conversion from data presentation/collection to information exchange. Details of maps for this purpose will be provided in an update to the handbook HB222.

It does include reference to these data elements in Australia's metadata registry (METeOR) as part of the Standards Australia Identification Standard Data Set.

This Standard also specifies compliance requirements for the workplace and those who work in and with identification of individuals. The skills and practices required for the development, collection, governance and ongoing management of identifying information, including identifiers from the multiple sources required in today's interoperable environment. This includes processes for supporting national, multinational, state or local level identifiers. IT system compliance requirements are not included here.

This document defines both the minimum dataset required for unambiguous identification, and additional data elements that may prove useful when identifying an individual or organization in different healthcare settings.