

Australian Standard[®]

Health Care Provider Identification



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Standards Australia wishes to acknowledge the participation of the expert individuals that contributed to the development of this Standard through their representation on the Committee and through public comment period.

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Health Care Provider Identification

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PREFACE

This Standard was prepared by Standards Australia Committee IT-014, Health Informatics, to supersede AS 4846—2004, and in response to requests from the health care service community.

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 of identification.

This Standard should be read in conjunction with HB 222, *Australian Health Care Client and Provider Identification Handbook*. In addition, 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 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 (other than AS 4846—2004) but rather acts as a consolidation of best practice principles and guidelines for collection and storage of Health Care Provider Identification data. Where these exist, 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.

The Council of Australian Governments (COAG) approved funding for individual and provider identifiers on 10 February 2006, and the National E-Health Transition Authority (NEHTA) is tasked with implementing both initiatives. A detailed requirements review and specification phase will commence. At the time of publication, NEHTA was still undertaking this initial phase of work and therefore was not in a position to provide appropriate feedback on these standards. Throughout the course of the projects, NEHTA will consider this Standard and AS 5017 in conjunction with HB 222, and in the context of the national identifiers requirements, to enable a consistent suite of relevant standards. NEHTA will ensure comments are provided following the completion of this work for consideration in the next iteration of the Standards and HB 222.

Standards Australia wishes to thank the Department of Health and Ageing for their continued financial support in helping us to achieve our aims.

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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 payments 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 benefits translate to more efficient health care.

In Australia and internationally, the delivery of health care 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 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.

STANDARDS AUSTRALIA

Australian Standard Health Care Provider Identification

SECTION 1 SCOPE AND GENERAL

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 dataset 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 OBJECTIVE

The objective of this Standard is to promote uniform 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

1.3.1 General

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

1.3.2 Responsibilities

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.