

Australian Standard<sup>®</sup>

**Health Care Client Identification**



This Australian Standard® was prepared by Committee IT-014, Health Informatics. It was approved on behalf of the Council of Standards Australia on 8 June 2006.  
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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 Client Identification

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## PREFACE

This Standard was prepared by Standards Australia Committee IT-014, Health Informatics, to supersede AS 5017—2002, and in response to requests from the health service provider community.

This Standard is the result of health industry concern about the myriad of data storage formats used for basic but critical client identification data.

The objective of this Standard is to provide the health industry with a specific Standard for Health Care Client Identification for clinical and administrative data management purposes (data structure and specification) which promotes uniformly good practice in identifying individuals and recording identifying data so as to ensure that each individual's health records will be associated with that individual and no other. The Standard also provides the basis for future linkage of data as authorized by law and appropriate for clinical management of patients and statistical research purposes.

This Standard should be read in conjunction with HB 222, *Australian Health Care Client and Provider Identification Handbook*. In addition, this Standard is closely related to AS 4846, *Health Care Provider Identification*. For example, when client health information is shared between various health care providers for purposes of clinical management, AS 4846 may be used to ensure the unique identification of the health care provider.

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

This Standard does not supersede any Standards (other than AS 5017—2002) but rather acts as a consolidation of best practice principles and guidelines for collection and storage of Health Care Client Identification data. Where they 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 4846 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 Handbook.

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

Within a health care service delivery context, the process of positively identifying individuals entails matching data supplied by those individuals against data that the service provider holds about them.

The ability to positively identify individuals and locate their relevant details is critical to the provision of speedy, safe, high quality, comprehensive and efficient health care. Benefits of positive identification include:

- (a) More complete information on which to base potentially life-critical clinical decisions.
- (b) Less time wasted and inconvenience generated in hunting for and/or re-gathering information – which translates to more efficient health care.
- (c) Less duplication of testing and prescribing.

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:

- (i) A shift from institution-centred care to client-centred care, together with greater empowerment of health care consumers.
- (ii) Greater emphasis on continuity of services supporting quality and safety, health promotion and maintenance.
- (iii) More integrated health care, in which organizational and administrative barriers are invisible to clients.

These new service directions will necessitate a much greater flow of health care clients and services across functional, jurisdictional, administrative and professional boundaries. In a more integrated health care environment, positive identification is no less critical, but is much more complex. Population mobility and multiple points of access to the health care system lead to the accumulation of client related data in a variety of fragmented, unrelated repositories. Positive health care client identification is recognized around the world as a critical success factor for health care reform.

There are many barriers to the successful identification of individuals in health care settings, including variable data quality, differing data capture requirements and mechanisms, and varying data matching methods. This Standard and its associated handbook, HB 222, provide a framework for improving the confidence of health service providers and clients alike that the data being associated with any given individual, and upon which clinical decisions are made, is appropriately associated.

Where permitted by law, data matching may be undertaken in a variety of contexts and settings, including for administrative purposes. While administrators may also benefit from the application of this Standard, its specific focus is the *positive identification of clients for health care service delivery purposes*.

There are additional factors to be considered in providing *access* to distributed health care client data, including privacy, security and data transfer mechanisms. These are outside the scope of this Standard. Application of this Standard will increase the *capacity* for data access. Authorization of such access is determined by the application of legislation, organizational policies and guidelines, and professional ethics.

STANDARDS AUSTRALIA

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**Australian Standard**  
**Health Care Client Identification**

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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 clients in health care organizations.

This Standard applies in respect of all potential or actual clients of the Australian health care system. It defines demographic and other identifying data elements suited to capture and use for client identification in health care settings, provides guidance on their application, and provides an overview of data matching strategies. It also makes recommendations about the nature and form of health care identifiers.

Accordingly, this Standard includes only the minimum dataset required for unambiguous identification. It is recognized that specific applications may require additional data to fulfil their purposes. The Standard provides a generic set of identifying information, which is application independent.

NOTES:

- 1 Appendix A gives guidance on the implementation of client master indexes. These indexes form the key client directory within health care establishments. They are central to health care client identification.
- 2 Appendix B shows how to search for a health care client. Use of appropriate and thorough searching techniques is important in ensuring that any existing client data will be linked to the relevant health care client.

### 1.2 OBJECTIVE

The objective of this Standard is to promote uniform good practice in—

- (a) identifying individuals;
- (b) recording of health care client data; and
- (c) ensuring that data being associated with any given health care client, 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 clinical use of Health Care Client Identification data. The Standard should be used by health and health related establishments that create, use or maintain records on health care clients. Establishments should use this Standard, where appropriate, for collecting data when registering health care clients or potential health care clients.