

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Excessive Patient Registration User Errors – Patient Administration System (PAS)
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<b>FUNCTIONAL GROUP(S)</b>	PAS Unique Patient Identifier
<b>KEY TERMS</b>	iPM, Patient Administration System, (PAS), data error, useraccess
<b>SUMMARY</b>	The document describes the process of addressing users that have created errors in selecting the incorrect patient; therefore, potentially impacting clinical care.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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## SESLHD PROCEDURE

### Excessive Patient Registration User Errors – Patient Administration System (PAS)

SESLHDPR/225

#### 1. POLICY STATEMENT

This document describes the process of addressing errors, created by users, in the patient registration process. Errors include, but are not limited to, incorrect search functionality resulting in duplicate registrations and selecting the incorrect patient in the Patient Administration System (PAS). These errors potentially impact clinical care and patient safety.

A patient mix up error is an example of a critical error is where a patient record is selected and changed to reflect another patient; (e.g. either/or DOB, gender, name etc. have been changed to reflect the patient that they wish to register / update at their department / clinic). This type of error can result in a critical incident such as incorrect treatment of one or more patients, medications being administered to a patient who has a documented allergy, resulting in an adverse event.

The initial intervention with a user that creates a patient mix up error would be mandatory re-training.

A duplicate registration occurs when a user creates a new record for a patient when the patient has an existing record. The duplicate record can be a result of incorrect searching or incorrect information obtained. Where duplicate registration has occurred due to incorrect search functionality by the user, PAS (Patient Administration System) Managers are to assess if the user has exceeded the 3% error rate for their facility within a given timeframe. Where a user has exceeded this error rate on three separate occasions, this procedure is to be applied at the PAS Manager's discretion, based on the circumstances of the user and the errors made.

It is anticipated that the PAS (Patient Administration System) Manager at each site will discuss the errors (patient mix up or duplicate registration errors) with the user and their manager. Where a user has made three separate errors, within a specified timeframe where clinical safety has been impacted, it is recommended that the user's registration/update access be suspended, in consultation with their direct line manager.

Access suspension and mandatory re-training will only result after an investigation into the error, and found to be unavoidable, (i.e. the staff member was given incorrect / misleading information by the patient / unable to obtain enough information), this procedure will not apply.

It is important to note that a formal, standardised and comprehensive PAS training program must be provided to all employees prior to gaining access. User manuals, cheatsheets and key support contacts are all listed on the SESLHD iPM/PAS Website - <http://seslhnweb/iPM/default.asp>.

### 2. BACKGROUND

The procedure has been created to formalise the process of educating, re-training and deactivating user-access for those SESLHD staff who make critical errors in the Patient Administration System. These errors include patient registration errors.

### 3. PROCEDURE

There will be a staged approach to addressing these matters:

1. Identify the User that created the error.
2. Determine the User's level of experience and work pattern.
3. The timeframe to be applied for users who work casually or are full time and within the month following the completion of their training, apply item 4 below
4. PAS Manager to discuss the matter with the Line Manager / User and advise of the issue and clinical impacts of the error (1<sup>st</sup> error). This meeting should be documented for possible future HR impacts. The Line Manager should also consider local processes to reduce the risk of future errors.
5. The timeframe to be applied for users who work casually, are full time and more than one month following the completion of their training and a 2<sup>nd</sup> error is made, re-train the user in search and registration practices, focusing on the issue at hand. This meeting should be documented. The Line Manager should also consider local processes to reduce the risk of future errors.
6. The re-training session is to be followed by a mandatory test in which the user must pass to reflect their understanding of iPM and patient registration.
7. If any user creates a 3<sup>rd</sup> error, or surpasses their facility's acceptable error rate, it will be discussed with the user and their Line Manager again, via a counselling session. The user and manager will be advised by the site PAS Manager that the user's access will be suspended and a timeframe provided as to when this suspension will commence so their line manager can schedule the appropriate resources to address shift changes. This meeting should also be documented.
8. Users who continue to ignore warnings when updating data in iPM, and create a patient mix up, more severe action/s may be required to be taken.
9. The PAS and Line Manager will discuss and agree on a timeframe during which the staff member will receive appropriate training and support in order to re-instate their access, provided key milestones are met. This training will be followed by a mandatory test in which the user must pass to reflect their understanding of iPM and patient registration.
10. In the event that appropriate levels of understanding of iPM and patient registration are not demonstrated or inconsistently demonstrated, the Line Manager should give consideration to implementing a formal performance management process under [SESLHDPR/379 - Resolving Unsatisfactory Performance](#).

# SESLHD PROCEDURE

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### 4. DOCUMENTATION

Nil required

### 5. AUDIT

Not required

### 6. REFERENCES

[SESLHDPR/379 - Resolving Unsatisfactory Performance](#)

### 7. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Nov 2012	1.0	Health Information Managers – SESLHD and ISLHD
Dec 2012	1.1	Comments received and policy amended where applicable – via SESLHD Website
Feb 2013	1.2	Comments received from SESLHD Health Records and Information Steering Committee
April 2013	1.2	Approved by District Executive Team
September 2013	2	Re-formatted by District Policy Officer. Published.
June 2018	2.2	Reviewed by SESLHD/ISLHD/SCH-Randwick PAS UI Group. Document Updated.
August 2018	2	Endorsed by Executive Sponsor
July 2021	3	Reviewed by SESLHD PAS / UI User Group and SESLHD Health Records and Medico-Legal Committee
February 2022	3.1	Minor review commenced. Reviewed by SESLHD PAS / UI User Group and SESLHD Health Records and Medico-Legal Committee
August 2022	3.2	Reviewed by SESLHD PAS / UI User Group and SESLHD Health Records and Medico-Legal Committee
October 2022	3.4	Final review by SESLHD PAS / UI User Group
December 2022	4	Reviewed by SESLHD Health Records and Medico-Legal Committee. Approved by Executive Sponsor.