SESLHD PROCEDURE COVER SHEET

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Clinical Governance and Medical Services
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FUNCTIONAL GROUP(S)	PAS Records Management – Health Unique Patient Identifier
KEY TERMS	iPM (Patient Administration System), Patient/Client Registration, Medical Record Number (MRN), Area Unique Identifier (AUID)
SUMMARY	This document provides guidance on registering patients in the Patient Administration System (PAS), where key processes are not specified in NSW Ministry of Health Policy Directive PD2007_094 - Client Registration Policy.

1.   POLICY STATEMENT

This procedure has been written to assist in implementing NSW Ministry of Health Policy Directive PD2007_094 - Client Registration Policy. This procedure covers aspects of the client registration process specific to South Eastern Sydney Local Health District (SESLHD) that is not covered within PD2007_094.

The procedure aims to:

- Ensure compliance with NSW Ministry of Health Policy Directive PD2007_094 - Client Registration Policy, ISC, National Health Data Dictionary Standards and other relevant Federal, State and Area legislation and policies
- Standardise the entry of patient information to ensure data quality and consistency within i.PM as the source system and all other applications which receive information from iPM, both clinical and corporate
- Standardise processes associated with patient registration across all services within SESLHD.

This procedure applies to all setting and sites within SESLHD where client registration is performed.

2.   BACKGROUND

Client registration is the identification and registration of an individual receiving services from the local health district. The terms client and patient are used interchangeably and vary on location of service e.g. hospital services generally refer to individuals as patient and community services refer to individuals as client.

Registration is undertaken in iPM Patient Administration System (PAS) and flows through to clinical Applications e.g. eMR, Radiology, Pathology and some corporate applications e.g. PBRC (Patient Billing).

A patient has two key identifiers within the organisation – Area Unique patient Identifier (AUID) and Medical Record Number (MRN). This enables clinical activity to be linked for patients who attend more than one facility across the organisation/s.

3.   RESPONSIBILITIES

Provision of guidance and direction for staff involved in registration of patients, including:

- Those involved in policy and procedure development
- Data administrators of all applications, both clinical and corporate, which receive information from the source system iPM
- Staff involved in client/patient collection and maintenance.

3.1   Employees will:

- Ensure that they are familiar with this procedure
- Adhere to the NSW Ministry of Health Policy Directive PD2007_094 - Client Registration Policy in conjunction with this procedure.

3.2 **Line Managers will:**

- Ensure all staff are aware of this procedure and adhere to it at all times.
- Ensure adherence to the NSW Ministry of Health Policy Directive PD2007_094 - Client Registration Policy.

3.3 **PAS Managers/District Managers/ Service Managers will:**

- Ensure that this procedure and the NSW Ministry of Health Policy Directive PD2007_094 - Client Registration Policy is adhered to at all times.

4. **PROCEDURE**

In addition to the above specific responsibilities, the Patient Administration System (PAS) will be used to populate data as per the NSW Ministry of Health's Client Registration Policy Directive as well as the following SESLHD specific procedures.

4.1 **Collection of Patient Information**

- To ensure efficient and accurate client registration, information must be gathered using effective interviewing techniques and asking the right questions (*See iPM QRG – Effective Search Techniques*)
- Each time the patient presents at a health facility it is essential to check that their information is up-to-date and complete, by confirming with the patient
- Ask the patient for a form of identification (driver's licence, Medicare Card etc) to assist in confirming their details and ensuring the correct spelling of their name and/or address. This may be helpful in circumstances where the patient is too unwell to speak or where the patient's first language is not English
- It is also beneficial in some circumstances to utilise the NSW Health Patient Registration Form to gather patient details
- In some situations it may be impossible to elicit the information required from the patient themselves, eg acutely psychotic clients, unconscious clients. In these situations information will need to be collected from other people such as family and friends, collected at a later time, or recorded as unknown (*See iPM QRG - Register/Update Patient with limited Available Data*)

4.2 **Anonymous Patients**

- It is not recommended that a patient is anonymous in an information system due to reduced availability of information for continuity of treatment, and difficulty with data matching and integration
- Patients should be counselled as to the implications of remaining anonymous
- In some instances, patients may still wish to remain anonymous or be known by an alias name, eg. patients who wish their true identity to be unknown, often due to the nature of their health care treatment
- If, despite counselling, a patient wishes to remain anonymous or be known by an alias name, they should be registered as follows:

o   Patients who wish to be known by an alias, eg pseudonym or fictitious name – record the name provided by the patient as their Surname and Given name in iPM. In these instances, the patient has not provided their true identity

o   Patients who provide a pseudonym or fictitious name and their true identity, follow *4.3 Identity restricted* (see below).

4.3   Identity restricted

- In some instances, a patient's identity may require protection or suppression, such as:
  - o   staff being treated by their employing health facility
  - o   patients at risk
  - o   court and intervention orders
  - o   patients under police guard
  - o   Very Important Persons (VIPs).

- In such circumstances, the patient will usually have provided their correct name; however, there are personal privacy issues. Where an organisation considers the identity of the patient to be privileged, the following registration process should be followed:
  - o   register the patient with their true identity
  - o   change the patient name to a pseudonym name, keeping their true name as an alias
  - o   secure the address and phone number in iPM – If requested – Refer to iPM QRG Standard address format - Link
  - o   ensure all relevant clinical staff are aware of the name change
  - o   add an alert onto iPM and eMR to indicate that no information is to be released
  - o   ensure the Area UPI team is notified of the name change
  - o   when the patient is either discharged or care is completed, change their name back to their true identity

- There may be instances where these types of patients do not provide their true identity and request to be considered as anonymous, or to only be known by a pseudonym. In these cases, follow *4.2 Anonymous Patients* (see above).

4.3.1 Registration of Prisoners

- In some cases, prisoners under protective custody cannot be registered with their true name. In these cases, the patient will be registered as follows:
  - o   Surname: PRISONER
  - o   Given Name: Should be in alpha character of their prison number (supplied by the gaol.), For example: Prisoner 421 would be 'fourtwoone' with no spaces between the numbers.
  - o   Address: address of the correctional facility
  - o   GP: Dr Correction Health

4.4   Disaster Patients

- Patients treated at a health care facility following a large-scale disaster should be registered in accordance with the local disaster plans of the LHD. Such plans and policies should include how to register disaster patients.

- The registration of disaster patients can by managed in one of two ways, which is to be determined by the Local Disaster Coordinator at the site, based on the number of patients expected to require treatment:
    1. Pre-registration on notification of the disaster – where a large influx of patients is expected a set number of unknown male and unknown female Facility IDs will be issued through iPM using the Emergency Registration functionality prior to any patients arriving at the facility. The set number will be determined by the Local Disaster Coordinator using information available to them regarding the number of patients expected.
    2. No pre-registration – where a small number of patients are expected and it is determined that it will be possible to obtain full name, date of birth and sex, the disaster patients are registered as they present to the health facility using Quick Registration from FirstNet to iPM.
- Patients who are not pre-registered but who are unable to provide accurate identifying information should be registered following the emergency registration process in iPM, using the naming convention as listed below in 4.5 Unknown Patients
- Where possible, additional information should be obtained from the patient or relative in aid of identification

Note: SESLHD has agreed to a slight variation from NSW Client Registration Policy with respect to the Surname and Given Name for Disaster patients. At SESLHD the names will use the same naming as for Section 4.5 Unknown Patients.

- Updating of details post disaster:
    - obtain all required information from patient or relative
    - update all details on the Facility ID created for use in the disaster, retaining the Unknown name as an alias
    - perform a thorough search on iPM to determine if the patient has an existing AUID or MRN
    - If there is an existing AUID or MRN found, notify this duplicate to the Medical Records Department/Clinical Information Service/Health Information Unit.

4.5   Unknown Patients

- Patients who are unable to be identified, eg. who present unconscious and/or from whom details are unable to be obtained should be registered as follows:
    - Surname: *Unknown*
    - Given Name: *Unknown*
    - DOB: *01/01/1850*
    - Address: *Unknown, Unknown NSW 9999*
- If a large number of patients have been sent to hospital at the same time as a result of a disaster and minimal details are available to identify patients, use the following format to register each patient:
    - Surname: Unknown
    - Given Names:
        - 1st Patient: *One*
        - 2nd Patient: *Two*
        - 3rd Patient: *Three*

- And so on as above
- Additional patient identification details should be obtained as soon as practicable, with another search of the patient database performed, to determine whether an existing patient record exists that can be matched to the patient, and the patient database updated as appropriate.

4.6 Sex

- The sex a person chooses to identify as, or reports, is the sex that should be recorded, that being either 'male' or 'female'
- A person's sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, transgender reassignment or sexual reassignment.
- Hormone therapy treatment to produce physical changes in the body to better align the body with a person's gender identity. These changes are known as secondary sex changes or gender-affirming hormone therapy.
- Throughout this process, which may be over a considerable period of time, the person's sex could be recorded as either Male or Female
- If a patient has been registered with the health service and at a later visit they wish to have a different sex recorded, the patient registration record should be updated with the sex category they choose to identify as. A note regarding the change in the sex category should be made in the medical record, and also, if appropriate, in the patient registration/patient administration system as it may be required for reconciliations for a unique patient identifier.
- Updating name to preferred name of client/patient – should be added as an alias

4.7 Surrogacy

- Baby must stay baby of birth mother on discharge and until the parenting order is finalised in court.
- Once the parenting order is finalised, the Medical Records Department/Clinical Information Service/Health Information Unit will have the baby's name changed with proof of court order and birth registration.
For more information, refer to the Quick Reference Guide - Link

5. DOCUMENTATION

- iPM QRG - Register/Update Patient with limited Available Data
- iPM QRG – Patient Search
- iPM QRG – Key Patient Field Changes
- iPM QRG – Name Change Business Process - Summary
- Carer Identification
- Person to contact details update
- iPM QRG – Patient Registration Helpful Hints
- Standard Address format

6.   AUDIT

The following tools and reports are available for managers and staff to review data quality:

- Daily potential duplicate review in e*Index
- Daily audit alert tool for key patient detail changes made and justification
- Twice daily download of demographic changes report to individual site share locations
- RSE_AUDIT 17 New Medical Record Number Registration Report
- RH_PAT0010 Invalid Address Report

7.   REFERENCES

- NSW Ministry of Health Policy Directive PD2007_094 - Client Registration Policy
- NSW Ministry of Health Guideline GL2007_024 - Client Registration Guideline

8.   VERSION AND APPROVAL HISTORY

Date	Version No.	Author and approval notes
November 2015	1	Review of PD 101
October 2016	1	Endorsed by Executive Sponsor
July 2021	2	Minor Review. Interim revision by PAS UI User Group / Health Records and Medico-Legal Committee. Sponsor, reporting and hyperlinks updated. Approved by Executive Sponsor.
23 November 2023	2.1	Reviewed by SESLHD Health Records & Medico-Legal Committee and SES/ISLHD PAS / UI User Group, Senior Health Information Managers – IS/SESLHD. Minor changes and links updated.