Guideline

Client Registration Guideline

Summary	Background and instruction on the What, Why, Who, When and How of clients/patients registered within the NSW Public Health System.
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Secretary, NSW Health

Client Registration Guideline

NSW HEALTH

NSW DEPARTMENT OF HEALTH
73 Miller Street
NORTH SYDNEY NSW 2060
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

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For further copies of this document please contact:
Better Health Centre – Publications Warehouse
Locked Mail Bag 5003
Gladesville NSW 2111
Tel. (02) 9816 0452
Fax. (02) 9816 0492

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This Client Registration Guideline is based on the NSW Health Client Registration Policy Directive (PD2007_094).

We would like to acknowledge the contribution of those that assisted with the development of the Policy Directive as well as:

- Area Health Service representatives attending workshops in March and September 2007, where information regarding the business processes and information requirements of client registration were provided;
- Members of the Community Health and Outpatient Care Information Project Reference Group; and
- Other Area Health Service and Departmental personnel who provided comment and feedback.

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About this Guideline

Introduction

Client registration assists in the delivery of good quality health care. Correct identification of an individual is critical to providing services appropriate to that individual. When a client is unable to be uniquely identified, they may be registered multiple times, potentially leading to multiple yet incomplete health care records. Worse, they could be identified as someone else, jeopardising their care, health and safety.

The ability to correctly identify clients is achieved through standardised collection and matching of data. The ability to integrate client information across a number of systems and locations is facilitated by standardised key business processes and data elements associated with client registration.

The standards for client registration are set out in the NSW *Health Client Registration Policy Directive* (PD2007_094). That policy sets out generic processes for client registration to assist with the correct identification of clients. It is the authoritative source on the requirements for client registration. It is recognised that implementation of the policy may require changes to local business processes, and as such, will be introduced in a staged manner across NSW. This guideline supports the policy directive by providing further details on some aspects of client registration to assist in interpretation and implementation. Material reproduced directly from the policy directive contained in this document is shown in boxes.

Standards for the data items associated with client registration are located in the current NSW Health Data Dictionary.

For the purposes of this guideline, the term ‘client’ has been chosen to describe any person (patient or client) who receives services from health care facilities in NSW. The term ‘Area Health Service-wide client registration database’ has been chosen to describe a single electronic register of all clients of an Area Health Service and their identifying and demographic details.

This guideline should be read in conjunction with NSW information privacy policies and legislation to ensure the proper collection, storage, use and disclosure of health information. These currently include:

1. NSW Health Privacy Manual Version 2. NSW Department of Health, 2005. (PD2005_593).
2. NSW Health Privacy Management Plan. NSW Health, 2000. (PD2000_554).
3. *Health Records and Information Privacy Act 2002* (NSW).
4. *Privacy and Personal Information Protection Act 1998* (NSW).

Background

The NSW Department of Health’s Information and Communication Technology (ICT) Strategy is providing clinicians with systems and capabilities to streamline and improve work practices as well as deliver significant benefits to patients. The ICT systems allow clinicians and other health staff to focus on the core business of providing patient care. They also pave the way for improved patient care and information sharing across health services in New South Wales.

To meet the growing challenges facing the healthcare environment, such as an ageing population, staff shortages in critical areas of the health sector, and the high rate of chronic diseases, the Department has embarked on a program of implementing information technology solutions to complement the work of health professionals and establish business processes to ensure that the change is successful and sustainable.

Electronic client registration in an Area Health Service-wide client registration database, and the assignment of an Area Health Service unique patient identifier, are essential components of the ICT Strategy. They are the cornerstones of the following key initiatives:

- Electronic Health Record (eHR): collects summary health information about a patient when they present at participating healthcare services and stores it in a single electronic record. This information is accessible to the patient and authorised healthcare providers. Participation in the EHR is voluntary and has many benefits for both providers and patients.
- Electronic Medical Record (eMR): is an application that provides comprehensive view of each patient and their care and supports the clinical care process by enabling the doctor, nurse or allied health professional to:
  - Record care where and when it is delivered;
  - Review progress and order treatment or tests from any location where a computer is located;
  - Continually review results and outcomes and alter care as required;
  - Be prompted with alerts and allergies at time of ordering;
  - Use decision support at the time of ordering tests and procedures; and
  - Generate discharge referrals with automatic feeds from relevant systems e.g. radiology, pathology.
- The Community Health and Outpatient Care Information Project (CHOCIP): This project will deliver a standardised, state-wide data set that contains a record for each health service provided to patients in community health and outpatient care settings. The resulting data collection will eventually replace the summary level data that is currently collected about this activity.

Aims

The aims of the policy directive and this guideline are to:

- Standardise processes associated with client registration across NSW health services.
- Support consistency and integrity of information collection, and client identification.
- Contribute to the improvement in health of the people of NSW, through benefits such as having more complete information on which to base clinical decisions, and less duplication of testing, investigative procedures and prescribing.
- Support the provision of timely, safe, high quality, comprehensive and efficient health care, by facilitating the implementation of an Area Health Service unique patient identifier.

Benefits

The benefits expected through creation of a policy for client registration are:

- Unique identification of clients, ie ensuring that each individual's health record is associated with that individual and no other person.
- Provision of accurate, comprehensive and reliable client information, ie high quality information.
- More efficient health care through reduced time and resources associated with obtaining and re-gathering client information.
- Provision of guidance and direction for staff involved in registration of clients, including:
  - Those involved in policy and procedure development
  - Data administrators
  - Staff involved in data collection, such as:
    - Client administration staff
    - Support staff such as secretarial staff
    - Intake officers
    - Clinicians
    - Contracted staff
    - Staff employed by contracted agencies.
- Increased staff confidence that the data being gathered is associated with the correct individual.

How to use this guideline

This guideline provides extra detail to aid the interpretation of the *NSW Health Client Registration Policy Directive.* It contains excerpts from the policy (in boxes) to assist in locating the section of interest alongside any additional guidance on the topic.

The appendices provide a summary of the policy and show process maps for client registration in a variety of settings and using a range of systems to achieve client registration as prescribed by the policy.

SECTION 1

Introduction

1.1 What is client registration?

Client registration is the process of identifying and collecting data on an individual and recording of that data within an Area Health Service-wide client registration database for the purpose of uniquely identifying that individual. The allocation of an Area Health Service unique patient identifier, to be used as a unique key for that client/patient, is a product of this process.

The intent of client registration is to be able to link information held on a client/patient and thereby, support the delivery of services to that client/patient and the management and understanding of services and service needs.

Client registration involves all of the following:

- **Gathering minimum standard information** about a client/patient of a health service to ensure that the client/patient is properly identified.
- **Searching** the Area Health Service-wide client registration database to determine if the client/patient has already been registered.
- **Recording mandatory information** about the client/patient or **updating existing information** in the Area Health Service-wide client registration database, and populating any other copies of this information with the updated information, ensuring that information held by the health service is correct and up-to-date.
- **Allocating an Area Health Service unique patient identifier** to new clients/patients.

Registration is for the purpose of providing health care to the client/patient or other related functions.

Client registration involves the following steps:

- Client presentation or booking contact
- Collection of registration information into a system
- Determining whether the person has been previously registered by searching the Area Health Service-wide client registration database and reviewing possible matches
- Confirming details for individuals who had already been previously registered, or updating details if required
- Allocating a (or obtaining the previously allocated) Area Health Service unique patient identifier.

This process is illustrated below, with references to sections of the *NSW Health Client Registration Policy Directive.* Further process maps that look at specific process that may be used in a variety of settings can be found at Appendix B.

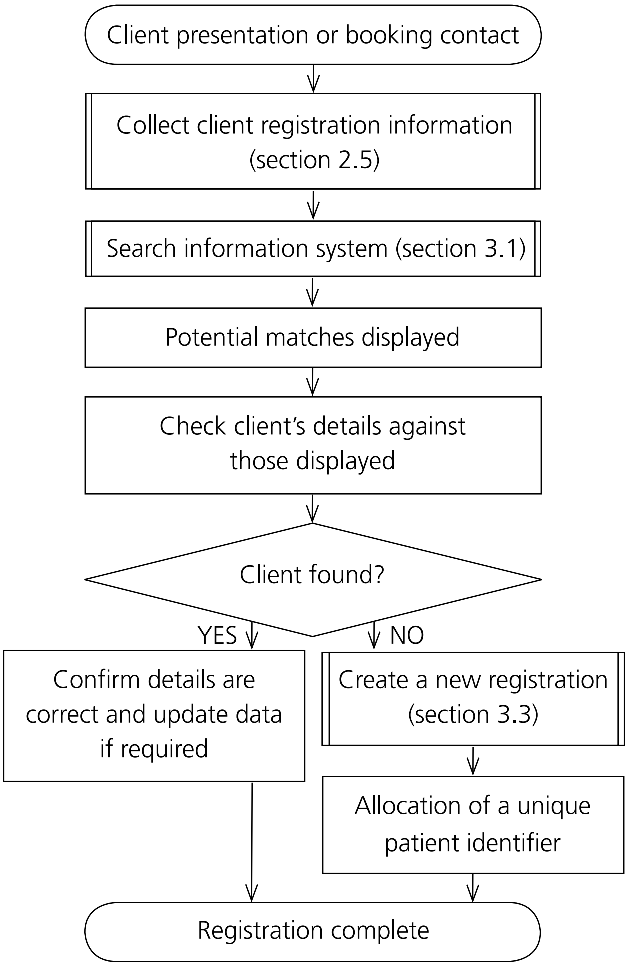
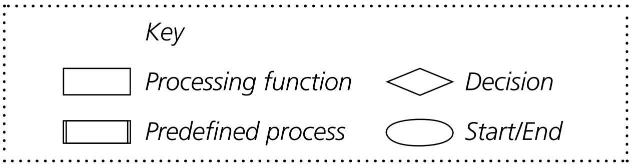


Figure 1: Client registration process



Client registration data includes identification and contact details, and demographics sufficient for uniquely identifying the client. Appropriate information is gathered and matched against data the health service may already hold, followed by subsequent issue of an Area Health Service unique patient identifier if the person has not already been assigned one.

This identifier will uniquely identify the client at the Area Health Service level at minimum. However, a client may have a number of identifiers depending on the health services they have attended. A client should be uniquely identified and assigned a unique identifier within each client registration database in which they are registered.

The State unique patient identifier, when implemented, will also link with the Area Health Service unique patient identifiers to support better use of data across health services and underpin the EHR.

Registration is a distinct process, separate to that of admitting a client or booking an appointment, though the processes may be performed at the same time.

The concept of client registration incorporates the identification of a client, and may involve collecting more information than that which a facility may require to allow a client to be serviced.

Client registration may be performed in a number of ways, eg in person, by telephone or via other communication media.

A minimum data set for client registration is identified in Section 3.

1.2 Purpose

The purpose of this policy directive is to specify NSW Health policy in relation to the registration of clients, patients and other related people.

Standardised client registration leads to more effective health care in that it enables information relating to any previous care, including screenings, tests, medications, and alerts, to be readily accessible by health professionals, allowing them to provide the best possible care to each client/patient. This includes improving the quality and safety of health care by better targeting tests, investigative procedures and prescriptions, and reducing any duplication of these that may occur.

Standardised client registration also reduces the costs associated with disparate holdings of client/patient registration details within an Area Health Service.

The primary aim of client registration is to ensure that any current, previous and future health care records relating to an individual are linked, and only associated with that individual. Client registration also facilitates the efficient linking of client related information such as administrative, medical, nursing, laboratory, financial and other information. Much of this information is located in a number of disparate systems. Examples of such systems include PAS (Cerner Millennium, iPM), CHIME, EDIS, ISOH and EMR. Fundamental to this is the ability to integrate and share data between systems so that information is only collected once.

Sharing and linking of such information is integral to the provision of timely, accurate, relevant and reliable data, and is fundamental to the efficient and effective use of health information in NSW.

Successful identification of clients reduces the number of duplicate registrations. Client care may be compromised if a client does not have a unique patient identifier, or if more than one client is mistakenly linked to the same identifier. Allocation of temporary unique patient identifiers is not recommended as this may increase the likelihood of duplicate registrations.

Collecting accurate and complete information is important to ensure a sound basis from which to support data analysis and interpretation. Having the correct and complete record of a client assists in the provision of high quality and appropriate client care.

For example, collecting complete information in the client registration process enables data linkage with subsequent analysis to:

- Support client care across the health care continuum
- Address health inequalities
- Assess equity and access to health services
- Support the provision of identification and early intervention of predisposing illnesses
- Identify special needs and monitor health patterns
- Support the provision of culturally appropriate services
- Assist with revenue planning and allocation
- Assist with service planning and assessment of future needs.

Collection of data generates information, which is a key resource for health. The quality of the data is therefore essential.

1.3 Target Audiences

This policy directive applies to all NSW public sector health services as follows:

- Public hospitals
- Multi-purpose services
- Residential care facilities
- Supported living services
- Outreach services
- Community health services
- Public psychiatric hospitals
- Pathology, imaging, pharmacy and other support services located in a public health facility
- Ambulance Service of New South Wales
- Justice Health services.

The policy covers health care provided by these services in any mode (e.g., telehealth) and any location (e.g., outreach).

Services that are not part of NSW Health and are not delivered in NSW Health facilities (e.g. Aboriginal Medical Services, the Royal Flying Doctor Service) are not subject to this policy.

The staff for which this policy is intended includes any staff involved in registering clients/patients, including:

- client services or registration staff
- support staff such as medical record staff, ward clerks or secretarial staff
- intake officers
- admission managers
- health information managers
- Area information system departments
- clinicians.

SECTION 2

Client Registration Process

2.1 Which services must register clients/patients

The following NSW Health services must register clients/ patients:

1. **Public hospitals and public psychiatric hospitals, including:**
   - admitted patient services
   - outpatient services
   - residential and transitional aged care services
   - emergency department services
   - allied health services
   - outreach services
   - confused and disturbed elderly services
2. **Residential care facilities, including:**
   - residential aged care services
   - brain injury rehabilitation / transitional living services
   - hostel services
   - group home services
   - supported living services
3. **Community health services, including:**
   - centre/campus based services
   - home based services
   - mobile services
   - outreach services
4. **Multi-purpose services**
5. **Ancillary health services, including pathology, radiology and pharmacy**
6. **Community acute and post acute care services (including hospital in the home)**
7. **Ambulance Service of New South Wales**
8. **Justice Health services**
9. **HealthOne NSW services.**

The *NSW Health Client Registration Policy Directive* applies across NSW public health settings, including:

- Admitted, ambulatory and residential care
- Outreach, Telehealth and other service delivery modes
- Pathology, imaging and other support services located in a public health facility.

The policy applies to all NSW public health services that provide services to clients, including Justice Health and the Ambulance Service of NSW. It mandates that all registrations must occur in an Area Health Service-wide client registration database.

Included in the policy directive and this guideline are information standards for the business processes of:

- Collection of personal information
- Searching databases for clients
- Allocation of an Area Health Service unique patient identifier.

The information covered by the policy, and identified data elements contained in the NSW Health Data Dictionary, are only the demographic, identifying and contact details sufficient to enable unique client identification. It does not include financial or clinical information (eg allergies or alerts).

Some facilities may not be able to collect the Minimum Data Set (MDS). Examples of these may include services where the insistence upon personal information may inhibit participation in the service and the outcome of this may be dire to the client (eg crisis counselling), or where it is in the public interest to provide the service so as to protect the health of the public (eg screening for or treatment of infectious diseases). In these instances, registration in an Area Health Service-wide client registration database is not mandatory. However, it is recommended that Area Health Services develop policies to provide guidance to services on minimum registration requirements. In cases where there is clinical testing involved, all efforts should be made to ascertain sufficient information to enable the correct interpretation of the test, and to ensure that the results get back to the right person.

The intended audience includes any staff involved in registering clients, including:

- Client services or registration staff
- Support staff such as medical record staff, ward clerks or secretarial staff
- Intake officers
- Clinicians.

The policy will also apply to those responsible for managing the above staff as well as those involved in system implementation and development, including:

- Health information managers
- Health service administrators and managers
- Information system administrators, developers and managers.

2.2 Who must be registered

Mandatory registrations

The following clients/patients who **receive** a health care service, or who are **booked to receive** a health service, including those **added to a waiting list,** must be registered:

- Patients who are admitted or are planned to be admitted to a health facility, including hospital-in-the-home patients.
- Patients who receive services or are planned to receive services in an outpatient department of a hospital.
- Patients who present to an emergency department, including those who do not wait to receive the service and those who are dead on arrival.
- Community health clients or those that are planned to receive these services, including those receiving services off-campus, e.g., at home.
- Clients receiving pathology, radiology or pharmacy services from a public health service, including those who receive a service as a result of a request from an external and/or private health service provider.

Inpatients, outpatients and community clients

All clients who receive a health care service, or who are intended to receive a service, should be registered on an Area Health Service-wide client registration database and allocated an Area Health Service unique patient identifier (the unique patient identifiers allocated by the Children's Hospital at Westmead, Justice Health and the Ambulance Service of NSW are considered to be Area Health Service unique patient identifiers for the purposes of the NSW Health Client Registration Policy Directive). These include admitted clients (including newborns), non-admitted and community clients, and clients where only specimens (eg blood samples) are received.

Such services may be provided in person, via a telephone, or through videoconference facilities or other communication mechanisms.

Clients receiving a service from a private provider who is located within a public health facility (eg an after-hours General Practitioner clinic or clients attending a doctor's private rooms) should also be registered on the Area Health Service-wide client registration database and assigned an Area Health Service unique patient identifier.

Booked clients

All clients booked for care, be that for admitted, outpatient or community health services, should be registered on the Area Health Service-wide client registration database and assigned an Area Health Service unique patient identifier. This is to ensure there is a record of intended services to facilitate matching of pre-presentation information, and for medico-legal requirements. Clients who subsequently do not attend should remain on the system.

The *NSW Health Client Registration Policy Directive* specifies the information that must be collected at the time of the booking of a service. Where significant data quality issues arise when registering clients at the time of booking, a subset of the required registration information should be collected and every effort made to collect the remaining information as soon as possible after the booking, but no later than the time of the provision of the first service. If the data quality and completeness issues are to do with the registration procedures of the service, the process should be examined with the goal of improving it to achieve the minimum required information and maintain data quality.

A physical client record does not necessarily need to be created for the client at the time of registration and booking. However, any information generated from the registration process will need to be stored in a manner that facilitates prompt retrieval and as evidence of the transaction occurring.

Local Area Health Service Health Service policies should include procedures for indicating the existence or location of a physical client record. Such procedures will be helpful where a physical record is not created at registration.

Disaster situations

Clients treated at a health care facility following a large-scale disaster should be registered in accordance with the disaster plan of the Area Health Service.
A designated block of Area Health Service unique patient identifiers should be pre-allocated for use during a disaster where there is a sudden influx of clients. During times of disaster, there is generally insufficient time, client demographic data and resources available to search the Area Health Service-wide client registration database to determine if the client has been registered previously.

The registration of disaster clients can be managed in one of three ways:

1. General pre-registration – a set number of disaster Area Health Service unique patient identifiers are available at any given time. This may include the pre-printing of any identifying paperwork required, eg labels, arm bands.
2. Pre-registration on notification of the disaster – the expected number of disaster clients are registered prior to their presentation.
3. No pre-registration – disaster clients are registered as they present to the health facility.

It is a decision of the Area Health Service as to which option is chosen, but the selected option must be documented and staff trained accordingly.

A standard convention for registering disaster clients is contained in the NSW Health Data Dictionary (record the Family Name as “Disaster”; record the Given Name as “Disaster”; record the name as an Alias Name Type; record an estimated Date of Birth or, if the Date of Birth cannot be estimated, a default value such as 00001800 or 01011800 or other as acceptable by the system being used; set the Estimated Date of Birth Flag to Estimated).

When information obtained is insufficient for full registration, follow-up will be required to facilitate full client registration on the Area Health Service-wide client registration database. Once further details become available, a thorough search of the Area Health Service-wide client registration database should be undertaken as per Section 3.1 to attempt to match the client with an existing record, prior to allocation of new Area Health Service unique patient identifier.

Hospital in the home

Care provided to hospital admitted clients in their place of residence as a substitute for hospital accommodation is known as hospital in the home care. Clients who receive care in their place of residence should be registered on the Area Health Service-wide client registration database according to the NSW Health Client Registration Policy Directive.

Mandatory registrations continued

- All babies born in public hospitals or a NSW Health birthing facility. Each baby in a multiple birth must be registered separately.
- Stillborn babies of 20 weeks gestation or more, or, if the period of gestation cannot be determined, with a body mass of 400 grams or more. This applies regardless of the delivery location of the stillborn (that is whether it occurs in hospital or prior to arrival).
- Babies up to 9 days old accompanying their mother during her admission to hospital, even if they are well. For this purpose, determine the baby’s age at the time of admission of the mother, calculating the day of birth as zero (0). If the baby’s age is less than or equal to 9 days old at this time, then the baby must be registered. Babies older than 9 days accompanying their mother to hospital who do not require clinical care should be classified as boarders. See ‘Optional registrations’ below for guidelines relating to boarders.

Multiple births

Each baby is to be recognised as an individual client and should thus be registered separately. A standard naming convention for registering unnamed and multiple births is contained in the NSW Health Data Dictionary (use the mother’s Family name as the baby’s Family name; use their mother’s Given name plus a reference to the multiple birth as the baby’s Given name eg, twins born to mother Fiona would be registered as “Baby 1 of Fiona” for the first-born baby, and “Baby 2 of Fiona” for the second-born baby; record the name as a Newborn Name Type).

Stillbirths

It is a requirement under the Births, Death and Marriages Registration Act 1995 that when a child (including a stillborn baby) is born in NSW, the responsible person must give written notice of the birth to the Registrar including the particulars required by the Act. In the case of a stillborn child notification must be given within 48 hours after birth. For the purpose of the Act a stillborn child is a child that exhibits no sign of respiration or heartbeat, or other sign of life, after birth and that is of at least 20 weeks gestation, or if it cannot be reliably established whether the period of gestation is more or less than 20 weeks, has a body mass of at least 400 grams at birth.

A stillborn child must be registered on the client registration database when they meet these requirements. The stillborn child should be registered on the client registration database in accordance with the unnamed newborn guidelines set out in the NSW Health Data Dictionary (use the mother's Family name as the baby's Family name; use the mother's Given name in conjunction with the prefix "Baby of" as the baby's Given name eg, baby born to mother Fiona would be registered as "Baby of Fiona"; record the name as a Newborn Name Type).

Mandatory registrations continued

- Organ donors (dead or alive), but only within the Area Health Service in which the organ is harvested.
- Clients/patients who are residents in NSW Health facilities, including but not limited to: residential aged care, hostels, group homes, transitional and assisted living, brain injury rehabilitation, and facilities for confused and disturbed elderly.
- Clients/patients receiving respite care.
- Clients/patients receiving a service within a group situation where clinical notes need to be recorded in the individual client's/patient's health record, including clients/patients who may join the group for one or a limited number of sessions.
- Clients/patients who are located in one Area Health Service but who are provided a service by staff in another Area Health Service using telecommunication service contact modes, such as telehealth. In these instances, clients/patients should be registered at each health service.

Groups of clients

Clients attending a group session for whom notes are made individually within their medical record should be individually registered. Clients attending a group session for whom individual notation is not made are not required to be registered. Other persons accompanying members of a group (eg carer, partner or other family member) not directly in receipt of services in their own right do not need to be registered.

Telehealth services

Where a service is provided from one health care service to another via telecommunication, for legal and risk management purposes the client should be registered on the Area Health Service-wide client registration database at each health service in NSW.

Mandatory registrations continued

- Clients of call-centre based services where identification and/or registration would not inhibit participation in the service. (See 'Optional registrations' below for call-centre based services where registration may inhibit participation in the service.)
- People receiving individual immunisation or screening services, e.g., breast screening.
- Clients/patients whose identity is unknown at the time of receiving a health care service. (See Section 2.3 for further guidance on this.)
- Clients/patients who wish to have their identity restricted. (See Section 2.3 for further guidance on this.)
- People who are certified as dead prior to arrival to hospital taken directly to the hospital morgue. (See section 3.5 for minimum data requirements for dead people.)

Dead people (including DOAs, Sudden Infant Death Syndrome and bodies housed in a facility morgue)

Those people who die before they are presented to a health care facility but require some service from the facility should be registered. They include persons who are presented in order to be declared dead and those who die in an ambulance on the way to hospital (DOAs), Sudden Infant Death Syndrome (SIDS) victims, and those that are brought in to be housed in the facility morgue pending other arrangements. Clients presenting DOA should be registered on the Area Health Service-wide client registration database following the rules of the NSW Health Client Registration Policy Directive. Processes should be put in place to advise registration staff of clients who are DOA to ensure that they are properly registered.

Additional information requirements exist for the management of dead people. See section 3.5 for minimum data requirements for dead people.

Optional registrations

Registration may be optional where mandatory registration could discourage potential clients from seeking a health service, e.g. crisis counselling clients may only be willing to seek a service if they are not questioned about who they are. Similarly, for the screening and/or treatment of some infectious diseases the individual and public health benefits of not enforcing identification and registration, but having clients attend, may outweigh a preference for proper identification.

In other instances, registration is not required as a direct health intervention targeted to a specific individual or group of individuals has not taken place (eg public health promotion lecture, other health promotion campaign or provision of publicly accessible information about the service), or the service provided is high volume and, according to the NSW Health Client Registration Policy Directive, the time taken to individually register each client outweighs the time taken to deliver the actual service (eg group immunisation or group screening services). In the latter instance, records of individuals receiving immunisation or screening services must be kept for medico-legal reasons, mandatory reporting, follow-up, and any future requests for that information by the client.

In all instances where registration is optional according to this policy, mandates set out by any other state-wide policies or Area Health Service-level policies must be observed.

Boarders

A boarder is a person who receives food and/or accommodation by the health service but who is not receiving treatment at that time. Examples of boarders include an infant ≥ 10 days old residing with an admitted mother, or a parent residing with an admitted child.

Registration of boarders in the Area Health Service-wide client registration database is optional. Area Health Services should develop their own policies to provide guidance on the registration of boarders.

Optional registrations

It is not mandatory to register the following clients, patients and other people who have contact with NSW Health services:

- People receiving group immunisation or screening services (though a record including details of the people receiving these services needs to be kept for medico-legal and follow-up purposes).
- Recipients of health promotion services.
- Clients/patients of the NSW public health system receiving a service that has been contracted out to a private sector or non-government organisation.
- Clients of a needle exchange service or a supervised injecting room.
- Clients of a service where identification and/or registration may inhibit participation in the service and where it is lawful and practicable to provide the service without identifying the client (e.g., crisis counselling, sexual health).
- A family member, carer or support person who receives a service directly related to a client/patient, but who is not deemed clinically as being a client/patient in his/her own right.
- A family member, carer or support person with whom the health service provider communicates regarding the client/patient.
- People making general enquiries of a health service, e.g., about a health condition or about the nature of services available.
- Boarders or other people receiving food and/or accommodation by the health service but who are not receiving treatment (e.g., a parent accompanying their sick child during a hospital admission). While there is no requirement under this policy directive to register these people, individual Area Health Services may set local policies that require registration for purposes such as delivery of meals or for accounting for hospital occupants in disaster or emergency situations.

2.3 Special circumstances

Unidentified Clients/Patients

Unidentified clients/patients are people for whom no registration details can be collected because the client/patient is unable to provide those details (e.g., the person is unconscious) and there is no other person (such as a relative or carer) who can provide this information. Unidentified clients/patients must be registered and assigned an Area Health Service unique patient identifier. Procedures for registering unidentified clients/patients detailed in the Client Registration Guideline (GL2007-024) must be followed, and attempts should be made to obtain the client/patient registration details from alternative sources, such as relatives or carers, where possible. People in Justice Health under a witness protection program are considered to be unidentified clients/patients for the purpose of this policy but in these instances no attempts should be made to obtain the client/patient registration details from alternative sources.

Unidentified clients

It is not recommended that clients be anonymous in an information system due to reduced availability of information for continuity of treatment, and difficulty with data matching and integration.

It is recognised however that in some instances, there may be an inability to identify a client. This may happen in situations where the person is unable to provide the required information (eg the person is unconscious) and there is no other person (eg carer or family member) who can provide this information. In these instances, effort should be made to obtain the required information as soon as possible, with another search of the client registration database performed, as per Section 3.3, to determine whether an existing client record exists that can be matched to the client, and the client registration database updated as appropriate.

For these clients, the name field(s) should be completed according to the standards for Anonymous persons set out in the NSW Health Data Dictionary (record the Family Name as "Unknown", record the Given Name as "Unknown", record the name as an Alias Name Type).

An instance where clients will need to remain unidentified is Justice Health clients under a witness protection program. In these instances, no attempt should be made to obtain the registration details. These clients may be registered under an alias number rather than using "Unknown" as their name.

Area Health Service client registration policies should include instructions regarding the local business processes associated with registering unidentified clients, consistent with existing standards such as those set out in the NSW Health Data Dictionary.

Identity-restricted clients/patients

An identity-restricted client/patient is one whose identity can be ascertained but there is a requirement to mask it in the registration system because the client/patient requests it, or for legal or other reasons. Identity-restricted clients/patients may include staff of a service; Very Important Persons (VIPs); or people receiving services of a sensitive nature.

Clients/patients who wish to have their identity restricted or are required to have their identity restricted must still be registered and allocated an Area Health Service unique patient identifier. This should be managed by policies developed by the Area Health Service. See Client Registration Guideline (GL2007-024) for further guidance on the registration of identity-restricted clients/patients. Also, see the NSW Health Privacy Manual (PD2005_593), Section 8 'Anonymity'.

Identity-restricted clients

In some instances, a client may wish or require their identity to be protected or suppressed, such as:

- Staff being treated by their employing health facility
- Clients at risk from potential visitors
- Clients under court and intervention orders
- Clients under police guard
- Very Important Persons (VIPs).

In such circumstances, the clients will usually have provided their correct name; however there are personal privacy issues. Where a client or an organisation considers the attendance by and service to a client to be worthy of protection, Area Health Service policy and information system functionality should determine how the client's name is recorded and their true identity restricted. Appropriate internal mechanisms should be adopted to restrict access to the information.

There may be instances where these types of clients do not provide their true identity and request to be known by an alias (eg pseudonym or fictitious name). These clients should be registered by recording the name provided as an Alias Name Type.

Telephone information, assessment and intake

Clients/patients may or may not be registered in these instances, depending on the nature of the call. For example, if the call is purely a request for publicly accessible information (e.g., opening times or contact details for a service), registration is not required. However, if the call involves intake (e.g., screening or assessment for the provision of a service), or for an appointment for a service, client registration needs to occur and at least the minimum registration data items recorded (see section 3.2). See Section 2.2 for guidelines on crisis-lines.

2.4 When to register

Client registration must occur at the first point of contact with a health service, or as early as possible in the process of providing a service. The first point of contact may be at the time of booking or, in the case of drop-in services, at the time of first presentation. For people who are certified as dead prior to arrival to hospital, the first point of contact is when the hospital takes responsibility for the body.

If it is not possible to obtain all client registration details at the time the client/patient is being booked for a service, effort should be made to obtain as many of the mandatory registration items as possible and then to record the remaining mandatory items at the time that the service is actually provided. This practice also applies in instances when the Area Health Service-wide client registration database is not accessible, in which case local policies should be developed and followed to ensure that the minimum mandatory data items are collected and the remainder followed up later. See Section 3 for a listing of mandatory client registration data items.

Registration of the client should occur at the first point of contact, or as early in the process as possible. In some settings this may be at the time of booking, whereas in other settings this may be at the time of first presentation. This includes telephone, electronic or any other form of contact. For example, registration should occur at the time of booking where there is the intention of a service, at the time of presentation when there is no advance booking, or at the time of the initial telephone contact (eg Emergency Department, drop-in ambulatory care services, client phone intake in a community setting, etc).

Registration at the time of booking may allow information from external sources (eg test results from general practitioners) to be linked with the health facility's record as soon as the record is commenced, thereby providing clinicians with valuable information.

Collection of accurate information as early as possible in the interaction with the client has the following benefits:

- Increases availability to subsequent service providers and therefore increased value across time and setting
- Assists service providers by provision of a more complete record
- Reduces incomplete and incorrect data remaining in the system
- Supports follow-up of incomplete data whilst the client is still at the health facility
- Streamlines the process of client registration by reducing the work of service providers to follow up and obtain any outstanding data.

It is recognised that data quality has the potential to be compromised when registration information is collected at a separate time or site to data entry into the client registration database. In this instance it is recommended that appropriate practices are implemented to ensure data quality by reducing the possibility of incorrect recording and transcription, eg guidelines, policies and data entry forms that link collection and data entry processes.

Local policies and procedures should be in place to support valid permanent downtime registrations. Prior to a downtime registration being created, backup systems should be searched. If the client is not found, a downtime registration should be created. Downtime registrations should be checked when the client registration database is again online. Temporary registrations are discouraged.

2.5 How to register clients/patients and update details

Client registrations must be recorded electronically in a single Area Health Service-wide client registration database. Each client/patient must be assigned an Area Health Service unique patient identifier.

Prior to adding a new client/patient to the Area Health Service-wide client registration database, it is mandatory to search for an existing registration of the client/patient within that database using a variety of search criteria. The search criteria should be defined in an Area Health Service policy and should align with the criteria described in the Client Registration Guideline (GL2007-024) and section 3.1 of this policy directive.

Updates to client registration details must always be made in the Area Health Service-wide client registration database.

Where client registration details are required in applications other than the Area Health Service-wide client registration database, an electronic HL7 message should flow outbound from Area Health Service-wide client registration database to the other system when a client's details are added, updated or requested by that system. For systems that are not compliant with HL7 messaging standards, the registration details will need to be entered manually into both the Area Health Service-wide client registration database and the non-HL7 compliant system – both sources must be kept consistent and up-to-date.

All alternative local identifiers (e.g. medical record numbers) assigned to the patient by other electronic systems, or by manual methods, must be stored in the Area Health Service-wide client registration database. This is required so that information from all source systems can be linked. Where functionality is available, the Area Health Service unique patient identifier must also be stored in the other source systems that hold a copy of client registration details, and transcribed onto all paper based medical records.

Who registers?

Registration of clients and allocation of a unique patient identifier must occur in an Area Health Service-wide client registration database.

Registration points and allocation of Area Health Service unique patient identifiers within a health service can be:

- Centralised – allocated by a central department or area, eg Clinical Information or Medical Record Department, or Client Services or Admission areas
- Decentralised – allocated by the site / department to which the client has presented, eg Outpatients, Emergency, Allied Health, Community Health, etc
- Combination of centralised and decentralised – allocated by either, according to the local business needs.

Area Health Services are responsible for deciding on the approach used (i.e. either centralised or decentralised), considering local work practices and business needs.

Often clinical staff may be required to collect data and register clients. This may particularly be the case for off-site services such as outreach, home-based and community services. It is recommended that training programs be tailored to specific staff and health care settings where staff employed outside the client administration area are required to gather registration information or register the client. This should ensure that an optimal client registration process is maintained.

All staff should be provided with appropriate policies and procedures, as indicated in Section 2.6.

Training

All registration staff should be trained in client registration and achieve a level of competency as prescribed by Area Health Service policies before being allocated the required permissions to perform registration in the Area Health Service-wide client registration database. At minimum, this competency must include the ability to accurately search for an existing client (including accuracy of patient matching) and add a new client.

At the completion of training, registrations must be monitored for data quality, including the incidence of duplicate registrations and incorrect patient matches. Staff members responsible for repeated duplicate registrations or incorrectly matching patients should receive follow-up training and have their access to the registration system revoked unless they attend such training. Ongoing poor registration practice following such remedial training should also lead to a revocation of access to the registration system and review of the staff member's ongoing role in client registration.

Impediments to quality client registration

In realising the benefits of sound client registration, a number of potential barriers need to be overcome. Barriers to successful identification of clients include:

- Incomplete or inaccurate data capture due to the client's capacity to provide the data (e.g. an unconscious client)
- Incomplete or inaccurate data capture due to the client's reluctance to provide, or staff's reluctance to seek what may be considered sensitive or irrelevant data
- Differing data capture requirements and mechanisms
- Registration by a separate unit/organisation with different data needs
- Failure of clients to provide correct or accurate data as they don't understand what is sought
- Incorrect recording or transcription of data
- Failure to capture and or track changes in circumstances or data
- Delay between capture of client's details and recording in the client registration data base
- Inadequate searching for matching against existing clients
- Varying methods of matching data
- Inadequate staff training
- Inadequate resourcing to support proper registration processes

It is recognised that collection of some client registration details can be problematic due to the sensitive nature of the information. Reasons for these difficulties include:

- Lack of understanding by the staff member or client regarding the reasons why the information is collected and how it will be used
- Reluctance by health staff to ask for information perceived to be sensitive
- Reluctance of people from certain religions or cultures or of personal beliefs to identify themselves
- Concerns regarding privacy and confidentiality
- Inconsistent collection practices and/or lack of guidelines.

Strategies to improve quality of client registration information

To overcome potential barriers and to achieve a sound client registration process, Area Health Services and facilities may choose to develop strategies (such as policies, guidelines and procedures) to support staff responsible for collecting client registration information.

Examples of policies and guidelines are:

- A policy regarding client registration and allocation of Area Health Service unique patient identifier, identifying where clients are registered (in relation to either centralised or decentralised systems) and which staff are responsible for registration at each site/service setting.
- Guidelines and supporting documentation for staff involved in client registration, to ensure that staff members understand the importance of valid registration, the rationale for data collection and how the information is used. This is especially helpful for clinicians and staff employed by contracted agencies that may not understand the administrative systems or implications of a duplicate registration.
- A policy in relation to consent for the use and disclosure of health information.
- Prepared answers for staff use when handling clients in difficult situations.
- Guidelines to assist staff in collection of information.

Examples of procedures are:

- Procedures for following up incomplete data.
- Procedures which allow data to be updated promptly, with all relevant staff knowing who to contact if errors, multiple registrations or out of date information is identified.
- An ongoing training program to support staff in accurate identification and registration of clients. Such training should be competency based and include appropriate system application training. It is recommended that staff training be conducted on non-production versions of the client registration database application.
- An auditing program to assess data quality and accuracy in client registration. The Area Health Service/facility should use this to monitor performance and ensure that staff achieve the designated baseline knowledge and skills set as competencies. Where staff do not meet the required standard, retraining may be indicated.

All local policies should have considered relevant privacy legislation, guidelines and policies regarding collection, storage, use and disclosure of health care client information.

It would also be advisable to ensure client registration is included in the job descriptions of all staff that are required to register clients, including those staff whose primary duties are not client registration.

Client registration obligations should also be included in service agreements of contracted agencies and staff as appropriate.

Generic client registration training materials have been developed by NSW Health, which can be tailored to meet the needs of individual Area Health Services.

Useful questions to ask to clarify information when searching for a client on the client registration database are located at the end of this section and Appendix A.

Collection of client information

To ensure efficient and accurate client registration, information must be gathered using effective interviewing techniques and asking the right questions.

Each time the client presents at a health facility it is essential to check that the client's information is up-to-date and complete by confirming with the client.

In some situations it may be impossible to elicit the information required from the client 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 according to the guidelines in the NSW Health Data Dictionary.

Effective interviewing techniques

Use of effective interviewing techniques is vital to eliciting useful information from clients and protecting the privacy of individuals. Such techniques include the appropriate use of closed and open questions, good listening skills, awareness of non-verbal cues (eg use of eye contact and appropriate body language), empathy and patience.

Open questions (interrogative questions commencing with who, what, where, why, when, how), rather than closed questions requiring only a 'yes/no' answer, will assist in obtaining good quality information. Some probing may be required to clarify information, however staff should be encouraged not to ask leading, presumptive or multiple (eg double-barrelled) questions.

To avoid a client being able to view other clients' information, the registration screen should be located where it cannot be seen other than by the staff member entering the information. If left unattended, no information should be left on the screen. Screen savers should be used where possible to reduce the chance of casual observation.

If required, the registration screen can be shown to the client to confirm the information contained about them, **only when the information on the screen is that which relates to that client.** The registration screen should not be shown to a client during the searching process, nor should a client be asked to identify which record on a search output list relates to them. Where the screen is shown to a client, staff should also ensure that any search list cannot be seen in the background if the registration screen does not hide the search results.

Useful questions to ask to clarify information, when searching for a client on the client registration database, are:

- *What is your family name/surname/last name?*
- *What is your given name/first name?*

  A closed question would be 'Are you George Smith?'.
- *Is there any other name you are known by, eg a maiden name, an alias, a nickname, or previous name?*

  This would be useful to ask when the client cannot be found on the client registration database.
- *Are there alternative ways of spelling any of your names?*
- *Have you ever been a client at this hospital/centre before, or at another health facility in this Area Health Service, eg in this hospital, at another hospital or community health centre, attended as an outpatient, or for a blood test or X-ray, etc?*

  Phrase this question to include all/other facilities on the client registration database being searched (eg for an Area Health Service the question may need to include examples of specific facilities across the Area Health Service), or specific departments within a larger facility.

  If the answer is yes, ask:

  Are there any alternative or previous names you may have been known by, for example maiden name, or have you changed your name?

- *What is your address?*

  It is not recommended that a client be asked leading questions, eg 'Do you live at 3 Smith Street,….', nor that they are prompted with other identifying details which may have been found on a search, since doing so may breach the privacy of other clients.

  Additional probing may be required to obtain details from some clients but needs to be done carefully. When attempting to identify a client, and to reduce the probability of creating duplicate records when a search output includes multiple clients of the same name, it may be appropriate to use a leading question to determine if they have previously lived at a certain address. However, the more general information should be sought first (eg by suburb).

  For example *'Have you ever lived in Parramatta?'*

  If they answer yes, ask *'What was your address there?'*

- *Who is your GP (General Practitioner) or local doctor?*

  This is a useful question since many clients move between GPs.

A 'Privacy leaflet for patients', as described in the *NSW Health Privacy Manual,* or similar, must be made available to clients/patients at every site performing client registration. This information should be prominently displayed (e.g. in admission areas, community health and hospital outpatient reception areas, emergency departments and hospital wards) and readily accessible to patients.

Inform clients of privacy policy

Clients should be informed about the information collected, how it will be used, where it is held, who has access to it and to whom it may be disclosed. This information may be provided through privacy brochures and handouts.

See Privacy references in Section 4.1 for further information.

2.6 When to update client registration details

Client/patient details should be checked and confirmed or updated, as appropriate, each time a client presents for a new phase of treatment.

A phase of treatment may involve a number of service events that occur within weeks or months. Where a phase of treatment goes beyond three months, the currency of client registration details should be checked and confirmed with the client/patient every three months at minimum.

On re-presentation, or at the time a new service is booked or scheduled, special consideration must be given to the currency of:

- Address of usual residence
- Mailing address
- Telephone number(s)
- Preferred language
- Interpreter required
- Medicare eligibility and Medicare number (if eligibility for Medicare is a factor in service provision or billing)
- Health fund and health fund membership number (if a claim is to be made for the client/patient).
- General practitioner details
- Person to contact.

Under privacy laws it is a requirement to keep personal health information up-to-date and accurate. Corrections or updates to client registration details made following a request by a client/patient, or his/her authorised representative, must be actioned in the Area Health Service-wide client registration database and in all copies of that information. For further guidance on clients' requests to make changes to their personal health information, see section 12.7 of the *NSW Health Privacy Manual.*

2.7 Area Health Service responsibilities

It is a mandatory requirement that each Area Health Service defines standard criteria for searching for client registrations that align with those described in the Client Registration Guideline (GL2007-024) and section 3.1 of this policy directive and to distribute them to all staff responsible for registering clients.

Area Health Services must ensure that all staff responsible for registering clients are trained in all aspects of registration (e.g., gathering of information from the client/patient, searching, recording information and assigning an Area Health Service unique patient identifier) before they are allowed to register clients/patients. Training should cover relevant policies and procedures, consequences and risks to patient health care and health service liability arising from duplicate registration and incorrect identification and matching of individuals.

Follow up training and education should be available for all relevant staff and procedures implemented to monitor the quality of registrations. Staff identified as having issues meeting the expected client registration standards, e.g., creating duplicate registrations or incorrectly matching clients/patients, should undergo structured remedial training and further monitoring to ensure that the training has been effective. Subsequent ongoing issues with registration should be addressed in accord with the local performance management framework and the staff member's continued involvement in client registration examined.

Area Health Services should have a client registration policy that addresses the following:

- standard methodology for searching for existing registrations in the Area Health service-wide client registration database
- training staff prior to allowing them to register clients
- follow-up training for client registration staff
- material to be covered in client registration training
- methods used to reduce duplicate registrations
- procedures to resolve potential duplicates
- how to register identity-restricted clients.

2.8 When to implement

It is recognised that implementation of this policy directive may require changes to local business processes and, as such, will be introduced in a staged manner across NSW. The policy should be implemented across all services by 1 September 2008.

SECTION 3

Client Registration Data to Collect

There are four groups of client registration data:

1. minimum data for searching for an existing registration
2. minimum data for booking or scheduling the first service within the Area Health Service
3. minimum data for provision of the first service within the Area Health Service
4. additional data mandated for specific encounter types.

The NSW Health Data Dictionary is the authoritative source for data and classification standards for NSW Health. It also provides some business rules. Compliance with the dictionary is mandatory.

3.1 Information required to search for an existing registration

A search of the Area Health Service-wide client registration database must be conducted prior to registering a new client. This applies regardless of whether or not the patient states that they have previously been a client/patient of the service.

The priority information to be used for searching and matching is:

- Family name
- Initial of given name / given name
- Date of birth
- Sex.

Highly desirable information for searching and confirming identity when results for a search have been returned are:

- Middle name(s)
- Alias name(s) (including maiden name and any other name used at any time)
- Address of usual residence.

Where only part of the information above can be obtained (e.g., in emergency situations), the search should use what information is available and reviewed at a later time when further information is available.

Searching and matching

The process of positively identifying clients within a health care service delivery context requires matching data supplied by the client with data held by the Area Health Service. Enhancing the quality of the client information used in data matching helps to improve matching and reduces duplicate registrations.

The searching process

A thorough searching process is essential to determine if the client is already registered on the client registration database, and if so, to correctly identify the client from those with similar demographic details. Reference should be made to local guidelines for application-specific matching procedures. Staff should fully understand the difference between alpha and Soundex search methods. If a previous registration cannot be found, only then should a new registration be recorded and an Area Health Service unique patient identifier assigned.

At each presentation, the key identification items described below should be confirmed, to ensure that the information contained in the system is correct and up-to-date.

Effective interviewing techniques are vital during collection of the client information. Refer to Section 3.2 for guidance on effective interviewing techniques.

The matching process

The matching process to determine whether a client has been previously registered has four stages:

1. Input of search criteria /searching by the staff member, including the use of alpha or Soundex searching
2. Computerised matching to limit the output of the search – the search methodologies of the client registration database depend on the inbuilt logic
3. Analysis of the search output by the staff member
4. Decision by the staff member as to whether the client can be matched to an existing record.

Data required

The information required for searching and matching is determined by rules built into the search engines and matching algorithms of the local client registration databases. The NSW Health Client Registration Policy Directive specifies priority information and highly desirable information for searching and matching (see section 3.1).

Other additional information that may be useful for narrowing down a list of possible matches includes:

- Medicare number (if available) or other available health identification number (eg DVA number/ Justice Health identifier, local or Area Health Service unique patient identifier, etc)
- Country of birth
- Language
- Telephone number, eg home, work, mobile.

Further information regarding the above data elements is located in the NSW Health Data Dictionary.

Search techniques

The following techniques and tips are provided to assist staff in searching. However, Area Health Services should develop their own guidelines relevant to their specific service settings and information systems to maximise correct identification and matching of clients. Note that the matching methodology used in a client registration database may also dictate whether the search process best commences broad or narrow.

In general, a proposed approach to searching is:

1. Start with a general or broad search, then become more specific (unless the name is a common one or the client registration database being searched is extremely large, in which case a narrow the search may be more appropriate). For the purposes of finding potential matches, a broad search will increase the likelihood of finding the client along with any multiple registrations. An example of a broad search is:
    - Family Name, First Initial of Given Name.
2. Then become broader or narrower, depending on the search output. If there are too many results, narrow the search, such as:
    - Family Name, First Initial of Given Name, Sex, Date of Birth
    - Family Name, Given Name, Sex, Date of Birth

    If the search output is limited and the person is not found, broaden the search again, such as:
    - Family Name only
    - Family Name – Soundex assisted
3. If still unable to find the client, undertake several name searches including searches on all names (eg previous names, maiden names, newborn records, swap names and aliases) as appropriate, prior to registering the client as new. A Date of Birth search may be advisable as a final search, however the number of records returned and the performance of the database need to be considered.

An example search algorithm from Hunter New England Area Health Service is shown below:

Step 1 – Surname and first initial and DOB (ensure age tolerance is set to 5 years)

Step 2 – Surname and first initial, remove the DOB and tolerance

Step 3 – Surname, DOB and 5 year tolerance

Step 4 – Use different variations on the spelling of the surname; use the wildcard(%) and/or the soundex

Step 5 – Ask the patient if they have used or are known by any other name (eg maiden name)

Step 6 – Search using the DOB only

Step 7 – Address search, with no other criteria

Search tips

- Using minimal information to search (eg Family Name and First Initial of Given Name) increases the likelihood of finding the correct person within the database. Using stricter search criteria narrows the search and limits the output, and may reduce the likelihood of finding the client, particularly if data entry errors have been made when the client was previously registered.

- For common names, such as Smith and Chan, narrow the search by entering additional search criteria such as sex and age to obtain a more manageable list of 'potential matches'.

- For difficult names, such as long names, search on the first 3 or 4 letters of the name, so that the system displays all names commencing with these exact letters. This increases the probability of finding the required person, especially where spelling or data errors may have been made.

- Some systems have a limited number of characters in a field, therefore long names may be truncated from the right. Searching on the first 3 or 4 letters of the name will increase the probability of finding the record.

- For unfamiliar names, try a Soundex search and/or also conduct the search with any known middle names. A search reversing the Family Name and Given Name may also be useful, as the names may have been previously registered in reverse order, eg if a client entered the names incorrectly on a form. Refer to NSW Health Data Dictionary regarding conventions in relation to ethnic names.

- If available, a wildcard search could also be performed.

- Many client registration databases also enable automatic searching of 'Baby of' records, returning the newborn baby records with a search, and this may assist the searching process by allowing the user to check the name prior to allocation of a new Area Health Service unique patient identifier. It may also be helpful to search Date of Birth alone when searching for a 'Baby of'.

Additionally, the use of questions identified in Section 2.5 will assist in clarifying the information for searching and matching.

3.2 Information required for booking the first service

When a booking is made for the first service it is mandatory that the following information is recorded in the Area Health Service-wide client registration database:

- Family name
- Given name
- Date of birth
- Sex
- Middle name(s)
- Alias name(s) (including maiden name and any other name used at any time)
- Address of usual residence
- Mailing address (if different from Address of usual residence)
- Telephone number(s) – home, work and/or mobile
- Preferred language
- Interpreter required.

This information is required to enable the client/patient to be contacted when a planned service needs to be rescheduled, and for scheduling interpreter services if required. In addition to these items, services may choose to record the extra items in section 3.3 to save having to enter them at the time of first service provision.

3.3 Information required at time of service provision

At the time the first service is provided, it is mandatory that the following information is recorded in the Area Health Service-wide client registration database:

- Family name
- Given name
- Date of birth
- Sex
- Middle name(s)
- Alias name(s) (including maiden name and any other name used at any time)
- Address of usual residence
- Mailing address (if different from Address of usual residence)
- Telephone number(s) – home, work and/or mobile
- Preferred language
- Interpreter required
- Country of birth
- Aboriginal or Torres Strait Islander origin
- Medicare eligibility and Medicare Number (if eligibility for Medicare is a factor in service provision or billing)
- Department of Veterans' Affairs (DVA) file number and card type (if a DVA card holder)
- Health fund and health fund membership number (if the health service intends to make a claim against a private fund for services provided)
- Person to contact (name, address, telephone numbers, relationship to client/patient) – for clients/patients under 16 years of age.

It is highly desirable that the following information is also recorded in the Area Health Service-wide client registration database:

- Person to contact (name, address, telephone numbers, relationship to client/patient) – for clients/patients 16 years of age or older
- General practitioner name, address, telephone, email and facsimile numbers (for the purpose of corresponding with general practitioner about the client's/patient's ongoing care).

Registration information

The data items required at different stages of registration are detailed above. Area Health Services should have a policy regarding which additional elements are mandatory in their settings.

Facilities should bear in mind that certain items from the mandatory and highly desirable groups are required for particular data collections and to meet reporting requirements. Efforts should be made to ensure that the Minimum Data Sets for those collections can be provided.

Where mandatory items are not available or unknown, the default values as set out in the NSW Health Data Dictionary should be selected. This data should be updated with correct information as soon as it becomes available.

Information contained in the client registration database should be maintained according to guidelines in the current General Retention and Disposal Authority – Public Health Services: Patient/Client Records (GDA 17), NSW Department of Health Information Bulletin 2004/20.

3.4 Additional data mandated for newborns

A baby born at or on the way to the hospital/birth centre must be registered as soon as possible after the birth. The information required for newborns is the same as the information required for other clients/patients, however the following additional information is also mandatory:

- Full name of mother
- Mother's medical record number / Area Health Service unique patient identifier.

It is also highly desirable to record:

- Full name of father.

Some details, such as address of usual residence, may be inherited (copied) from the mother's registration details. However, Aboriginal or Torres Strait Islander origin of the baby should not be assumed to be the same as that of the mother. Staff should especially not assume that the new-born baby is not of Aboriginal or Torres Strait Islander origin when the mother has not identified as being Indigenous. The mother should be asked as to the status of the baby.

The registration process for a newborn baby must allow for the separate identification of the Aboriginal or Torres Strait Islander Origin to that of the mother. The mother should be asked to identify the status of her baby.

3.5 Information required for dead people

All hospitals must register, in the Area Health Service-wide client registration database, all people who die in hospital and those who are already dead who are brought to hospital. Specific information, outlined below, is required for the management of deceased people, and an additional register will need to be maintained where the Area Health Service wide client registration database does not accommodate all that information.

With respect to deaths, this policy directive should be read in conjunction with the following Circulars:

- 99/34 State Records Act 1998
- PD2005_352 Coroners' Cases And Amendments to Coroners Act 1980

Hospitals should ensure that proper procedures are followed at all times with respect to the identification of dead people as well as the subsequent removal of bodies from hospital premises.

When the body of a person who dies outside the hospital is brought to the hospital, the Area Health Service-wide client registration database should be searched in the same way as for all other clients/patients of the health service.

Information about the person's identity and other details should, if possible, be obtained from the next of kin, other family members or friends. If this is not possible, then information should be obtained from the persons bringing the body to the hospital and other documentation (e.g., death certificate).

Where only part of the information required for searching is available, the search should use what information is available and reviewed when further information is available.

If the person has not been registered in the Area Health Service-wide client registration database, data items that must be recorded for them in that database are as follows:

- Family name
- Given name
- Date of birth
- Sex
- Middle name(s)
- Alias name(s) (including maiden name and any other name used at any time)
- Country of birth
- Aboriginal or Torres Strait Islander origin
- Person to contact (name, address, telephone numbers, relationship to client/patient).

Other mandatory information required specifically for the management of dead people includes:

- Where the body came from
- Whether a death certificate was issued or the death has been reported to Coroner
- Whether an autopsy has been authorised
- Who the body is claimed by
- That an authority for removal of the body has been sighted
- Date and time of removal
- Signature of the person removing the body.

If this additional mandatory information cannot be accommodated in the Area Health Service-wide client registration database, an additional register to record this information must be maintained. The Area Health Service unique patient identifier must be used in that register to enable the information in that register to be linked to the record in the Area Health Service-wide client registration database.

When a person is dead, it is also important to record this on the Area Health Service-wide client registration database. This is necessary for people that die in hospital, for people who die outside of hospital and are brought to the hospital (e.g., to the emergency department or to the morgue), and for other people when the health service obtains notice and confirmation of their death.

Recording that a person is dead will ensure that any outstanding appointments across the Area Health Service can be cancelled, and can prevent further activity in relation to the client/patient (such as automatically generated letters) where information systems check the deceased flag in the Area Health Service-wide client registration database before initiating such activity.

If the death of a client/patient is known, the following information fields must be updated on the client's/patient's registration record:

- Date of death
- Date of death estimation flag.

Standards for recording date of death where it is unknown are described in the NSW Health Data Dictionary.

SECTION 4

Related Documents and Definitions

4.1 Related policies

This policy directive should be read in conjunction with NSW information privacy policies, legislation and other relevant policy directives to ensure the proper collection, storage, use and disclosure of health information. Such policies and legislation currently include:

1. NSW Health Privacy Manual – Version 2, NSW Department of Health, 2005 (PD2005_593)
2. Health Records and Information Privacy Act 2002 (NSW).
3. Privacy and Personal Information Protection Act 1998 (NSW).
4. PD2005_352Coroners' Cases And Amendments to Coroners Act 1980
5. State Records Act 1998 (NSW).

4.2 Related standards

The following standards and guidelines have been referenced in developing this policy directive:

1. NSW Health Client Registration Standard, NSW Health, 2004.
2. NSW Health Data Dictionary, NSW Health, Version 1.2, 2006.
3. Australian Standard Health Care Client Identification (AS 5017-2006), Standards Australia, 2006.
4. Australian Standard Interchange of Client Information (AS 4590-2006), Standards Australia, 2006.

Information contained in the Area Health Service-wide client registration database should be maintained according to guidelines in the current General Retention and Disposal Authority – Public Health Services: Patient/Client Records (GDA 17), NSW Department of Health Information Bulletin 2004/20.

4.3 Definition of a health service

In the context of this policy directive a health service is defined as a service that provides any of the following:

- Initial health care needs identification
- Comprehensive or specialist health assessment
- Therapy or clinical intervention, symptom control
- Pain management
- Palliative care
- Spiritual, personal and/or social support or care
- Case management and/or care coordination
- Follow up, monitoring, evaluation, review
- Provision of aids and appliances (including in the home)
- Preventative care
- Radiology, pharmacy or pathology services
- Supported living
- Education about health issues

4.4 Definition of an Area Health Service unique patient identifier

A unique identifier within the Area Health Service assigned to a client/patient to distinguish them from other clients/patients.

For The Children's Hospital at Westmead, The Ambulance Service of New South Wales, and Justice Health, the Area Health Service unique patient identifier is the unique client/patient identifier assigned by those organisations respectively.

APPENDIX A

Summary for Users

This summary is designed for use by staff involved in client registration.

Who to register?

All clients who receive a health care service, or who are intended to receive a service, should be registered on the Area Health Service-wide client registration database and allocated an Area Health Service unique patient identifier. These include admitted clients (including newborns), non-admitted and community clients, and clients where only specimens (eg blood samples) are received.

Such service may be provided in person, via telephone, or through videoconference facilities or other communication mechanisms.

The following clients are included:

- Unidentified clients
- Identity restricted
- Boarders
- Dead on arrival (incl. SIDS)
- Disaster clients
- Clients attending a group
- Hospital in the home
- Newborns
- Multiple births
- Stillborns
- Organ donors
- Private clients treated by a public health facility

Data to collect

To search for an existing registration the priority information to be used is:

- Family Name
- First initial of Given Name/Given Name
- Date of Birth
- Sex.

Highly desirable information for searching and confirming identity when results for a search have been returned are:

- Middle name(s)
- Alias Name(s) (including maiden name and any other name used at any time)
- Address of usual residence

Information required for booking the first service:

- Family Name
- Given Name
- Date of birth
- Sex
- Middle Name(s)
- Alias Name(s) (including maiden name and any other name used at any time)
- Address of usual residence
- Mailing Address (if different from Address of usual residence)
- Telephone Number(s) – Home, Work and/or Mobile
- Preferred Language
- Interpreter Required

Information required at time of service provision:

- Family Name
- Given Name
- Date of birth
- Sex
- Middle Name(s)
- Alias Name(s) (including maiden name and any other name used at any time)
- Address of usual residence
- Mailing Address (if different from Address of usual residence)
- Telephone Number(s) – Home, Work and/or Mobile
- Preferred Language
- Interpreter Required
- Country of Birth
- Aboriginal or Torres Strait Islander Origin
- Medicare eligibility and Medicare number (if eligibility for Medicare is a factor in service provision or billing)
- Department of Veterans' Affairs (DVA) file number and card type (if a DVA card holder)
- Health fund and health fund membership number (if the health service intends to make a claim against a private fund for services provided)
- Person to contact (Name, Address, Telephone Numbers, Relationship to Client/Patient) – for clients/patients under 16 years of age

It is highly desirable that the following information is also recorded in the Area Health Service-wide client registration database:

- Person to contact (Name, Address, Telephone Numbers, Relationship to Client/Patient) – for clients/patients 16 years of age or older
- General Practitioner Name, Address, Telephone, Email and Facsimile numbers (for the purpose of corresponding with general practitioner about the client's/patient's ongoing care)

Search tips

- Using minimal information to search (eg Family Name and First Initial of Given Name) increases the likelihood of finding the correct person within the database. Using stricter search criteria narrows the search and limits the output, and may reduce the likelihood of finding the client, particularly if data entry errors have been made when the client was previously registered.
- For common names, such as Smith and Chan, narrow the search by entering additional search criteria such as sex and age to obtain a more manageable list of 'potential matches'.
- For difficult names, such as long names, search on the first 3 or 4 letters of the name, so that the system displays all names commencing with these exact letters. This increases the probability of finding the required person, especially where spelling or data errors may have been made.
- Some systems have a limited number of characters in a field, therefore long names may be truncated from the right. Searching on the first 3 or 4 letters of the name will increase the probability of finding the record.
- For unfamiliar names, try a Soundex search and/or also conduct the search with any known middle names. A search reversing the Family Name and Given Name may also be useful, as the names may have been previously registered in reverse order, eg if a client entered the names incorrectly on a form. Refer to NSW Health Data Dictionary regarding conventions in relation to ethnic names.
- If available, a wildcard search should be performed.
- Many client registration databases also enable automatic searching of 'Baby of' records, returning the newborn baby records with a search, and this may assist the searching process by allowing the user to check the name prior to allocation of a new Area Health Service unique patient identifier It may also be helpful to search using date of birth alone when searching for a 'Baby of'.

Useful questions to ask to clarify information, when searching for a client on the client registration database, are:

- *What is your family name/surname/last name?*
- *What is your given name/first name?*
- *Is there any other name you are known by, eg a maiden name, an alias, a nickname, or previous name?*

  This would be useful to ask when the client cannot be found on the client registration database.
- *Are there alternative ways of spelling any of your names?*
- *Have you ever been a client at this hospital/centre before, or at another health facility in this Area Health Service, eg in this hospital, at another hospital or community health centre, attended as an outpatient, or for a blood test or X-ray, etc?*

  Phrase this question to include all/other facilities on the search database (eg for an Area Health Service, the question may need to include examples of specific facilities across the Area Health Service), or specific departments within a larger facility.

  If the answer is yes, ask:

  Are there any alternative or previous names you may have been known by, for example maiden name, or have you changed your name?
- *What is your address?*

  It is not recommended that a client be asked leading questions, eg ‘Do you live at 3 Smith Street….’, nor that they are prompted with other identifying details which may have been found on a search, since doing so may breach the privacy of other clients.

  Additional probing may be required to obtain details from some clients but needs to be done carefully. When attempting to identify a client, and to reduce the probability of creating duplicate records when a search output includes multiple clients of the same name, it may be appropriate to use a leading question to determine if they have previously lived at a certain address. However, the more general information should be sought first (eg by suburb).

  For example, *‘Have you ever lived in Parramatta?*

  If they answer yes, ask

’ *What was your address there?’*

- *Who is your GP (General Practitioner) or local doctor?*

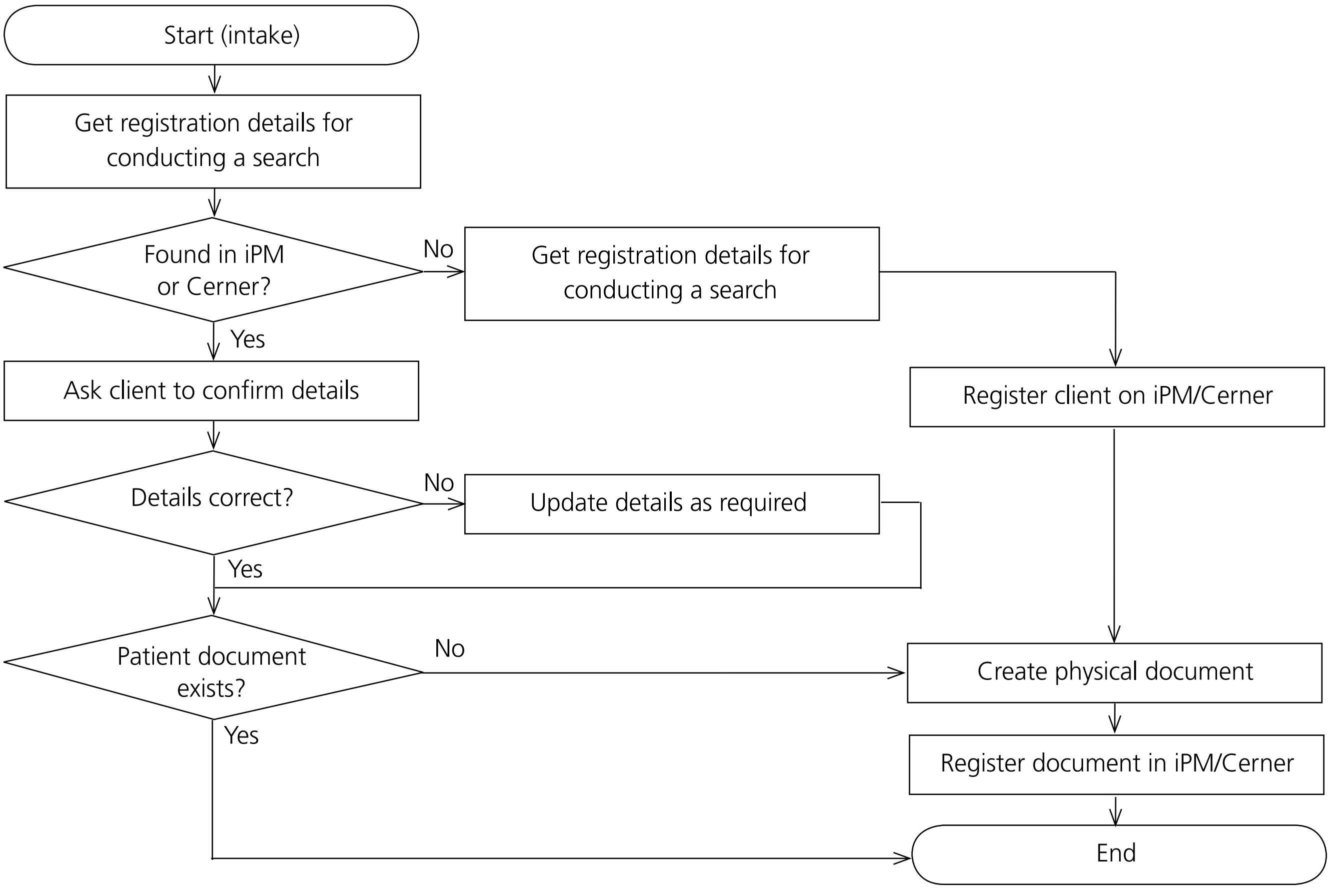
  This is a useful question since many clients move between GPs.

APPENDIX B

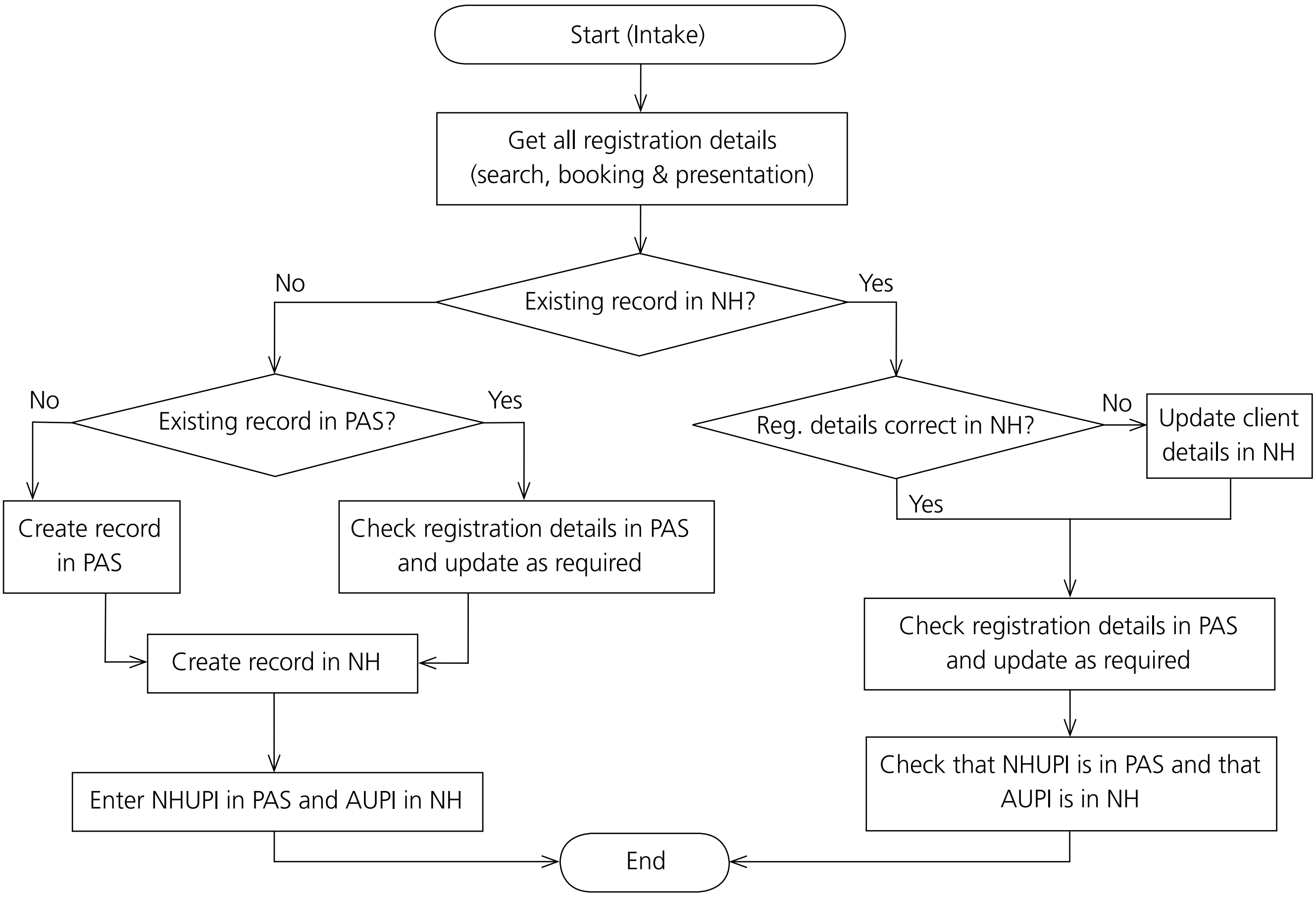
Process maps

The following are examples of the client registration process in a variety of settings.

1. iPM/Cerner Best Practice Registration Process



2. Best Practice Registration Process non-HL7 systems



KEY

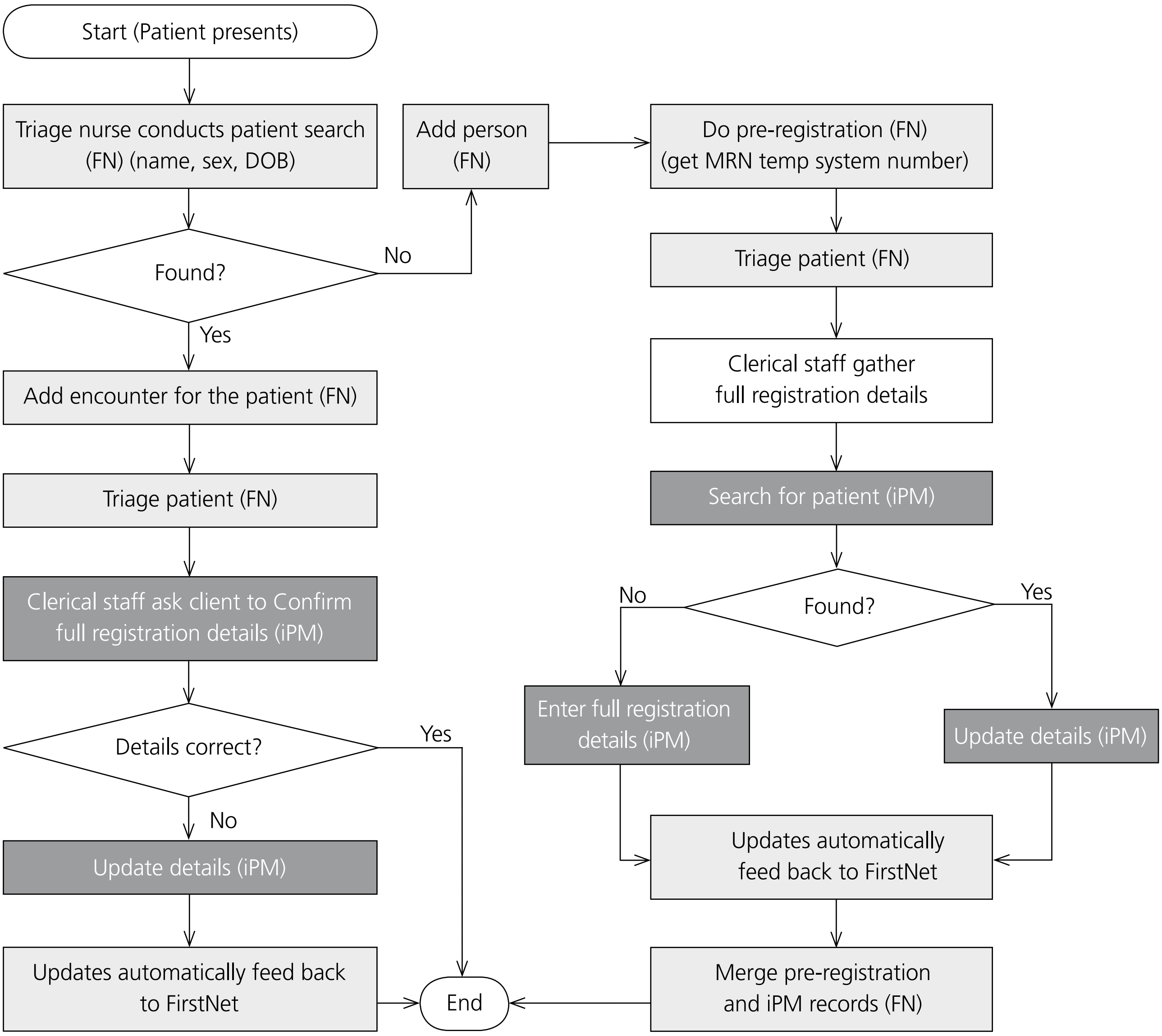
NH = Non-HL7 system

NHUPI = Unique patient identifier in non-HL7 system

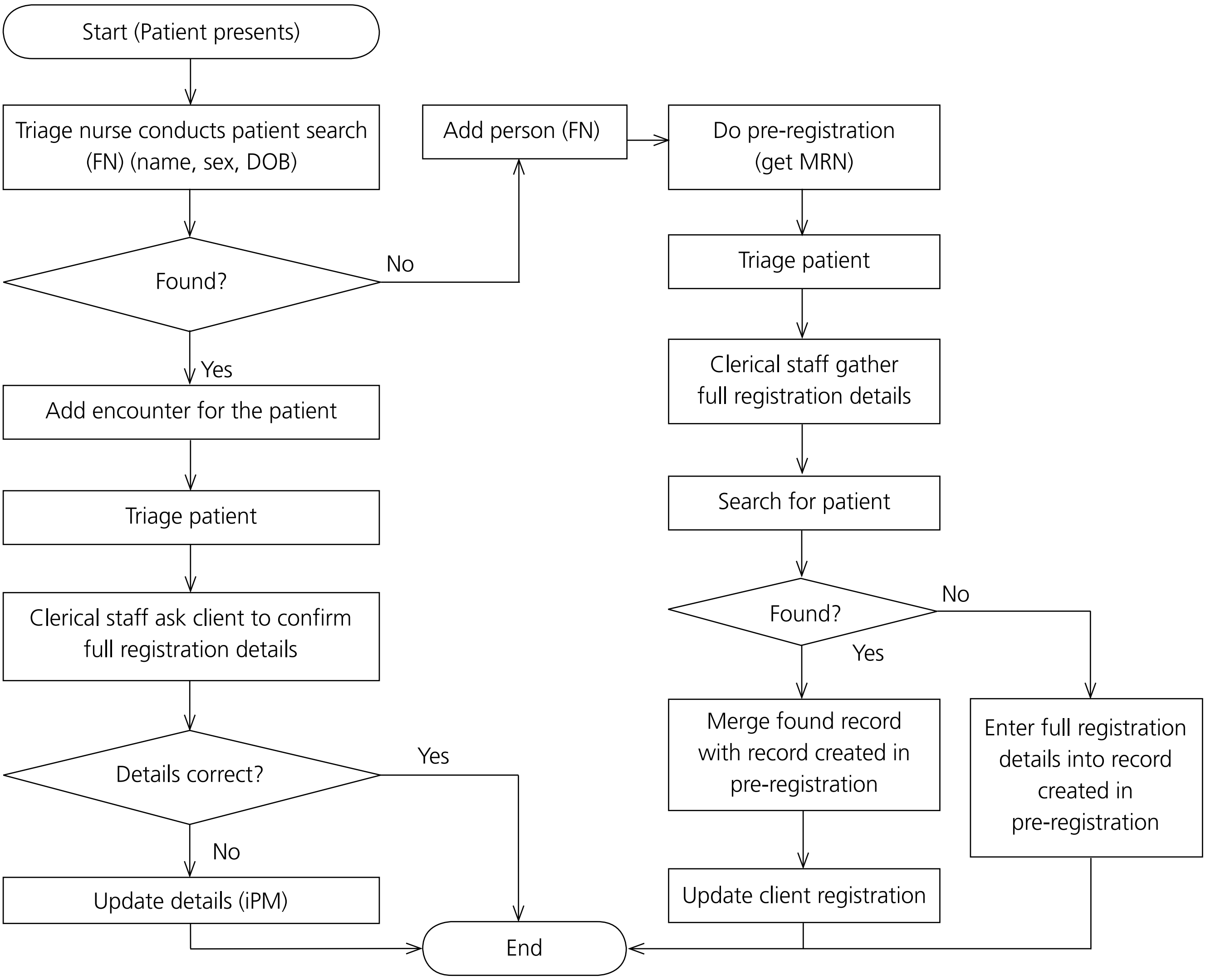
PAS = Client registration system (Cerner or iPM)

AUPI = AHS unique patient identifier

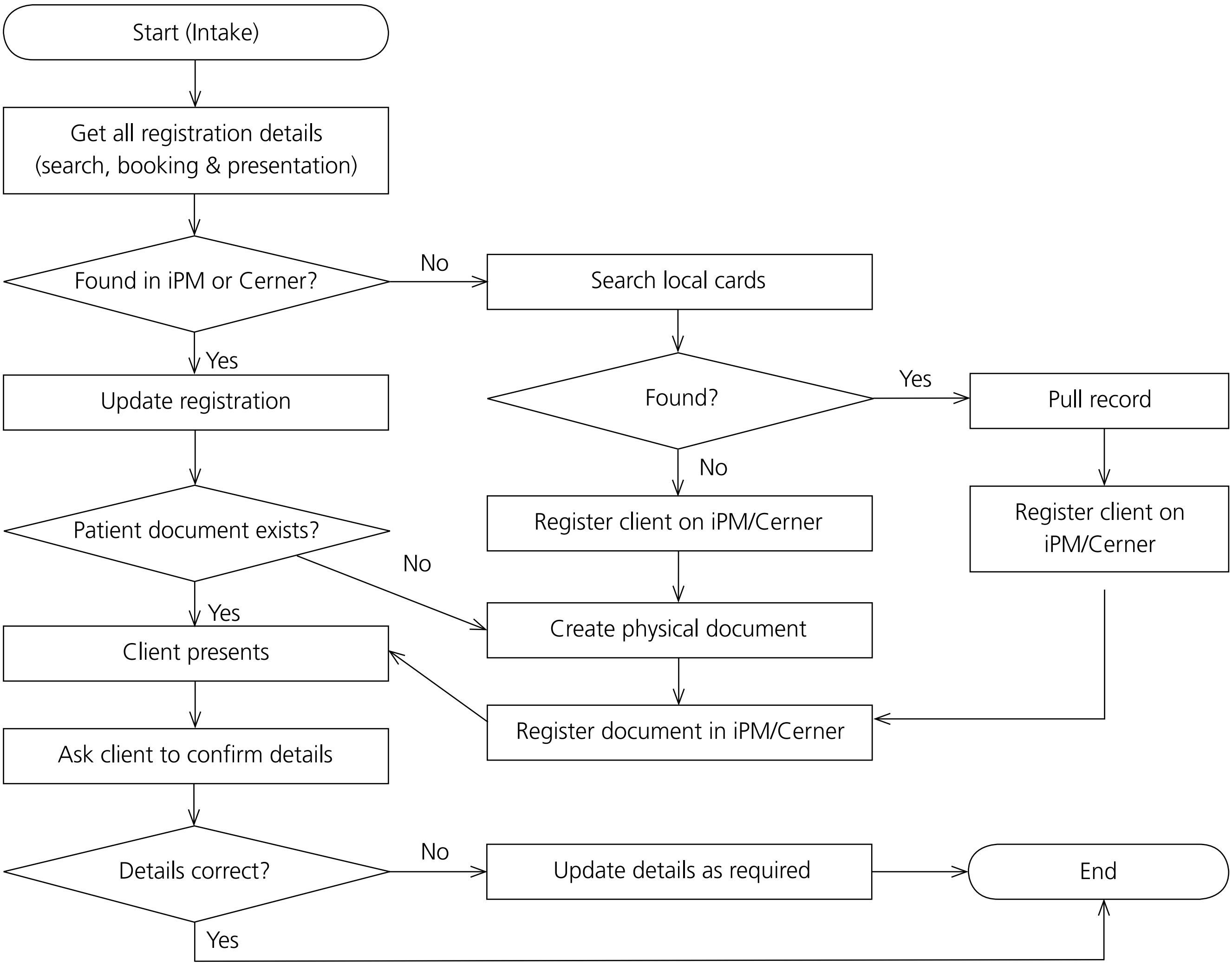
3. FirstNet (FN) and iPM Best Practice Registration Process



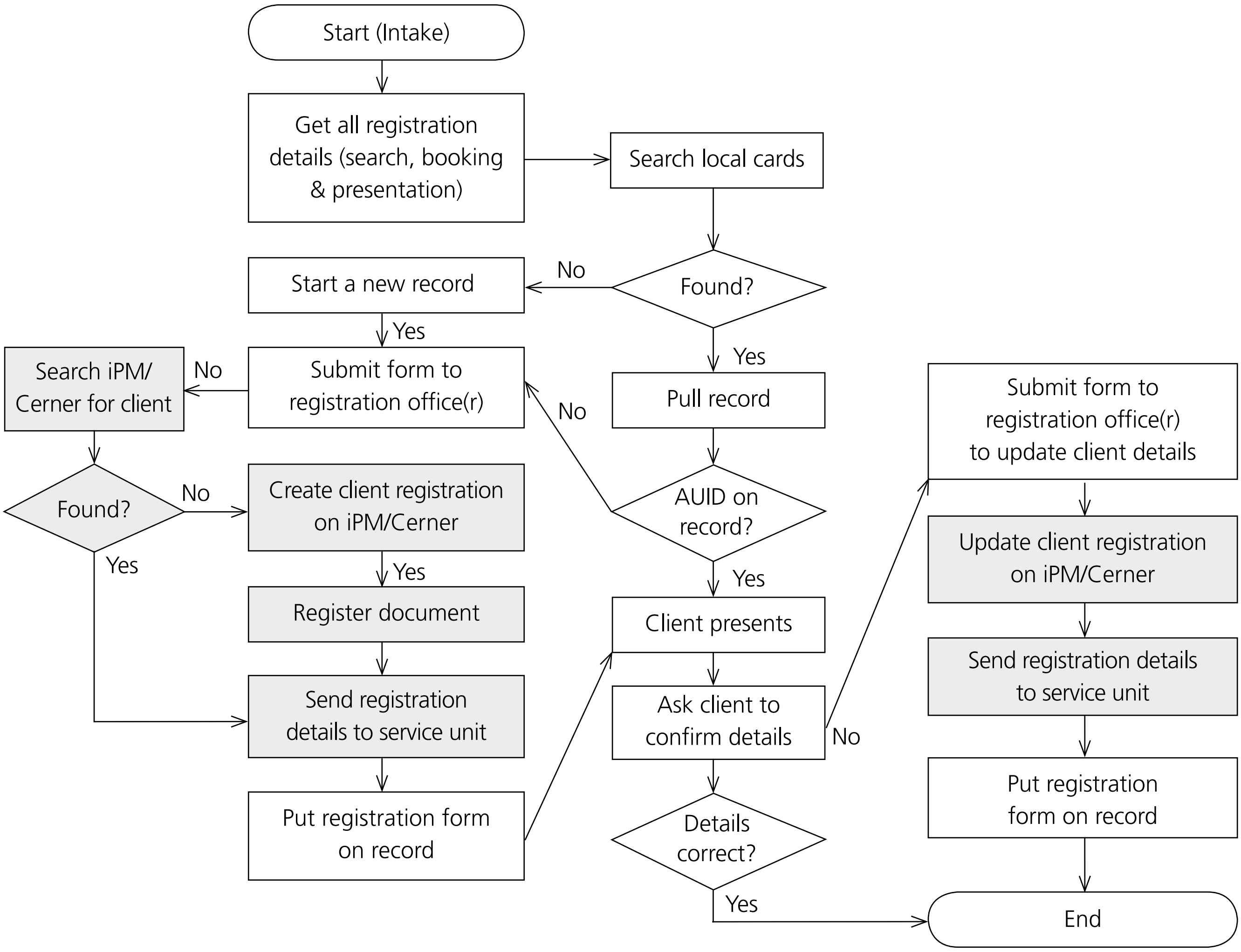
4. FirstNet and Cerner Best Practice Registration systems



5. iPM/Cerner Best Practice Registration Process - manual site



6. Best Practice Manual Registration Process



Glossary

Term	Description
Alias	Alternative names a patient may have.
Area Health Service unique patient identifier	A unique patient identifier across an Area Health Service. The unique patient identifiers allocated by the Children's Hospital at Westmead, Justice Health and the Ambulance Service of NSW are considered to be Area Health Service unique patient identifiers for the purposes of the NSW Health Client Registration Policy Directive.
Area Health Service-wide client registration database	The system used to register clients across an Area Health Service and securely store their information for the purposes of providing health care to the client/patient and other related functions.
Area Health Services	Individual public health organisations in NSW as defined under Section 7 of the *Health Services Act 1997 (NSW)*, (that is Area Health Services, The Children's Hospital at Westmead, Justice Health and the Ambulance Service of NSW.
Boarder	A person who is accommodated in hospital without intended clinical intervention and for whom the hospital has not accepted responsibility for treatment. Hospital boarders exclude clients aged less than 10 days old.
Cerner Millennium	One of the designated PASs for NSW public health services, and includes such functions as a Master Person Index, inpatient and outpatient management, waitlist and bed management, scheduling, reporting, coding, and document tracking and management.
Client	Any person who receives services from health care facilities in NSW. For the purposes of this Guideline, the term client has been used, though patient is an often used synonym. Facilities may continue to use their preferred terminology locally.
Community Health Information Management Enterprise (CHIME)	An electronic person record, which allows for the capture and management of community based health service information. Includes registration and discharge/ referral, scheduling, reporting, clinical assessment and documentation, and clinical pathways and decision support functionality.
Deterministic data matching	A method of matching sets of identifying information on the basis of whether the specified variables in a pair of records match exactly.
Emergency Department Information System (EDIS)	An electronic collection of information about emergency department activity in NSW.
Electronic Health Record (EHR)	A longitudinal electronic collection of personal health information that is aggregated from a number of source systems and viewed as a single record at a point of care.

Electronic Medical Record (EMR)	An online record which tracks and details a patient's care during the time spent in hospital. This will include Emergency Department system, operating theatre system, electronic orders, electronic results, electronic discharge referral system and enterprise scheduling.
Information System for Oral Health (ISOH)	A modular, client-centric oral health management system. Functionality includes client management and priority access screening, waitlist management, clinical assessment and treatment, billing and authority management, document management, and University student grading. ISOH is in use in public oral health services state-wide in NSW and is the prime source for the NSW Oral Health Data Collection.
iPM	One of the designated PASs for NSW public health services, and includes such functions as a Master Patient Index, inpatient and outpatient management, waitlist and bed management, clinical coding, clinic management, and document tracking and management.
Minimum Data Set (MDS)	A core set of data elements agreed as being mandatory.
Patient Administration System (PAS)	Computerised system that manages client information, such as identifying, demographic, admission, transfer and discharge data, reporting, coding and ambulatory scheduling.
Probabilistic data matching	A method of matching sets of identifying information on the basis of whether a match is probable. The specified variables do not need to match exactly. Numerical scores are assigned to each pair of specified variables and summed to produce a final score. This score then provides an accurate gauge of the probability of a match when compared to all of the other scores assigned.
Soundex	Searching logic that identifies names that sound like the one entered in the search.
Unique patient identifier	An identifying number which uniquely distinguishes one client from another within the data base or service boundary for which it operates.
Wildcard(%)	Searching logic that can be used to search for a name where some letters are unknown (eg a search for A%ison will return Alison and Allison).

References

The following have been used as references in developing the Standard and may provide further information or be useful in developing more detailed or local policies or guidelines.

Australian Standard Health Care Client Identification (AS 5017-2002). Standards Australia, 2002.

Australian Standard Interchange of Client Information (AS 4590-1999). Standards Australia, 1999.

Client Identification Data Standards. Volume 1, Data elements. Government of South Australia, April 2002.

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NSW Health Data Dictionary. Subject areas: person, location. Version 1.1. NSW Department of Health, 2004.

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Patient Registration and Auditing Policy for HOSPAS Sites. Version 1.5. South Eastern Sydney Area Health Service, 2001.

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