Policy Directive

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Client Registration Policy

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

Policy Directive

NSW HEALTH

Client Registration Policy

Table of Contents

1. Introduction 3
1.1. What is client registration? 3
1.2. Purpose of this policy directive 3
1.3. Target audiences 3
1.4. Replaced policy directives 4

2. Client Registration Process 5
2.1 Which services must register clients/patients? 5
2.2 Who must be registered? 5
2.3 Special circumstances 7
2.4 When to register 7
2.5 How to register clients/patients and update details 8
2.6 When to update client registration details 8
2.7 Area Health Service responsibilities 9
2.8 When to implement 9

3. Client Registration Data to Collect 10
3.1. Information required to search for an existing registration 10
3.2. Information required for booking the first service 10
3.3. Information required at time of service provision 11
3.4. Additional data mandated for newborns 11
3.5. Information required for dead people 11

4. Related Documents and Definitions 14
4.1. Related policies 14
4.2. Related standards 14
4.3. Definition of a health service 14
4.4. Definition of an Area Health Service unique patient identifier 15

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.

1.2. Purpose of this policy directive

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.

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.

1.4. Replaced policy directives

This policy replaces the following policy directives:

- Client Registration Standard (PD2005_379)
- Register of Deaths (PD2005_138).

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.

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.

- 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.

- 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.

- 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.)

<u>Optional registrations</u>

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.

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'.

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.

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.

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.

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.

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.

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).

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 newborn 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.

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 Acts and Policy Directives:

- 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 person bringing the body to the hospital and any documentation in relation to the person (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*.

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_352 Coroners' Cases And Amendments to Coroners Act 1980, and
5. *State Records Act 1998*.

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.