

HealthSMART Design Authority

health

IHI Pre-Implementation Project

Simplified Functional Design

Authorised by the Victoria Government, Melbourne.

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1. Preface

1.1 Document Purpose

The purpose of the document is to present an end to end and simplified view of the functional design for the integration of the Individual Health Identifier (IHI) into a typical patient administration system.

1.2 Intended Audience

The intended audience of this document includes:

- Victorian Department of Health Project Sponsor;
- Victorian Department of Health Project Staff;
- Victorian IHI Workshop attendees;
- Victorian health services;
- Other jurisdictional Health Departments;
- Health services in other States and Territories;
- Vendors of health IT systems; and
- NEHTA staff.

1.3 References and Related Documents

- NEHTA HI Service Concept of Operations v 1.0 FINAL Nov 2009
- NEHTA Individual Healthcare Identifiers Business Requirements v 1.0 FINAL Nov 2009
- NEHTA HI Security and Access framework v 1.0 FINAL Nov 2009
- NEHTA HI Business Use Case Catalogue v 1.0 FINAL Nov 2009
- NEHTA HI Service Catalogue v 1.0 Final Nov 2009
- NEHTA HI Service Glossary v 1.0 DRAFT Nov 2009
- Vic IHI Integration Detailed Functional Design
- Vic IHI Integration Business Requirements Specification
- Medicare Australia HI Service - Technical Services Catalogue R3A v3.0.2.doc
- Medicare Australia TECH.SIS.HI.01 - SIS - Common Document for SIS v3.0.2.doc
- Medicare Australia TECH.SIS.HI.02- SIS - Common field processing reference document for SIS v3.0.2.doc
- Medicare Australia TECH.SIS.HI.03 - Update Provisional IHI via B2B v3.0.2.doc
- Medicare Australia TECH.SIS.HI.04 - Search for HPI-I via B2B v3.0.2.doc
- Medicare Australia TECH.SIS.HI.05 - Update IHI via B2B v3.0.2.doc
- Medicare Australia TECH.SIS.HI.06 - IHI Inquiry Search via B2B v3.0.2.doc
- Medicare Australia TECH.SIS.HI.07 - Search for HPI-O via B2B v3.0.2.doc
- Medicare Australia TECH.SIS.HI.08 - Resolve Provisional IHI- Merge Records via B2B v3.0.2.doc
- Medicare Australia TECH.SIS.HI.09 - Resolve Provisional IHI- Create Unverified IHI via B2B v3.0.2.doc
- Medicare Australia TECH.SIS.HI.10 - Create Provisional IHI via B2B v3.0.2.doc
- Medicare Australia TECH.SIS.HI.11 - Create Unverified IHI via B2B v3.0.2.doc
- Medicare Australia TECH.SIS.HI.12 - IHI Batch Searching v3.0.2.doc
- Medicare Australia HI Service - IHI Searching Guide v0.3 Draft.doc
- FR.SVI.SPEC.01.232 Notify Duplicate Replica IHI via_B2B v3.25 (R3b).doc
- Healthcare Identifiers Act 2010

2. Introduction

2.1 Background

The Victorian IHI Pre-Implementation Project is responsible for identifying and documenting processes that will enable the rollout of IHIs to all Victorians with patient records in HealthSMART health services, and all operational processes that support the use and maintenance of the IHI over time.

Victorian health services operate largely independently, due to the nature of the enabling legislation, with each health service owning and maintaining a dedicated patient register. Victorian HealthSMART health services collectively store over 50 million individual patient records.

A key element of the IHI integration design for the IHI Pre Implementation Project is to understand each “problem” and requirement, so that effective and workable solutions can be defined. The deliverables for the IHI Pre-Implementation Project include a Best Practice Guide for health services capturing and utilising the IHI. For the initial load of IHI data, given the Victorian data volumes, a reasonably high match ratio is essential to overall success.

While the focus of the project is upon HealthSMART health services, this deliverable is intended to be used by all health services, Health departments, and vendors looking to integrate the IHI into their systems and processes.

2.2 Aims and Objectives

The aim of the project is to produce artefacts that will support successful implementation of IHI, including a Solution Architecture Design, Business Requirements, Business practice Guides and a sample Business Case. See the Project Brief for more details.

It will achieve these aims through meeting the following objectives:

- Define and incorporate reference solution designs and principles for the integration of Individual Healthcare Identifiers into the HealthSMART solution architecture.
- Defining an architecture, or architectures, that supports other models for patient administration, eg EMPI based.
- Use the reference solution design & principles to identify requirements and validate enhancements to Victorian Health IT environments and applications utilising NEHTA services (both HealthSMART and non-HealthSMART):
- Document requirements, functional specifications and technical specifications for IHI integration with a nominated and agreed PAS product.
- Based on this experience and knowledge gained recommend any proposed changes to the national IHI implementation approach in consultation with other jurisdictions and NEHTA reference groups.
- Leverage the NEHTA architecture and engagement teams capabilities to best use in the Victorian implementation/s, etc.

The aim of this deliverable is to present a simplified view of the functional design for integration of the IHI into health services’ systems and processes. A more detailed deliverable is also available, though this will primarily be of interest to implementers (IT vendors).

The goal of the functional design is to ensure that it caters for all HI Service functions relating to the IHI, and associated exception handling, even though Victorian HealthSMART health services may not make active use of some functions.

2.3 Approach to Functional Design

This document comprises Business Processes and Use Cases. Requirements are documented separately, and should be read in conjunction with this document. The documented Business Processes define end-to-end processes, comprising automated steps that are defined further as Use Cases. Most of the Use Cases identified within the Business Processes are defined within this document. If they are not, they are typically PAS-specific use cases that will differ amongst the different PAS applications and not in scope for definition here.

The IHI integration design is based upon version 3.02 of the HI Service Specifications developed by Medicare Australia, and referenced above.

Use Cases are documented according to the UML 2.0 standard, with the Use Case process, with alternate flows, below the description table.

The Functional Design is supported by Technical Design and Architecture deliverables.

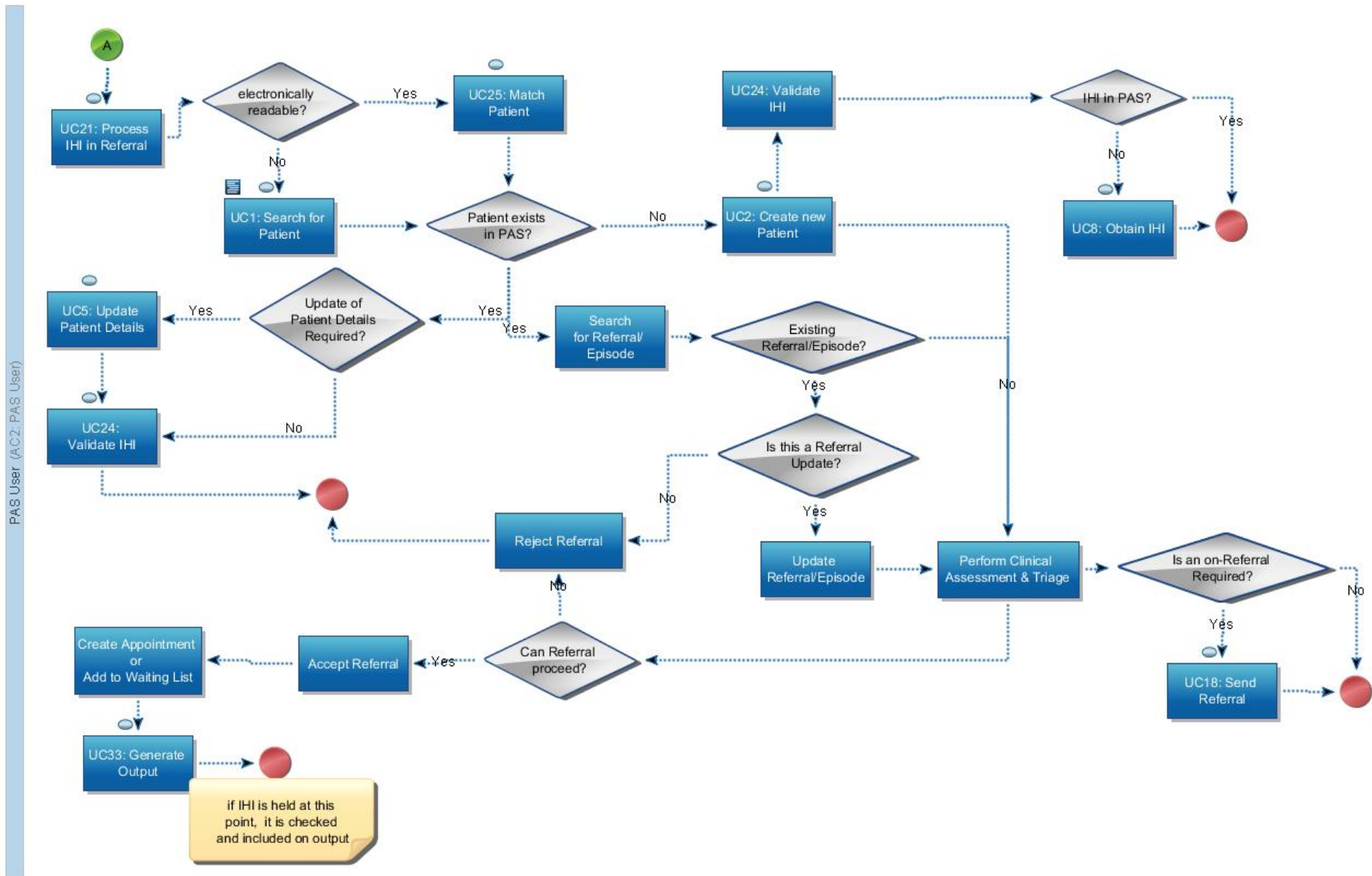
The remainder of this document has been automatically generated by the Blueprint Requirements Center 2010 tool.

3. Business Processes

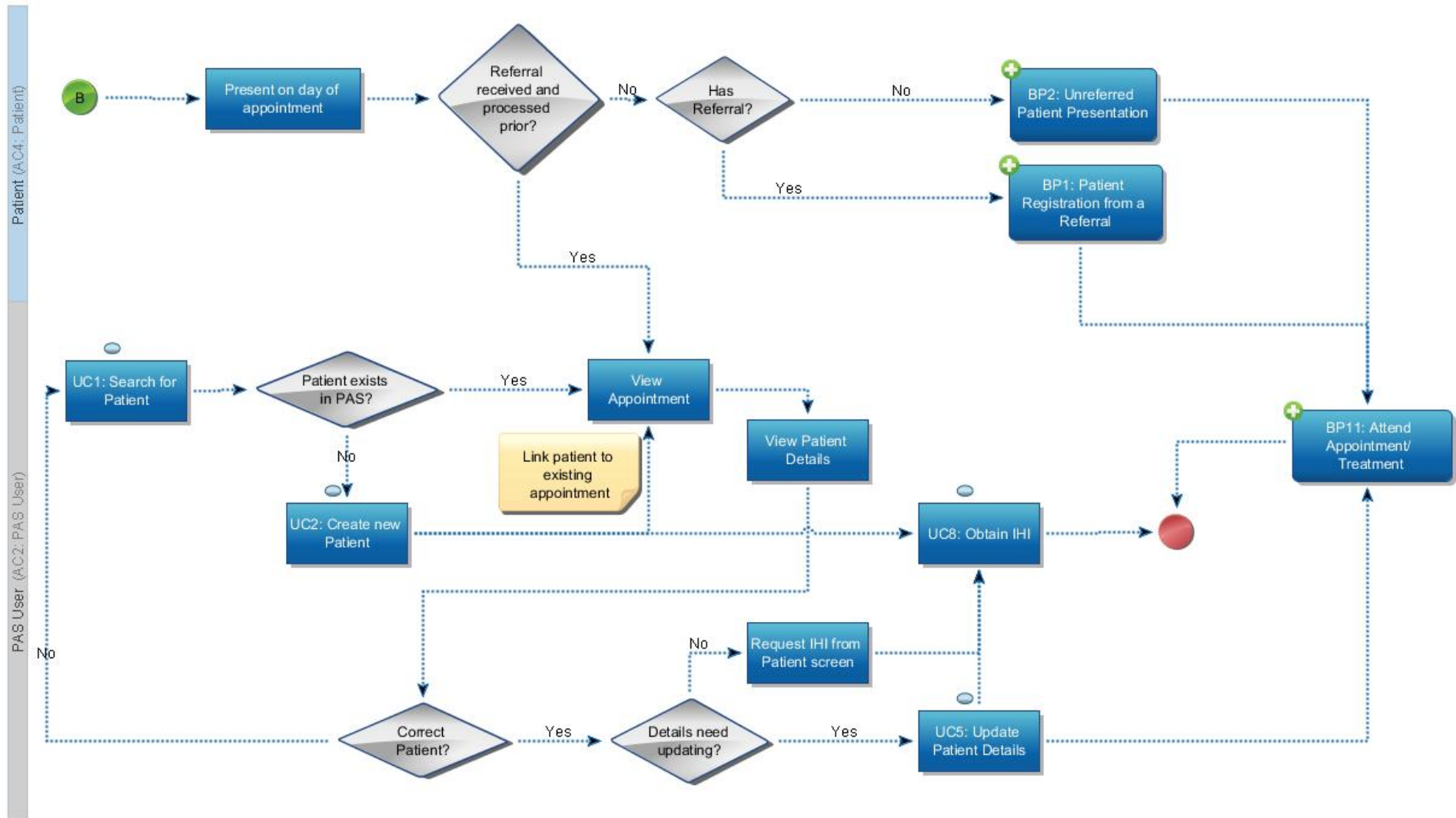
3.1 Business Process List

ID	Name	Page
BP1	Patient Registration from a Referral	9
BP6	Patient Flow	10
BP2	Unreferred Patient Presentation	11
BP4	Patient Death Registration	12
BP7	Create Referral	13
BP8	Resolve Duplicate Patient Records	13
BP9	Perform Batch Process	14
BP10	Resolve IHI Exception	14
BP11	Attend Appointment/Treatment	15

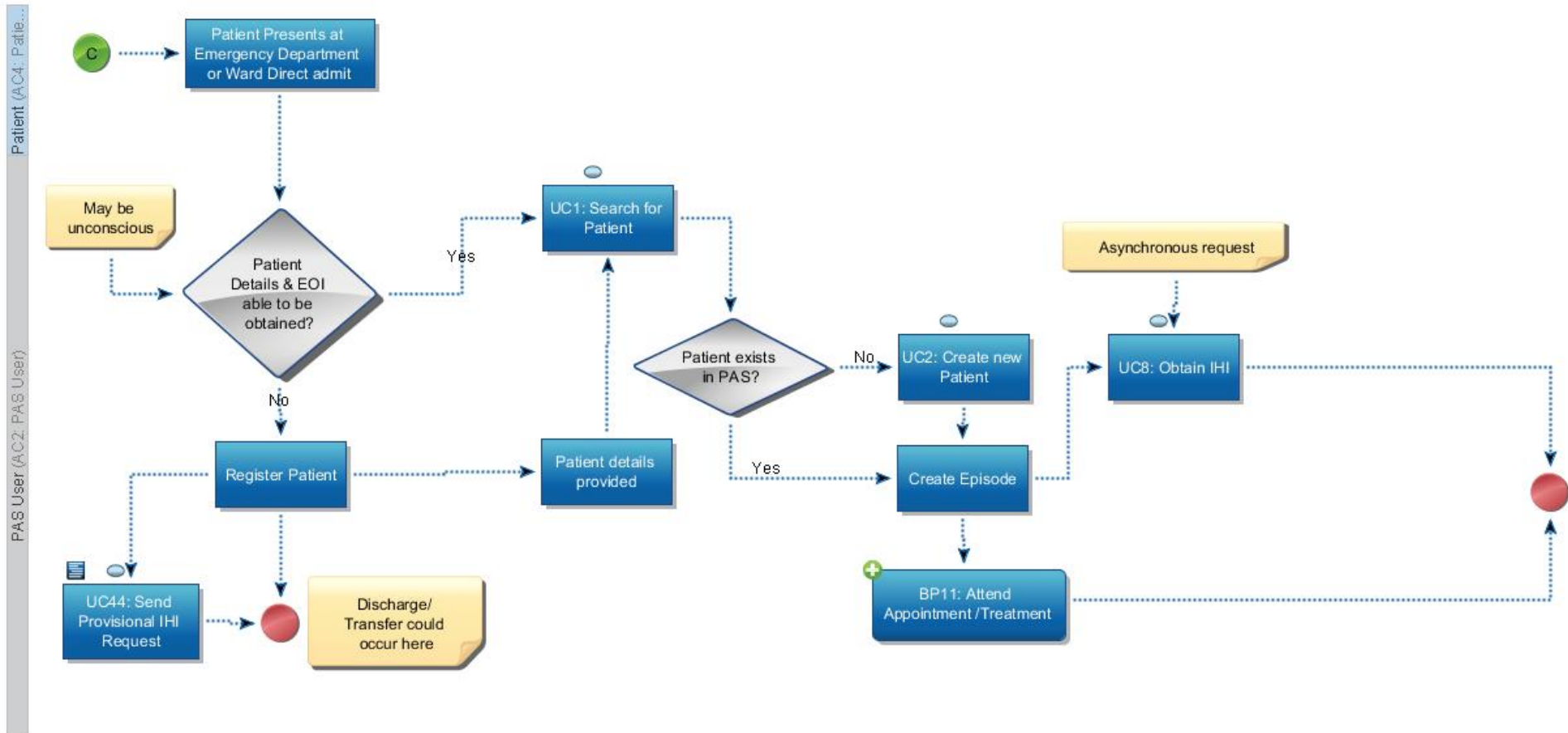
3.2 BP1:Patient Registration from a Referral



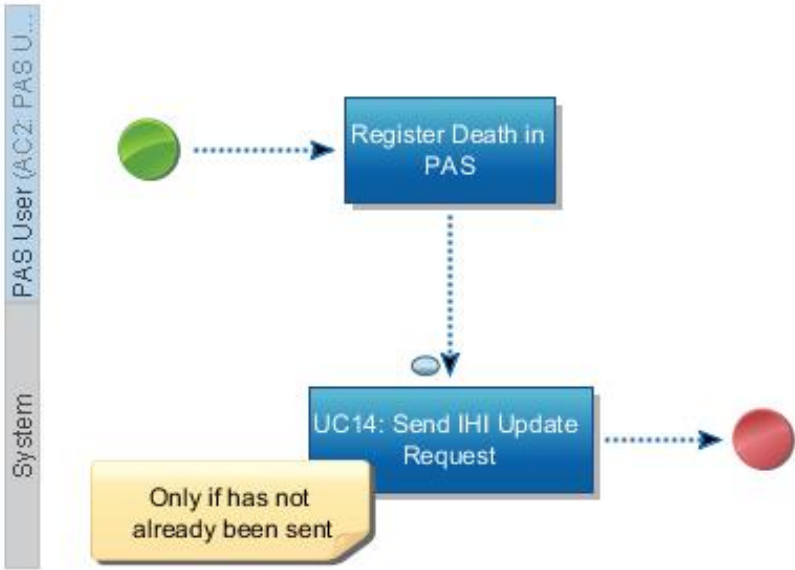
3.3 BP6:Patient Flow



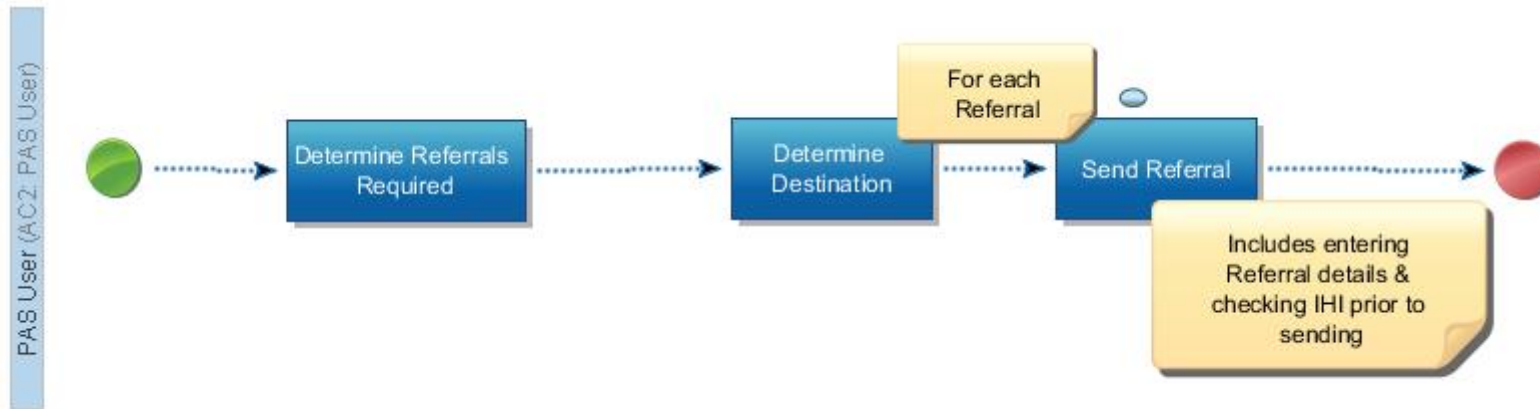
3.4 BP2:Unreferred Patient Presentation



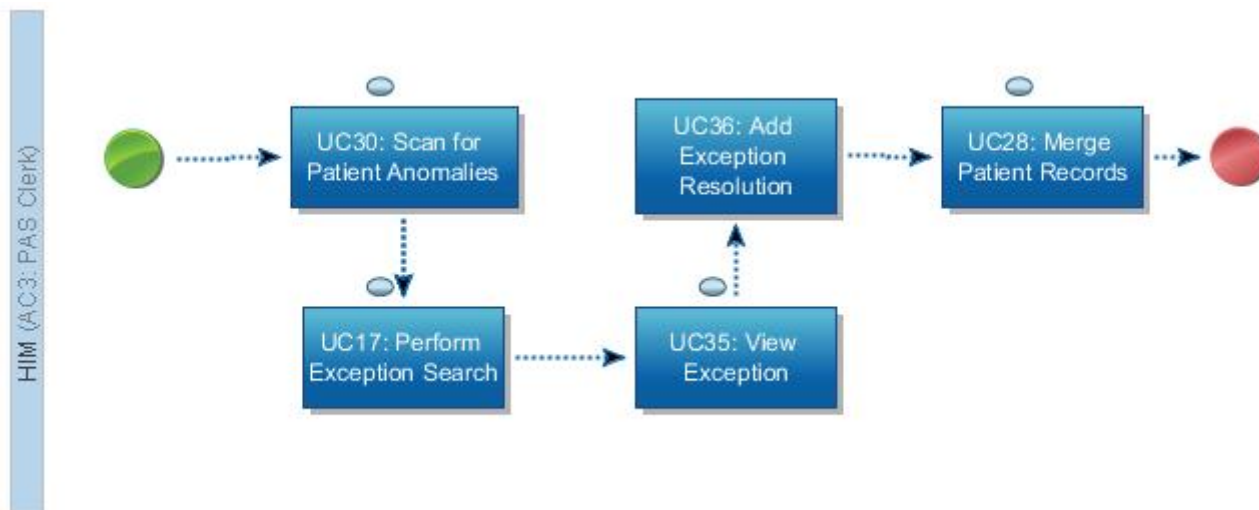
3.5 BP4:Patient Death Registration



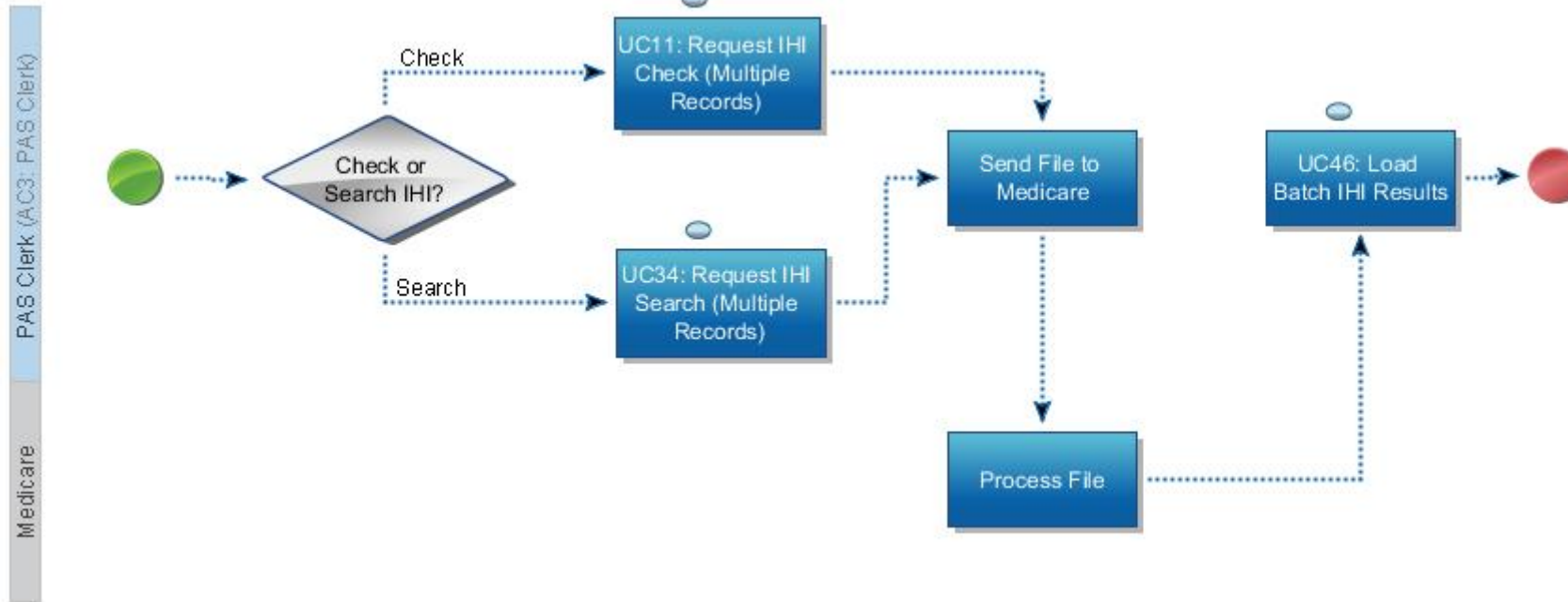
3.6 BP7:Create Referral



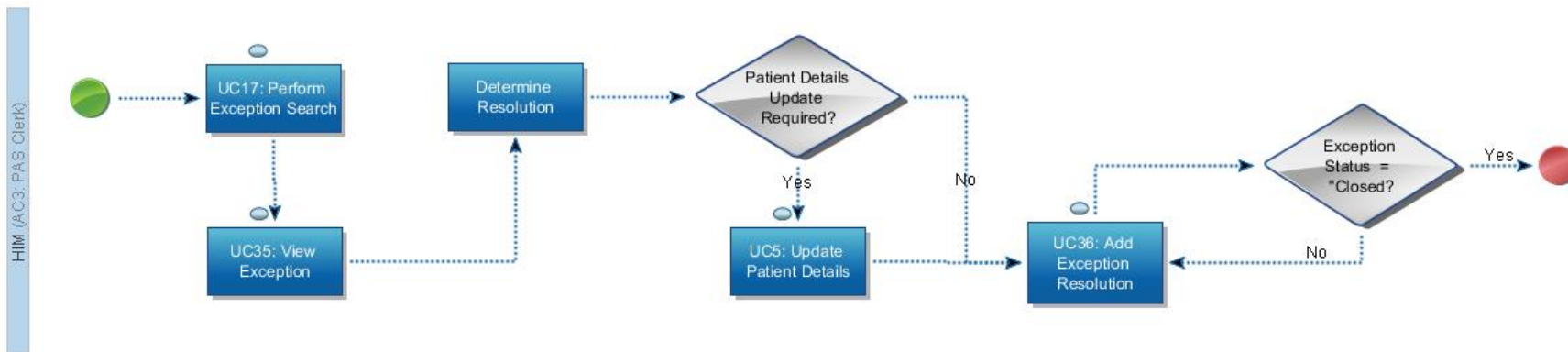
3.7 BP8:Resolve Duplicate Patient Records



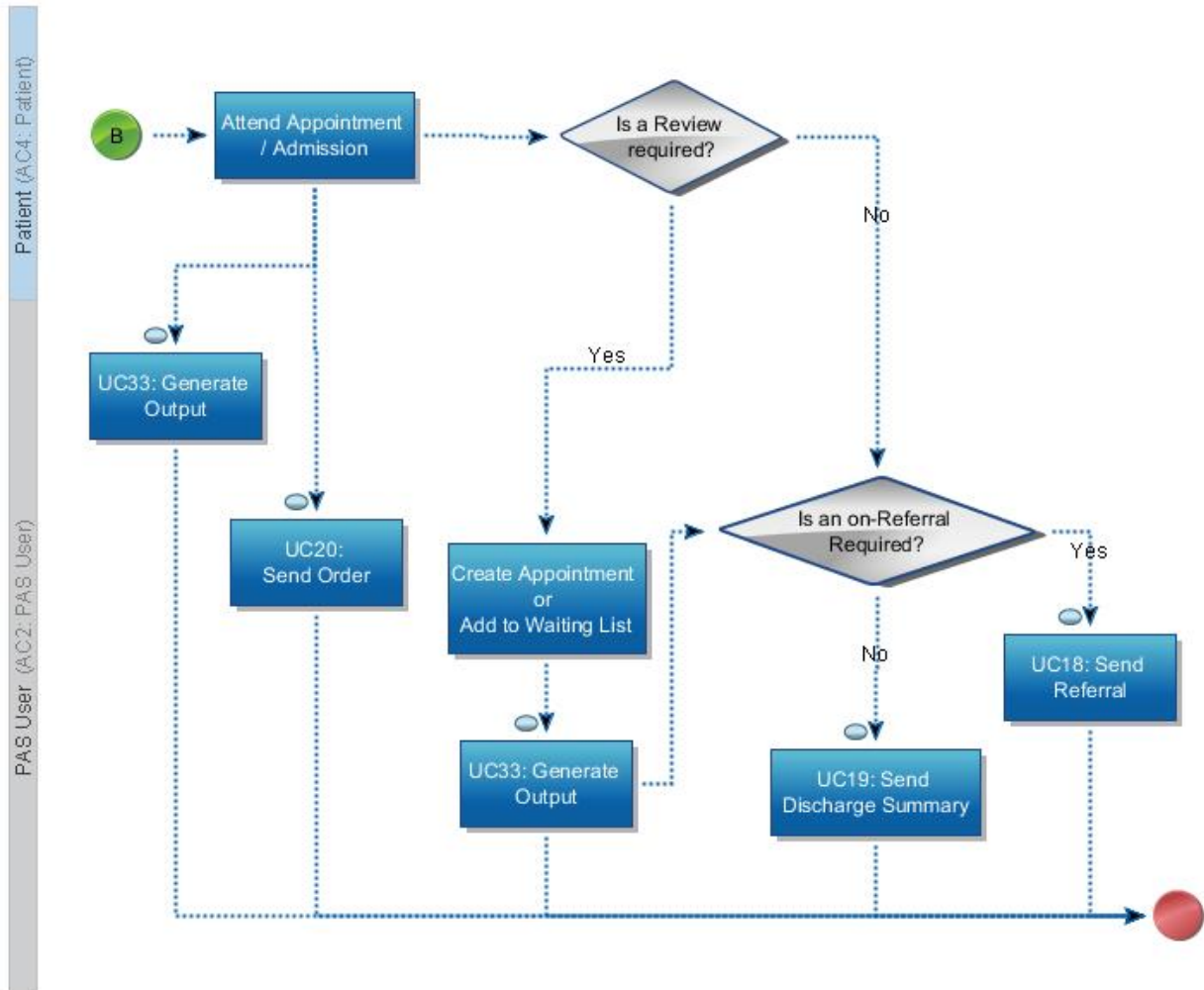
3.8 BP9: Perform Batch Process



3.9 BP10: Resolve IHI Exception



3.10 BP11:Attend Appointment/Treatment



4. Use Cases

4.1 Patient Use Case List

ID	Name	Page
UC1	Search for Patient	19
UC25	Match Patient	20
UC2	Create new Patient	21
UC5	Update Patient Details	22
UC38	Display Alert(s)	23
UC33	Generate Output	25

4.2 IHI Processing Use Case List

ID	Name	Page
UC8	Obtain IHI	26
UC7	Search for IHI	28
UC10	Update IHI	30
UC9	Check IHI	31
UC12	Generate IHI Exception	34
UC11	Request IHI Check (Multiple Records)	36
UC34	Request IHI Search (Multiple Records)	38
UC24	Validate IHI	41
UC46	Load Batch IHI Results	42
UC51	Process Patient Details Update	44
UC54	Refresh IHI	46
UC55	Reset Merge	46

4.3 HI Service Use Case List

ID	Name	Page
UC15	Send IHI Request	47
UC16	Send Unverified IHI Request	50
UC14	Send IHI Update Request	53
UC43	Send Merge Request	56
UC44	Send Provisional IHI Request	57

ID	Name	Page
UC45	Send Provisional IHI Update Request	60
UC49	Send Provisional to Unverified Resolution Request	61
UC48	Send Medicare Service Request	64
UC56	Send Duplicate or Replica IHI Notification	65

4.4 Care Co-ordination Use Case List

ID	Name	Page
UC18	Send Referral	67
UC19	Send Discharge Summary	68
UC20	Send Order	69
UC21	Process IHI in Referral	71
UC22	Send Referral Update	72
UC23	Send Referral Cancellation	73

4.5 HIMs Use Case List

ID	Name	Page
UC17	Perform Exception Search	74
UC35	View Exception	76
UC36	Add Exception Resolution	77
UC28	Merge Patient Records	83
UC40	Perform Merge Analysis	85
UC29	Unmerge Patient Records	87
UC30	Scan for patient anomalies	89
UC37	Manage Exception Type	90
UC50	Close Exception	90
UC31	View Patient IHI Report	91
UC52	View IHI Summary Report	93

4.6 Actor(s)


The following table identifies the relevant Actors for the System. System implementers should consider the mapping between Actors and Use Cases as a guideline for role based access at an agency level.

ID	Name	Aliases
AC2	PAS User	PAS Clerk, Clinician, Nurse, Ancillary Workers, Interpreters, ED User, Intake Manager
AC3	PAS Clerk	Registration Clerk, Admissions Clerk, Ward Clerk, HIM
AC4	Patient	Client
AC5	Clinical System User	Administrative User, Clinician
AC6	The PAS System	The PAS System
AC7	PAS Administrator	
AC8	System Administrator	

4.7 UC1 : Search for Patient

Actors	PAS User
Overview	To search for a patient in the master PAS, to determine if they are already registered in the system, and to locate their electronic patient record.
Pre Condition	Services for a patient have been requested, or a patient has presented requiring emergency services. The user has determined that there is sufficient information on an e-Referral to enable patient matching.
Post Condition	The correct patient is selected from the list and subsequent processing occurs, including the Update Patient Details use case, where relevant (e.g. may only happen on presentation). If no match is found is found in the PAS the Create New Patient use case begins.
Circumstances of Use	<ul style="list-style-type: none"> • Registering an incoming referral, and creating a subsequent appointment or adding them to a waiting list. • Admitting a patient • Reviewing or updating patient information • Generating reports for a patient • Generating orders for the patient • Preparing a discharge summary
Included In (Other Use Cases)	None
Business Processes	BP1: Patient Registration from a Referral BP6: Patient Flow BP2: Unreferred Patient Presentation

BASIC FLOW:

#	Description	Requirement/  Include
1	The System presents the PAS search screen with the following patient information available: a. URN and IHI fields (if available, will return unique matches) b. Demographic fields (will typically return a list of potential matches)	RU503
2	The Actor enters the search criteria and requests to proceed.	
3	The System determines that the mandatory fields have been entered (locally determined).	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that the not all mandatory fields have been entered. [Goal: Display error message]	
4 The System executes the search, automatically expanding the results if no initial match is found on the URN or IHI.	
5 The System determines there was a single match found.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines there were multiple matches found. [Goal: Display multiple matches for selection]	6

IE 3: The System determines that no match was found. **[Goal: Display error message]**

6 The Actor reviews additional information to confirm the match.

7 The Actor successfully identifies the patient in the System and proceeds to subsequent use cases, such as making an appointment or adding the patient to a waiting list.

ALTERNATE FLOW(S):

Condition

Return Step

IE 4: The Actor does not find the patient in the System. **[Goal: Exit to Create Patient]**


BUSINESS RULES:

ID	Business Rule
RU514	The System must retain a full history of IHI changes, allowing for each instance of an IHI to be searchable.

4.8 UC25 : Match Patient

Actors	The PAS System
Overview	This Use Case attempts to locate a matching patient record for the incoming referral.
Pre Condition	<p>A referral has been received, and has passed the initial check (services requested are provided by the health service, and the practitioner being referred to works within the organisation).</p> <p>Sufficient patient details are included on the referral to enable an effective patient search in the PAS to be conducted.</p> <p>If an IHI is included in the referral, the IHI has been checked for accuracy (see UC21: Process IHI in Referral).</p>
Post Condition	<p>A matching patient is located in the PAS.</p> <p>No matching patient record is located, in which case the Patient Registration use case is initiated.</p>
Circumstances of Use	<p>The match patient will be used on many occasions within the health service environment, including:</p> <ol style="list-style-type: none"> 1. Processing of a received referral 2. Locating a patient on presentation (IP, OP, ED) 3. Locating a patient for other reasons, eg for creating an appointment, patient records management, etc.
Included In (Other Use Cases)	None
Business Processes	BP1: Patient Registration from a Referral


BASIC FLOW:

#	Description	Requirement/  Include
1	<p>The System searches the local patient database, using the referral patient demographics and included IHI, to identify if the client/patient exists on their system. The search is based on the following:</p> <ul style="list-style-type: none"> • Surname • Given Name • Date of Birth • Sex • Address • Medicare # (if present) • IHI (if present) 	
2	Where no likely matches are found the system prompts the Actor to create a new client/patient.	

4.9 UC2 : Create new Patient

Actors	PAS User
Overview	To add a patient to the master PAS, using either the full registration or quick registration processes.
Pre Condition	<p>The Actor has determined that a new patient record needs to be created in the PAS.</p> <p>The Actor requests the patient, or their carer, to complete the registration form (if not completed previously) or provide additional details on presentation. The patient or carer has completed the registration form and returns it to the user.</p>
Post Condition	<p>The new record is saved within the PAS, and all required reports including wristbands, may now be printed and a file created (timing to be confirmed locally).</p> <p>The use cases to obtain or check the IHI have been initiated.</p> <p>Where enabled, the system will transmit the patient information to other health service systems, via HL7 or other established mechanisms.</p>
Circumstances of Use	<ul style="list-style-type: none"> • A patient search of the PAS has not returned an existing record • A patient cannot be identified and has limited communication capability (eg unconscious ED patient) • Registering an incoming referral and subsequently adding the patient to a waiting list or creating an appointment • Registering a newborn • Registering an interstate or foreign visitor (this use may change once a national register is in place) • Registering a patient who wishes to remain anonymous
Included In (Other Use Cases)	None
Business Processes	BP1: Patient Registration from a Referral BP6: Patient Flow BP2: Unreferred Patient Presentation

BASIC FLOW:

#	Description	Requirement/  Include
1	The System displays the new patient details available for entry.	
2	The Actor enters as much data as has been provided querying the patient/carer for any clarifications. This includes entering any fields that may result in an Unverified IHI being requested.	
3	The Actor asks to have the patient's Medicare or DVA card.	
4	The Actor selects the Eclipse function to check the Medicare number.	
5	The System performs the Eclipse function.	
6	The Actor processes the Eclipse response.	
7	The Actor requests to save the record, and returns the card to the patient/carer.	
8	The System validates the entered information, ensuring that all information required for IHI searches has been provided.	
9	The System determines that the new Patient passes validation.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that the new Patient fails validation. [Goal: Respond with error.]	
10	The System saves the patient.
11	The System determines that all of the following is true: <ul style="list-style-type: none"> • there is a matching referral • there is an IHI in the matching referral • the IHI in the matching referral has passed the consistency check.

ALTERNATE FLOW(S):




Condition	Return Step
IE 2: The System determines that at least one of the following is true: <ul style="list-style-type: none"> • there is no matching referral • there is no IHI in the matching referral • the IHI in the matching referral has not passed the consistency check. [Goal: Skip population of IHI]	
12	The System populates the IHI details into in the patient record.

4.10 UC5 : Update Patient Details

Actors	PAS User
Overview	Updates patient information based on new or additional information being available.
Pre Condition	New or updated information for an existing patient record has become available to a user. The user has searched for the patient and located and validated a matching record.
Post Condition	The updated record is saved within the PAS, and any required reports may be generated. The use case to obtain or check the IHI will be initiated, if required (depends upon information changed). Where enabled, the system will transmit the patient information to other health service systems, via HL7 or other established mechanisms.
Circumstances	The Update Patient Details use case will be used when:

of Use	<ul style="list-style-type: none"> An update to the patient's details is required as part of another process, eg a referral received, patient presentation, or patient records management activities. A patient's IHI has been retrieved by the system, or an updated status for an existing IHI has been obtained. Adding more details to a Quick Registration to effectively complete a full registration Updating "Baby of ..." data for a newborn with the registered (BDM) name information
Included In (Other Use Cases)	None
Business Processes	BP1: Patient Registration from a Referral BP6: Patient Flow BP10: Resolve IHI Exception


BASIC FLOW:

#	Description	Requirement/  Include
1	The System displays the patient details.	
2	The System retrieves any alerts for this patient using UC38: Display Alerts.	 UC38: Display Alert(s)
3	The Actor changes the patient data requiring update.	
4	The System process the patient details update using UC51: Process Patient Details Update.	 UC51: Process Patient Details Update

4.11 UC38 : Display Alert(s)

Actors	The PAS System
Overview	This use case supports the display of alerts against patient records or other IHI containers (eg referrals) within the system, such as patient records, referrals, etc.
Pre Condition	The patient screen is displayed.
Post Condition	An alert is displayed for the appropriate record.
Circumstances of Use	<p>Alerts will be displayed in the following instances against a patient record:</p> <ol style="list-style-type: none"> Duplicate records found in the PAS, based on IHI search criteria No IHI returned by the HI Service Insufficient information on referral to search for an IHI IHI on a referral fails the Check IHI process IHI Check fails, etc.
Included In (Other Use Cases)	UC5: Update Patient Details
Business Processes	None – See "Included in" Use Cases above.

BASIC FLOW:

#	Description	Requirement/  Include
1	The System retrieves all the Unclosed IHI Exceptions that are Alertable against this patient record.	
2	The System retrieves any Unclosed IHI Exceptions that are Alertable, where this patient's URN has been identified in the Secondary URN of another patient's IHI Exception.	RU611
3	The System compiles the Alerts above into an Alerts list.	AT574 AT575 AT576 AT616
4	The System determines that there is at least one Alert for this patient.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that there are no Alerts for this patient. [Goal: Don't display Alert indicator.]	
5	The System displays an indicator on the Patient record that Alerts exist.
6	The Actor requests to view the Patient's Alerts.
7	The System displays the list of Alerts.
8	The Actor requests to close the Alerts view.
9	The System closes the Alerts view.

BUSINESS RULES:

ID	Business Rule																																											
RU611	<p>The following table identifies the Alerts that apply to each Exception Type:</p> <table border="1"> <thead> <tr> <th>Exception Type</th> <th>Exception Status</th> <th>Alert</th> </tr> </thead> <tbody> <tr> <td rowspan="3">No Match/No Match on Check IHI</td> <td>Pending</td> <td>AT574</td> </tr> <tr> <td>Closed</td> <td>None</td> </tr> <tr> <td>Suspended</td> <td>AT616</td> </tr> <tr> <td>Incomplete Request Criteria</td> <td>All</td> <td>None</td> </tr> <tr> <td rowspan="2">PAS Duplicate</td> <td>Pending / Suspended</td> <td>AT576</td> </tr> <tr> <td>Closed</td> <td>None</td> </tr> <tr> <td>Status Integrity</td> <td>All</td> <td>None</td> </tr> <tr> <td>System Failure</td> <td>All</td> <td>None</td> </tr> <tr> <td>Provisional IHI</td> <td>All</td> <td>None</td> </tr> <tr> <td>Other</td> <td>All</td> <td>None</td> </tr> <tr> <td rowspan="2">Returned IHI PAS Duplicate</td> <td>Pending/Suspended</td> <td>AT576</td> </tr> <tr> <td>Closed</td> <td>None</td> </tr> <tr> <td rowspan="2">Potential Deceased</td> <td>Pending</td> <td>AT575</td> </tr> <tr> <td>Closed</td> <td>None</td> </tr> <tr> <td>Multiple Matches/Multiple</td> <td>Pending</td> <td>AT574</td> </tr> </tbody> </table>	Exception Type	Exception Status	Alert	No Match/No Match on Check IHI	Pending	AT574	Closed	None	Suspended	AT616	Incomplete Request Criteria	All	None	PAS Duplicate	Pending / Suspended	AT576	Closed	None	Status Integrity	All	None	System Failure	All	None	Provisional IHI	All	None	Other	All	None	Returned IHI PAS Duplicate	Pending/Suspended	AT576	Closed	None	Potential Deceased	Pending	AT575	Closed	None	Multiple Matches/Multiple	Pending	AT574
Exception Type	Exception Status	Alert																																										
No Match/No Match on Check IHI	Pending	AT574																																										
	Closed	None																																										
	Suspended	AT616																																										
Incomplete Request Criteria	All	None																																										
PAS Duplicate	Pending / Suspended	AT576																																										
	Closed	None																																										
Status Integrity	All	None																																										
System Failure	All	None																																										
Provisional IHI	All	None																																										
Other	All	None																																										
Returned IHI PAS Duplicate	Pending/Suspended	AT576																																										
	Closed	None																																										
Potential Deceased	Pending	AT575																																										
	Closed	None																																										
Multiple Matches/Multiple	Pending	AT574																																										

ID	Business Rule		
	Matches on Check IHI		
		Closed	None
	Date Error	All	None
	HI Duplicate Data	All	None
	Unknown	All	None
	Business Rule Violation	All	None
	Multiple Matches	All	None
	HI Merge Failure	All	None
	No Provisional Match	All	None
	Inconsistent Referral IHI	All	None
	Current Patient IHI Anomaly	All	None
	HI Service Processing	All	None
	Potential Replica	All	None

4.12 UC33 : Generate Output

Actors	The PAS System
Overview	This is a generic use case that covers all operational outputs that may include the IHI.
Pre Condition	<p>Processing has occurred that requires a printed or message output to be generated.</p> <p>All data required for the respective output is available.</p> <p>If the IHI is available, it has been checked within a configurable period prior to generation of the output</p>
Post Condition	The output is generated in the required format, with the IHI, the record status and the status included.
Circumstances of Use	<p>The list provided here is indicative rather than exhaustive:</p> <ol style="list-style-type: none"> 1. An outward referral (in any format, and for all delivery modes) 2. Waiting list letter to patient and/or referrer 3. Appointment letter to patient and/or referrer 4. Wristband 5. Ward notes (where template is pre-printed) 6. Pathology, Radiology, Diagnostic Imaging, orders, prescriptions 7. Discharge Summaries 8. Discharge letters 9. Patient reports 10. Referral update requests 11. Referral cancellations 12. Appointment reminder notifications <p>From an HL7 messaging perspective, all messages that include the HL7 patient</p>

	<p>identification segment should also include the IHI, IHI Status and IHI Record Status. This will include messages:</p> <ul style="list-style-type: none"> • All HL7 ADT (Admission, Discharge, Transfer) messages excluding the Qry A19 message • All referral related HL7 ,messages (I12, I13, I14) • All SIU messages (scheduling and appointments) • The R01 message (observation)
Included In (Other Use Cases)	None
Business Processes	BP1: Patient Registration from a Referral BP11: Attend Appointment/Treatment

BASIC FLOW:

#	Description	Requirement/  Include
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1 The Actor wishes to generate a patient letter or report.

ALTERNATE FLOW(S):

Condition	Return Step
The Actor sends a Discharge Summary [Goal: Send Discharge Summary]	
The Actor sends an Order [Goal: Send Order]	
The Actor sends a Referral Update [Goal: Send Referral Update]	
The Actor sends a Referral Cancellation [Goal: Send Referral Cancellation]	
The Actor wishes to send a referral. [Goal: Send Referral]	

2 The Actor selects the type of output they wish to generate and requests to proceed.



3 The System generates the requested output.

4.13 UC8 : Obtain IHI

Actors	The PAS System
Overview	This use case acts as the coordinator for IHI searches to be sent to the HI Service, and will determine the optimum search given the data available, and manage the iteration through items such as aliases and alternate addresses. This will be a commonly used function across all health services, and is also applicable to batch based IHI search requests.
Pre Condition	<p>An IHI for a Patient is not held in the PAS.</p> <p>Sufficient patient information is available to enable one of the HI Service IHI searches to be conducted.</p>
Post Condition	The most appropriate approach to obtain the IHI has been determined and executed. The IHI number and statuses have been recorded against the patient

	record.
Circumstances of Use	<p>This use case will apply when:</p> <ol style="list-style-type: none"> 1. An IHI is not already allocated to an existing patient record in the PAS; 2. A new patient record is created, either from a referral or presentation / admission; <p>Data used for IHI Searching or checking is altered within the patient record (name, DOB, gender, Medicare number, DVA file number, etc), resulting in a new search being required</p> <ol style="list-style-type: none"> 3. A User has triggered this Use Case by requesting it on the Patient screen.
Included In (Other Use Cases)	UC51: Process Patient Details Update UC54: Refresh IHI UC18: Send Referral UC19: Send Discharge Summary UC20: Send Order
Business Processes	BP1: Patient Registration from a Referral BP6: Patient Flow BP2: Unreferred Patient Presentation

BASIC FLOW:

#	Description	Requirement/  Include
1	The System searches for an IHI using UC7: Search for IHI.	RU661  UC7: Search for IHI
2	The System found a single match and updates the patient record within the PAS.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The HI Service did not find a single match. [Goal: Iterate until search options are exhausted.] Alternate Flow(s): <ul style="list-style-type: none"> • IE 2.1: The System has exhausted all search criteria located in alias & historical names and alternate/historical addresses. [Goal: Handle no match scenario] 	1
3	The System records an IHI event. AL674


BUSINESS RULES:

ID	Business Rule
RU661	The System prioritises the data to be used for IHI searching, by initially selecting the Legal/Medicare name where this is identified, the registered address and other fields as required for the particular search. The system then cycles through aliases/alternate data in subsequent searches if required.

4.14 UC7 : Search for IHI

Actors	The PAS System
Overview	The System performs pre-processing before sending a request to the HI Service to locate an IHI for a patient, and then receives a response. This use case focuses on determining the optimum IHI search type (TDS, Basic, Demographic) to send to the HI Service, and adjusts the criteria data to ensure that a unique local PAS record satisfies the search criteria.
Pre Condition	No Verified or Unverified IHI is held in the PAS. Sufficient information is held in the patient record to satisfy one or more IHI search types.
Post Condition	The IHI number and statuses have been recorded against the patient record.
Circumstances of Use	This UC forms a second stage in the retrieval of the IHI following the Obtain IHI UC. This use case will apply when: <ol style="list-style-type: none"> 1. An IHI is not already allocated to a existing patient record in the PAS; 2. A new patient record is created, either from a referral or presentation / admission; 3. Data used for IHI Searching or checking is altered within the patient record (name, DOB, gender, Medicare number, DVA file number, etc), resulting in a new search being required.
Included In (Other Use Cases)	UC8: Obtain IHI UC34: Request IHI Search (Multiple Records) UC24: Validate IHI UC51: Process Patient Details Update UC28: Merge Patient Records
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System determines that the mandatory information elements that form the criteria set has been obtained for a TDS Search.	RU136



ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that it is missing one or more of the mandatory information elements that form the criteria set required for a TDS Search. [Goal: Perform non-TDS Search] Alternate Flow(s): <ul style="list-style-type: none"> • IE 1.1: The System determines that it is missing one or more of the mandatory information that forms the criteria set required for a non-TDS Search. [Goal: Respond with error.] Alternate Flow(s): <ul style="list-style-type: none"> • IE 1.2: The System confirms that more than one record in the PAS matches the non-TDS Search criteria set. [Goal: Raise exception] 	3

2 The System determines that only one record in the PAS matches the

TDS Search criteria set.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that more than one record in the PAS matches the criteria set. [Goal: Reiterate until all criteria exhausted] Alternate Flow(s): <ul style="list-style-type: none"> IE 2.1: The System determines that there are no more available criteria that can be added to the patient match. [Goal: Raise exception.] 	2
3 The System obtains the IHI using UC15: Send IHI Request.	 UC15: Send IHI Request
4 The System determines that a match was returned.	
ALTERNATE FLOW(S):	
Condition	Return Step
IE 4: The System determines that no match was returned. [Goal: Skip Update]	
5 The System updates the PAS using UC10: Update IHI.	AL668  UC10: Update IHI
6 The System records an IHI event.	AL139 RU568

BUSINESS RULES:


ID	Business Rule
RU136	The following details are included in a TDS Search: <ul style="list-style-type: none"> Medicare Number or DVA File Number (one is Mandatory) Family Name (Mandatory) Given Name (Optional) Sex (Mandatory) Date of Birth (Mandatory) Health Service Reference ID IRN is optional (and only used with Medicare Number searches)
RU137	The following details are included in a non-TDS Search: <ul style="list-style-type: none"> Family Name (Mandatory) Given Name (Optional) Sex (Mandatory) Date of Birth (Mandatory) Address Fields (TBC: Suburb, Postcode, State, Country combination) Health Service Reference ID
RU580	If the DVA file number is held as well as the Medicare Number, the DVA file number is used to search for an IHI over the Medicare Number.
RU431	Each time an IHI in the PAS is created or updated, the date of this action must be retained with it. When a check is performed on this IHI, even if the IHI is not updated, the update date must be set as the date of the check.
RU568	The IHI Event includes a Comments field and a Transaction ID. When an IHI has been matched on an alias or alternate address, the Comments field must specify this, and the Transaction ID, will be populated with the Transaction ID of the search that was sent up and matched, so that

ID	Business Rule
	the Actor can then hyperlink to the actual search information to determine the search criteria that resulted in the match.
RU570	<p>For a non-TDS Search (Basic Demographic Search), the minimum search criteria that will be sent up is:</p> <ul style="list-style-type: none"> • Surname • Date of Birth • Sex • Health Service Reference ID <p>The following fields may be added to the above in order to achieve a unique result:</p> <ul style="list-style-type: none"> • Given Name (if held) • Suburb • Postcode <p>The Full Demographic Search includes full address information, eg unit number, unit type, street number, street name, street type, street type extension, etc).</p>

4.15 UC10 : Update IHI

Actors	The PAS System
Overview	The System updates the IHI fields held in the PAS based on what has been returned by the HI Service.
Pre Condition	An IHI has been returned and Validation has passed (been successful, thereby ensuring that the update is an appropriate action to take).
Post Condition	The IHI fields are updated in the PAS, including Record Status and Status information.
Circumstances of Use	Whenever an IHI has been retrieved or checked via the HI Service.
Included In (Other Use Cases)	UC7: Search for IHI UC9: Check IHI UC11: Request IHI Check (Multiple Records) UC24: Validate IHI UC46: Load Batch IHI Results UC51: Process Patient Details Update UC36: Add Exception Resolution
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System updates the patient record in the PAS with the new IHI, IHI record status and status.	
2	The System records the data used for the successful IHI search in the PAS.	
3	The System determines that the IHI to be updated does not already exist in the PAS against another record.	


ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that the IHI to be updated already exists in the PAS against at least one other record. [Goal: Raise exception]	4

- 4 The System determines that there is an open referral for this patient, that either did not include an IHI or has an IHI that differs from the one currently stored in the PAS.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that there is no open referral for this patient, or the open referral did not include an IHI (or the same IHI). [Goal: Skip Referral Update]	6

- 5 [The System sends a referral update to the referral originator using UC22: Send Referral Update.](#)  [UC22: Send Referral Update](#)
- 6 The System records an IHI event. [AL676](#)
- 7 The System updates the last checked date for the IHI in the PAS.

BUSINESS RULES:


ID	Business Rule
RU431	Each time an IHI in the PAS is created or updated, the date of this action must be retained with it. When a check is performed on this IHI, even if the IHI is not updated, the update date must be set as the date of the check.
RU514	The System must retain a full history of IHI changes, allowing for each instance of an IHI to be searchable.
RU571	Any updated IHI information must be sent back to the referral originators, where this functionality is enabled.

4.16 UC9 : Check IHI

Actors	The PAS System
Overview	Initiates a system request to check the validity and status of an IHI.
Pre Condition	The patient record has an IHI recorded, and the system (PAS) has determined that the IHI requires checking.
Post Condition	The updated IHI information has been returned, or the existing IHI information has been confirmed. The Update IHI use case is called (will update relevant information including the "date last checked" field)
Circumstances of Use	A patient record (or referral) exists which has an IHI with a record status or status that warrants checking, including: <ul style="list-style-type: none"> • Unverified (to check for resolutions to Verified) • Provisional (to check for resolutions to Unverified or Verified) • Any type of IHI where the user is aware that the patient is deceased. • Where the health service has a business rule of checking the IHI status at

	<p>regular configurable intervals, eg. every 3, 6 or 12 months.</p> <ul style="list-style-type: none"> The user has generated a "Patient Records without Recently Checked IHIs" report, and is seeking to validate the IHIs allocated to the patient records. <p>Note that in most cases the system will automatically query the HI Service to check the type and status of the recorded IHI, eg on a scheduled basis.</p>
Included In (Other Use Cases)	UC11: Request IHI Check (Multiple Records) UC24: Validate IHI UC51: Process Patient Details Update UC55: Reset Merge UC18: Send Referral UC19: Send Discharge Summary UC20: Send Order UC21: Process IHI in Referral UC22: Send Referral Update UC23: Send Referral Cancellation UC36: Add Exception Resolution UC40: Perform Merge Analysis
Business Processes	None – see "Included in" Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
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1 The System determines that this IHI has not been checked in the last 24 hours (configurable).

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that this IHI has been checked in the last 24 hours (configurable). [Goal: Skip IHI check]	

2 The System determines that it has all the required information to submit an IHI check.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that it does not have all the required information to submit an IHI check. [Goal: Stop IHI check from proceeding.]	

3 The System determines that the IHI Status that is held is "Active".

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The System determines that the IHI Status that is held is not "Active". [Goal: Exit]	

4 The System sends a request to the HI Service with the criteria set.

[RU220](#)

5 The HI Service determines that the request message is valid.

ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The HI Service determines that the request message is invalid. [Goal: Respond with error.]	
IE 5: The HI Service responds, indicating a data level business error. [Goal: Respond with error.]	
IE 6: The HI Service does not respond within the specified timeout period and subsequent retries have failed. [Goal: Handle timeout]	

6 The HI Service locates the matching record.

ALTERNATE FLOW(S):

Condition	Return Step
IE 7: The HI Service responds, indicating it matched to more than one matching record. [Goal: Raise Exception. Please note: this is very unlikely to happen but given the technical design of the service, it is possible.] Alternate Flow(s): <ul style="list-style-type: none"> IE 7.2: The System has exhausted all search criteria located in alias & historical names and alternate/historical addresses. [Goal: Handle no match scenario] 	4
IE 8: The HI Service responds, indicating no matching Healthcare Individual records were found. [Goal: Raise Exception.] Alternate Flow(s): <ul style="list-style-type: none"> IE 8.2: The System has exhausted all search criteria located in alias & historical names and alternate/historical addresses. [Goal: Handle no match scenario] 	4

7 The HI Service returns the IHI status and record status. [RU222](#)

8 Given the received IHI Number, the System determines that the Number is the same as the original record.

ALTERNATE FLOW(S):

Condition	Return Step
IE 9: Given the received IHI Number, the System determines that the Number is different from the original record. [Goal: If provisional, raise exception.] Alternate Flow(s): <ul style="list-style-type: none"> IE 9.1: The returned IHI has a Record Status of "Provisional". [Goal: Raise exception.] 	9

9 The System determines that the Record Status of the record returned by the HI Service is equal or higher to the original record.

ALTERNATE FLOW(S):

Condition	Return Step
IE 10: The System determines that the Record Status of the record returned by the HI Service is lower than the original record. [Goal: Raise exception]	

10 Given the received IHI Status, the System determines that the Status of the record returned by the HI Service is equal to the original record.

ALTERNATE FLOW(S):

Condition	Return Step
IE 11: Given the received IHI Status, the System determines that the Status of the record returned by the HI Service is higher than the original record. [Goal: Handle various Statuses] Alternate Flow(s): <ul style="list-style-type: none"> IE 11.1: The System determines that the patient is a "current patient". [Goal: Do not update PAS] Alternate Flow(s): <ul style="list-style-type: none"> IE 11.2: The returned record is Deceased [Goal: Skip other steps] 	12
11	If the returned IHI details differ at all from what is held in the PAS, update IHI details in PAS using UC10: Update IHI.
12	The System records an IHI event. AL677
13	The System updates the last checked date field for the IHI in the PAS.

BUSINESS RULES:


ID	Business Rule
RU220	The following details are included in a Check HI Request: <ul style="list-style-type: none"> IHI Number (Mandatory) Family Name (Mandatory) Given Name (Optional) Date of Birth (Mandatory) Sex (Mandatory)
RU431	Each time an IHI in the PAS is created or updated, the date of this action must be retained with it. When a check is performed on this IHI, even if the IHI is not updated, the update date must be set as the date of the check.

4.17 UC12 : Generate IHI Exception

Actors	The PAS System
Overview	The System generates a task for human follow-up when a IHI issue occurs. Different Exception Levels will be routed to different audiences for follow up, with differing expected response times.
Pre Condition	An exception has occurred in IHI processing.
Post Condition	The exception has been raised. Subsequent actions can be taken in response to specific exception conditions, eg suspending processing if the HI Service is offline.
Circumstances of Use	Whenever an exception occurs in any aspect of obtaining, checking or processing an IHI.
Included In (Other Use Cases)	UC8: Obtain IHI UC7: Search for IHI UC10: Update IHI UC9: Check IHI UC24: Validate IHI UC15: Send IHI Request UC16: Send Unverified IHI Request UC14: Send IHI Update Request

	UC43: Send Merge Request UC44: Send Provisional IHI Request UC45: Send Provisional IHI Update Request UC49: Send Provisional to Unverified Resolution Request UC48: Send Medicare Service Request UC56: Send Duplicate or Replica IHI Notification UC28: Merge Patient Records UC30: Scan for patient anomalies
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	<p>The System creates an IHI Exception with the following fields:</p> <ul style="list-style-type: none"> • Exception ID • Parent Exception ID (populated when exception has been raised from attempt to resolve another exception) • Batch ID (if raised from Batch process) • Exception Date • Exception Type • Error Code • Primary IHI • Secondary IHI (if applicable) • Secondary URN (if applicable) • Exception Status = "Created" • processing stage = "Before Presentation" or "After Presentation" depending on whether this exception was generated prior to the patient presenting or once they have presented to the health service. • Resolution Description = blank • Resolution Date = blank • Resolver ID = blank 	

BUSINESS RULES:

ID	Business Rule
RU418	When raising exceptions, the System must differentiate between exceptions raised prior to a patient presenting, and exceptions raised once a patient has presented and confirmed their details.
RU615	<p>Exceptions Types are:</p> <ul style="list-style-type: none"> • No Match • No Match on Check IHI • Incomplete Request Criteria • PAS Duplicate • Status Integrity • System Failure • Provisional IHI • Returned IHI PAS Duplicate • Potential Deceased • Data Error • Multiple Matches • Multiple Matches on Check IHI


ID	Business Rule
	<ul style="list-style-type: none"> • Retired or Expired • HI Duplicate Data • Unknown • Business Rule Violation • HI Merge Failure • Inconsistent Referral IHI • Current Patient IHI Anomaly • HI Service Processing
RU581	IHI Exception States are: <ul style="list-style-type: none"> • Created • Open (when Exception is viewed) • Pending • Suspended • Closed
RU614	The System will not re-raise IHI Exceptions for paired non-Duplicates.

4.18 UC11 : Request IHI Check (Multiple Records)

Actors	PAS User PAS Clerk The PAS System PAS Administrator
Overview	<p>This use case enables the checking of IHIs allocated to patient records to occur in bulk, via the online or offline batch search facilities in the HI Service.</p> <p>This process may be Initiated manually by the user or by the System</p> <p>For record sets of less than 100 items the HI Service online batch may be used. For larger records sets, they may either be segmented into 100 record groups, or submitted via the offline batch service. The maximum number of items in an offline batch file is 2000, and this must be sent to the HI Service Operator using a secure USB device.</p>
Pre Condition	Many IHIs allocated to patient records in the PAS require checking with the HI Service.
Post Condition	The IHIs have been checked and updated if appropriate.
Circumstances of Use	<p>This use case will apply when:</p> <p>A patient record contains an Unverified or Provisional IHI (frequent checking required so that resolutions can be obtained);</p> <p>A patient record with a Verified IHI has not been checked and validated within a pre-determined period;</p> <ol style="list-style-type: none"> 1. In anticipation of patient appointments in the upcoming week/period, to update the IHI for those patients; or 2. The HI Service Check IHI function has been unavailable for a period and a number of requests are queued.
Included In (Other Use	None

Cases)	
Business Processes	BP9: Perform Batch Process

BASIC FLOW:

#	Description	Requirement/  Include
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1 This Use Case has been initiated by a person Actor.

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: This Use Case has been initiated by the System as a regular check of IHIs that are due to be checked. [Goal: Skip Search screen]	9
IE 2: This Use Case has been initiated by the System as a regular check of IHIs that are due to be checked in order to obtain the Date of Death. This occurs for a record 3 months after it has been flagged as having a Date of Death but does not have a status of Retired. [Goal: Skip Search screen]	9

2 The System displays search criteria based on patient demographics, for example:

- URN range (from and to)
- Last IHI update date range (from and to)
- Last update inclusion/exclusion checkbox
- Date of Birth range (from and to)
- First Name (wildcard search allowed)
- Surname (wildcard search allowed)
- Appointment/Waiting List date range (from and to)
- Appointment/Waiting List Type

3 The Actor enters the criteria and requests to proceed.

4 The System determines that the entered criteria passes validation.

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The System determines that the entered criteria fail validation. [Goal: Trap errors in criteria]	

5 The System retrieves the patient records (only those that have IHIs against them) that match the given criteria and displays them in a list. The System also displays the total number of records returned.

6 The Actor flags the records to be added to a Bulk IHI Check and requests to proceed.



7 The Actor selected the individual records to be flagged

ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The Actor requested to proceed with all the records in the recordset. [Goal: Support selection of all records regardless of number of records displayed on screen.]	8

8 The number of selected records is less than 2000.

ALTERNATE FLOW(S):

	Condition	Return Step
	IE 5: The number of selected records is 2000 or greater. [Goal: Output requests to file]	
9	The System sets the first record in the Bulk IHI check to the current record.	
10	The System obtains the IHI information for the current patient record using UC9: Check IHI.	 UC9: Check IHI
11	The System updates the IHI using UC10: Update IHI.	 UC10: Update IHI
12	The System determines that the record was processed successfully.	
ALTERNATE FLOW(S):		
	Condition	Return Step
	IE 8: The System determines that the record was not processed successfully. [Goal: Record error for display in bulk results.]	14
13	The System records a success for the related record in the bulk process.	
14	The System determines there are no more records to be processed.	
ALTERNATE FLOW(S):		
	Condition	Return Step
	IE 9: The System determines there are records still to be processed. [Goal: Cycle through records]	10
15	The System presents a results list, which shows the results of each record in the bulk recordset. The System also displays the Batch ID.	

BUSINESS RULES:


ID	Business Rule
RU431	Each time an IHI in the PAS is created or updated, the date of this action must be retained with it. When a check is performed on this IHI, even if the IHI is not updated, the update date must be set as the date of the check.

4.19 UC34 : Request IHI Search (Multiple Records)

Actors	PAS User PAS Clerk The PAS System PAS Administrator
Overview	This use case enables multiple IHI Searches to be submitted in one request, using the HI Service online or offline batch processes. The use case may be Initiated manually by a user or automatically by the System. For record sets of less than 100 items the HI Service online batch may be used. For larger records sets, they may either be segmented into 100 record groups, or submitted via the offline batch service. The maximum number of items in an offline batch file is 2000, and this must be sent to the HI Service Operator using a secure USB device.
Pre Condition	Many patient records without allocated IHIs exist within the PAS, and they are not records of deceased people.
Post Condition	The IHIs have been searched for, returned, and the PAS updated if appropriate, or

	an exception recorded (for each search item that returned an error).
Circumstances of Use	This use case will apply when: <ol style="list-style-type: none"> 1. Patient records exist without allocated IHIs, and there is sufficient information to satisfy criteria for one or more IHI Search types (TDS, basic, full); 2. In anticipation of patient appointments in the upcoming week, to search for IHIs for those patients; or 3. The HI Service Search IHI function has been unavailable for a period and a number of requests are queued.
Included In (Other Use Cases)	None
Business Processes	BP9: Perform Batch Process

BASIC FLOW:

#	Description	Requirement/  Include
1	This Use Case has been initiated by a person Actor.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: This Use Case has been initiated by the System as a regular processing of IHIs that are due to be checked. [Goal: Skip Search screen]	9

2	The System displays search criteria based on patient demographics, for example: <ul style="list-style-type: none"> • URN range (from and to) • Last IHI update date range (from and to) • Date of Birth range (from and to) • First Name (wildcard search allowed) • Surname (wildcard search allowed) • Appointment/Waiting List date range (from and to) • Appointment/Waiting List Type
3	The Actor enters the criteria and requests to proceed.
4	The System determines that the entered criteria pass validation.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that the entered criteria fails validation. [Goal: Trap errors in criteria]	

5	The System retrieves the patient records that match the given criteria and displays them in a list.
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6 The Actor flags the records to be added to a Bulk IHI Search and requests to proceed.

7 The Actor selected the individual records to be flagged

ALTERNATE FLOW(S):


Condition	Return Step
IE 3: The Actor requested to proceed with all the records in the recordset. [Goal: Support selection of all records regardless of number of records displayed on screen.]	8

8 The number of selected records is less than 2000.

ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The number of selected records is 2000 or greater. [Goal: Output requests to file]	

9 The System sets the first records in the Bulk IHI check to the current record.

10 [The System obtains the IHI information for the current patient record using UC7: Search for IHI.](#)  [UC7: Search for IHI](#)

11 The System determines there are no more records to be processed.

ALTERNATE FLOW(S):

Condition	Return Step
IE 6: The System determines there are records still to be processed. [Goal: Cycle through records]	10


12 The System presents a results list, which shows the results of each record in the submitted recordset. The System also displays the Batch ID.

13 The System retains the information received and makes it available to view in a report.

4.20 UC24 : Validate IHI

Actors	The PAS System
Overview	The System checks the incoming IHI against the IHI that is held in the PAS for the patient and determines what to do with discrepancies.
Pre Condition	Patient matching between the referral and the PAS has been performed.
Post Condition	The IHI in the Referral has been checked against what is in the PAS and validated against the HI Service if necessary, any updates have been done.
Circumstances of Use	When a referral has been received.
Included In (Other Use Cases)	None
Business Processes	BP1: Patient Registration from a Referral

BASIC FLOW:

#	Description	Requirement/  Include
1	The System records an IHI event.	AL692
2	The System determines that there is an IHI held in the PAS for this patient.	


ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that there is no IHI held in the PAS for this patient. [Goal: Update PAS with IHI] Alternate Flow(s): <ul style="list-style-type: none"> IE 1.1: The System determines that there is no IHI included in the referral. [Goal: Conduct IHI Search] Alternate Flow(s): <ul style="list-style-type: none"> IE 1.2: The System determines that the externally provided IHI has not passed the consistency check (performed in UC21: Process IHI in Referral). [Goal: Raise error] 	9

3 The System determines that the IHI in the PAS has a status of Active.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that the IHI in the PAS does not have a status of Active. [Goal: Stop processing Validation of IHI.]	9


4 [The System checks the IHI in the PAS using UC9: Check IHI](#)  [UC9: Check IHI](#)

5 [The System updates the IHI using UC10: Update IHI.](#)  [UC10: Update IHI](#)

6 The System determines that there is an IHI included in the referral.

ALTERNATE FLOW(S):

Condition	Return Step
IE 5: The System determines that there is no IHI included in the referral. [Goal: Stop processing Validation of IHI.]	

7 [The System performs an IHI Check on the externally provided IHI using UC9: Check IHI.](#)  [UC9: Check IHI](#)

8 The System determines that the two IHI numbers, Record Status and Status are the same .

ALTERNATE FLOW(S):

Condition	Return Step
IE 7: The System determines that the two IHI numbers, Record Status and Status are different. [Goal: Raise exception, as is not a true match, or merge has not yet occurred.]	9

9 The System records an IHI event. [AL688](#)

BUSINESS RULES:


ID	Business Rule
RU413	A Trusted Source is a party that meets all of the following criteria: <ul style="list-style-type: none"> • They have an HPI-O • They have declared their compliance with IHI processing obligations.
RU415	At a certain future point, the System will (may) no longer accept referrals from trusted sources that do not include an IHI.

4.21 UC46 : Load Batch IHI Results

Actors	PAS User PAS Administrator System Administrator
Overview	This is an automated system process to load the results of an offline IHI Search batch request to the HI Service back into the PAS, and raise any exceptions that occurred. The current approach specifies that Medicare Australia (the HI Service operator) will return the batch results to the health service using a secure USB device, and secure transport (eg courier, or perhaps registered mail). Data on the USB stick will need to be persisted in a directory on a secure LAN file system.
Pre Condition	An offline batch request for IHI searching or IHI Checking has previously been sent to the HI Service. The HI Service operator has processed the batch request and returned the secure USB stick to the health service. The file on the USB stick has been decrypted and stored on a LAN server based secure file system. Note that other HI Service B2B functions (Request Unverified, Request Provisional, Request Merge, etc) cannot currently be submitted via batch.
Post Condition	The data returned from the HI Service is loaded into the local system, and any exceptions are raised. A batch load report is created. Any data on the secure USB stick is deleted.

Circumstances of Use	Whenever an IHI offline batch response from the HI Service operator is received by the health service or their nominated receiver (could be HealthSMART Services for example).
Included In (Other Use Cases)	None
Business Processes	BP9: Perform Batch Process

BASIC FLOW:

#	Description	Requirement/  Include
1	The System presents a file dialog, for the Actor to specify the file that contains the Batch results.	
2	The Actor specifies the file to be uploaded and requests to proceed.	
3	The System locates the specified record and pre-processes it.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System experiences an issue either with locating the specified file or with pre-processing the file. [Goal: Respond with error]	

4	The System sets the first record in the Batch IHI file to the current record.	
5	The System locates the matching patient record.	


ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System could not locate the matching patient record. [Goal: Record error for display in load results.]	9

6	The System determines that the record date/time is later than the last checked date/time on the matching patient record.	
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ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The System determines that the record date/time is earlier or equal than the last checked date/time on the matching patient record. [Goal: Record error for display in load results.]	9

7	The System updates the IHI using UC10: Update IHI.	 UC10: Update IHI
8	The System records a success for the related record in the batch file.	
9	The System determines there are no more records to be processed.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 5: The System determines there are records still to be processed. [Goal: Cycle through records]	5


10	The System presents a results list, which shows the results of each	
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record in the file.

4.22 UC51 : Process Patient Details Update

Actors	The PAS System
Overview	This use case has a dual role in the processing of updates to the patient record that may impact the previously retrieved IHI (ie one or more of the IHI Search criteria are altered), or that require a patient information update to be sent to the HI Service.
Pre Condition	A patient record exists in the PAS with an IHI allocated, and IHI Status is available. The patient record is updated by the user.
Post Condition	An IHI Search is performed and the same or a different IHI is returned. For a patient record with a Provisional or Unverified IHI, an update is sent to the HI Service.
Circumstances of Use	This use case applies when: <ol style="list-style-type: none">1. An update is applied to a patient record having a Provisional IHI, to name, DOB or gender fields2. An update is applied to a patient record having an Unverified IHI, to name, DOB, gender or address fields3. An update is applied to a patient record having a Verified IHI that affects the IHI Search or IHI Check criteria (Medicare number, DVA card number, name, DOB, gender, address).
Included In (Other Use Cases)	UC5: Update Patient Details UC29: Unmerge Patient Records
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System determines that there is an IHI allocated to the patient record.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that there is no IHI on the patient record. [Goal: Perform IHI Search]	7

- 2 The System determines that the current Record Status of the IHI for this patient is Verified or Unverified.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that the current Record Status of the IHI for	

this patient is Provisional. **[Goal: Update to HI Service and then Search, to see if there is a matching Verified or Unverified record.]**

Alternate Flow(s):

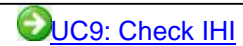
- IE 2.2: The System determines that the patient record still has it's Provisional IHI. **[Goal: Update patient details to Provisional IHI in HI Service.]**

3 The System determines that at least one of the details that form part of the criteria on the IHI Check has been changed.

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The System determines that none of the details that form part of the IHI Check have been changed. [Goal: Skip the IHI Check.]	7

4 [The System checks the IHI in the PAS using UC9: Check IHI](#)

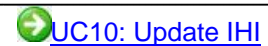


5 The System determines that the IHI Check was successful.

ALTERNATE FLOW(S):

Condition	Return Step
IE 5: The System determines that the IHI Check was not successful. [Goal: Perform IHI Search]	

6 [The System updates the IHI using UC10: Update IHI.](#)



7 The System determines that the IHI Record Status that is held in the PAS is Verified and therefore an update to the HI Service is not required.

ALTERNATE FLOW(S):

Condition	Return Step
IE 7: The System determines that the IHI Record Status that is held in the PAS is Unverified and therefore an update to the HI Service is required. [Goal: Send updated demographic details to the HI Service]	



RATIONALE:

ID	Rationale
RL626	As there is now more information for this Provisional IHI, it is possible that there exists a Verified or Unverified IHI with these same details, so a search for a Verified or Unverified IHI is conducted.

4.23 UC54 : Refresh IHI

Actors	The PAS System
Overview	This Use Case deletes the current IHI number, IHI Status and IHI Record Status in the patient record (without removing the IHI History) and then searches for an IHI again.
Pre Condition	An IHI exists for the selected patient.
Post Condition	The IHI of the patient has been refreshed from the HI Service.
Circumstances of Use	<p>When an IHI Exception has been raised and the Actor has decided to Obtain the IHI from scratch, regardless of what is currently held as the IHI. The following Exception Types allow for this Resolution Type:</p> <ul style="list-style-type: none"> • System Failure • Status Integrity • HI Duplicate Data • No Match on Check IHI
Included In (Other Use Cases)	UC36: Add Exception Resolution
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:



#	Description	Requirement/  Include
1	The System records an IHI event.	AL690
2	The System clears the IHI and related Statuses from the Patient record (if they exist).	
3	The System obtains the IHI using UC8: Obtain IHI	 UC8: Obtain IHI
4	The System records an IHI event.	AL691

4.24 UC55 : Reset Merge

Actors	The PAS System
Overview	This Use Case re-checks the IHIs submitted as part of the Merge Request that previously failed, and if appropriate re-sends the Merge request to the HI Service.
Pre Condition	An exception has been raised from a Merge Request.
Post Condition	The Merge has been successfully re-sent and the associated exceptions closed.
Circumstances of Use	<p>Requested by the HIM as a result of a "HI Merge Failure" exception being raised during a Merge Request.</p> <p>Circumstances that cause an exception like this to arise are:</p> <ul style="list-style-type: none"> • The IHI Record sent up as the Provisional Record is not Provisional • The IHI Record sent up as the Unverified/Verified Record is not Unverified/Verified


	<ul style="list-style-type: none"> • An IHI sent in the message is not found in the HI Service • An IHI sent in the message does not have a status of Active or Deceased.
Included In (Other Use Cases)	UC36: Add Exception Resolution
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System checks the Provisional IHI using UC9: Check IHI.	 UC9: Check IHI
2	The System determines that the returned IHI is still Provisional.	


ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that the returned IHI is no longer Provisional. [Goal: Cannot perform merge via B2B.] Alternate Flow(s): <ul style="list-style-type: none"> • IE 2.1: The System determines that the IHI number returned is different from the other IHI to be merged. [Goal: Raise Service Request for Merge.] 	7

3	The System checks the other IHI using UC9: Check IHI.	 UC9: Check IHI
4	The System determines that there is still one IHI that has a Record Status of Provisional and that neither IHI has a status of Expired or Retired.	


ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The System determines that at least one of the following statements is true: <ul style="list-style-type: none"> • neither IHI has a Record Status of Provisional • either IHI has a status of Expired or Retired. [Goal: Skip Merge Request & Close Exception] 	7

5	The System resends the Merge Request using UC43: Send Merge Request.	 UC43: Send Merge Request
6	The System determines that the Merge was successful.	

ALTERNATE FLOW(S):


Condition	Return Step
IE 6: The System determines that the Merge was unsuccessful. [Goal: Send Service Request]	

7	The System closes the Exception using UC50: Close Exception.	 UC50: Close Exception
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4.25 UC15 : Send IHI Request

Actors	The PAS System
Overview	The System prepares and sends an IHI Search request for the HI Service, and awaits the response.
Pre Condition	Mandatory fields for at least one of the HI Service IHI searches (TDS excluding the IHI, basic demographic search, and full demographic search) are available.
Post Condition	A response is received from the HI Service for subsequent processing.
Circumstances of Use	<p>This use case will be used frequently, up to 2000 times per day for a moderately sized health service of 600 beds, with the following being the most common categories:</p> <ol style="list-style-type: none"> 1. To obtain an IHI for a patient for the first time (on referral or presentation) 2. To check an IHI subject to agreed business rules, including: <ul style="list-style-type: none"> • IHI received on referral • IHI received on other communication • Patient presentation • Preparation of a discharge summary, or generation of outputs • On a scheduled basis to update the status of the IHI, and check for retired or deceased records
Included In (Other Use Cases)	UC7: Search for IHI
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System sends a request to the HI Service with the criteria set.	RU136 RU137
2	The HI Service determines that the request message is valid.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The HI Service determines that the request message is invalid. [Goal: Respond with error.]	
IE 2: The HI Service responds, indicating a data level business error. [Goal: Respond with error.]	
IE 3: The HI Service responds, indicating that additional fields were found in the request. [Goal: Respond with error.]	

3	The HI Service responds with one matching record.
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ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The HI Service responds, indicating it found more than one matching record. [Goal: Respond with error.]	
IE 5: The HI Service does not respond within the specified timeout period	

and subsequent retries have failed. [Goal: Handle timeout]
IE 6: The HI Service responds, indicating no matching Healthcare Individual records were found. [Goal: Respond with information message.]
IE 7: The HI Service responds with an Unknown error. [Goal: Respond with error.]
IE 8: The matching record is expired. [Goal: Raise exception] 4 Alternate Flow(s): <ul style="list-style-type: none"> IE 8.1: The System determines that this request is not for a current patient. [Goal: Skip raise of exception]
IE 9: The matching record is retired. [Goal: Raise exception] Alternate Flow(s): <ul style="list-style-type: none"> IE 9.1: The System determines that this request is not for a current patient. [Goal: Skip raise of exception]

- 4 The HI Service returns the IHI status and record status. [RU223](#) [RU224](#) [RU225](#) [RU226](#)
- 5 The matching record has no exception conditions.

ALTERNATE FLOW(S):

Condition	Return Step
IE 10: The matching record has a date of death. [Goal: Respond with information message.]	


BUSINESS RULES:

ID	Business Rule
RU136	<p>The following details are included in a TDS Search:</p> <ul style="list-style-type: none"> Medicare Number or DVA File Number (one is Mandatory) Family Name (Mandatory) Given Name (Optional) Sex (Mandatory) Date of Birth (Mandatory) Health Service Reference ID IRN is optional (and only used with Medicare Number searches)
RU137	<p>The following details are included in a non-TDS Search:</p> <ul style="list-style-type: none"> Family Name (Mandatory) Given Name (Optional) Sex (Mandatory) Date of Birth (Mandatory) Address Fields (TBC: Suburb, Postcode, State, Country combination) Health Service Reference ID

4.26 UC16 : Send Unverified IHI Request

Actors	The PAS System
Overview	<p>Enables the creation of an Unverified IHI, with the supporting record in the HI Service, for a patient. It should be used sparingly and only in specific circumstances as defined below.</p> <p>Note that Victorian HealthSMART health services cannot currently make use of this function as current systems do not support address data in the required format.</p>
Pre Condition	<p>A PAS user has identified the need to assign an Unverified IHI to the Patient record in the PAS.</p> <p>A search has NOT identified another Verified or Unverified IHI with the same personal and demographic information. The patient is an overseas visitor, diplomat, somebody who wishes to remain anonymous, or a newborn (latter is still to be resolved), ie they are legitimate recipients of an Unverified IHI.</p>
Post Condition	<p>The Unverified IHI is generated and stored within the PAS.</p> <p>The patient is informed of the Unverified IHI allocated to them, and their options discussed (where applicable).</p>
Circumstances of Use	<ul style="list-style-type: none"> • Creation of a record for a newborn, to support a transfer to another health service (remains under discussion); • Allocation of an IHI to an ED record to support a transfer to another facility where a verified IHI has not been retrieved; • For patients who wish to remain anonymous or do not wish to register with Medicare; • For foreign tourists, diplomats, etc.
Included In (Other Use Cases)	UC36: Add Exception Resolution
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System determines that it has all the required information to submit a Create Unverified IHI Request.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that it does not have all the required information to submit a Create Unverified IHI Request. [Goal: Stop request from proceeding.]	
2	The System sends a request to the HI Service with the criteria set. RU228
3	The HI Service determines that the request message is valid.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The HI Service responds, indicating a data level business error. [Goal: Respond with error.]	

IE 3: The HI Service determines that the request message is invalid.
[Goal: Respond with error.]

4 The HI Service determines that there are no existing Verified or Unverified IHI records with the same details.

ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The HI Service determines that there is an existing Verified or Unverified IHI record with the same details. [Goal: Respond with error.]	
IE 5: The HI Service responds with an Unknown error. [Goal: Respond with error.]	

5 The HI Service responds with the newly created record. [RU268](#) [IM346](#)

ALTERNATE FLOW(S):

Condition	Return Step
IE 6: The HI Service does not respond within the specified timeout period and subsequent retries have failed. [Goal: Handle timeout]	

6 The System records an IHI event. [AL726](#)

7 The System determines that there is no international address held in the PAS.

ALTERNATE FLOW(S):

Condition	Return Step
IE 7: The System determines that there is an international address held in the PAS. [Goal: Upload International Address]	8

8 The System retains the Unverified IHI record details for later use.

BUSINESS RULES:

ID	Business Rule
RU228	<p>The following details are included in an Unverified IHI Request:</p> <ul style="list-style-type: none"> • Health Service Reference ID <p>Individual Healthcare Identification Entity</p> <ul style="list-style-type: none"> • Sex (Mandatory) • Date of Birth (Mandatory) • Date of Birth Accuracy Indicator (Mandatory) • Birth Plurality (Conditional) • Birth Order (Conditional) • Date of Death (Optional) • Date of Death Accuracy Indicator (Conditional) • Source of Death Notification (Conditional) <p>Name Entity (more than one may be provided)</p> <ul style="list-style-type: none"> • Name Title (Optional) • Family Name (Mandatory) • Given Name (Optional, 0 to 2 instances)


ID	Business Rule
	<ul style="list-style-type: none"> • Name Suffix (Optional) • Usage (Mandatory) • Conditional Use (Optional) <p>Address Entity, 0 to 2 instances:</p> <ul style="list-style-type: none"> • Australian Street Address (Optional) <ul style="list-style-type: none"> ○ State (conditional mandatory) ○ Postcode (conditional mandatory) ○ Suburb (conditional mandatory) ○ Address Site Name (Optional) ○ Unit Group (Optional) <ul style="list-style-type: none"> • Unit Type (conditional mandatory) • Unit Number (Optional) ○ Level Group (Optional) <ul style="list-style-type: none"> • Level Type (conditional mandatory) • Level Number (Optional) ○ Lot Number (Optional) ○ Street Number (Optional) ○ Street Name (conditional mandatory) ○ Street Type (Optional) ○ Street Suffix (Optional) • Australian Postal Address (Optional) <ul style="list-style-type: none"> ○ State (conditional mandatory) ○ Postcode (conditional mandatory) ○ Suburb (conditional mandatory) ○ Postal Delivery Group (conditional mandatory) <ul style="list-style-type: none"> • Postal Delivery Type • Postal Delivery Number (conditional mandatory) • International Address (Optional) <ul style="list-style-type: none"> ○ International State/Province (conditional mandatory) ○ International Address Line (conditional mandatory) ○ International Postcode (conditional mandatory) ○ Country (conditional mandatory) • Purpose (conditional mandatory) • Preferred (conditional mandatory) <p>Electronic Communications Entity (0 to many instances)</p> <ul style="list-style-type: none"> • Electronic Communication Medium (conditional mandatory) • Electronic Communication Usage Code (conditional mandatory) • Electronic Communication Detail (conditional mandatory) • Preferred (optional)
RU292	An unverified IHI record cannot be created with exactly the same details as an existing unverified or verified IHI record.

ID	Business Rule
RU294	The individual must consent to provide the mandatory demographic details as prescribed for the purpose of creating an Unverified IHI.
RU295	No evidence of identity (EOI) is required for the creation of an Unverified IHI record.

4.27 UC14 : Send IHI Update Request

Actors	The PAS System
Overview	<p>This use case supports the updating of records in the HI Service, in accordance with the HI Service specifications, and includes the ability to:</p> <ul style="list-style-type: none"> • update a record with an Unverified IHI, or • update a record with a Verified IHI with date of death information only. <p>This is a system function that will automatically update the HI Service whenever the local patient record is updated. Note that the NEHTA CCA group has created a compliance item that requires health services to provide patient data updates to the HI Service.</p> <p>Provisional IHI records are updated using UC45: Send Provisional IHI Update Request.</p>
Pre Condition	<p>The patient has an IHI recorded against the local PAS record, and the IHI Status is either Verified or Unverified:</p> <ol style="list-style-type: none"> 1. A date of death has been recorded; or 2. An update of certain information (name, DOB, gender, address) has been successfully applied to a patient record with an Unverified IHI
Post Condition	The updated patient details have been sent to the HI Service.
Circumstances of Use	<p>This use case applies when:</p> <ol style="list-style-type: none"> 1. A date of death is recorded against a local PAS record with certain IHI Record Statuses (Verified and Unverified). 2. A local patient record with an Unverified IHI has name, DOB, gender and/or address information updated.
Included In (Other Use Cases)	<p>UC51: Process Patient Details Update</p> <p>UC16: Send Unverified IHI Request</p>
Business Processes	BP4: Patient Death Registration

BASIC FLOW:

#	Description	Requirement/  Include
1	The System sends an update request to the HI Service with the criteria set.	RU505
2	The HI Service determines that the request message is valid.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The HI Service determines that the request message is invalid. [Goal: Respond with error.]	
IE 2: The HI Service responds, indicating a data level business error. [Goal: Respond with error.]	
3 The HI Service determines that there are no existing Verified or Unverified IHI records with the same details.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The HI Service determines that there is an existing Verified or Unverified IHI record with the same details. [Goal: Respond with error.]	
IE 4: The HI Service determines that IHI to be Updated is Retired or Expired. [Goal: Respond with error.] Alternate Flow(s):	
<ul style="list-style-type: none"> IE 4.1: The System determines that this request is not for a current patient. [Goal: Skip raise of exception] 	
IE 5: The HI Service responds with an Unknown error. [Goal: Respond with error.]	
IE 6: The HI Service determines that some death details already exist from Birth, Deaths & Marriages. [Goal: Don't raise error]	
4 The HI Service responds, confirming the update.	IM591

ALTERNATE FLOW(S):

Condition	Return Step
IE 7: The HI Service determined that the Update includes non-death details and the IHI has a Record Status of Verified. [Goal: Respond with error.]	
IE 8: The HI Service does not respond within the specified timeout period and subsequent retries have failed. [Goal: Handle timeout]	
5 The System records an IHI event.	AL727

BUSINESS RULES:

ID	Business Rule
RU505	<p>The following details are included in an Update IHI Request:</p> <ul style="list-style-type: none"> IHI Health Service Reference ID <p>Individual Healthcare Identification Entity</p> <ul style="list-style-type: none"> Sex (Mandatory) Date of Birth (Optional) Date of Birth Accuracy Indicator (Conditional) Birth Plurality (Conditional) Birth Order (Conditional) Date of Death (Conditional) Date of Death Accuracy Indicator (Conditional) Source of Death Notification (Conditional)


ID	Business Rule
	<p>Name Entity (0 to many instances)</p> <ul style="list-style-type: none"> • Name Title (optional) • Family Name (mandatory) • Given Name (optional, 0 to 2 instances) • Name Suffix (optional) • Usage (mandatory) • Preferred (mandatory) • Conditional Use (Optional) <p>Address Entity, 0 to 2 instances:</p> <ul style="list-style-type: none"> • Australian Street Address (Optional) <ul style="list-style-type: none"> ○ State (conditional mandatory) ○ Postcode (conditional mandatory) ○ Suburb (conditional mandatory) ○ Address Site Name (Optional) ○ Unit Group (Optional) <ul style="list-style-type: none"> • Unit Type (conditional mandatory) • Unit Number (Optional) ○ Level Group (Optional) <ul style="list-style-type: none"> • Level Type (conditional mandatory) • Level Number (Optional) ○ Lot Number (Optional) ○ Street Number (Optional) ○ Street Name (conditional mandatory) ○ Street Type (Optional) ○ Street Suffix (Optional) • Australian Postal Address (Optional) <ul style="list-style-type: none"> ○ State (conditional mandatory) ○ Postcode (conditional mandatory) ○ Suburb (conditional mandatory) ○ Postal Delivery Group (conditional mandatory) <ul style="list-style-type: none"> • Postal Delivery Type • Postal Delivery Number (conditional mandatory) • International Address (Optional) <ul style="list-style-type: none"> ○ International State/Province (conditional mandatory) ○ International Address Line (conditional mandatory) ○ International Postcode (conditional mandatory) ○ Country (conditional mandatory) • Purpose (conditional mandatory) • Preferred (conditional mandatory) <p>Electronic Communications Entity (0 to many instances)</p> <ul style="list-style-type: none"> • Electronic Communication Medium (conditional mandatory)

ID	Business Rule
	<ul style="list-style-type: none"> Electronic Communication Usage Code (conditional mandatory) Electronic Communication Detail (conditional mandatory) Preferred (optional)

4.28 UC43 : Send Merge Request

Actors	The PAS System
Overview	<p>This use case automates the merge processing of patient records with Provisional IHIs with patient records with Unverified or Verified IHIs.</p> <p>This will only occur as a result of a patient merge in the local PAS.</p> <p>This use case relies upon the HI Service function "Resolve Provisional IHI - Merge Records via B2B".</p>
Pre Condition	Two patient records have been merged (successfully) in the local PAS, and one of the records has a Provisional IHI, and the other record has either an Unverified IHI or a Verified IHI.
Post Condition	The Provisional record in the HI Service is merged with the Unverified or Verified record, and is marked as resolved.
Circumstances of Use	<p>This use case applies when a patient has presented, perhaps to ED, and they are not able to be identified so a Quick Registration has been used and (based on health service policy) a Provisional IHI requested and assigned.</p> <p>Subsequently, the patient's details are obtained, and an existing record is located within the PAS. The user then uses the PAS' merge function to combine the records, with the anonymous record becoming the secondary.</p> <p>On successful completion of the PAS merge, and subject to the primary record having an IHI, the merge request will be sent to the HI Service.</p>
Included In (Other Use Cases)	UC51: Process Patient Details Update UC55: Reset Merge UC28: Merge Patient Records
Business Processes	None – see "Included in" Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System sends a merge request to the HI Service with the criteria set.	RU607
2	The HI Service determines that the request message is valid.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The HI Service determines that the request message is invalid. [Goal: Respond with error.]	
IE 2: The HI Service responds, indicating a data level business error.	

[Goal: Respond with error.]

3 The HI Service responds, confirming the merge.

[IM601](#)

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The HI Service responds, indicating a business error. [Goal: Respond with error.]	
IE 4: The HI Service does not respond within the specified timeout period and subsequent retries have failed. [Goal: Handle timeout]	
IE 5: The HI Service responds with an Unknown error. [Goal: Respond with error.]	

4 The System records an IHI event.

[AL728](#)


BUSINESS RULES:

ID	Business Rule
RU607	The following details are included in a Merge Request: <ul style="list-style-type: none">• Provisional IHI (Mandatory)• Existing (Unverified or Verified) IHI (Mandatory)

4.29 UC44 : Send Provisional IHI Request

Actors	The PAS System
Overview	<p>This use case can only occur in circumstances where the health service has established a policy to enable the use of Provisional IHIs.</p> <p>The use case will send anonymous data to the HI Service and request the creation of a Provisional IHI. The HI Service will return the created IHI.</p> <p>Note that there is no uniqueness check in the HI Service for Provisional IHI creation requests (based on Name, DOB and gender data), and that Provisional IHIs expire after 90 days of no activity.</p>
Pre Condition	The system and user have determined that the creation of a Provisional IHI is required, and the required demographic data (albeit anonymous) has been entered into the system.
Post Condition	The Provisional IHI is returned from the HI Service, and saved in the patient record.
Circumstances of Use	This use case will apply when the health service has established a policy of requesting Provisional IHIs when patients present and cannot be identified, i.e. they may be unconscious.
Included In (Other Use Cases)	None
Business Processes	BP2: Unreferred Patient Presentation

BASIC FLOW:

#	Description	Requirement/  Include
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1 The System determines that it has all the required information to submit a Create Provisional IHI Request.

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that it does not have all the required information to submit a Create Provisional IHI Request. [Goal: Stop request from proceeding.]	

2 The System sends a provisional IHI request to the HI Service with the criteria set.

3 The HI Service determines that the request message is valid.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The HI Service determines that the request message is invalid. [Goal: Respond with error.]	

4 The HI Service responds, with the provisional IHI.

[RU344 IM345](#)

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The HI Service responds, indicating a data level business error. [Goal: Respond with error.]	
IE 4: The HI Service does not respond within the specified timeout period and subsequent retries have failed. [Goal: Handle timeout]	
IE 5: The HI Service responds with an Unknown error. [Goal: Respond with error.]	

5 The System records an IHI event.

[AL729](#)


BUSINESS RULES:

ID	Business Rule
RU343	The following details are included in a Create Provisional HI Request: <ul style="list-style-type: none"> Family Name (mandatory) Given Name 1 (optional) Sex (mandatory) Date of Birth (mandatory) Date of Birth Accuracy Indicator (Mandatory) Date of Death (optional) Date of Death Accuracy Indicator (optional) Source of Death Notification (optional)
RU334	No evidence of identity (EOI) is required for the creation of a Provisional IHI record.
RU335	A Provisional IHI record will be expired by the Service Operator after a parameter set period of inactivity on the record (currently set to 90 days). Activity is classed as any update to the Provisional IHI record. After this time the IHI Record status will remain as Provisional and the IHI status will be set to Expired.

4.30 UC45 : Send Provisional IHI Update Request

Actors	The PAS System
Overview	This use case enables the updating of data in the HI Service, when name, DOB or gender information is updated in a local (PAS) patient record with a Provisional IHI.
Pre Condition	The user has updated Name, DOB or Gender information in a local patient record with a Provisional IHI. The user has added date of death information to a local patient record with a Provisional IHI.
Post Condition	The updated patient information has been sent to the HI Service.
Circumstances of Use	This use case will apply when an anonymous record has been created in the PAS, and a Provisional IHI allocated, and subsequently selected patient details are updated by the user. The use of this function will be driven by State/Territory or health service policy, given the inherent risks in updating the details of a Provisional IHI (no health service who has received the Provisional IHI will be able to check it if the demographic details are changed without notification).
Included In (Other Use Cases)	UC51: Process Patient Details Update
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System sends an update request to the HI Service with the criteria set.	RU610
2	The HI Service determines that the request message is valid.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The HI Service determines that the request message is invalid. [Goal: Respond with error.]	
IE 2: The HI Service responds, indicating a data level business error. [Goal: Respond with error.]	

3	The HI Service responds, confirming the update.	IM591
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ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The HI Service responds, indicating no match was found [Goal: Respond with error.]	
IE 4: The HI Service does not respond within the specified timeout period and subsequent retries have failed. [Goal: Handle timeout]	
IE 5: The HI Service responds with an Unknown error. [Goal: Respond with error.]	

4	The System records an IHI event.	AL735
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BUSINESS RULES:

ID	Business Rule
RU610	<p>The following details are included in an Update Provisional HI Request:</p> <ul style="list-style-type: none"> • IHI (Mandatory) • Family Name (Mandatory) • Given Name (Optional) • Sex (Mandatory) • Date of Birth (Mandatory) • Date of Birth Accuracy Indicator (Mandatory) • Date of Death (Optional) • Date of Death Accuracy Indicator (Conditional) • Source of Death Notification (Conditional)

4.31 UC49 : Send Provisional to Unverified Resolution Request

Actors	The PAS System
Overview	This use case supports the “promotion” of a Provisional IHI to an Unverified IHI, with the same IHI number being preserved.
Pre Condition	<p>A patient record with a Provisional IHI exists in the PAS, and sufficient accurate information has been entered into the local patient record to enable the promotion.</p> <p>The system and/or user have determined that the patient is not Medicare or DVA eligible, and nor to they have an allocated Verified IHI.</p>
Post Condition	<p>The resolution request is sent to the HI Service and a response received.</p> <p>The new IHI status is saved within the PAS,</p>
Circumstances of Use	A patient record with a Provisional IHI exists in the PAS, and sufficient accurate information has been entered into the local patient record to enable the promotion (name, DOB, gender, address).
Included In (Other Use Cases)	UC36: Add Exception Resolution
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System sends a request to the HI Service to promote the Provisional IHI to an Unverified IHI.	RU608
2	The HI Service determines that the request message is valid.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The HI Service determines that the request message is invalid. [Goal: Respond with error.]	
IE 2: The HI Service responds, indicating a data level business error. [Goal: Respond with error.]	

3 The HI Service responds, confirming the request was successful. [IM609](#)

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The HI Service responds, indicating a business error. [Goal: Respond with error.]	
IE 4: The HI Service does not respond within the specified timeout period and subsequent retries have failed. [Goal: Handle timeout]	
IE 5: The HI Service responds with an Unknown error. [Goal: Respond with error.]	

4 The System records an IHI event. [AL742](#)

BUSINESS RULES:


ID	Business Rule
RU608	<p>The following details are included in an Unverified IHI Request:</p> <ul style="list-style-type: none"> • IHI (Mandatory) • Health Service Reference ID <p>Individual Healthcare Identification Entity</p> <ul style="list-style-type: none"> • Sex (Mandatory) • Date of Birth (Mandatory) • Date of Birth Accuracy Indicator (Mandatory) • Birth Plurality (Conditional) • Birth Order (Conditional) • Date of Death (Optional) • Date of Death Accuracy Indicator (Conditional) • Source of Death Notification (Conditional) <p>Name Entity (more than one may be provided)</p> <ul style="list-style-type: none"> • Name Title (Optional) • Family Name (Mandatory) • Given Name (Optional, 0 to 2 instances) • Name Suffix (Optional) • Usage (Mandatory) • Conditional Use (Optional) <p>Address Entity, 0 to 1 instances:</p> <ul style="list-style-type: none"> • Australian Street Address (Optional) <ul style="list-style-type: none"> ○ State (conditional mandatory) ○ Postcode (conditional mandatory)

ID	Business Rule
	<ul style="list-style-type: none"> ○ Suburb (conditional mandatory) ○ Address Site Name (Optional) ○ Unit Group (Optional) <ul style="list-style-type: none"> ▪ Unit Type (conditional mandatory) ▪ Unit Number (Optional) ○ Level Group (Optional) <ul style="list-style-type: none"> ▪ Level Type (conditional mandatory) ▪ Level Number (Optional) ○ Lot Number (Optional) ○ Street Number (Optional) ○ Street Name (conditional mandatory) ○ Street Type (Optional) ○ Street Suffix (Optional) <ul style="list-style-type: none"> ● Australian Postal Address (Optional) <ul style="list-style-type: none"> ○ State (conditional mandatory) ○ Postcode (conditional mandatory) ○ Suburb (conditional mandatory) ○ Postal Delivery Group (conditional mandatory) <ul style="list-style-type: none"> ▪ Postal Delivery Type ▪ Postal Delivery Number (conditional mandatory) ● International Address (Optional) <ul style="list-style-type: none"> ○ International State/Province (conditional mandatory) ○ International Address Line (conditional mandatory) ○ International Postcode (conditional mandatory) ○ Country (conditional mandatory) ● Purpose (conditional mandatory) ● Preferred (conditional mandatory) <p>Electronic Communications Entity (0 to many instances)</p> <ul style="list-style-type: none"> ● Electronic Communication Medium (conditional mandatory) ● Electronic Communication Usage Code (conditional mandatory) ● Electronic Communication Detail (conditional mandatory) ● Preferred (optional)

4.32 UC48 : Send Medicare Service Request

Actors	The PAS System
Overview	<p>This use case enables the automated creation and transmission of a Service Request to the HI Service Operator (Medicare). This replaces the current process of lodging a request with Medicare over the telephone, or potentially through the HI Service user portal (the functional profile of the portal is unclear).</p> <p>This use case supports a broad range of service requests and notifications to Medicare, and enables streamlining of the request process.</p> <p>This is a use case not currently supported by the HI Service, though it has become an essential element of this design.</p> <p>A group of management practices support the reporting on and monitoring of service requests. These are not documented in this functional design.</p> <p>This is unconfirmed functionality, as it is not yet supported by the HI Service and Medicare Australia.</p>
Pre Condition	A condition has arisen that requires a Service Request be submitted to the HI Service operator (Medicare Australia)
Post Condition	The Service Request has been sent to the HI Service, and a reference number returned.
Circumstances of Use	<p>The uses of this function are many and varied, but include requests for the HI Service operator to:</p> <ol style="list-style-type: none"> 1. Assist with resolving a failed IHI Search where the patient has a Medicare/DVA card and all details appear correct. 2. Assist with resolving a failed IHI check where the information held locally appears correct. 3. Exception notifications where these exceptions are deemed to be related to the functioning of the HI Service (e.g. an outage). 4. Lodge notifications (based on information gathered from the patient), that HI Service stored patient information may be incorrect. 5. Lodge record unmerge requests. 6. Lodge incorrect date of death notification (e.g. for an HI Service record with deceased status, but the patient has presented at the health service). 7. Lodge incorrect retired notification (e.g. for an HI Service record with retired status, but the patient has presented at the health service).
Included In (Other Use Cases)	<p>UC55: Reset Merge</p> <p>UC36: Add Exception Resolution</p> <p>UC29: Unmerge Patient Records</p>
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System sends a request to the HI Service to create a Service	

Request.

- 2 The HI Service determines that the request message is valid.

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The HI Service determines that the request message is invalid. [Goal: Respond with error.]	

- 3 The HI Service responds, confirming the Service request has been created.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The HI Service responds, indicating a business error. [Goal: Respond with error.]	
IE 3: The HI Service does not respond within the specified timeout period and subsequent retries have failed. [Goal: Handle timeout]	


- 4 The System records an IHI event.

[AL749](#)

4.33 UC56 : Send Duplicate or Replica IHI Notification

Actors	The PAS System
Overview	This use case automates the merge processing of patient records with patient records with Unverified or Verified IHIs. This will only occur as a result of a patient merge in the local PAS.
Pre Condition	A duplicate or replica pair has been identified, where neither IHIs have a status of provisional.
Post Condition	The notification has been sent to the HI Service, and a response received.
Circumstances of Use	This use case applies when a local (PAS) patient record merges involving any combination of records with Unverified and Verified IHIs (neither are Provisional).
Included In (Other Use Cases)	UC36: Add Exception Resolution UC28: Merge Patient Records
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System sends a merge request to the HI Service with the criteria set.	
2	The HI Service determines that the request message is valid.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The HI Service determines that the request message is invalid.	

[Goal: Respond with error.]

IE 2: The HI Service responds, indicating a data level business error.

[Goal: Respond with error.]

3 The HI Service responds, confirming the notification.

[IM635](#) [IM636](#)

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The HI Service does not respond within the specified timeout period and subsequent retries have failed. [Goal: Handle timeout]	
IE 4: The HI Service responds with an Unknown error. [Goal: Respond with error.]	
IE 5: The HI Service responds, indicating no match was found [Goal: Respond with error.]	
IE 6: The HI Service responds, indicating an existing flag. [Goal: Respond with error.]	
IE 7: The HI Service responds, indicating a retired status. [Goal: Respond with error.]	

4 The System records an IHI event.

[AL757](#)


BUSINESS RULES:

ID	Business Rule
RU628	The following details are included in an Duplicate/Replica Notification: <ul style="list-style-type: none">IHI (Mandatory) (First IHI in Duplicate Pair)IHI (Mandatory) (Second IHI in Duplicate Pair)Comments (Mandatory) - populated from Resolution Comments
RU659	The following details are included in an Duplicate/Replica Notification: <ul style="list-style-type: none">IHI (Mandatory)Comments (Mandatory) - populated from Resolution Comments
RU630	Records with a "Retired" status cannot be flagged as a potential Duplicate or Replica via the B2B channel.
RU638	Existing Flags on Notified IHIs are not allowed? **More detail is required on this rule from the HI Service Operator.


4.34 UC18 : Send Referral

Actors	PAS User
Overview	This Use Case represents the Send Referral functionality at a high level only, and is intended for the purposes of identifying the IHI impacts. Further details are provided as part of e-Referral functional specifications.
Pre Condition	A new referral or an on-referral is required. The Actor has requested to Create a Referral for a specific patient, and the service(s) and destination providers have been identified.
Post Condition	Referral has been sent, including the IHI, the IHI Record Status and the IHI Status.
Circumstances of Use	Whenever a suitably authorised healthcare practitioner (the user) wishes to request specialised health related services for a patient
Included In (Other Use Cases)	UC33: Generate Output
Business Processes	BP1: Patient Registration from a Referral BP7: Create Referral BP11: Attend Appointment/Treatment

BASIC FLOW:

#	Description	Requirement/  Include
1	The System presents Referral information to be entered, with certain fields pre-populated from the patient file.	
2	The System determines that an IHI exists in the PAS for this patient.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that an IHI does not exist in the PAS for this patient. [Goal: Prompt for permission to search and retrieve an IHI, and if given, proceed with UC8: Obtain IHI.] Alternate Flow(s): <ul style="list-style-type: none"> IE 1.1: The Actor responds, requesting the System not to obtain the IHI. [Goal: Skip IHI step.] 	6
3 The System checks the IHI in the PAS using UC9: Check IHI.	 UC9: Check IHI
4 The System determines that the returned IHI has a status of "Active".	

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The System determines that the returned IHI does not have a status of "Active". [Goal: Raise error]	

5 The System populates the referral template with the IHI fields.

6 The Actor enters referral information and attaches any relevant documents, and then requests to proceed with sending the referral.

ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The Actor enters some information and at some point decides to exit the referral. [Goal: Save Draft Referral]	

7 The System generates a unique Referral ID.

8 The System encrypts and sends the referral.



9 The System adds the referral to the Sent Referrals register.

10 The Actor provides a copy of the referral to the Patient (hard copy/email).

4.35 UC19 : Send Discharge Summary

Actors	Clinical System User
Overview	This Use Case represents the Send Discharge Summary functionality at a high level only, and is intended for the purposes of identifying the IHI impacts. Further details are provided as part of Discharge Summary functional specifications.
Pre Condition	The patient has been selected, and information required for completion of the Discharge Summary is available, including the destination, or destinations.
Post Condition	Discharge summary is sent to the selected recipient(s), including the IHI, IHI Record Status and IH Status.
Circumstances of Use	Whenever a patient is being discharged following an episode of care.
Included In (Other Use Cases)	UC33: Generate Output
Business Processes	BP11: Attend Appointment/Treatment

BASIC FLOW:


#	Description	Requirement/ Include
1	The System determines that an IHI exists in the PAS for this patient.	 Include
ALTERNATE FLOW(S):		
Condition		Return Step
IE 1: The System determines that an IHI does not exist in the PAS for this patient. [Goal: Prompt for IHI request]		6
Alternate Flow(s):		
<ul style="list-style-type: none"> IE 1.1: The Actor responds, requesting the System not to obtain the IHI. [Goal: Skip IHI step.] 		
2	The System checks the IHI in the PAS using UC9: Check IHI.	 UC9: Check IHI
3	The System determines that the returned IHI has a status of "Active".	
ALTERNATE FLOW(S):		
Condition		Return Step
IE 3: The System determines that the returned IHI does not have a status of "Active". [Goal: Raise error]		4
Alternate Flow(s):		
<ul style="list-style-type: none"> IE 3.1: The Actor requested to cancel. [Goal: Exit] 		
4	The System populates the Discharge Summary template with the IHI fields.	
5	The System populates the Discharge Summary template with all discharge summary details.	
6	The Actor reviews the populated information and includes additional information from the patient's record in the discharge summary. The Actor also enters the referred party information for routing of the discharge summary. The Actor requests to proceed.	
7	The System generates a unique Discharge Summary ID.	
8	The System encrypts and sends the Discharge Summary.	
9	The System adds the Discharge Summary to the Sent Discharge Summaries register.	
10	The Actor provides a copy of the discharge summary to the Patient (hard copy/email).	

4.36 UC20 : Send Order

Actors	Clinical System User
Overview	This Use Case represents the Send Order functionality at a high level only for the purposes of identifying the IHI impacts. Further details are provided as part of functional specifications prepared for each functional area and Order type. If the IHI is available it should be included on all orders, whether they are being transmitted electronically, or via paper/fax.
Pre Condition	The Actor determines that an order is required.
Post Condition	The order is sent including the IHI, the IHI Record Status and the IHI Status.
Circumstances of Use	Whenever the Actor wishes to request services from: <ol style="list-style-type: none"> 1. Pathology 2. Radiology 3. Diagnostic Imaging 4. Pharmacy & prescriptions 5. Another health service department, or service provider
Included In (Other Use)	UC33: Generate Output


Cases)	
Business Processes	BP11: Attend Appointment/Treatment

BASIC FLOW:

#	Description	Requirement/  Include
1	The System presents Order information to be entered, with certain fields pre-populated from the patient file.	
2	The System determines that an IHI exists in the PAS for this patient.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that an IHI does not exist in the PAS for this patient. [Goal: Prompt for IHI request] Alternate Flow(s): <ul style="list-style-type: none"> IE 1.1: The Actor responds, requesting the System not to obtain the IHI. [Goal: Skip IHI step.] 	6

3	The System checks the IHI in the PAS using UC9: Check IHI.	 UC9: Check IHI
4	The System determines that the returned IHI has a status of "Active".	

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The System determines that the returned IHI does not have a status of "Active". [Goal: Raise error] Alternate Flow(s): <ul style="list-style-type: none"> IE 3.1: The Actor requested to cancel. [Goal: Exit] 	6

5	The System populates the Order template with the IHI fields.	
6	The Actor enters Order information and attaches any relevant documents, and then requests to proceed with sending the Order.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The Actor enters some information and at some point decides to exit the referral. [Goal: Save Draft Order]	

7	The System sends the Order.	
8	The System adds the Order to the Sent Orders register.	
9	The System records an IHI event.	

4.37 UC21 : Process IHI in Referral

Actors	The PAS System
Overview	Performs pre-processing on the IHI included in the referral, by checking it and determining if it matches the IHI held in the HI Service for this patient. This provides a degree of surety that the information included in the referral is accurate, and the IHI is “trustworthy”.
Pre Condition	The referral and its details are captured into the system (either electronically or manually).
Post Condition	The referral has been processed, including checking the IHI on the referral if applicable.
Circumstances of Use	Whenever a Referral (original) or a Referral Update is received. Applies to other incoming requests with an IHI included, such as Orders, Discharge Summaries, Prescriptions, etc.
Included In (Other Use Cases)	None
Business Processes	BP1: Patient Registration from a Referral


BASIC FLOW:

#	Description	Requirement/  Include
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- 1 The System determines that there is an IHI included in the referral.

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that there is no IHI included in the referral. [Goal: Skip IHI steps]	4

- 2 [The System performs a consistency check by checking the IHI in the referral using UC9: Check IHI.](#)  [UC9: Check IHI](#)

- 3 The System determines that there is an exact match between the data received in the referral, and the data retrieved by the HI Service.

ALTERNATE FLOW(S):


Condition	Return Step
IE 3: The System determines that there is not an exact match between the data received in the referral, and the data retrieved by the HI Service. This may have occurred because either: the IHI check failed either because the IHI is incorrect, or the patient’s demographic data doesn’t match the IHI. [Goal: Flag IHI on Referral as being invalid.] Alternate Flow(s): <ul style="list-style-type: none"> IE 3.1: The System determines that no match has been returned from the HI Service. [Goal: Flag invalid IHI and send Referral Update to Originator. 	4

- 4 The System records an IHI event.

4.38 UC22 : Send Referral Update


Actors	PAS User
Overview	This Use Case updates an existing referral, and sends the update to the named destination. It can be initiated either by the originator of the initial referral, or the destination.
Pre Condition	The IHI for a Patient has been updated and an open referral for that patient exists.
Post Condition	The referral update is sent including the IHI.
Circumstances of Use	<p>A request for more information has been requested by the party receiving the referral or More information has been gathered at the referred party end, and this information is updated to the referrer.</p> <p>Information has changed, or more information is available, that should be shared with other parties to the referral:</p> <ol style="list-style-type: none"> 1. Client information has changed, e.g. IHI, address or contact details and there are agreed rules that this will be exchanged between originator and destination; 2. Client/Patient appointment is created; 3. Client/patient presents for an appointment; 4. Client/patient diagnosis/assessment complete; 5. Client/patient treatment starting (with details) 6. Client/patient treatment ending (with details) 7. Client/patient care closed. <p>Events in relation to an IHI are:</p> <ol style="list-style-type: none"> 1. Where a verified IHI exists or is obtained by the system and no IHI existed in the incoming referral. 2. Where a verified IHI is retrieved by the System and overrides an Unverified or Provisional IHI contained in the incoming referral.
Included In (Other Use Cases)	UC33: Generate Output UC10: Update IHI UC21: Process IHI in Referral UC28: Merge Patient Records UC29: Unmerge Patient Records
Business Processes	None – see “Included in” Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System presents Referral information to be entered, with certain fields pre-populated from the patient file, including the IHI, if held.	
2	The Actor enters referral information and attaches any relevant documents, and then requests to proceed with sending the referral update.	
3	The System determines that there is an IHI on the patient record.	

ALTERNATE FLOW(S):


Condition	Return Step
IE 1: The System determines that there is no IHI on the patient record. [Goal: Skip IHI steps]	5

4	The System checks the IHI in the PAS using UC9: Check IHI.	 UC9: Check IHI
5	The System sends the referral update, including the IHI.	
6	The System adds the referral update to the Sent Referrals register.	
7	The System records an IHI event.	

4.39 UC23 : Send Referral Cancellation


Actors	PAS User
Overview	Sends a cancellation of a referral that was previously sent.
Pre Condition	A referral has previously been sent by the Actor's health service (acceptance by the receiving health service is not required). The Actor has selected a Referral for a specific patient and requested to cancel it. Note that a reason for the cancellation must be provided.
Post Condition	Referral Cancellation has been sent.
Circumstances of Use	The referral is no longer required.
Included In (Other Use Cases)	UC33: Generate Output
Business Processes	None – see "Included in" Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System presents Referral information to be entered, with certain fields pre-populated from the patient file, including the IHI, if held.	
2	The Actor enters referral information and attaches any relevant documents, and then requests to proceed with sending the referral cancellation.	
3	The System determines that there is an IHI on the patient record.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that there is no IHI on the patient record. [Goal: Skip IHI steps]	5

4	The System checks the IHI in the PAS using UC9: Check IHI.	 UC9: Check IHI
5	The System sends the referral cancellation.	


6 The System adds the referral cancellation to the Sent Referrals register.

7 The System records an IHI event.

4.40 UC17 : Perform Exception Search

Actors	PAS Clerk The PAS System PAS Administrator System Administrator
Overview	The Actor searches for an exception by entering the search criteria, including date, patient UR number, IHI, Scan for Patient Anomalies reference, Exception type, Exception Status. A list of Exceptions satisfying the search criteria is presented to the user for subsequent action.
Pre Condition	None
Post Condition	The Actor may: 1. Select an exception for subsequent processing 2. Select the next set of exception data that satisfies the search; 3. Select to refine the search or search again with different criteria; 4. Close the search screen; 5. Select to print the search results.
Circumstances of Use	Whenever the Actor wishes to locate an exception for review or further processing.
Included In (Other Use Cases)	None
Business Processes	BP8: Resolve Duplicate Patient Records BP10: Resolve IHI Exception

BASIC FLOW:

#	Description	Requirement/  Include
1	The System displays the following criteria for entry: • Exception Date Range • Batch ID • Exception Type (multi-selection) • Exception Level (multi-selection) • Exception Status (multi-selection)	
2	The Actor enters search criteria and requests to proceed.	
3	The System determines that the search criteria passes validation.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that the search criteria fails validation. [Goal: Display error message]	2

-
- 4 The System performs the search with the given criteria.
-
- 5 The System finds matching search results.
-


ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System finds no matching search results. [Goal: Display error message]	2

-
- 6 The System displays the search results in a grid, as follows:
- URN (hyperlink to patient record)
 - Patient Name
 - Exception ID (hyperlink to Exception Details)
 - Exception Date
 - Exception Type
 - Exception Level
 - Exception Status
 - Batch ID
-
- 7 The Actor selects the Exception ID link to view the Exception.
-

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The Actor selects the URN link. [Goal: Navigate to patient record.]	

-
- 8 [The System displays the Exception Details using UC35: View Exception.](#)  [UC35: View Exception](#)
-
- 9 The Actor may choose to print the results in a report.
-


BUSINESS RULES:

ID	Business Rule
RU615	<p>Exceptions Types are:</p> <ul style="list-style-type: none"> • No Match • No Match on Check IHI • Incomplete Request Criteria • PAS Duplicate • Status Integrity • System Failure • Provisional IHI • Returned IHI PAS Duplicate • Potential Deceased • Data Error • Multiple Matches • Multiple Matches on Check IHI • Retired or Expired • HI Duplicate Data • Unknown • Business Rule Violation • HI Merge Failure • Inconsistent Referral IHI • Current Patient IHI Anomaly • HI Service Processing

4.41 UC35 : View Exception

Actors	PAS User PAS Clerk PAS Administrator System Administrator
Overview	Allows viewing of the IHI Exception details and related history, including all resolutions.
Pre Condition	The Exception has been selected.
Post Condition	The Actor has viewed the exception, and optionally elects to take subsequent actions. The Actor closes the Exception.
Circumstances of Use	Whenever the Actor wishes to review an exception and associated history. Whenever the Actor wishes to manage an exception, including adding a resolution.
Included In (Other Use Cases)	UC17: Perform Exception Search
Business Processes	BP8: Resolve Duplicate Patient Records BP10: Resolve IHI Exception

BASIC FLOW:

#	Description	Requirement/  Include
1	The System determines that the Exception Status is not "Created".	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that the Exception Status is not "Created". [Goal: Set status to Open]	

- 2 The System displays a screen with two sections; the first is a list of all IHI exceptions raised for this patient (with the currently selected exception being the one selected on the previous screen), the second is the IHI exception details for the selected IHI Exception in the list.

- The details displayed in the page header are:
- URN (hyperlink to patient record)
- Patient Name
- IHI

The details displayed in the Exception list are:


- Exception ID
- Parent Exception ID
- Exception Date
- Exception Type
- Exception Status

The Exception details are:

- Exception ID
- Parent Exception ID
- Exception Date

- Exception Type
- Exception Level
- Exception Status
- Batch ID
- Error Code
- Error Message
- Primary IHI
- Secondary IHI (if applicable)
- Secondary URN (if applicable)
- Processing Stage
- Patient IHI History
 - Date
 - IHI Record Status
 - IHI Status
- Resolution History
 - Date
 - User ID
 - Resolution Type
 - Exception Status
 - Comments

3 [The Actor requests to add a resolution to the Exception, using UC36: Add Exception Resolution.](#)


 [UC36: Add Exception Resolution](#)

4.42 UC36 : Add Exception Resolution

Actors	PAS Clerk PAS Administrator System Administrator
Overview	Allows resolution details to be recorded against an exception.
Pre Condition	The Actor has requested to add a resolution to the selected exception.
Post Condition	A resolution is recorded against the selected exception, and the exception status may be changed as a result.
Circumstances of Use	This function will be used whenever the Actor has: <ol style="list-style-type: none"> 1. Resolved the exception; 2. Determined that additional input is required to enable the exception to be resolved, either from the patient, or from the HI Service; 3. Wishes to record an action against the exception; or 4. Chosen to ignore the exception;
Included In (Other Use Cases)	UC35: View Exception

Business Processes	BP10: Resolve IHI Exception
---------------------------	---

BASIC FLOW:

#	Description	Requirement/  Include
1	<p>The System displays the following read only data:</p> <ul style="list-style-type: none"> • Date • User ID • Exception Status <p>The System displays the following fields for entry:</p> <ul style="list-style-type: none"> • Resolution Type (drop down list - available values mapped to exception type) • Comments (multiline text box) - (mandatory if "Merge Patients" or "Potential Replica" resolution type is selected) <p>For certain resolution types the following additional fields are displayed for entry:</p> <ul style="list-style-type: none"> • Primary IHI • Secondary IHI • Secondary URN 	
2	The Actor selects the resolution type.	
3	The System refreshes the additional fields.	
4	The Actor enters the resolution details and requests to proceed.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The Actor wishes to cancel adding of a resolution. [Goal: Cancel Add Resolution]	

5 The System determines that entered data passes validation.

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that the entered data fails validation. [Goal: Display error message]	4

6 The System determines that the resolution type is one of the following:

- Wait for Presentation
- Investigate
- Contact Patient
- Patient Details Updated
- Contact Help Desk
- Ineligible for Verified IHI
- Unresolvable
- Needs Resolution by HI Service
- Awaiting Resolution

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The System determines that the resolution type is "Request Unverified IHI". [Goal: Request Unverified IHI]	9

Alternate Flow(s):	
• IE 3.1: The System determines the current IHI does have a record status of Provisional. [Goal: Request Promotion to Unverified IHI]	
IE 4: The System determines that the resolution type is "Edit IHI". [Goal: Edit IHI]	9
IE 5: The System determines that the resolution type is "Send Service Request". [Goal: Send Medicare Service Request]	7
IE 6: The System determines that the resolution type is "Merge Patients". [Goal: Conduct Merge Use Case]	9
IE 7: The System determines that the resolution type is "Check IHI". [Goal: Check IHI]	9
IE 8: The System determines that the resolution type is "Accept Returned Status". [Goal: Search for IHI]	9
IE 9: The System determines that the resolution type is "Potential Replica". [Goal: Send Medicare Service Request]	7
IE 10: The System determines that the resolution type is "Unresolvable". [Goal: Determine whether to record non-duplicates.]	7
Alternate Flow(s):	
• IE 10.1: The System determines that the Exception Type is "PAS Duplicate" [Goal: Record non-duplicates.]	
IE 11: The System determines that the resolution type is "Refresh IHI". [Goal: Refresh IHI]	9
IE 12: The System determines that the resolution type is "Resolved". [Goal: Close Exception]	9
IE 13: The System determines that the resolution type is "Reset Merge". [Goal: Reset Merge]	
IE 14: The System determines that the resolution type is "Potential Replica". [Goal: Send Replica Notification]	7

7	The System sets the Exception Status according to the Business Rule.	RU578
8	The System sets the Exception Status of any child Exceptions according to the Business Rule.	RU578
9	The System creates a new resolution record with the resolution details and updates the following details in the IHI Exception Record (if applicable): <ul style="list-style-type: none"> • Primary IHI • Secondary IHI • Secondary URN 	

BUSINESS RULES:

ID	Business Rule
RU579	The System must allow for manual entry of an IHI, and ensure its check digit is valid.
RU660	For a manually entered IHI, and where a connection to the HI Service is available, the System must immediately use the Check IHI function to confirm the IHI and retrieve its Record Status and Status. If the Check IHI is unsuccessful, the manually entered IHI must not be saved to the PAS record, but is placed in the IHI history.
RU585	The IHI is made up of three components: issuer identification number, individual account identification number and the check digit. <ul style="list-style-type: none"> • The issuer identification number is the first 6 digits of the identifier and will be '800360' • The individual account identification number is the unique reference number. • The check digit will be calculated using all components of the issuer and individual identification numbers. The check digit is computed using the Luhn formula modulus

ID	Business Rule																
	<p>10 “double-adddouble” check digit [ISO7812].</p> <p>A healthcare identifier number format for computer displays and manual data entry should be visually rendered as four groups of four digits, for example, 8003 6012 0456 7891.</p>																
RU615	<p>Exceptions Types are:</p> <ul style="list-style-type: none"> • No Match • No Match on Check IHI • Incomplete Request Criteria • PAS Duplicate • Status Integrity • System Failure • Provisional IHI • Returned IHI PAS Duplicate • Potential Deceased • Data Error • Multiple Matches • Multiple Matches on Check IHI • Retired or Expired • HI Duplicate Data • Unknown • Business Rule Violation • HI Merge Failure • Inconsistent Referral IHI • Current Patient IHI Anomaly • HI Service Processing 																
RU573	<p>Allowable Resolutions by Exception Type are:</p> <table border="1" data-bbox="292 1167 1417 2051"> <thead> <tr> <th data-bbox="292 1167 555 1205">Exception Type</th> <th data-bbox="563 1167 1417 1205">Resolution Types</th> </tr> </thead> <tbody> <tr> <td data-bbox="292 1211 555 1402">No Match</td> <td data-bbox="563 1211 1417 1402"> <ul style="list-style-type: none"> • Wait for Presentation • Contact Patient • Patient Details Updated • Ineligible for Verified IHI • Request Unverified IHI • Edit IHI, </td> </tr> <tr> <td data-bbox="292 1408 555 1503">Incomplete Request Criteria</td> <td data-bbox="563 1408 1417 1503"> <ul style="list-style-type: none"> • Wait for Presentation • Contact Patient • Patient Details Updated </td> </tr> <tr> <td data-bbox="292 1509 555 1637">PAS Duplicate</td> <td data-bbox="563 1509 1417 1637"> <ul style="list-style-type: none"> • Investigate • Patient Details Updated • Merge Patients • Unresolvable </td> </tr> <tr> <td data-bbox="292 1644 555 1711">Status Integrity</td> <td data-bbox="563 1644 1417 1711"> <ul style="list-style-type: none"> • Send Service Request • Refresh IHI </td> </tr> <tr> <td data-bbox="292 1718 555 1823">System Failure</td> <td data-bbox="563 1718 1417 1823"> <ul style="list-style-type: none"> • Contact Help Desk • Resolved </td> </tr> <tr> <td data-bbox="292 1830 555 1897">Provisional IHI</td> <td data-bbox="563 1830 1417 1897"> <ul style="list-style-type: none"> • Check IHI • Merge Patients </td> </tr> <tr> <td data-bbox="292 1904 555 2051">Returned IHI PAS Duplicate</td> <td data-bbox="563 1904 1417 2051"> <ul style="list-style-type: none"> • Investigate • Patient Details Updated • Edit IHI • Merge Patients • Needs Resolution by HI Service </td> </tr> </tbody> </table>	Exception Type	Resolution Types	No Match	<ul style="list-style-type: none"> • Wait for Presentation • Contact Patient • Patient Details Updated • Ineligible for Verified IHI • Request Unverified IHI • Edit IHI, 	Incomplete Request Criteria	<ul style="list-style-type: none"> • Wait for Presentation • Contact Patient • Patient Details Updated 	PAS Duplicate	<ul style="list-style-type: none"> • Investigate • Patient Details Updated • Merge Patients • Unresolvable 	Status Integrity	<ul style="list-style-type: none"> • Send Service Request • Refresh IHI 	System Failure	<ul style="list-style-type: none"> • Contact Help Desk • Resolved 	Provisional IHI	<ul style="list-style-type: none"> • Check IHI • Merge Patients 	Returned IHI PAS Duplicate	<ul style="list-style-type: none"> • Investigate • Patient Details Updated • Edit IHI • Merge Patients • Needs Resolution by HI Service
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ID	Business Rule								
	<table border="1"> <tr> <td data-bbox="293 192 555 313">Potential Deceased</td> <td data-bbox="555 192 1406 313"> <ul style="list-style-type: none"> Investigate Patient Details Updated Awaiting Resolution Resolved </td> </tr> </table>	Potential Deceased	<ul style="list-style-type: none"> Investigate Patient Details Updated Awaiting Resolution Resolved 						
Potential Deceased	<ul style="list-style-type: none"> Investigate Patient Details Updated Awaiting Resolution Resolved 								
	<table border="1"> <tr> <td data-bbox="293 331 555 385">Data Error</td> <td data-bbox="555 331 1406 385"> <ul style="list-style-type: none"> Patient Details Updated Resolved </td> </tr> </table>	Data Error	<ul style="list-style-type: none"> Patient Details Updated Resolved 						
Data Error	<ul style="list-style-type: none"> Patient Details Updated Resolved 								
	<table border="1"> <tr> <td data-bbox="293 403 555 582">Multiple Matches/ Multiple Matches on Check IHI</td> <td data-bbox="555 403 1406 582"> <ul style="list-style-type: none"> Wait for Presentation Contact Patient Patient Details Updated Resolved Edit IHI Send Service Request </td> </tr> </table>	Multiple Matches/ Multiple Matches on Check IHI	<ul style="list-style-type: none"> Wait for Presentation Contact Patient Patient Details Updated Resolved Edit IHI Send Service Request 						
Multiple Matches/ Multiple Matches on Check IHI	<ul style="list-style-type: none"> Wait for Presentation Contact Patient Patient Details Updated Resolved Edit IHI Send Service Request 								
	<table border="1"> <tr> <td data-bbox="293 600 555 743">HI Duplicate Data</td> <td data-bbox="555 600 1406 743"> <ul style="list-style-type: none"> Wait for Presentation Contact Patient Patient Details Updated Refresh IHI Edit IHI </td> </tr> </table>	HI Duplicate Data	<ul style="list-style-type: none"> Wait for Presentation Contact Patient Patient Details Updated Refresh IHI Edit IHI 						
HI Duplicate Data	<ul style="list-style-type: none"> Wait for Presentation Contact Patient Patient Details Updated Refresh IHI Edit IHI 								
	<table border="1"> <tr> <td data-bbox="293 761 555 815">Unknown</td> <td data-bbox="555 761 1406 815"> <ul style="list-style-type: none"> Contact Help Desk Resolved </td> </tr> </table>	Unknown	<ul style="list-style-type: none"> Contact Help Desk Resolved 						
Unknown	<ul style="list-style-type: none"> Contact Help Desk Resolved 								
	<table border="1"> <tr> <td data-bbox="293 837 555 949">Business Rule Violation</td> <td data-bbox="555 837 1406 949"> <ul style="list-style-type: none"> Wait for Presentation Contact Patient Resolved Refresh IHI </td> </tr> </table>	Business Rule Violation	<ul style="list-style-type: none"> Wait for Presentation Contact Patient Resolved Refresh IHI 						
Business Rule Violation	<ul style="list-style-type: none"> Wait for Presentation Contact Patient Resolved Refresh IHI 								
	<table border="1"> <tr> <td data-bbox="293 967 555 1057">HI Merge Failure</td> <td data-bbox="555 967 1406 1057"> <ul style="list-style-type: none"> Reset Merge Send Service Request Resolved </td> </tr> </table>	HI Merge Failure	<ul style="list-style-type: none"> Reset Merge Send Service Request Resolved 						
HI Merge Failure	<ul style="list-style-type: none"> Reset Merge Send Service Request Resolved 								
	<table border="1"> <tr> <td data-bbox="293 1075 555 1232">Inconsistent Referral IHI</td> <td data-bbox="555 1075 1406 1232"> <ul style="list-style-type: none"> Wait for Presentation Contact Patient Patient Details Updated Potential Replica Resolved </td> </tr> </table>	Inconsistent Referral IHI	<ul style="list-style-type: none"> Wait for Presentation Contact Patient Patient Details Updated Potential Replica Resolved 						
Inconsistent Referral IHI	<ul style="list-style-type: none"> Wait for Presentation Contact Patient Patient Details Updated Potential Replica Resolved 								
	<table border="1"> <tr> <td data-bbox="293 1249 555 1442">No Match on Check IHI</td> <td data-bbox="555 1249 1406 1442"> <ul style="list-style-type: none"> Wait for Presentation Patient Details Updated Resolved Send Service Request Edit IHI Refresh IHI </td> </tr> </table>	No Match on Check IHI	<ul style="list-style-type: none"> Wait for Presentation Patient Details Updated Resolved Send Service Request Edit IHI Refresh IHI 						
No Match on Check IHI	<ul style="list-style-type: none"> Wait for Presentation Patient Details Updated Resolved Send Service Request Edit IHI Refresh IHI 								
	<table border="1"> <tr> <td data-bbox="293 1460 555 1612">Current Patient IHI Anomaly</td> <td data-bbox="555 1460 1406 1612"> <ul style="list-style-type: none"> Investigate Patient Details Updated Accept Returned Status Send Service Request Resolved </td> </tr> </table>	Current Patient IHI Anomaly	<ul style="list-style-type: none"> Investigate Patient Details Updated Accept Returned Status Send Service Request Resolved 						
Current Patient IHI Anomaly	<ul style="list-style-type: none"> Investigate Patient Details Updated Accept Returned Status Send Service Request Resolved 								
	<table border="1"> <tr> <td data-bbox="293 1630 555 1720">HI Service Processing</td> <td data-bbox="555 1630 1406 1720"> <ul style="list-style-type: none"> Contact Help Desk Resolved Send Service Request </td> </tr> </table>	HI Service Processing	<ul style="list-style-type: none"> Contact Help Desk Resolved Send Service Request 						
HI Service Processing	<ul style="list-style-type: none"> Contact Help Desk Resolved Send Service Request 								
RU577	<p data-bbox="293 1796 1005 1818">Resolution Types that have additional fields are listed below:</p> <table border="1" data-bbox="293 1863 1406 2042"> <thead> <tr> <th data-bbox="293 1872 555 1904">Resolution Type</th> <th data-bbox="555 1872 1406 1904">Additional Fields</th> </tr> </thead> <tbody> <tr> <td data-bbox="293 1912 555 1944">Edit IHI</td> <td data-bbox="555 1912 1406 1944">Primary IHI (mandatory)</td> </tr> <tr> <td data-bbox="293 1953 555 2007">Merge Patients</td> <td data-bbox="555 1953 1406 2007">Secondary IHI (optional) Secondary URN (mandatory)</td> </tr> <tr> <td data-bbox="293 2016 555 2047">Send Service</td> <td data-bbox="555 2016 1406 2047">Request details (mandatory)</td> </tr> </tbody> </table>	Resolution Type	Additional Fields	Edit IHI	Primary IHI (mandatory)	Merge Patients	Secondary IHI (optional) Secondary URN (mandatory)	Send Service	Request details (mandatory)
Resolution Type	Additional Fields								
Edit IHI	Primary IHI (mandatory)								
Merge Patients	Secondary IHI (optional) Secondary URN (mandatory)								
Send Service	Request details (mandatory)								

ID	Business Rule																																												
	Request																																												
RU578	<p>The Exception Status will be updated as follows from a Resolution as per Resolution Type, as follows:</p> <table border="1" data-bbox="576 338 1129 1339"> <thead> <tr> <th data-bbox="582 347 914 409">Resolution Type</th> <th data-bbox="920 347 1123 409">Resulting Status</th> </tr> </thead> <tbody> <tr><td data-bbox="582 418 914 450">Wait for Presentation</td><td data-bbox="920 418 1123 450">Pending</td></tr> <tr><td data-bbox="582 459 914 490">Send Service Request</td><td data-bbox="920 459 1123 490">Pending</td></tr> <tr><td data-bbox="582 499 914 530">Edit IHI</td><td data-bbox="920 499 1123 530">Closed</td></tr> <tr><td data-bbox="582 539 914 571">Investigate</td><td data-bbox="920 539 1123 571">Pending</td></tr> <tr><td data-bbox="582 580 914 611">Merge Patients</td><td data-bbox="920 580 1123 611">Closed</td></tr> <tr><td data-bbox="582 620 914 651">Contact Help Desk</td><td data-bbox="920 620 1123 651">Pending</td></tr> <tr><td data-bbox="582 660 914 692">Check IHI</td><td data-bbox="920 660 1123 692">No Change</td></tr> <tr><td data-bbox="582 701 914 732">Request Unverified IHI</td><td data-bbox="920 701 1123 732">Closed</td></tr> <tr><td data-bbox="582 741 914 772">No Action</td><td data-bbox="920 741 1123 772"></td></tr> <tr><td data-bbox="582 781 914 813">Contact Patient</td><td data-bbox="920 781 1123 813">Pending</td></tr> <tr><td data-bbox="582 822 914 853">Patient Details Updated</td><td data-bbox="920 822 1123 853">Closed</td></tr> <tr><td data-bbox="582 862 914 893">Ineligible for Verified IHI</td><td data-bbox="920 862 1123 893">Closed</td></tr> <tr><td data-bbox="582 902 914 934">Unresolvable</td><td data-bbox="920 902 1123 934">Suspended</td></tr> <tr><td data-bbox="582 943 914 974">Refresh IHI</td><td data-bbox="920 943 1123 974">Closed</td></tr> <tr><td data-bbox="582 983 914 1055">Needs Resolution by HI Service</td><td data-bbox="920 983 1123 1055">Suspended</td></tr> <tr><td data-bbox="582 1064 914 1095">Awaiting Resolution</td><td data-bbox="920 1064 1123 1095">Pending</td></tr> <tr><td data-bbox="582 1104 914 1135">Parent Exception Closed</td><td data-bbox="920 1104 1123 1135">Closed</td></tr> <tr><td data-bbox="582 1144 914 1176">Accept Returned Status</td><td data-bbox="920 1144 1123 1176">Closed</td></tr> <tr><td data-bbox="582 1184 914 1216">Resolved</td><td data-bbox="920 1184 1123 1216">Closed</td></tr> <tr><td data-bbox="582 1225 914 1256">Reset Merge</td><td data-bbox="920 1225 1123 1256">Closed</td></tr> <tr><td data-bbox="582 1265 914 1296">Potential Replica</td><td data-bbox="920 1265 1123 1296">Pending</td></tr> </tbody> </table>	Resolution Type	Resulting Status	Wait for Presentation	Pending	Send Service Request	Pending	Edit IHI	Closed	Investigate	Pending	Merge Patients	Closed	Contact Help Desk	Pending	Check IHI	No Change	Request Unverified IHI	Closed	No Action		Contact Patient	Pending	Patient Details Updated	Closed	Ineligible for Verified IHI	Closed	Unresolvable	Suspended	Refresh IHI	Closed	Needs Resolution by HI Service	Suspended	Awaiting Resolution	Pending	Parent Exception Closed	Closed	Accept Returned Status	Closed	Resolved	Closed	Reset Merge	Closed	Potential Replica	Pending
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Awaiting Resolution	Pending																																												
Parent Exception Closed	Closed																																												
Accept Returned Status	Closed																																												
Resolved	Closed																																												
Reset Merge	Closed																																												
Potential Replica	Pending																																												
RU581	<p>IHI Exception States are:</p> <ul data-bbox="336 1420 778 1574" style="list-style-type: none"> • Created • Open (when Exception is viewed) • Pending • Suspended • Closed 																																												

4.43 UC28 : Merge Patient Records

Actors	PAS Clerk PAS Administrator
Overview	Facilitates two patient records to be merged into one or, more accurately, linked together. This use case does not replace existing processes for investigating patient duplicates, and eventually merging the records if required. This use case, and the presence of the IHI and services available through the HI Service, supplement or extend the existing merge process.
Pre Condition	Two or more records exist for a patient returning the same IHI. Two or more records exist for a patient returning (some of) the same demographic details. The Actor has completed their analysis of the patient records, and contacted the patient as required, and has determined that the two records refer to the same individual.
Post Condition	The two records are linked together within the PAS, and downstream systems are notified. If the Actor has changed IHI search criteria information on the primary record, an IHI Search is conducted. If the two records had different IHIs (not resolved), either a merge request or a merge notification is sent to the HI Service. A referral update may be sent out.
Circumstances of Use	The merge can be used for all type of patient records including those of deceased people. <ul style="list-style-type: none"> • In response to the duplicate patient report, as used currently (IHI analysis supplements existing processes). • Multiple patient records with the same IHI assigned have been located within the system. • A duplicate record has been incorrectly created in the PAS, eg in response to an emergency admission and the patient is unidentifiable, for a current patient and the user notifies the HI Service. • The HI Service has resolved records that both exist as separate patient records in the PAS (Actor analysis must still occur prior to any record merge).
Included In (Other Use Cases)	UC36: Add Exception Resolution
Business Processes	BP8: Resolve Duplicate Patient Records

BASIC FLOW:

#	Description	Requirement/  Include
1	The System performs preliminary analysis using UC40: Perform Merge Analysis.	 UC40: Perform Merge Analysis
2	The System displays the potential merged record set, with the two records displayed side by side.	
3	The Actor identifies the primary record and requests to conduct a merge, flagging the demographic details that should be copied from the non-primary to the primary record.	
4	The Actor requests to proceed with the merge.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The Actor requests to cancel the merge. [Goal: Cancel merge.]	

- 5 The System determines that none of the details used as mandatory data in the IHI Search has been altered.

ALTERNATE FLOW(S):

Condition	Return Step
IE 3: The System determines that at least one of the details used as mandatory data in the IHI Search has been altered. [Goal: Perform IHI Search] Alternate Flow(s): <ul style="list-style-type: none">IE 3.2: The System determines that the IHI returned does not match the original IHI held. [Goal: Raise exception]IE 3.3: The IHI Search did not return a match (or an exception occurred) [Goal: Raise exception]	

- 6 The System determines that neither IHI has a Record Status of Provisional, or if both IHIs have a Record Status of Provisional.

ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The System determines that one IHI has a Record Status of Provisional, but not both. [Goal: Send Merge Request]	10

- 7 The System determines that the IHIs in the two patient records have different numbers.

ALTERNATE FLOW(S):

Condition	Return Step
IE 5: The System determines that the IHIs in the two patient records have the same number. [Goal: Do not send duplicate notification to the HI Service.]	9

- 8 [The System sends a Duplicate Notification to the Hi Service to merge the two records in its database using UC56: Send Duplicate or Replica IHI Notification.](#)

[DP520](#)  [UC56: Send Duplicate or Replica IHI Notification](#)

- 9 The System determines that there are no IHI Exceptions that meet all of the following criteria:
- Exception Type = "PAS Duplicate" or "Returned IHI PAS Duplicate"
 - The IHI Exception exists against either patient record being merged with the Secondary URN matching the other record's URN
 - The IHI Exception Status is not Closed

ALTERNATE FLOW(S):

Condition	Return Step
IE 7: The System determines that there exists IHI Exception(s) that meet all of the following criteria: <ul style="list-style-type: none">Exception Type = "PAS Duplicate" or "Returned IHI PAS Duplicate"The IHI Exception exists against either patient record being merged with the Secondary URN matching the other record's URNThe IHI Exception Status is not Closed [Goal: Close Exceptions]	10

- | | |
|----|--|
| 10 | The System creates a link to the non-primary record, and sets the status on that record to "merged". |
| 11 | The System records an IHI event. |
| 12 | The System determines that there is no open referral for this patient. |

ALTERNATE FLOW(S):

Condition	Return Step
IE 8: The System determines that there is an open referral for this patient. [Goal: Send Referral Update]	


BUSINESS RULES:

ID	Business Rule
RU516	When a patient is merged, all professional care providers associated with the patient should be notified. An alternative option is to alert the User upon opening the patient's record.

4.44 UC40 : Perform Merge Analysis

Actors	The PAS System
Overview	This use case is an entirely system based function which will obtain or check IHI for the records to be merged, and present results to support the user's decision making on the record merge. The results of this use case will not prevent the user from merging the local records.
Pre Condition	Two patient records have been identified as (probably) being related to one individual, and selected by the user.
Post Condition	The merge analysis is complete and available to support the user's decision on whether to proceed with the merge or undertake additional activities. The outcome of this use case will also contribute to some downstream activities that may need to occur following the merge, e.g. notifications to the HI Service.
Circumstances of Use	This use case will be called as part of the merge patient record function. The complex analysis processing will not proceed if an IHI is not retrievable for one or both records. This use case applies to merging active and deceased records.
Included In (Other Use Cases)	UC28: Merge Patient Records
Business Processes	None – see "Included in" Use Cases above

BASIC FLOW:

#	Description	Requirement/  Include
1	The System determines that the first Patient record has an IHI.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that the first Patient record does not have an IHI. [Goal: Skip Check]	4

2 [The System performs a Check on the first IHI.](#)

 [UC9: Check IHI](#)

3 The System determines that the IHI returned does not have a status of Expired or Retired.

ALTERNATE FLOW(S):


Condition	Return Step
IE 3: The System determines that the IHI returned does have a status of Expired or Retired. [Goal: Prompt user to proceed with caution] Alternate Flow(s): <ul style="list-style-type: none">IE 3.1: The Actor indicates that they do not wish to proceed. [Goal: Halt merge]	

4 The System determines that the second Patient record has an IHI.

ALTERNATE FLOW(S):

Condition	Return Step
IE 4: The System determines that the second Patient record does not have an IHI. [Goal: Skip Check]	

5 [The System performs a Check on the second IHI.](#)

 [UC9: Check IHI](#)

6 The System determines that the IHI returned does not have a status of Expired or Retired.

ALTERNATE FLOW(S):

Condition	Return Step
IE 6: The System determines that the IHI returned does have a status of Expired or Retired. [Goal: Prompt user to proceed with caution] Alternate Flow(s): <ul style="list-style-type: none">IE 6.1: The Actor indicates that they do not wish to proceed. [Goal: Halt merge]	

7 The System determines that the IHIs in each patient record have the same number and Record Status.

ALTERNATE FLOW(S):

Condition	Return Step
IE 7: The System determines that the IHIs either have different numbers or different Record Statuses. [Goal: prompt user to proceed with caution] Alternate Flow(s): <ul style="list-style-type: none">IE 7.1: The Actor indicates that they do not wish to proceed. [Goal: Halt merge]	


BUSINESS RULES:

ID	Business Rule
RU619	IHIs with a status of Expired or Retired cannot be merged in the HI Service, but may be merged within the PAS.

4.45 UC29 : Unmerge Patient Records

Actors	PAS Clerk PAS Administrator
Overview	Facilitates the separation of a previously merged patient record. The Actor will have complete control over the unmerge function and consistency with the HI Service will not be required.
Pre Condition	The merged patient record has been selected in the PAS. The Actor has completed their analysis of the patient records and contacted the patients if necessary, and is confident that the unmerge is warranted.
Post Condition	The patient records are unmerged, and downstream local systems are notified. IHIs are obtained for the separated records, where available. Any necessary notifications to the HI Service are sent.
Circumstances of Use	The unmerge function can only be used when a previous patient record merge has been successful, and the Actor has subsequently realized that the merge was performed in error. The unmerge can be used for all type of patient records including those of deceased people. Unmerge scenarios, and the impact of the IHI: <ol style="list-style-type: none"> 1. Merged records do not have an IHI (process as currently). 2. One of the merged records has an IHI (process as currently). 3. Records with IHIs were merged and a merge request was successfully processed by the HI Service (need to try to undo the error – service request to HI Service operator). 4. Records with IHIs were merged locally, but the HI Service request to merge the records was rejected (undo locally). 5. Local merged records are linked (resolved) in the HI Service, and the local unmerge of the records will require a notification/request to be sent to the HI Service operator. 6. The unmerge is being performed on a deceased record, and one or both of the records may have the deceased, retired or expired flag set in the HI Service (service request to HI Service operator).
Included In (Other Use Cases)	None
Business Processes	None

BASIC FLOW:

#	Description	Requirement/  Include
1	The System displays the details for the previously merged UR numbers.	
2	The Actor selects the URN to unmerge from this record and requests to proceed.	
3	The System displays the potential unmerged record set, with the two records displayed side by side.	
4	The Actor modifies the relevant patient details in either or both of the patient records. The Actor may also choose to clear the IHI in either or both of the patient records.	
5	The Actor requests to proceed with the unmerge.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The Actor requests to cancel the unmerge. [Goal: Cancel unmerge.]	


6 The System determines that the details pass validation. [RU586](#)


ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that the details fail validation. [Goal: Display error.]	4

7 The System unmerges the records.

8 The System records an IHI event.

9 [For each patient, the System process the patient details update using UC51: Process Patient Details Update.](#)  [UC51: Process Patient Details Update](#)

10 [The System sends a Service Request to the HI Service Operator for the Unmerge using UC48: Send Medicare Service Request.](#) [RU587](#)
 [UC48: Send Medicare Service Request](#)

11 The System determines that there is no open referral for this patient.

ALTERNATE FLOW(S):

Condition	Return Step
IE 5: The System determines that there is an open referral for this patient. [Goal: Send Referral Update]	



BUSINESS RULES:

ID	Business Rule
RU587	The IHIs that were held in each patient record must be included in the Service Request for an Unmerge.
RU586	The same validation must still be performed on the updated patient details as is done on the Patient screen.

4.46 UC30 : Scan for patient anomalies

Actors	The PAS System
Overview	The System performs a scan to detect anomalies in the PAS data.
Pre Condition	The PAS is populated and supports IHI related functionality and data storage.
Post Condition	Exceptions and/or alerts are raised for subsequent resolution.
Circumstances of Use	The Scan for Patient Anomalies use case, once activated and scheduled, will run automatically according to the schedule implemented. A specific version of this scan may be run prior to the initial IHI data load, to identify any scenarios in which multiple patient records match the IHI search criteria
Included In (Other Use Cases)	None
Business Processes	BP8: Resolve Duplicate Patient Records

BASIC FLOW:

#	Description	Requirement/  Include
1	The System performs a scan to detect the following situations: <ul style="list-style-type: none"> Multiple patients with the same IHI (Exception Type = "Potential Replica") Duplicate patients based on demographic data. (Exception Type = "Potential Duplicate") Patients with provisional IHIs (Exception Type = "Provisional IHI") 	
2	For each identified anomaly, the System raises an exception using UC12: Generate IHI Exception.	 UC12: Generate IHI Exception

BUSINESS RULES:


ID	Business Rule
RU428	The information available for use in identifying potential duplicate records are expected to be available (in order of precedence in terms of search relevance): <ol style="list-style-type: none"> IHI; number; Medicare card number, or DVA file number Family name Given name Alias(es) Date of birth Sex Street address Suburb State Postcode
RU498	The following patient records will be excluded from this search, unless explicitly requested by

ID	Business Rule
	the user: <ul style="list-style-type: none"> Patients with a Record Status of Deceased or Retired.

4.47 UC37 : Manage Exception Type

Actors	PAS Administrator System Administrator
Overview	Provides a facility to enable the setting of exception levels within any given Exception type. The Actor will not be able to create new Exception Types, or delete existing ones.
Pre Condition	The Actor wishes to review and/or update an Exception Level for a given (and existing) Exception Type.
Post Condition	The Actor has reviewed the assigned Exception Level, and either updated it or left it unchanged
Circumstances of Use	Exception Levels will be updated by the User when there is a need to adjust the severity or priority of the given exception, to facilitate resolution activities.
Included In (Other Use Cases)	None
Business Processes	None

BASIC FLOW:


#	Description	Requirement/  Include
1	The System displays all the Exception Types in a list as follows: <ul style="list-style-type: none"> Type Name (display only) Priority Level (selectable drop down list) Alert Required (checkbox) 	
2	The Actor may change the priority level for any and all Exception Types, and change alert settings and then request to save changes.	
3	The System saves the changes.	

4.48 UC50 : Close Exception

Actors	PAS User PAS Clerk PAS Administrator System Administrator
Overview	Enables exceptions raised within the system (relevant to IHI processing) to be closed.
Pre Condition	An exception exists that has been resolved, or can be closed (arbitrarily)
Post Condition	The exception is closed
Circumstances of Use	Whenever an exception exists that needs to be closed.
Included In (Other Use Cases)	UC55: Reset Merge UC36: Add Exception Resolution UC28: Merge Patient Records

Business Processes	None – see “Included in” Use Cases above
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BASIC FLOW:

#	Description	Requirement/  Include
1	The System sets the Exception Status to "Closed".	
2	The System locates any child Exceptions for this Exception and adds an Exception Resolution with the following fields: <ul style="list-style-type: none"> • Date • User ID = User ID of parent resolution • Resolution Type = "Parent Exception Closed" or "Retired Status" 	
3	The System sets the Exception Status of any child Exceptions to "Closed".	

4.49 UC31 : View Patient IHI Report

Actors	PAS User PAS Clerk PAS Administrator System Administrator
Overview	This use case enables the Actor to view a history of IHI requests and updates for the given patient or client. This supports audit requirements, and will assist in IHI problem resolution. The Actor may optionally select to print the report.
Pre Condition	The patient record exists in the PAS, and has one or more IHI related events associated with it. The Actor has access to the function.
Post Condition	The Actor has reviewed the IHI history for the given patient, and may have printed the report.
Circumstances of Use	The Actor will wish to view the Patient IHI Report whenever: <ul style="list-style-type: none"> • There is a need to review the patient’s IHI history, eg to review the frequency of IHI Checks, or any IHI changes/merges. • An IHI exception has occurred and the patient’s IHI history may assist in its resolution. • To assist n the resolution of legal or compliance matters, or in response to an FOI request. • To assist in problem resolution for the HI Service.
Included In (Other Use Cases)	None
Business Processes	None

BASIC FLOW:

#	Description	Requirement/  Include
1	The System presents the following reports that can be previewed and printed: <ul style="list-style-type: none"> • IHI transaction history, in reverse order (most recent at top of list) • Date 	

- IHI Record Status
- IHI Status
- IHI Transaction history with exceptions
 - Date
 - IHI Record Status
 - IHI Status
 - Exceptions
 - Exception ID
 - Parent Exception ID
 - Exception Date
 - Exception Type
 - Exception Status
- Transaction history for all patients records with the same IHI
 - URN
 - Date
 - IHI Record Status
 - IHI Status
- Transaction history for all patients records with the same IHI, including exceptions
 - URN
 - Date
 - IHI Record Status
 - IHI Status
 - Exceptions
 - Exception ID
 - Parent Exception ID
 - Exception Date
 - Exception Type
 - Exception Status

2 The Actor selects the report they wish to view and requests to proceed.

3 The System displays any relevant criteria for entry that is related to the report.

4 The Actor enters the criteria and requests to proceed.

5 The System determines that the criteria passes validation.

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The System determines that the criteria fails validation. [Goal: Display error message.]	

6 The System displays the requested report.

BUSINESS RULES:

ID	Business Rule
RU615	Exceptions Types are: <ul style="list-style-type: none"> • No Match • No Match on Check IHI • Incomplete Request Criteria • PAS Duplicate • Status Integrity • System Failure • Provisional IHI • Returned IHI PAS Duplicate • Potential Deceased • Data Error • Multiple Matches


ID	Business Rule
	<ul style="list-style-type: none"> • Multiple Matches on Check IHI • Retired or Expired • HI Duplicate Data • Unknown • Business Rule Violation • HI Merge Failure • Inconsistent Referral IHI • Current Patient IHI Anomaly • HI Service Processing

4.50 UC52 : View IHI Summary Report

Actors	PAS User PAS Clerk PAS Administrator System Administrator
Overview	<p>This report enables the user to obtain a summary level view of the IHI related exceptions in the system, and also a summary of the level of IHI allocation.</p> <p>Search outputs include:</p> <ul style="list-style-type: none"> • Patient IHI Analysis (counts) <ul style="list-style-type: none"> a. Patients with a Verified IHI b. Patients with an Unverified IHI c. Patients with a Provisional IHI d. Patients with a Medicare/DVA number, but without an IHI e. Patients without a Medicare/DVA number, and without an IHI f. Patients with Verified IHIs, but without Medicare/DVA entitlement • Multiple patient records that satisfy the same IHI Search criteria (for all 3 levels of IHI Search) • Exception Analysis <ul style="list-style-type: none"> a. Multiple patient records with the same IHI b. Patient records without an IHI c. Patient records with a failed IHI Search, which may be incorporated in (vii) below. d. Patient records with an IHI but without either/or IHI Record Status and IHI Status e. Patient records with IHI Record Status or IHI Status but without an IHI f. Patient records with a failed IHI Check g. Patient records with open IHI Exceptions (can be excluded from further exception processing)
Pre Condition	Patients have IHIs allocated in the system IHI related exceptions exist in the system
Post Condition	The report is displayed and optionally printed
Circumstances of Use	As selected by the user.
Included In (Other Use Cases)	None

Business Processes	None
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BASIC FLOW:

#	Description	Requirement/  Include
1	The System displays a list of Summary Reports for selection by the Actor, as follows: <ul style="list-style-type: none"> • IHI Exception Summary • Patient IHI Analysis 	
2	The Actor selects the report that they wish to view.	
3	The Actor selected the IHI Exception Summary Report.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 1: The Actor selected the Patient IHI Analysis Report. [Goal: Display Patient IHI Analysis Report]	

4	The System displays the following criteria for this report: <ul style="list-style-type: none"> • Exception Type (selection list) • Exception Status (selection list) • Exceptions Raised by (selection list of All, Anomaly Scan, BAU processing) • Exception Raised Date Range 	
5	The Actor enters the criteria and requests to proceed.	
6	The System determines that validation passed.	

ALTERNATE FLOW(S):

Condition	Return Step
IE 2: The System determines that validation failed. [Goal: Display error]	5

7	The System displays the report. The recordsets displayed in this report includes: <ul style="list-style-type: none"> • Multiple patient records that satisfy the same IHI Search criteria (for all 3 levels of IHI Search) • Multiple patient records with the same IHI • Patients with a Provisional IHI • Patient records with a failed IHI Check • Patient records with a failed IHI Search, which may be incorporated below. • Patient records with open IHI Exceptions (can be excluded from further exception processing) 	
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5. Glossary

Term	Description
After Presentation	A term used to describe when the patient is present in the health service, i.e. on or after presentation. This enables health staff to validate Medicare and demographic details directly with the patient.
B2B	Business to business, a term used to describe the web service based functions implemented in the HI Service.
BDM	Birth, Deaths & Marriages
Before Presentation	A term to describe the period prior to a patient presenting at the health service, in which a referral may be received, an entry created on a waiting list, and an appointment made, with the appropriate notifications. The patient is not readily available to confirm their Medicare number or demographic details, though this can be done via telephone, email, letter, etc.
CCA	A NEHTA group responsible for Compliance, Conformance and Accreditation.
CMS	Community Management System
DOB	Date of Birth
DH	Victorian Department of Health
DVA	Commonwealth Department of Veterans' Affairs
ED	Emergency Department
EOI	Evidence of Identity
Episode	A single admission to a health service for a particular condition or conditions, or A period of care for a particular condition, often covered by a single referral (supporting multiple admissions or attendances).
FoI	Freedom of Information
HI	Healthcare Identifier Service
HIM	Health Information Manager, a specialist in the management of health information, including patient records.
HPI-I	Healthcare Provider Identifier – Individual. A unique number to be assigned to every person involved in healthcare service delivery.
HPI-O	Healthcare Provider Identifier – Organisation, a unique number that will be assigned to all organisations involved in healthcare service delivery
HPOS	Health Professional Online Services, a portal provided by Medicare Australia.
HSD	The Victorian Human Services Directory
HealthSMART	The Victorian Department of Health HealthSMART program is responsible for managing processes to select, configure and implement applications to reflect state wide requirements (state wide footprint) into participating healthcare agencies. Additionally, the HealthSMART program is responsible for establishing and managing the shared ICT infrastructure that is required to support these applications and agencies use of them.
ID	Identity or identifier
IHI	The Individual Healthcare Identifier, which Medicare Australia allocated to every active Medicare enrollee, on the 1 st July 2010.
IHI Record Status	There are three record statuses of IHIs: <ul style="list-style-type: none"> • Verified • Unverified

Term	Description
	<ul style="list-style-type: none"> Provisional
IHI Status	<p>There are five IHI Statuses of IHIs:</p> <ul style="list-style-type: none"> Active Deceased Retired Expired Resolved
IP	Inpatient
IRN	Individual Reference Number, used on the Medicare card to identify each individual recorded on the card.
MSO	Medicare Service Operator
NASH	The National Authentication Service for Health (NASH) project being delivered through NEHTA will deliver the first nationwide security service to enable healthcare organisations and individuals to exchange e-health information.
NEHTA	National eHealth Transition Authority
NOK	Next of Kin
OP	Outpatient
OPD	Outpatient Department
PAS	Patient Administration System – a system used for the recording of patient and provider information to support management and coordination of service provision. Within HealthSMART this functionality is provided by either a consolidated Patient and Client Management System (P&CMS) through the iSOFT iPM application, or Community Management System through the Trak application for stand-alone metropolitan community health centres.
Referral	<p>A referral is defined within the Australian standard as “the communication with the intention of initiating patient/client care transfer, from the provider making the referral (the originator) to the provider expected to act on the referral (the destination).”</p> <p>In the context of this document a referral is used as a representative health service request or report, and the reader should consider Orders (pathology, diagnostic imaging, etc), discharge summaries, etc.</p>
SLA	Service Level Agreement, a contractual agreement that defines the required levels of services required from a vendor/supplier. For example, a common SLA may define that the system be available 98% of the time, and 100% of the time during working hours.
TDS	<p>Trusted Data Source, which refers to Medicare Australia and the Commonwealth Department of Veterans’ Affairs in the initial allocation of IHIs within the HI Service.</p> <p>In the context of the IHI Pre-Implementation project, an organisation participating in e-health messaging, who has met the compliance/accreditation criteria, is also referred to as a trusted data source.</p>
UC	Use case, part of the UML standard used to document tasks or business process steps.
UML	Unified Modelling Language. An international standard for documenting the design of an application.
URN	Unit Record Number

6. Appendix A – Related Requirements

Requirements identified in the IHI pre-Implementation project are fully documented in the Vic IHI Integration Business Requirements Specification v1.0 document.

6.1 PAS Requirements

ID	Requirement	Description
PR437	Search on IHI Status and IHI Record Status	All IHIs within the PAS must be able to be searched by IHI Status and IHI Record Status and include these fields in the search results.
PR588	IHI Report	The IHI report must include the IHI in its search criteria, and be able to match on IHIs in the patient record as well as IHIs in the Primary IHI and Secondary IHI of an IHI Exception.
PR438	IHI Display Requirements	Whenever an IHI is displayed the following fields must accompany it: <ul style="list-style-type: none">• IHI Status• IHI Record Status• Last Update/Checked Date.
PR617	Trigger Obtain	The System must provide the ability to initiate the Obtain IHI Use Case from a Patient screen.
PR627	Trigger Unverified	The System must provide the ability to initiate the Send Unverified IHI Request Use Case from a Patient screen.