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# **Use of Healthcare Identifiers in Health Software Systems**

## **Business Use Cases**

Version 2.3 — 17 August 2012

**Approved**

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# Document information

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# 1 Introduction

## 1.1 Purpose

The Use of Healthcare Identifiers in Software Systems Business Use Cases is an informative document which has been produced to guide the safe implementation of healthcare identifiers in healthcare software systems.

The business processes described in this document are intended to be generic and applicable to any healthcare setting. Additional analysis may however be required for local implementations to achieve integration with the HI Service.

A companion document, the Use of Healthcare Identifiers in Health Software Systems Software Conformance Requirements [NEHTA2011a], lists the software conformance requirements applicable to each of these business use cases.

## 1.2 Intended audience

The intended audience includes:

- Developers of health software that use healthcare identifiers;
- Operators and owners of e-health services that use healthcare identifiers;
- Health jurisdictions, healthcare providers and systems integrators that implement software systems that use healthcare identifiers; and
- Software test laboratories.

## 1.3 Scope

The scope of this version of the Healthcare Identifiers Business Use Cases is covers the following Business Use Cases

- Authorised Employee,
- Responsible Officer (RO),
- Organisation Maintenance Officer (OMO), and
- Healthcare Provider Identifier Individual (HPI-I).

## 1.4 Out of Scope

The following are outside the scope for BUC.320, BUC.325 & BUC.330:

- Messages/clinical documents that do not include any healthcare identifiers
- Messages/clinical documents generated by systems that do not interface to the HI Service.

## 1.5 Document instructions

This Use of Healthcare Identifiers Software Systems Business use Cases document outlines the high level business processes and sub-processes that should be followed and provide a step by step guide to handling Healthcare Identifiers or accessing the Healthcare Identifiers (HI) Service to satisfactorily complete the required course of action.

The formats used in each Use Case include:

1. Narrative format; and

## 2. Diagram format.

### 1.5.1 Narrative format

The narrative describes the intent of the Use Case and also provides sufficient level of information that an individual user or implementer may require within a healthcare setting to follow a business process. The information that may be included in the narrative is outlined below:

Section	Description
Use Case #	Use case number; the unique identifier attributed to the use case
Use Case Name	The name of the use case
Process Name	The name of the process or sub-process
Role	The typical organisational functions fulfilled by the actors of the use case
Derivation	The name of the process(es) which give rise to this process
Purpose	A high level description of what the process is designed to achieve
Outline	A description of what occurs during the process
Occasions of Use	The typical business scenarios illustrating the context within which the use case will be actioned
Pre-Conditions	The prerequisites which must be met to enable the use case to be actioned
Post-Conditions	The changes resulting from the execution of the use case/process/sub-process
Notes	Additional information relating to activities or decisions occurring within the process

### 1.5.2 Diagram format

The table below provides details of the keys to following the diagrammatical format:

Icon	Description
	Start event
	Gateway (Decision)
	Activity
	End event
	Collapsed sub-process
	Decision result
	Process flow
	Note (cross-reference to the narrative)
	Intermediate event (where a message is received )
	Join of parallel gateway indicating either to synchronise or to spawn new concurrent threads on parallel branches

## 2 Authorised Employee

The 'Authorised Employee' role type is defined as an individual that will act on behalf of the healthcare organisation and have the responsibility for managing interactions with the HI Service. The status of 'Authorised Employee' may be associated with different types of roles within the healthcare organisation. For example, an 'Authorised Employee' may be an outpatient clerk and have contact with the public or an administrative role ensuring data quality in records management.

In addition to the above, a healthcare organisation will sometimes have a 'Contracted Service Provider' (CSP), appointed to manage their information technology communication services. In these circumstances a CSP is required to have an 'Authorised Employee' who will be responsible for managing the healthcare organisations interactions with the HI Service regarding the communication of health information. The healthcare organisation is responsible for the CSP's 'Authorised Employee'.

An 'Authorised Employee', may also be a healthcare provider such as a practice nurse, physiotherapist or chiropractor. This will be particularly true for small health services, GP practices or sole traders. A healthcare organisation is responsible for the ongoing management of an 'Authorised Employee's' access and security controls.

Healthcare organisations have a responsibility for managing 'Authorised Employees' in accordance with the HI Act 2010.

### Note:

All the Use Cases listed in the ICP Business Use Case Catalogue have been scoped and confirmed with ICP stakeholders.

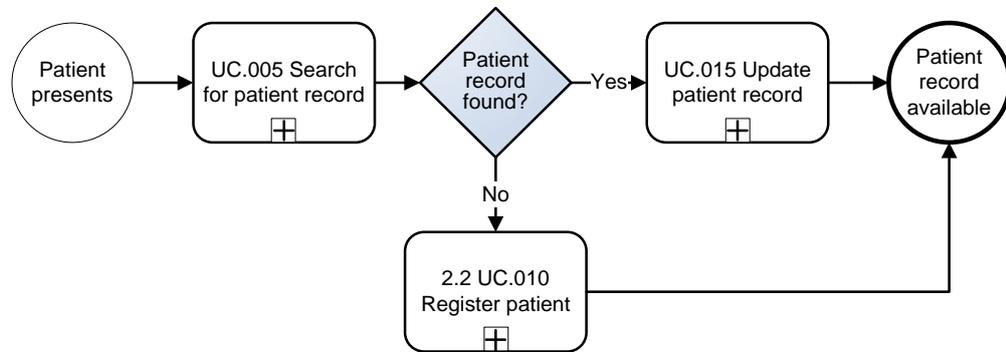
The Authorised Employee business use cases describe the following business functions:

- Search for a patient record
- Register a patient
- Update a patient record
- Bulk update of IHI details
- Merge patient health records
- Split a patient record
- Logon to a software system
- Send patient health information electronically
- Receive patient health information electronically, and
- Request electronic clinical document.

## 2.1 UC.005 – Search for patient health record

### 2.1.1 High Level Process – Patient presents

<b>Process Name</b>	Patient presents
<b>Purpose</b>	A patient presents to a healthcare facility and a patient health record is made available.
<b>Outline</b>	<p>Top level process used to ensure that all patients presenting at a healthcare facility have a patient health record available to record the details of the event.</p> <p>Existing patient health records, should be identified and added wherever possible, thereby, accumulating a longitudinal history of healthcare events for the patient within the healthcare facility.</p>



**Figure 1 - Patient presents**

<b>Notes</b>	None
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### 2.1.2 Use Case – UC.005 Search for patient health record

<b>Use Case #</b>	UC.005
<b>Use Case Name</b>	Search for patient health record
<b>Role</b>	Authorised Employee
<b>Derivation</b>	High Level Process – Patient presents
<b>Purpose</b>	To retrieve a patient health record from the local software system.
<b>Outline</b>	Enables existing health records to be identified and appended wherever possible, thereby, accumulating a longitudinal history of events for the patient within the healthcare facility.
<b>Occasions of Use</b>	An example of use is when: <ul style="list-style-type: none"> <li>• A patient health record needs to be located when admitting a patient</li> <li>• Updating a patient health record.</li> </ul>
<b>Pre-Conditions</b>	None
<b>Post-Conditions</b>	Patient health record found

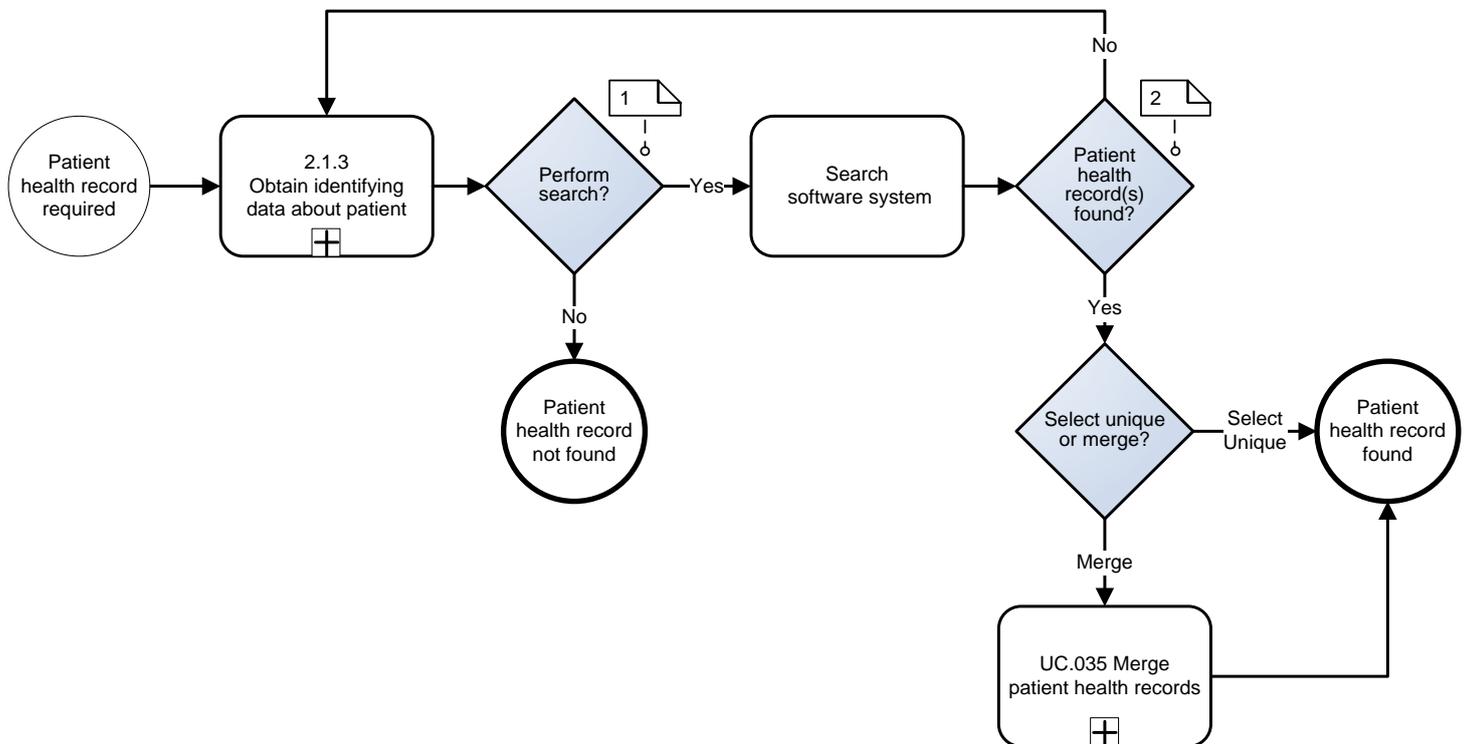
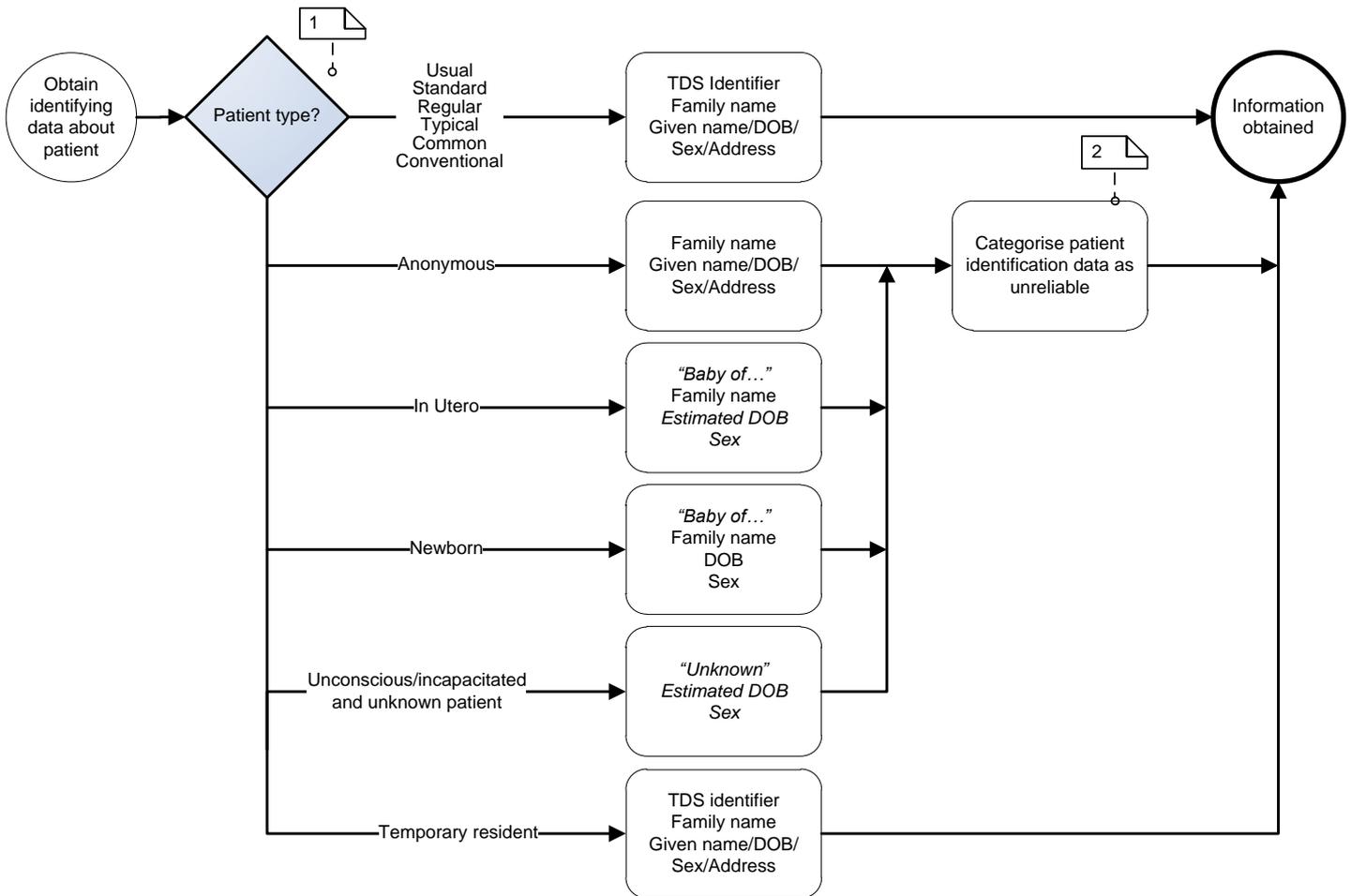


Figure 2 - UC.005 Search for patient health record

<b>Notes</b>	1. There are circumstances where it is immediately apparent that a patient's health record will not exist within the software system and therefore a search will produce no results, e.g. newborns, those who are unconscious/incapacitated and unknown or those who request anonymity.
	2. Where a patient health record is not found, further information should be sought from the patient to assist in locating the patient health record.

### 2.1.3 Use Case Sub-process – Obtain identifying data about patient

<b>Process Name</b>	Obtain identifying data about patient.
<b>Purpose</b>	To obtain sufficient identifying data about the patient to uniquely identify an existing patient health record within the software system or, if necessary, create a new health record.
<b>Outline</b>	Construct identifying data set and elements, based on a number of characteristics.
<b>Pre-Conditions</b>	None
<b>Post-Conditions</b>	Identifying data for patient obtained



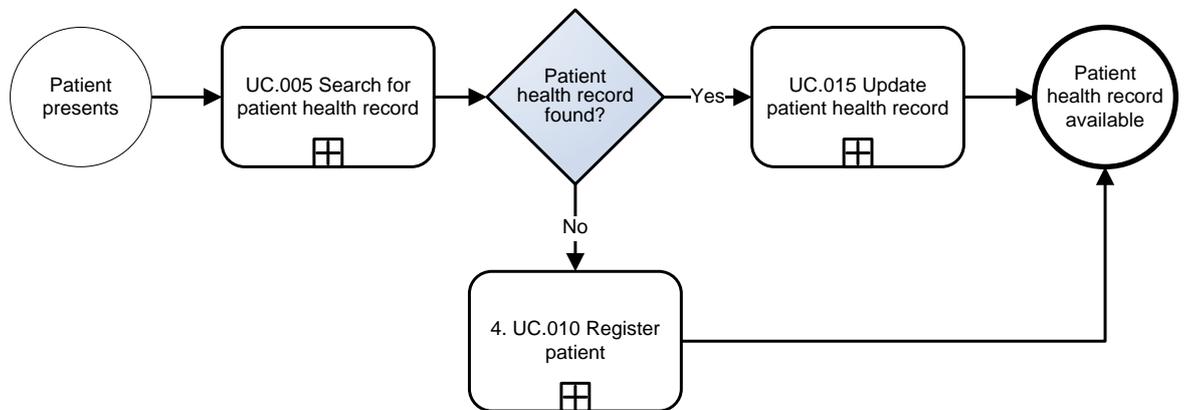
**Figure 3 - Obtain identifying data about patient**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>An anonymous patient is one who does not provide identifying data or where it is known that the name provided is a fictitious or a partial name and should be considered as unreliable information.</li> <li>How a patient’s identifying data is categorised within the software system as unreliable, is a matter of local implementation.                     <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>The National Health Data Dictionary provides a good explanation of how patient’s details should be treated if they are considered inaccurate.</li> <li>The user should obtain some or all of the following information to return an exact match from the HI Service- Family Name, Given Name, DOB, Sex, Address or the Medicare Registered Name.</li> </ul> </li> </ol>
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## 2.2 UC.010 – Register patient

### 2.2.1 High Level Process – Patient presents

<b>Process Name</b>	Patient presents
<b>Purpose</b>	A patient presents to a healthcare facility and a patient health record is made available.
<b>Outline</b>	Top level process used to ensure that all patients presenting at a healthcare facility have a patient health record available to record the details of the event. Existing patient health records, should be identified and added wherever possible, thereby, accumulating a longitudinal history of healthcare events for the patient within the healthcare facility.



**Figure 4 - Patient presents**

<b>Notes</b>	None
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## 2.2.2 Use Case – UC.010 Register patient

<b>Use Case #</b>	UC.010
<b>Use Case Name</b>	Register patient
<b>Role</b>	Authorised Employee
<b>Derivation</b>	<a href="#">High Level Process – Patient presents</a>
<b>Purpose</b>	To create a new patient health record.
<b>Outline</b>	A new patient health record is created. If possible an IHI is obtained from the HI Service and associated with the record.
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A patient health record search has not matched an existing patient health record within the software system.</li> <li>• A patient presents and is unable to be identified (e.g. unconscious or incapacitated)</li> <li>• Registering a newborn</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Identifying data for patient obtained</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Patient health record created</li> </ul>

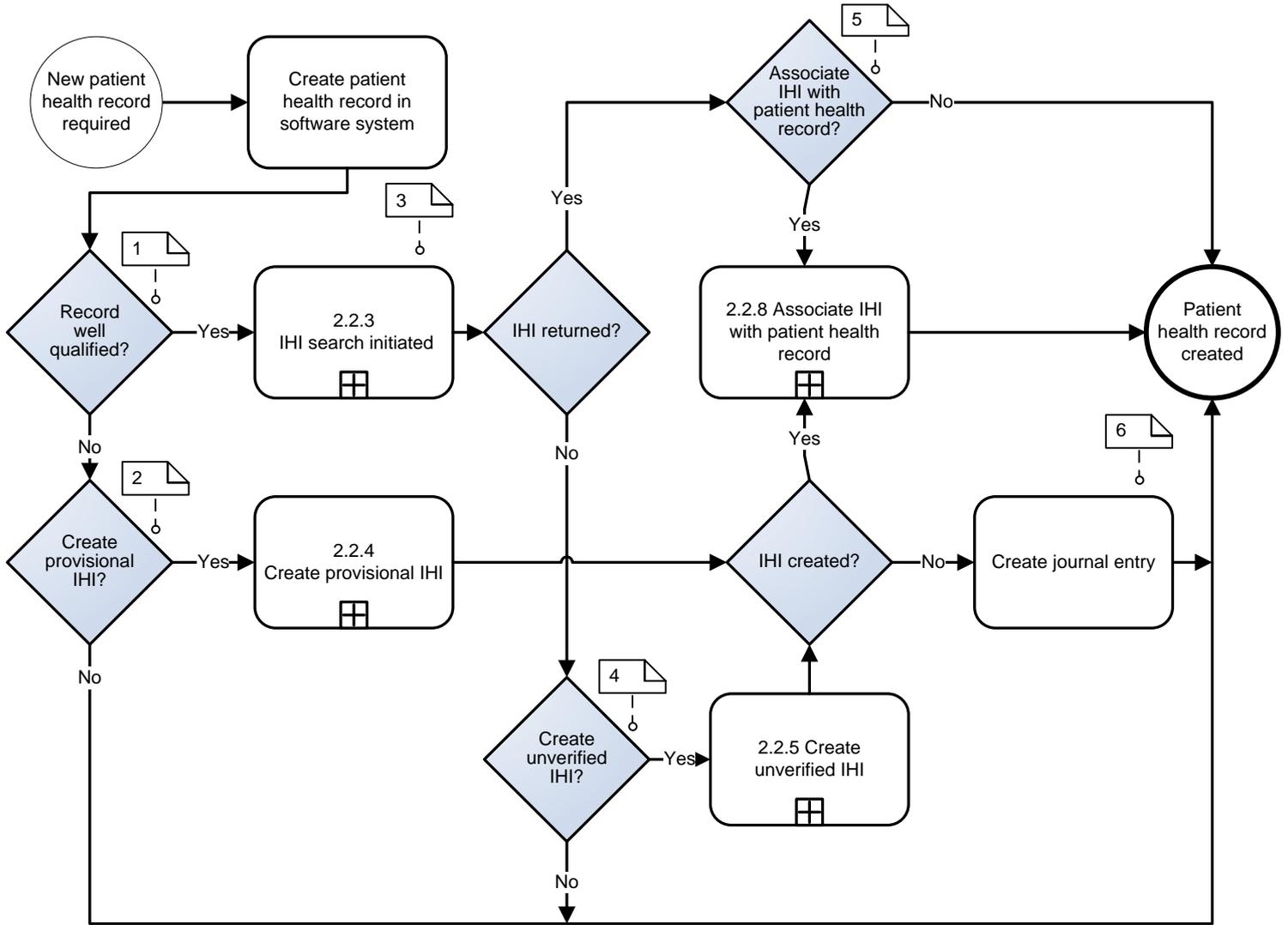


Figure 5 - UC.010 Register patient

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. Demographic and other identifying data has been obtained to uniquely identify the patient and, if possible, an IHI has been retrieved from, or assigned by, the HI Service and associated with the patient's health record. <u>Note:</u> <ul style="list-style-type: none"> <li>• "Well qualified" in this instance means having a reasonable level of surety that we have the patient's registered name and accurate date of birth.</li> </ul> </li>   <li>2. When a patient presents who is unconscious/incapacitated (unable to communicate) and unknown, and no identifying data in relation to the patient is available a Provisional IHI may be created. <u>Note:</u> <ul style="list-style-type: none"> <li>• The creation of a Provisional IHI is a matter of local policy which may require:               <ul style="list-style-type: none"> <li>○ Provisional IHIs are never created;</li> <li>○ Provisional IHIs are always created;</li> <li>○ Creation of Provisional IHIs is at the discretion of an Authorised Employee.</li> </ul> </li> </ul> </li>   <li>3. Where the IHI is entered manually having been obtained through a non-electronic channel, it shall be validated using the B2B channel.</li>   <li>4. If the HI Service does not return an IHI, an Unverified IHI may be created for the patient. <u>Note:</u> <ul style="list-style-type: none"> <li>• The creation of a Unverified IHI is a matter of local policy which may require:               <ul style="list-style-type: none"> <li>○ Unverified IHIs are never created;</li> <li>○ Unverified IHIs are always created;</li> <li>○ Creation of Unverified IHIs is at the discretion of an Authorised Employee.</li> </ul> </li> </ul> </li>   <li>5. The association of a Unverified IHI is a matter of local policy which may require:           <ul style="list-style-type: none"> <li>○ Unverified IHIs are never associated;</li> <li>○ Unverified IHIs are always associated;</li> <li>○ Association of Unverified IHIs is at the discretion of an Authorised Employee.</li> </ul> </li>   <li>6. A journal entry may be recorded when an attempt to create a Provisional or Unverified IHI fails in order to enable subsequent recovery actions if required. Creation of a journal entry is a matter of local policy.</li> </ol>
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### 2.2.3 Use Case Sub-process – IHI search initiated

<b>Process Name</b>	IHI search initiated
<b>Purpose</b>	To obtain the patient’s IHI from the HI Service.
<b>Derivation</b>	<a href="#">Use Case – UC.010 Register patient</a>
<b>Outline</b>	The IHI is obtained or validated via B2B, if possible, or via MSO channel. If the IHI for the patient cannot be retrieved due to channel unavailability, a journal entry may be recorded to facilitate subsequent retrieval.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>There is a reasonable level of surety that we have the patient’s registered name and accurate date of birth</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>IHI returned</li> </ul>

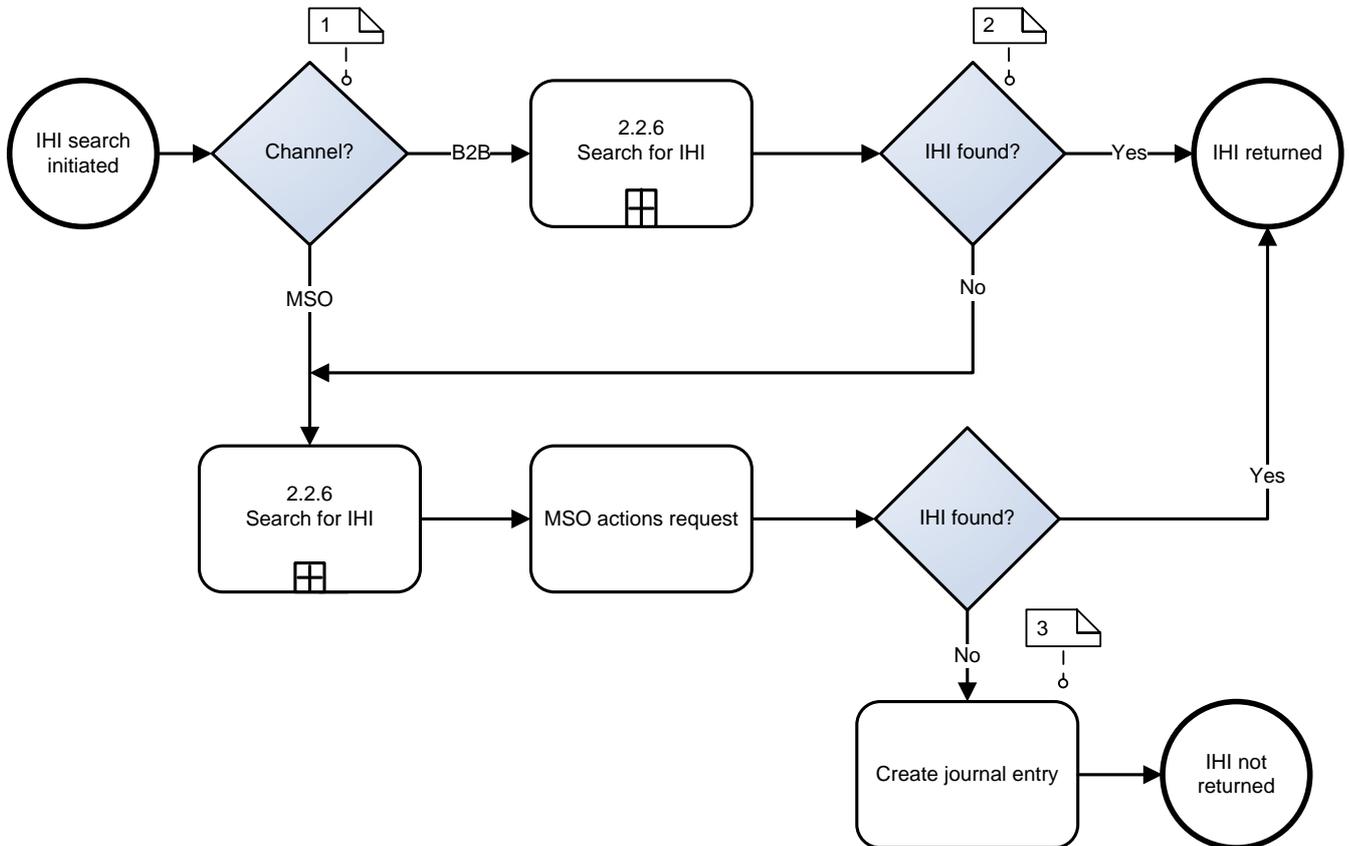
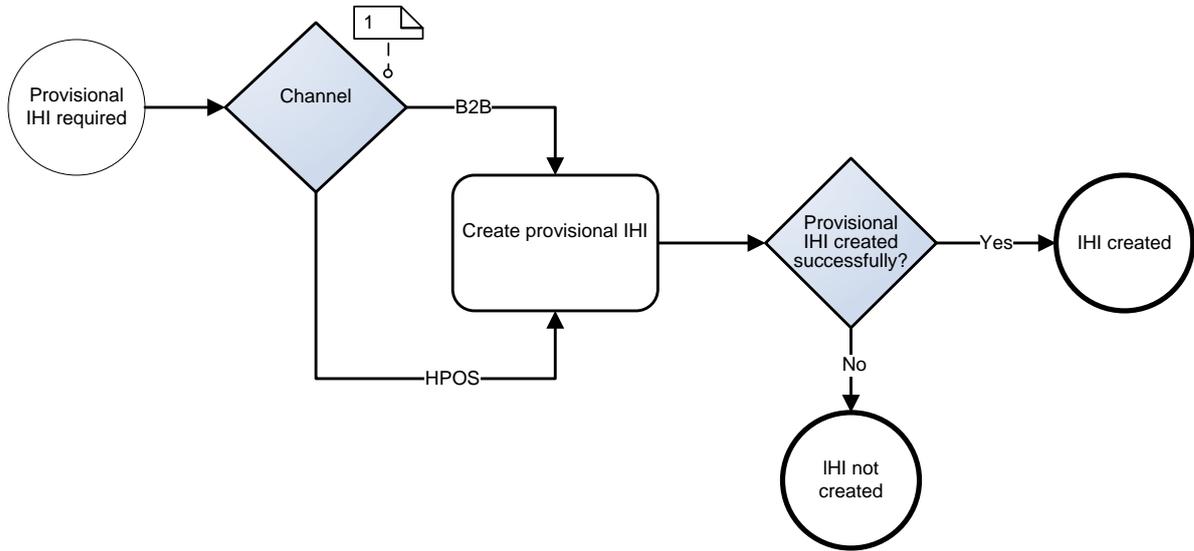


Figure 6 - IHI search initiated

<b>Notes</b>	<ol style="list-style-type: none"> <li>1. The HI Service channels may not be available due to the following: <ul style="list-style-type: none"> <li>• A system error has occurred;</li> <li>• System channel is scheduled for maintenance;</li> <li>• Connection to the channel is not available/down;</li> <li>• Channel request time out;</li> <li>• MSO channel – hours of operation; etc.</li> </ul> </li> <li>2. Where there is a reasonable expectation that an IHI exists for the patient, when attempts to retrieve an IHI from the HI Service via B2B fail, the MSO channel may be used.</li> <li>3. A journal entry may be recorded when an attempt to access the HI Service fails in order to enable subsequent recovery actions if required. Creation of a journal entry is a matter of local policy.</li> </ol>
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### 2.2.4 Use Case Sub-process – Create Provisional IHI

<b>Process Name</b>	Create Provisional IHI
<b>Purpose</b>	To create a temporary IHI for a patient who is unconscious/incapacitated and unknown. <u>Note:</u> <ul style="list-style-type: none"> <li>• A Provisional IHI lapses after ninety (90) days of inactivity.</li> </ul>
<b>Derivation</b>	<a href="#">Use Case – UC.010 Register patient</a>
<b>Outline</b>	The IHI is created via B2B. <u>Note:</u> <ul style="list-style-type: none"> <li>• The creation of a Provisional IHI is not possible via MSO facilitated channels.</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• No identifying data in relation to the patient is available</li> <li>• Local policy allows for this Use Case to proceed</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• The Provisional IHI is returned from the HI Service</li> </ul>

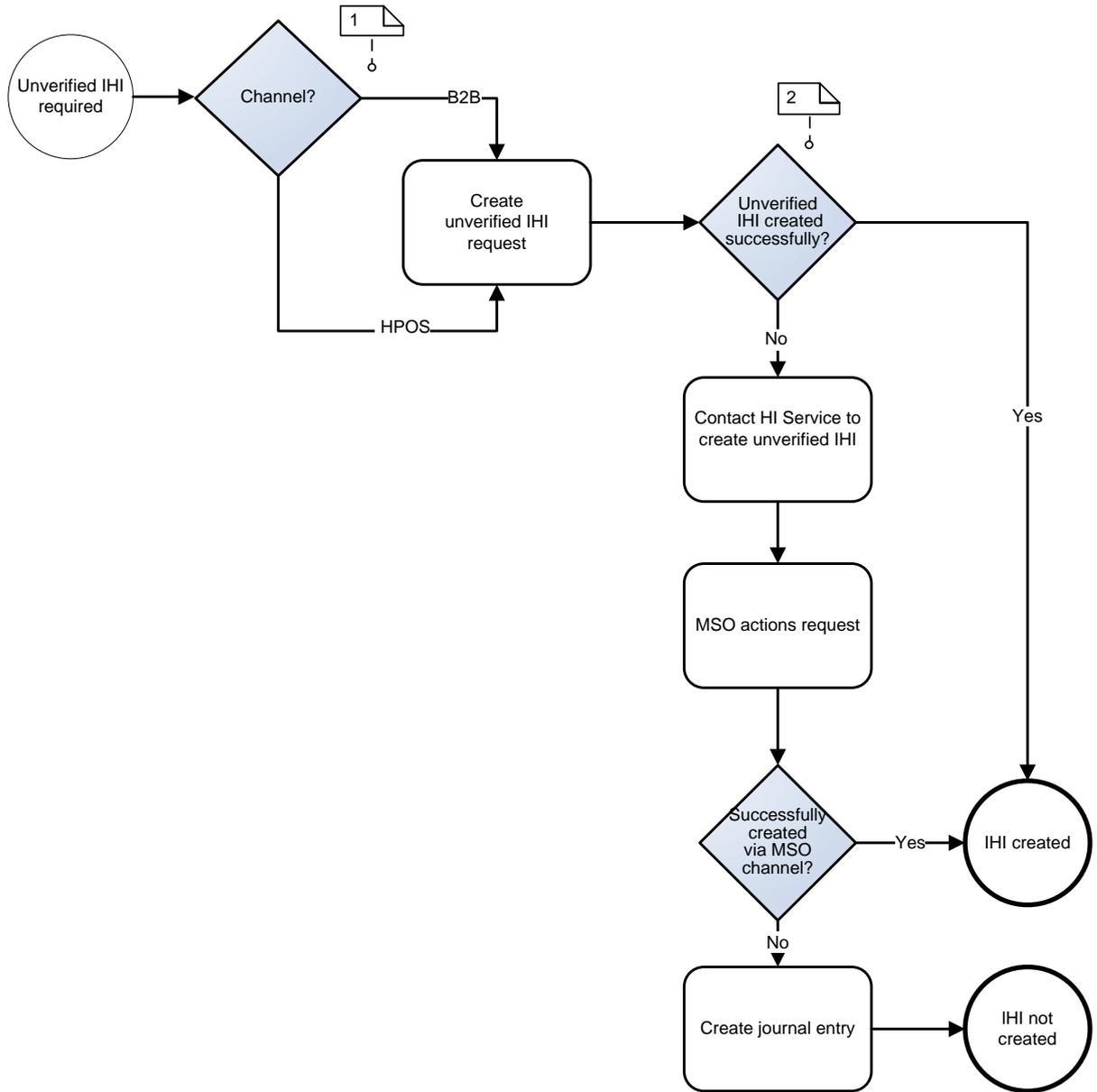


**Figure 7 – Create Provisional IHI**

<b>Notes</b>	<ol style="list-style-type: none"> <li>The HI Service channels may not be available due to the following:           <ul style="list-style-type: none"> <li>A system error has occurred;</li> <li>System channel is scheduled for maintenance;</li> <li>Connection to the channel is not available/down; Channel request time out; etc.</li> </ul> </li> </ol>
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## 2.2.5 Use Case Sub-process – Create Unverified IHI

<b>Process Name</b>	Create Unverified IHI
<b>Purpose</b>	To create an Unverified IHI for a patient via B2B if possible or via the MSO channels.
<b>Derivation</b>	<a href="#">Use Case – UC.010 Register patient</a>
<b>Outline</b>	An Unverified IHI may be created through the HI Service for a patient, only when a request for an IHI does not return an existing IHI. If the web service is not available, an alternative channel may be selected.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• 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, i.e. they are legitimate recipients of an Unverified IHI</li> <li>• An Authorised Employee has identified the need to assign an Unverified IHI to the Patient health record in the software system</li> <li>• Local policy allows for this Use Case to proceed</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• The Unverified IHI is generated and returned from the HI Service</li> <li>• The patient is informed of the Unverified IHI allocated to them, and their options discussed (where applicable)</li> </ul>



**Figure 8 - Create Unverified IHI**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. If the HI Service is not available, it could be due to the following reasons:             <ul style="list-style-type: none"> <li>• A system error has occurred;</li> <li>• System channel is scheduled for maintenance;</li> <li>• Connection to the channel is not available/down;</li> <li>• Channel request time out;</li> <li>• MSO channel – hours of operation; etc.</li> </ul> </li> <li>2. If an attempt to create an IHI in the HI Service via B2B channel fails, the MSO channel may be attempted.</li> </ol>
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### 2.2.6 Use Case Sub-process – Search for IHI

<b>Process Name</b>	Search for IHI
<b>Purpose</b>	To retrieve an IHI from the HI Service based on the information about the patient.
<b>Derivation</b>	<a href="#">Use Case Sub-process – IHI search initiated</a>
<b>Outline</b>	<p>The search may be conducted using a variety of patient information in accordance with the HI Service Interface Specifications.</p> <p>Preference is given to the use of a TDS identifier and associated information, as this is considered to increase the probability of a positive result.</p>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>There is a reasonable level of surety that we have the patient’s registered name and accurate date of birth</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>IHI found</li> </ul>

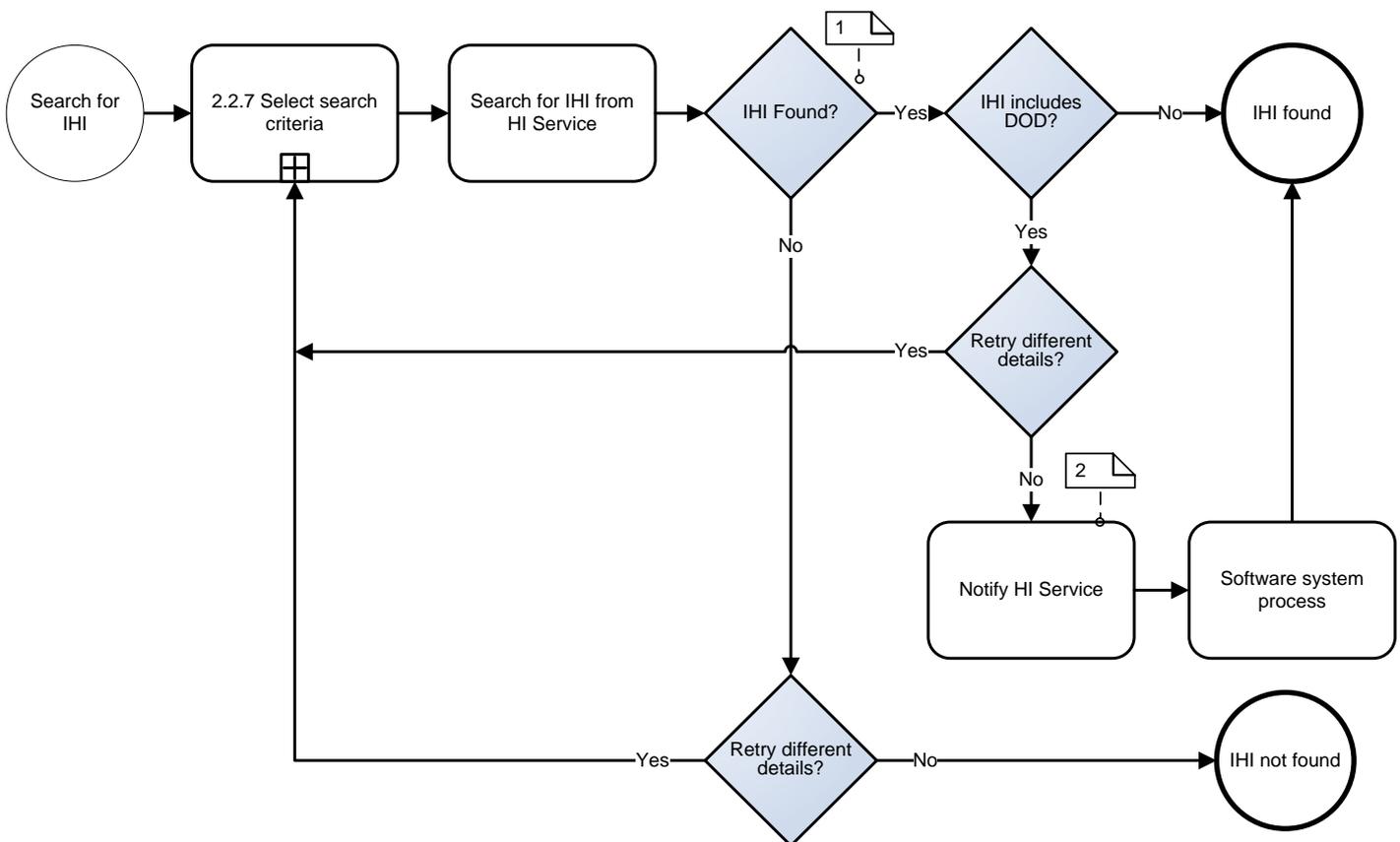
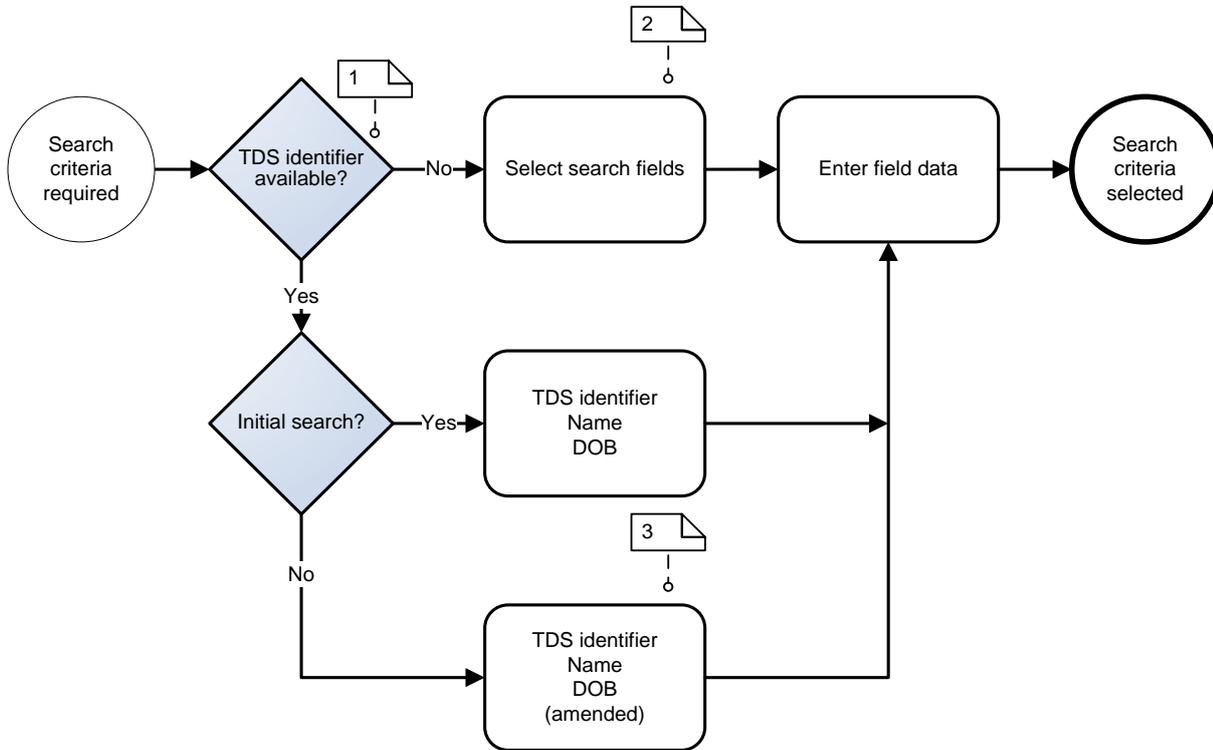


Figure 9 - Search for IHI

<b>Notes</b>	<ol style="list-style-type: none"> <li>1. The HI Service response may be: <ul style="list-style-type: none"> <li>• An IHI is returned;</li> <li>• Multiple IHIs have been found;</li> <li>• No IHI has been found; or</li> <li>• An IHI is returned but the record has a status of deceased.</li> </ul> </li> <li>2. The HI Service should be notified that an IHI appears to have an incorrectly recorded Date of Death. However, the local policy should apply as to how an IHI that includes a DOD will be processed within the software system. <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Apply the IHI status, including DOD details;</li> <li>• Create an Unverified IHI for the patient;</li> <li>• Await clarification from HI Service; or</li> <li>• No action</li> </ul> </li> </ol>
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### 2.2.7 Use Case Sub-process – Select search criteria

<b>Process Name</b>	Select search criteria
<b>Purpose</b>	To select the demographic data elements to be used when searching for a patient's IHI in the HI Service.
<b>Derivation</b>	<a href="#">Use Case Sub-process – IHI search initiated</a>
<b>Outline</b>	Due to the volatility of address information, it is considered optimally efficient to utilise a minimum set of data when conducting a demographic search in the HI Service.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Search criteria selected</li> </ul>



**Figure 10 - Select Search Criteria**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. TDS identifiers may be Medicare Card numbers<sup>1</sup>, Department of Veterans Affairs’ File numbers or an IHI.</li> <li>2. The data set to uniquely identify a patient through a demographic search includes the patient name, date of birth, sex and address.             <ul style="list-style-type: none"> <li>• Mandatory: patient surname, date of birth and sex</li> <li>• Optional: patient first name, other names and address information</li> </ul> </li> <li>3. The demographic details are altered, to initiate a new search. An IRN or a second name may be supplied as a tie-breaker. Other names that may be used include:             <ul style="list-style-type: none"> <li>• Previous name;</li> <li>• Alternate;</li> <li>• Alias; etc.</li> </ul> </li> </ol>
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<sup>1</sup> The Medicare Card Number includes the Medicare Card Issue Number (10th digit). The Card Issue Number is not used by Medicare Australia during a record search, however all 10 digits must be provided to the HI Service in a message request. The Individual Reference Number can be used as an optional field to assist in refining search criteria.

### 2.2.8 Use Case Sub-process – Associate IHI with patient health record

<b>Process Name</b>	Associate IHI with patient health record
<b>Purpose</b>	To associate the IHI obtained (if any) with a patient health record.
<b>Derivation</b>	Use Case – UC.010 Register patient
<b>Outline</b>	This process endeavours to ensure that an IHI is not associated with multiple patient health records.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>IHI is returned from HI Service</li> <li>If not a Verified IHI, local policy allows for the updating of this IHI into the patient health record</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>IHI is associated to the patient health record</li> </ul>

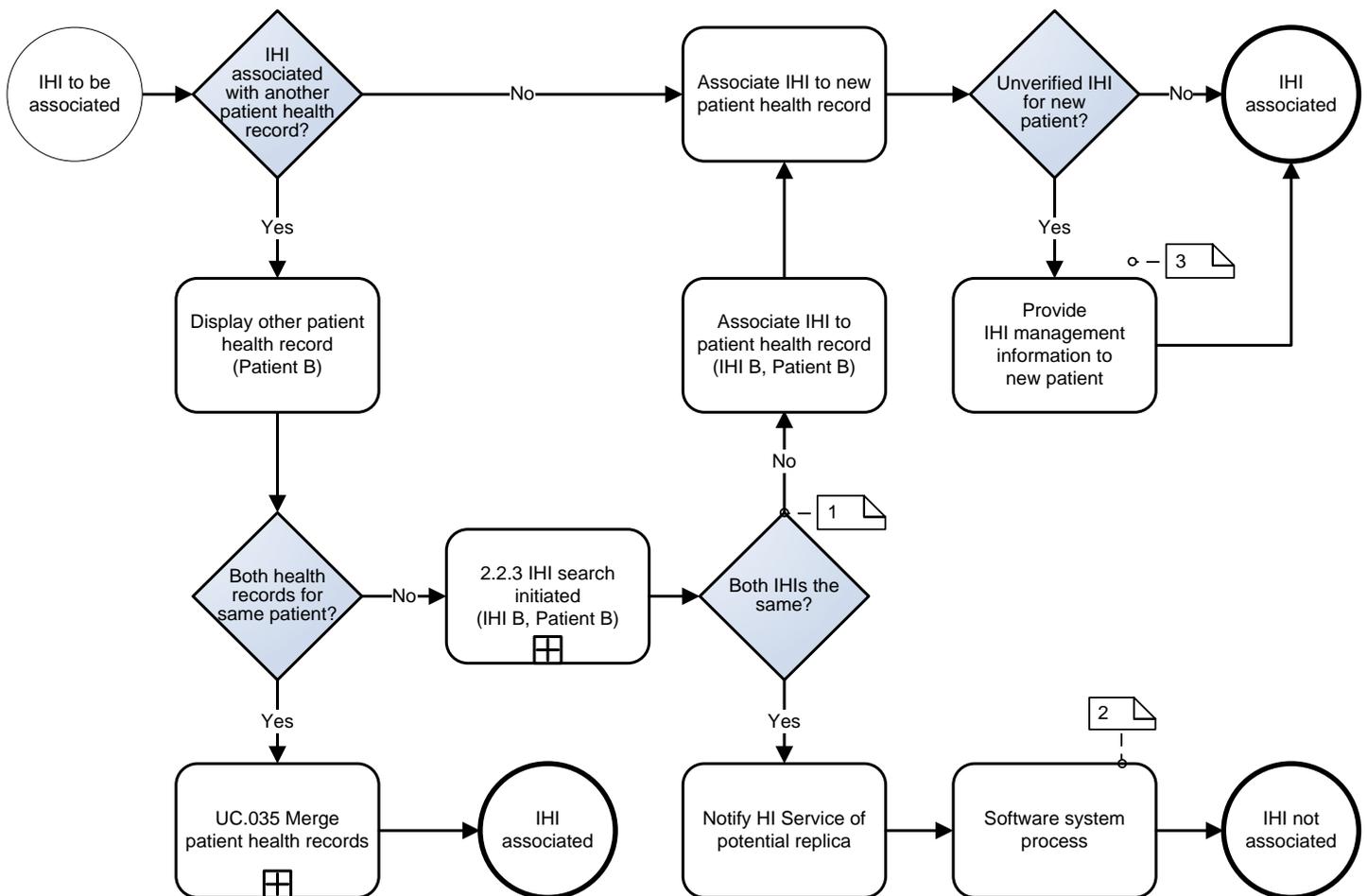


Figure 11 - Associate IHI with patient health record

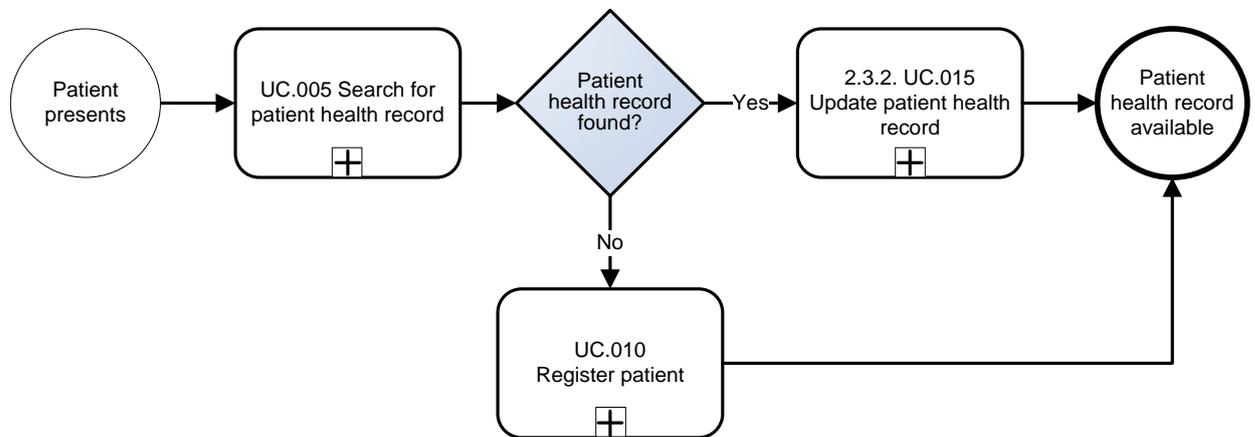
**Notes**

1. If an IHI is identified as being associated with more than one patient health record in the software system, the HI Service is notified of a potential replica.
2. The options for the software system process include:
  - Suspend the use of identifiers from active use if a potential duplicate or replica IHI is found for both/two or more patient health records);
  - Remove the identifiers from the patient health record and however, retain the IHI history in the system log;
  - Merge patient health records after investigation.
3. In addition, to providing IHI information for the new patient they should be advised to contact the HI Service.

## 2.3 UC.015 – Update patient health record

### 2.3.1 High Level Process – Patient presents

<b>Process Name</b>	Patient presents
<b>Purpose</b>	A patient presents to a healthcare facility and a patient health record is made available.
<b>Outline</b>	Top level process used to ensure that all patients presenting at a healthcare facility have a patient health record available, to record the details of the event. Existing patient health records, should be identified and added wherever possible, thereby, accumulating a longitudinal history of healthcare events for the patient within the healthcare facility.

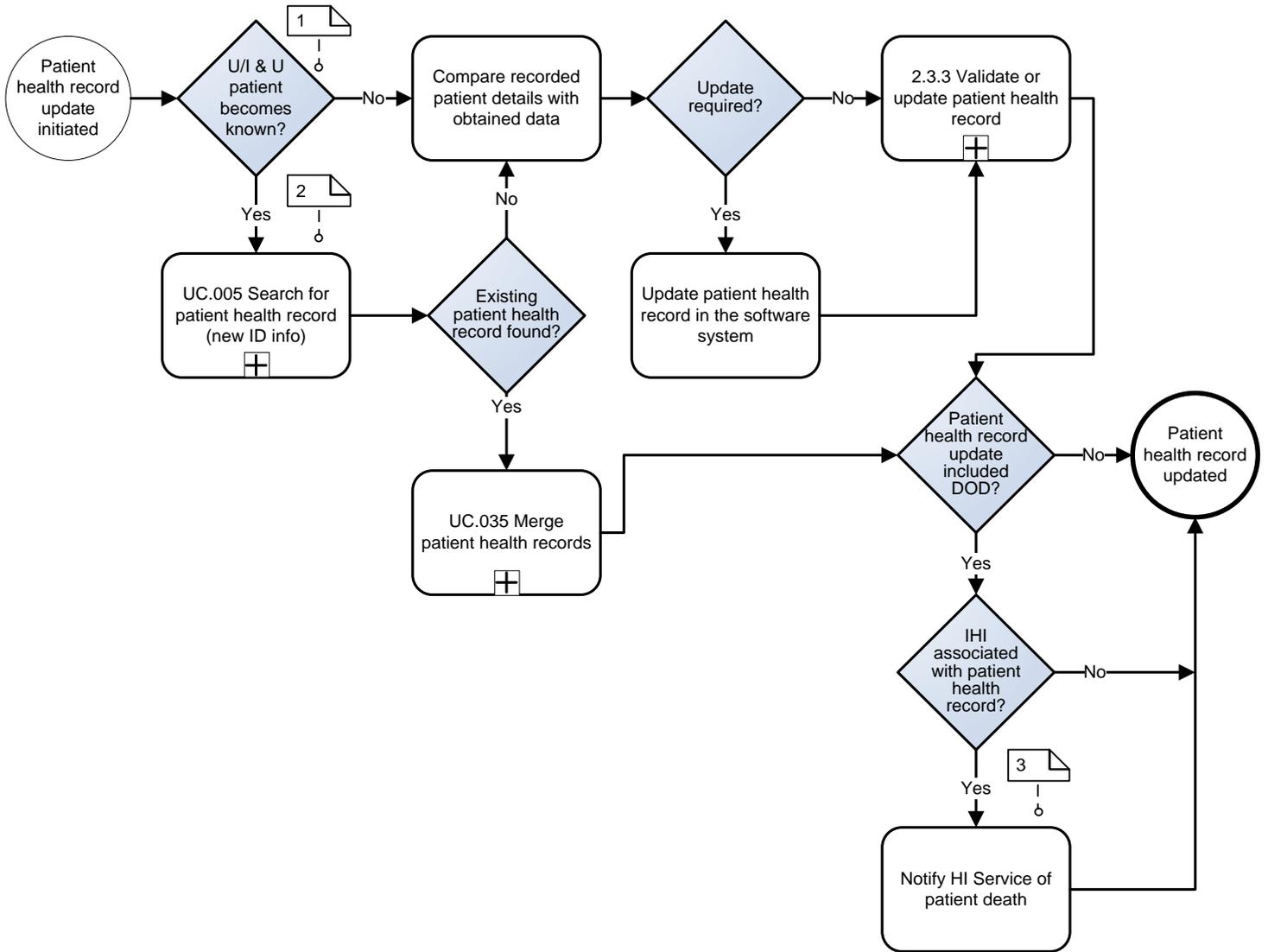


**Figure 12 - Patient presents**

<b>Notes</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
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### 2.3.2 Use Case – UC.015 Update patient health record

<b>Use Case #</b>	UC.015
<b>Use Case Name</b>	Update patient health record
<b>Role</b>	Authorised Employee
<b>Derivation</b>	<a href="#">High Level Process – Patient presents</a>
<b>Purpose</b>	To ensure that we identify this patient in a manner consistent with the HI Service and to have the most up to date information available for the patient.
<b>Outline</b>	<p>Compare the information received from the patient against the patient’s details within the software system, and update the patient’s record within the software system with the new details if they have changed. Where appropriate, the IHI details are Verified or updated within the HI Service.</p> <p>If the new detail, about the patient includes a Date of Death, the HI Service is notified of the patient’s date of death.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A patient health record exists within the software system that has new information that needs to be applied</li> <li>• A regular interval check is to be done, to verify the patient’s IHI status</li> <li>• The patient health record has been recorded in the error or journal log indicating that an update is required</li> <li>• An unconscious/incapacitated and unknown patient becomes known to a healthcare facility</li> <li>• A patient has deceased</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• IHI is returned from HI Service</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• The patient’s health record is updated in the software system and an IHI is associated to it</li> </ul>

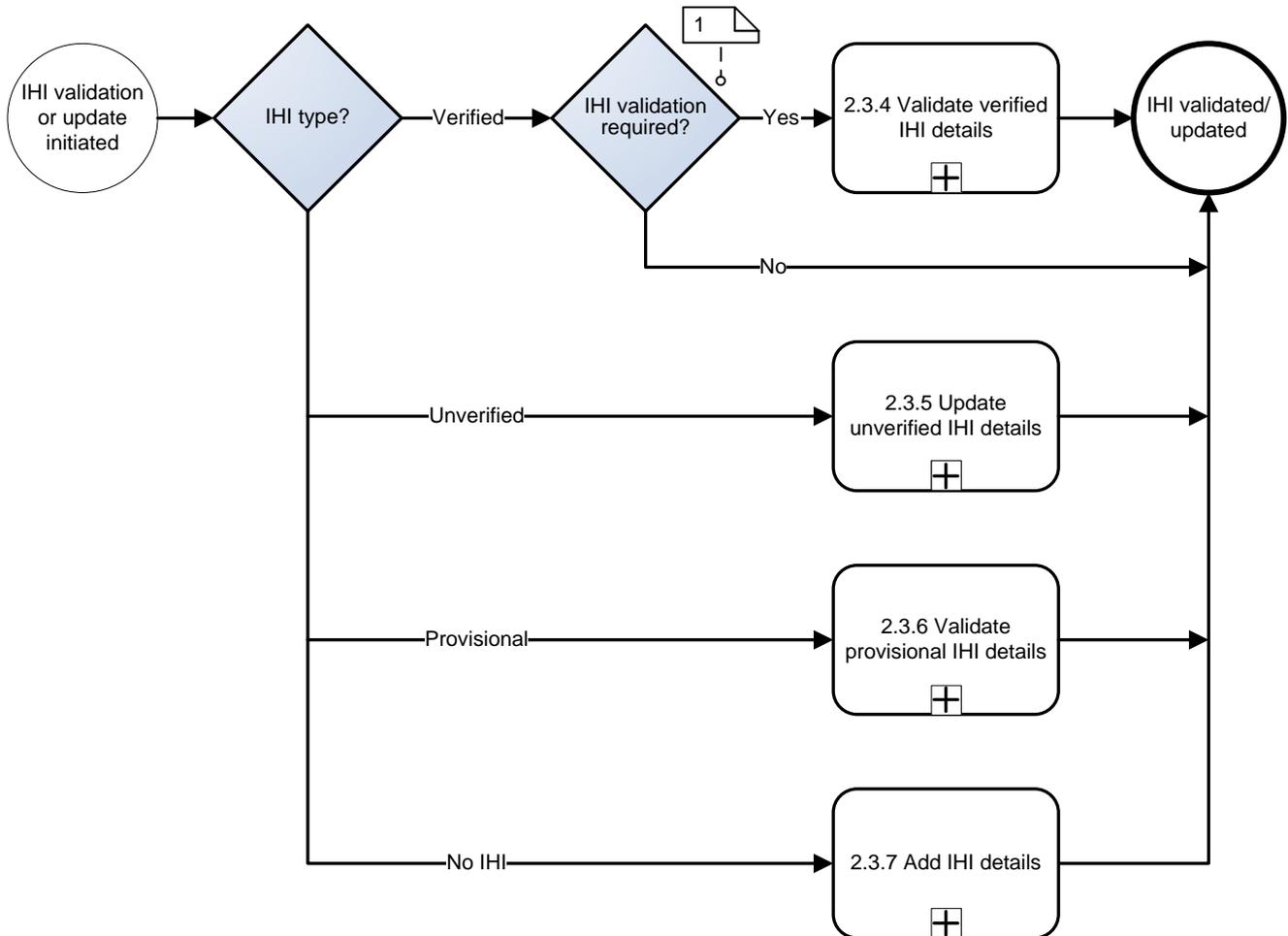


**Figure 13 - UC.015 Update patient health record**

<b>Notes</b>	<ol style="list-style-type: none"> <li>1. An unconscious/incapacitated and unknown (U/I&amp;U) patient becomes known to a healthcare facility. The patient health record for the unconscious/incapacitated and unknown patient has already been retrieved at this stage using the local policy identification details.</li> <li>2. The patient's existing health record, if there is one, is located using their demographic details. This provides two patient health records that can be merged.</li> <li>3. The HI Service is notified of the patient death, and the Date of Death. For this, to become updated in the HI Service, Fact of Death documentation needs to be forwarded to the HI Service.</li> </ol> <p><u>Note:</u> The HI Service will only provide notification of a patient's death. The Date of Death and Date of Death accuracy indicator will not be able to be returned from the HI Service.</p>
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### 2.3.3 Use Case Sub-process – Validate or update patient health record

<b>Process Name</b>	Validate or update patient health record
<b>Purpose</b>	To ensure that we have the most up to date IHI information available for the patient health record.
<b>Derivation</b>	<a href="#">High Level Process – Patient presents</a>
<b>Outline</b>	The IHI for the patient undergoes a validation or update process, depending on the type of IHI it is.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Patient details have been updated in the software system</li> <li>• IHI validation has been requested by the Authorised Employee</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• IHI is associated to the patient health record</li> </ul>

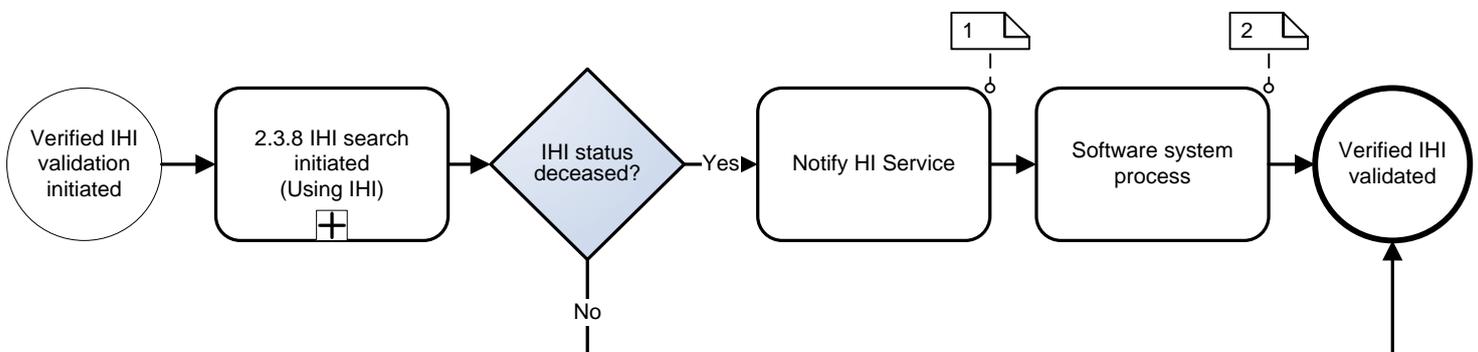


**Figure 14 - Validate or update patient health record**

<p><b>Notes</b></p>	<p>1. Where the identification details of the patient did not change, validation of a Verified IHI is a matter of local policy.</p> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>Where the core IHI demographic information (family name, given name, DOB or the gender has changed, the IHI needs to be validated.</li> </ul>
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### 2.3.4 Use Case Sub-process – Validate Verified IHI details

<b>Process Name</b>	Validate Verified IHI details
<b>Purpose</b>	To maintain the quality of IHI information within the software system.
<b>Derivation</b>	<a href="#">Use Case – UC.015 Update patient health record</a>
<b>Outline</b>	Where a Verified IHI is already associated with a patient health record, the HI Service is checked after an identification update to ensure that the IHI status has not altered since the previous record update.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>A Verified IHI is associated to the patient health record within the software system</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>The Verified IHI has been validated</li> </ul>

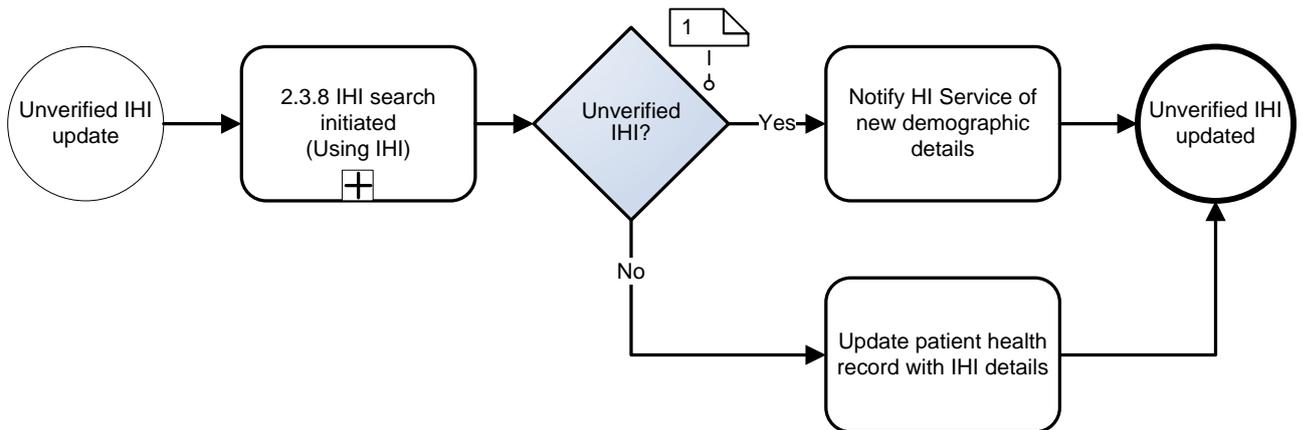


**Figure 15 - Validate Verified IHI details**

<b>Notes</b>	<ol style="list-style-type: none"> <li>Where the status of the IHI has been returned as deceased, or an error message indicating the IHI record has retired or expired, there may be an issue with the patient’s data. The HI Service will be notified of a potential error with the data.</li> <li>It is a matter of local policy, as to whether an IHI status of deceased, retired or expired is applied to a patient’s health record, within the local software system, until further details can be provided by the HI Service regarding the IHI.</li> </ol>
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### 2.3.5 Use Case Sub-process – Update Unverified IHI details

<b>Process Name</b>	Update Unverified IHI details
<b>Purpose</b>	To maintain the IHI information within the HI Service.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Update Unverified IHI details</a>
<b>Outline</b>	Where an Unverified IHI is associated with a patient health record, the HI Service is checked, after an identification update, to ensure that the IHI status has not changed, and if not, the HI Service is notified of the patients identification detail changes.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>An Unverified IHI is associated to the patient health record within the software system</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>The Unverified IHI’s demographic details has been updated in the HI Service</li> <li>An alternate IHI has been returned by the HI Service and associated with the patient health record</li> </ul>

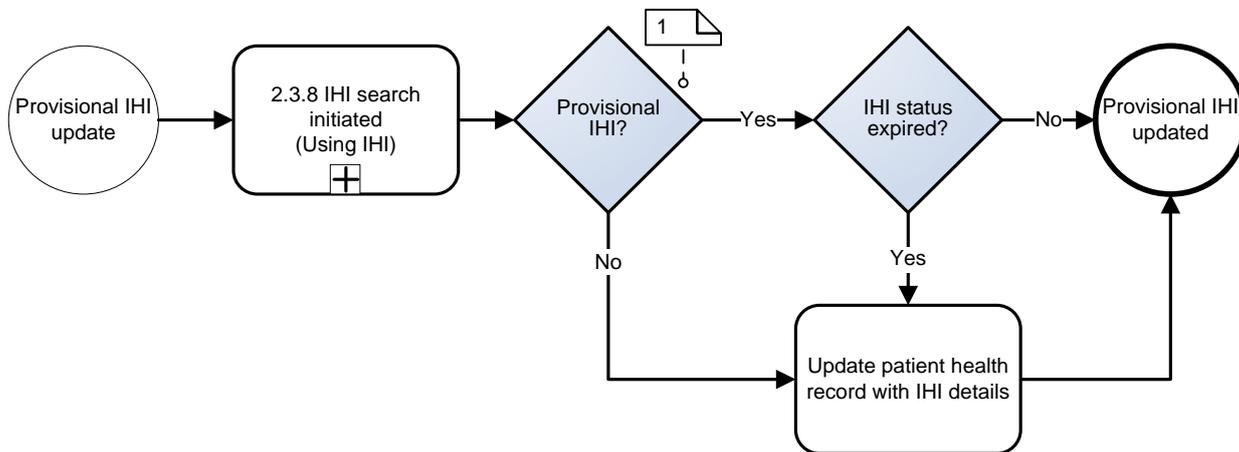


**Figure 16 - Update Unverified IHI details**

<b>Notes</b>	<ol style="list-style-type: none"> <li>An Unverified IHI may have been resolved to a Verified IHI. In this instance, the patient health record will be updated with the Verified IHI details. <u>Note:</u> <ul style="list-style-type: none"> <li>Where an Unverified IHI is returned, the HI Service will be notified of the changes to the patient’s demographic details.</li> <li>The changes would have been previously applied to the patient health record earlier in the process.</li> </ul> </li> </ol>
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### 2.3.6 Use Case Sub-process – Validate Provisional IHI details

<b>Process Name</b>	Validate Provisional IHI details
<b>Purpose</b>	To maintain the quality of IHI information within the software system.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Validate Provisional IHI details</a>
<b>Outline</b>	Where a Provisional IHI is associated with a patient health record, the HI Service is checked to ensure that IHI status has not changed.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>An Unverified IHI is associated to the patient health record within the software system</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>The Provisional IHI's has been Verified</li> <li>An alternate IHI has been returned by the HI Service and associated with the patient health record</li> </ul>



**Figure 17 - Validate Provisional IHI details**

<b>Notes</b>	<ol style="list-style-type: none"> <li>A Provisional IHI may have been resolved to, or merged with an Unverified or Verified IHI. In this instance, the patient health record will be updated with the Unverified or Verified IHI details retrieved from the HI Service.</li> </ol>
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### 2.3.7 Use Case Sub-process – Add IHI details

<b>Process Name</b>	Add IHI details
<b>Purpose</b>	To add IHI information to a patient health record.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Validate or update patient health record</a>
<b>Outline</b>	Where a patient health record has no IHI associated, if possible, an IHI is obtained from the HI Service and associated with the patient health record.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>The patient health record does not have an associated IHI</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>The IHI is associated to the patient health record, if supported by local policy</li> </ul>

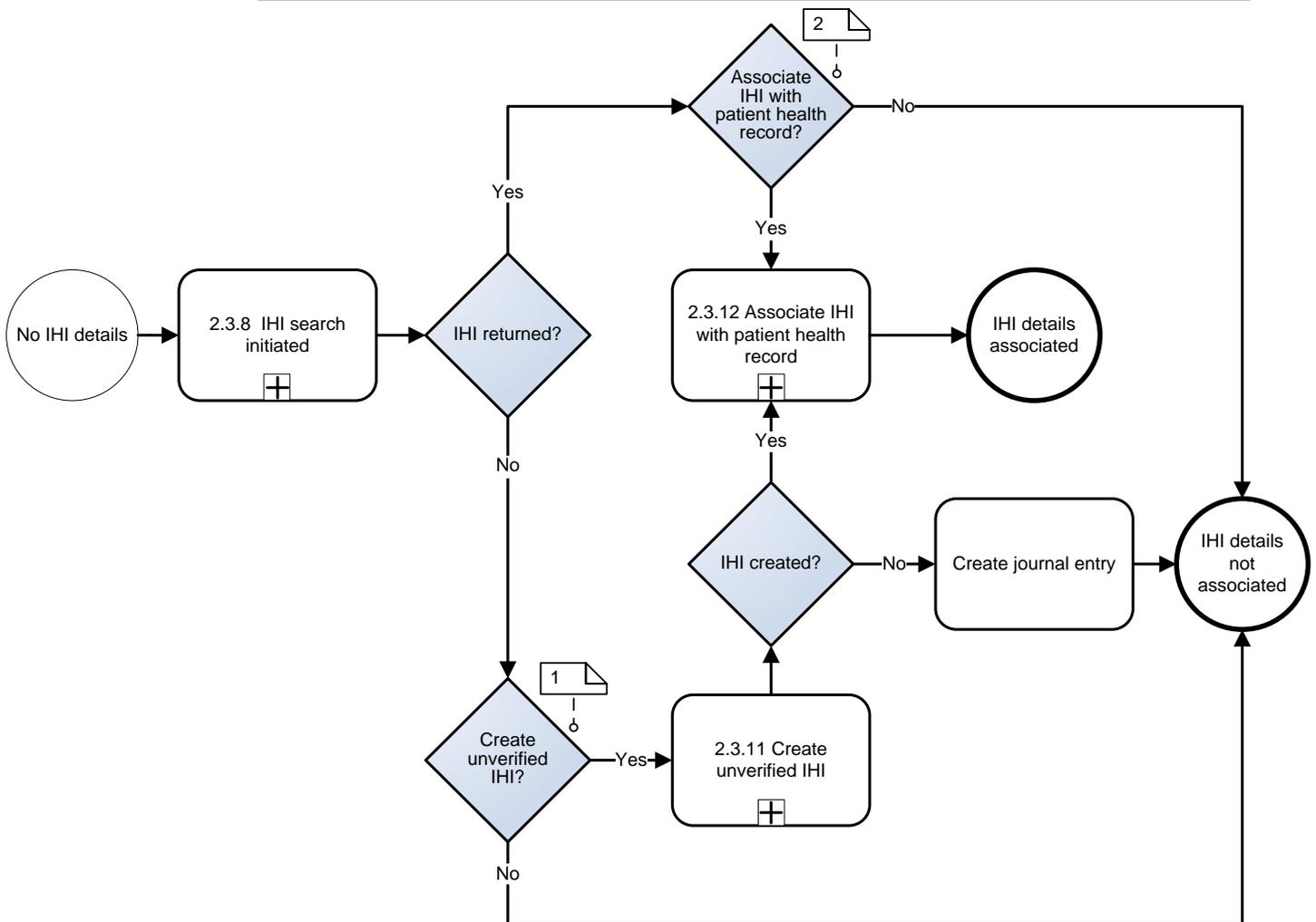
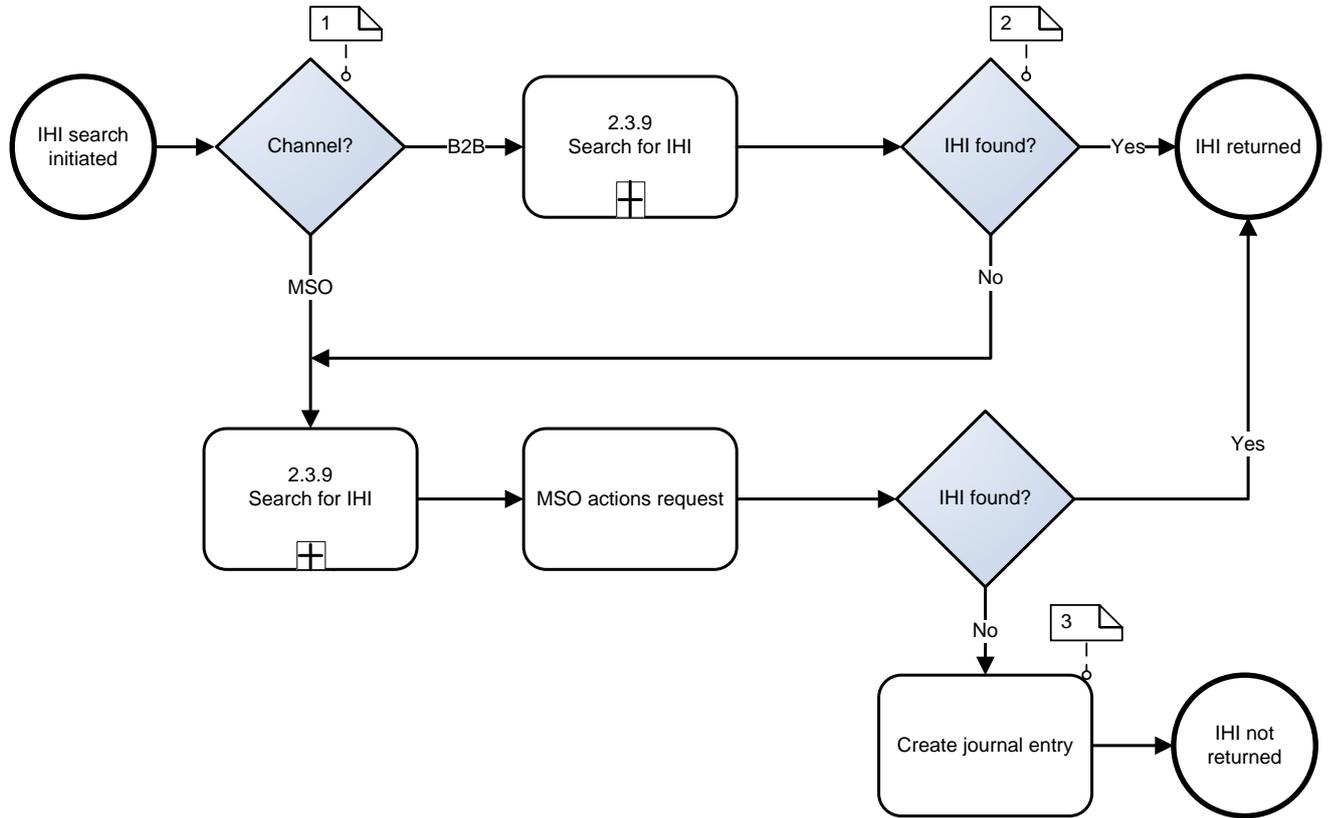


Figure 18 - Add IHI details

<b>Notes</b>	<p>1. If the HI Service does not return an IHI, an Unverified IHI may be created for the patient.</p> <p><u>Note:</u></p> <p>The creation of an Unverified IHI is a matter of local policy which may require:</p> <ul style="list-style-type: none"> <li>• Unverified IHIs are never created;</li> <li>• Unverified IHIs are always created;</li> <li>• Creation of Unverified IHIs is at the discretion of an Authorised Employee.</li> </ul> <p>2. The association of a Unverified IHI is a matter of local policy which may require:</p> <ul style="list-style-type: none"> <li>• Unverified IHIs are never associated;</li> <li>• Unverified IHIs are always associated;</li> <li>• Association of Unverified IHIs is at the discretion of an Authorised Employee.</li> </ul>
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### 2.3.8 Use Case Sub-process – IHI search initiated

<b>Process Name</b>	IHI search initiated
<b>Purpose</b>	To obtain the patient's IHI from the HI Service.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Validate Verified IHI details</a> <a href="#">Use Case Sub-process – Update Unverified IHI details</a> <a href="#">Use Case Sub-process – Validate Provisional IHI details</a> <a href="#">Use Case Sub-process – Add IHI details</a>
<b>Outline</b>	The IHI is obtained via B2B, if possible, or via MSO. If the IHI for this patient cannot be retrieved due to channel unavailability, a journal entry may be recorded to facilitate subsequent retrieval.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• There is a reasonable level of surety that we have the patient's registered name and accurate date of birth</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• IHI returned</li> </ul>



**Figure 19 - IHI search initiated**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. The HI Service channels may not available due to the following:                     <ul style="list-style-type: none"> <li>• A system error has occurred;</li> <li>• System channel is scheduled for maintenance;</li> <li>• Connection to the channel is not available/down;</li> <li>• Channel request time out;</li> <li>• MSO channel – hours of operation; etc.</li> </ul> </li>   <li>2. Where there is a reasonable expectation that an IHI exists for the patient, when attempts to retrieve an IHI from the HI Service via the B2B channel fail, the MSO channel may be used.</li>   <li>3. A journal entry may be recorded when an attempt to access the HI Service fails in order to enable subsequent recovery actions if required. Creation of a journal entry is a matter of local policy.</li> </ol>
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### 2.3.9 Use Case Sub-process – Search for IHI

<b>Process Name</b>	Search for IHI
<b>Purpose</b>	To retrieve an IHI from the HI Service based on the information about the patient.
<b>Derivation</b>	<a href="#">Use Case Sub-process – IHI search initiated</a>
<b>Outline</b>	<p>The search may be conducted using a variety of patient information in accordance with the HI Service Interface Specifications.</p> <p>Preference is given to the use of a TDS identifier and associated information, as this is considered to increase the probability of a positive result.</p>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• There is a reasonable level of surety that we have the patient's registered name and accurate date of birth</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• IHI found</li> </ul>

<b>Notes</b>	<ol style="list-style-type: none"> <li>1. The HI Service response may be: <ul style="list-style-type: none"> <li>• An IHI is returned;</li> <li>• Multiple IHIs have been found;</li> <li>• No IHI has been found; or</li> <li>• An IHI is returned but the record has a status of deceased.</li> </ul> </li> <li>2. The HI Service should be notified that an IHI appears to have an incorrectly recorded Date of Death. However, the local policy should apply as to how an IHI that includes a DOD will be processed within the software system. <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Apply the IHI status, including DOD details;</li> <li>• Create an Unverified IHI for the patient;</li> <li>• Await clarification from HI Service; or</li> <li>• No action</li> </ul> </li> </ol>
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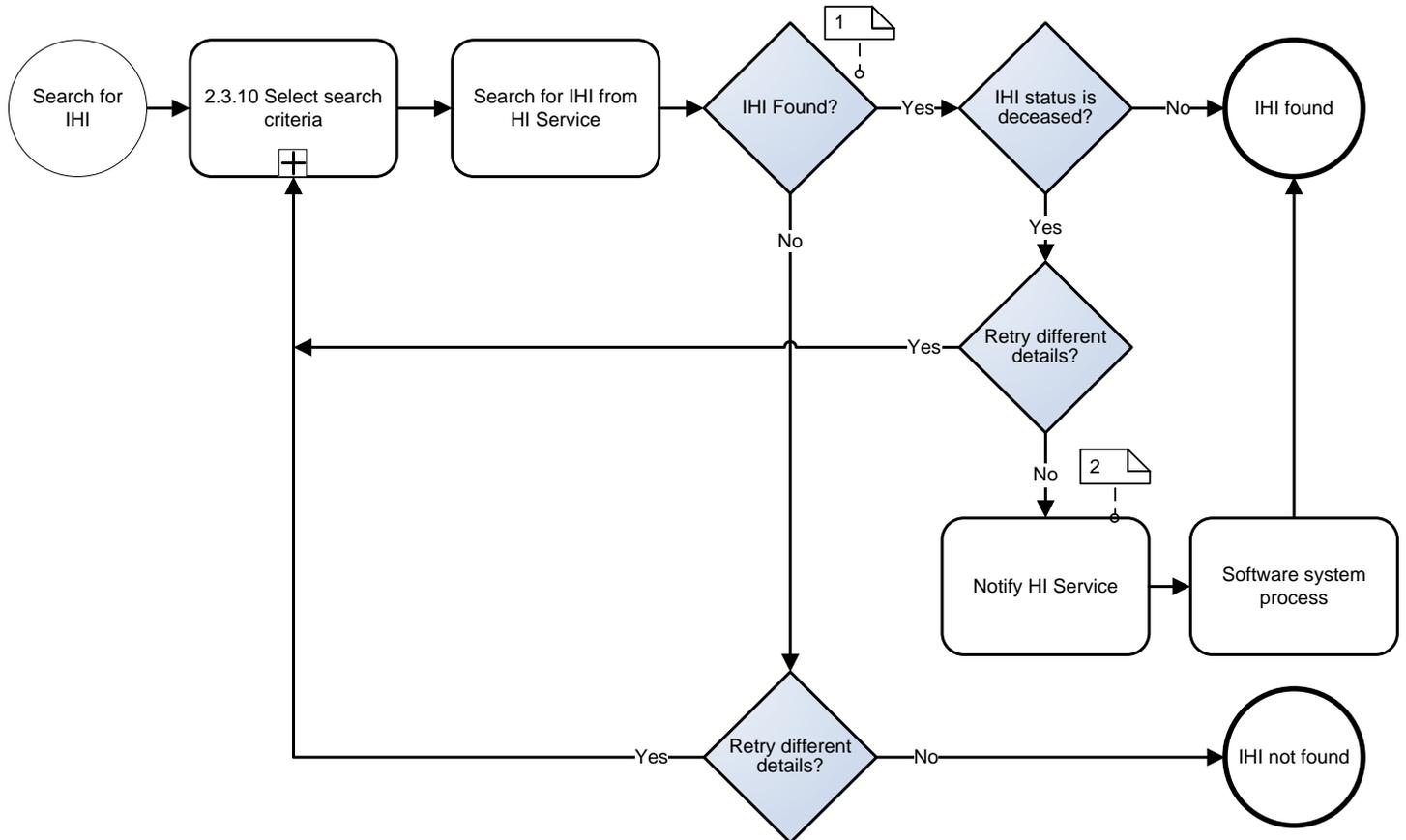
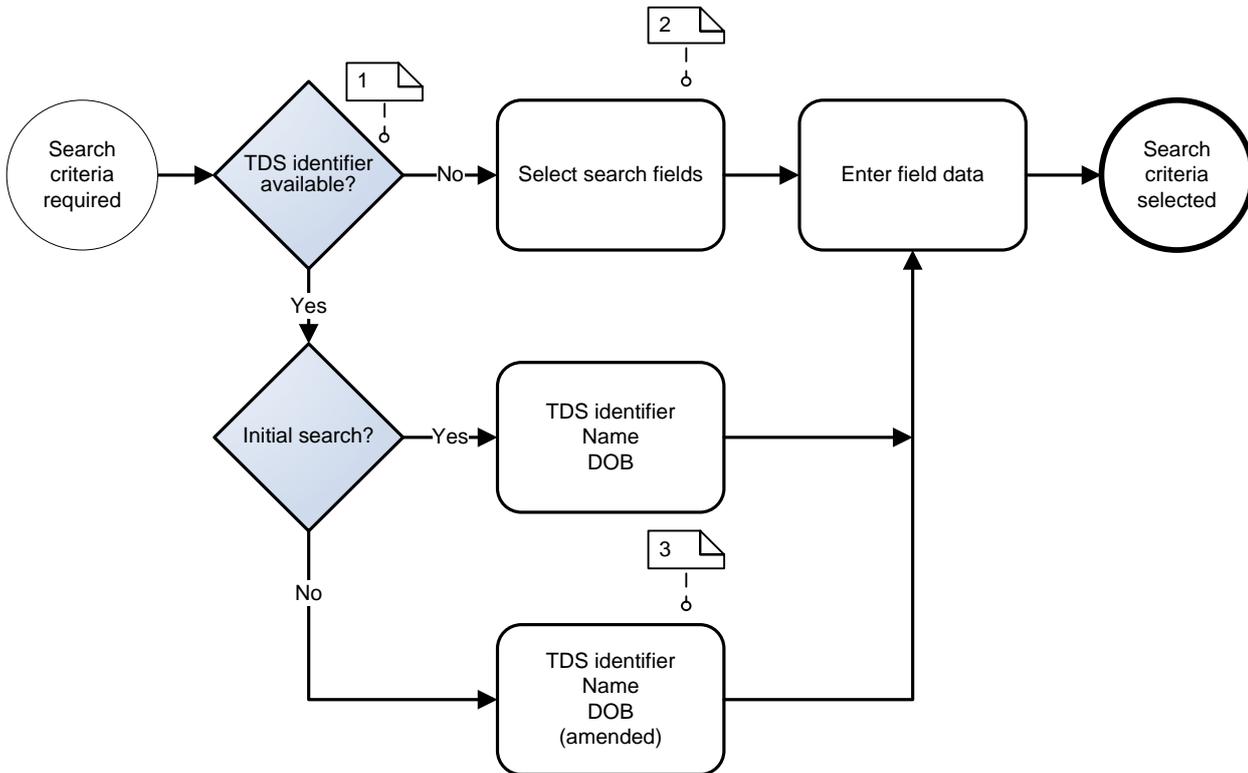


Figure 20 - Search for IHI

**2.3.10 Use Case Sub-process – Select search criteria**

<b>Process Name</b>	Select search criteria
<b>Purpose</b>	To select the demographic data elements to be used when searching for a patient’s IHI in the HI Service.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Search for IHI</a>
<b>Outline</b>	Due to the volatility of address information, it is considered optimally efficient to utilise a minimum set of data when conducting a demographic search in the HI Service.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>Search criteria selected</li> </ul>



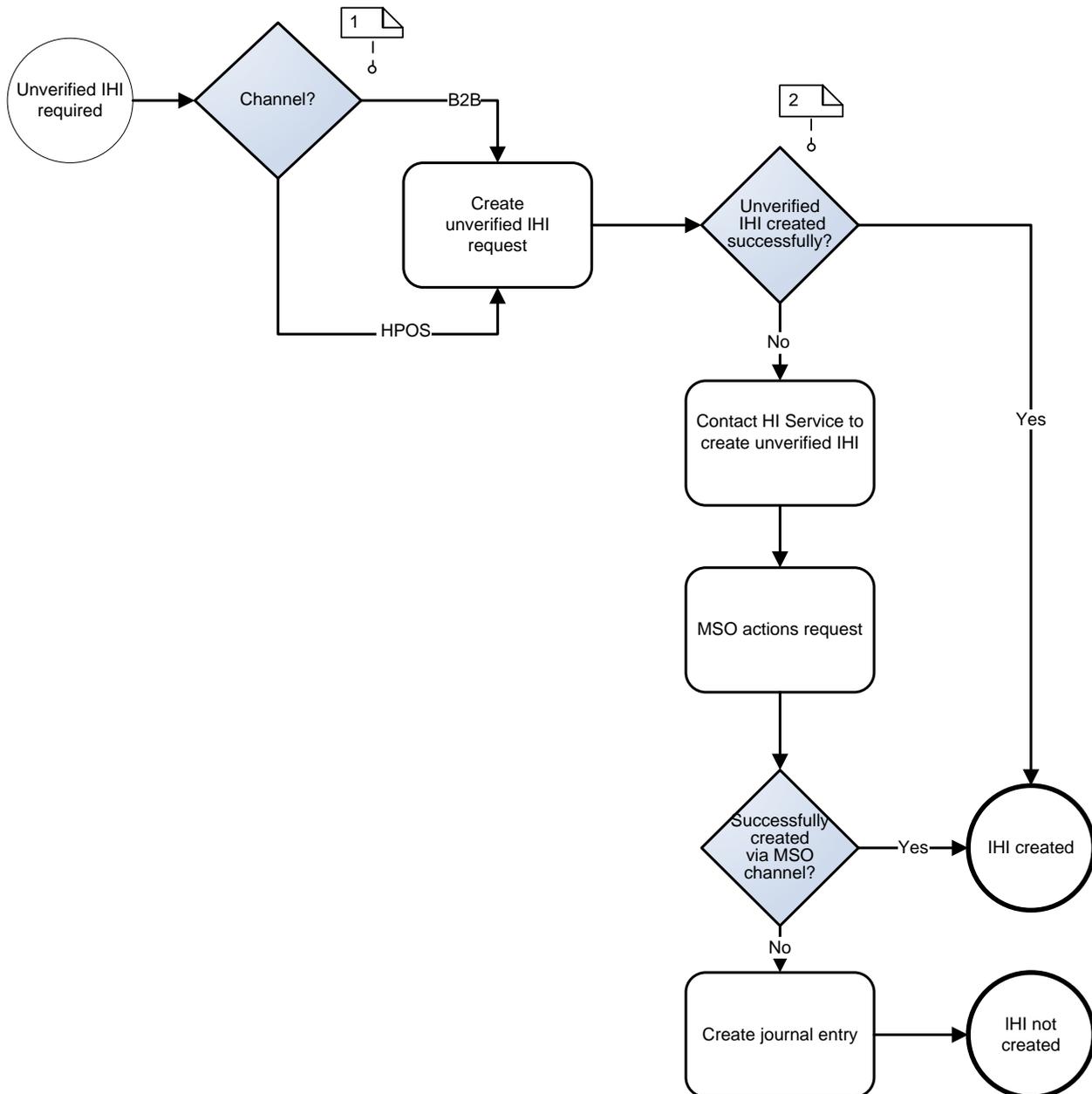
**Figure 21 - Prepare demographic search criteria**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. TDS identifiers may be Medicare Card numbers<sup>1</sup>, Department of Veterans Affairs’ File numbers or an IHI.</li> <li>2. The data set to uniquely identify a patient through a demographic search includes the patient name, date of birth, sex and address.             <ul style="list-style-type: none"> <li>• Mandatory: patient surname, date of birth and sex</li> <li>• Optional: patient first name, other names and address information</li> </ul> </li> <li>3. The demographic details are altered, to initiate a new search. An IRN or a second name may be supplied as a tie-breaker. Other names that may be used include:             <ul style="list-style-type: none"> <li>• Previous name;</li> <li>• Alternate;</li> <li>• Alias; etc.</li> </ul> </li> </ol>
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<sup>1</sup> The Medicare Card Number includes, for this purpose, the Medicare Card Issue Number. The Individual Reference Number may be specified as an additional search field.

### 2.3.11 Use Case Sub-process – Create Unverified IHI

<b>Process Name</b>	Create Unverified IHI
<b>Purpose</b>	To create an Unverified IHI for a patient via B2B if possible or via the MSO channel.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Add IHI details</a>
<b>Outline</b>	<p>An Unverified IHI may be created through the HI Service for a patient, only when a request for an IHI does not return an existing IHI.</p> <p>If the HI Service is not available, an alternative channel may be selected.</p>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• 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, i.e. they are legitimate recipients of an Unverified IHI</li> <li>• An authorized employee has identified the need to assign an Unverified IHI to the Patient record in the software system</li> <li>• Local policy allows for this Use Case to proceed</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• The Unverified IHI is generated and returned from the HI Service</li> <li>• The patient is informed of the Unverified IHI allocated to them, and their options discussed (where applicable)</li> </ul>



**Figure 22 - Create Unverified IHI**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. If the HI Service is not available, it could be due to the following reasons:             <ul style="list-style-type: none"> <li>• A system error has occurred;</li> <li>• System channel is scheduled for maintenance;</li> <li>• Connection to the channel is not available/down;</li> <li>• Channel request time out;</li> <li>• MSO channel – hours of operation; etc.</li> </ul> </li>   <li>2. If an attempt to create an IHI in the HI Service via the B2B channel fails, the MSO channel may be attempted.</li> </ol>
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### 2.3.12 Use Case Sub-process – Associate IHI with patient health record

<b>Process Name</b>	Associate IHI with patient health record
<b>Purpose</b>	To associate the IHI obtained (if any) with a patient health record.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Add IHI details</a>
<b>Outline</b>	This process ensures that an IHI is not associated with multiple patient health records.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>IHI is returned from HI Service</li> <li>If not a Verified IHI, local policy allows for the updating of this IHI into the patient health record</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>IHI is associated to the patient health record</li> </ul>

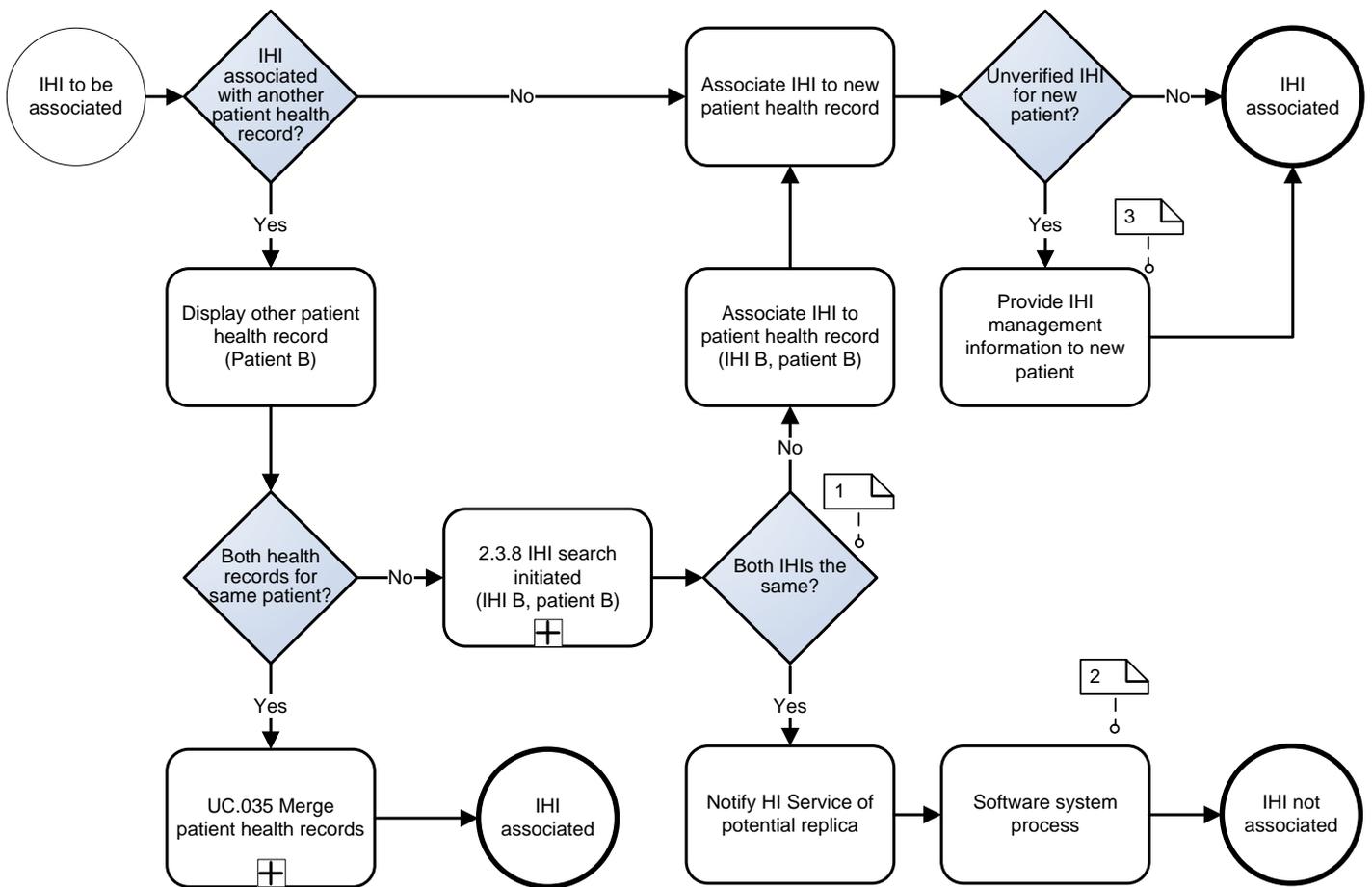


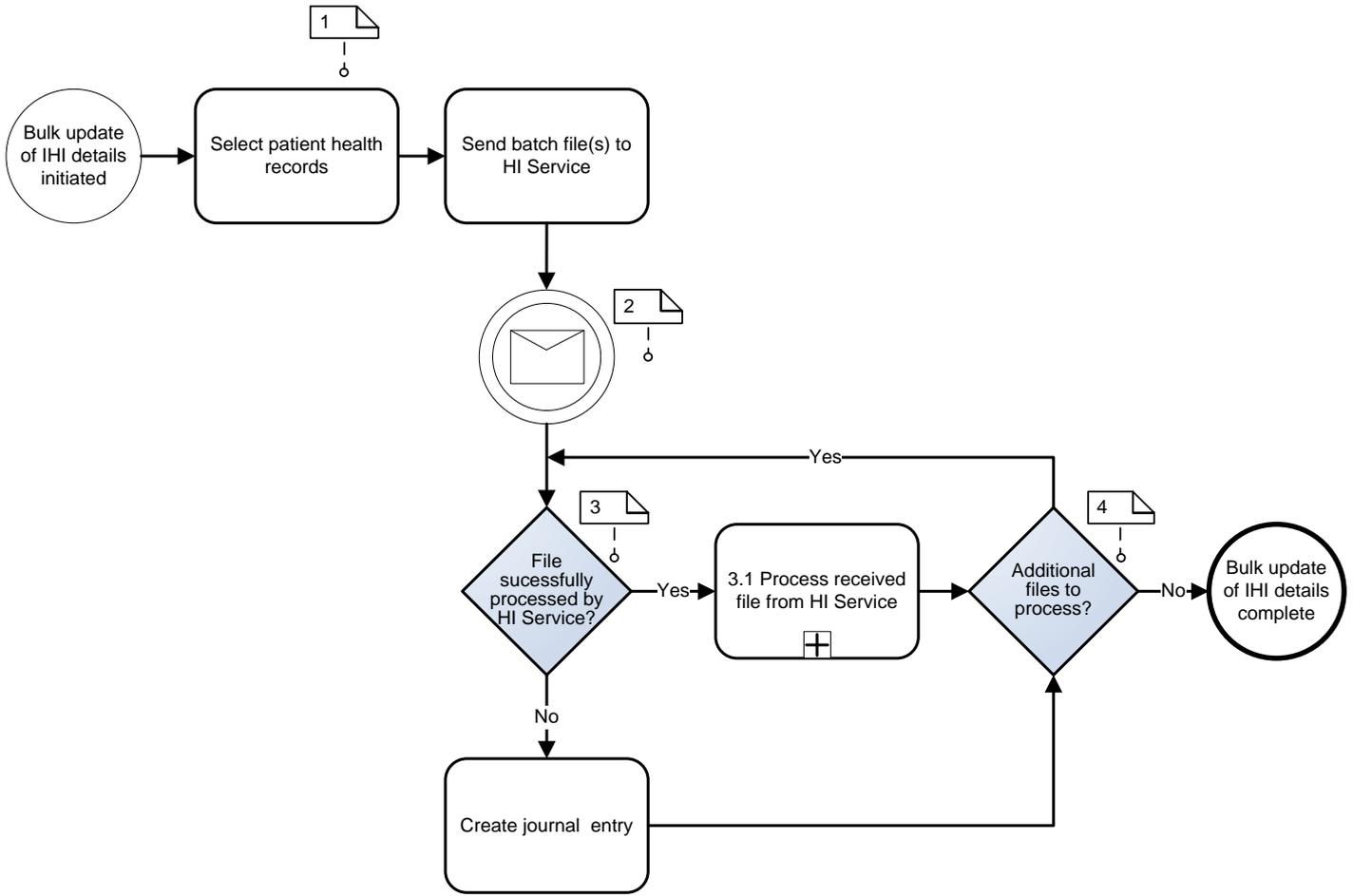
Figure 23 - Associate IHI with patient health record

<b>Notes</b>	<ol style="list-style-type: none"><li>1. If an IHI is identified as being associated with more than one patient health record in the software system, the HI Service is notified of a potential replica.</li><li>2. The options for the software system process include:<ul style="list-style-type: none"><li>• Suspend the use of identifiers from active use if a potential duplicate or replica IHI is found for both/two or more patient health records;</li><li>• Remove the identifiers from the patient health record however, retain the IHI history in the system log;</li><li>• Merge patient health records after investigation.</li></ul></li><li>3. In addition, to providing IHI information for the new patient they should be advised to contact the HI Service.</li></ol>
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## 2.4 UC.025 – Bulk Update of IHI details

### 2.4.1 UC.025 Bulk update of IHI details

<b>Use Case #</b>	UC.025
<b>Use Case Name</b>	Bulk update of IHI details
<b>Role</b>	Authorised Employee
<b>Purpose</b>	Initial loading or updating the software system with the IHI number and status for selected patient health records.
<b>Outline</b>	<p>A batch file is created using data extracted from the software system about each selected patient. This is used by the HI Service to find and return an IHI for each patient health record in the batch file, which are in turn associated to the patients.</p> <p>Requests can be sent either via an online facility, or off line, using a secure USB key.</p> <p>The OMO shall track the batch file request sent and received from the HI Service.</p>
<b>Occasions of Use</b>	<p>An example of use is when:</p> <ul style="list-style-type: none"> <li>• A Healthcare Provider Organisation (HPI-O) wants to perform an initial load of their software system with details of all of their patients' IHIs</li> <li>• A Healthcare Provider Organisation (HPI-O) wants to update their software system with details of a selection of their patients' IHIs and IHI status details</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• All bulk files have been processed</li> <li>• Successfully processed records have the IHI associated to the patient health record in the software system</li> </ul>



**Figure 24 - UC.025 Bulk update of IHI details**

<b>Notes</b>	<ol style="list-style-type: none"><li>1. For an online request, the number of records able to be selected is limited to 100. For a batch request, there is a limitation of 2000 records per file on the secure USB key, with up to approximately 16 million records in total for a 16 GB secure USB key. <u>Note:</u><ul style="list-style-type: none"><li>• The patient health records selected shall be subject to local policy, and will be filtered and matched to ensure data quality. Correct patient health records selected initially will maximise the benefit of the batch file process so that the correct IHI is attached to a patient health record.</li></ul></li><li>2. The intermediate event is the IHI populated file(s) received back from the HI Service.</li><li>3. A journal entry may be recorded when a file was completely rejected by the HI Service in order to enable subsequent recovery actions if required. Creation of a journal entry is a matter of local policy.</li><li>4. The local software system should perform an initial check of the batch file that is received from the HI Service, to ensure that the file matches the corresponding file that was sent for processing and that it has a valid structure. The update request may include several batch files. Each of the files is processed in turn, until all have been processed.</li></ol>
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### 2.4.2 Use Case Sub-process – Process received file from HI Service

<b>Process Name</b>	Process received file from HI Service
<b>Derivation</b>	<a href="#">UC.025 Bulk update of IHI details</a>
<b>Purpose</b>	To associate each IHI obtained with a patient health record, or to update a patient’s IHI status or number, and IHI record status.
<b>Outline</b>	Each entry in the batch file is processed, and if an IHI is retrieved, it will be associated with the patient health record in the software system.  If an exception has occurred, the exception event will be recorded against the patient’s IHI history for subsequent resolution.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>File received and selected for processing</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>Successfully processed records have the IHI associated to the patient record in the software system</li> </ul>

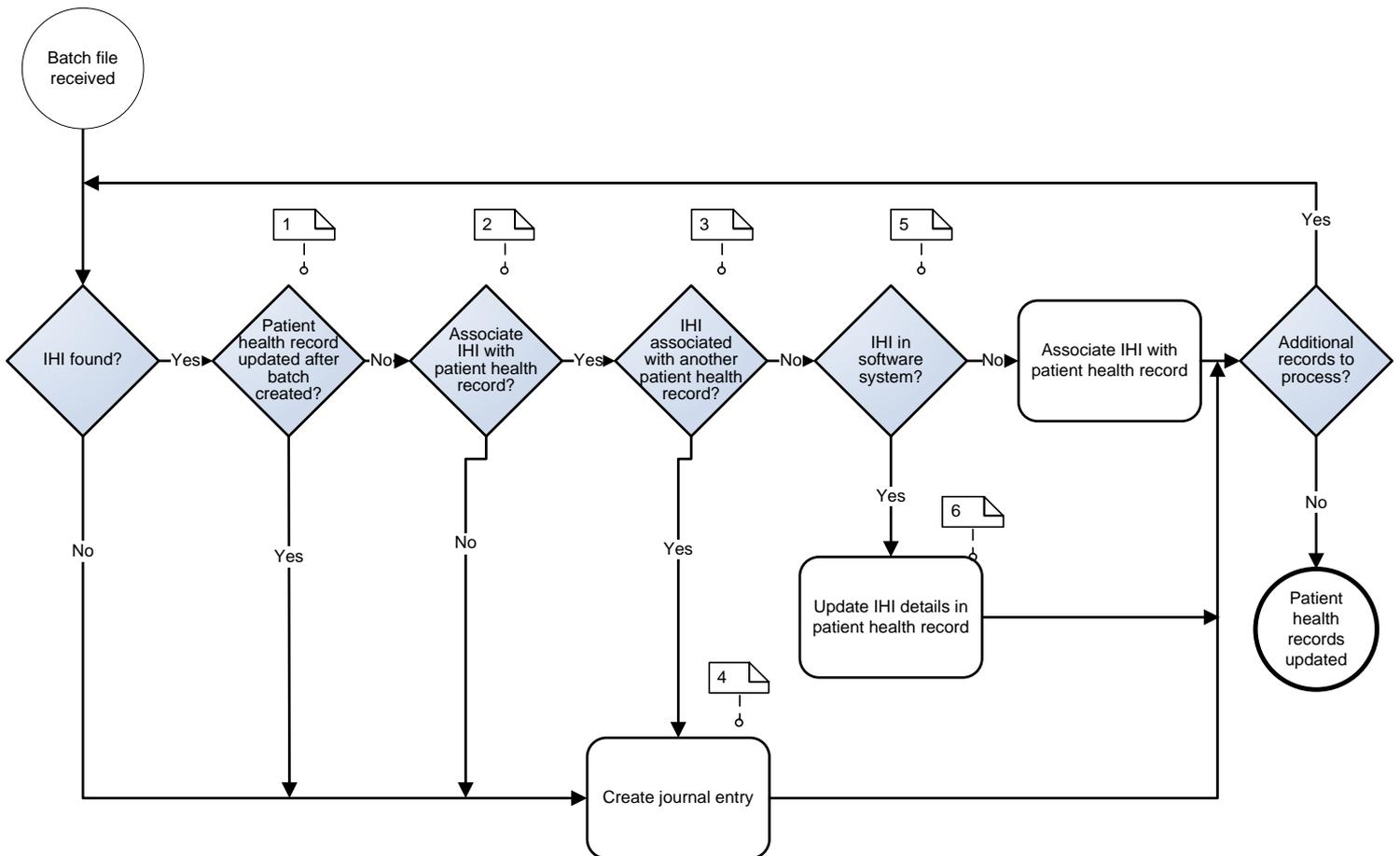


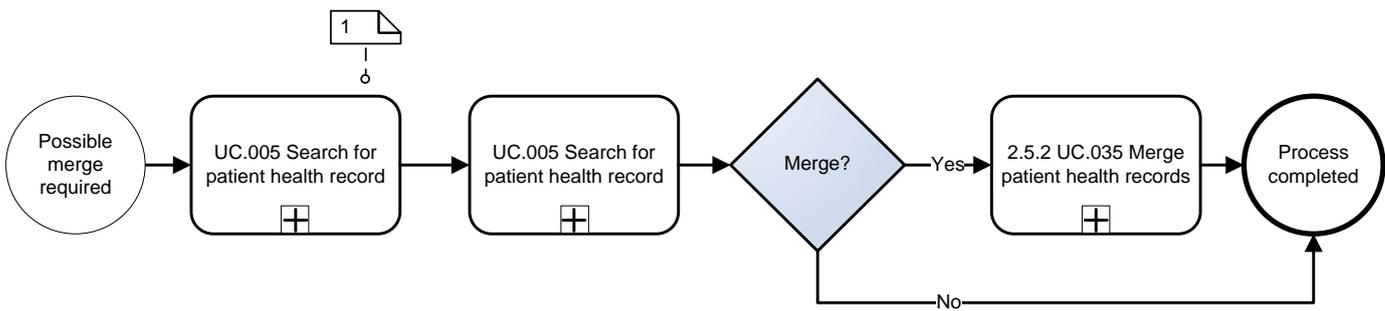
Figure 25 - Process received file from HI Service

<b>Notes</b>	<ol style="list-style-type: none"><li>1. If the patient health record has been updated since the batch file was created, the response from the HI Service should be investigated individually.</li><li>2. The association of an Unverified IHI is a matter of local policy which may require:<ul style="list-style-type: none"><li>• Verified IHIs are always associated;</li><li>• Unverified IHIs are never associated;</li><li>• Unverified IHIs are always associated;</li><li>• Association of Unverified IHIs is at the discretion of an Authorised Employee. This would occur when the journal entry is processed.</li></ul><p><u>Note:</u></p><ul style="list-style-type: none"><li>• The first two scenarios may be automated within the software system. Only when there is some decision involved does the Authorised Employee have to action the result manually.</li></ul></li><li>3. If an IHI is associated with another patient health record, within the software system due to poor data quality, at a healthcare facility the risks involved would be:<ul style="list-style-type: none"><li>• An IHI being allocated to two or more patient health records;</li><li>• Multiple IHIs assigned to one patient health record.</li></ul></li><li>4. An journal entry is created when:<ul style="list-style-type: none"><li>• A patient health record is returned without an associated IHI. This may be due to a variety of issues that need to be addressed individually;</li><li>• The local policy prevents the automatic association of an Unverified IHI;</li><li>• The IHI is already associated with a different patient health record;</li><li>• The structure and the content of the error file will be specific to the implementation of the software system and should include details of each patient health record and error associated with that record.</li></ul></li><li>5. The HI Service may return a different IHI status i.e. Verified, Unverified or Provisional and IHI record status i.e. Active, Resolved, Retired, Expired and Deceased to the one in the software system.  Therefore, the IHI status and the IHI record status in the HI Service should be checked, verified and maintained against the IHI status and the IHI record status in the software system with the patient health record having been updated accordingly.</li><li>6. The batch files will include several records. Each of the records is processed in turn, until all have been processed.</li></ol>
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## 2.5 UC.035 – Merge patient health records

### 2.5.1 High Level Process – Merge

<b>Process Name</b>	Merge
<b>Purpose</b>	A patient has two patient health records within the software system, and they need to be merged into one patient health record.
<b>Outline</b>	Top level process used to ensure that all patients presenting at a Healthcare Provider Organisation (HPI-O) have a single patient health record available, to record the details of the event.

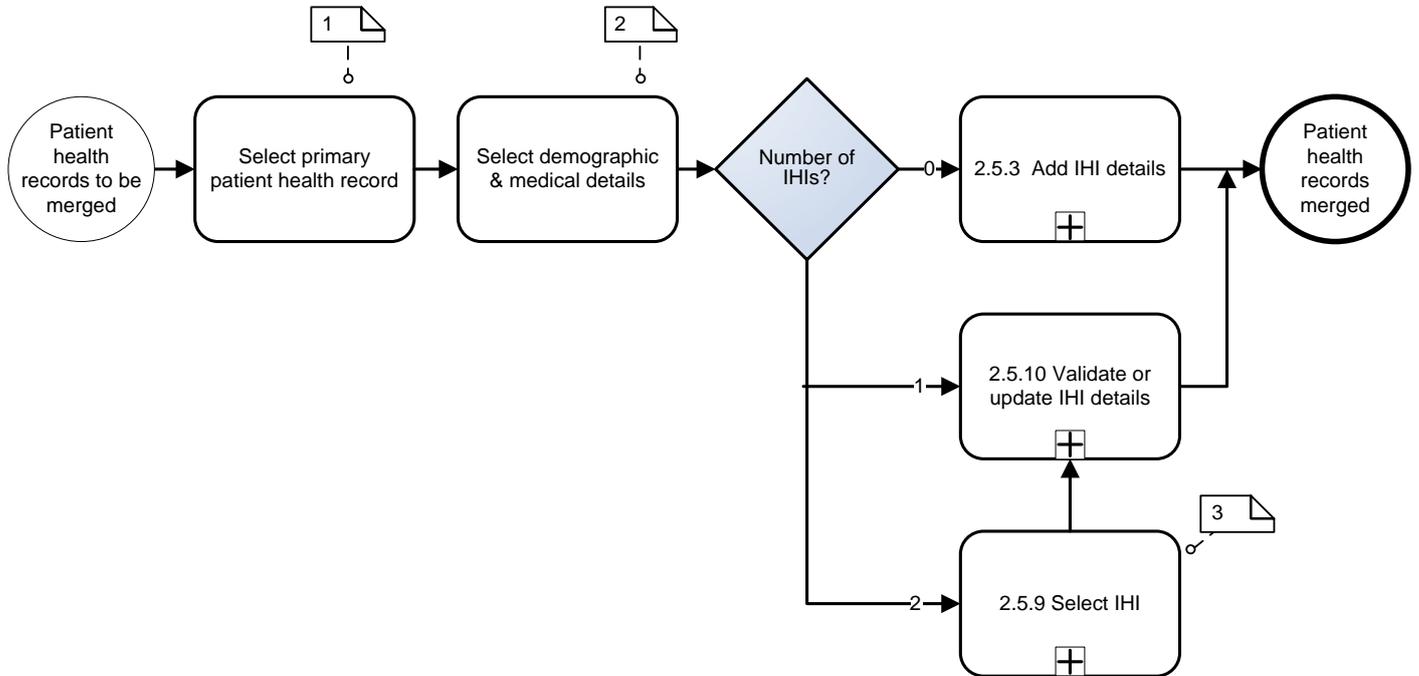


**Figure 26 – Merge**

<b>Notes</b>	1. There needs to be two passes through the search for patient health record process, so there are two patient health records available for merging.
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## 2.5.2 UC.035 Use Case – Merge patient health records

<b>Use Case #</b>	UC.035
<b>Use Case Name</b>	Merge patient health records
<b>Role</b>	Authorised Employee
<b>Purpose</b>	To merge two patients health records in the software system.
<b>Derivation</b>	High level process – Merge Use Case Sub-process – Associate IHI with patient health record
<b>Outline</b>	<p>Where two patient health records are to be merged, the details from one are transferred to the appropriate record and the IHI details are added or validated.</p> <p>If there are multiple IHIs associated to the patient's health record, the correct IHI is associated to the merged patient health record and the remaining, then linked for historical reference.</p> <p>If there are more than two patient health records for the same patient, the merge process will be actioned multiple times.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• An Authorised Employee of a Healthcare Provider Organisation (HPI-O), identifies that two or more patient health records exist for the same patient</li> <li>• An update of IHI details reveals two patient health records with the same IHI number</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Multiple patient health records exist for the patient</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• One patient health record exists for the patient</li> </ul>



**Figure 27 - UC.035 Merge patient health records**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. Identify the primary patient health record. The primary patient health record is the record that is deemed to have the most accurate identifying details and information about the patient. It may also be the most current or the one currently active.</li> <li>2. Any additional identifying details not present in the primary health record are transferred to the primary health record, as are the complete medical details.</li> <li>3. Where the two patient health records have different IHIs, the correct one is selected to be associated with the merged patient health record. This will occur when merging a patient health record that has a Provisional IHI associated with it, and that same patient’s regular patient health record with a Verified IHI.</li> </ol>
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### 2.5.3 Use Case Sub-process – Add IHI details

<b>Process Name</b>	Add IHI details
<b>Purpose</b>	To add IHI information to a patient health record.
<b>Derivation</b>	<a href="#">UC.035 Use Case – Merge patient health records</a>
<b>Outline</b>	Where a merged patient health record has no IHI associated, if possible, an IHI is obtained from the HI Service and associated with the record.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>The patient health record does not have an associated IHI</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>The IHI is associated to the patient health record, if supported by local policy</li> </ul>

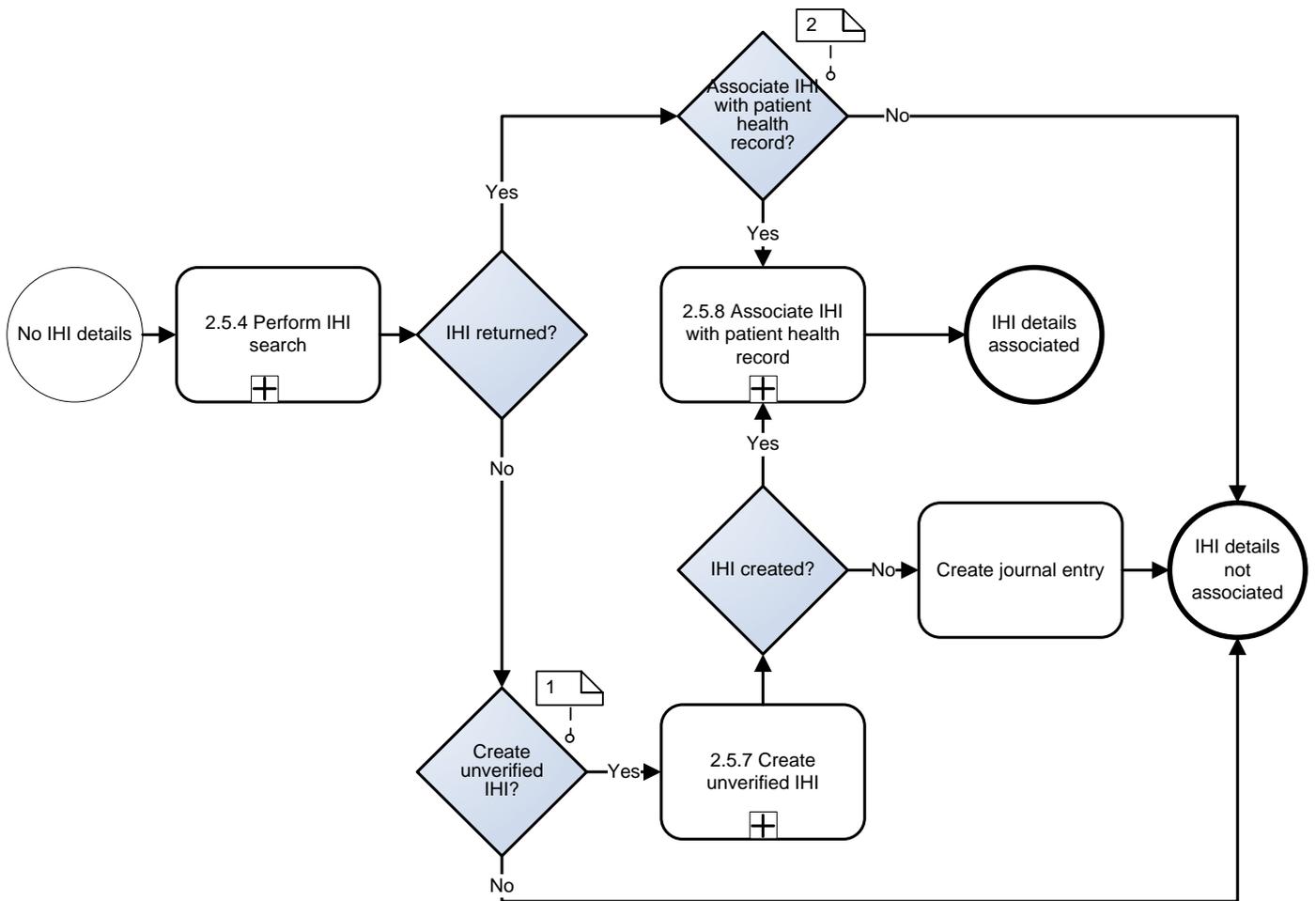
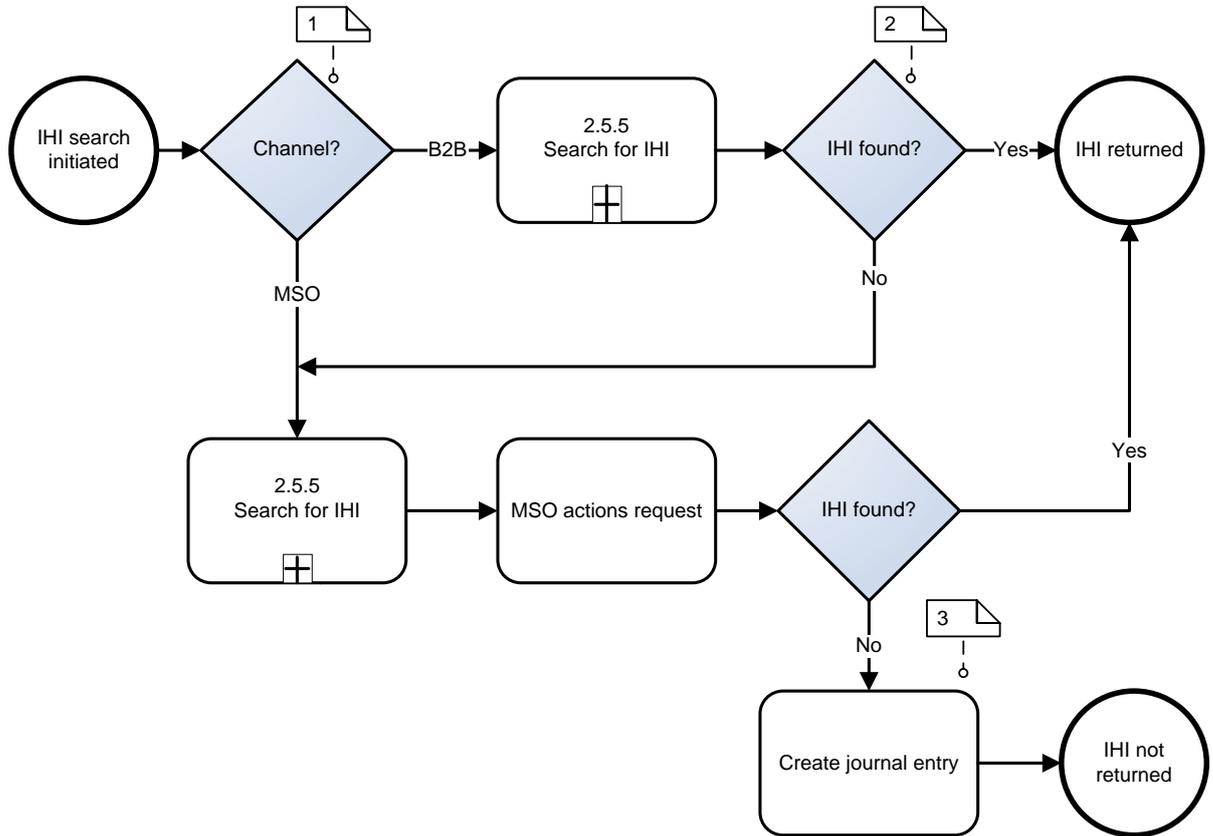


Figure 28 - Add IHI details

<b>Notes</b>	<p>1. If the HI Service does not return an IHI, an Unverified IHI may be created for the patient.</p> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>• The creation of an Unverified IHI is a matter of local policy which may require: <ul style="list-style-type: none"> <li>○ Unverified IHIs are never created;</li> <li>○ Unverified IHIs are always created;</li> <li>○ Creation of Unverified IHIs is at the discretion of an Authorised Employee.</li> </ul> </li> </ul> <p>2. The association of a Unverified IHI is a matter of local policy which may require:</p> <ul style="list-style-type: none"> <li>• Unverified IHIs are never associated;</li> <li>• Unverified IHIs are always associated;</li> <li>• Association of Unverified IHIs is at the discretion of an Authorised Employee.</li> </ul>
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#### 2.5.4 Use Case Sub-process – IHI search initiated

<b>Process Name</b>	IHI search initiated
<b>Purpose</b>	To obtain the patient's IHI from the HI Service.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Add IHI details</a> <a href="#">Use Case Sub-process – Associate IHI with patient health record</a> <a href="#">Use Case Sub-process – Validate Verified IHI details</a> <a href="#">Use Case Sub-process – Update Unverified IHI details</a> <a href="#">Use Case Sub-process – Validate Provisional IHI status</a>
<b>Outline</b>	The IHI is obtained or validated via B2B if possible, or via MSO channel. If the IHI for the patient cannot be retrieved due to channel unavailability, a journal entry may be recorded to facilitate subsequent retrieval.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• There is a reasonable level of surety that we have the patient's registered name and accurate date of birth</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• IHI returned</li> </ul>



**Figure 29 - IHI search initiated**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>The HI Service channels may not available due to the following:                     <ul style="list-style-type: none"> <li>A system error has occurred;</li> <li>System channel is scheduled for maintenance;</li> <li>Connection to the channel is not available/down;</li> <li>Channel request time out;</li> <li>MSO channel – hours of operation; etc.</li> </ul> </li> <li>Where there is a reasonable expectation that an IHI exists for the patient, when attempts to retrieve an IHI from the HI Service via the B2B channel fail, the MSO channel may be used.</li> <li>A journal entry may be recorded when an attempt to access the HI Service fails in order to enable subsequent recovery actions if required. Creation of a journal entry is a matter of local policy.</li> </ol>
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### 2.5.5 Use Case Sub-process – Search for IHI

<b>Process Name</b>	Search for IHI
<b>Purpose</b>	To retrieve an IHI from the HI Service based on the information about the patient.
<b>Derivation</b>	<a href="#">Use Case Sub-process – IHI search initiated</a>
<b>Outline</b>	<p>The search may be conducted using a variety of patient information in accordance with the HI Service Interface Specifications.</p> <p>Preference is given to the use of a TDS identifier and associated information, as this is considered to increase the probability of a positive result.</p>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>There is a reasonable level of surety that we have the patient’s registered name and accurate date of birth</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>IHI found</li> </ul>

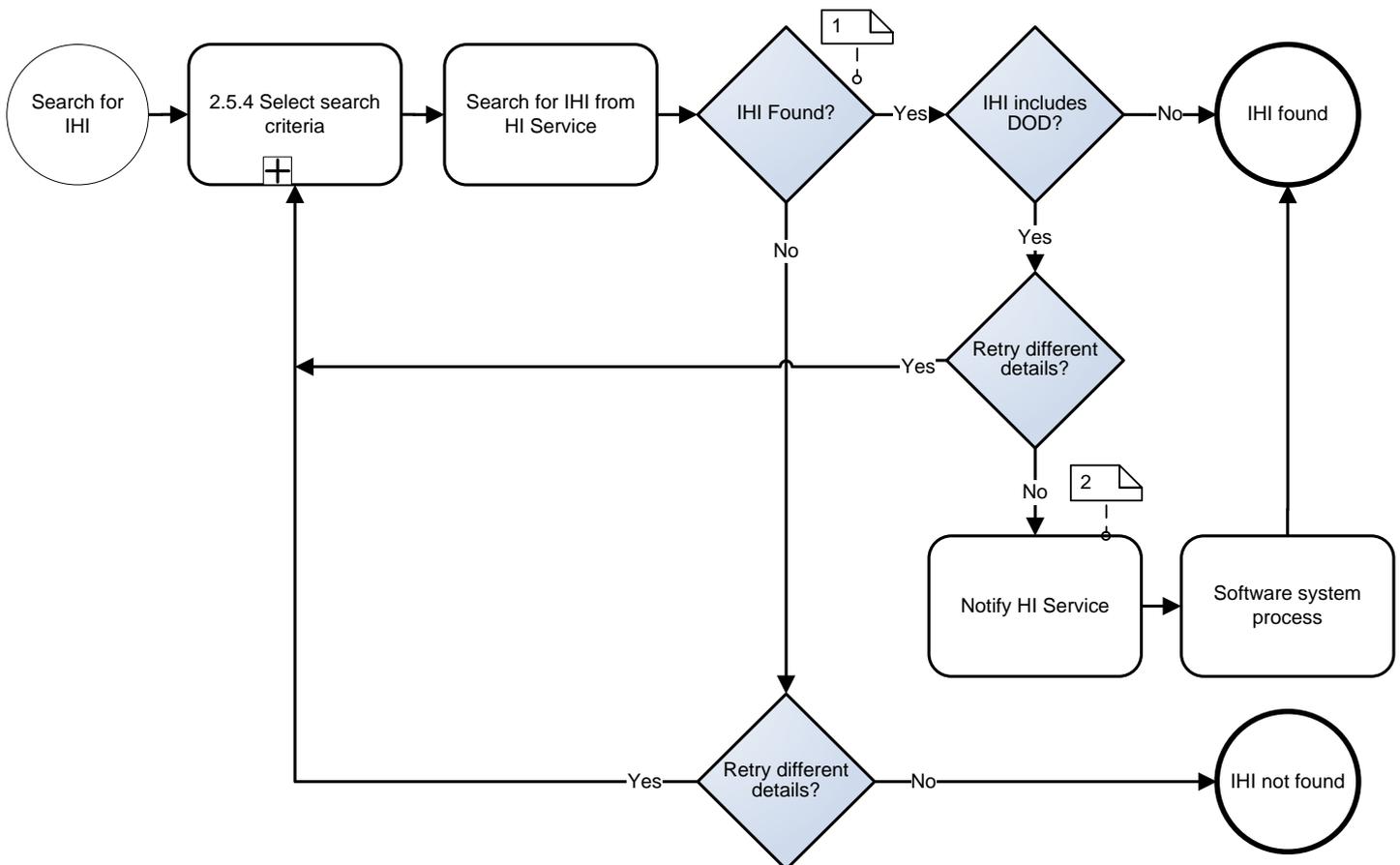
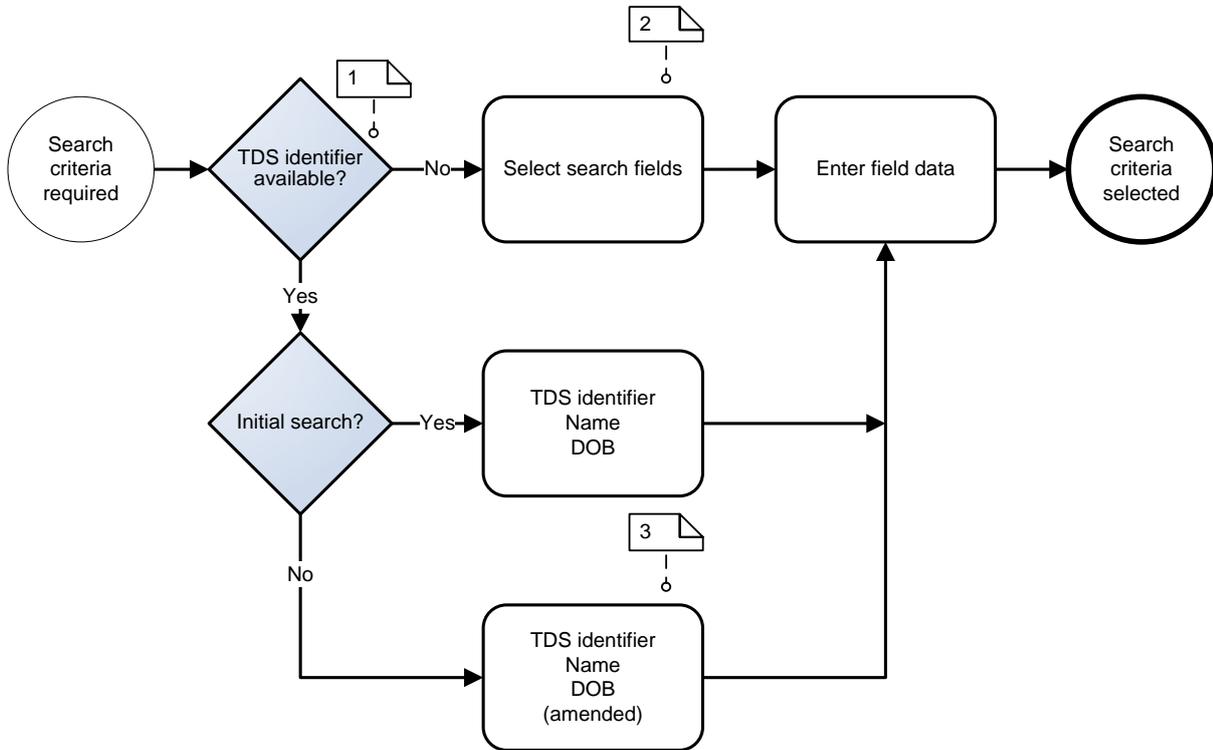


Figure 30 - Search for IHI

<b>Notes</b>	<p>1. The HI Service response may be:</p> <ul style="list-style-type: none"> <li>• An IHI is returned;</li> <li>• Multiple IHIs have been found;</li> <li>• No IHI has been found; or</li> <li>• An IHI is returned but the record has a status of deceased.</li> </ul> <p>2. The HI Service should be notified that an IHI appears to have an incorrectly recorded Date of Death. However, the local policy should apply as to how an IHI that includes a DOD will be processed within the software system.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Apply the IHI status, including DOD details;</li> <li>• Create an Unverified IHI for the patient;</li> <li>• Await clarification from HI Service; or</li> <li>• No action.</li> </ul>
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### 2.5.6 Use Case Sub-process – Select search criteria

<b>Process Name</b>	Select search criteria
<b>Purpose</b>	To select the demographic data elements to be used when searching for a patient's IHI in the HI Service.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Search for IHI</a>
<b>Outline</b>	Due to the volatility of address information, it is considered optimally efficient to utilise a minimum set of data when conducting a demographic search in the HI Service.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Search criteria selected</li> </ul>



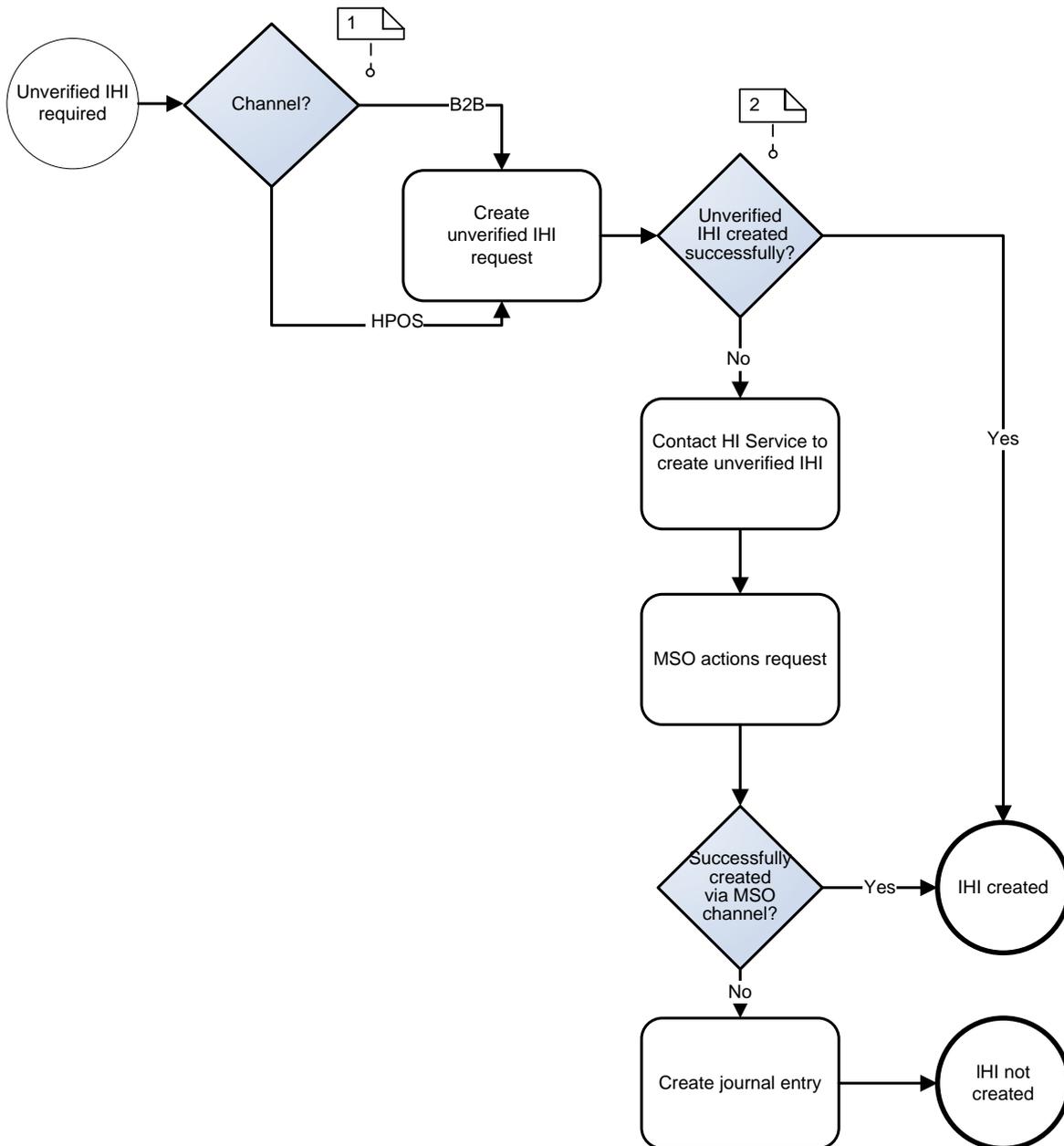
**Figure 31 - Select search criteria**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. TDS identifiers may be Medicare Card numbers<sup>1</sup>, Department of Veterans Affairs’ File numbers or an IHI.</li> <li>2. The data set to uniquely identify a patient through a demographic search includes the patient name, date of birth, sex and address.             <ul style="list-style-type: none"> <li>• Mandatory: patient surname, date of birth and sex</li> <li>• Optional: patient first name, other names, address information</li> </ul> </li> <li>3. The demographic details are altered, to initiate a new search. An IRN or a second name may be supplied as a tie-breaker. Other names that may be used include:             <ul style="list-style-type: none"> <li>• Previous name;</li> <li>• Alternate;</li> <li>• Alias; etc.</li> </ul> </li> </ol>
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<sup>1</sup> The Medicare Card Number includes, for this purpose, the Medicare Card Issue Number. The Individual Reference Number may be specified as an additional search field.

## 2.5.7 Use Case Sub-process – Create Unverified IHI

<b>Process Name</b>	Create Unverified IHI
<b>Purpose</b>	To create an Unverified IHI for a patient via B2B if possible or via the MSO channels.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Add IHI details</a>
<b>Outline</b>	An Unverified IHI may be created through the HI Service for a patient, only when a request for an IHI does not return an existing IHI. If the web service is not available, an alternative channel may be selected.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• 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, i.e. they are legitimate recipients of an Unverified IHI</li> <li>• An Authorised Employee has identified the need to assign an Unverified IHI to the Patient health record in the software system</li> <li>• Local policy allows for this Use Case to proceed</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• The Unverified IHI is generated and returned from the HI Service</li> <li>• The patient is informed of the Unverified IHI allocated to them, and their options discussed (where applicable)</li> </ul>

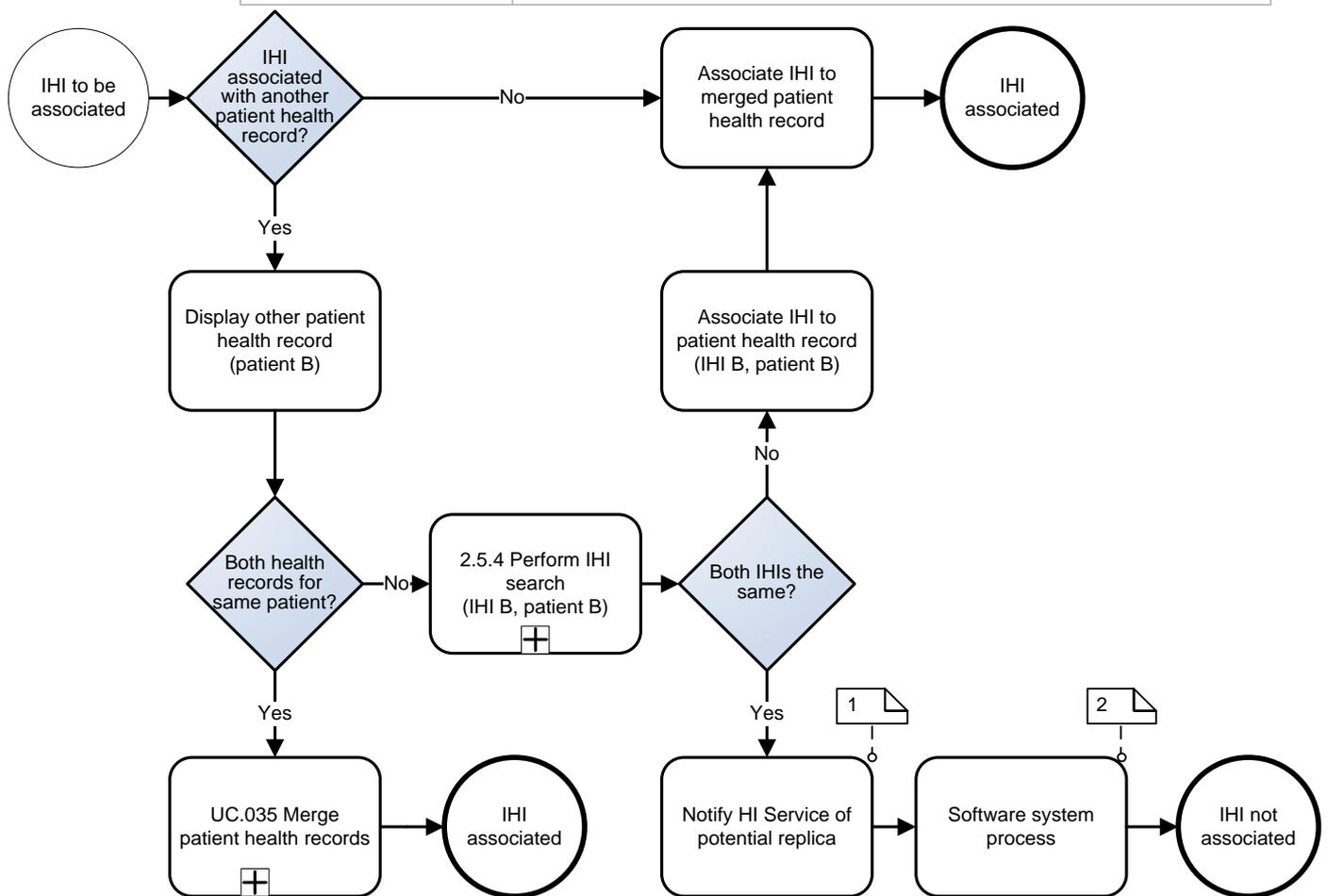


**Figure 32 - Create Unverified IHI**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. If the HI Service is not available, it could be due to the following reasons:             <ul style="list-style-type: none"> <li>• A system error has occurred;</li> <li>• System channel is scheduled for maintenance;</li> <li>• Connection to the channel is not available/down;</li> <li>• Channel request time out;</li> <li>• MSO channel – hours of operation; etc.</li> </ul> </li> <li>2. If an attempt to create an IHI in the HI Service via the B2B channel fails, the MSO channel may be attempted.</li> </ol>
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### 2.5.8 Use Case Sub-process – Associate IHI with patient health record

<b>Process Name</b>	Associate IHI with patient health record
<b>Purpose</b>	To associate the IHI obtained with a patient health record.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Add IHI details</a>
<b>Outline</b>	This process ensures that an IHI is not associated with multiple patient health records.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>IHI is returned from HI Service</li> <li>If not a Verified IHI, local policy allows for the updating of this IHI into the patient health record</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>IHI is associated to the patient health record</li> </ul>



**Figure 33 - Associate IHI with patient health record**

<b>Notes</b>	<ol style="list-style-type: none"> <li>1. If an IHI is identified as being associated with more than one patient health record in the software system, the HI Service is notified of a potential replica.</li> <li>2. The options for the software system processes include: <ul style="list-style-type: none"> <li>• Update patient health record with duplicate IHI and raise an exception (duplicate IHI) for subsequent resolution</li> </ul> </li> </ol>
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### 2.5.9 Use Case Sub-process – Select IHI

<b>Process Name</b>	Select IHI
<b>Purpose</b>	<p>To select the most appropriate IHI for the patient health record from the two available.</p> <p>In a merge, and using some rules of IHI processing, the IHI's remain correctly associated with the primary and secondary patient health records, and ONLY if the data elements used to get the IHI for the primary patient health record are unchanged.</p>
<b>Derivation</b>	<a href="#">UC.035 Use Case – Merge patient health records</a>
<b>Outline</b>	Where two IHIs are available to be associated to a single patient health record, one is selected, and the appropriate course of action, in notifying the HI Service is also taken.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Two patient health records are undergoing a merge process, each with a different IHI</li> <li>• The primary patient health record has been selected</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• One IHI has been selected as the primary IHI to be associated to the merged patient health record</li> </ul>

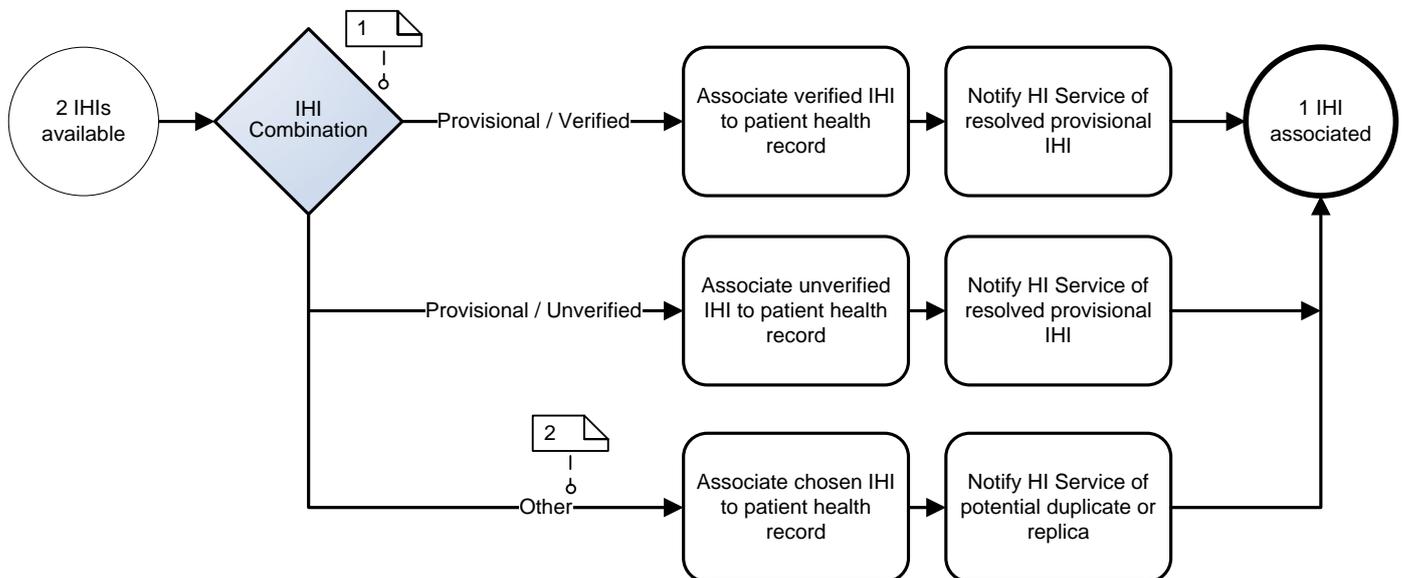
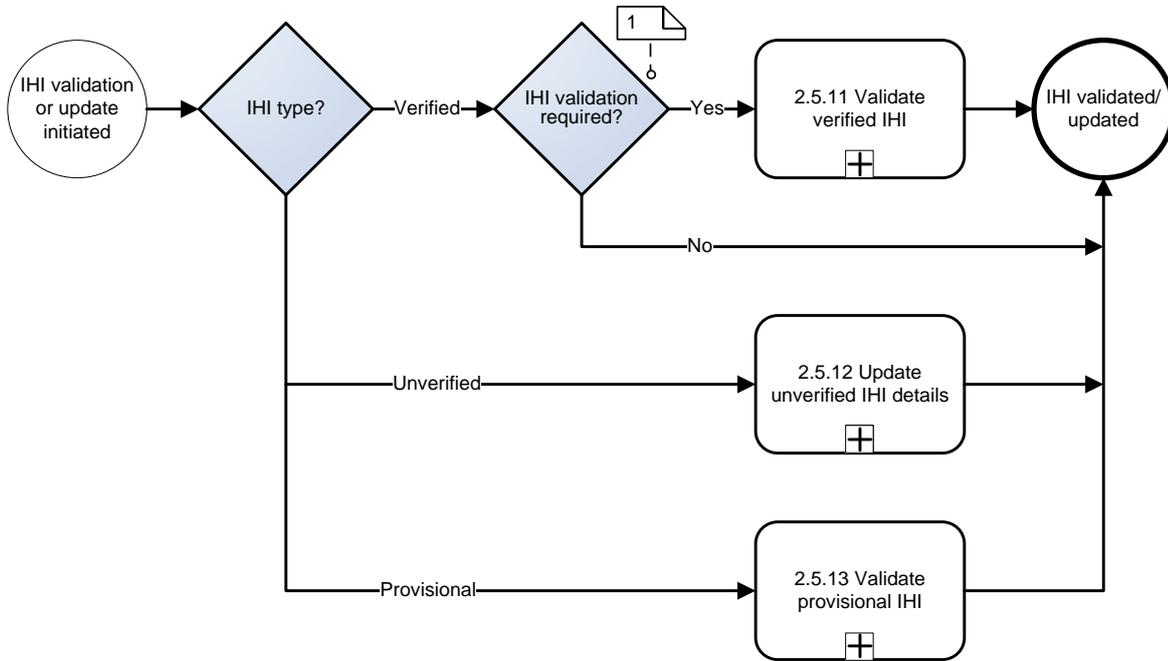


Figure 34 - Select IHI

<b>Notes</b>	<p>1. Where the IHIs are of differing state (especially IHI status), the IHI of higher state must be selected as the preferred IHI for the primary record, and ideally the patient health record with the higher state IHI will be selected as the primary health record (as the data should be more accurate).</p> <p>2. The following is a list of possible 'Other' IHI combinations:</p> <ul style="list-style-type: none"> <li>• Provisional / Provisional;</li> <li>• Unverified / Unverified;</li> <li>• Unverified / Verified;</li> <li>• Verified / Verified.</li> </ul> <p><u>Note:</u> The HI Service should be notified of a potential duplicate/replica IHI.</p>
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### 2.5.10 Use Case Sub-process – Validate or Update IHI details

<b>Process Name</b>	Validate or Update IHI details
<b>Purpose</b>	To ensure that we have the most up to date IHI information available for the patient.
<b>Derivation</b>	<a href="#">UC.035 Use Case – Merge patient health records</a>
<b>Outline</b>	The IHI for the patient undergoes a validation or update process, depending on the type of IHI it is.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Patient details have been updated in the software system</li> <li>• Validation of an IHI has been requested by the Authorised Employee</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• IHI is associated to the patient health record</li> </ul>

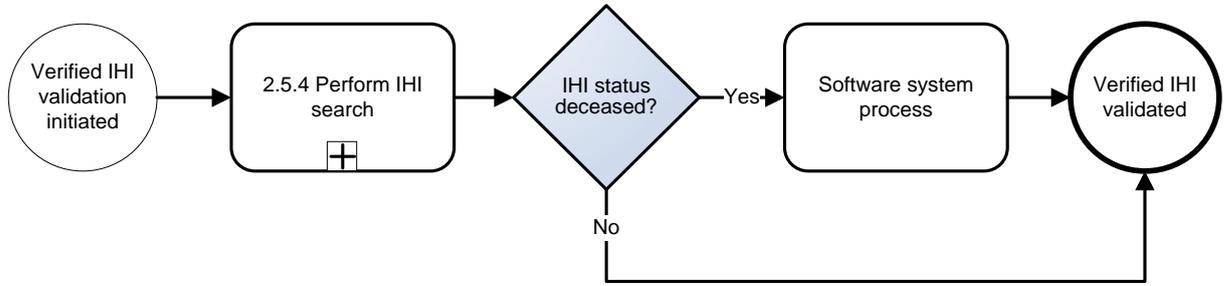


**Figure 35 - Validate or Update IHI details**

<b>Notes</b>	1. Where the identification details of the patient did not change, validation of a Verified IHI is a matter of local policy. The patient however, should be advised to contact the HI Service to have their details updated.
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**2.5.11 Use Case Sub-process – Validate Verified IHI details**

<b>Process Name</b>	Validate Verified IHI details
<b>Purpose</b>	To maintain the quality of IHI information within the software system.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Validate or Update IHI details</a>
<b>Outline</b>	Where a Verified IHI is already associated with a patient health record, the HI Service is checked, after an identification update, to ensure that the IHI status has not changed.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• A Verified IHI is associated to the patient health record within the software system</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• The Verified IHI has been validated</li> </ul>

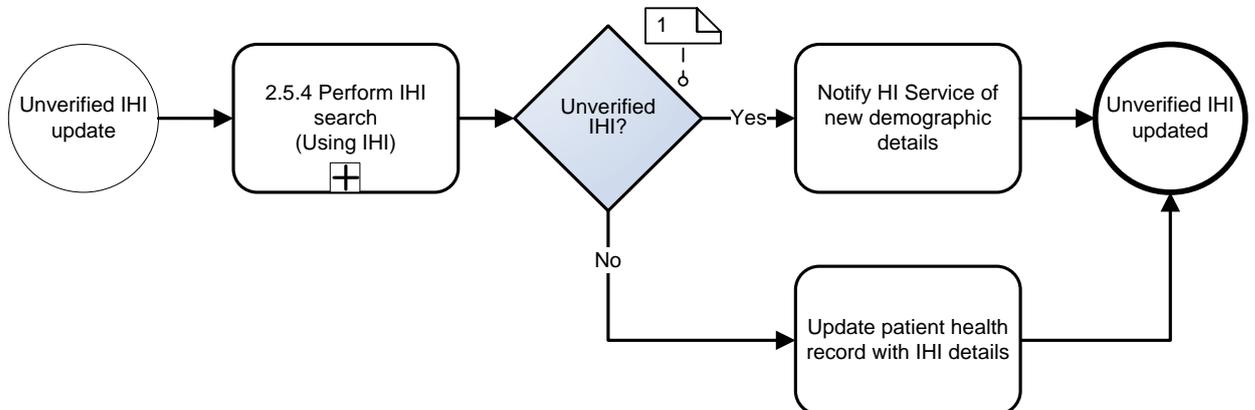


**Figure 36 - Validate Verified IHI details**

<b>Notes</b>	None
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**2.5.12 Use Case Sub-process – Update Unverified IHI details**

<b>Process Name</b>	Update Unverified IHI details
<b>Purpose</b>	To maintain the IHI information within the HI Service.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Validate or Update IHI details</a>
<b>Outline</b>	Where an Unverified IHI is associated with a patient health record, the HI Service is checked after an identification update, to ensure that the IHI status has not changed, and if not, the HI Service is notified of the patients identification detail changes.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>An Unverified IHI is associated to the patient health record within the software system</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>The Unverified IHI’s demographic details has been updated in the HI Service</li> <li>An alternate IHI has been returned by the HI Service and associated with the patient health record</li> </ul>

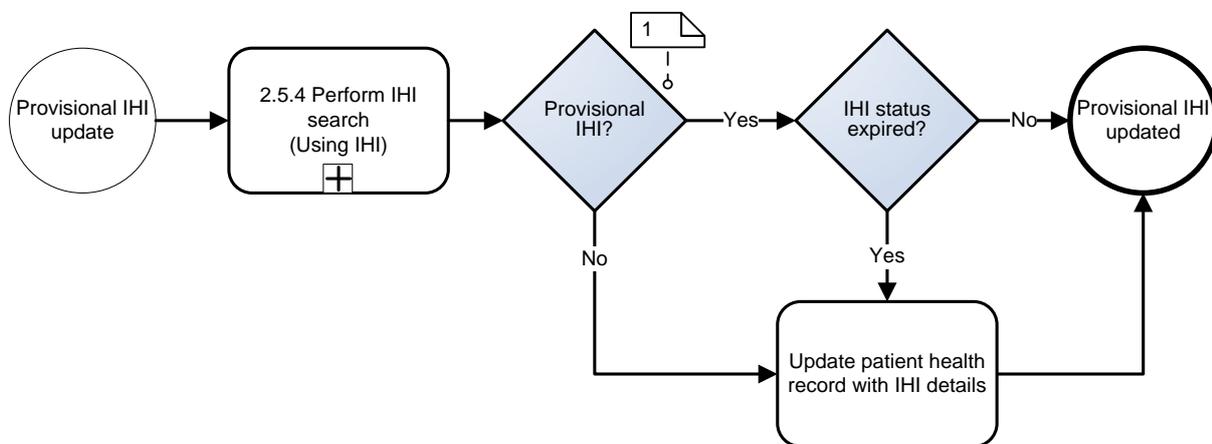


**Figure 37 - Update Unverified IHI details**

<b>Notes</b>	1. An Unverified IHI may have been resolved to a Verified IHI. In this instance, the patient health record will be updated with the Verified IHI details.
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### 2.5.13 Use Case Sub-process – Validate Provisional IHI status

<b>Process Name</b>	Validate Provisional IHI status
<b>Purpose</b>	To maintain the quality of IHI information within the software system.
<b>Derivation</b>	<a href="#">Use Case Sub-process – Validate or Update IHI details</a>
<b>Outline</b>	Where a Provisional IHI is associated with a patient health record, the HI Service is checked to ensure that IHI status has not changed.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>An Unverified IHI is associated to the patient health record within the software system</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>The Provisional IHI has been Verified</li> <li>An alternate IHI has been returned by the HI Service and associated with the patient health record</li> </ul>



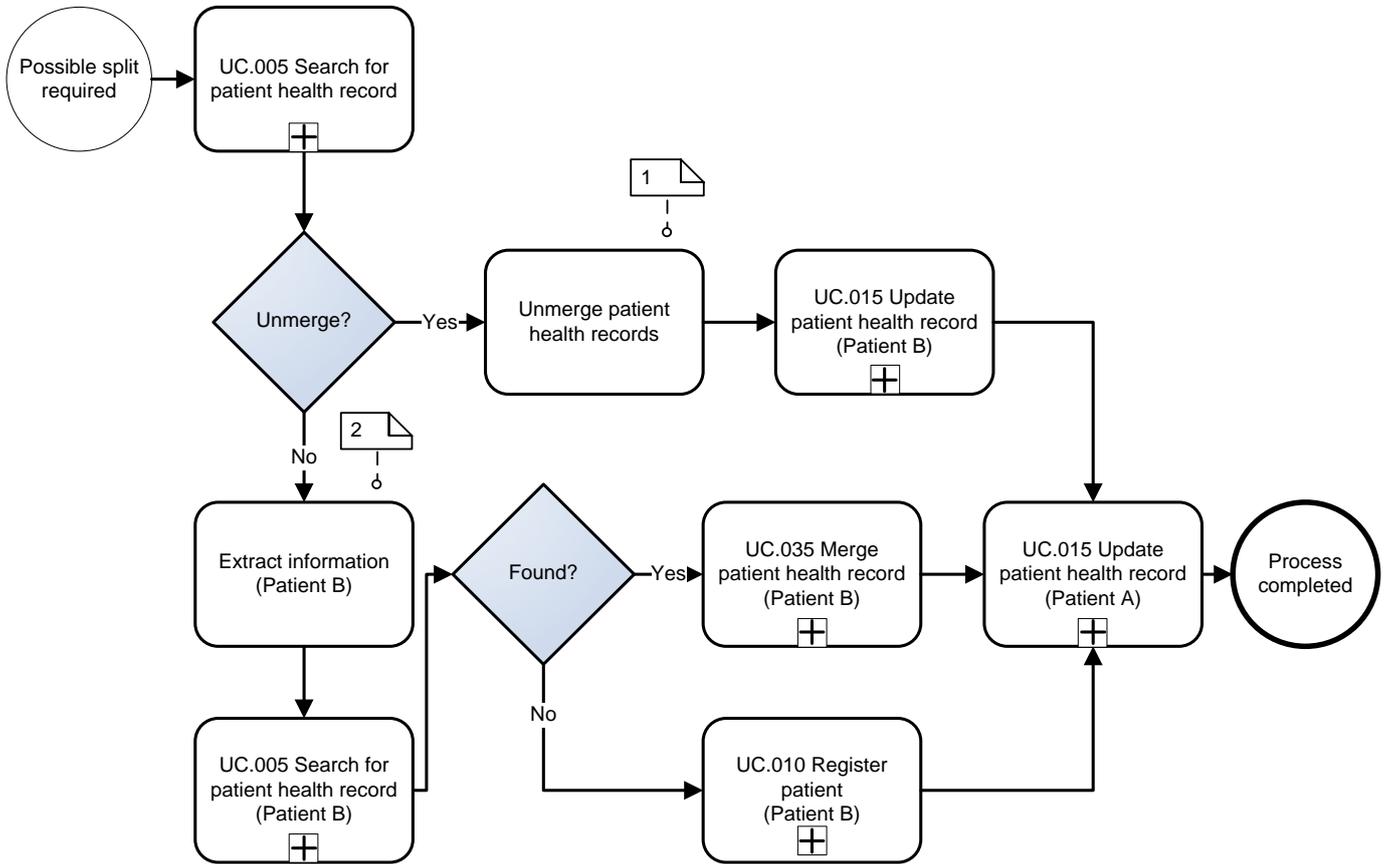
**Figure 38 - Validate Provisional IHI status**

<b>Notes</b>	1. A Provisional IHI may have been resolved to an Unverified or Verified IHI. In this instance, the patient health record will be updated with the Unverified or Verified IHI details.
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## 2.6 UC.040 – Split patient health record

### 2.6.1 UC.040 Split patient health record

<b>Use Case #</b>	UC.040
<b>Use Case Name</b>	Split patient health record
<b>Role</b>	Authorised Employee
<b>Purpose</b>	To split two patients details out from a single patient health record in the software system.
<b>Outline</b>	<p>Where two patients have details within the same patient health record, the information relating to the secondary patient, is extracted and merged with their correct patient health record or a new health record is created for them.</p> <p>Both patient health records will have their IHI details verified during this process.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• An Authorised Employee identifies that the details of more than one patient are contained within the same patient health record</li> <li>• Two patient health records have previously been incorrectly merged</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Single patient health record has been split into two different patient health records</li> </ul>



**Figure 39 - UC.040 Split patient health record**

Notes	
	<ol style="list-style-type: none"> <li>1. The unmerge process will “recover” the merged patient health record, and delete the secondary patient’s information from the primary patient health record.</li> <li>2. The extraction process will delete the secondary patient information from the current patient health record, and use this information to initiate the search and then either merge or register patient processes.</li> </ol>

## 2.7 UC.045 – Logon to software system

### 2.7.1 UC.045 Logon to software system

<b>Use Case #</b>	UC.045
<b>Use Case Name</b>	Logon to software system
<b>Role</b>	Authorised Employee
<b>Purpose</b>	To enable the HI Service to positively and uniquely identify an Authorised Employee within a Healthcare Provider Organisation (HPI-O), when using an individual or shared software system logon to access the HI Service.
<b>Outline</b>	Authorised Employee logon details transmitted across to the HI Service.
<b>Occasions of Use</b>	An example of this use case is when: <ul style="list-style-type: none"> <li>When an Authorised Employee is provided with an individual or shared logon to access a software system within a Healthcare Provider Organisation (HPI-O)</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>The Authorised Employee who has been authorised to act on behalf of a HPI-O has been granted access to the software system</li> <li>The HPI-O has been granted a digital credential to access to the HI Service</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>The HI Service has been accessed and the Authorised Employee details transmitted.</li> </ul>

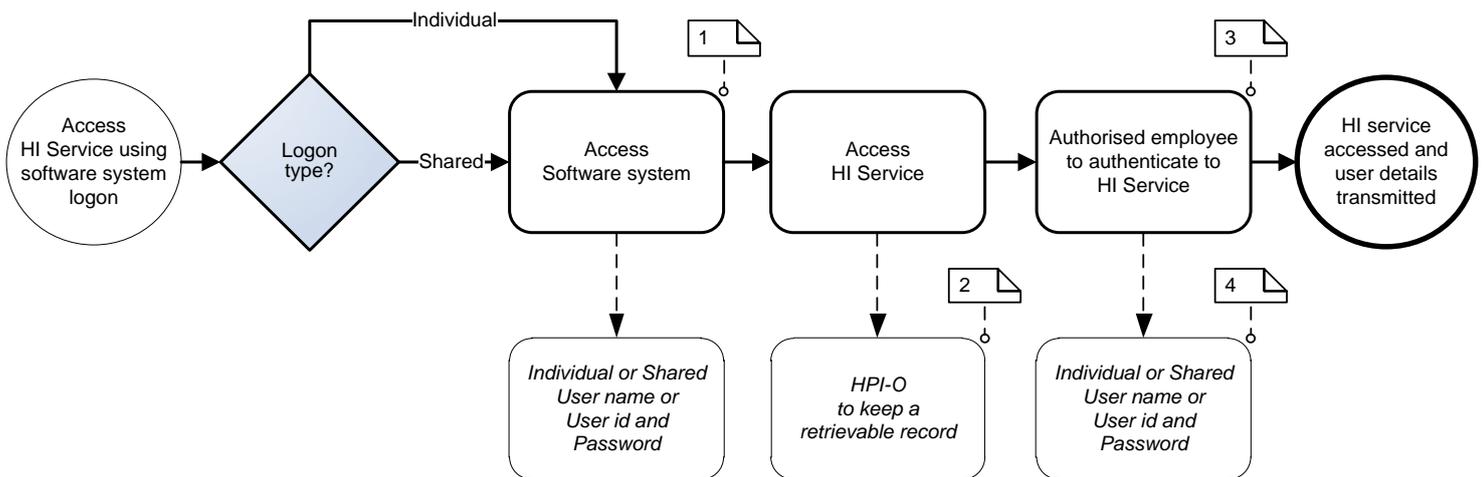


Figure 40 - UC.045 Logon to software system

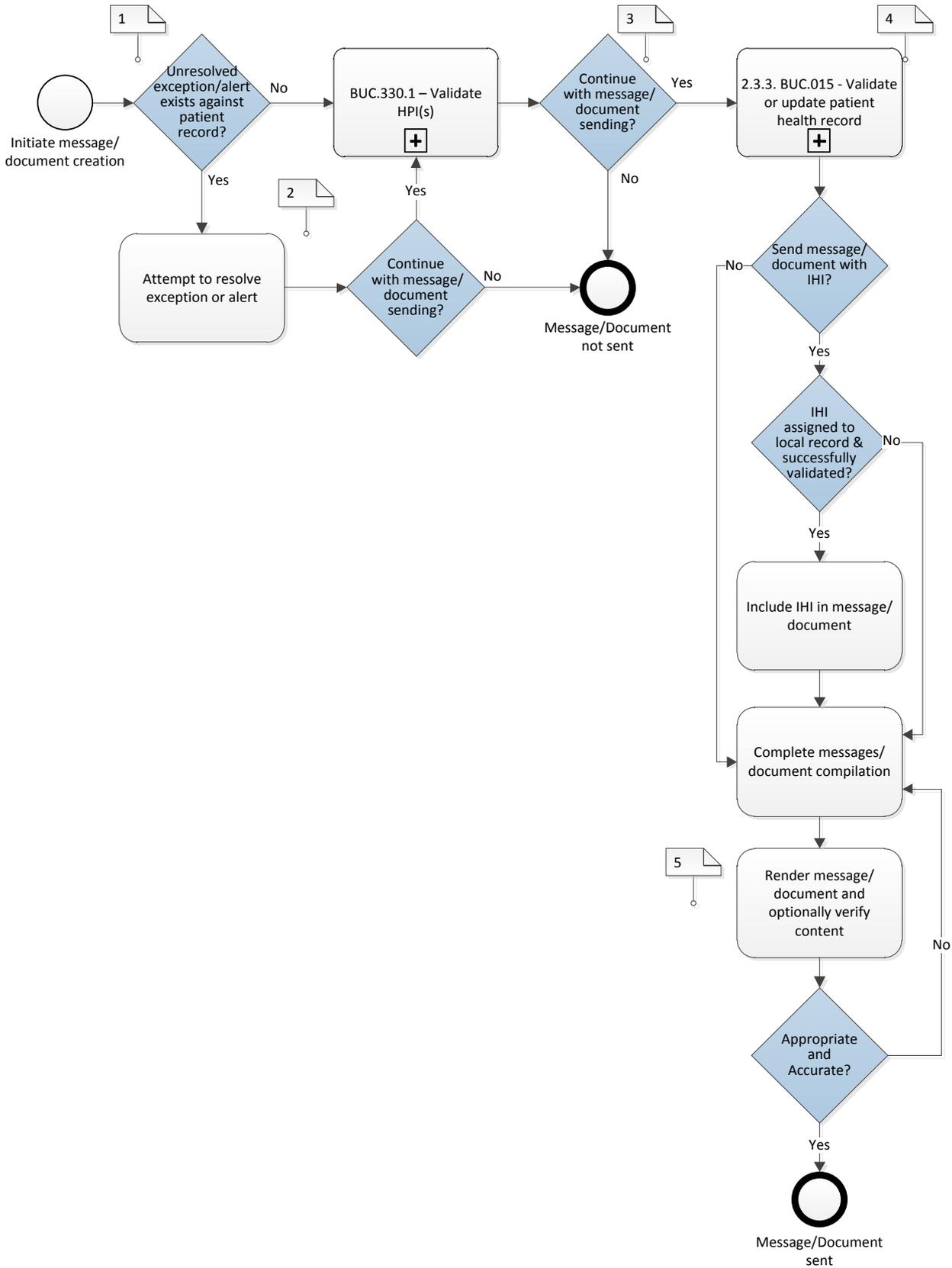
**Notes**

1. An Authorised Employee has an individual or shared logon to access a software system within a a Healthcare Provider Organisation (HPI-O) and will include either a Username or User ID and password combination.
2. The Healthcare Provider Organisation (HPI-O) shall keep a retrievable record of all Authorised Employees assigned to a shared logon to access a software system and the HI Service for audit log purposes to positively and uniquely identify actions, undertaken by the Authorised Employee.
3. If Authorised Employee's within Healthcare Provider Organisation's (HPI-O) access software systems and the HI Service using a shared logon the Authorised Employee, shall further authenticate them with an individual logon to the software system. The individual logon to the software system will include either a Username or User ID and password combination.
4. Authorised Employees, who access the HI Service using either an individual or shared software system, will have the details of the transactions performed and their unique full name recorded by the HI Service.

## 2.8 UC.330 – Send patient health information electronically

<b>Use Case #</b>	UC.330
<b>Use Case Name</b>	Send patient health information electronically
<b>Role</b>	Authorised Employee Healthcare Provider Identifier Individual (HPI-I) CIS
<b>Purpose</b>	Allow a document author (HPI-I) using a CIS to compile, attest to and send a new instance of a message/document, containing a collection of patient health information, to another CIS (i.e. point to point) or Healthcare Shared Repository (i.e. Point to share).
<b>Outline</b>	Healthcare provider generates and electronically sends a message/clinical document to another Healthcare Provider Organisation (HPI-O) or Healthcare Shared Repository, ensuring the use of current and accurate Healthcare Identifiers.
<b>Occasions of Use</b>	An example of this use case is when: <ul style="list-style-type: none"> <li>• Healthcare Provider Organisation (HPI-O) or Healthcare Provider Identifier Individual (HPI-I) send an electronic health message/clinical document such as: <ul style="list-style-type: none"> <li>○ e-Referral</li> <li>○ Specialist Letter</li> <li>○ Discharge Summary</li> <li>○ e-Prescription</li> <li>○ Dispense Record</li> <li>○ Event Summary</li> <li>○ Shared Health Summary</li> <li>○ Prescription request.</li> <li>○ HL7 messages</li> </ul> </li> </ul>

<p><b>Pre-Conditions</b></p>	<ul style="list-style-type: none"> <li>• The CIS is capable of generating message/ documents that conforms to relevant specifications</li> <li>• The organisation has the capacity to send messages/ documents that conform to relevant specifications.</li> <li>• The relevant patient health record and other clinical information has been found in local system(s) and collated into a draft message/clinical document.</li> <li>• The relevant information is gathered for inclusion in the message/clinical document</li> <li>• The local operator or system has prepared the message/document, or identified the need for the exchange of the message/ document.</li> <li>• The local operator has (uniquely) identified the recipient of the communiqué, in business terms (i.e. by practitioner and practice)</li> <li>• The destination of the message/ document has been determined (e.g. HPI-O and HPI-I, Prescription Exchange).</li> <li>• The sending organisation is connected to the HI Service</li> <li>• The sending organisation is connected to a Healthcare Shared Repository (optional)</li> </ul>
<p><b>Post-Conditions</b></p>	<p>The healthcare identifiers included in the document and/or message are validated and sent to recipient.</p>

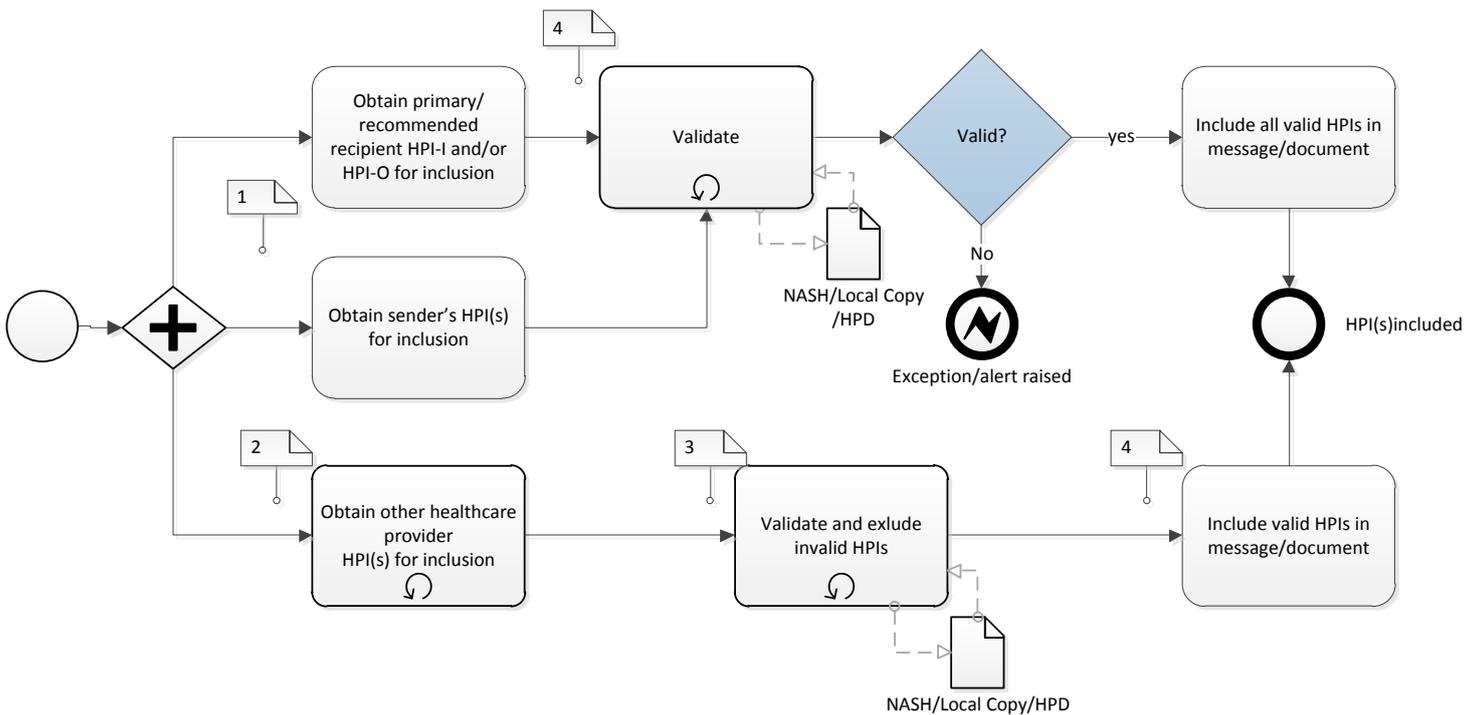


**Figure 41 - UC.330 Send patient health information electronically**

<b>Notes</b>	<p>1. Unresolved exceptions or alerts related to Healthcare Identifiers may exist against the patient health record carried over from previous actions against the IHI. The sender is offered the opportunity to resolve issue(s) that may prevent sending message/document.</p>
	<p>2. The resolution of exceptions/alerts may be performed by individual and/or system, depending on circumstance. This may involve validation of the IHI via the HI Service.</p> <p>If an exception or alert cannot be resolved, the message/ document may still be sent without Healthcare Identifiers.</p>
	<p>3. The outcome of BUC 330.1 may result in an exception or alert being raised as a result of invalid HPI(s).</p> <p>In such cases, it is determined by relevant specifications, conformance requirements and messaging specifications (e.g. SMD) as well as local policies if the process is to be continued in sending the message/document.</p>
	<p>4. 2.3.3 BUC.015 validates the IHI and ensures that the correct IHI is assigned to the local patient health record.</p> <p>If this was part of the resolution task (refer to task labelled 2), then this task does not have to be repeated.</p>
	<p>5. Either manual verification and/or system-based business rules validation. The content is manually verified by the local operator or is verified automatically by software, depending on local policy.</p>

### 2.8.1 UC.330.1 –Validate HPI (s)

<b>Process Name</b>	Validate HPI(s)
<b>Purpose</b>	To add and validate HPI(s) required for inclusion in the message/ document.
<b>Derivation</b>	UC.330 – Send patient health information electronically
<b>Outline</b>	Determine the HPI(s) required to be added to the message/ document, validate selected HPI(s) and include validated HPI(s) in message/ document.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>The sender is connected to the HI Service</li> <li>The document generated is compliant with the applicable document specifications</li> </ul>
<b>Post-Conditions</b>	HPIs included in the message/document are validated, either through the local cache, the HI Service, or via PKI certificates (NASH).

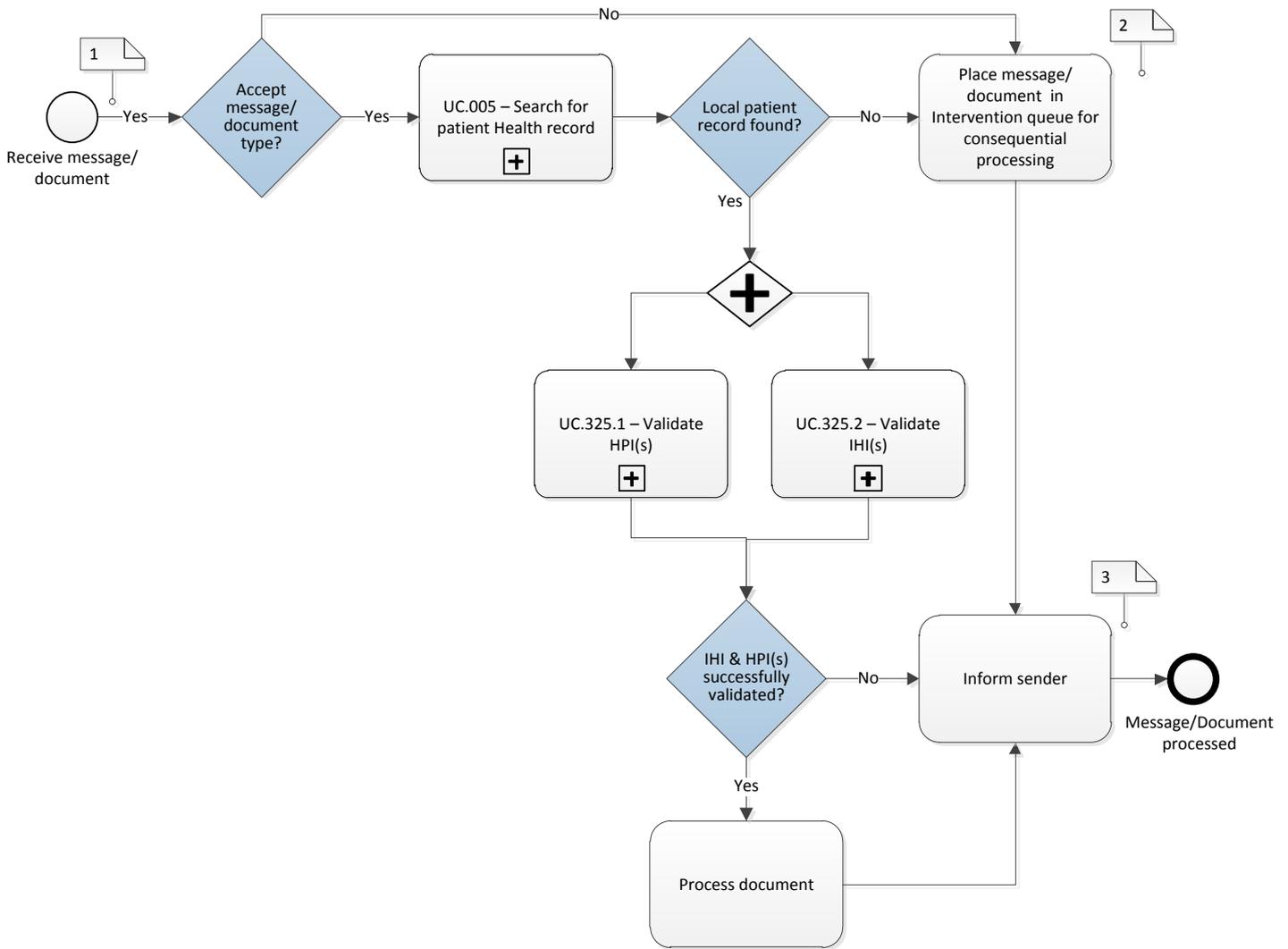


**Figure 42 - UC.330.1 Validate HPI(s)**

<b>Notes</b>	<p>1. Inclusion/exclusion of HPIs in messages/documents is determined by relevant specifications, conformance requirements and messaging specifications (e.g. SMD) as well as local policies.</p>
	<p>2. Inclusion/exclusion and validation of HPIs in messages/documents is determined by relevant specifications, conformance requirements and messaging specifications (e.g. SMD) as well as local policies.</p> <p>Other healthcare provider HPI(s) may include one or more, but is not limited to:</p> <ol style="list-style-type: none"> <li>a. Secondary recipient(s)</li> <li>b. Usual GP(s)</li> <li>c. Healthcare Facilities(s)</li> <li>d. Responsible health professional at time of discharge(s) (if different to the author)</li> <li>e. Nominated Primary healthcare provider(s)</li> <li>f. Other Service provider(s)</li> </ol>
	<p>3. All HPI(s) belonging to the seed HPI-O of the sending healthcare organisation may be validated against a local copy. The source of the local HPI(s) should be consistent with valid NASH credentials (if applicable).</p> <p>All other HPI(s) belonging to the receiving healthcare organisation may be validated through the following:</p> <ul style="list-style-type: none"> <li>• HPD/HI Service.</li> <li>• Nash certification/CRL/OCSP verification at a transport layer (e.g. SMD – in which case validation might occur at the transport layer at a later stage during the process of sending the message/ document).</li> <li>• Local copy, if refreshed not more than 24 hours prior.</li> </ul>
	<p>4. Only valid HPI(s) are to be included in the new message/ document.</p>

## 2.9 UC.325 – Receive patient health information electronically

<b>Use Case #</b>	UC.325
<b>Use Case Name</b>	Receive patient health information electronically
<b>Role</b>	Authorised Employee CIS Healthcare Provider Identifier Individual (HPI-I)
<b>Purpose</b>	To receive patient health information from an CIS
<b>Outline</b>	Healthcare provider/ Healthcare Shared Repository electronically receives a message/ document from a Healthcare Provider Organisation (HPI-O) ensuring the use of current and accurate Healthcare Identifiers.
<b>Occasions of Use</b>	Healthcare Provider Organisation (HPI-O) or Healthcare Provider Identifier Individual (HPI-I) receive an electronic health message/ document such as: <ul style="list-style-type: none"> <li>• e-Referral</li> <li>• Specialist Letter</li> <li>• Discharge Summary</li> <li>• Event Summary</li> <li>• Shared Health Summary</li> <li>• HL7 messages</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Message/document been received by recipient, decrypted and is human readable.</li> <li>• Receiving CIS is connected to the HI Service</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Message/document processed</li> </ul>

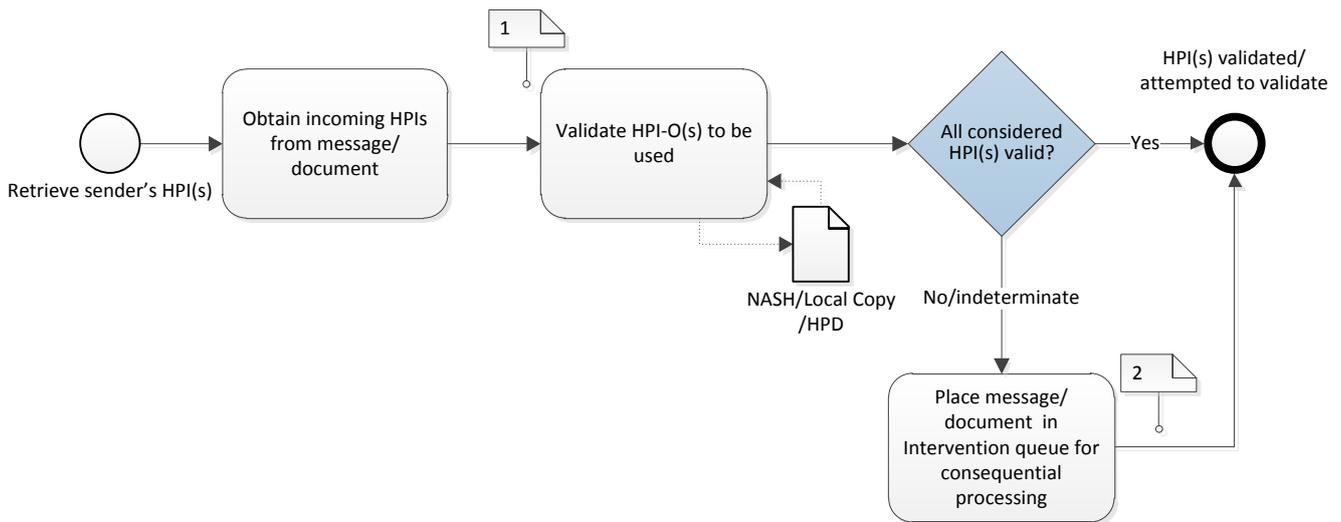


**Figure 43 - UC.325 Receive patient health information electronically**

<p><b>Notes</b></p>	<p>1. The message/ document might be placed in receiving queue for a given period of time, depending on system capability and design.</p>
	<p>2. The decision to place message/document in an intervention queue is based on local policy. Consequential processing may include:</p> <ul style="list-style-type: none"> <li>a. Forwarded to a patient management electric system or electronic patient record system.</li> <li>b. Reject message and inform sender.</li> </ul>
	<p>3. It is the responsibility of the receiver to acknowledge the receipt of the message/ document. In addition, if there are any issues related to the message/ document or data (e.g. HPI(s) &amp; IHI) contained within, this should be communicated.</p>

### 2.9.1 UC.325.1 – Validate HPI(s)

<b>Process Name</b>	Validate HPI(s)
<b>Purpose</b>	To validate HPI-I(s) and/or HPI-O(s) prior to processing the received message/document
<b>Derivation</b>	UC.325 – Receive patient health information electronically
<b>Outline</b>	Validation of HPI(s) prior to processing
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>The receiving application/system maintains HPI(s) for use outside the message/ document.</li> <li>The receiving organisations own HPI-O is stored as the recipient HPI-O in the message/ document.</li> <li>Access to HI service (optional)</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>HPIs validated</li> </ul>



**Figure 44 - UC.325.1 Validate HI Identifiers**

<p><b>Notes</b></p>	<p>1. Validation is performed when HPI(s) are to be reused outside the message/document and/or to determine if any recipient HPI-I is applicable to the organisation. This might have been established at the transport layer (i.e. SMD), in which case will not require revalidation of the validated HPI(s).</p> <p>Validation of HPI(s) may be done by means of one of the following:</p> <ul style="list-style-type: none"> <li>• Nash certification/CRL/OCSP verification at transport layer (e.g. SMD)</li> <li>• Local copy store, if validated within the last 24 hours.</li> <li>• HPD/HI Service</li> </ul>
	<p>2. The decision to place message/document in an intervention queue is based on local policy. Consequential processing may include:</p> <ul style="list-style-type: none"> <li>• Acceptance of message/document whereby it is stored against the patient record with all exceptions/alerts or mismatches resolved. Invalid HPI(s) need to be noted.</li> <li>• Acceptance of message/document where by message/document is forwarded to alternative systems or specific healthcare organisation location/individuals.</li> <li>• Rejection of message/document. Sender is informed.</li> </ul>

## 2.9.2 UC.325.2 – Validate IHI(s)

<b>Process Name</b>	Validate IHI
<b>Purpose</b>	To validate IHI prior to processing the received message/document
<b>Derivation</b>	UC.325 – Receive patient health information electronically
<b>Outline</b>	Patient's Local IHI and demographics are compared against the IHI and demographics from the received message. Various actions are performed depending on the inconsistencies between the compared data.
<b>Pre-Conditions</b>	<ul style="list-style-type: none"><li>• Message received and not yet processed</li><li>• Access to HI service</li></ul>
<b>Post-Conditions</b>	IHI verified and matched to a local patient record (potentially via the creation of a new patient record).

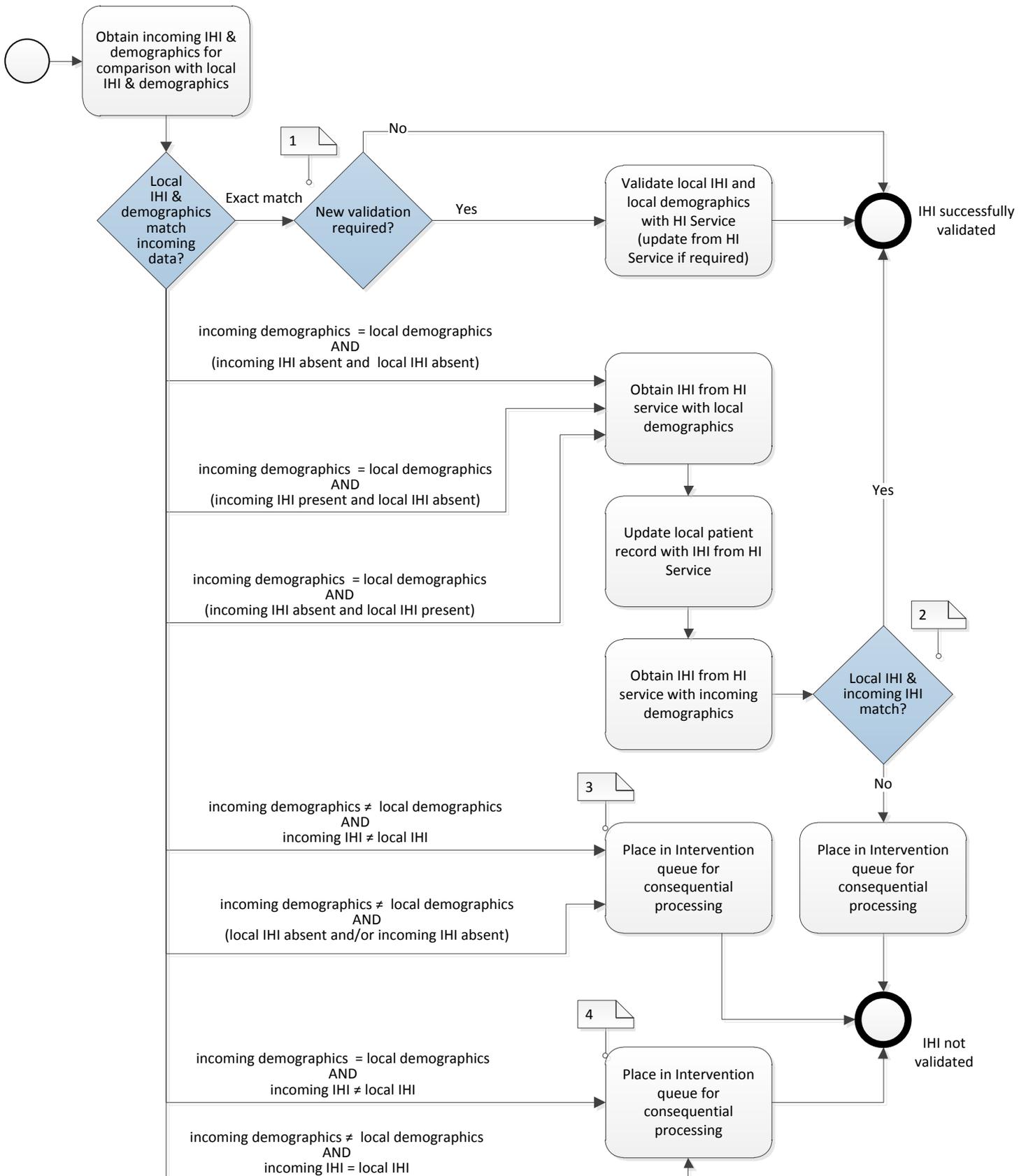
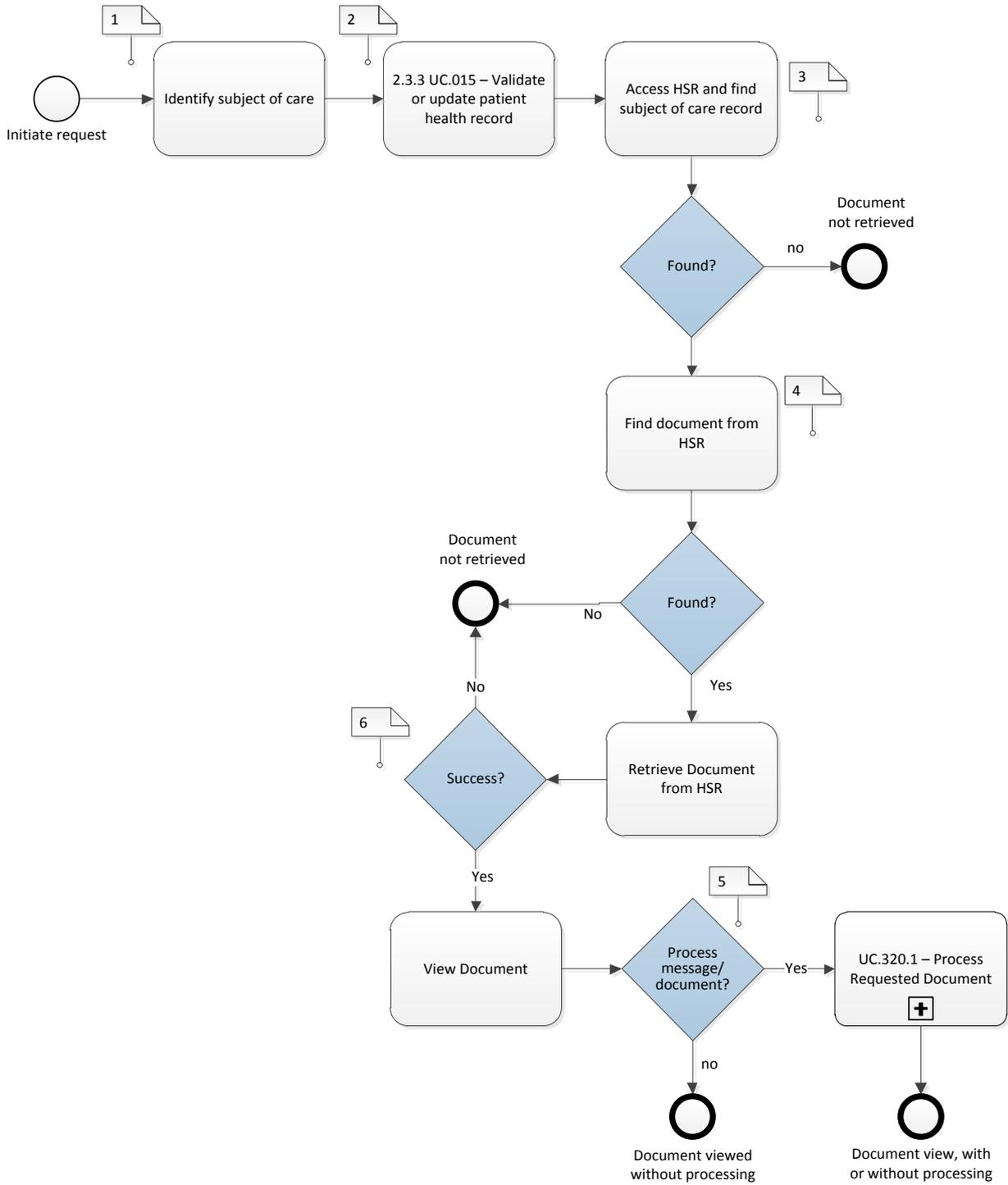


Figure 45 - UC.325.2 Validate IHI

<b>Notes</b>	<p>1. Determined by local policy.</p> <p>Validation of IHI may be against a local copy if the IHI has been validated against the HI Service in the last 24 hours. Otherwise validate against the HI Service is required.</p>
	<p>2. Four conditions may apply:</p> <ul style="list-style-type: none"> <li>a. Compare the incoming IHI with the IHI obtained from the HI Service (using local demographics)</li> <li>b. Compare the local IHI with the IHI contained from the HI Service (using incoming demographics)</li> <li>c. Compare the two IHIs obtained from the HI Service using local and incoming demographics respectively.</li> <li>d. An IHI was not obtained from HI Service, in which case comparison fails.</li> </ul> <p>If the comparison between the IHI is inconsistent, place the message/ clinical document in intervention queue for consequential processing.</p>
	<p>3. Manual or automatic creation of new patient record.</p>
	<p>4. Further processing requires:</p> <ul style="list-style-type: none"> <li>a. Validate local IHI and local demographics with the HI service. Update local patient record if inconsistent with HI service.</li> <li>b. Validate incoming IHI and incoming demographics with the HI service. If incorrect, inform sender.</li> </ul>

## 2.10 UC.320 – Request electronic clinical document

<b>Use Case #</b>	UC.320
<b>Use Case Name</b>	Request patient health information electronically
<b>Role</b>	Authorised Employee CIS Healthcare Provider Identifier Individual (HPI-I) Healthcare Shared Repository (HSR)
<b>Purpose</b>	To request electronic clinical document from a Healthcare Shared Repository
<b>Outline</b>	To enable healthcare providers and individuals linked to a Healthcare Shared Repository to request an electronic clinical document.
<b>Occasions of Use</b>	An example of this use case is when: <ul style="list-style-type: none"> <li>• An electronic clinical document (e.g. Shared Health Summary) has been requested from a Healthcare Shared Repository for viewing and storing against a local patient record.</li> <li>• An electronic prescription to be requested from a Prescription Exchange after a patient or Prescription Notification has presented with a Document Access Key (DAK).</li> <li>• Copy of an electronic prescription document to be requested from the Prescription Exchange by prescriber.</li> <li>• A dispense record to be requested from a Prescription Exchange.</li> </ul>
<b>Pre-Conditions</b>	Valid credentials to access the selected HSR obtained.
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Clinical document not received or</li> <li>• Clinical document received and viewed or</li> <li>• Clinical document received, viewed and processed</li> </ul>

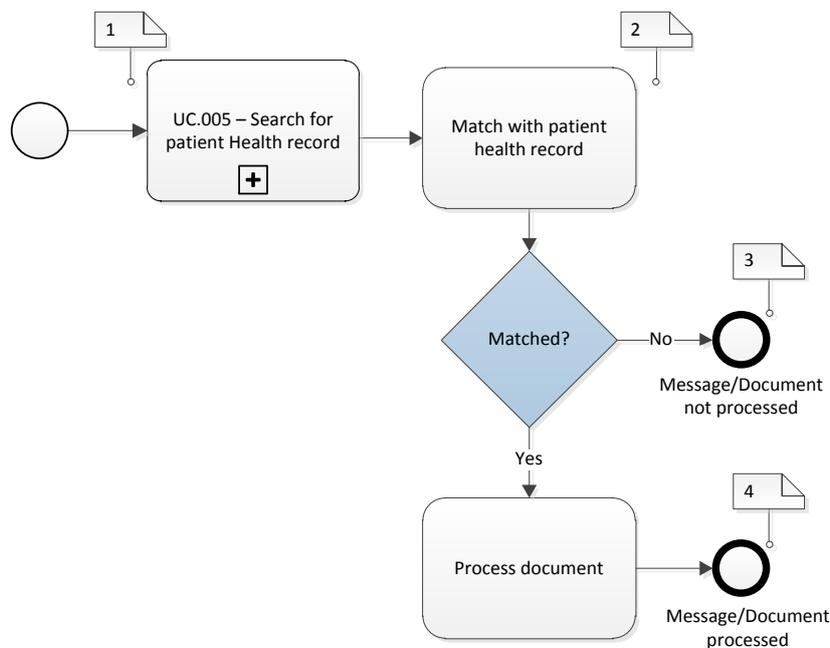


**Figure 46 - UC.320 Request electronic clinical document**

<b>Notes</b>	1. Identification of subject of care includes the retrieval of local patient health record.
	2. Ensure that local patient record contains a valid IHI and demographics.
	3. If applicable, the relevant search criteria pertaining to a specific document in need is obtained for submission once access has been obtained to the HSR.  Alternatively, the submission of a document Access Key (DAK) is obtained if a prescription is to be obtained from a Prescription Exchange by a Dispenser.
	4. Locate desired document from a list of one or more results returned from the HSR. Results returned depend on the HSR.
	5. The decision not to process the message/clinical document results from a process outcome whereby the system has retrieved the message/clinical document and rendered its content for viewing purposes. The message/clinical document and its content have not been stored locally.
	6. Not all documents may be retrievable

### 2.10.1 UC.320.1 – Process Requested Document

<b>Process Name</b>	Process Requested Document
<b>Purpose</b>	To process/store a document locally after request and view.
<b>Derivation</b>	UC.320 – Request electronic clinical document
<b>Outline</b>	To enable healthcare providers and individuals linked to a Healthcare Shared Repository to request and save an electronic clinical document
<b>Pre-Conditions</b>	Document has been retrieved from Shared Health Repository and viewed.
<b>Post-Conditions</b>	Document has been saved in local system to matched patient record.



**Figure 47 - UC.320.1 Process requested document**

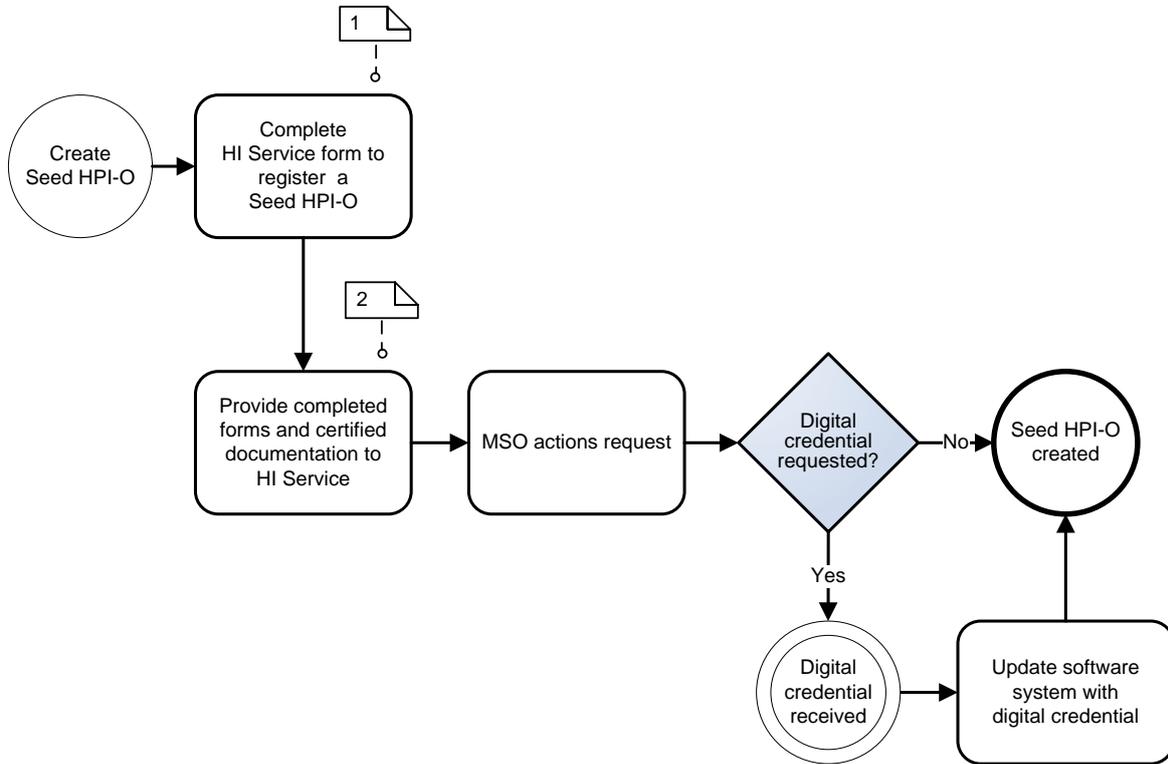
<p><b>Notes</b></p>	<p>1. The patient’s IHI and/or other relevant demographic data may have been obtained from the local patient health record during initial task in BUC320 – Refer to note 1. In this case, it is not necessary to perform this task (i.e. UC.005).</p> <p>This task is required if the retrieval (i.e. BUC.320) and storage (i.e. BUC.320.1) of the document is performed through dispersed transactions.</p>
	<p>2. Matching of local demographics and IHI to incoming clinical document demographics and IHI is recommended to ensure the correct document has been located for the local patient. See UC.325.2 – Validate IHI(s)</p>
	<p>3. Points to an outcome whereby the system has received the message/clinical document, but the message/clinical document will not be saved against the patient record without operator intervention. Raise exception/alert</p>
	<p>4. Points to an outcome whereby the system has received the message/clinical document, and the message/clinical document shall be saved against a patient record.</p>

## 3 Responsible Officer

The Responsible Officer (RO) role is defined as an individual that should be a senior appointment within a healthcare organisation and take on the full responsibility for any dealings with the HI Service. The 'Responsible Officer' may, for example, be associated with the role of the Executive Officer or a Chief Executive or a senior position in the area of Corporate Services. The 'Responsible Officer' should have oversight and authorisation over any changes that might occur within the healthcare organisation to enable her/him to fulfil this role effectively.

### 3.1 UC.070 - Register Seed HPI-O

<b>Use Case #</b>	UC.070
<b>Use Case Name</b>	Register Seed HPI-O
<b>Role</b>	Responsible Officer (RO)
<b>Purpose</b>	Register a new Seed Healthcare Provider Organisation (HPI-O), within the HI Service.
<b>Outline</b>	<p>To register, a new Seed Healthcare Provider Organisation and an individual who has been authorised to act on behalf of the Seed HPI-O as a Responsible Officer (RO) within the HI Service.</p> <p>Completed registration forms, along with certified documents need to be provided to the HI Service, to complete the registration process.</p> <p>Once a Seed HPI-O has been successfully registered with the HI Service, the RO who is linked and has been authorised to act on behalf of the organisation can elect to display the organisations details in the HI Service Healthcare Provider Directory (HPD).</p> <p>A digital credential to facilitate the online communication between themselves and other healthcare providers can be requested at registration.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A RO for a HPI-O is required to create a Seed HPI-O</li> </ul>
<b>Pre-conditions</b>	<ul style="list-style-type: none"> <li>• A RO has been identified for a Seed HPI-O</li> </ul>
<b>Post-conditions</b>	<ul style="list-style-type: none"> <li>• Digital credential created and provided</li> <li>• Seed HPI-O established</li> </ul>



**Figure 48 - UC.070 - Register Seed HPI-O**

<p><b>Notes</b></p>	<p>1. Refer to the HI Service forms:</p> <ul style="list-style-type: none"> <li>○ "Initial application to register a Responsible Officer, Organisation Maintenance Officer and a Seed Organisation"<sup>2</sup>.</li> <li>○ "Application to replace a Responsible Officer or add an additional Organisation Maintenance Officer for a Seed Organisation and/or register a Seed Organisation"<sup>3</sup>.</li> </ul> <p>To register a Seed HPI-O the following details are required:</p> <ul style="list-style-type: none"> <li>➤ Responsible Officer (RO):             <ul style="list-style-type: none"> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Suffix</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul> </li> </ul> <p>The RO may also apply for a digital credential that facilitates the exchange of data through online communication channels.</p>
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<sup>2</sup> Form number - 2978.02.09.10

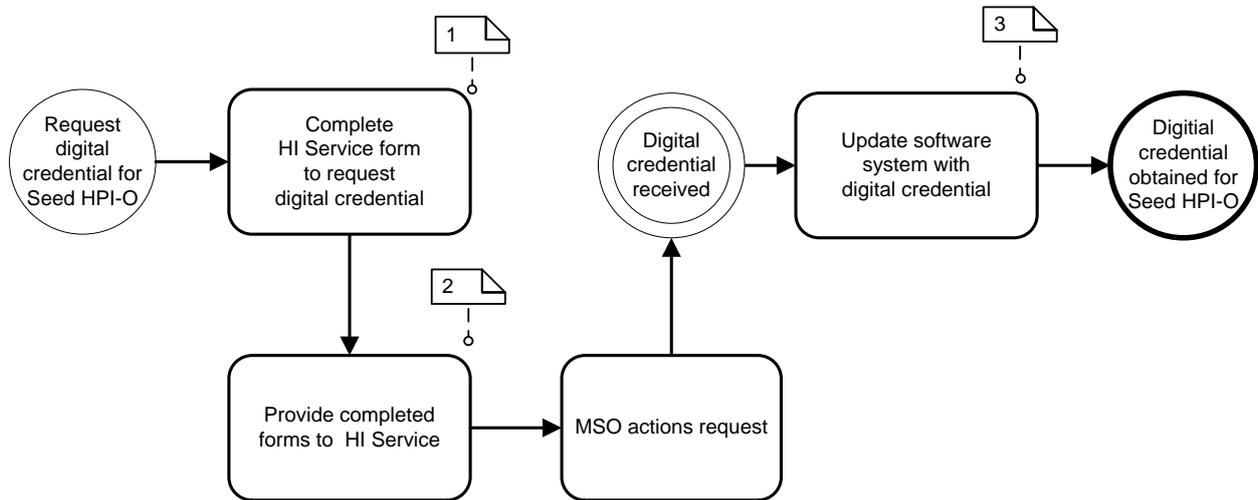
<sup>3</sup> Form number - 2711.19.10.10

	<ul style="list-style-type: none"> <li>➤ Organisation Maintenance Officer (OMO): <ul style="list-style-type: none"> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Suffix</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul> </li> </ul> <p>The OMO may be the same person as the RO, if not; they may also apply for a digital credential.</p> <ul style="list-style-type: none"> <li>➤ Organisation details: <ul style="list-style-type: none"> <li>• Organisation name</li> <li>• ABN/ACN/Other</li> <li>• Services provided</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul> </li> </ul> <p>The HPI-O may also apply for a digital credential.</p> <p>A Seed HPI-O may elect to have their details (or a portion thereof) published in the HI Service Healthcare Provider Directory (HPD).</p>
	<p>The following details require verification by a referee, before form submission:</p> <ul style="list-style-type: none"> <li>➤ Organisation being verified details: <ul style="list-style-type: none"> <li>• Organisation name</li> <li>• ABN/ACN</li> </ul> </li> <li>➤ Individual being verified details: <ul style="list-style-type: none"> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address (Business)</li> </ul> </li> <li>➤ Referee details: <ul style="list-style-type: none"> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address (Business)</li> <li>• Contact details</li> <li>• Occupation</li> <li>• Referee category number</li> </ul> </li> </ul>

	<p>2. Upon completion of forms, all relevant documentation needs to be certified and provided to the HI Service for processing:</p> <ul style="list-style-type: none"> <li>• RO Evidence of Identity (EOI)</li> <li>• Documentary evidence of their authority to act on behalf of the organisation</li> <li>• Evidence that the organisation is registered as a business or company</li> </ul>
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### 3.2 UC.075 – Request digital credential for Seed HPI-O

<b>Use Case #</b>	UC.075
<b>Use Case Name</b>	Request digital credential for Seed HPI-O
<b>Role</b>	Responsible Officer (RO)
<b>Purpose</b>	<p>To obtain a new digital credential for a Seed Healthcare Provider Organisation (HPI-O) within the HI Service.</p> <p>The digital credential will allow the Seed HPI-O to interact with the HI Service and provide authentication to facilitate the online communication between the Seed HPI-O and other healthcare providers.</p>
<b>Outline</b>	For a Responsible Officer (RO) who is linked and authorised to act on behalf of a Seed Healthcare Provider Organisation (HPI-O), to request a digital credential for the Seed HPI-O, from the HI Service.
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A new digital credential is required, to provide authentication of the HPI-O for electronic health messages</li> <li>• A updated digital credential is required to provide authentication of the HPI-O for electronic health messages</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Digital credential does not exist, for a Seed HPI-O</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Digital credential received and updated into software system</li> </ul>



**Figure 49 - UC.075 - Request digital credential for seed HPI-O**

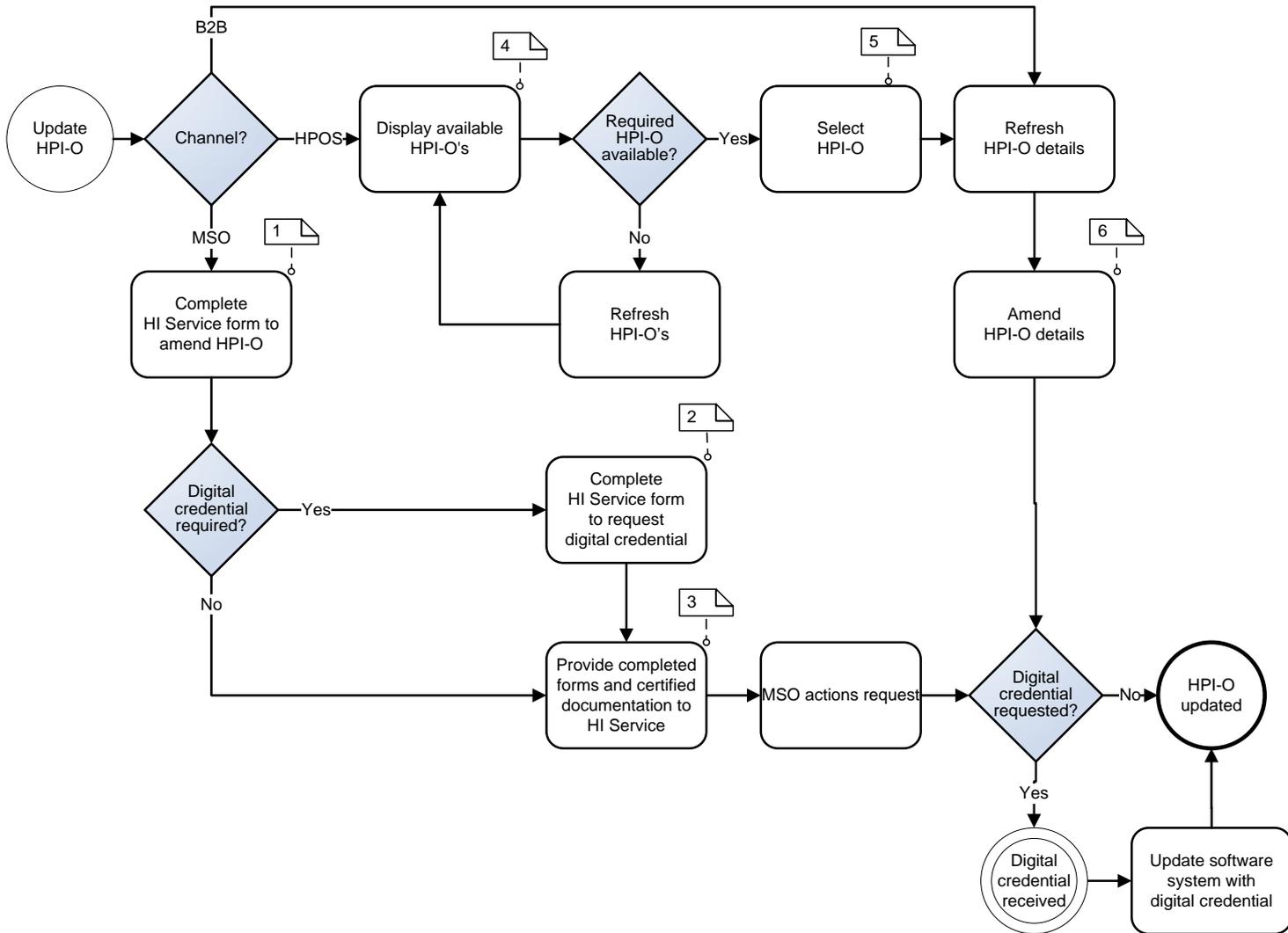
<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. Refer to the HI Service form "Application to request a new or update an existing PKI Certificate"<sup>4</sup>.</li> </ol> <p>The details that are required for the request are:</p> <ul style="list-style-type: none"> <li>➤ Organisation details:             <ul style="list-style-type: none"> <li>• Organisation name</li> <li>• HPI-O number</li> </ul> </li> <li>➤ Contact name (this would be the RO):             <ul style="list-style-type: none"> <li>• RO number</li> <li>• Title</li> <li>• Family name</li> <li>• Given names(s)</li> <li>• Suffix</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul> </li> </ul> <ol style="list-style-type: none"> <li>2. Upon completion of forms, all the relevant documentation needs to be provided to the HI Service for processing.</li> <li>3. Once, the Seed HPI-O receives the digital credential from the HI Service, the software system should be updated to store the digital credential for the use in online communications.</li> </ol>
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<sup>4</sup> Form number - 3054.02.09.10

### 3.3 UC.080 – Maintain HPI-O Details

<b>Use Case #</b>	UC.080
<b>Use Case Name</b>	Maintain HPI-O details
<b>Role</b>	Responsible Officer (RO) Organisation Maintenance Officer (OMO)
<b>Purpose</b>	<p>To amend the demographic and service details of an existing Seed and/or Network Healthcare Provider Organisation (HPI-O) within the HI Service.</p> <p>The request may be made by an individual acting in one or more of the following roles:</p> <ul style="list-style-type: none"> <li>• Responsible Officer (RO)</li> <li>• Organisation Maintenance Officer (OMO)</li> </ul> <p>Remove, add to or update an existing Seed and/or Network Healthcare Provider Organisation's (HPI-O) details within the HI Service.</p>
<b>Outline</b>	<p>For a Responsible Officer (RO) or Organisation Maintenance Officer (OMO) to amend the details of an existing Seed and/or Network HPI-O within the HI Service i.e. Remove, add to or update demographic and service details of a Seed and/or Network HPI-O.</p> <p>If the MSO channel is selected, completed forms are provided to the HI Service, for the Seed and/or Network HPI-O record to be updated within the HI Service.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A RO or OMO is required to amend the details of an existing Seed and/or Network HPI-O within the HI Service i.e. Remove, add to or update. The new details that can be recorded include: <ul style="list-style-type: none"> <li>○ Organisation details (e.g. Organisation name)</li> <li>○ Address details</li> <li>○ Service details</li> <li>○ Contact details</li> </ul> </li> </ul> <p>Important Note: To change the legal name, of a healthcare provider organisation within the HI Service, an RO must provide documentary evidence of the Seed healthcare organisations name change.</p>
<b>Pre-Conditions</b>	<p>In order to send this request you must ensure that:</p> <ul style="list-style-type: none"> <li>• A RO or OMO is registered in the HI Service and has the authority to amend the details of the Seed and/or Network organisations details</li> <li>• The RO or OMO is linked to an organisation and that organisation must be at a higher level in the hierarchy, than the organisation whose details the RO or OMO is requesting to amend</li> <li>• If the RO or OMO is creating a new record a suitable Seed or Network organisation has been identified and</li> </ul>

	<p>is linked at an equal or higher level</p> <ul style="list-style-type: none"><li>• If the RO or OMO is amending an existing record, identified the HPI-O record that will be amended and obtained the external identifiers for any name, address and communication details you intend to update</li></ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"><li>• Seed and/or Network HPI-O record updated within the HI Service</li></ul>



**Figure 50 - UC.080 - Maintain HPI-O details**

Notes	
	<p>1. Refer to the HI Service form "Application to add or amend details of a Healthcare Organisation record"<sup>5</sup>.</p> <p>The details that are required for the request are:</p> <ul style="list-style-type: none"> <li>➤ Applicant details:                             <ul style="list-style-type: none"> <li>• RO or OMO number</li> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address</li> <li>• Phone number</li> </ul> </li> <li>➤ Organisation details:                             <ul style="list-style-type: none"> <li>• HPI-O number</li> <li>• Organisation name</li> </ul> </li> </ul>

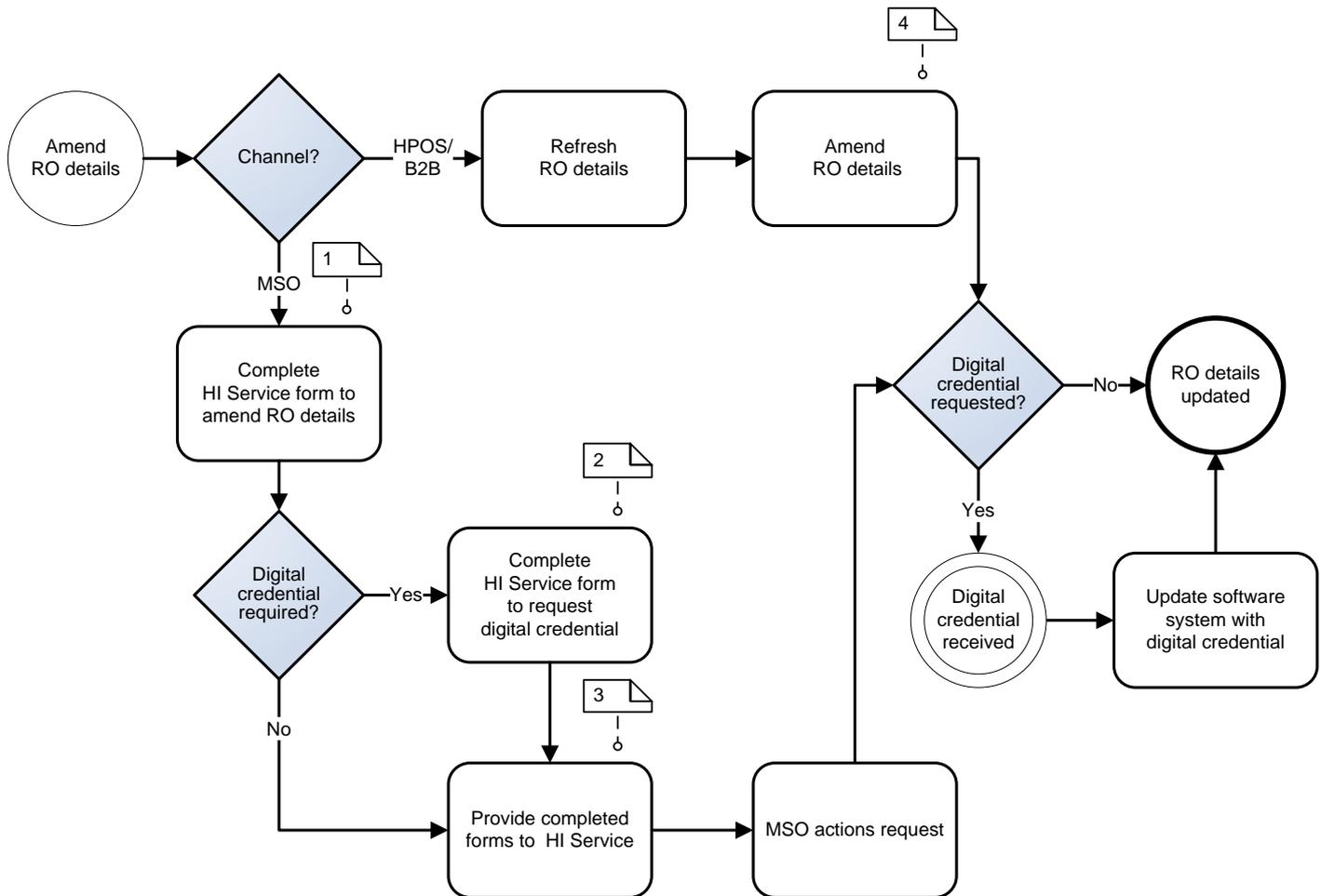
<sup>5</sup> Form number - 2883.02.09.10

	<p>Details that may be amended through this process are:</p> <ul style="list-style-type: none"> <li>➤ specifying which name, address and communication details are preferred for use in correspondence for your organisation</li> <li>➤ creating alternate names, addresses and communication details for an organisation</li> <li>➤ updating existing names, addresses and communication details for an organisation</li> <li>➤ linking an individual to an organisation</li> <li>➤ changing the parent of a networked organisation to another organisation in your organisation hierarchy</li> </ul> <p>Important Note:</p> <p>To change the legal name, of a healthcare provider organisation within the HI Service, an RO must provide documentary evidence of the Seed healthcare provider organisations name change.</p> <p>Please contact the HI Service or refer to "Application to add or amend details of a Healthcare Organisation record" form for acceptable documentary evidence.</p> <p>2. Refer to the HI Service form "Application to request a new or update an existing PKI Certificate"<sup>6</sup>.</p> <p>The following details are required:</p> <ul style="list-style-type: none"> <li>➤ Organisation details: <ul style="list-style-type: none"> <li>• Organisation name</li> <li>• HPI-O number</li> <li>• Contact name</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul> </li> </ul> <p>3. Upon completion of forms, all relevant documentation needs to be provided to the HI Service for processing.</p> <p>4. All the Seed and/or Network healthcare organisations that the RO or OMO is responsible for will be displayed.</p> <p>5. The HPI-O selected may either be a Seed or Network HPI-O; the maintenance process is the same.</p> <p>6. This function is available through the HPOS channel. Details required to be entered here would be the same as those available at "1" and "2".</p> <p>Important Note:</p> <p>An RO must contact the HI Service and provide documentary evidence to change the legal name of a Seed healthcare provider organisation.</p>
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<sup>6</sup> Form number - 3054.02.09.10

### 3.4 UC.100 – Maintain RO details

<b>Use Case #</b>	UC.100
<b>Use Case Name</b>	Maintain RO details
<b>Role</b>	Responsible Officer (RO)
<b>Purpose</b>	Amend a Responsible Officer's (RO) details within the HI Service.
<b>Outline</b>	<p>For a Responsible Officer's (RO) to amend their personal details within the HI Service i.e. Remove, add to or update.</p> <p>If the Medicare Australia Service Officer (MSO) channel is selected, completed forms need to be provided to the HI Service, for the RO record to be updated within the HI Service.</p> <p>A digital credential may be requested to facilitate the online communication between the RO and other healthcare providers.</p> <p><u>Note:</u></p> <p>Any amendments, to a RO's personal details (e.g. Name) will require the individual to provide Evidence of Identity or authenticate themselves; via the B2B or HPOS channel.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• The RO has new details that need to be recorded; including: <ul style="list-style-type: none"> <li>○ Personal details (e.g. Name)</li> <li>○ Address details</li> <li>○ Contact details</li> </ul> </li> <li>• The RO is requesting an updated/new digital credential</li> <li>• The RO has deceased</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• The RO is registered within the HI Service</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• RO details updated within the HI Service</li> <li>• If requested, the digital credential is received and updated into the software system</li> </ul>



**Figure 51 - UC.100 - Maintain RO details**

<p><b>Notes</b></p>	<p>1. Refer to the HI Service form "Application to amend a Responsible Officer or Organisation Maintenance Officer personal information"<sup>7</sup>.</p> <p>The details that are required for the request are:</p> <ul style="list-style-type: none"> <li>➤ Applicant details:             <ul style="list-style-type: none"> <li>• RO number</li> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address</li> <li>• Phone number</li> </ul> </li> </ul> <p>RO details that may be removed, added or updated through this process include:</p> <ul style="list-style-type: none"> <li>➤ Personal details:             <ul style="list-style-type: none"> <li>• Existing personal details</li> <li>• New personal details</li> </ul> </li> </ul>
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<sup>7</sup> Form number - 2791.02.09.10

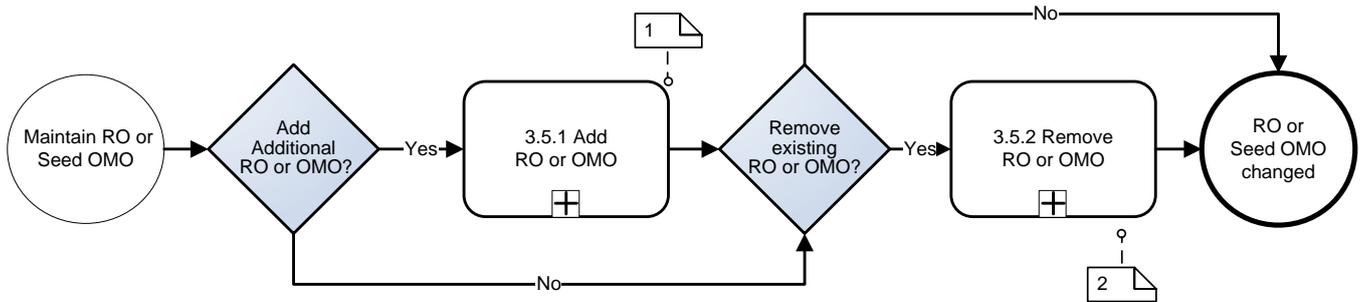
	<ul style="list-style-type: none"> <li>➤ Address details (Business and Postal) <ul style="list-style-type: none"> <li>• Existing address details</li> <li>• New address details</li> </ul> </li> <li>➤ Contact details <ul style="list-style-type: none"> <li>• Existing contact details</li> <li>• New contact details</li> </ul> </li> <li>➤ Deceased RO details <ul style="list-style-type: none"> <li>• RO number (if known)</li> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Date of death</li> <li>• Your (the applicant's) relationship to the deceased</li> </ul> </li> </ul> <p>2. Refer to the HI Service form "Application to request a new or update an existing PKI Certificate"<sup>8</sup>.</p> <p>The following details are required:</p> <ul style="list-style-type: none"> <li>➤ Organisation details: <ul style="list-style-type: none"> <li>• Organisation name</li> <li>• HPI-O number</li> <li>• Contact name</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul> </li> </ul> <p>3. Upon completion of forms, all relevant documentation needs to be certified and provided to the HI Service for processing.</p> <p>4. This function is available through the HPOS channel. Details required to be entered here would be the same as those available at "1" and "2".</p> <p><u>Note:</u> Any amendments, to a RO's personal details (e.g. Name) will require the individual to provide Evidence of Identity or authenticate themselves; via the B2B or HPOS channel.</p>
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### 3.5 UC.105 – Maintain RO or Seed OMO

<b>Use Case #</b>	UC.105
<b>Use Case Name</b>	Maintain RO or Seed OMO

<sup>8</sup> Form number - 3054.02.09.10

<b>Role</b>	Responsible Officer (RO)
<b>Purpose</b>	To remove, the link between an existing Responsible Officer (RO) or an Organisation Maintenance Officer (OMO) for a Healthcare Provider Organisation (HPI-O), and link a new RO and/or OMO.
<b>Outline</b>	<p>To remove the link between an existing Responsible Officer (RO) or Organisation Maintenance Officer (OMO) for a Healthcare Provider Organisation (HPI-O) and linking a new Responsible Officer (RO) or Organisation Maintenance Officer (OMO) within the HI Service.</p> <p>If the MSO channel is selected, completed forms, need to be provided to the HI Service for the RO, OMO and HPI-O records to be updated within the HI Service.</p> <p>The new RO or OMO may need to register within the HI Service, if they don't already exist, so that they can be linked. A digital credential may also be requested to facilitate the online communication between the RO or OMO and other healthcare providers.</p> <p>The existing RO or OMO may remove their personal details from the HI Service after their link to the HPI-O has been removed.</p> <p><u>Note:</u></p> <p>There can only be one RO at any given time, linked to a HPI-O within the software system however, a maximum of two, Responsible Officer's (RO) can be linked for each HPI-O, during the transaction period from one RO to another RO.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A HPI-O has a new individual, that has to be assigned as a RO or OMO and: <ul style="list-style-type: none"> <li>○ A new RO or OMO needs to be registered within the HI Service, if they are not already registered</li> <li>○ The new RO or OMO needs to be linked to a HPI-O</li> <li>○ The link between the existing RO or OMO and the HPI-O needs to be removed</li> </ul> </li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• RO is registered within the HI Service</li> <li>• RO is linked to a HPI-O</li> <li>• OMO is registered within the HI Service</li> <li>• OMO is linked to Seed HPI-O</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• RO or OMO details updated within HI Service</li> <li>• New RO or OMO linked to HPI-O</li> <li>• If requested, the digital credential is received and updated into the software system</li> </ul>



**Figure 52 - UC.105 - Maintain RO or seed OMO**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. A new RO or OMO for the HPI-O is linked. If the RO or OMO details are not registered within the HI Service, the RO or OMO is required to complete a registration form and submit it to the HI Service for processing.  <u>Note:</u> There is only one RO at any given time, linked to a HPI-O within the software system. However, a maximum of two, Responsible Officer’s (RO) can be linked for each HPI-O, during the transaction period from one RO to another RO.</li> <li>2. The link between an existing RO or OMO and the HPI-O is removed. This process may also involve the RO or OMO, being removed from the HI Service.  <u>Note:</u> A HPI-O requires an RO or an OMO at all times. The process to remove an RO or an OMO therefore, must occur simultaneously with the ‘Add RO or Seed OMO’ process, or at a later stage.</li> </ol>
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### 3.5.1 Use Case Sub-process – Add RO or Seed OMO

<b>Process Name</b>	Add RO or Seed OMO
<b>Role</b>	Responsible Officer (RO)
<b>Purpose</b>	Link new RO or OMO to a HPI-O.
<b>Derivation</b>	<a href="#">UC.105 – Maintain RO or Seed OMO</a>
<b>Outline</b>	<p>To link a new Responsible Officer (RO) or Organisation Maintenance Officer (OMO) to a Healthcare Provider Organisation (HPI-O).</p> <p>A new RO or OMO may need to be registered within the HI Service, if they don't already exist, so they can be linked. They may also request a digital credential to facilitate the online communication between themselves and other healthcare providers.</p> <p>Completed forms along with certified documents, need to be provided to the HI Service to complete the linking process.</p>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• RO added to the HPI-O within the HI Service</li> <li>• RO linked to the HPI-O</li> <li>• OMO added to the HPI-O within the HI Service</li> <li>• OMO linked to the HPI-O</li> </ul>

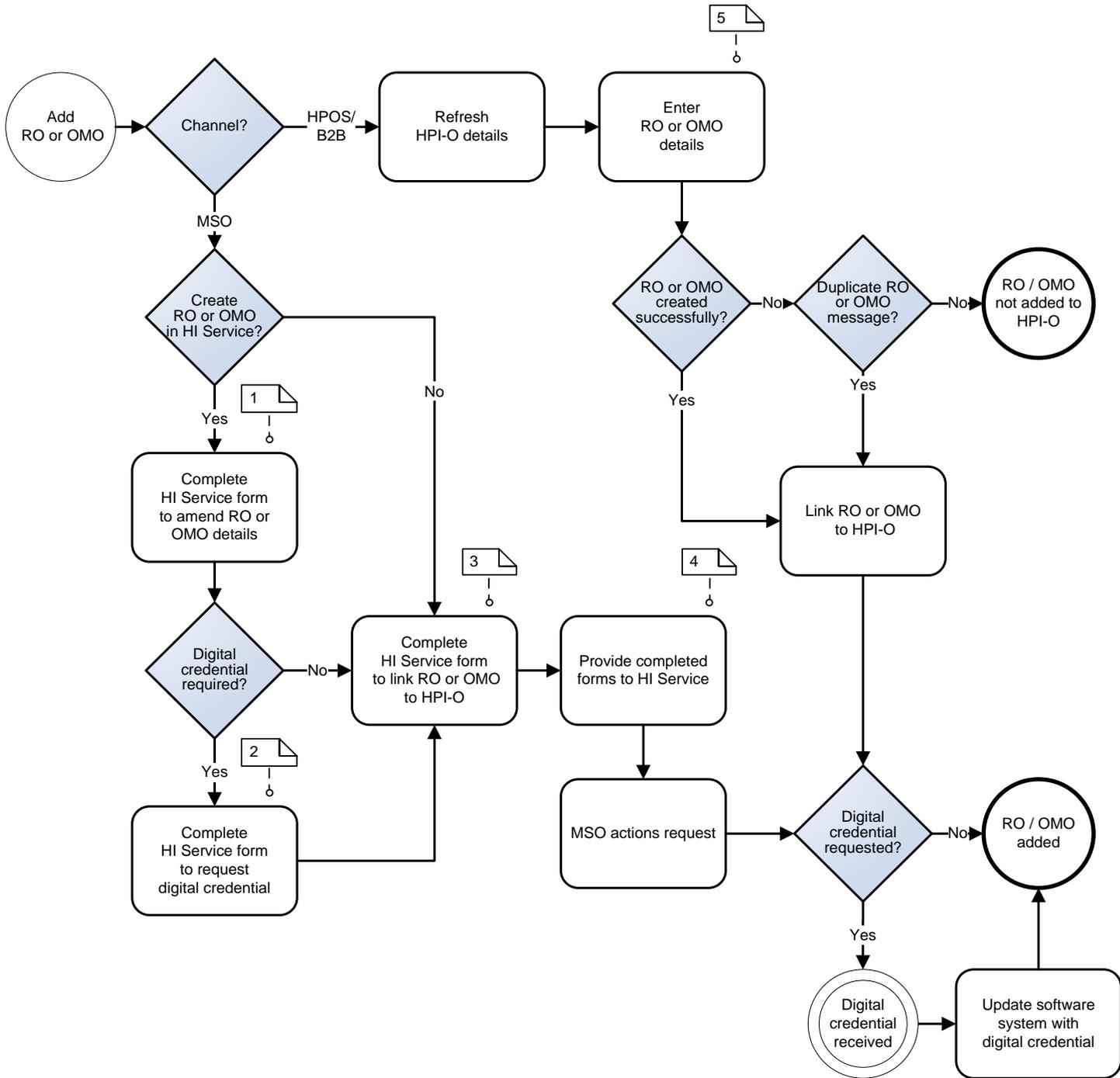


Figure 53 - Add RO or seed OMO

<b>Notes</b>	<p>1. Refer to the HI Service forms:</p> <ul style="list-style-type: none"> <li>○ "Application to amend a Responsible Officer or Organisation Maintenance Officer personal information"<sup>9</sup>.</li> <li>○ "Application to replace a Responsible Officer or add an additional Organisation Maintenance Officer for a Seed Organisation and/or register a Seed Organisation"<sup>10</sup>.</li> </ul> <p>To register a RO or OMO the following details are required:</p> <ul style="list-style-type: none"> <li>➤ Applicant details: <ul style="list-style-type: none"> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul> </li> <li>➤ Details that may be added through this process are: <ul style="list-style-type: none"> <li>• Personal details</li> <li>• Address details</li> <li>• Contact details</li> </ul> </li> </ul> <p>2. Refer to the HI Service form "Application to request a new or update an existing PKI Certificate"<sup>11</sup>.</p> <p><u>Note:</u></p> <p>A RO or OMO may also apply for a digital credential to facilitate the online communication between themselves and other healthcare providers. The same details are required here, as those, for registering an RO or OMO in the previous step.</p> <p>3. Refer to the HI Service form "Application to link or unlink a Responsible Officer or Organisation Maintenance Officer to or from an Organisation"<sup>12</sup>.</p> <p>To link a RO or OMO to a Seed HPI-O, the following details are required:</p> <ul style="list-style-type: none"> <li>➤ Applicant details: <ul style="list-style-type: none"> <li>• RO or OMO number</li> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address (Business and Postal)</li> <li>• Phone number</li> </ul> </li> <li>➤ Organisation details:</li> </ul>
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<sup>9</sup> Form number - 2791.02.09.10

<sup>10</sup> Form number - 2711.19.10.10

<sup>11</sup> Form number - 3054.02.09.10

<sup>12</sup> Form number - 2998.02.09.10

	<ul style="list-style-type: none"><li>• HPI-O number</li><li>• Organisation name</li><li>➤ RO details:<ul style="list-style-type: none"><li>• RO number (if known)</li><li>• Title</li><li>• Family name</li><li>• Given name(s)</li><li>• Address (Business)</li><li>• Phone number</li></ul></li><li>➤ OMO details:<ul style="list-style-type: none"><li>• OMO number (if known)</li><li>• Title</li><li>• Family name</li><li>• Given name(s)</li><li>• Address (Business)</li><li>• Phone number</li></ul></li></ul> <p>4. Upon completion of forms, all the relevant documentation needs to be provided to the HI Service for processing:</p> <ul style="list-style-type: none"><li>• RO Evidence of Identity (EOI) for new RO's</li><li>• Documentary evidence of authority to act on behalf of the HPI-O</li></ul> <p>5. This function is available through the HPOS channel. Details required to be entered here would be the same as those available at "1" and "2".</p>
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### 3.5.2 Use Case Sub-process – Remove RO or Seed OMO

<b>Process Name</b>	Remove RO or Seed OMO
<b>Role</b>	Responsible Officer (RO)
<b>Purpose</b>	Remove link between an existing RO or OMO and a Seed HPI-O.
<b>Derivation</b>	UC.105 – Maintain RO or Seed OMO
<b>Outline</b>	<p>To remove a link between an existing Responsible Officer (RO) or Organisation Maintenance Officer (OMO) and a Healthcare Provider Organisation (HPI-O).</p> <p>The existing RO or OMO may also remove their personal details from the HI Service.</p> <p>Completed forms, need to be provided to the HI Service to complete the process of removing the link between an existing RO or OMO and a HPI-O.</p>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>RO is registered within the HI Service</li> <li>RO is linked to a HPI-O</li> <li>OMO is registered within the HI Service</li> <li>OMO linked to a HPI-O</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>RO link to HPI-O removed</li> <li>RO details updated within the HI Service</li> <li>OMO link to HPI-O removed</li> <li>OMO details updated within HI Service</li> </ul>

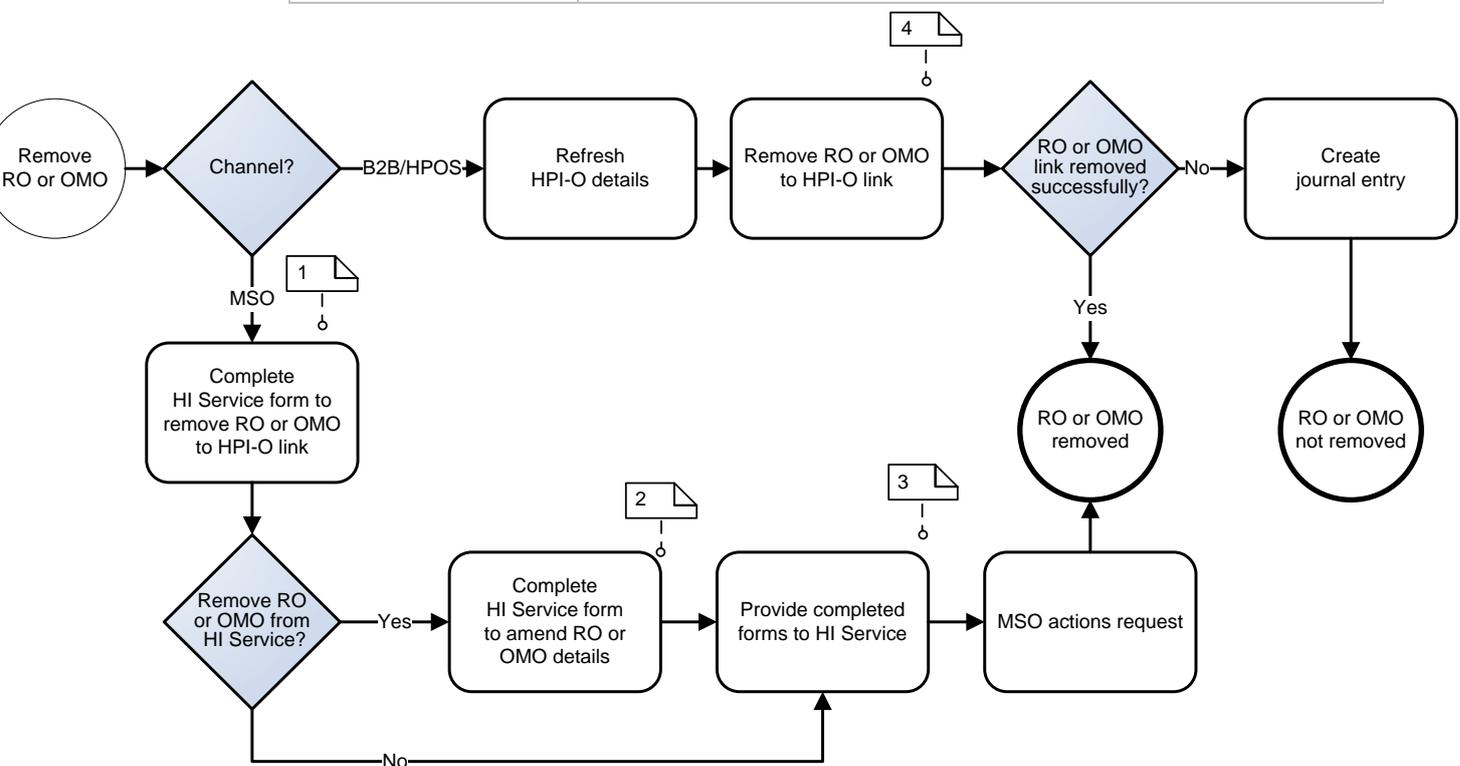


Figure 54 - Remove RO or seed OMO

<p><b>Notes</b></p>	<p>1. Refer to the HI Service form "Application to link or unlink a Responsible Officer or Organisation Maintenance Officer to or from an Organisation"<sup>13</sup>.</p> <p>To remove, the link between an existing RO or OMO and a HPI-O, the following details are required:</p> <ul style="list-style-type: none"> <li>➤ Applicant details: <ul style="list-style-type: none"> <li>• RO or OMO number</li> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address (Business and Postal)</li> <li>• Phone number</li> </ul> </li> <li>➤ Organisation details: <ul style="list-style-type: none"> <li>• Organisation HPI-O number</li> <li>• Organisation name</li> </ul> </li> <li>➤ RO details: <ul style="list-style-type: none"> <li>• RO number (if known)</li> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address (Business)</li> <li>• Phone number</li> </ul> </li> <li>➤ OMO details: <ul style="list-style-type: none"> <li>• OMO number (if known)</li> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address (Business)</li> <li>• Phone number</li> </ul> </li> </ul> <p>2. Refer to the HI Service forms:</p> <ul style="list-style-type: none"> <li>○ "Application to amend a Responsible Officer or Organisation Maintenance Officer personal information"<sup>14</sup>.</li> <li>○ "Application to replace a Responsible Officer or add an additional Organisation Maintenance Officer for a Seed Organisation and/or register a Seed Organisation"<sup>15</sup>.</li> </ul> <p>To remove a RO the following details are required:</p> <ul style="list-style-type: none"> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul>
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<sup>13</sup> Form number - 2998.02.09.10

**Notes**

To remove a RO the following details are required:

- Title
- Family name
- Given name(s)
- Address (Business and Postal)
- Contact details

To remove a OMO the following details are required:

- OMO number (if known)
- Title
- Family name
- Given name(s)
- Address (Business)
- Phone number

3. Upon completion of forms, all the relevant documentation needs to be provided to the HI Service for processing:
  - Documentary evidence of their authority to act on behalf of the HPI-O.
4. Details required to be entered here would be the same as those available at "1".

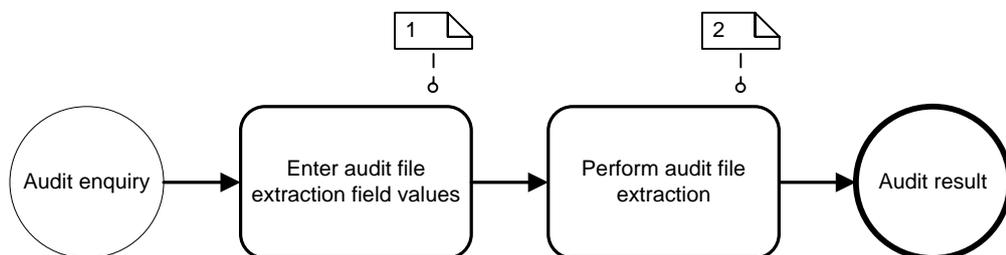
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<sup>14</sup> Form number - 2791.02.09.10

<sup>15</sup> Form number - 2711.19.10.10

### 3.6 UC.120 – Software system audit log enquiries

<b>Use Case #</b>	UC.120
<b>Use Case Name</b>	Software system audit log enquiries
<b>Role</b>	Organisation Maintenance Officer (OMO)
<b>Purpose</b>	To extract information relating to Individual Healthcare Identifier (IHI) transactions, from the software system audit files.
<b>Outline</b>	<p>To obtain, an extract of information relating to actions on an IHI, from the software system audit log file is created using a defined set of input criteria.</p> <p>The set of input criteria is a matter of local policy, which will include as a minimum the criteria listed in the conformance points.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• The health service(s) is/are identified and the HI Service requests the IHI transaction history of a patient record from the health service identifying the date range of the transactions.</li> <li>• The health service conducts an internal audit of the patient record to ascertain IHI transaction history and the authorised employee(s) engaged in the transactions.</li> <li>• The health service investigates the transaction history to determine whether any transactions have been unauthorised.</li> <li>• The outcomes of the audit, and the investigation, are communicated to the HI Service who will respond to the patient audit inquiry.</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Audit file extraction complete</li> </ul>

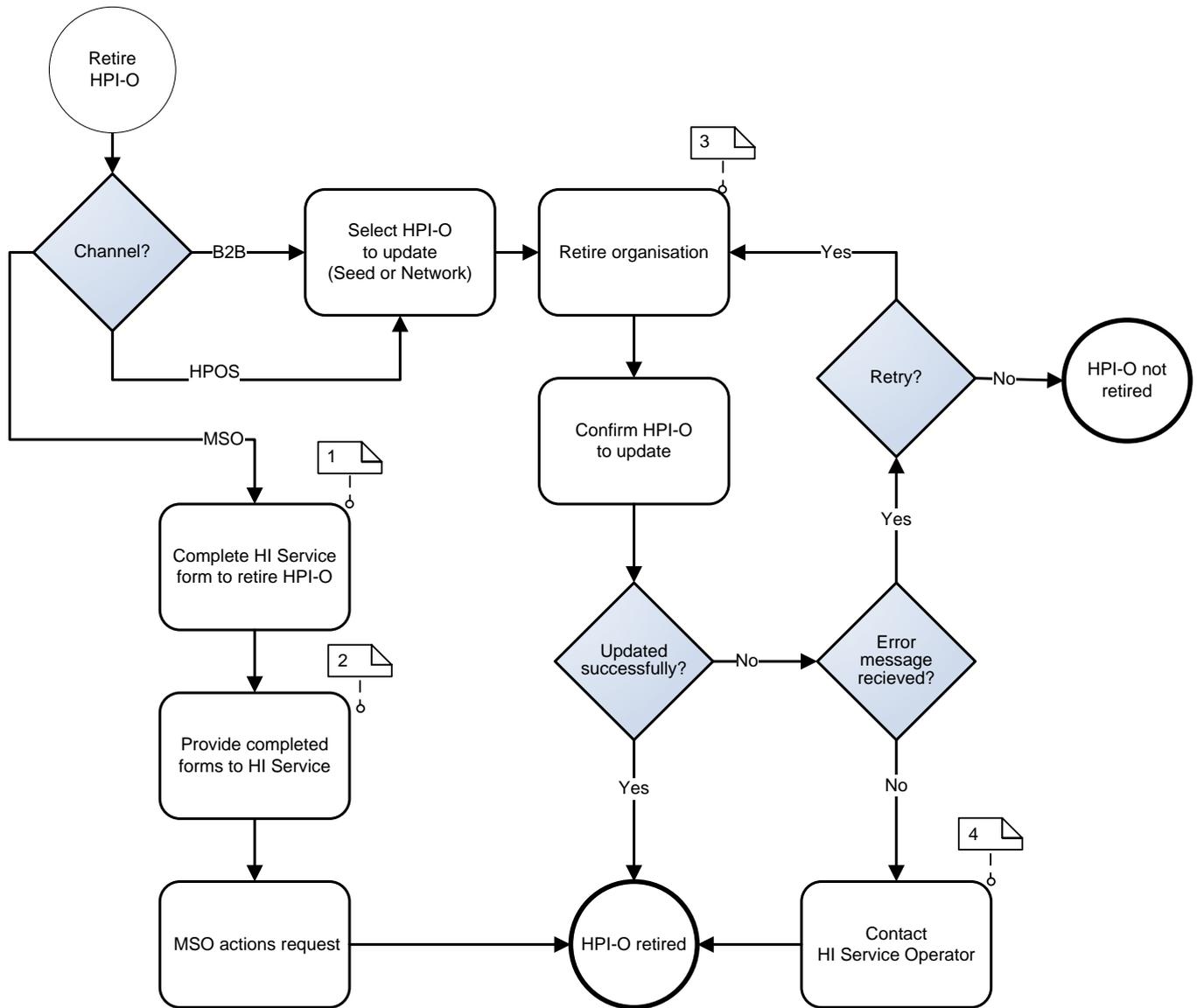


**Figure 55 - UC.120 - Software system audit log enquiries**

<b>Notes</b>	<p>1. A combination of the following input search parameters may be selected, for an audit file extraction:</p> <ul style="list-style-type: none"> <li>• A patient's unit record number (URN) in the local software system</li> <li>• A patient's Individual Healthcare Identifier (IHI) number</li> <li>• HPI-I number</li> <li>• HPI-O number</li> <li>• Seed or Network</li> <li>• Start and end date for the extraction</li> <li>• Authorised Employee(s) – Username or Userid(s)</li> </ul> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>○ <u>It is expected that the OMO, of a HPI-O will know the access controls used by an Authorised Employees within their organisation, to logon to software system.</u></li> </ul> <p>2. For all <u>HI Service transactions</u>, the audit log results shall include the following information:</p> <ul style="list-style-type: none"> <li>• Patient IHI</li> <li>• Date and time of activity</li> <li>• Individual IHI action start and end date/time</li> <li>• Bulk IHI action start and end date/time</li> <li>• Authorised Employee(s) - Userid(s) - (HI User)</li> <li>• Name of authorised user initiating any message to HI Service (if different to accessing record)</li> <li>• HPI-I of user if available</li> <li>• HPI-O of location initiating request to HI Service</li> <li>• Action against IHI: e.g. Search/check/update/refresh/edit</li> <li>• System date/time of assigning IHI (filling field) or manual entry to IHI field.</li> </ul> <p>For all other transactions, the audit log results should include following information:</p> <ul style="list-style-type: none"> <li>• Patient URN</li> <li>• Patient IHI</li> <li>• Transaction type: Discharge, Referral etc.</li> <li>• Date/time of activity</li> <li>• Bulk IHI action start end time/date</li> <li>• Authorised Employee(s) - Userid(s) - (HI User)</li> <li>• Name of authorised user initiating any message to HI Service (if different to accessing record)</li> <li>• HPI-I of user if available</li> <li>• HPI-O of location initiating request to HI Service</li> <li>• Action against IHI: e.g. search/check/update/refresh/edit</li> <li>• System date/time of assigning IHI (filling field) or manual entry to IHI field.</li> </ul> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>○ The format and layout of an audit log report, is subject to local policy.</li> </ul>
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### 3.7 UC.290 – Retire HPI-O

<b>Use Case #</b>	UC.290
<b>Use Case Name</b>	Retire HPI-O
<b>Role</b>	Responsible Officer (RO) Organisation Maintenance Officer (OMO)
<b>Purpose</b>	To retire a Healthcare Provider Organisation's (HPI-O) record from the HI Service.
<b>Outline</b>	<p>When a Healthcare Provider Organisation (HPI-O) permanently ceases to operate as a business entity, the status of the HPI-O record needs to be set to 'Retired' within the HI Service.</p> <p>A 'Retired' status means that the HPI-O will no longer be active in the HI Service and will be unable to undertake activities via the Healthcare Provider Organisation (HPI-O) record.</p> <p>Any subordinate HPI-Os, associated HPI-I to HPI-O links, including related entries in the HI Service Healthcare Provider Directory (HPD) will also be 'Retired'.</p> <p>The HPI-O record and the digital credential will not be useable in an operational context within the HI Service.</p> <p><u>Note:</u> A HPI-O (Seed or Network) that has been 'Retired' may not be 'Reactivated'.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A Seed or Network HPI-O permanently ceases to operate as a business entity</li> <li>• A Seed or Network HPI-O elects to no longer participate in the HI Service</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• A Seed or Network HPI-O exists within the HI Service</li> <li>• A Seed or Network HPI-O does not have a status of 'Retired'</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• A Seed or Network HPI-O has a 'Retired' status within the HI Service</li> </ul>



**Figure 56 – UC.290 – Retire HPI-O**

<p><b>Notes</b></p>	<p>1. Refer to the HI Service form “Application to deactivate, reactivate or retire a Healthcare Organisation record”<sup>16</sup>.</p> <p><u>Note:</u> The applicant must be an individual within the same organisational hierarchy, linked at an equal level as the organisation being deactivated or reactivated during this process.</p> <p>To ‘Retire’ a Seed HPI-O, the following details are required:</p> <ul style="list-style-type: none"> <li>➤ Applicant details:             <ul style="list-style-type: none"> <li>• RO number (if known)</li> <li>• Title</li> </ul> </li> </ul>
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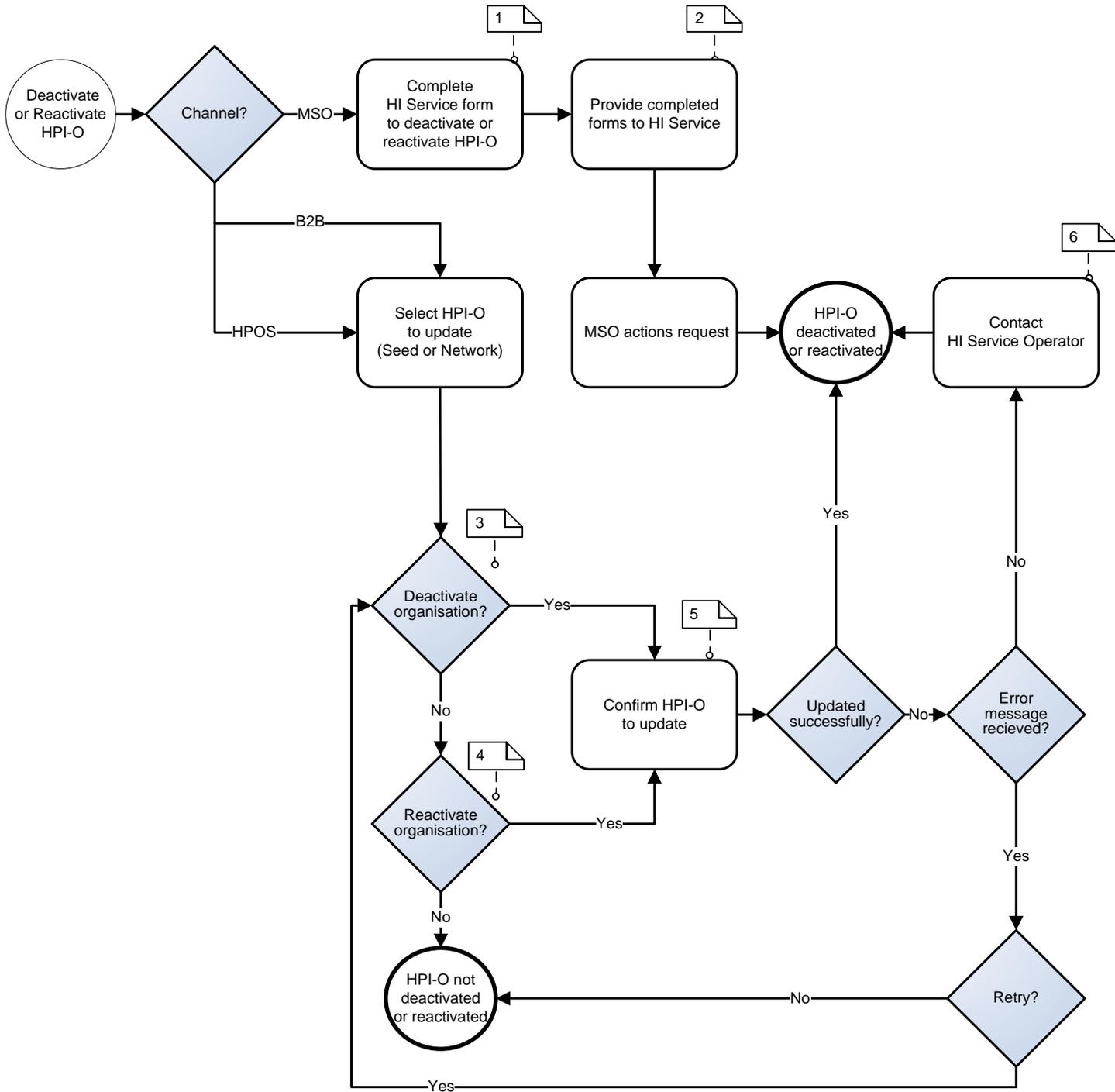
<sup>16</sup> Form number - 3000.02.09.10

	<ul style="list-style-type: none"> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address</li> <li>• Phone number</li> </ul> <p>➤ Organisation details:</p> <ul style="list-style-type: none"> <li>• Organisation HPI-O number</li> <li>• Organisation name</li> <li>• Date of effect</li> <li>• Retirement reason</li> </ul> <p>To 'Retire' a Network HPI-O, the following details are required:</p> <p>➤ Applicant details:</p> <ul style="list-style-type: none"> <li>• RO/OMO number (if known)</li> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address</li> <li>• Phone number</li> </ul> <p>➤ Organisation details:</p> <ul style="list-style-type: none"> <li>• Organisation HPI-O number</li> <li>• Organisation name</li> <li>• Date of effect</li> <li>• Retirement reason</li> </ul> <p>2. Upon completion of forms, all relevant documentation needs to be provided to the HI Service for processing.</p> <p>3. When a HPI-O is displayed, the RO or OMO will be asked to select a HPI-O (Seed or Network) and indicate whether the HPI-O is to be 'Retired' (deactivated permanently).</p> <p><u>Note:</u></p> <p>A status of 'Deactivated' means that the HPI-O record and the digital credential for the HPI-O will no longer be useable in an operational context within the HI Service. Access to the HI Service Healthcare Provider Directory (HPD) will also be removed.</p> <p>If a status 'Retired' (deactivated permanently) is applied to a Seed or Network HPI-O record within the HI Service, the status will also be automatically applied to all associated Network HPI-O's registered under the organisational hierarchy.</p> <p>4. If an attempt to 'Retire' a HPI-O via the B2B or HPOS channel is unsuccessful, the RO or OMO should contact the HI Service Operator to action the request.</p>
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### 3.8 UC.295 - Deactivate or Reactivate HPI-O

<b>Use Case #</b>	UC.295
<b>Use Case Name</b>	Deactivate or Reactivate HPI-O
<b>Role</b>	Responsible Officer (RO) Organisation Maintenance Officer (OMO)
<b>Purpose</b>	To deactivate or reactivate a Seed or Network Healthcare Provider Organisation's HPI-O record from the HI Service.
<b>Outline</b>	<p>If a Seed or Network Healthcare Provider Organisation (HPI-O) temporarily ceases to operate as a business entity or elects to no longer participate in the HI Service, the status of the HPI-O record, needs to be set to 'Deactivated' within the HI Service.</p> <p>A HPI-O record may be 'Reactivated' when a previously 'Deactivated' HPI-O (Seed or Network), would like to participate in the HI Service again.</p> <p>The HPI-O number originally allocated to the Seed or Network HPI-O will be retained, for the 'Reactivated' HPI-O and the HI Service will also enable the permissions for the digital credential for the 'Reactivated' Seed or Network HPI-O.</p> <p>If a status of 'Deactivated' is applied to a HPI-O record within the HI Service, the status will also be automatically applied to all associated HPI-O's registered under the organisational hierarchy.</p> <p>All associated Healthcare Provider Identifier Individual (HPI-I), Responsible Officer (RO) and Organisation Maintenance Officer (OMO) records, will however, remain linked for the Seed or Network HPI-O.</p> <p>If a status of 'Reactivate' is applied to a HPI-O record within the HI Service, the RO or OMO who is linked and authorised to act on behalf of the organisation will have to apply the status manually to all associated HPI-O's under the Seed or Network HPI-O's hierarchy.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A Seed or Network HPI-O temporarily ceases to operate as a business entity</li> <li>• A Seed or Network HPI-O elects to no longer participate in the HI Service</li> <li>• A Seed or Network HPI-O would like to participate in the HI Service again</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Seed or Network HPI-O exists within the HI Service</li> <li>• Seed or Network HPI-O does not have a status of 'Retired'</li> <li>• Seed or Network HPI-O has a status of 'Active' (to deactivate)</li> <li>• Seed or Network HPI-O has a status of 'Deactivated'</li> </ul>

	(to reactivate)
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>Seed or Network HPI-O has a 'Active' status within the HI Service</li> <li>Seed or Network HPI-O has a 'Deactivated' status within the HI Service</li> </ul>



**Figure 57 - UC.295 - Deactivate or reactivate HPI-O**

**Notes**

1. Refer to the HI Service form "Application to deactivate, reactivate or retire a Healthcare Organisation record"<sup>17</sup>.

Note:

If a Seed HPI-O is being updated i.e. 'Deactivated' or 'Reactivated' from the HI Service, the applicant can only be the Responsible Officer (RO) responsible for the organisation.

If a Network HPI-O is being updated i.e. 'Deactivated' or 'Reactivated' from the HI Service, the applicant must be an Organisation Maintenance Officer (OMO) responsible for the organisation.

- ❖ To 'Deactivate' a Seed or Network HPI-O, it must have a status of 'Active'.
- ❖ To 'Reactivate' a Seed or Network HPI-O, it must have a status of 'Deactivated'.

To 'Deactivate' or 'Reactivate' a Seed HPI-O, the following details that are required for the request are:

- Applicant details:
  - RO number (if known)
  - Title
  - Family name
  - Given name(s)
  - Address
  - Phone number
- Organisation details:
  - Organisation HPI-O number
  - Organisation name
  - Date of effect
  - Reason for organisation record update (Deactivate or Reactivate)
- HI Service Healthcare Provider Directory (HPD) display details:
  - ❖ Only required if a Seed HPI-O is being 'Reactivated'.

To 'Deactivate' or 'Reactivate' a Network HPI-O, the following details that are required for the request are:

- Applicant details:
  - OMO number (if known)
  - Title
  - Family name
  - Given name(s)
  - Address
  - Phone number

<sup>17</sup> Form number - 3000.02.09.10

- Organisation details:
  - Organisation HPI-O number
  - Organisation name
  - Date of effect
  - Reason for organisation record update (Deactivate or Reactivate)
- HI Service Healthcare Provider Directory (HPD) display details
  - ❖ Only required if a Network HPI-O is being 'Reactivated'.

2. Upon completion of forms, all relevant documentation needs to be provided to the HI Service for processing.

3. When a Seed or Network HPI-O is displayed, the RO or OMO will be asked to indicate whether the Seed or Network HPI-O is to be 'Deactivated' temporarily.

Note:

A status of 'Deactivated' means that the HPI-O record and the digital credential for the Seed or Network HPI-O will no longer be useable in an operational context within the HI Service. Access to the HI Service Healthcare Provider Directory (HPD) will also be removed.

4. A HPI-O record may be manually 'Reactivated' when a previously 'Deactivated' Seed or Network HPI-O, would like to participate in the HI Service again.

5. If a status of 'Deactivated' is applied to a Seed or Network HPI-O record within the HI Service, the status will also be automatically applied to all associated Network HPI-O's registered under the organisational hierarchy.

Note:

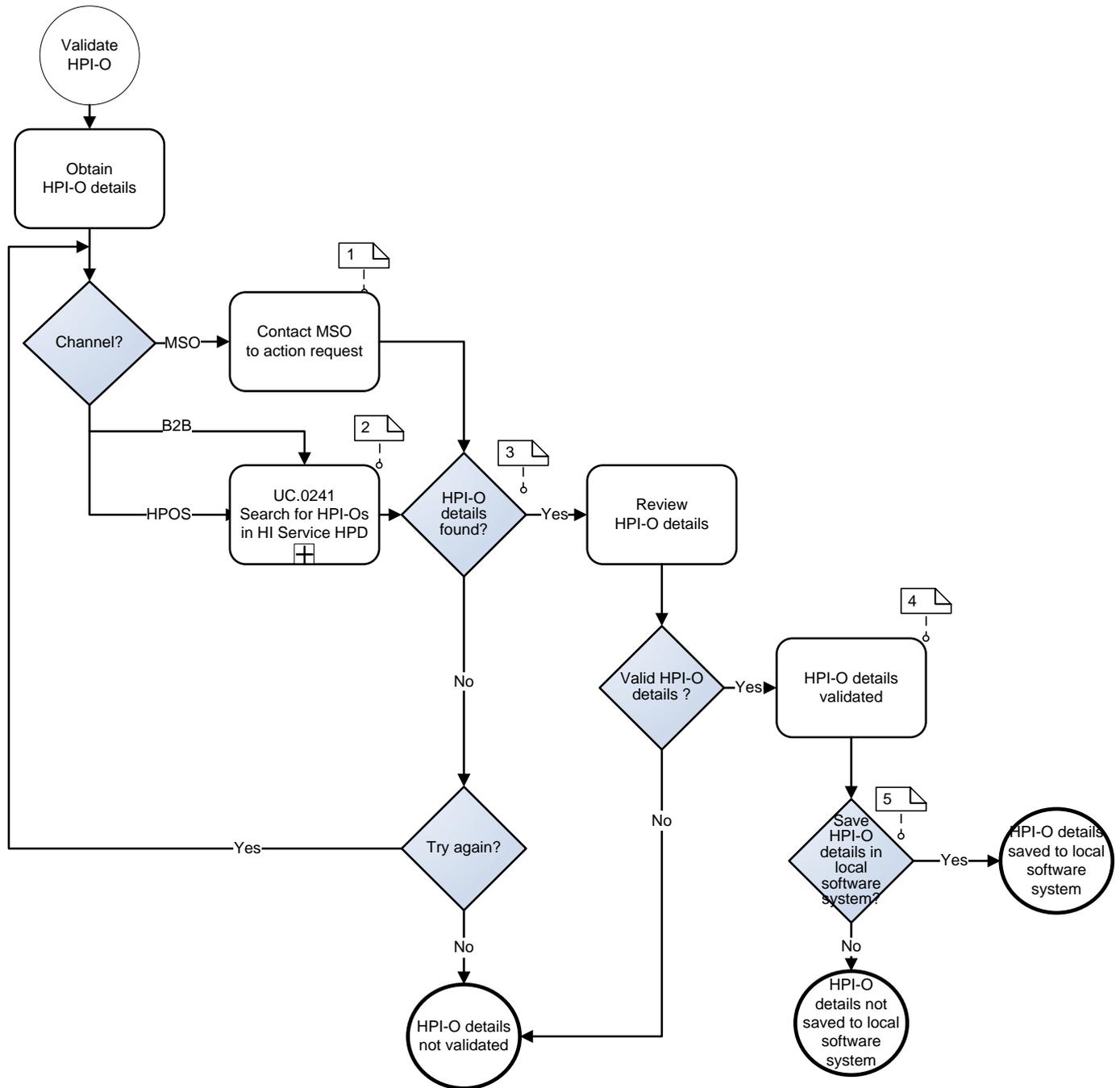
All associated Healthcare Provider Identifier Individual (HPI-I), Responsible Officer (RO) and Organisation Maintenance Officer (OMO) records will however, remain linked for the Seed or Network Healthcare Provider Organisation (HPI-O).

If a status of 'Reactivate' is applied to a HPI-O record within the HI Service, the RO or OMO who is linked and authorised to act on behalf of the organisation will have to apply the status manually to all associated HPI-O's under the Seed or Network HPI-O's hierarchy.

6. If an attempt to 'Deactivate' or 'Reactivate' a HPI-O via the B2B or HPOS channel is unsuccessful, the RO or OMO should contact the HI Service Operator to action the request.

### 3.9 UC.305 – Validate HPI-O

<b>Use Case #</b>	UC.305
<b>Use Case Name</b>	Validate HPI-O
<b>Role</b>	Responsible Officer (RO) Organisation Maintenance Officer (OMO)
<b>Purpose</b>	For an RO or OMO of a Seed or Network Healthcare Provider Identifier Organisation (HPI-O) to obtain and validate the details of another Healthcare Provider Identifier Organisation (HPI-O).
<b>Outline</b>	<p>➤ To enable an RO or OMO that is linked and authorised to act on behalf of a Seed or Network Healthcare Provider Identifier Organisation (HPI-O) to obtain and validate with the HI Service the details of another Seed or Network Healthcare Provider Identifier Organisation (HPI-O).</p> <p>Healthcare Provider Identifier Organisation (HPI-O) details include:</p> <ul style="list-style-type: none"> <li>• HPI-O number or</li> <li>• Healthcare Provider Organisation name</li> </ul>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• An RO or OMO of a Seed or Network HPI-O wants to validate the details of another HPI-O</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• RO and OMO is registered with the HI Service</li> <li>• RO or OMO is linked and authorised to act on behalf of a Seed or Network Healthcare Provider Identifier Organisation (HPI-O)</li> <li>• HPI-O is registered within the HI Service</li> <li>• HPI-O is linked to a Seed or Network HPI-O</li> <li>• HPI-O number is known</li> <li>• Healthcare Provider Organisation name is known</li> <li>• HPI-O details published in the HI Service HPD</li> <li>• HPI-O search criteria is known</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-O details have been validated with the HI service</li> <li>• HPI-O record found in the HI Service HPD</li> <li>• View HPI-O record details</li> </ul>



**Figure 58 – UC.305 – Validate HPI-O**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. A RO or OMO that is linked and authorised to act on behalf of a Seed or Network HPI-O can contact the HI Service via the MSO channel, to validate the details of another Healthcare Provider Identifier Organisation (HPI-O).</li> </ol> <p>The following information will be required as a minimum:</p> <ul style="list-style-type: none"> <li>➤ Healthcare Provider Identifier Organisation (HPI-O): <ul style="list-style-type: none"> <li>• HPI-O number or</li> <li>• Healthcare Provider Organisation name</li> </ul> </li> </ul> <ol style="list-style-type: none"> <li>2. An RO or OMO can also validate the details of another Healthcare Provider Identifier Organisation (HPI-O) by performing a search within HI Service Healthcare Provider Directory (HPD) provided that the HPI-O has published their details within the HI Service HPD.</li> <li>3. HPI-O record details from the HI Service will either be provided or displayed to the RO or OMO of the Seed or Network HPI-O.</li> </ol>
<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>4. Any HPI-O record, found within the HI Service with a 'Active' or 'Deactivated' status can be validated by a RO or OMO and will include the following information : <ul style="list-style-type: none"> <li>• HPI-O number</li> <li>• Status</li> <li>• Organisation name</li> <li>• Organisation details</li> <li>• Organisation service</li> <li>• Address (Business, Mailing or Postal)</li> <li>• Electronic Communication Details</li> </ul> <p><u>Note:</u> Any HPI-O record with a 'Retired' status of will not be returned or displayed if a search is performed, within the HI Service.</p> </li> <li>5. An RO or OMO can save a HPI-O number and details within their local software system.</li> </ol>

## 4 Organisation Maintenance Officer

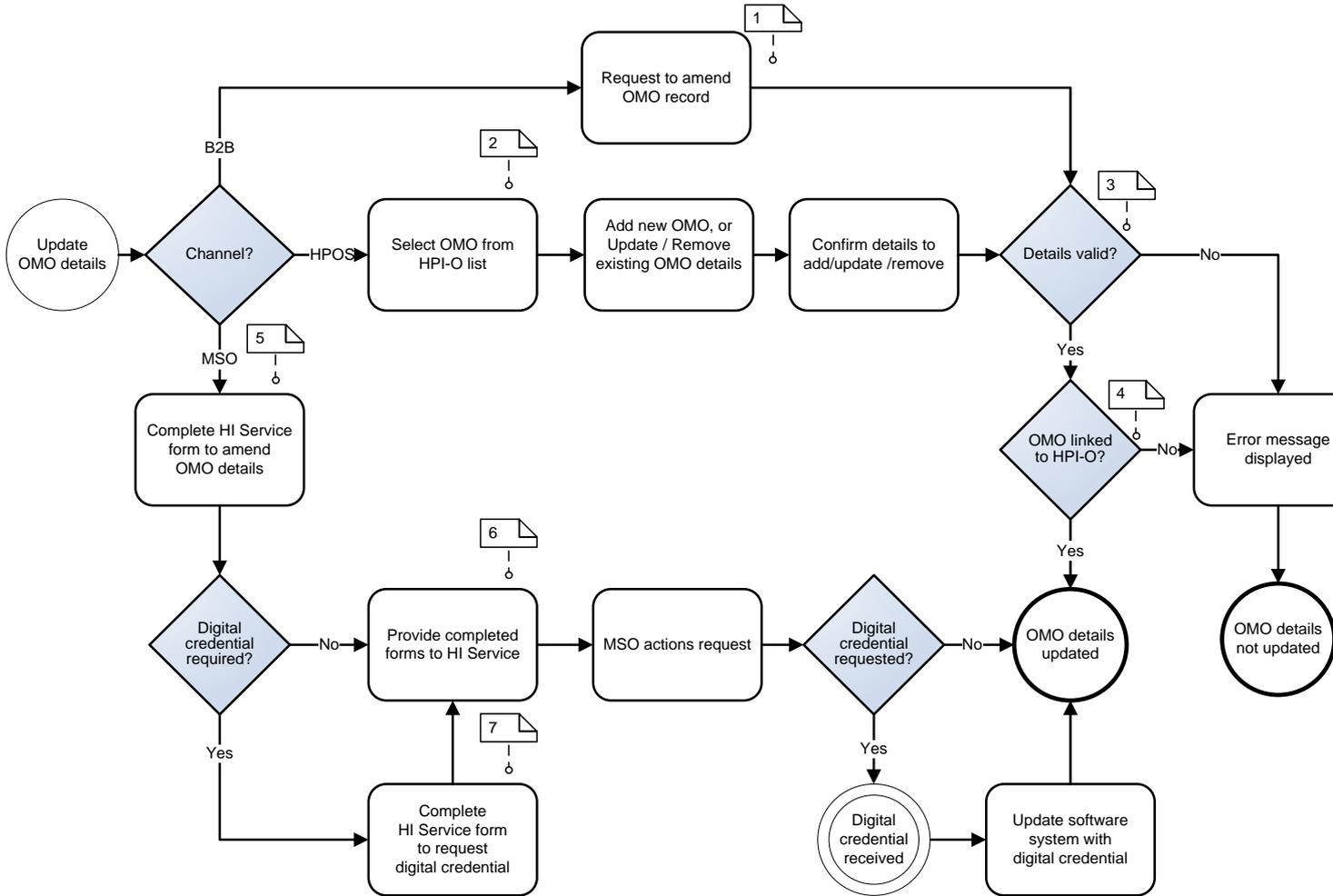
The Organisation Maintenance Officer (OMO) role is defined as an individual, who is required at the 'Seed' level to manage the security and access controls for all 'Authorised Employees' of a healthcare organisation. In addition to this, the 'Organisation Maintenance Officer' is required to obtain consent from all healthcare provider individuals wanting to participate in the HI Service and publish their personal details in the HI Service Healthcare Provider Directory (HPD).

The 'Organisation Maintenance Officer' role may be associated with a position within the Human Resources department of a healthcare organisation and could form part of the induction of new health providers and management of any restructures and changes to employee positions and responsibilities.

Depending, on the size and service provision of a healthcare organisation the 'Organisation Maintenance Officer' may need to inform the HI Service Operator of any additional Organisation Maintenance Officer's for a healthcare organisation at a 'Network' level.

## 4.1 UC.125 – Maintain OMO details

<b>Use Case #</b>	UC.125
<b>Use Case Name</b>	Maintain OMO details
<b>Role</b>	Organisation Maintenance Officer (OMO)
<b>Purpose</b>	Amend an Organisation Maintenance Officer's (OMO) record within the Healthcare Identifiers (HI) Service or any OMO record they manage in their organisational hierarchy.
<b>Outline</b>	<p>For an Organisation Maintenance Officer (OMO) to amend a OMO record within the Healthcare Identifiers (HI) Service or any OMO record they manage in their organisational hierarchy i.e. Remove, add to or update.</p> <p>If the MSO channel is selected, completed forms need to be provided to the HI Service, for the OMO record to be updated within the HI Service.</p> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>❖ Any amendments, to an OMO's personal details (e.g. Name) will require the individual to provide Evidence of Identity or authenticate themselves; via the B2B or HPOS channel.</li> <li>❖ Multiple, Organisation Maintenance Officer's (OMO) can be linked to a HPI-O,</li> </ul>
<b>Occasions of Use</b>	<p>This use case may apply when:</p> <ul style="list-style-type: none"> <li>• The OMO has details that need to be recorded; including: <ul style="list-style-type: none"> <li>○ Creating a new OMO within your organisation hierarchy</li> <li>○ Specifying which name, address and communication details are preferred for use in correspondence</li> <li>○ Creating alternate names, addresses and communication details for an individual</li> <li>○ Updating existing names, addresses and communication details for an individual</li> <li>○ Notifying the HI Service of the death of an individual</li> <li>○ Requesting an updated/new digital credential</li> </ul> </li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• The OMO is registered in the HI Service</li> <li>• You already know the healthcare identifier of the individual record you are attempting to amend</li> <li>• You have obtained the external identifiers for any name, address and communication details you intend to update</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Details added within the HI Service for a new OMO for a HPI-O</li> <li>• Details updated/removed within the HI Service for an existing OMO for a HPI-O</li> <li>• HI Service notified of the death of an individual</li> <li>• If requested, the digital credential is received and updated into the software system</li> </ul>



**Figure 59 - UC.125 - Maintain OMO details**

Notes	
	<ol style="list-style-type: none"> <li>1. The request to amend an OMO record, should include, the OMO record number as well as the details that have to be updated within the HI Service.</li> <li>2. The OMO should select from the existing list of OMO’s directly linked to a Healthcare Provider Organisation (HPI-O). <u>Note:</u> Multiple, Organisation Maintenance Officer’s (OMO) can be linked to a HPI-O.</li> <li>3. The HI Service ensures that the request contains sufficient and valid data for the amendment of an OMO record. If the request contains insufficient or invalid data an error message is displayed.</li> <li>4. If the OMO record matches the OMO record number submitted in the request the HI Service checks to see if the requesting OMO (supplied by web service digital credential) is linked to a HPI-O and if the OMO record is not their own, it is in the levels below them that they manage, the OMO record is updated within the HI Service.</li> </ol>

	<p>5. The 'Application to amend a Responsible Officer or Organisation Maintenance Officer personal information'<sup>1</sup> form must be completed and the following information provided:</p> <ul style="list-style-type: none"> <li>➤ Applicant's details: <ul style="list-style-type: none"> <li>• OMO number (if known)</li> <li>• Title</li> <li>• Family Name</li> <li>• Given name(s)</li> <li>• Date of birth</li> <li>• Address</li> <li>• Phone number</li> </ul> </li> </ul> <p>Details that may be removed, added or amended through this process include:</p> <ul style="list-style-type: none"> <li>➤ Personal details: <ul style="list-style-type: none"> <li>• Existing personal details</li> <li>• New personal details</li> </ul> </li> <li>➤ Address details (business and postal): <ul style="list-style-type: none"> <li>• Existing address details</li> <li>• New address details</li> </ul> </li> <li>➤ Contact details: <ul style="list-style-type: none"> <li>• Existing contact details</li> <li>• New contact details</li> </ul> </li> <li>➤ Deceased person's details: <ul style="list-style-type: none"> <li>• OMO number (if known)</li> <li>• Title</li> <li>• Family Name</li> <li>• Given name(s)</li> <li>• Date of death</li> <li>• Your (the applicant's) relationship to the deceased person</li> </ul> </li> </ul> <p>6. Refer to the HI Service form "Application to request a new or update an existing PKI Certificate"<sup>19</sup>.</p> <p>7. Upon completion of forms, all relevant documentation needs to be provided to the HI Service for processing.</p>
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<sup>1</sup> Form number - 2791.02.09.10

<sup>19</sup> Form number - 3054.02.09.10

## 4.2 UC.130 – Validate HPI-I

<b>Use Case #</b>	UC.130
<b>Use Case Name</b>	Validate HPI-I
<b>Role</b>	Responsible Officer (RO) Organisation Maintenance Officer (OMO)
<b>Purpose</b>	For an RO or OMO of a Seed or Network HPI-O to obtain and validate the details of a Healthcare Provider Identifier Individual (HPI-I), who is linked and authorised to provide healthcare services on behalf of an organisation.
<b>Outline</b>	<p>➤ To enable an RO or OMO that is linked and authorised to act on behalf of a Seed or Network Healthcare Provider Identifier Organisation (HPI-O) to obtain and validate with the HI Service the details provided by a Healthcare Provider Identifier Individual (HPI-I), who is linked and authorised to provide healthcare services on behalf of a Healthcare Provider Identifier Organisation (HPI-O).</p> <p>Healthcare Provider Identifier Individual (HPI-I) details include:</p> <ul style="list-style-type: none"> <li>• HPI-I number or</li> <li>• Family name</li> <li>• Given name(s)</li> </ul>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• An RO or OMO of a Seed or Network HPI-O wants to validate the details of a HPI-I, employed within a HPI-O</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• RO and OMO is registered with the HI Service</li> <li>• RO or OMO is linked and authorised to act on behalf of a Seed or Network Healthcare Provider Identifier Organisation (HPI-O)</li> <li>• HPI-I is registered directly through the HI Service</li> <li>• HPI-I is registered with the HI Service through AHPRA</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-I details have been validated with the HI service</li> </ul>

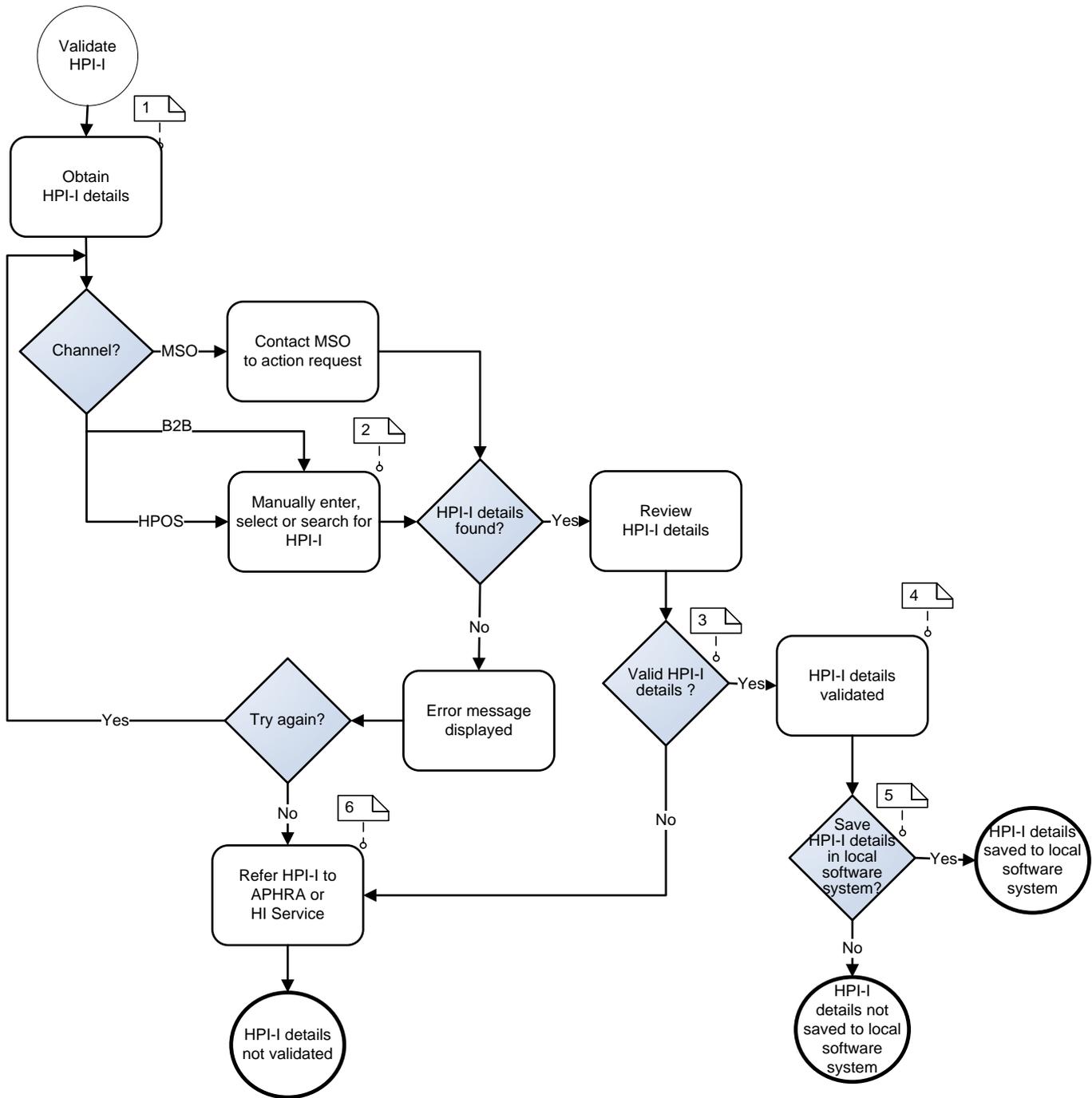


Figure 60 - UC.130 - Validate HPI-I

<b>Notes</b>	<ol style="list-style-type: none"><li>1. An RO or OMO, that is linked and authorised to act on behalf of a Seed or Network Healthcare Provider Identifier Organisation (HPI-O) shall obtain the following information below, to validate with the HI Service, the details provided by a HPI-I employed within their organisation:<ol style="list-style-type: none"><li>➤ Healthcare Provider Identifier Individual (HPI-I) details include:<ul style="list-style-type: none"><li>• HPI-I number;</li><li>• Family name</li><li>• Given name(s) or Preferred name (s)</li></ul></li></ol><p>Any additional information, required to further validate the details of a healthcare provider who is linked and authorised to provide healthcare services on behalf of a HPI-O is a matter of local policy.</p></li><li>2. To validate the details provided by HPI-I employed within a HPI-O, an RO or OMO can manually enter, perform a search or select the HPI-I details from the local software system via the B2B or HPOS channel, using only the HPI-I number.<p>Alternatively, the RO or OMO can perform a search for the HPI-I details within the HI Service HPD, provided that the HPI-I has published their details within the HI Service HPD.</p><p><b>Important Note:</b> A HPI-I number that has been manually entered by an RO or OMO should be subject to number integrity and check digit algorithm by the local software system.</p></li></ol>
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**Notes**

3. HPI-I record details from the HI Service will either be provided or displayed to the RO or OMO of the Seed or Network HPI-O.
4. Any HPI-I record, found within the HI Service with a 'Active' or 'Deactivated' status will contain the following information:
  - HPI-I number
  - Family name
  - Given name(s)
  - Preferred name (s)

Note:

- Any HPI-I record with a 'Retired' status will not be returned or displayed if a search is performed, within the HI Service.
5. An RO or OMO can save a HPI-I number that was manually entered within their local software system.

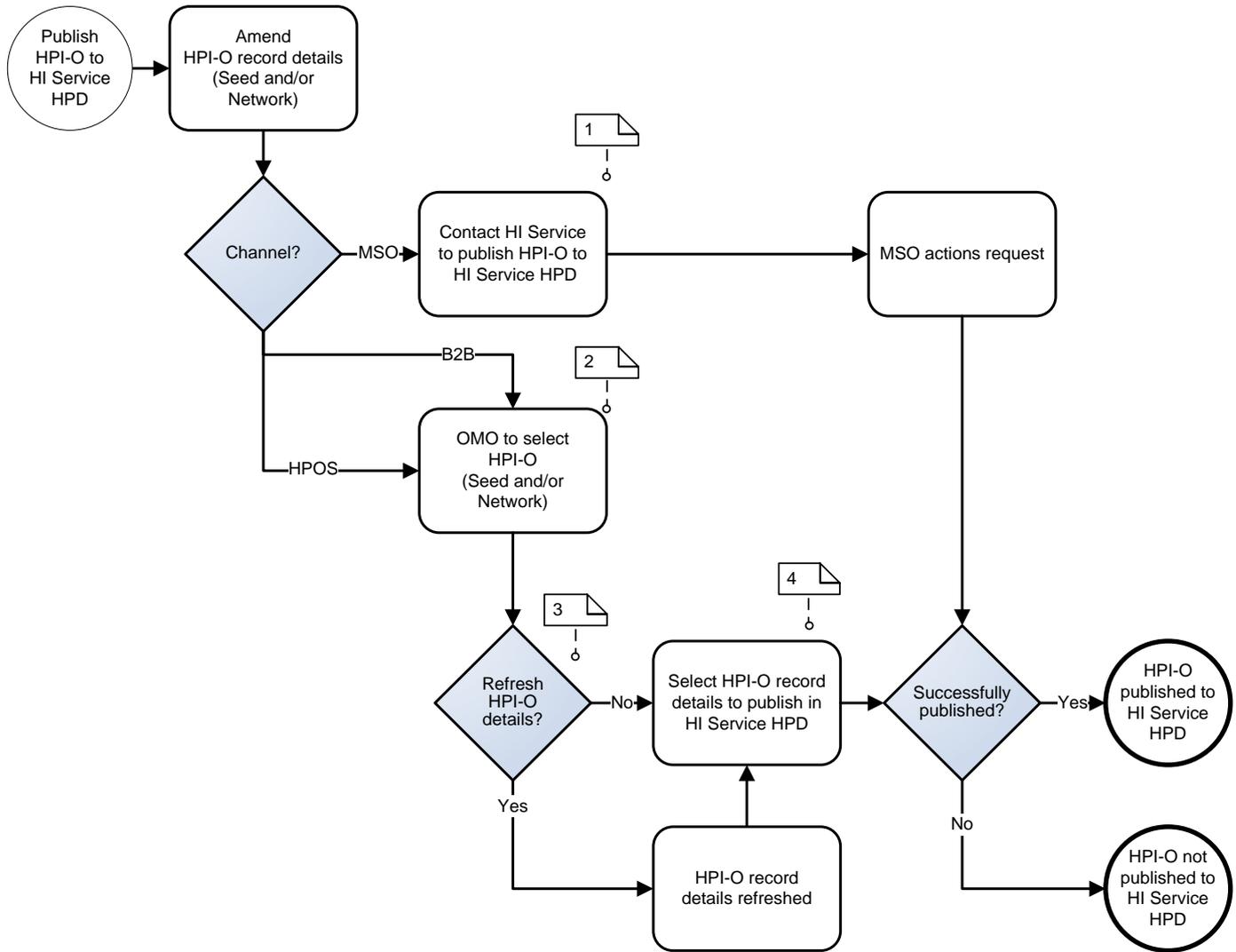
**Important Note:**

A HPI-I number that has been manually entered by an RO or OMO should be subject to number integrity and check digit algorithm by the local software system prior to being stored by the local software system.

6. If the details provided by the HPI-I employed within a Seed or Network HPI-O, are not found as part of a search that is being performed within the HI Service, or the details returned are invalid the RO or OMO should advise the HPI-I to contact the Australian Healthcare Practitioner Regulation Agency (AHPRA) or the HI Service.

### 4.3 UC.135 – Publish HPI-O to HI Service HPD

<b>Use Case #</b>	UC.135
<b>Use Case Name</b>	Publish HPI-O to HI Service HPD
<b>Role</b>	Organisation Maintenance Officer (OMO)
<b>Purpose</b>	For an OMO, who is linked and authorised to act on behalf of a Seed and/or Network Healthcare Provider Organisation (HPI-O) to publish the details of a Seed or Network HPI-O within the HI Service Healthcare Provider Directory (HPD).
<b>Outline</b>	<p>To enable an OMO, who is linked and authorised to act on behalf of a Seed and/or Network Healthcare Provider Organisation (HPI-O) to publish the details of the Seed or Network HPI-O within the HI Service Healthcare Provider Directory (HPD).</p> <p><u>Note:</u> A HI Service HPD entry is optional for a HPI-O that is successfully registered within the HI Service.</p> <p>Multiple HI Service HPD entries may be associated with a HPI-O record however; a HI Service HPD entry must be associated with only one HPI-O or HPI-I record (i.e. an entry may only have details relating to one record).</p> <p>A HI Service HPD entry may only be published to the HI Service HPD if the associated HPI-O record has no outstanding issues.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A new HPI-O has registered within the HI Service</li> <li>• A existing HPI-O has updated details</li> <li>• A existing HPI-O would like to change the settings or preferences within the HI Service HPD</li> </ul>
<b>Pre-conditions</b>	<ul style="list-style-type: none"> <li>• HPI-O is registered within the HI Service</li> </ul>
<b>Post-conditions</b>	<ul style="list-style-type: none"> <li>• HPI-O (new or updated) details, published within the HI Service HPD</li> </ul>

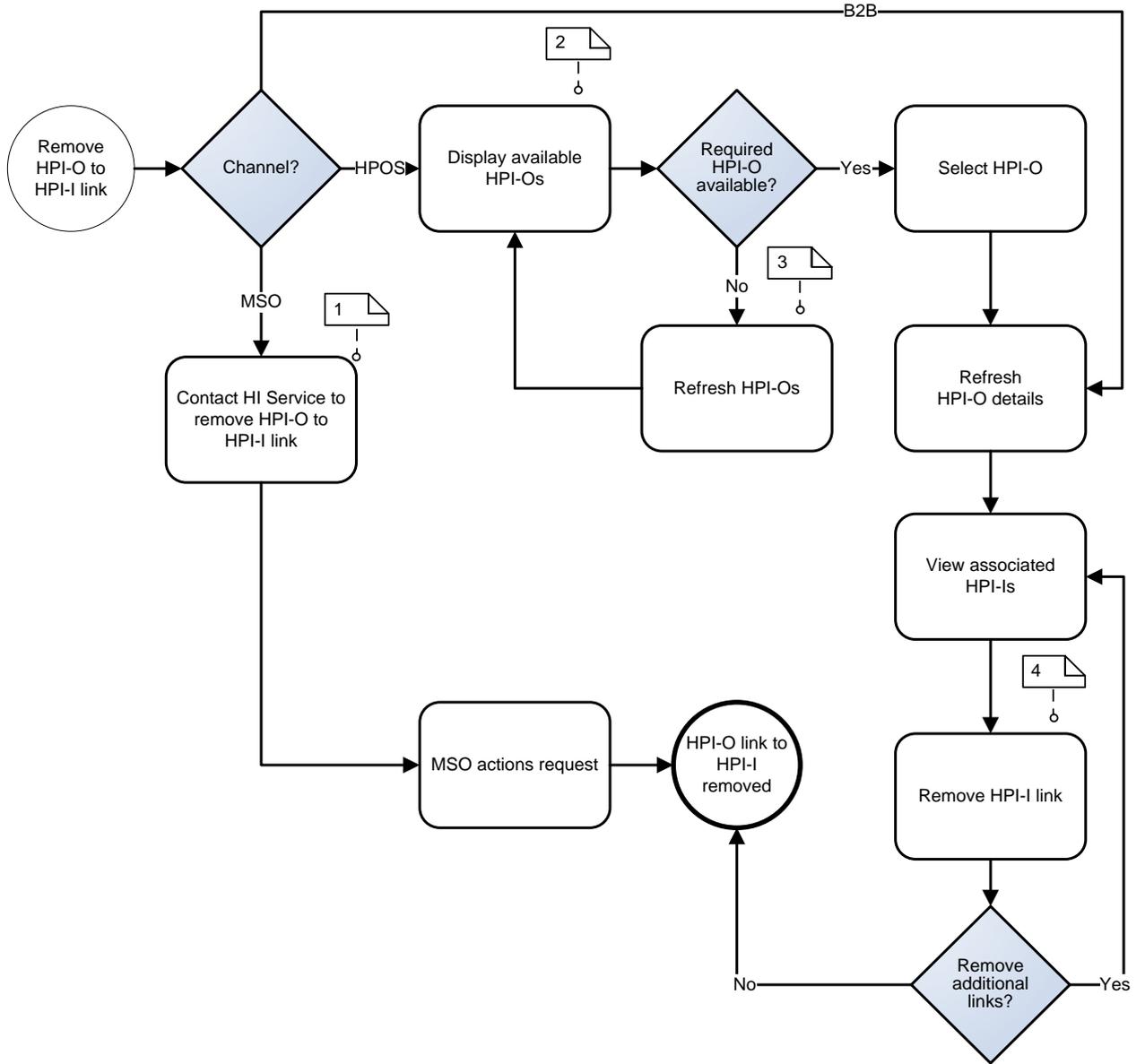


**Figure 61 - UC.135 - Publish HPI-O to HI Service HPD**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. An OMO who is linked and authorised to act on behalf of a Seed and/or Network Healthcare Provider Organisation (HPI-O) can contact the HI Service to have HPI-O details published within the HI Service HPD. <p><u>Note:</u> A HI Service HPD entry is optional for a HPI-O that is successfully registered within the HI Service.</p> <p>A HI HPD entry may only be published to the HI Service HPD if the associated HPI-O record has no outstanding issues.</p> </li> <li>2. Select HPI-O: <ul style="list-style-type: none"> <li>• A Seed OMO who is linked and authorised to act on behalf of an organisation, can select to publish the details of the Seed HPI-O or one or more, of their Network HPI-O's within the HI Service HPD, with the HPI-O record of the organisation to make the link from.</li> <li>• A Network OMO, who is linked and authorised to act on behalf of an organisation, can select to publish the details of the Network HPI-O or one or more of their Network HPI-O's, within the HI Service HPD, with the HPI-O record of the organisation to make the link from.</li> </ul> </li> <li>3. Performing the process, to refresh the HPI-O details would ensure the most current and up to date HPI-O details are available to be published to the HI Service HPD.</li> <li>4. An OMO will be able to select from a drop down list the HPI-O details they would like to publish, to the HI Service HPD. <p>A HPI-O's, HI Service HPD entry will consist of:</p> <ul style="list-style-type: none"> <li>• A single set of organisation name details (Mandatory)</li> <li>• A single set of address details (Mandatory)</li> <li>• Multiple sets of electronic communication details (Optional)</li> <li>• Multiple sets of organisation service details (Optional)</li> <li>• Multiple sets of ELS details (Optional)</li> <li>• A number to indicate the priority order for the entry - for display purposes (Mandatory)</li> <li>• A flag to denote whether the entry is visible in the HI Service HPD (Optional)</li> <li>• Additional comments (Optional)</li> </ul> </li> </ol>
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## 4.4 UC.145 – Remove HPI-O to HPI-I link

<b>Use Case #</b>	UC.145
<b>Use Case Name</b>	Remove HPI-O to HPI-I link
<b>Role</b>	Organisation Maintenance Officer (OMO)
<b>Purpose</b>	<p>For an OMO, who is linked and authorised to act on behalf of an healthcare organisation to remove the link between a Seed and/or Network Healthcare Provider Organisation (HPI-O) and a Healthcare Provider Identifier Individual (HPI-I), who no longer provides healthcare services to the HPI-O.</p> <p>Once, the link has been removed between a HPI-O and a HPI-I, the association between the two entities will no longer be displayed in the HI Service Healthcare Provider Directory (HPD).</p>
<b>Outline</b>	<p>To enable an OMO, who is linked and authorised to act on behalf of an organisation to remove the link between a Seed and/or Network Healthcare Provider Organisation (HPI-O) and a Healthcare Provider Identifier Individual (HPI-I).</p> <p>Removing, the link between the HPI-O and the HPI-I will result in an end date for the association, for the two entities, to retain history.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A HPI-I who has ceased employment and is no longer an authorised employee within the HPI-O</li> <li>• A HPI-I rescinds their permission to have their details published in the HI service HPD</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• A link exists between a HPI-O and a HPI-I</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Link between the HPI-O and HPI-I is removed</li> <li>• Association between the HPI-O and the HPI-I is no longer displayed in the HI Service HPD</li> </ul>



**Figure 62 - UC.145 - Remove HPI-O to HPI-I link**

<b>Notes</b>	<ol style="list-style-type: none"><li>1. An OMO who is linked and authorised to act on behalf of a Seed and/or Network Healthcare Provider Organisation (HPI-O) can contact the HI Service to have the link between the HPI-O and the HPI-I removed. <u>Note:</u> Once, the link has been removed between a HPI-O and a HPI-I, the association between the two entities will no longer be displayed in the HI Service Healthcare Provider Directory (HPD).</li><li>2. All the HPI-Os that the OMO is responsible for will be displayed.</li><li>3. Performing the process, to refresh the HPI-O details would ensure the most current and up to date HPI-O details are available.</li><li>4. Removing the HPI-I link, is available through the HPOS channel, from the Manage Providers function. Details required here would be the same as those available at "1".</li></ol>
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## 4.5 UC.150 – Register network HPI-O

<b>Use Case #</b>	UC.150
<b>Use Case Name</b>	Register Network HPI-O
<b>Role</b>	Organisation Maintenance Officer (OMO)
<b>Purpose</b>	To register a new Network Healthcare Provider Identifier Organisation (HPI-O) within the HI Service.
<b>Outline</b>	<p>For an Organisation Maintenance Officer (OMO) who is linked and authorised to act on behalf of a healthcare provider organisation, to register a new Network Healthcare Provider Identifier Organisation (HPI-O), within the HI Service and link the new Network HPI-O to either an existing Seed and/or another Network HPI-O.</p> <p>If the MSO channel is selected, the completed registration forms need to be provided to the HI Service to complete the registration process.</p> <p>A digital credential to facilitate the online communication between a healthcare provider organisation's' can be requested at the time of registration via the MSO channel.</p> <p>Once, a new Network HPI-O has been successfully registered with the HI Service, the OMO who is linked and has been authorised to act on behalf of the HPI-O can elect to display the organisations details in the HI Service Healthcare Provider Directory (HPD).</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A HPI-O (subsidiary of another HPI-O) has not yet been assigned a HPI-O</li> <li>• A new HPI-O has been acquired by a Seed or Network HPI-O<sup>20</sup></li> </ul>
<b>Pre-conditions</b>	<ul style="list-style-type: none"> <li>• A Seed or Network HPI-O has been created or already exists within the HI Service</li> <li>• A OMO is registered with the HI Service</li> <li>• A OMO is linked and authorised to act on behalf of the Seed or Network Healthcare Provider Organisation (HPI-O)</li> <li>• A OMO has been identified for the new Network HPI-O</li> </ul>
<b>Post-conditions</b>	<ul style="list-style-type: none"> <li>• Network HPI-O established within the HI Service</li> <li>• Network HPI-O details (if elected), published within the HI Service HPD</li> <li>• Network HPI-O is linked to a Seed or Network Healthcare Provider Identifier Organisation (HPI-O)</li> <li>• A OMO is linked and authorised to act on behalf of the new Network Healthcare Provider Identifier Organisation (HPI-O)</li> </ul>

<sup>20</sup> A HPI-O may either be a Seed HPI-O or a Network HPI-O, which has additional Network HPI-O's under the organisational hierarchy, also referred to as a Network HPI-O.

- Digital credential created and provided

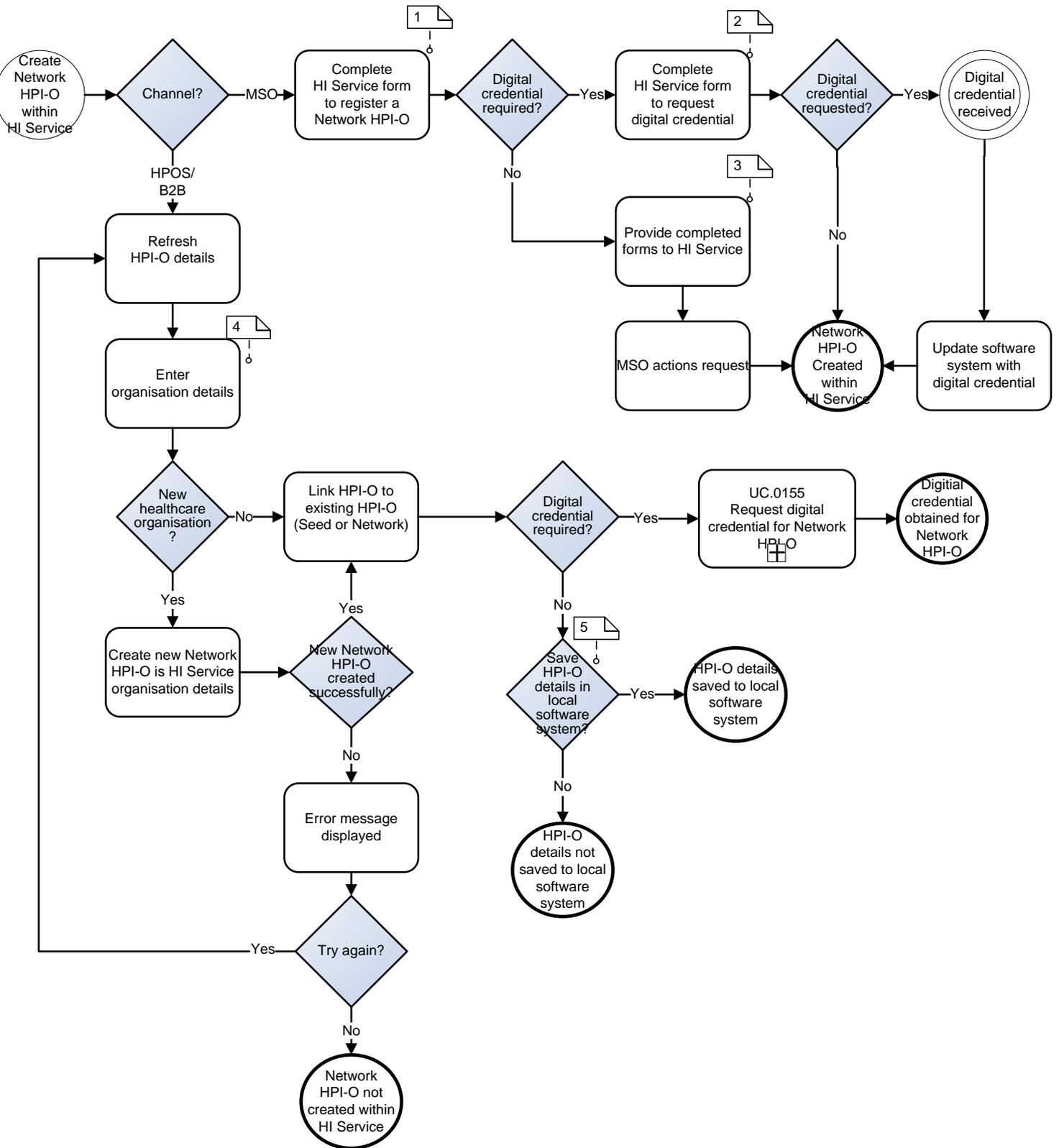


Figure 63 - UC.150 - Register Network HPI-O

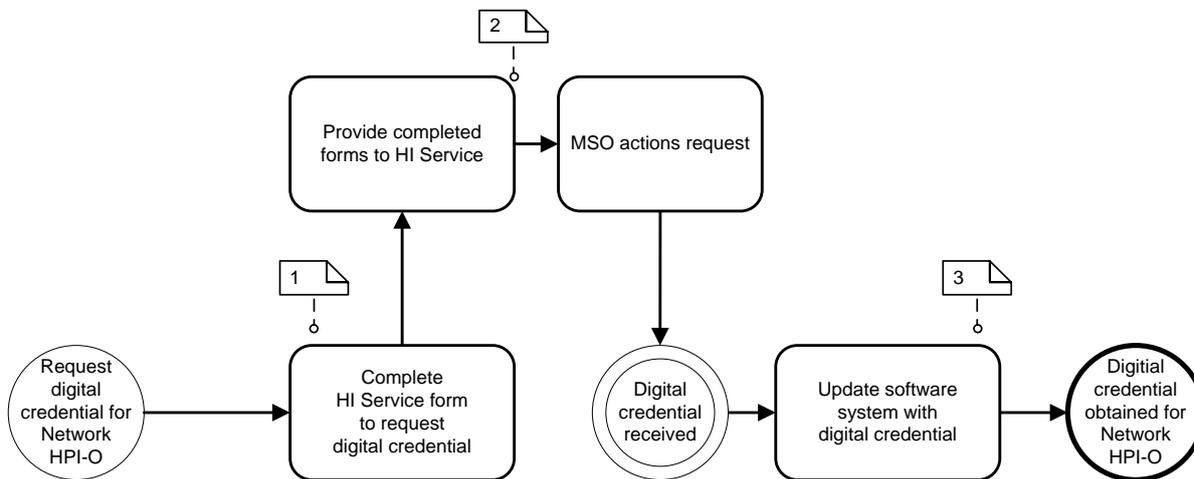
<p><b>Notes</b></p>	<p>1. Refer to the HI Service form "Application to register an Organisation Maintenance Officer for a Network Organisation and/or register a Network Organisation"<sup>21</sup>.</p> <p>To register a Network HPI-O the following details are required:</p> <ul style="list-style-type: none"> <li>➤ Applicants details: <ul style="list-style-type: none"> <li>• OMO number</li> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Suffix</li> <li>• Address (Business and Postal)</li> </ul> </li> <li>➤ Network Organisation details: <ul style="list-style-type: none"> <li>• Organisation name</li> <li>• ABN/ACN/Other</li> <li>• Services provided</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul> </li> <li>➤ Linked to organisation details: <ul style="list-style-type: none"> <li>• Existing HPI-O number</li> <li>• Organisation name</li> </ul> </li> </ul> <p>An Organisation Maintenance Officer (OMO) who is linked and authorised to act on behalf of a healthcare provider organisation may apply for a digital certificate for the new healthcare provider organisation to facilitate the exchange of data through online communication channels (known as a digital credential).</p> <p>An Organisation Maintenance Officer (OMO) may also elect for the new HPI-O details (or a portion thereof) to be published in the HI Service HPD.</p> <p>2. Refer to the same form used at "1".</p> <p>3. Upon completion of forms, all the relevant documentation needs to be provided to the HI Service for processing.</p> <p>4. This function is available through the HPOS channel. Details required to be entered here would be the same as those available at "1" and "2".</p>
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<sup>21</sup> Form number - 2849.02.09.10

	<p>5. The OMO can save the newly created Network Healthcare Provider Identifier Organisation (HPI-O) number and details within the local software system.</p> <p>Important Note: A HPI-O number that has been manually entered by an OMO should be subject to number integrity and check digit algorithm by the local software system prior to being be stored by the local software system.</p>
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## 4.6 UC.155 – Request digital credential for network HPI-O

<b>Use Case #</b>	UC.155
<b>Use Case Name</b>	Request digital credential for Network HPI-O
<b>Role</b>	Organisation Maintenance Officer (OMO)
<b>Purpose</b>	<p>For an individual who is linked and authorised to act on behalf of an organisation to obtain a new digital credential for a Network Healthcare Provider Organisation (HPI-O) through the HI Service.</p> <p>The digital credential will allow the Network HPI-O to interact with the HI Service and also provide authentication to facilitate the online communication between the Network HPI-O and other healthcare providers.</p>
<b>Outline</b>	To enable an OMO who is linked and authorised to act on behalf of an organisation, to request a digital credential for a Network HPI-O, registered within the HI Service.
<b>Occasions of Use</b>	<p>An example of use is when:</p> <ul style="list-style-type: none"> <li>• An OMO has previously registered a Network HPI-O with the HI Service however, did not request a digital credential, and has now determined a digital credential is required.</li> <li>• A new digital credential is required to provide authentication of the HPI-O for electronic health messages.</li> <li>• An updated digital credential is required to provide authentication of the HPI-O for electronic health messages.</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Digital credential does not already exist, for a Network HPI-O</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Digital credential received and updated into software system</li> </ul>



**Figure 64 - UC.155 - Request digital credential for network HPI-O**

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. Refer to the HI Service form "Application to request a new or update an existing PKI Certificate"<sup>22</sup>.  The details that are required for the request are:             <ul style="list-style-type: none"> <li>➤ Organisation details:                 <ul style="list-style-type: none"> <li>• Organisation name</li> <li>• HPI-O number</li> </ul> </li> <li>➤ Contact name (this would be the OMO):                 <ul style="list-style-type: none"> <li>• OMO number</li> <li>• Title</li> <li>• Family name</li> <li>• Given names(s)</li> <li>• Suffix</li> <li>• Address (Business and Postal)</li> <li>• Contact details</li> </ul> </li> </ul> </li> <li>2. Upon completion of forms, all the relevant documentation needs to be provided to the HI Service for processing.</li> <li>3. Once, the Network HPI-O receives the digital credential from the HI Service, the software system should be updated to store the digital credential for the use in online communications.</li> </ol>
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<sup>22</sup> Form number - 3054.02.09.10

## 4.7 UC.160 – Register OMO for Network HPI-O

<b>Use Case #</b>	UC.160
<b>Use Case Name</b>	Register OMO for Network HPI-O
<b>Role</b>	Organisation Maintenance Officer (OMO)
<b>Purpose</b>	For an individual who is linked and authorised to act on behalf of an organisation to register a new Organisation Maintenance Officer (OMO) for a Network Healthcare Provider Organisation (HPI-O) within the HI Service and link the new OMO to an existing Network HPI-O, if linking is required.
<b>Outline</b>	<p>To enable an OMO who is linked and authorised to act on behalf of an organisation to register a new OMO for a Network HPI-O within the HI Service and link the new OMO to an existing Network HPI-O, if linking is required.</p> <p>If the MSO channel is selected, completed forms need to be provided to the HI Service for the HPI-O and OMO records to be updated within the HI Service.</p> <p>The new OMO may request a digital credential to facilitate the online communication between themselves and other healthcare providers.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A additional or new OMO is required to be linked to a Network HPI-O</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• Network HPI-O exists in the HI Service</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• OMO for a Network HPI-O has been registered within the HI Service</li> <li>• OMO linked to the Network HPI-O</li> </ul>

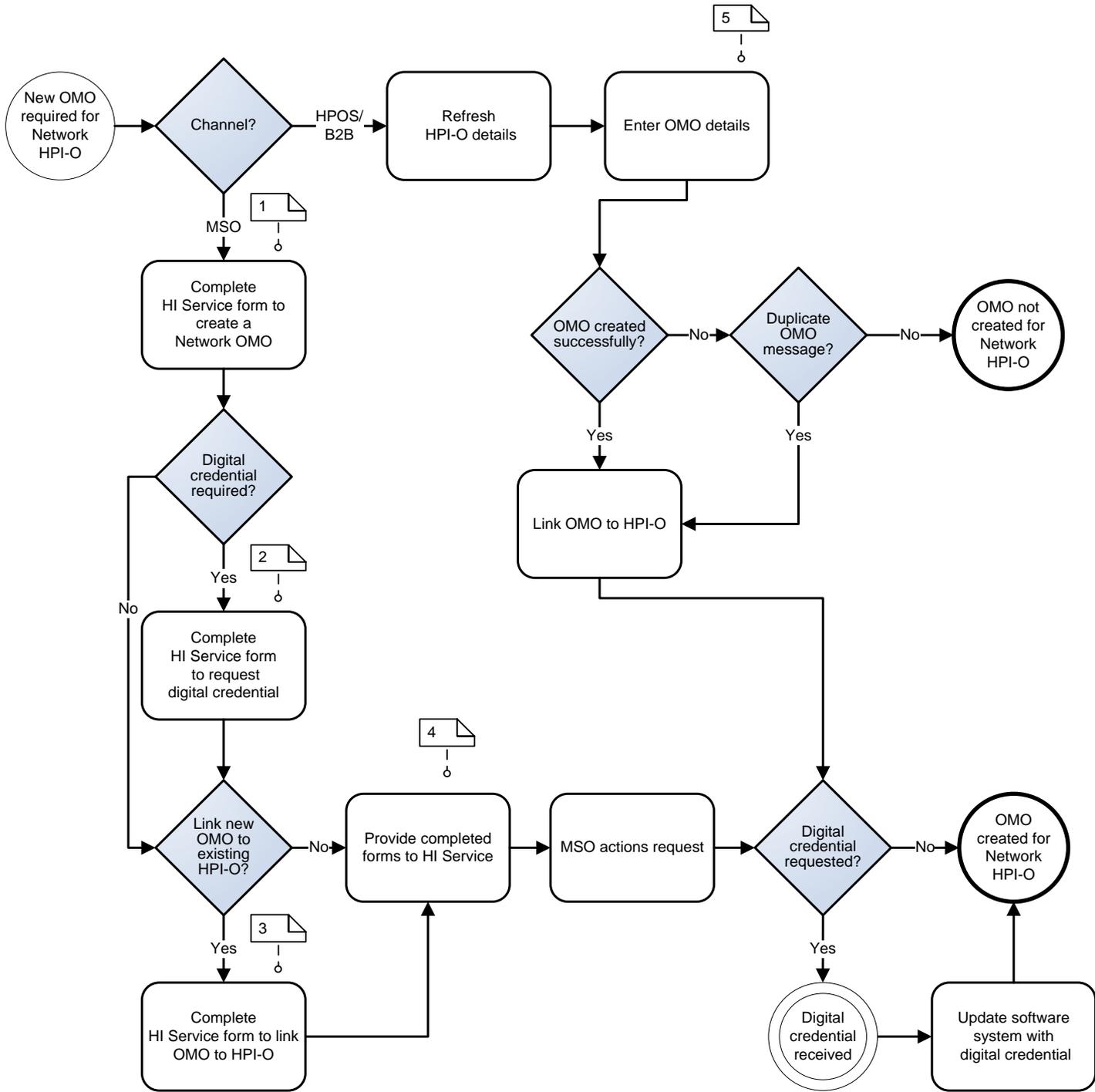


Figure 65 - UC.160 - Register OMO for network HPI-O

<b>Notes</b>	<ol style="list-style-type: none"><li>1. Refer to the HI Service form "Application to register an Organisation Maintenance Officer for a Network Organisation and/or register a Network Organisation"<sup>23</sup>.  The details that are required for the request are:<ul style="list-style-type: none"><li>➤ Applicant details:<ul style="list-style-type: none"><li>• OMO number</li><li>• Title</li><li>• Family name</li><li>• Given name(s)</li><li>• Suffix</li><li>• Address</li></ul></li><li>➤ OMO registration details:<ul style="list-style-type: none"><li>• Title</li><li>• Family name</li><li>• Given name(s)</li><li>• Suffix</li><li>• Address (Business and postal)</li><li>• Contact Details</li></ul></li></ul></li><li>2. Refer to the same form used at "1".</li><li>3. Refer to the same form used at "1".<ul style="list-style-type: none"><li>➤ To link an OMO the following details are required:<ul style="list-style-type: none"><li>• HPI-O number</li><li>• Organisation name</li></ul></li></ul></li><li>4. Upon completion of forms, all the relevant documentation needs to be provided to the HI Service for processing.</li><li>5. This function is available through the HPOS channel. Details required to be entered here, would be the same as those available at "1", "2" and "3".</li></ol>
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<sup>23</sup> Form number - 2849.02.09.10

## 4.8 UC.175 – Link HPI-I to HPI-O

<b>Use Case #</b>	UC.175
<b>Use Case Name</b>	Link HPI-I to HPI-O
<b>Role</b>	Organisation Maintenance Officer (OMO)
<b>Purpose</b>	<p>For an OMO who is linked and authorised to act on behalf of a healthcare organisation, to link a Healthcare Provider Identifier Individual (HPI-I) to a Seed and/or Network Healthcare Provider Organisation (HPI-O).</p> <p>The HPI-I must be an authorised employee of a HPI-O and provide consent to the OMO of a Seed and/or Network HPI-O, prior to the OMO creating a link between the HPI-I and the HPI-O.</p> <p>Once a link has been established between a HPI-I and a HPI-O, the HPI-I's details will be displayed in the HI Service Healthcare Provider Directory (HPD).</p> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>❖ The manner in which the consent is obtained by an OMO, who is linked and authorised to act on behalf of an organisation, is a matter of local policy. An example, may include obtaining written consent from the HPI-I or consent forms part of the HPI-I's terms and conditions employment contract with a HPI-O.</li> </ul>
<b>Outline</b>	For an OMO to create a link between a HPI-I and a Seed and/or Network HPI-O.
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A HPI-I commences employment with a HPI-O</li> <li>• A HPI-I would like the association with the HPI-O, published within the HI Service HPD</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• The HPI-I is registered within the HI Service</li> <li>• HPI-I details published within the HI Service HPD</li> <li>• HPI-I provides authorisation to the HPI-O to establish a link between them<sup>24</sup></li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-I is linked to the HPI-O</li> <li>• If the HPI-I has a visible entry in the HI Service HPD and has elected to show all associated organisations, the relationship between the HPI-I and the HPI-O is represented in the HI Service HPD</li> </ul>

<sup>24</sup> An OMO can only establish a link between the two entities (HPI-I and HPI-O) if the HPI-I has provided consent to create a link and publish their provider details in the HI Service HPD. The manner in which the consent is obtained by a HPI-O is a matter of local policy.

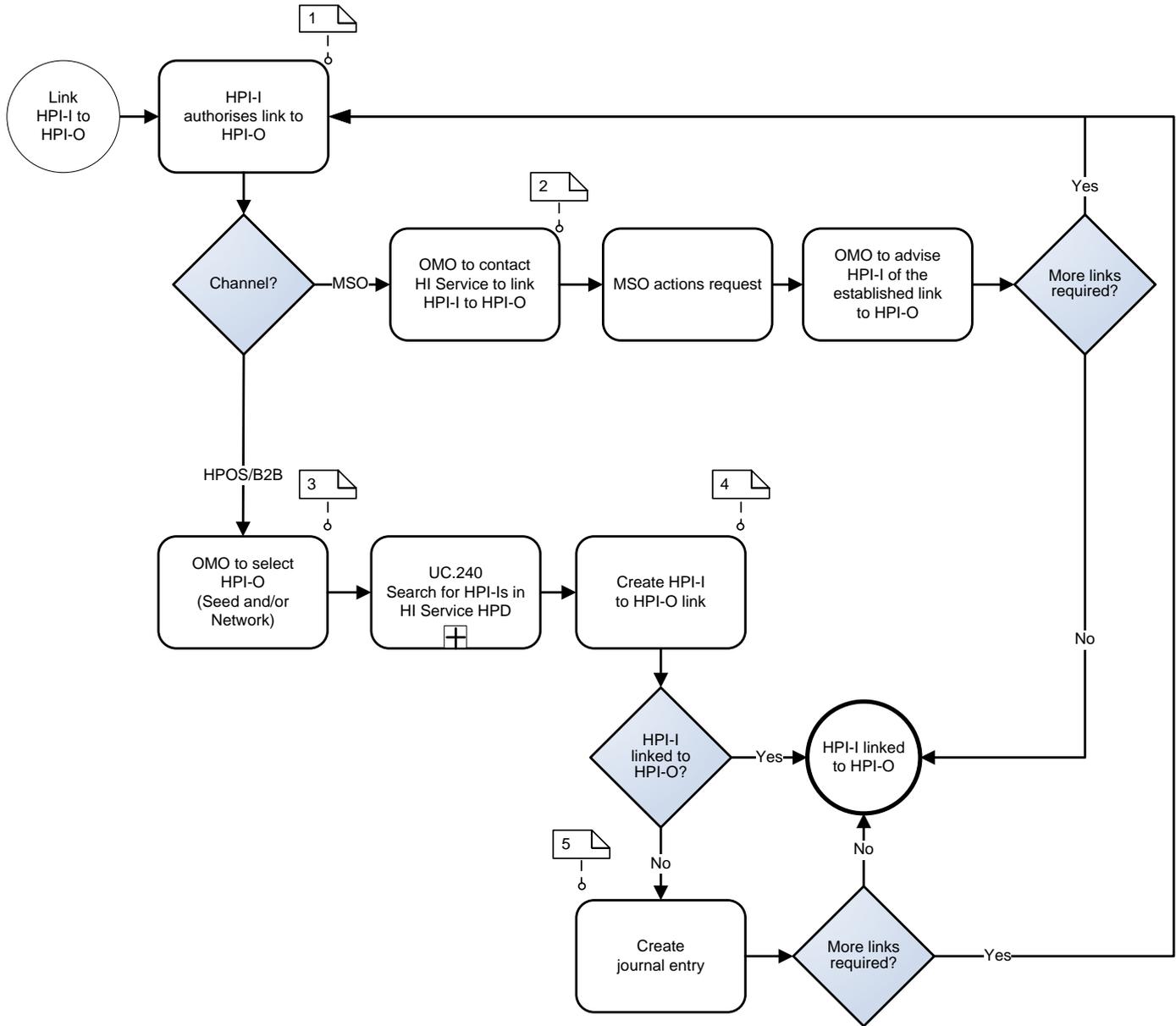


Figure 66 - UC.175 - Link HPI-I to HPI-O

<b>Notes</b>	<ol style="list-style-type: none"><li>1. The HPI-I must be an authorised employee of a HPI-O and provide consent to the OMO of a Seed and/or Network HPI-O, prior to the OMO creating a link between the HPI-I and the HPI-O. <u>Note:</u> The manner in which the consent is obtained by an OMO who is linked and authorised to act on behalf of an organisation is a matter of local policy.  An OMR may choose to display, within the HI PDS, any linked HPI-Is that they know of for a HPI-O record that they manage, provided that they have been given consent by the Healthcare Provider Individual who owns the HPI-I record and the Healthcare Provider Individual has chosen to expose an entry in the HI PDS. All available HPI-Is that are linked to a HPI-O will be automatically displayed when an HI PDS entry is created for an HPI-O. These linkages cannot be removed from the HI PDS view.</li><li>2. To create a link, between the HPI-I and HPI-O via the MSO channel, the OMO should provide completed forms and any additional documentation required by the HI Operator for processing the request.</li><li>3. Select HPI-O:<ul style="list-style-type: none"><li>• A Seed OMO who is linked and authorised to act on behalf of an organisation can link a HPI-I who is an authorised employee within their organisation to a Seed organisation and/or one or more, of their Network HPI-O's within the HI Service HPD, with the HPI-O record of the organisation to make the link from.</li><li>• A Network OMO who is linked and authorised to act on behalf of an organisation, can link a HPI-I who is an authorised employee within their organisation to the HPI-O or one or more of their Network HPI-O's, within the HI Service HPD, with the HPI-O record of the organisation to make the link from.</li></ul></li><li>4. An OMO can select a HPI-I to create the link, between the HPI-I and HPI-O within the HI Service HPD, once the HPI-I has been validated by the OMO of the HPI-O.</li><li>5. A journal entry may be recorded for follow-up when an attempt by an OMO to link a HPI-I to a Seed and/or Network HPI-O, within the HI Service HPD fails. Creation of a journal entry is a matter of local policy.</li></ol>
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## 4.9 UC.185 – HI Service audit log enquiries

<b>Use Case #</b>	UC.185
<b>Use Case Name</b>	HI Service audit log enquiries
<b>Role</b>	Responsible Officer (RO) Organisation Maintenance Officer (OMO) Healthcare Provider Identifier Individual (HPI-I) Healthcare Individual
<b>Purpose</b>	To obtain audit log information from the HI Service.
<b>Outline</b>	To enable Healthcare Individuals, Healthcare Provider Identifier Individuals (HPI-I) or employees on behalf of Healthcare Provider Organisations (HPI-O) to obtain audit log information from the HI Service.
<b>Occasions of use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A patient requests their IHI transaction history from the HI Service.</li> <li>• The HI Service conducts an audit on an employee(s) linked to and authorised to act on behalf of a HPI-O to ascertain the type of transactions that have been performed against an identified IHI.</li> <li>• To investigate the transaction(s) history, to determine whether any unauthorised transactions have been performed against a IHI, HPI-I and a HPI-O</li> <li>• A Healthcare Individual would like to retrieve their own audit log details from the HI Service, relating to their Individual Healthcare Identifier (IHI)</li> <li>• A RO is required to retrieve the audit log details of the Seed HPI-O that they represent</li> <li>• A OMO is required to retrieve the audit log details of the Network HPI-O that they represent</li> <li>• A HPI-I would like to retrieve their own audit log details from the HI Service</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Audit log results obtained</li> </ul>

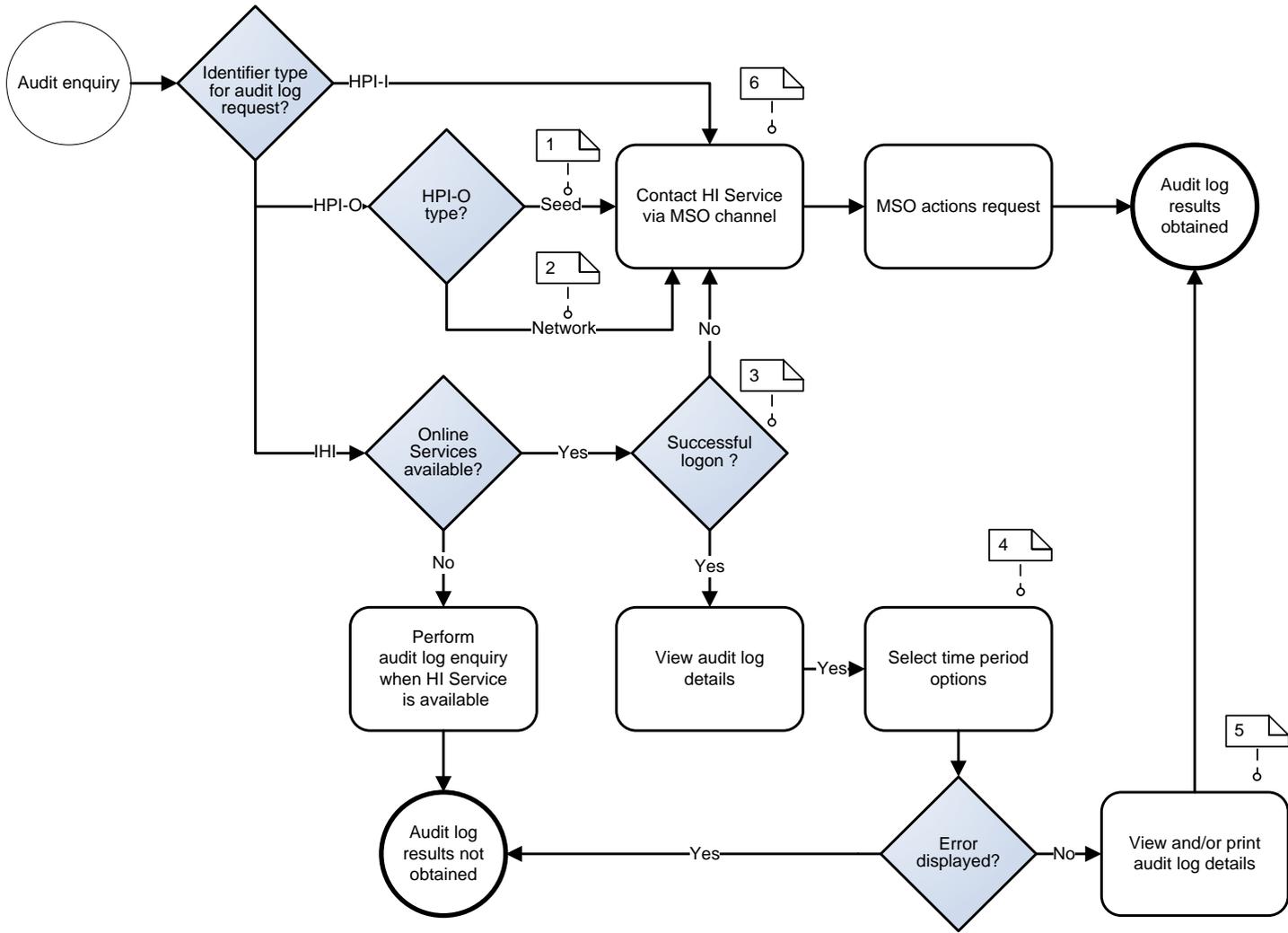


Figure 67 - UC.185 - HI Service audit log enquiries

<b>Notes</b>	<ol style="list-style-type: none"><li>1. A RO is the only individual, who can contact the HI Service and request the audit log details of the Seed HPI-O that they represent.</li><li>2. A RO or an OMO can contact the HI Service and request audit log details for the Network HPI-O that they represent.</li><li>3. A Healthcare Individual can logon to Online Services via an existing Medicare Australia Online Services account to obtain the audit log details from the HI Service, relating to their Individual Healthcare Identifier (IHI). <u>Note:</u> The view audit log functionality, is only available for a Healthcare Individual who can successfully log on to Online Services.</li><li>4. A Healthcare Individual can obtain audit log details from the HI Service for the following time periods:<ul style="list-style-type: none"><li>• All history (default)</li><li>• Last three months</li><li>• Last six months</li><li>• Last twelve months</li><li>• Between a specified start date and end date</li></ul></li><li>5. The audit log will only display information, about what is recorded in the audit log, for the HI Service relating to the Healthcare Individual's IHI. <u>Note:</u><ul style="list-style-type: none"><li>• A Healthcare Individual can view and print their IHI Audit Log details.</li><li>• Only a IHI record with an IHI status of 'Verified' will be displayed.</li></ul></li><li>6. Evidence of Identity (EOI) and any additional certified documentation to obtain audit log details via the MSO channel must be provided to the HI Service as required.</li></ol>
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## 5 Healthcare Provider Identifier Individual

A Healthcare Provider Individual-Identifier is a unique identifying number assigned to health practitioners who are eligible under the *HI Act 2010*. The Australian Health Regulation Agency (AHPRA) is responsible for the largest proportion of health practitioners within Australia (approximately 500,000). AHPRA is responsible for their registration and accreditation which is required to enable a practitioner to practice within Australia and is underpinned by *Health Practitioner Regulation Agency National Law Act 2009*. Those practitioners who fall outside the responsibilities of AHPRA may apply to the HI Service Operator for a HPI-I if they meet the threshold requirements of the legislation.

HI Act eligibility:

- Health practitioner is a member of a professional association; and
- The association must have admission requirements, including qualifications, standards for practice and ethical conduct, requirements for continuing education, rules and sanctions, representative membership practicing in healthcare.

NB: Registration with the HI Service Operator allows the assignment of a HPI-I only and does not accredit practitioners or determine fitness for practice. A health practitioner must inform the HI Service Operator of any changes in practice status within 28 days of this change occurring.

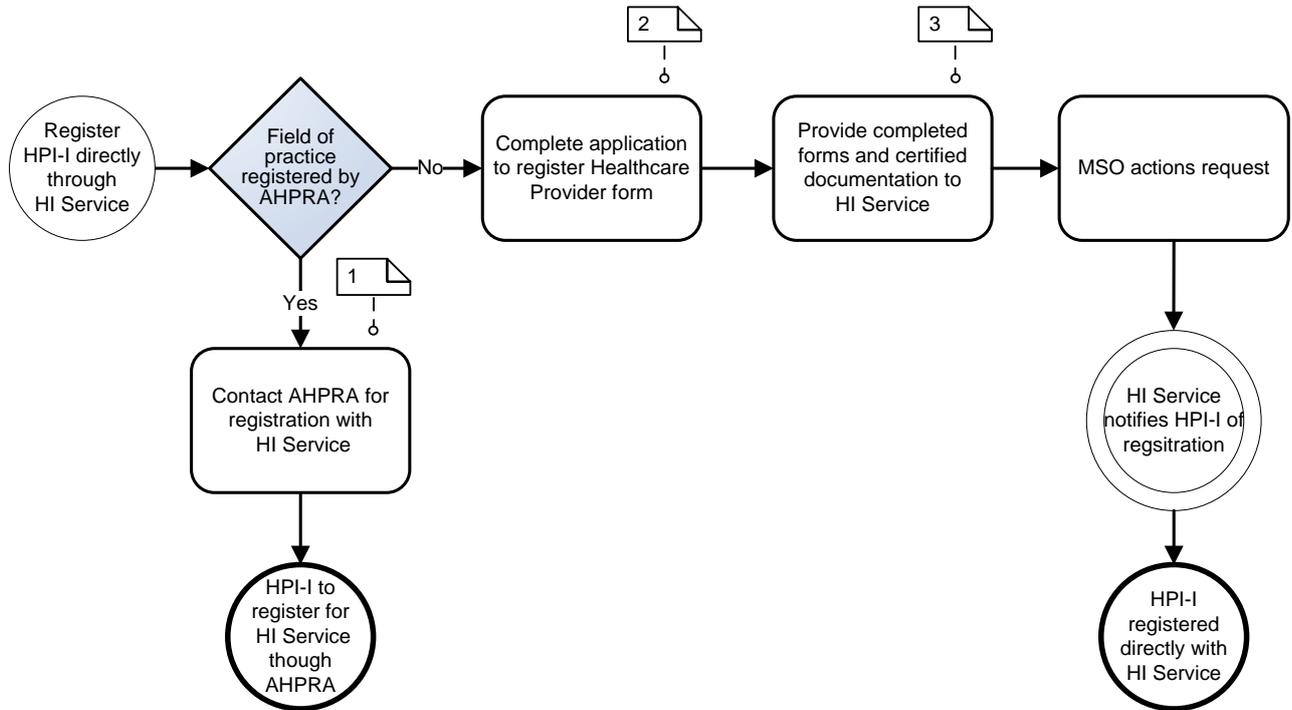
AHPRA eligible:

- \*Aboriginal & Torres Strait Islander Health Workers
- \*Chinese Medicine
- Chiropractic;
- Dental (including the profession of a dentist, dental therapist, dental hygienist, dental prosthesis and oral health therapist);
- Medical;
- \*Medical radiation practice;
- Nursing and midwifery;
- \*Occupational therapy;
- Optometry;
- Osteopathy;
- Pharmacy;
- Physiotherapy;
- Podiatry; and
- Psychology.

\* Registration for these health practitioners will become operational on 1 July 2012.

## 5.1 UC.200 – Register a HPI-I directly through the HI Service

<b>Use Case #</b>	UC.200
<b>Use Case Name</b>	Register HPI-I directly through HI Service
<b>Role</b>	Healthcare Provider Identifier Individual (HPI-I)
<b>Purpose</b>	For a Healthcare Provider, whose field of practice is not registered by the Australian Health Practitioner Regulation Agency (AHPRA), to register directly with the HI Service and obtain a Healthcare Provider Identifier Individual (HPI-I) number.
<b>Outline</b>	<p>For a Healthcare Provider, whose field of practice is not registered by the Australian Health Practitioner Regulation Agency (AHPRA), to register directly with the HI Service and obtain a Healthcare Provider Identifier Individual (HPI-I) number.</p> <p>The Healthcare Provider can request a digital credential and also elect to have their provider details displayed in the HI Service Healthcare Provider Directory (HPD) as part of the registration process.</p> <p>Completed registration forms, along with certified documents including Evidence of Identity (EOI), need to be provided to the HI Service to complete the registration process.</p> <p>A healthcare record and a Healthcare Provider Identifier Individual (HPI-I) number attached to that record, will be allocated to the Healthcare Provider upon successful registration within the HI Service.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A Healthcare Provider would like to participate in the HI Service.</li> <li>• A Healthcare Provider would like to be allocated a healthcare record and a Healthcare Provider Identifier Individual (HPI-I) number from the HI Service.</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-I is not registered with the HI Service</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-I is registered with the HI Service</li> </ul>



**Figure 68 - UC.200 - Register HPI-I directly through HI Service**

<p><b>Notes</b></p>	<p>1. If the Healthcare Providers field of practice is registered by the Australian Health Practitioner Regulation Agency (AHPRA), the Healthcare Provider must contact AHPRA in their local state or territory to enquire about how to register with the HI Service.</p> <p>2. To register directly through the HI Service the Healthcare Provider must complete the "Application to register a Healthcare Provider"<sup>25</sup> form.</p> <ul style="list-style-type: none"> <li>○ <u>PART A must be completed by the Applicant for the HI Service.</u></li> <li>○ <u>PART B must be completed by an Acceptable Referee.</u></li> </ul> <p>The following details are required:</p> <ul style="list-style-type: none"> <li>○ <u>PART A – Healthcare Identifiers Service</u></li> </ul> <p>➤ Applicant’s details:</p> <ul style="list-style-type: none"> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Suffix (e.g. Junior, Member of Parliament)</li> <li>• Address (Business and Postal)</li> <li>• Contact details (preferred method of communication)</li> </ul> <p>➤ Applicant’s field of practice details<sup>26</sup>:</p>
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<sup>25</sup> Form number - 2977.02.09.10

<sup>26</sup> For a list of Provider types and Speciality codes refer to the Provider Specialty Reference Guide available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

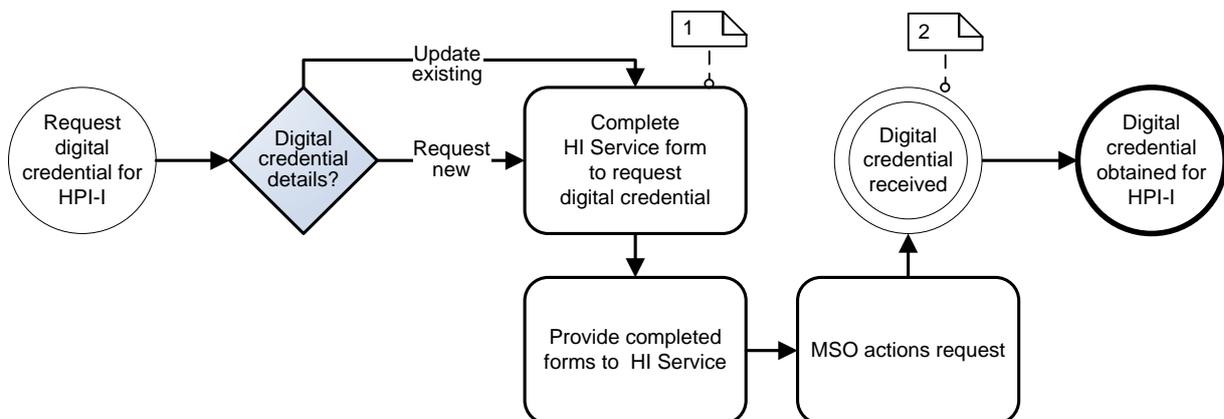
	<ul style="list-style-type: none"> <li>• Provider type description</li> <li>• Provider specialty description</li> <li>• Specialisation description</li> <li>• Provider specialty start date</li> <li>➤ Applicant's registration details: <ul style="list-style-type: none"> <li>• Registration ID</li> <li>• Registration issuer</li> <li>• Registration type</li> </ul> </li> <li>➤ Applicant's digital credential details: <ul style="list-style-type: none"> <li>• Register for digital credential</li> <li>• Digital credential not required at this time</li> <li>• Existing digital credential registration number</li> </ul> </li> </ul> <p><u>PART B – Acceptable referee identification.</u></p> <p>To be completed for Evidence of Identity (EOI) for:</p> <ul style="list-style-type: none"> <li>▪ The Healthcare Identifiers Service and/or a gatekeeper Healthcare Provider Individual certificate</li> </ul> <ul style="list-style-type: none"> <li>➤ Details of individual being verified: <ul style="list-style-type: none"> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Business address</li> </ul> </li> <li>➤ Referee details: <ul style="list-style-type: none"> <li>• Title</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Business address</li> <li>• Contact phone number</li> <li>• Occupation</li> <li>• Category number (see Acceptable Referee Categories) Refer to the HI Service form "Application to register a Healthcare Provider"<sup>27</sup></li> <li>• Date</li> </ul> </li> </ul> <p>3. Upon completion of forms, all relevant documentation which includes Evidence of Identity (EOI) and Medical Registration details needs to be certified and provided to the HI Service for processing.</p>
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<sup>27</sup> Form number - 2977.02.09.10

## 5.2 UC.205 – Request digital credential for HPI-I

<b>Use Case #</b>	UC.205
<b>Use Case Name</b>	Request digital credential for HPI-I
<b>Role</b>	Healthcare Provider Identifier Individual (HPI-I)
<b>Purpose</b>	For a Healthcare Provider Identifier Individual (HPI-I) to request a new digital credential through the HI Service or have permissions added to an existing Medicare Australia digital credential.
<b>Outline</b>	<p>For a HPI-I to request a new digital credential through the HI Service or have permissions added to an existing Medicare Australia digital credential.</p> <p>The individual digital credential received from the HI Service, will allow the HPI-I to interact with the HI Service and also provide authentication to facilitate the online communication between themselves and other healthcare providers.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A HPI-I requires a new individual digital credential to interact with the HI Service and provide authentication to facilitate the online communication (send and receive electronic health messages), between themselves and other healthcare providers.</li> <li>• A HPI-I requires an existing Medicare Australia digital credential to be updated with permissions to interact with the HI Service and provide authentication to facilitate the online communication (send and receive electronic health messages), between themselves and other healthcare providers.</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-I is registered directly through the HI Service</li> <li>• HPI-I registered with the HI Service through, the Australian Health Practitioner Regulation Agency (AHPRA)</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• New digital credential obtained for HPI-I</li> <li>• Existing digital credential updated for HPI-I</li> </ul>



**Figure 69 - UC.205 - Request digital credential for HPI-I**

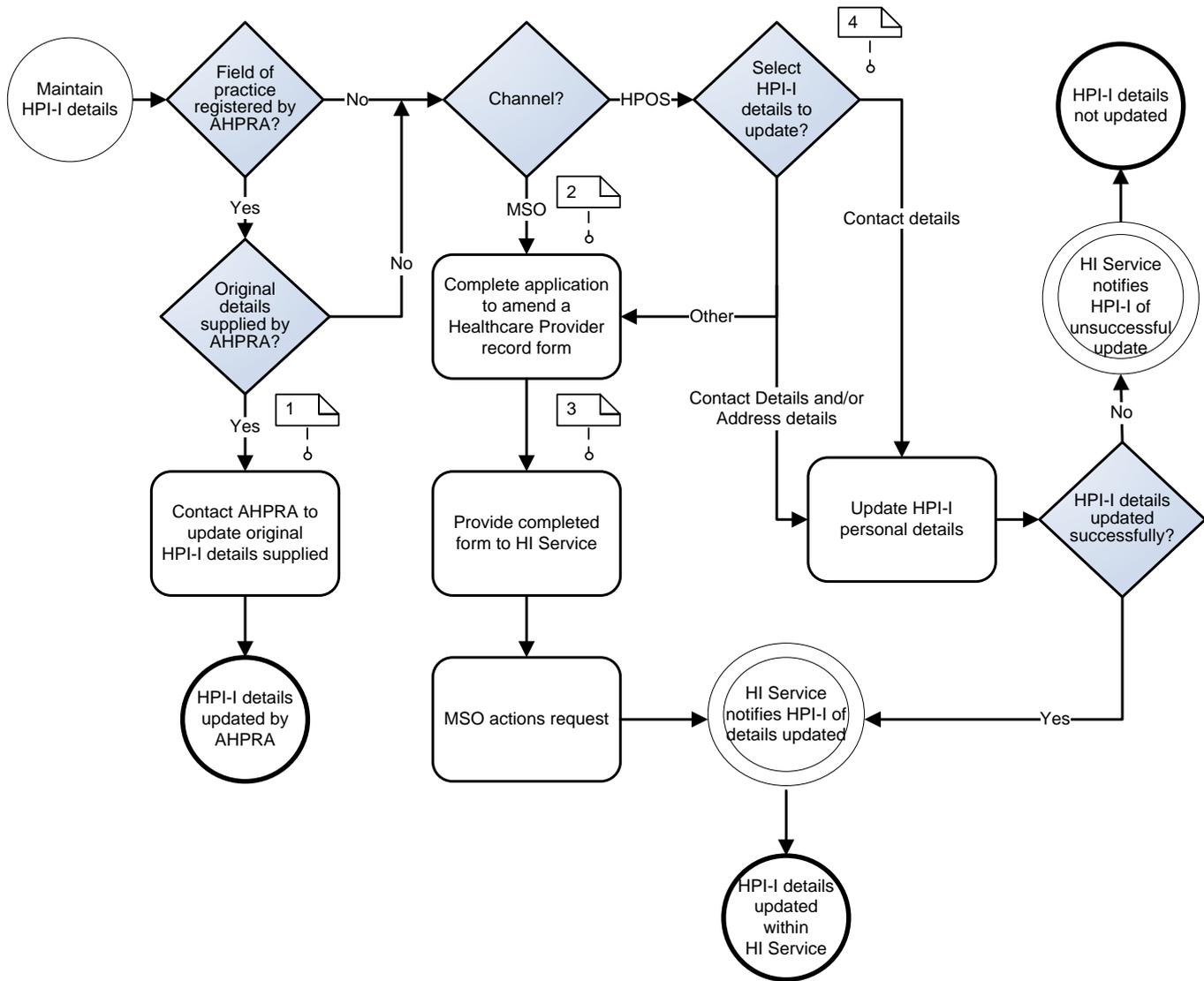
<b>Notes</b>	<p>1. The individual details that are required for the request are:</p> <ul style="list-style-type: none"><li>➤ Applicant's details:<ul style="list-style-type: none"><li>• HPI-I number</li><li>• Title</li><li>• Family name</li><li>• Given name(s)</li><li>• Suffix (e.g. Junior, Member of Parliament)</li><li>• Address (Business and Postal)</li></ul></li></ul> <p><u>Note:</u> The HPI-I must supply a business address, a fax number and a personal email address used for business purposes.</p> <ul style="list-style-type: none"><li>• Contact details:<ul style="list-style-type: none"><li>• Phone number</li><li>• Fax number</li><li>• Email address</li></ul></li><li>• Current digital credential registration number (if applicable)</li></ul> <p><u>Note:</u> Web based email such as Hotmail, yahoo, Gmail are not supported for digital credential usage.</p> <p>Refer to the HI Service form "Application to request a new or update an existing PKI Certificate for HI Service access"<sup>28</sup>.</p> <p>2. Upon receipt of a new or an updated digital credential from the HI Service, the HPI-I will be able to facilitate the online communication (send and receive electronic health messages), with other Healthcare Provider Identifier Individual's (HPI-I's) or Organisations (HPI-O's).</p> <p><u>Note:</u> The HPI-I should keep the digital credential registration number and details in a safe and secure place.</p>
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<sup>28</sup> Form number - 3054.02.09.10

### 5.3 UC.215 – Maintain HPI-I details

<b>Use Case #</b>	UC.215
<b>Use Case Name</b>	Maintain HPI-I details
<b>Role</b>	Healthcare Provider Identifier Individual (HPI-I)
<b>Purpose</b>	To amend the personal details of a Healthcare Provider within the HI Service.
<b>Outline</b>	<p>To remove, add to or amend the Healthcare Provider Identifier Individual's (HPI-I), record details within the HI Service.</p> <p>If the HPI-I's, field of practice is registered by the Australian Health Practitioner Regulation Agency (AHPRA), any amendments to the original provider details supplied to the HI Service will require the Healthcare Provider to contact AHPRA to have their personal details updated within the HI Service.</p> <p>Alternatively, if the Healthcare Provider's field of practice is not registered by the Australian Health Practitioner Regulation Agency (AHPRA) they can update their personal details via the HPOS channel and/or the MSO channel.</p> <p>For any amendments to a HPI-I record via the MSO channel, the HPI-I must authenticate themselves or provide Evidence of Identity (EOI) to the HI Service for processing.</p> <p>➤ Healthcare Provider details required for the request include:</p> <ul style="list-style-type: none"> <li>• HPI-I number or</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Date of Birth</li> <li>• Address (Business, Mailing or Postal)</li> </ul>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A HPI-I would like to remove, add to or amend their HPI-I record details within the HI Service.</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-I registered within the HI Service</li> <li>• HPI-I is able to successfully login via the HPOS Channel prior to performing any amendments to their HPI-I record</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-I record successfully updated within the HI Service</li> </ul>



**Figure 70 - UC.215 - Maintain HPI-I details**

Notes	
	<p>1. If the Healthcare Provider Identifier Individual’s (HPI-I) field of practice is registered by the Australian Health Practitioner Regulation Agency (AHPRA), the HPI-I must contact AHPRA in their local state or territory to make amendments to their HPI-I details.</p> <p>2. To amend a HPI-I record within the HI Service via the MSO channel, the HPI-I must complete the “Application to amend a Healthcare Provider record”<sup>29</sup> form.</p> <p>The HPI-I may use the form to perform the following functions for details not originally supplied by AHPRA:</p> <ul style="list-style-type: none"> <li>○ Remove, add to or amend personal details;</li> <li>○ Remove, add to or amend address details;</li> <li>○ Remove, add to or amend contact details;</li> </ul>

<sup>29</sup> Form number - 2999.02.09.10

	<ul style="list-style-type: none"> <li>○ Remove, add to or amend speciality details.</li> </ul> <p>If the HPI-I has AHPRA and non-APHRA fields of practice, all details not supplied by AHPRA may be modified.</p> <p>The following details are required:</p> <ul style="list-style-type: none"> <li>➤ Applicant's details: <ul style="list-style-type: none"> <li>• HPI-I number (if known)</li> <li>• Title</li> <li>• Family Name</li> <li>• Given Name</li> <li>• Date of Birth</li> <li>• Sex</li> <li>• Address (Business and Postal)</li> <li>• Contact details (preferred method of communication)</li> </ul> </li> <li>➤ Amend HPI-I record: <ul style="list-style-type: none"> <li>• <u>Existing and new personal details:</u> <ul style="list-style-type: none"> <li>○ Title</li> <li>○ Family Name</li> <li>○ Given Name</li> <li>○ Date of Birth</li> <li>○ Sex</li> </ul> </li> <li>• <u>Existing and New address details:</u> <ul style="list-style-type: none"> <li>○ Business and Postal</li> </ul> </li> <li>• <u>Existing and New contact details:</u> <ul style="list-style-type: none"> <li>○ Contact phone number (daytime and mobile)</li> <li>○ Fax number</li> <li>○ Pager number</li> <li>○ Email</li> <li>○ Preferred method of communication</li> </ul> </li> </ul> </li> <li>➤ Provider's field of practice details<sup>30</sup>: <ul style="list-style-type: none"> <li>• <u>Existing and New speciality details:</u> <ul style="list-style-type: none"> <li>○ Provider Type description</li> <li>○ Provider Specialty description</li> <li>○ Specialisation description</li> <li>○ Registration ID</li> <li>○ Registration issuer</li> <li>○ Registration type</li> </ul> </li> </ul> </li> </ul> <p>3. Upon completion of forms all relevant documentation including Medical Registration details need to be provided to the HI Service for processing.</p>
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<sup>30</sup> For a list of Provider Types and Speciality Codes refer to the Provider Specialty Reference Guide available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

	<p>4. Only the contact details and the address details of a Healthcare Provider Identifier Individual (HPI-I) can be updated within the HI Service via the HPOS channel.</p> <p><u>Note:</u></p> <p>All other amendments to a Healthcare Provider Identifier Individual's (HPI-I) record, not originally supplied by AHPRA, can only be updated within the HI Service via the MSO channel where the HPI-I is able to provide Evidence of Identity (EOI).</p>
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## 5.4 UC.225 – Publish HPI-I to HI Service HPD

<b>Use Case #</b>	UC.225
<b>Use Case Name</b>	Publish HPI-I to HI Service HPD
<b>Role</b>	Healthcare Provider Identifier Individual (HPI-I)
<b>Purpose</b>	For a Healthcare Provider Individual to create an entry within the HI Service Healthcare Provider Directory (HPD).
<b>Outline</b>	<p>To enable a Healthcare Provider Individual to create an entry within the HI Service Healthcare Provider Directory (HPD).</p> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>Multiple HI Service HPD entries may be associated with a HPI-I record however, a HI Service HPD entry must be associated with only one HPI-I or HPI-O record (i.e. an entry may only have details relating to one record).</li> <li>A HI Service HPD may only be published to the HI PDS if the HPI-I or HPI-O record associated with it has no outstanding issues (e.g. the record is flagged as being potential duplicate or the entry has mandatory information that is missing).</li> <li>A HPI-I registered within the HI Service through AHPRA can create an entry within the HI Service HPD directly.</li> </ul>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>A new authorised Healthcare Provider has registered within the HI Service</li> <li>A existing authorised Healthcare Provider would like to update their preferences within the HI Service HPD</li> <li>A existing HPI-I record has been updated within the HI Service</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>HPI-I is registered within the HI Service</li> <li>HPI-I has been authenticated and authorised</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>A new entry is created within the HI Service HPD</li> <li>HPI-I details published within the HI Service HPD</li> </ul>

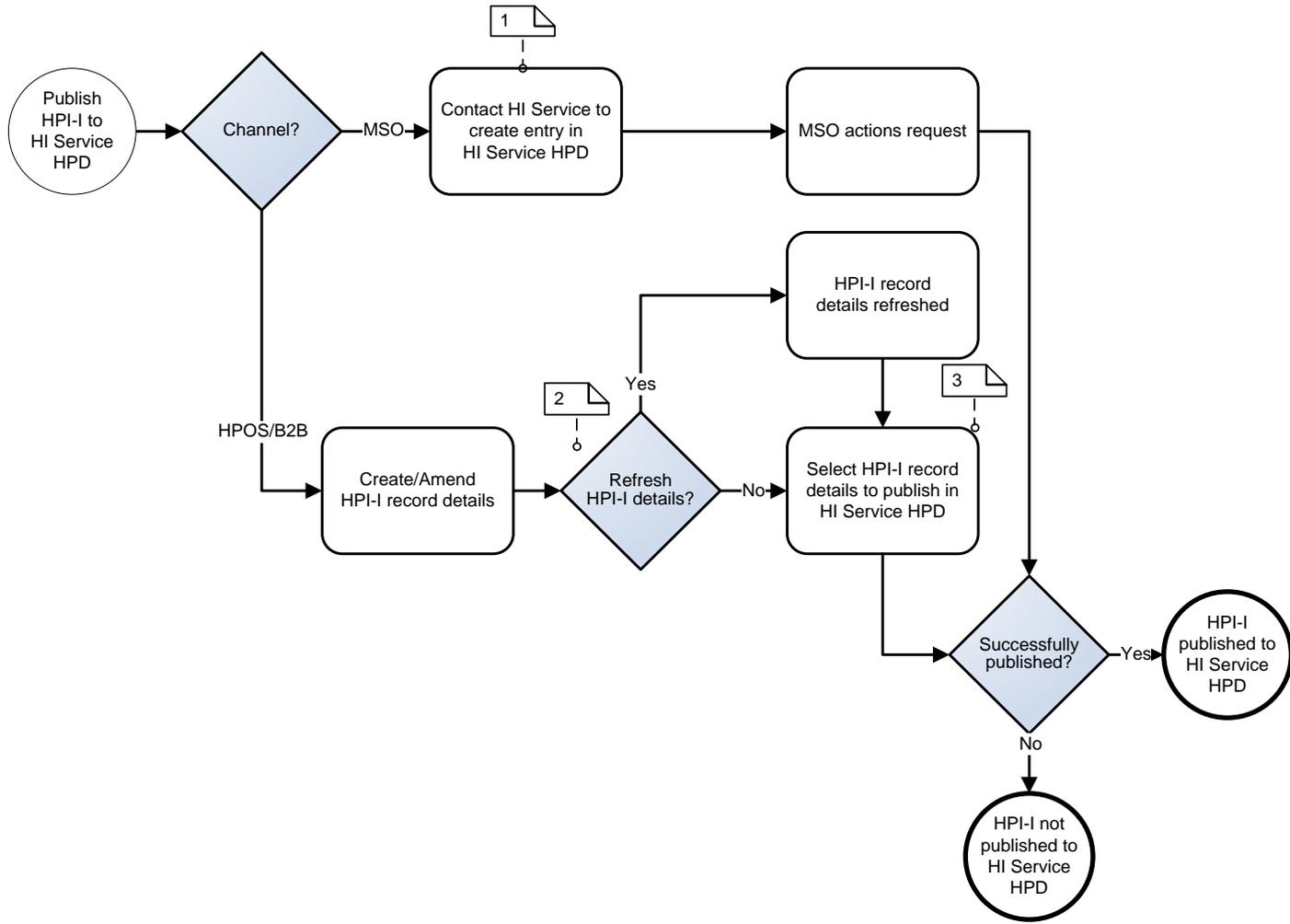


Figure 71 - UC.225 Publish HPI-I to HI Service HPD

<p><b>Notes</b></p>	<ol style="list-style-type: none"> <li>1. A HPI-I can contact the HI Service and once authenticated via the MSO channel, an entry can be created within the HI Service HPD for an HPI-I.  <u>Note:</u>  A HPI-I registered within the HI Service through AHPRA can create an entry within the HI Service HPD directly.</li>   <li>2. Performing the process, to refresh the HPI-I details would ensure the most current and up to date HPI-I details are available to be published to the HI Service HPD.</li>   <li>3. A HPI-I will be able to select from a drop down list the HPI-I details they would like to publish within the HI Service HPD. A Healthcare Provider Identifier Individual (HPI-I), HI Service HPD entry will consist of: <ul style="list-style-type: none"> <li>• A single set of name details (Mandatory)</li> <li>• A single set of address details (Mandatory)</li> <li>• Multiple sets of electronic communication details (Optional)</li> <li>• Multiple sets of provider/registration details (Optional)<sup>31</sup></li> <li>• The sex of the Healthcare Provider Identifier Individual (HPI-I) (Optional)</li> <li>• A number to indicate the priority order for the entry - for display purposes (Mandatory)</li> <li>• A flag to denote whether the entry is visible in the HI Service HPD</li> <li>• Additional comments (Optional)</li> </ul>   <u>Note:</u>  Only the details that the HPI-I has given consent to display within the HI Service HPD, will be displayed for the HPI-I record that they own.   The retirement or deactivation of a HPI-I record will automatically disable any associated HPI-I HI Service HPD entries and any links to HPI-O entries.</li> </ol>
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<sup>31</sup> For a list of Provider types and Speciality codes refer to the Provider Specialty Reference Guide available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

## 5.5 UC.235 – Remove HPI-I to HPI-O Link

<b>Use Case #</b>	UC.235
<b>Use Case Name</b>	Remove HPI-I to HPI-O link
<b>Role</b>	Healthcare Provider Identifier Individual (HPI-I)
<b>Purpose</b>	To remove, an association between a Healthcare Provider Identifier Individual and a Seed and/or Network Healthcare Provider Organisation (HPI-O).
<b>Outline</b>	<p>To enable, an authorised Healthcare Provider Identifier Individual (HPI-I) to remove a link between themselves and a Seed and/or Network Healthcare Provider Organisation (HPI-O).</p> <p>Once, the link has been removed between a HPI-I and a HPI-O, the HPI-I and the HPI-O record will be updated within the HI Service and the association between the two entities will no longer be displayed in the HI Service Healthcare Provider Directory (HPD).</p> <p>Removing, the link will result in an end date for the association, for the two entities, to retain history.</p>
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>• A HPI-I is no longer an authorised employee of a HPI-O</li> <li>• A HPI-I rescinds their permission to have their details published in the HI service HPD.</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• A link between a HPI-I and a HPI-O exists</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• Link between the HPI-I and HPI-O is removed</li> <li>• Association between the HPI-I and the HPI-O is no longer displayed in the HI Service HPD</li> </ul>

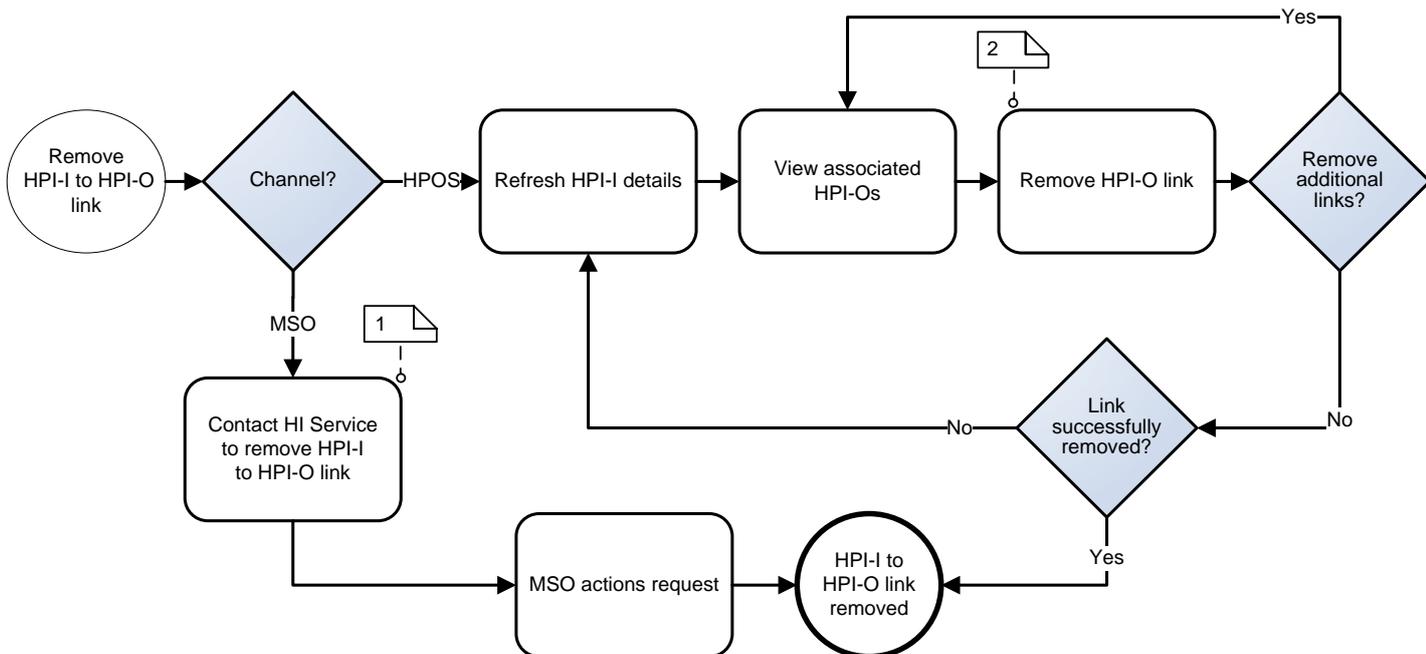
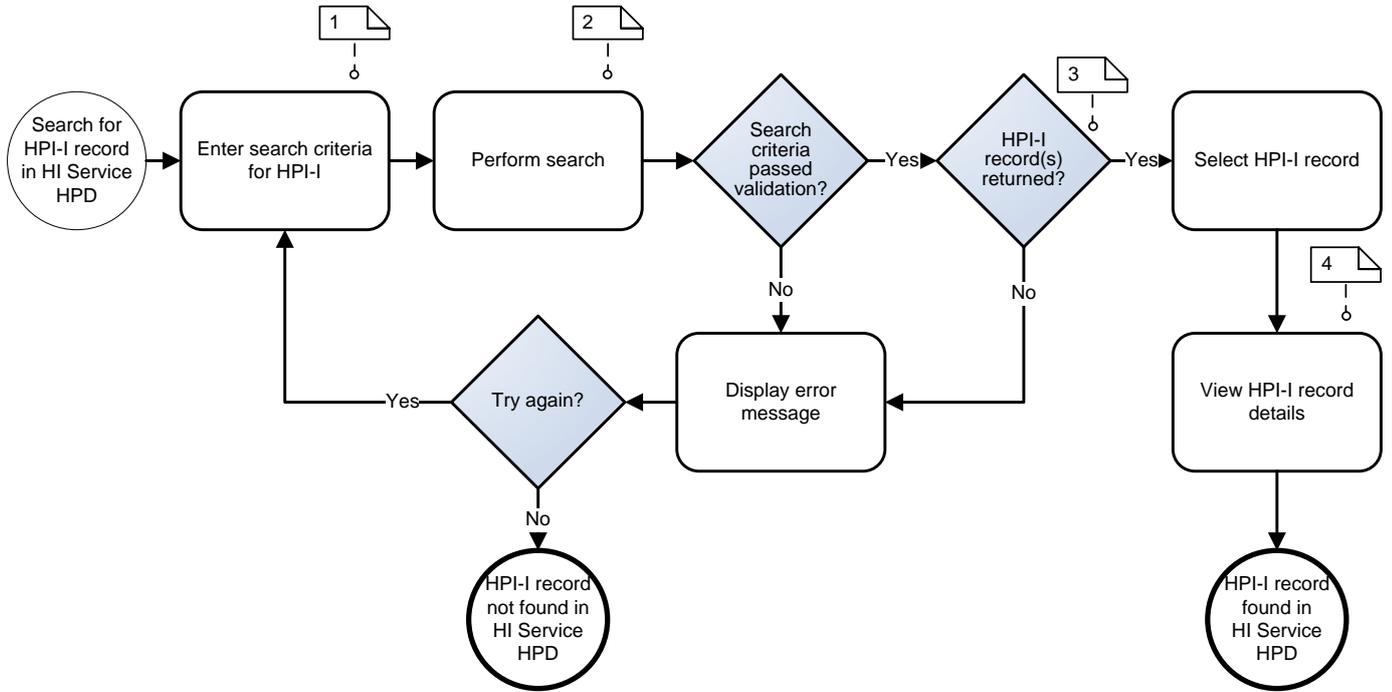


Figure 72 - UC.235 - Remove HPI-I to HPI-O Link

	<p>1. A HPI-I can contact the HI Service and once authenticated via the MSO channel, can request to have the link between the HPI-I and a HPI-O removed from the HI Service HPD.</p> <p>The details that are required for the request include:</p> <ul style="list-style-type: none"> <li>➤ HPI-I: <ul style="list-style-type: none"> <li>• HPI-I number or</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Date of Birth</li> <li>• Address (Business or Postal)</li> </ul> </li> <li>➤ HPI-O: <ul style="list-style-type: none"> <li>• HPI-O number</li> <li>• Organisation name</li> </ul> </li> </ul> <p>2. This function is available through the HPOS channel. Details required here would be the same as those available at "1" except for Date of Birth.</p>
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## 5.6 UC.240 – Search for HPI-Is in HI Service HPD

<b>Use Case #</b>	UC.240
<b>Use Case Name</b>	Search for HPI-Is in HI Service HPD
<b>Role</b>	Authorised Employee (AE) Organisation Maintenance Officer (OMO) Healthcare Provider Identifier Individual (HPI-I)
<b>Purpose</b>	To retrieve a Healthcare Provider Identifier Individual (HPI-I) record from the HI Service Healthcare Provider Directory (HPD).
<b>Outline</b>	To perform a search within the HI Service HPD and obtain details about a HPI-I.
<b>Occasions of Use</b>	An example of this use case is when: <ul style="list-style-type: none"> <li>○ A search is performed to obtain the details of a Healthcare Provider for the purpose of a referral or similar; or to obtain the location and/or specialty details of a Healthcare Provider</li> <li>○ A search is required to obtain associated HPI-Os for a specific Healthcare Provider Individual (HPI-I)</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-I has indicated which details are to be published in the HI Service HPD</li> <li>• HPI-I search criteria is known</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-I record found in the HI Service HPD</li> <li>• View HPI-I record details</li> </ul>



**Figure 73 - UC.240 - Search for HPI-Is in HI Service HPD**

**Notes**

1. There are two types of searches, that can be performed within the HI Service HPD with the following set of criteria:
  - HPI-I search:
    - HPI-I number
    - If a HPI-I number is then demographic information is not required
  - Demographic search:
    - Family name (optional)
    - Given name(s) (optional)
    - Sex (optional)
    - Provider type code (optional)
    - Provider specialty (optional)
    - Provider specialisation (optional)
    - Australian address (set of fields)
    - International address (set of fields)
2. The following fields are used in a search:
  - HPI-I number
  - Family name
  - Given name(s)
  - Suburb
  - State
  - Provider type <sup>32</sup>

Note:

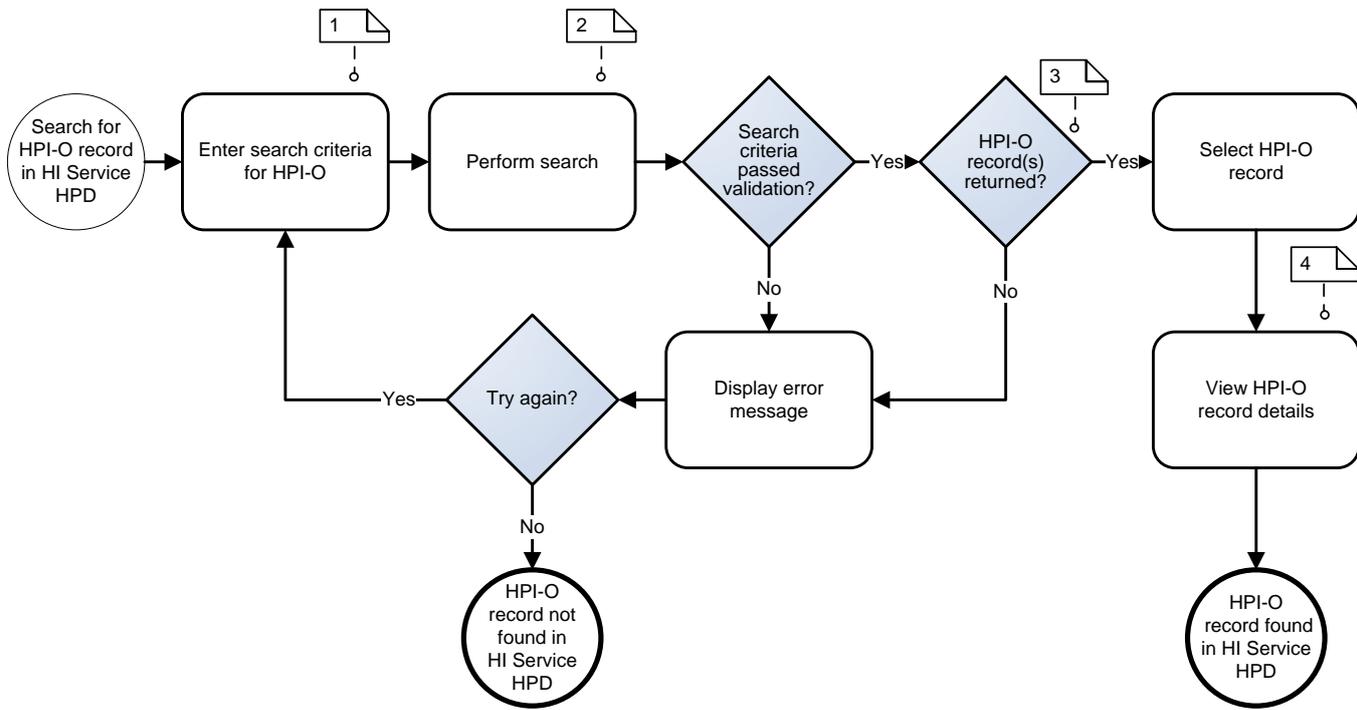
  - A HI Service HPD entry will be returned in search results if:
  - It has been flagged for display and contains elements that match the search criteria, AND
  - It is associated with a provider individual record that has an 'active' status
3. If a search is performed within the HI Service HPD and a HPI-I record is not returned, it could be for any of the following reasons:
  - No match found
  - More than 50 matching records found
  - Matching record has a status of 'Retired'

<sup>32</sup> For a list of Provider types and Speciality codes refer to the Provider Specialty Reference Guide available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

	<p>4. The following details are returned for HPI-I:</p> <ul style="list-style-type: none"> <li>• HPI-I number</li> <li>• Family name</li> <li>• Given name(s)</li> <li>• Address (Business or Postal)</li> <li>• Electronic communication</li> <li>• Provider type</li> <li>• Linked Healthcare Provider Organisations (HPI-O): <ul style="list-style-type: none"> <li>○ HPI-O number</li> <li>○ Organisation name</li> <li>○ Address</li> </ul> </li> <li>• Priority number</li> <li>• Additional comments</li> </ul>
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## 5.7 UC.241 – Search for HPI-Os in HI Service HPD

<b>Use Case #</b>	UC.241
<b>Use Case Name</b>	Search for HPI-Os in HI Service HPD
<b>Role</b>	Responsible Officer (RO) Organisation Maintenance Officer (OMO) Authorised Employee Healthcare Provider Identifier Individual (HPI-I)
<b>Purpose</b>	To retrieve a Healthcare Provider Organisation (HPI-I) record from the HI Service Healthcare Provider Directory (HPD).
<b>Outline</b>	To perform a search within the HI Service HPD and obtain details about a HPI-O.
<b>Occasions of Use</b>	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> <li>○ A search is performed with a HPI-O number to obtain additional information about the Healthcare Provider Organisation</li> <li>○ A search is required to obtain the HPI-O details of a specific Healthcare Provider Organisation for the purpose, of a referral or similar</li> <li>○ An electronic health message needs to be generated and sent to a HPI-O</li> <li>○ A search is required to obtain associated HPI-Is for a specific HPI-O</li> <li>○ A search is needed to associate (link) a HPI-O to a HPI-I</li> </ul>
<b>Pre-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-O details published in the HI Service HPD</li> <li>• HPI-O search criteria is known</li> </ul>
<b>Post-Conditions</b>	<ul style="list-style-type: none"> <li>• HPI-O record found in the HI Service HPD</li> <li>• View HPI-O record details</li> </ul>



**Figure 74 - UC.241 - Search for HPI-Os in HI Service HPD**

<b>Notes</b>	<ol style="list-style-type: none"><li>1. There are two types of searches, that can be performed within the HI Service HPD with the following set of criteria:<ul style="list-style-type: none"><li>• HPI-O search:<ul style="list-style-type: none"><li>○ HPI-O number</li><li>○ If a HPI-O number is then demographic information is not required</li></ul></li><li>• Demographic search:<ul style="list-style-type: none"><li>○ Organisation name (optional)</li><li>○ Organisation type (optional)<sup>33</sup></li><li>○ Service type (optional)</li><li>○ Service unit (optional)</li><li>○ Organisation details (ABN or ACN) (optional)</li><li>○ Australian address (set of fields)</li><li>○ International address (set of fields)</li></ul></li></ul></li><li>2. The following fields form the search fields:<ul style="list-style-type: none"><li>• HPI-O number</li><li>• Organisation name</li><li>• Service type</li><li>• Suburb</li><li>• State</li></ul><p><u>Note:</u> A HI Service HPD entry will be returned in search results if:</p><ul style="list-style-type: none"><li>○ It has been flagged for display and contains elements that match the search criteria, AND</li><li>○ It is associated with a provider organisation record that has an 'active' status</li></ul></li><li>3. If a search is performed within the HI Service HPD and a HPI-O record is not returned, it could be for any of the following reasons:<ul style="list-style-type: none"><li>• No match found</li><li>• More than 50 matching records found</li><li>• HPI-O record has a status of 'Retired'</li></ul></li></ol>
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<sup>33</sup> For a list of Provider types and Speciality codes refer to the Provider Specialty Reference Guide available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

	<p>4. The following details are returned for HPI-O:</p> <ul style="list-style-type: none"><li>• HPI-O number</li><li>• Organisation name</li><li>• Organisational details (ABN or ACN)</li><li>• Address (Business or Postal)</li><li>• Electronic communication</li><li>• Organisation service</li><li>• Endpoint locator service (ELS)</li><li>• Linked Healthcare Provider Identifier Individuals (HPI-I):<ul style="list-style-type: none"><li>○ HPI-I number</li><li>○ Family name</li><li>○ Given name(s)</li><li>○ Address</li></ul></li><li>• Priority number</li><li>• Additional comments.</li></ul>
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# Appendix A: Definitions, Acronyms and Abbreviations

Term	Definition
B2B	Business to Business (web services)
CIS	<p>Clinical Information System – A system that deals with the collection, storage, retrieval, creation, communication and optimal use of health related data, information and knowledge.</p> <p>A clinical information system may provide access to information contained in an electronic health record, but it may also provide other functions such as workflow, order entry and results reporting. A clinical information system may consist of one or more applications layers.</p> <p>A clinical information system may utilise National eHealth services such as HI Service, PCEHR, Secure Messaging, Clinical Terminology etc.</p>
CRL	Certificate Revocation List
CSP	<p>Contracted Service Provider. The Healthcare Identifiers Act 2010 defines the CSP as 'an entity that provides:</p> <ul style="list-style-type: none"> <li>a) information technology services relating to the communication of health information; or</li> <li>b) health information management services</li> </ul> <p>to the healthcare provider under a contract with the healthcare provider'.</p>
DAK	Document Access Key
HPD	HI Service Healthcare Provider Directory
HPI-I	Healthcare Provider Identifier – Individual
HPI-O	Healthcare Provider Identifier - Organisation
HPIs	Healthcare Provider Identifier, referring to HPI-O(s) and/or PHI-I(s)
HPOS	Health Professional Online Services
IHI	Individual Healthcare Identifier
Intervention Queue	Refers to a queue that provides an asynchronous protocol, so that the receiver of the message does not need to interact with the message/document at the same time as it was received.
Local copy	Refers to a method by which a CIS retains data. Methods may include multiple methods such as system caches, databases management systems, files systems or other permanent stores etc.

OCSP	Online Certificate Status Protocol
OMO	Organisation Maintenance Officer
Process Document	Refers to an action whereby a message/clinical document is stored in the local CIS (e.g. in local electronic health record) and/or message/clinical document content is used for administrative/clinical purposes.
RO	Responsible Officer

## Appendix B: References

This appendix lists documents that are referenced in this resource. At the time of publication, the document versions listed below were valid. However, as all documents are subject to revision, readers are encouraged to use the most recent versions of these documents.

Reference	Description
[NEHTA2011a]	Use of Healthcare Identifiers in Health Information Systems: Software Conformance Requirements, version 1.4, NEHTA, 2011.

# Appendix C: Bibliography

This appendix lists documents that provide additional information for or about this document. At the time of publication, the document versions listed below were valid. However, as all documents are subject to revision, readers are encouraged to use the most recent versions of these documents.

- Australian Health Care Client and Provider Identification Handbook, HB 222—2006, Standards Australia, 2006.
- Health Care Client Identification, AS 5017—2006, Standards Australia, 2006.
- Healthcare Identifiers (HI) Service, System Interface Specifications (SIS), Medicare Australia, December 2010 and June 2011.
- Use of Healthcare Identifiers in Health Information Systems: Software Conformance requirements, Version 1.4.2, NEHTA, August 2012.