



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

Business Use Cases v3.1

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3.1	October 2014	Added the newborn IHI use case, UC.011

Table of contents

1	Introduction	6
1.1	Purpose.....	6
1.2	Intended audience	6
1.3	Scope.....	6
1.4	Related documents	7
1.5	Use case formats	7
2	Authorised Employee.....	9
2.1	UC.005 – Search for patient health record	10
2.2	UC.010 – Register patient.....	12
2.3	UC.011 – Request verified IHI for newborn	22
2.4	UC.015 – Update patient health record.....	24
2.5	UC.025 – Bulk Update of IHI details.....	37
2.6	UC.035 – Merge patient health records.....	40
2.7	UC.040 – Split patient health record.....	54
2.8	UC.045 – Logon to software system	55
2.9	UC.330 – Send patient health information electronically	56
2.10	UC.325 – Receive patient health information electronically.....	60
2.11	UC.320 – Request electronic clinical document	65
3	Responsible Officer.....	69
3.1	UC.070 - Register Seed HPI-O	69
3.2	UC.075 – Request digital credential for Seed HPI-O.....	71
3.3	UC.080 – Maintain HPI-O Details	73
3.4	UC.100 – Maintain RO details.....	76
3.5	UC.105 – Maintain RO or Seed OMO.....	78
3.6	UC.120 – Software system audit log enquiries.....	86
3.7	UC.290 – Retire HPI-O	88
3.8	UC.295 - Deactivate or Reactivate HPI-O	90
3.9	UC.305 – Validate HPI-O	94
3.10	UC.306 – Get HPI-O status	96
4	Organisation Maintenance Officer.....	98
4.1	UC.125 – Maintain OMO details	98
4.2	UC.130 – Validate HPI-I in the HPD.....	101
4.3	UC.131 – Search for HPI-Is in the HI Service	103
4.4	UC.135 – Publish HPI-O to HI Service HPD.....	105
4.5	UC.145 – Remove HPI-O to HPI-I link	107
4.6	UC.150 – Register network HPI-O	109
4.7	UC.155 – Request digital credential for network HPI-O	111
4.8	UC.160 – Register OMO for Network HPI-O	113
4.9	UC.175 – Link HPI-I to HPI-O.....	115
4.10	UC.185 – HI Service audit log enquiries.....	118
5	Healthcare Provider Identifier Individual	121
5.1	UC.200 – Register an HPI-I directly through the Hi Service	122
5.2	UC.205 – Request digital credential for HPI-I	124
5.3	UC.215 – Maintain HPI-I details.....	126

5.4	UC.225 – Publish HPI-I to HI Service HPD	129
5.5	UC.235 – Remove HPI-I to HPI-O Link.....	131
5.6	UC.240 – Search for HPI-Is in HI Service HPD	133
5.7	UC.241 – Search for HPI-Os in HI Service HPD	135
Acronyms		138
Glossary		139

1 Introduction

1.1 Purpose

This document is designed to guide the safe implementation of healthcare identifiers in healthcare software systems.

This document outlines the high level business processes and sub-processes that should be followed and provides 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 business processes described in this document are intended to be generic and applicable to any healthcare setting. Additional analysis may 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*¹, 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

1.3.1 In scope

The business use cases cover the following:

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

1.3.2 Out of scope

The following are out of scope for use cases covering health information sent electronically (i.e. UC.320, UC.325, and UC.330):

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

¹ *Use of Healthcare Identifiers in Health Software Systems – Software Conformance Requirements*, NEHTA, 2014, Available from www.nehta.gov.au, document identifier NEHTA-1732:2014

1.4 Related documents

Australian Health Care Client and Provider Identification Handbook, HB 222—2006, Standards Australia, 2006, available from <http://infostore.saiglobal.com/store/>

Health Care Client Identification, AS 5017—2006, Standards Australia, 2006, available from <http://infostore.saiglobal.com/store/>

Healthcare Identifiers Act 2010 (HI Act), available from <http://www.comlaw.gov.au/Details/C2010C00440>

Healthcare Identifiers (HI) Service, System Interface Specifications (SIS), Medicare Australia, available from <http://www.medicareaustralia.gov.au/provider/vendors/healthcare-identifiers-developers/licensed-material/current-versions.jsp>

1.5 Use case formats

1.5.1 Narrative format

The narrative describes the intent of the use case, with sufficient information for an individual user or implementer within a healthcare setting to follow the 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 describes the icons used in the diagram 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 branches 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 who 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 *Healthcare Identifiers 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

Process Name	Patient presents
Purpose	A patient presents to a healthcare facility and a patient health record is made available.
Outline	<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>

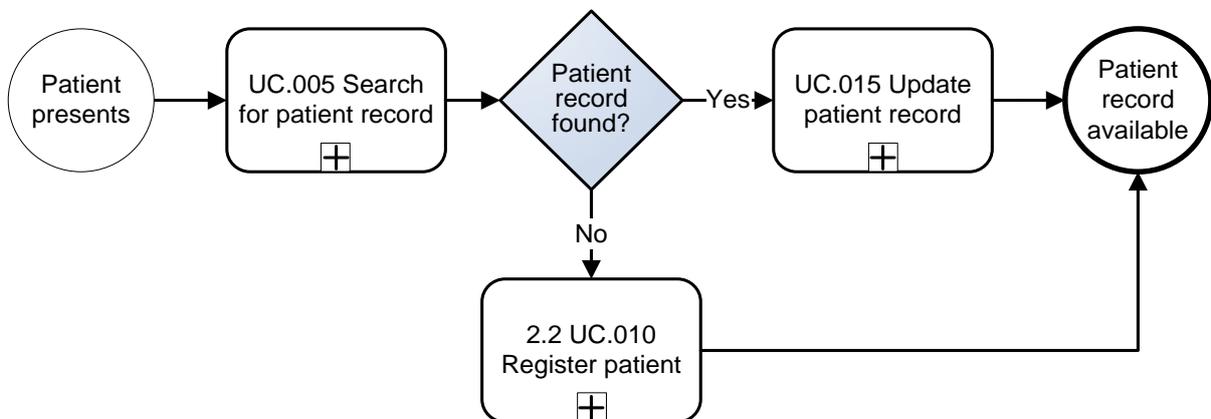


Figure 1 - Patient presents

Notes	None
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2.1.2 Use Case – UC.005 Search for patient health record

Use Case #	UC.005
Use Case Name	Search for patient health record
Role	Authorised Employee
Derivation	High Level Process – Patient presents
Purpose	To retrieve a patient health record from the local software system.
Outline	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.

Occasions of Use	An example of use is when: <ol style="list-style-type: none"> 1 A patient health record needs to be located when admitting a patient; and 2 Updating a patient health record.
Pre-Conditions	None
Post-Conditions	Patient health record found

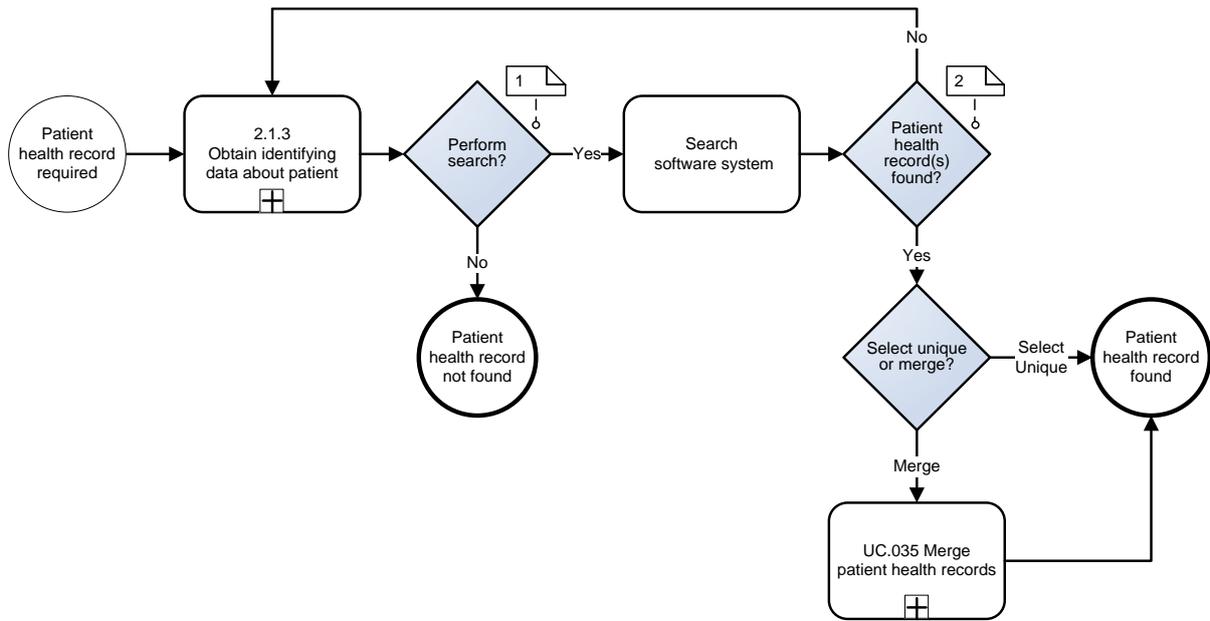


Figure 2 - UC.005 Search for patient health record

Notes 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). 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

Process Name	Obtain identifying data about patient.
Purpose	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.
Outline	Construct identifying data set and elements, based on a number of characteristics.
Pre-Conditions	None
Post-Conditions	Identifying data for patient obtained

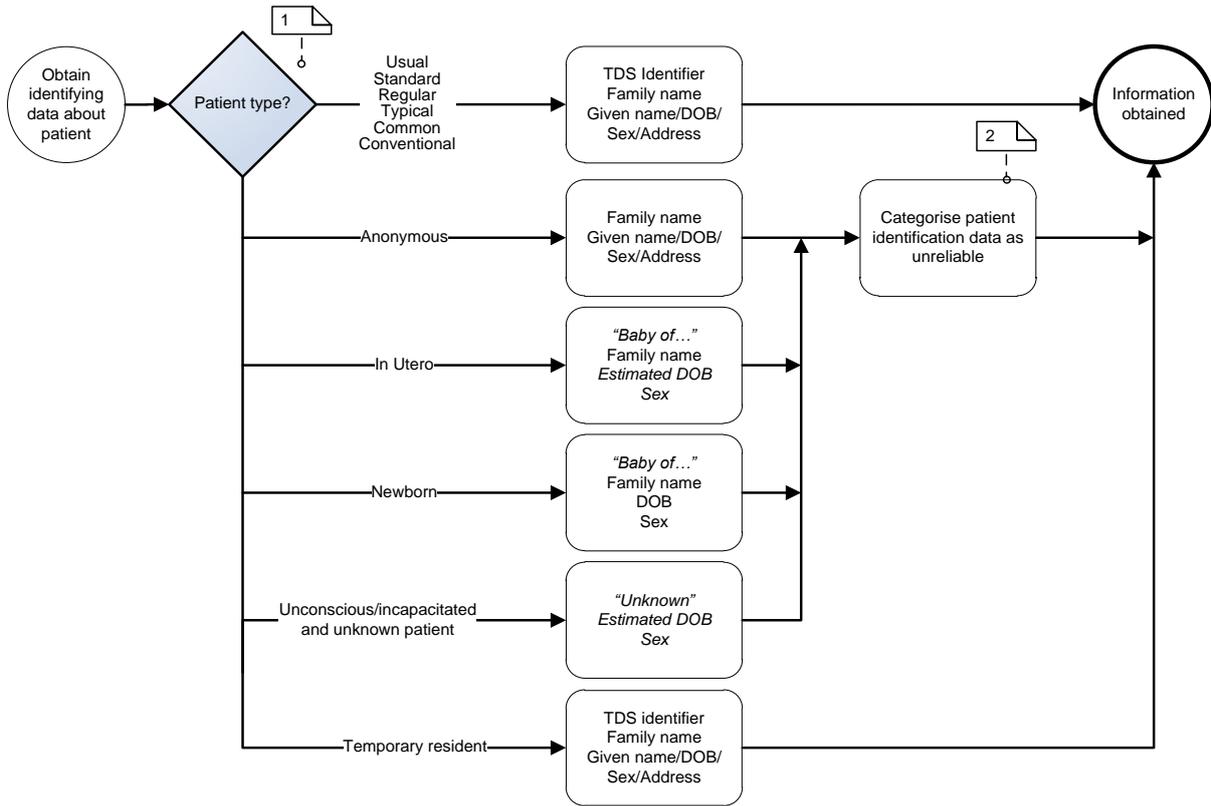


Figure 3 - Obtain identifying data about patient

- Notes**
- 1 An anonymous patient is one who does not provide identifying data or where it is known that the name provided is a fictitious or partial name and should be considered unreliable information.
 - 2 The way a patient’s identifying data is categorised within the software system as unreliable is a matter of local implementation.

Note:

The National Health Data Dictionary provides a good explanation of how patient’s details should be treated if they are considered inaccurate.

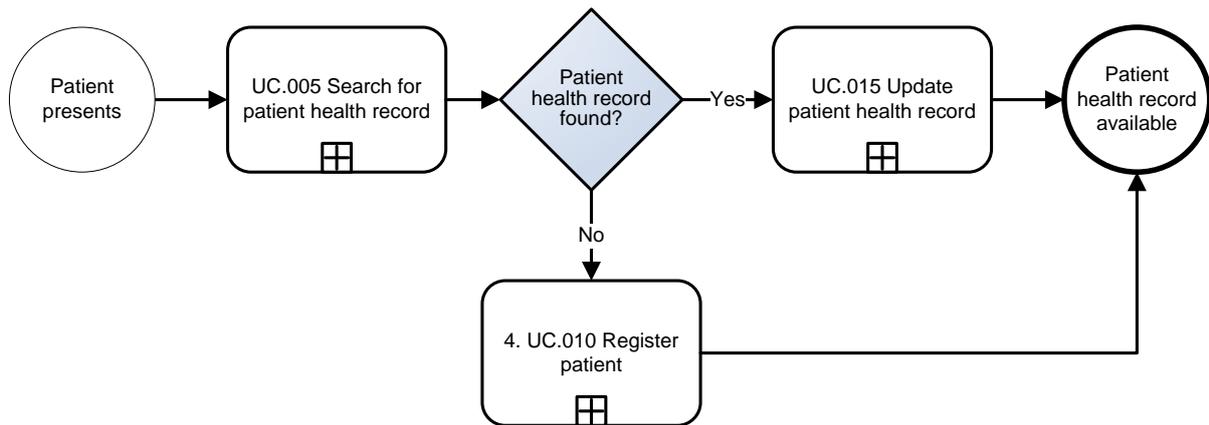
The user should obtain some or all of the following information to return an exact match from the HI Service- Family Name, Given Name, DOB, Sex, Address, or the Medicare Registered Name.

2.2 UC.010 – Register patient

2.2.1 High Level Process – Patient presents

Process Name	Patient presents
Purpose	A patient presents to a healthcare facility and a patient health record is made available.
Outline	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.



1. Figure 4 - Patient presents

Notes None

2.2.2 Use Case – UC.010 Register patient

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

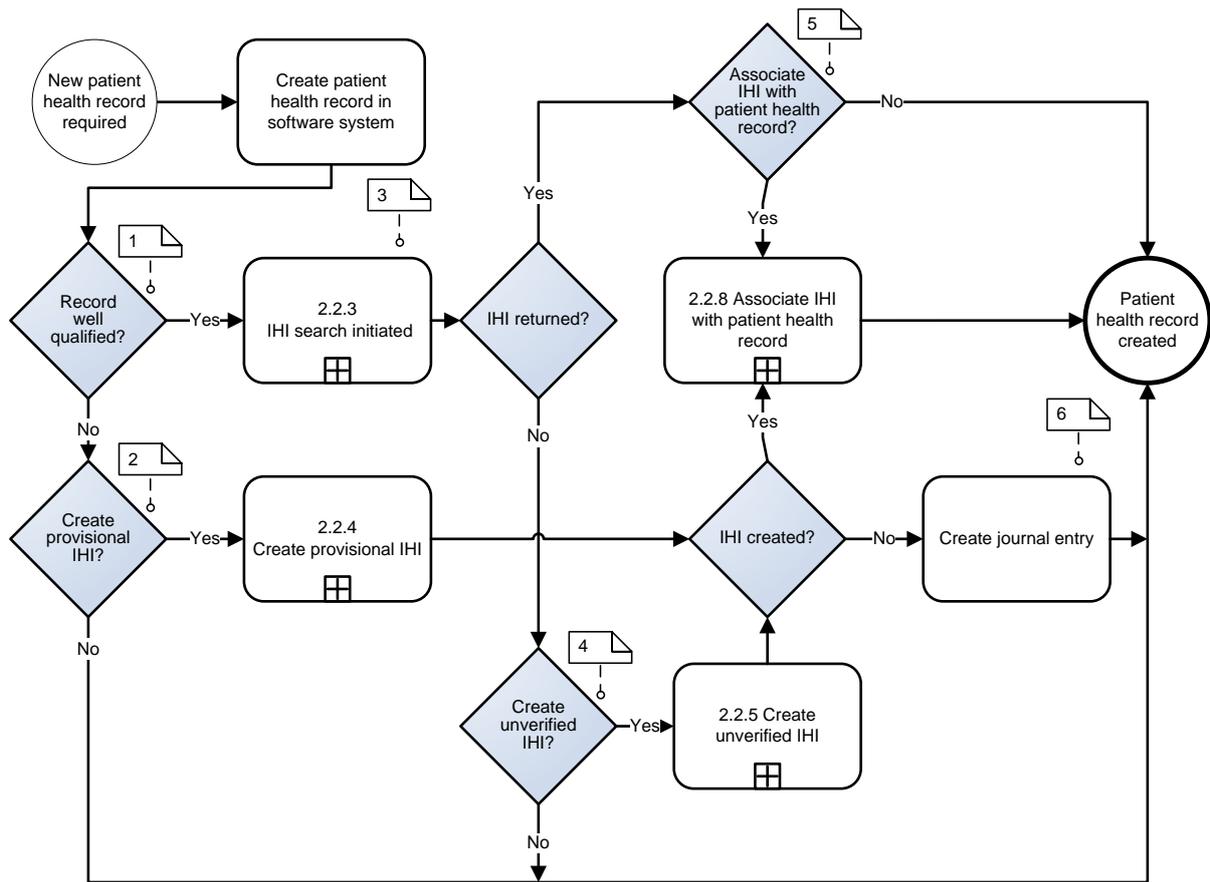


Figure 5 - UC.010 Register patient

Notes

- 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.

Note:

“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.

- 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.

Note:

The creation of a Provisional IHI is a matter of local policy which may require:

- o Provisional IHIs are never created;
- o Provisional IHIs are always created; and
- o Creation of Provisional IHIs is at the discretion of an Authorised Employee.

- 3 Where the IHI is entered manually having been obtained through a non-electronic channel, it shall be validated using the B2B channel.

- 4 If the HI Service does not return an IHI, an Unverified IHI may be created for the patient.

Note:

The creation of a Unverified IHI is a matter of local policy which may require:

- Unverified IHIs are never created;
 - Unverified IHIs are always created; and
 - Creation of Unverified IHIs is at the discretion of an Authorised Employee.
- 5 The association of a Unverified IHI is a matter of local policy which may require:
- a Unverified IHIs are never associated;
 - b Unverified IHIs are always associated; and
 - c Association of Unverified IHIs is at the discretion of an Authorised Employee.
- 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.

2.2.3 Use Case Sub-process – IHI search initiated

Process Name	IHI search initiated
Purpose	To obtain the patient’s IHI from the HI Service.
Derivation	Use Case – UC.010 Register patient
Outline	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.
Pre-Conditions	There is a reasonable level of surety that we have the patient’s registered name and accurate date of birth
Post-Conditions	IHI returned

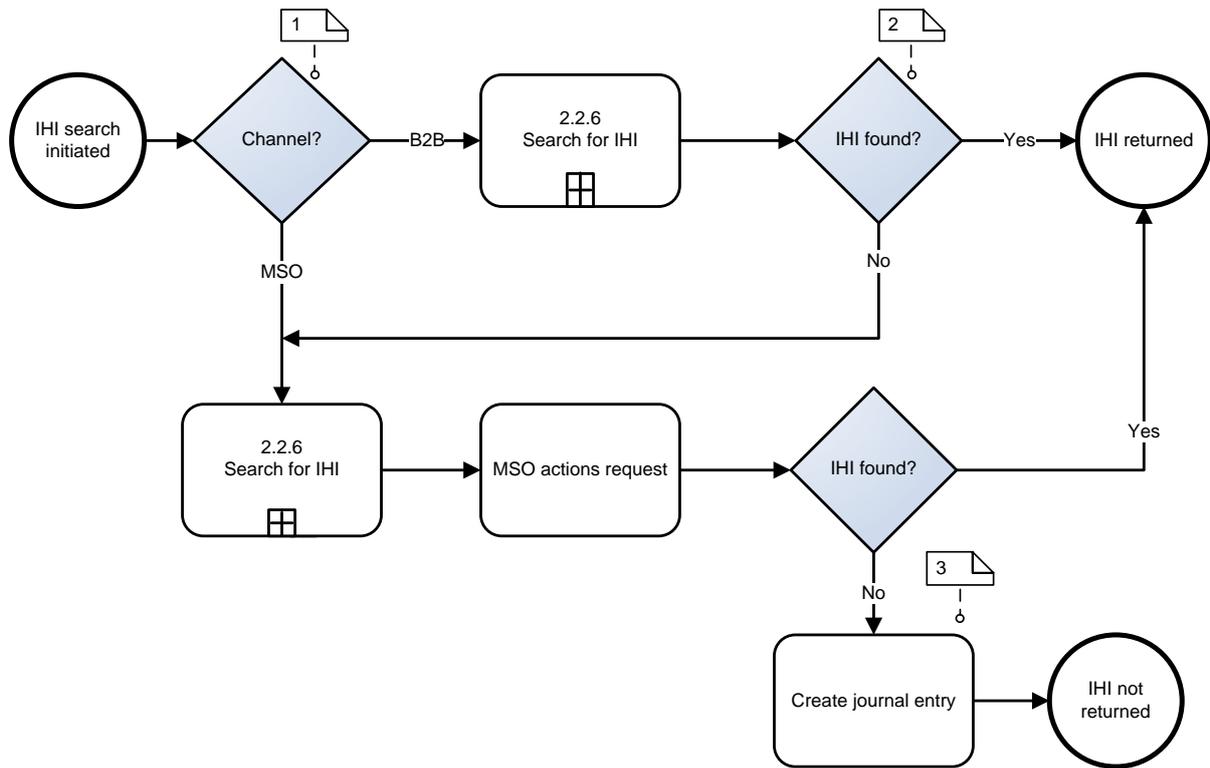


Figure 6 - IHI search initiated

Notes

- 1 The HI Service channels may not be available due to the following:
 - a A system error has occurred;
 - b System channel is scheduled for maintenance;
 - c Connection to the channel is not available/down;
 - d Channel request time out; or
 - e MSO channel – hours of operation; etc.
- 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.
- 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.

2.2.4 Use Case Sub-process – Create Provisional IHI

Process Name	Create Provisional IHI
Purpose	To create a temporary IHI for a patient who is unconscious/incapacitated and unknown. <u>Note:</u> A Provisional IHI lapses after ninety (90) days of inactivity.
Derivation	Use Case – UC.010 Register patient
Outline	The IHI is created via B2B. <u>Note:</u> The creation of a Provisional IHI is not possible via MSO facilitated channels.

Pre-Conditions	Appendix A	No identifying data in relation to the patient is available
	Appendix B	Local policy allows for this use case to proceed
Post-Conditions	Appendix B	The Provisional IHI is returned from the HI Service

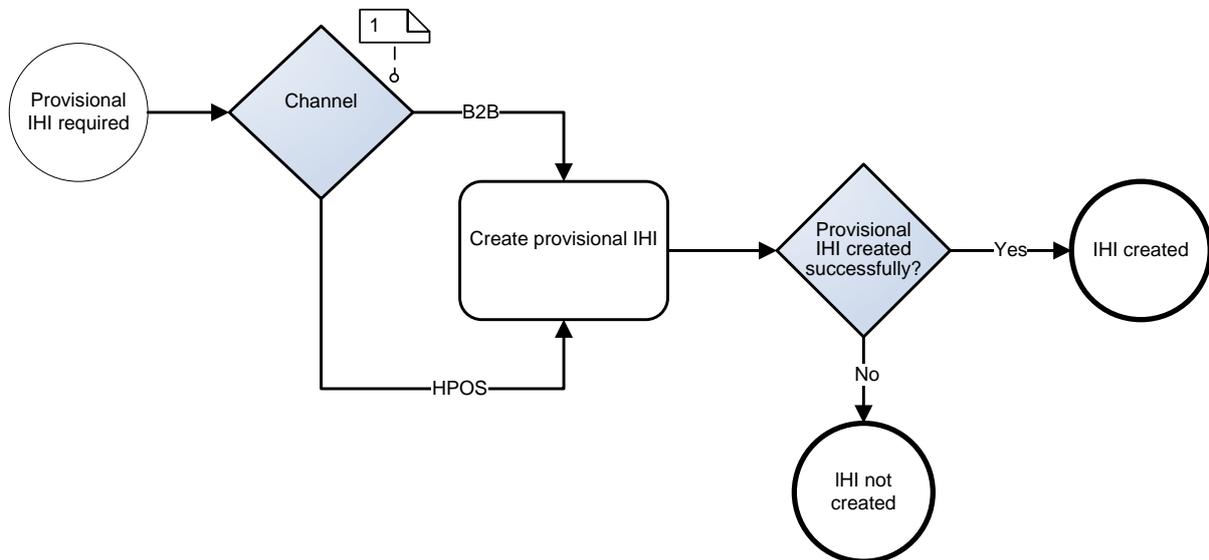


Figure 7 - Create Provisional IHI

Notes	Appendix C	The HI Service channels may not be available due to the following:
	Appendix D	A system error has occurred;
	Appendix E	System channel is scheduled for maintenance;
	Appendix F	Connection to the channel is not available/down;
		Channel request time out; etc.

2.2.5 Use Case Sub-process – Create Unverified IHI

Process Name	Create Unverified IHI
Purpose	To create an Unverified IHI for a patient via B2B if possible or via the MSO channels.
Derivation	Use Case – UC.010 Register patient
Outline	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.
Pre-Conditions	<ul style="list-style-type: none"> 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).

- An Authorised Employee has identified the need to assign an Unverified IHI to the Patient health record in the software system.
- Local policy allows for this use case to proceed.

Post-Conditions

- The Unverified IHI is generated and returned from the HI Service
- The patient is informed of the Unverified IHI allocated to them, and their options discussed (where applicable)

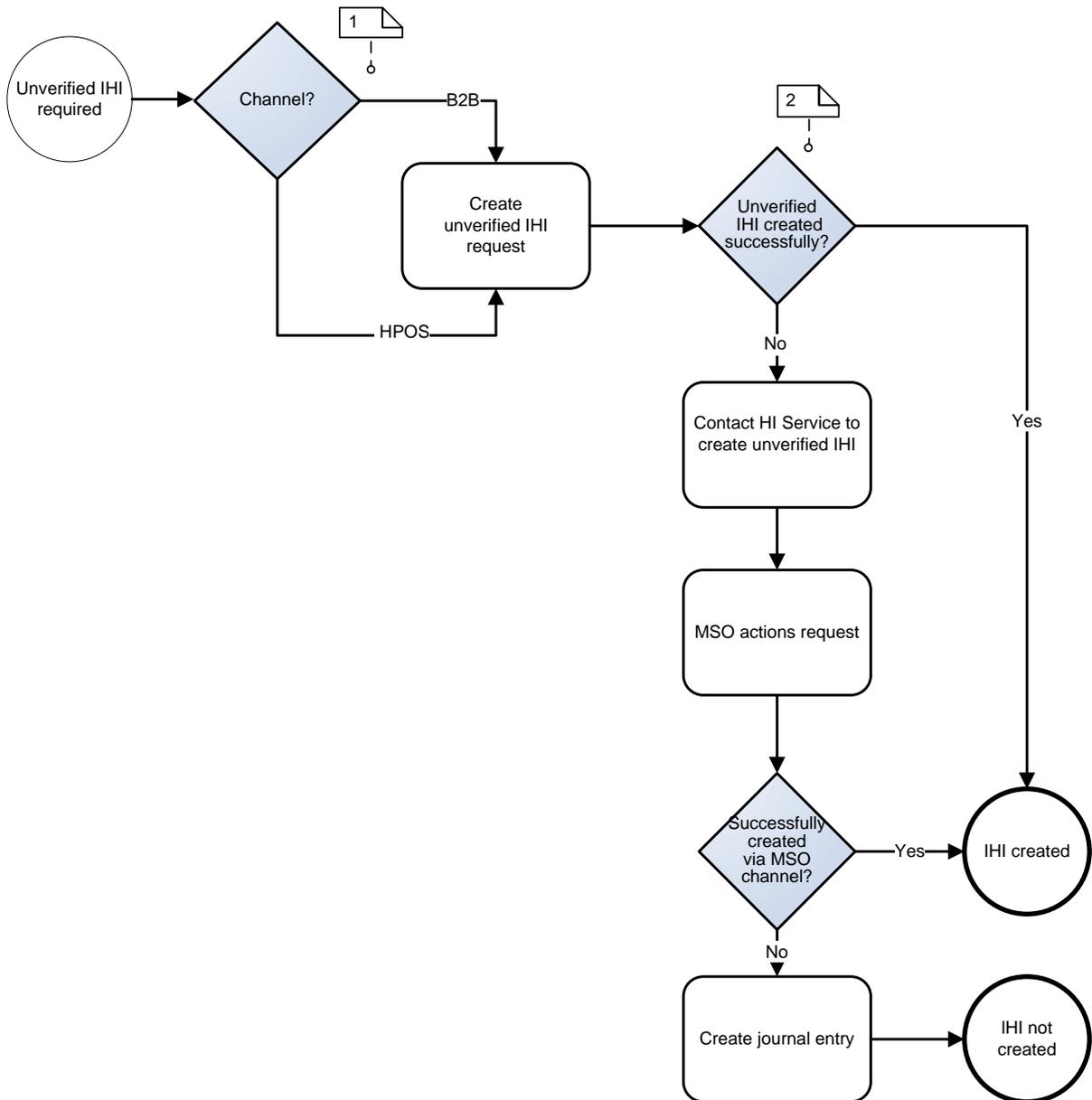


Figure 8 - Create Unverified IHI

Notes

- 1 If the HI Service is not available, it could be due to the following reasons:
 - a A system error has occurred;
 - b System channel is scheduled for maintenance;
 - c Connection to the channel is not available/down;
 - d Channel request time out; or

- e MSO channel – hours of operation; etc.
- 2 If an attempt to create an IHI in the HI Service via B2B channel fails, the MSO channel may be attempted.

2.2.6 Use Case Sub-process – Search for IHI

Process Name	Search for IHI
Purpose	To retrieve an IHI from the HI Service based on the information about the patient.
Derivation	Use Case Sub-process – IHI search initiated
Outline	<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>
Pre-Conditions	There is a reasonable level of surety that we have the patient’s registered name and accurate date of birth
Post-Conditions	IHI found

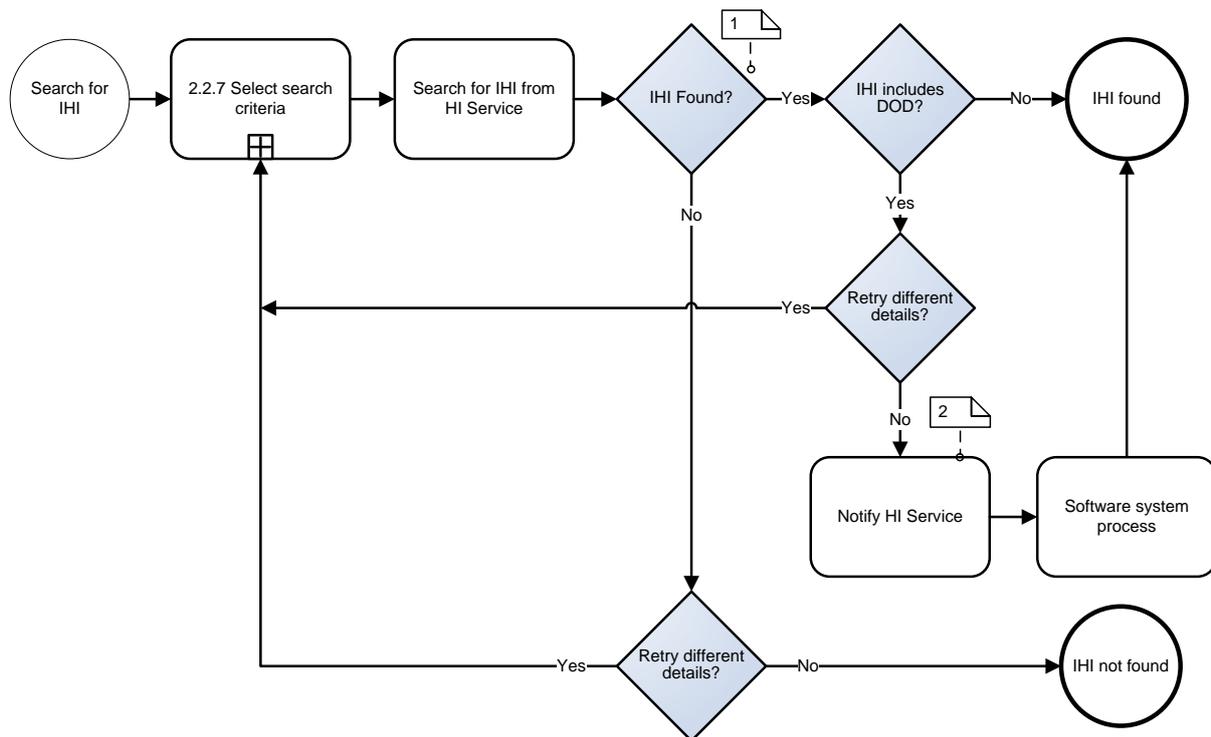


Figure 9 - Search for IHI

- Notes**
- 1 The HI Service response may be:
 - a An IHI is returned;
 - b Multiple IHIs have been found;
 - c No IHI has been found; or

- d An IHI is returned but the record has a status of deceased.
- 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. Examples include:
 - a Apply the IHI status, including DOD details;
 - b Create an Unverified IHI for the patient;
 - c Await clarification from HI Service; or
 - d No action.

2.2.7 Use Case Sub-process – Select search criteria

Process Name	Select search criteria
Purpose	To select the demographic data elements to be used when searching for a patient’s IHI in the HI Service.
Derivation	Use Case Sub-process – IHI search initiated
Outline	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.
Pre-Conditions	None
Post-Conditions	Search criteria selected

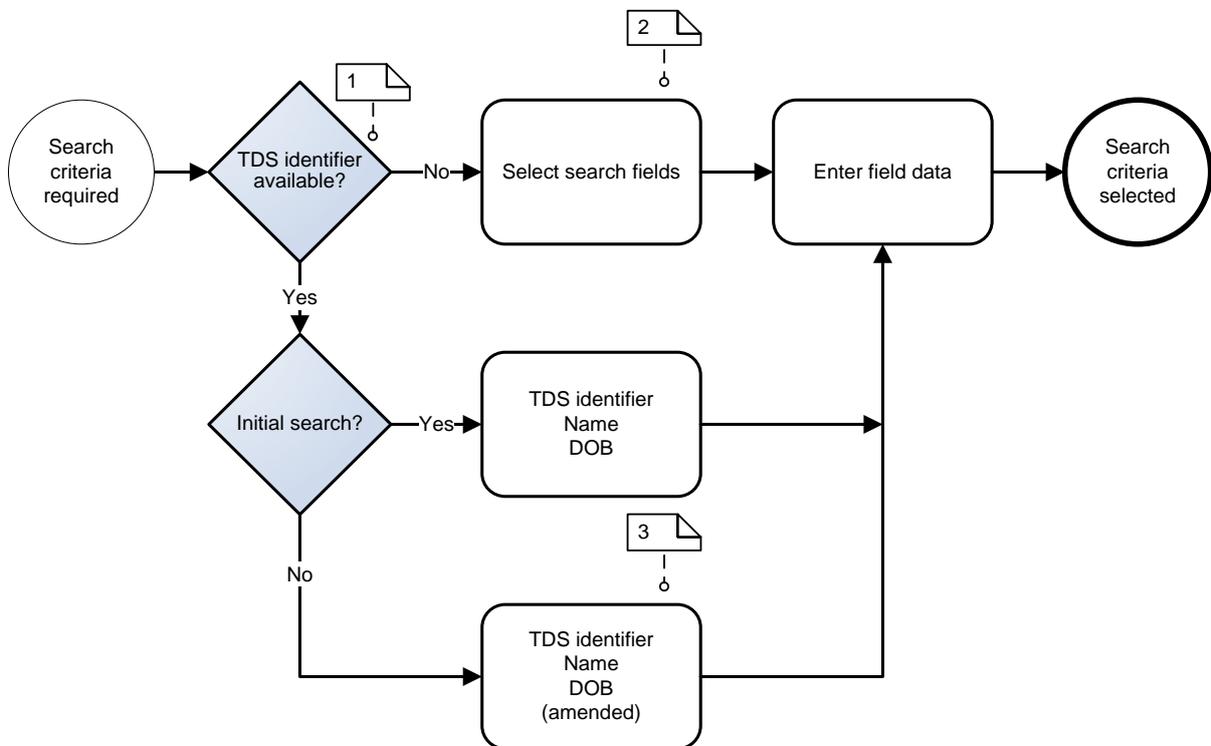


Figure 10 - Select Search Criteria

- Notes**
- 1 TDS identifiers may be Medicare Card numbers², Department of Veterans Affairs' File numbers, or an IHI.
 - 2 The data set to uniquely identify a patient through a demographic search includes the patient name, date of birth, sex, and address:
 - a Mandatory: patient surname, date of birth and sex; and
 - b Optional: patient first name, other names, and address information.
 - 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:
 - a Previous name;
 - b Alternate; and
 - c Alias; etc.

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

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

² 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.

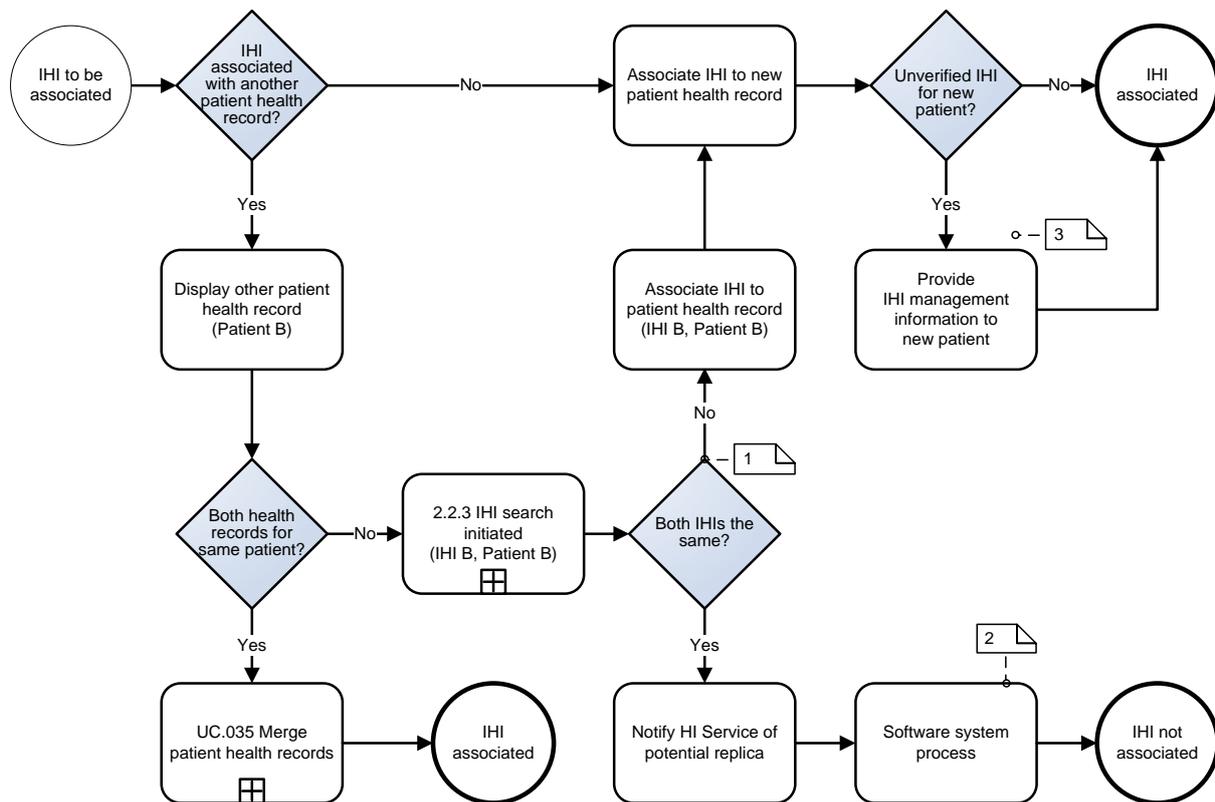


Figure 11 - Associate IHI with patient health record

- 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:
 - a 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);
 - b Remove the identifiers from the patient health record and however, retain the IHI history in the system log;
 - c 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.011 – Request verified IHI for newborn

Use Case #	UC.011
Use Case Name	Request verified IHI for a newborn
Role	Authorised Employee Healthcare Provider
Derivation	Child is born in a hospital setting or an eligible Organisation (e.g. Indigenous Health Services)
Purpose	To request the creation of a verified IHI for a newborn patient record.
Outline	A new patient health record is created. If possible, an IHI is obtained from the HI Service and associated with the record.

Occasions of Use

An example of this use case is when:

- A newborn delivered in a hospital setting requires a verified IHI to be created and associated to the patient record.

Pre-Conditions

- Identifying data for patient obtained
- The patient record exists or is in the process of being created.

Post-Conditions

- Patient health record created
- Recording of an audit trail (see requirement 8028)

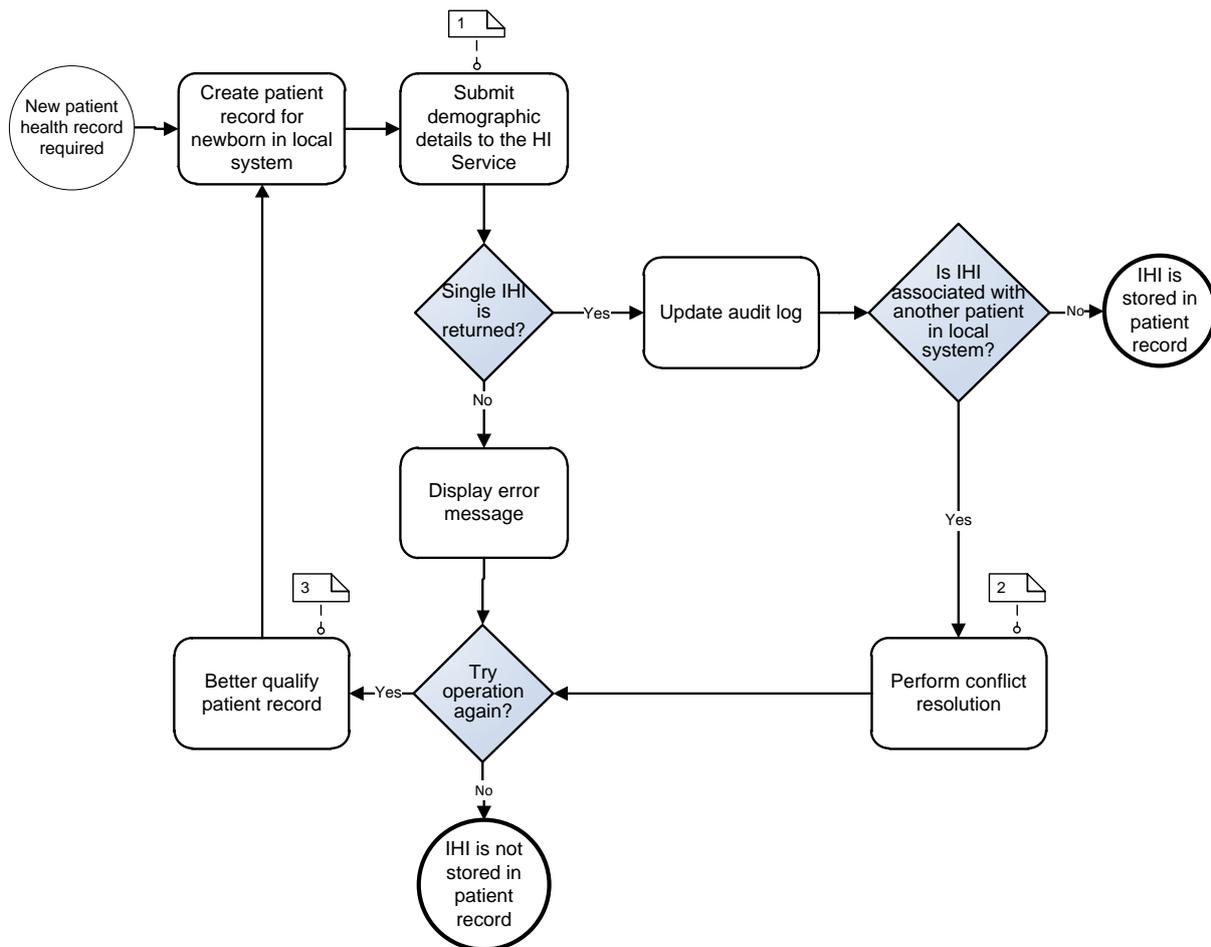


Figure 12 - Request verified IHI for newborn

Notes

- 1 The 'Create verified IHI for newborn' web service will be invoked with mandatory and optional parameters as defined by tech.sis.hi.26. Depending on the implementation, this may instead be invoked during a 'update' event instead of a 'create' event.
- 2 Conflict resolution may include:
 - a Contacting a Medicare Service Officer;
 - b Making an entry in an exception queue; or
 - c Performing other data matching/cleansing exercise.
- 3 Adding additional demographic detail to a patient record will increase likelihood of creating an IHI with unique demographic details.

2.4 UC.015 – Update patient health record

2.4.1 High Level Process – Patient presents

Process Name	Patient presents
Purpose	A patient presents to a healthcare facility and a patient health record is made available.
Outline	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.

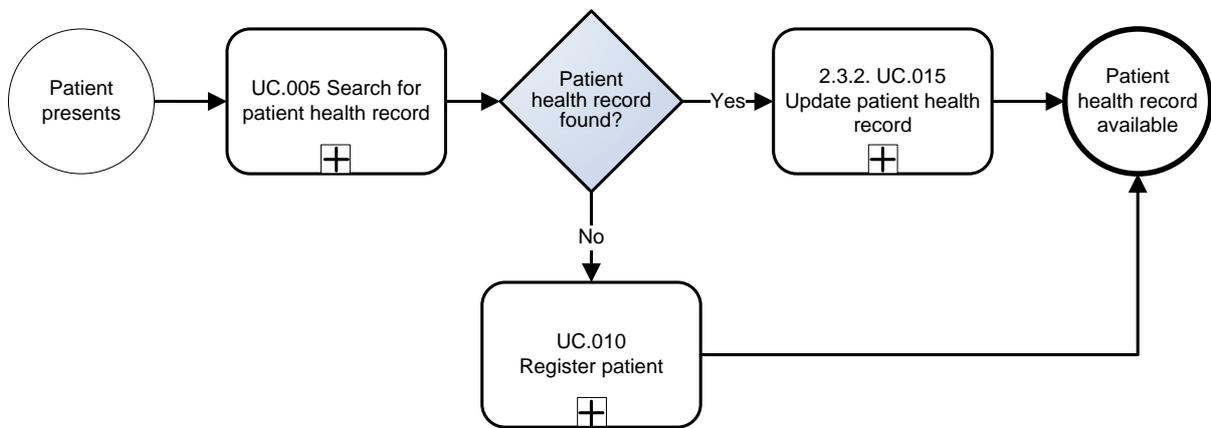


Figure 13 - Patient presents

Notes None

2.4.2 Use Case – UC.015 Update patient health record

Use Case #	UC.015
Use Case Name	Update patient health record
Role	Authorised Employee
Derivation	High Level Process – Patient presents
Purpose	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.
Outline	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. If the new detail, about the patient includes a Date of Death, the HI Service is notified of the patient’s date of death.

Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> A patient health record exists within the software system that has new information that needs to be applied A regular interval check is to be done, to verify the patient's IHI status The patient health record has been recorded in the error or journal log indicating that an update is required An unconscious/incapacitated and unknown patient becomes known to a healthcare facility A patient has deceased
Pre-Conditions	IHI is returned from HI Service
Post-Conditions	The patient's health record is updated in the software system and an IHI is associated to it

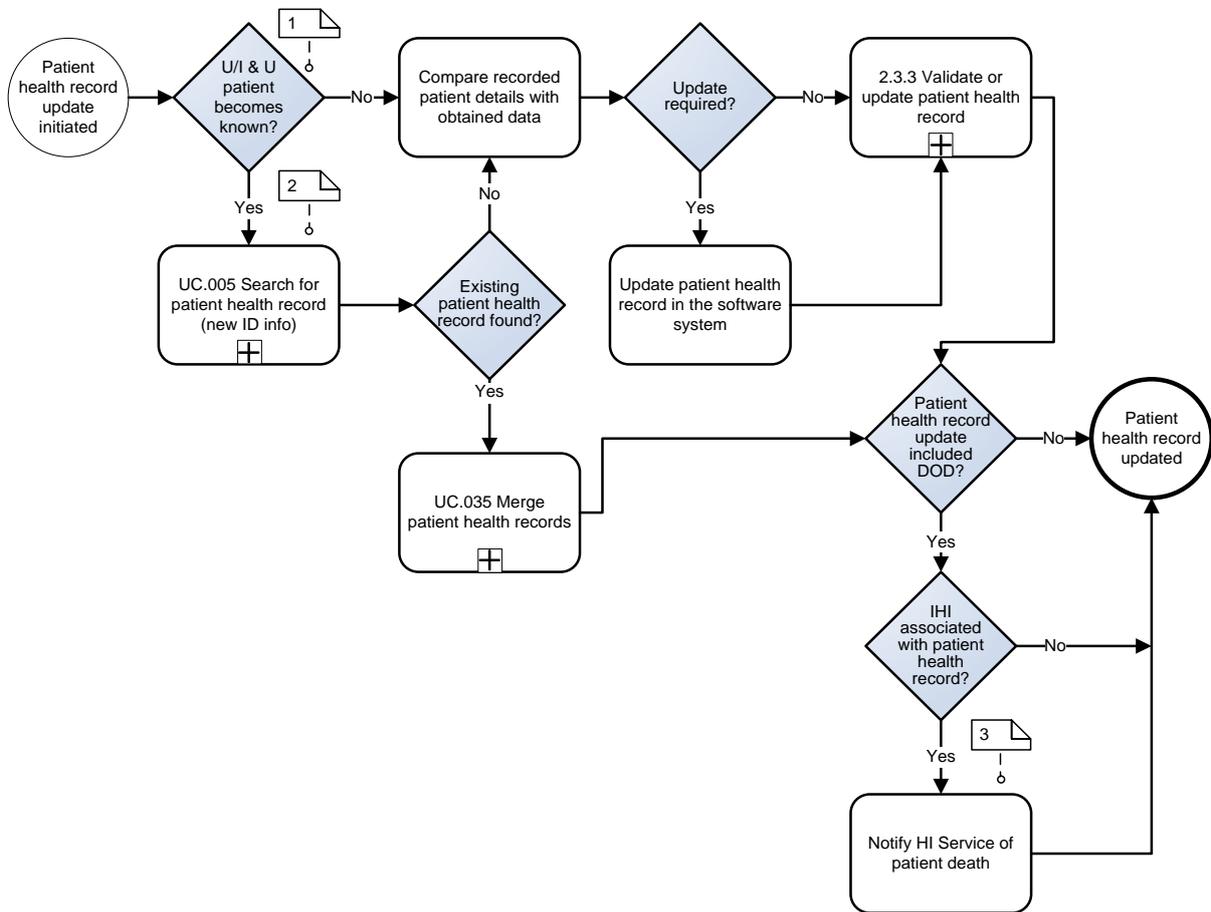


Figure 14 - Update patient health record

- Notes**
- 1 An unconscious/incapacitated and unknown (U/I&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.
 - 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.

- 3 This HI Service is also independently notified of the patient death and the Date of Death via jurisdictional Birth, Death and Marriage Registries after Fact of Death documentation is available.

Note:

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.

2.4.3 Use Case Sub-process – Validate or update patient health record

Process Name	Validate or update patient health record
Purpose	To ensure that we have the most up to date IHI information available for the patient health record.
Derivation	High Level Process – Patient presents
Outline	The IHI for the patient undergoes a validation or update process, depending on the type of IHI it is.
Pre-Conditions	Patient details have been updated in the software system IHI validation has been requested by the Authorised Employee.
Post-Conditions	IHI is associated to the patient health record

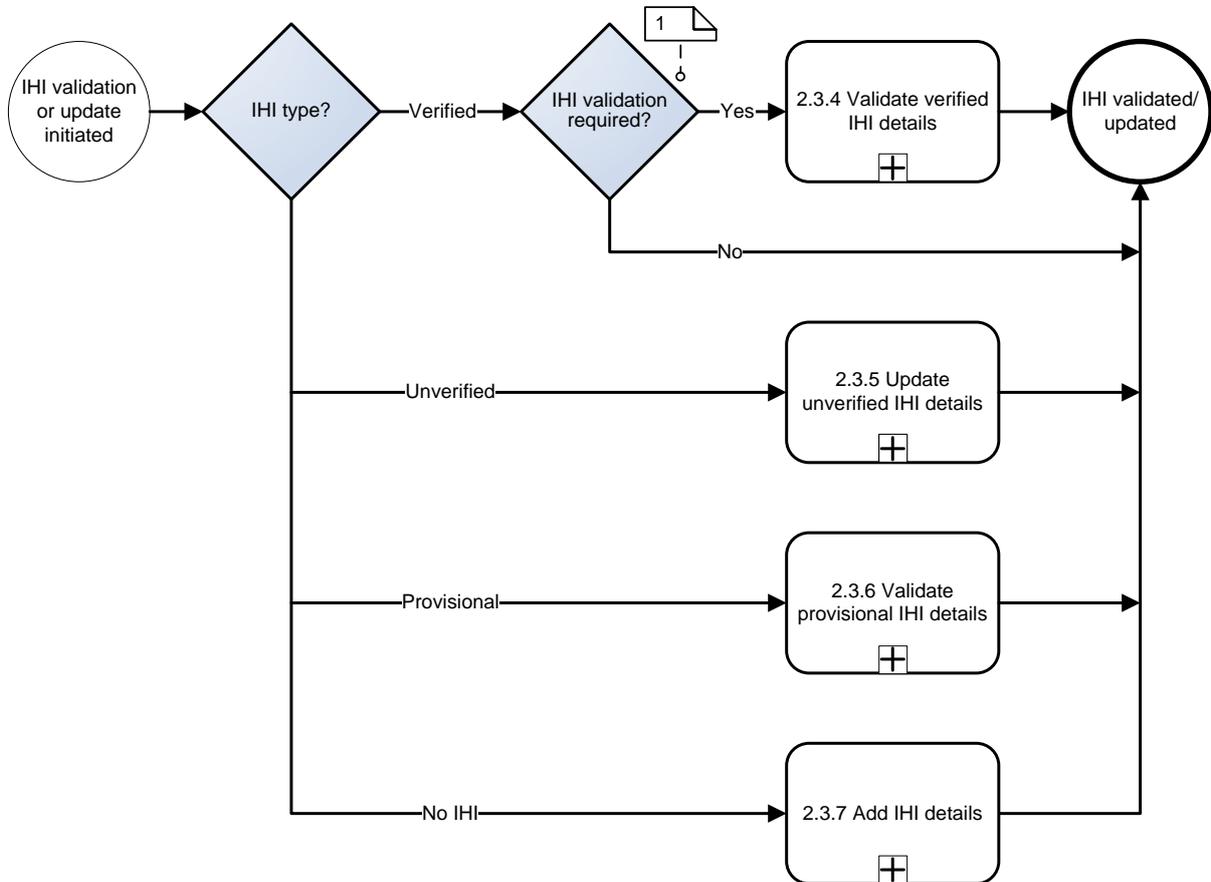


Figure 15 - Validate or update patient health record

Notes 1 Where the identification details of the patient did not change, validation of a Verified IHI is a matter of local policy.

Note:

Where the core IHI demographic information (family name, given name, DOB or the gender has changed, the IHI needs to be validated.

2.4.4 Use Case Sub-process – Validate Verified IHI details

Process Name	Validate Verified IHI details
Purpose	To maintain the quality of IHI information within the software system.
Derivation	Use Case – UC.015 Update patient health record
Outline	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.
Pre-Conditions	A Verified IHI is associated to the patient health record within the software system
Post-Conditions	The Verified IHI has been validated

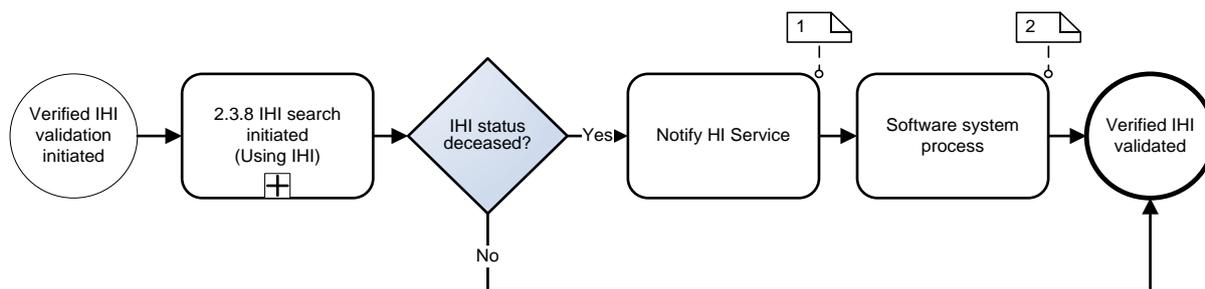


Figure 16 - Validate Verified IHI details

Notes

- 1 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.
- 2 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.

2.4.5 Use Case Sub-process – Update Unverified IHI details

Process Name	Update Unverified IHI details
Purpose	To maintain the IHI information within the HI Service.
Derivation	Use Case Sub-process – Update Unverified IHI details

Outline	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.
Pre-Conditions	An Unverified IHI is associated to the patient health record within the software system
Post-Conditions	<ul style="list-style-type: none"> The Unverified IHI’s demographic details has been updated in the HI Service An alternate IHI has been returned by the HI Service and associated with the patient health record

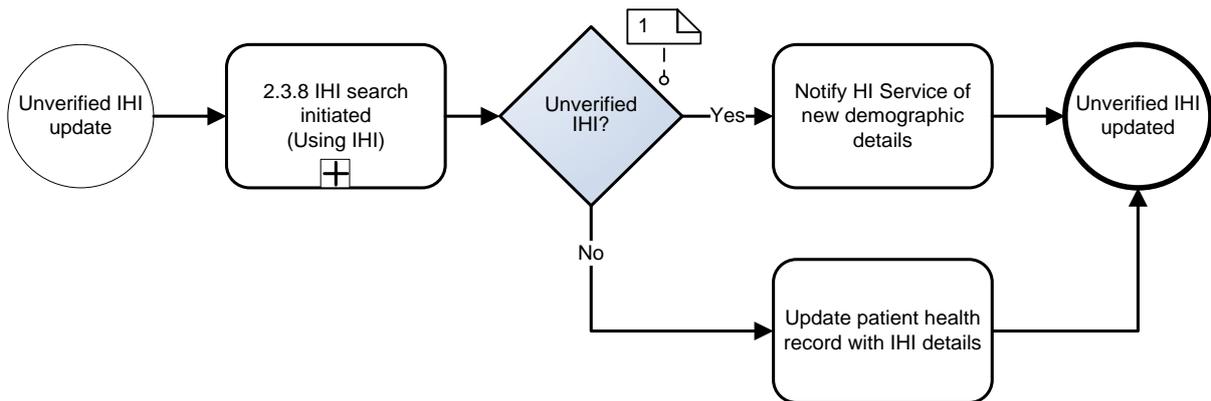


Figure 17 - Update Unverified IHI details

Notes 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.

Note:
Where an Unverified IHI is returned, the HI Service will be notified of the changes to the patient’s demographic details.
The changes would have been previously applied to the patient health record earlier in the process.

2.4.6 Use Case Sub-process – Validate Provisional IHI details

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

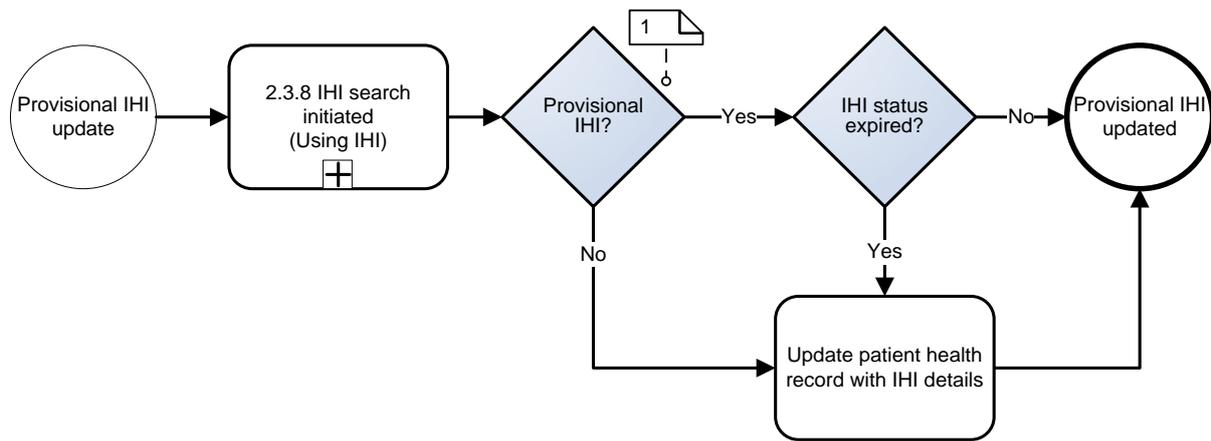


Figure 18 - Validate Provisional IHI details

Notes 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.

2.4.7 Use Case Sub-process – Add IHI details

Process Name	Add IHI details
Purpose	To add IHI information to a patient health record.
Derivation	Use Case Sub-process – Validate or update patient health record
Outline	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.
Pre-Conditions	The patient health record does not have an associated IHI
Post-Conditions	The IHI is associated to the patient health record, if supported by local policy

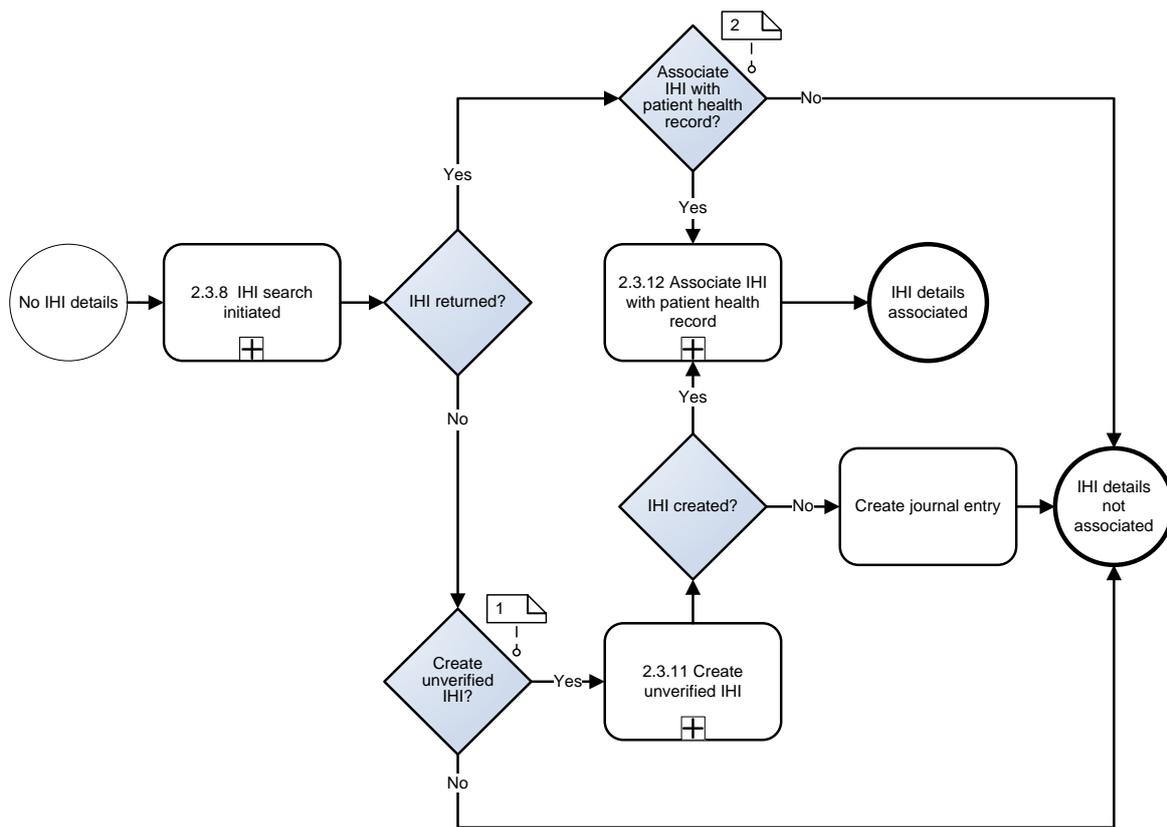


Figure 19 - Add IHI details

- Notes**
- 1 If the HI Service does not return an IHI, an Unverified IHI may be created for the patient.
Note:
 The creation of an Unverified IHI is a matter of local policy which may require:
 - Unverified IHIs are never created;
 - Unverified IHIs are always created; or
 - Creation of Unverified IHIs is at the discretion of an Authorised Employee.
 - 2 The association of a Unverified IHI is a matter of local policy which may require:
 - a Unverified IHIs are never associated;
 - b Unverified IHIs are always associated;
 - c Association of Unverified IHIs is at the discretion of an Authorised Employee.

2.4.8 Use Case Sub-process – IHI search initiated

Process Name	IHI search initiated
Purpose	To obtain the patient’s IHI from the HI Service.
Derivation	Use Case Sub-process – Validate Verified IHI details Use Case Sub-process – Update Unverified IHI details Use Case Sub-process – Validate Provisional IHI details Use Case Sub-process – Add IHI details

Outline	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.
Pre-Conditions	There is a reasonable level of surety that we have the patient's registered name and accurate date of birth
Post-Conditions	IHI returned

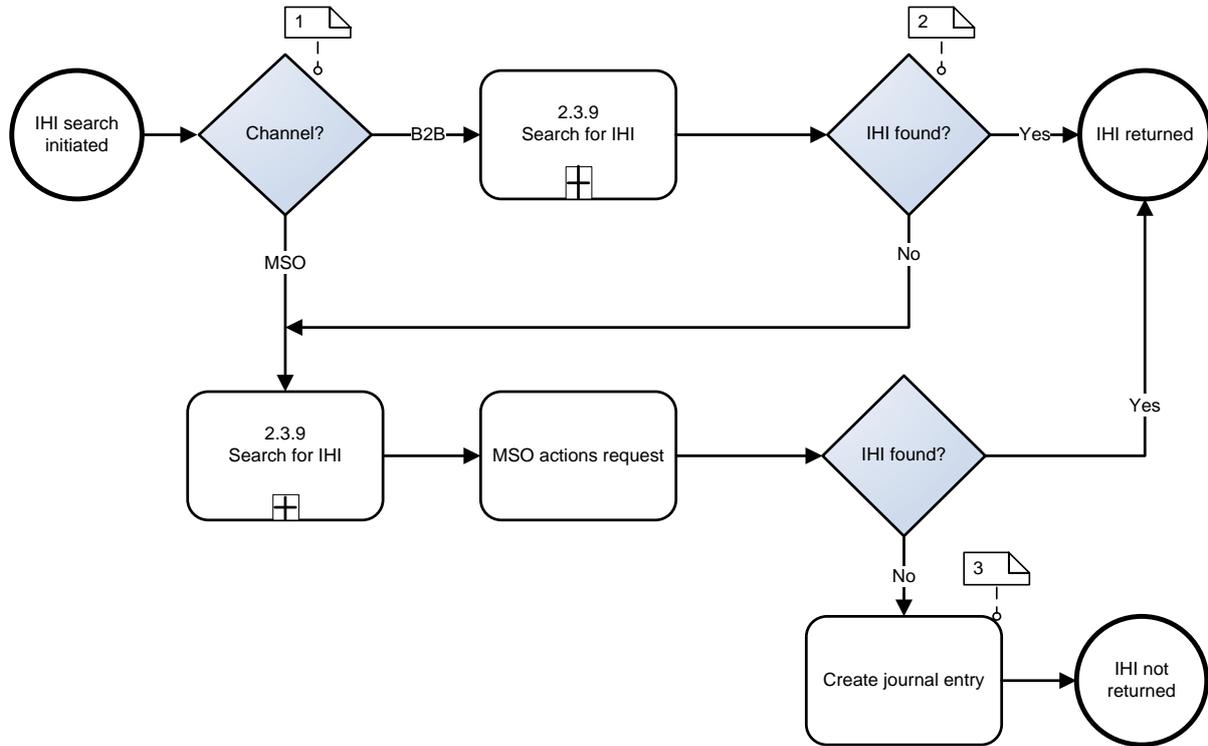


Figure 20 - IHI search initiated

- Notes**
- 1 The HI Service channels may not available due to the following:
 - a A system error has occurred;
 - b System channel is scheduled for maintenance;
 - c Connection to the channel is not available/down;
 - d Channel request time out;
 - e MSO channel – hours of operation; etc.
 - 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.
 - 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.

2.4.9 Use Case Sub-process – Search for IHI

Process Name	Search for IHI
Purpose	To retrieve an IHI from the HI Service based on the

	information about the patient.
Derivation	Use Case Sub-process – IHI search initiated
Outline	<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>
Pre-Conditions	There is a reasonable level of surety that we have the patient’s registered name and accurate date of birth
Post-Conditions	IHI found

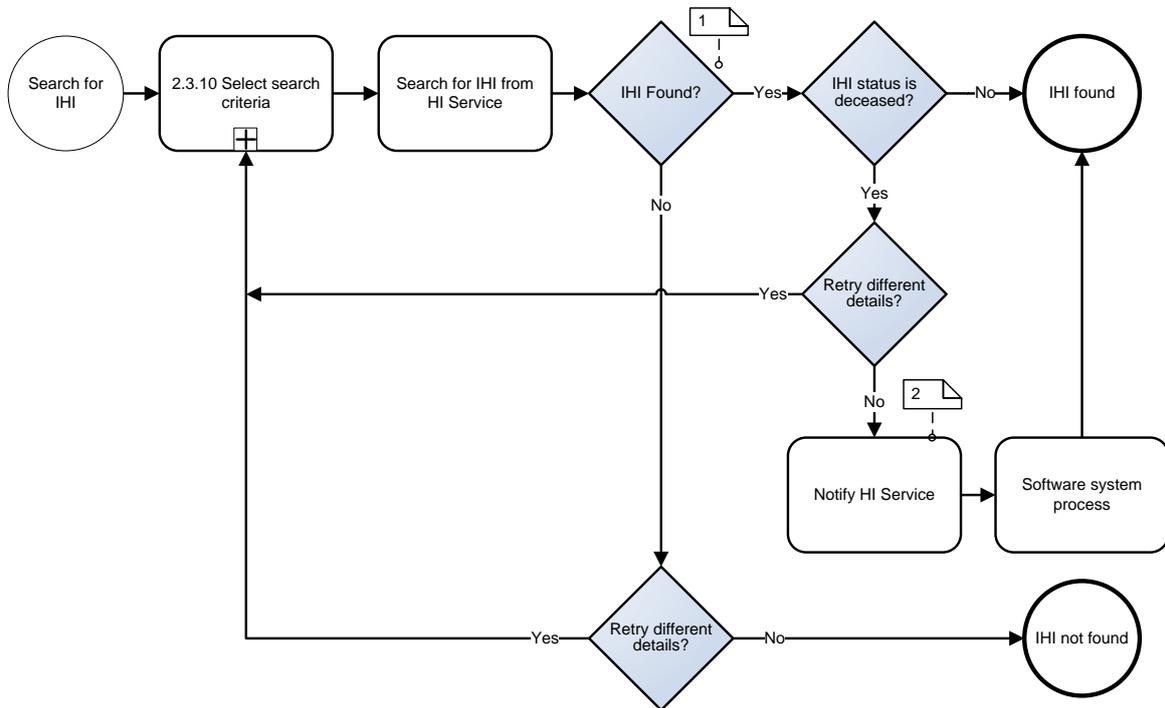


Figure 21 - Search for IHI

- Notes**
- 1 The HI Service response may be:
 - a An IHI is returned;
 - b Multiple IHIs have been found;
 - c No IHI has been found; or
 - d An IHI is returned but the record has a status of deceased.
 - 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. Examples include:
 - a Apply the IHI status, including DOD details;
 - b Create an Unverified IHI for the patient;
 - c Await clarification from HI Service; or
 - d No action.

2.4.10 Use Case Sub-process – Select search criteria

Process Name	Select search criteria
Purpose	To select the demographic data elements to be used when searching for a patient's IHI in the HI Service.
Derivation	Use Case Sub-process – Search for IHI
Outline	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.
Pre-Conditions	None
Post-Conditions	Search criteria selected

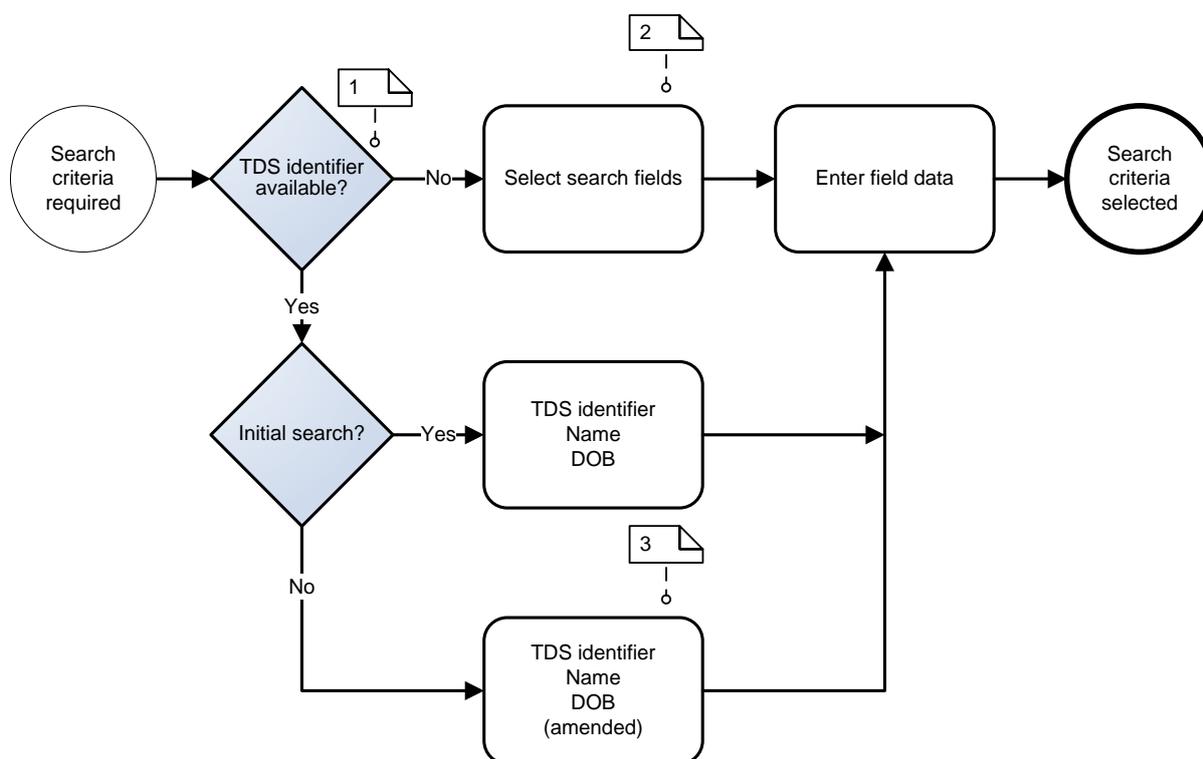


Figure 22 - Prepare demographic search criteria

- Notes**
- 1 TDS identifiers may be Medicare Card numbers³, Department of Veterans Affairs' File numbers or an IHI.
 - 2 The data set to uniquely identify a patient through a demographic search includes the patient name, date of birth, sex, and address.
 - a Mandatory: patient surname, date of birth and sex
 - b Optional: patient first name, other names and address information
 - 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:
 - a Previous name;
 - b Alternate;
 - c Alias; etc.

³ 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.

2.4.11 Use Case Sub-process – Create Unverified IHI

Process Name	Create Unverified IHI
Purpose	To create an Unverified IHI for a patient via B2B if possible or via the MSO channel.
Derivation	Use Case Sub-process – Add IHI details
Outline	<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>
Pre-Conditions	<ul style="list-style-type: none"> • 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). • An authorized employee has identified the need to assign an Unverified IHI to the Patient record in the software system. • Local policy allows for this use case to proceed.
Post-Conditions	<ul style="list-style-type: none"> • The Unverified IHI is generated and returned from the HI Service • The patient is informed of the Unverified IHI allocated to them, and their options discussed (where applicable)

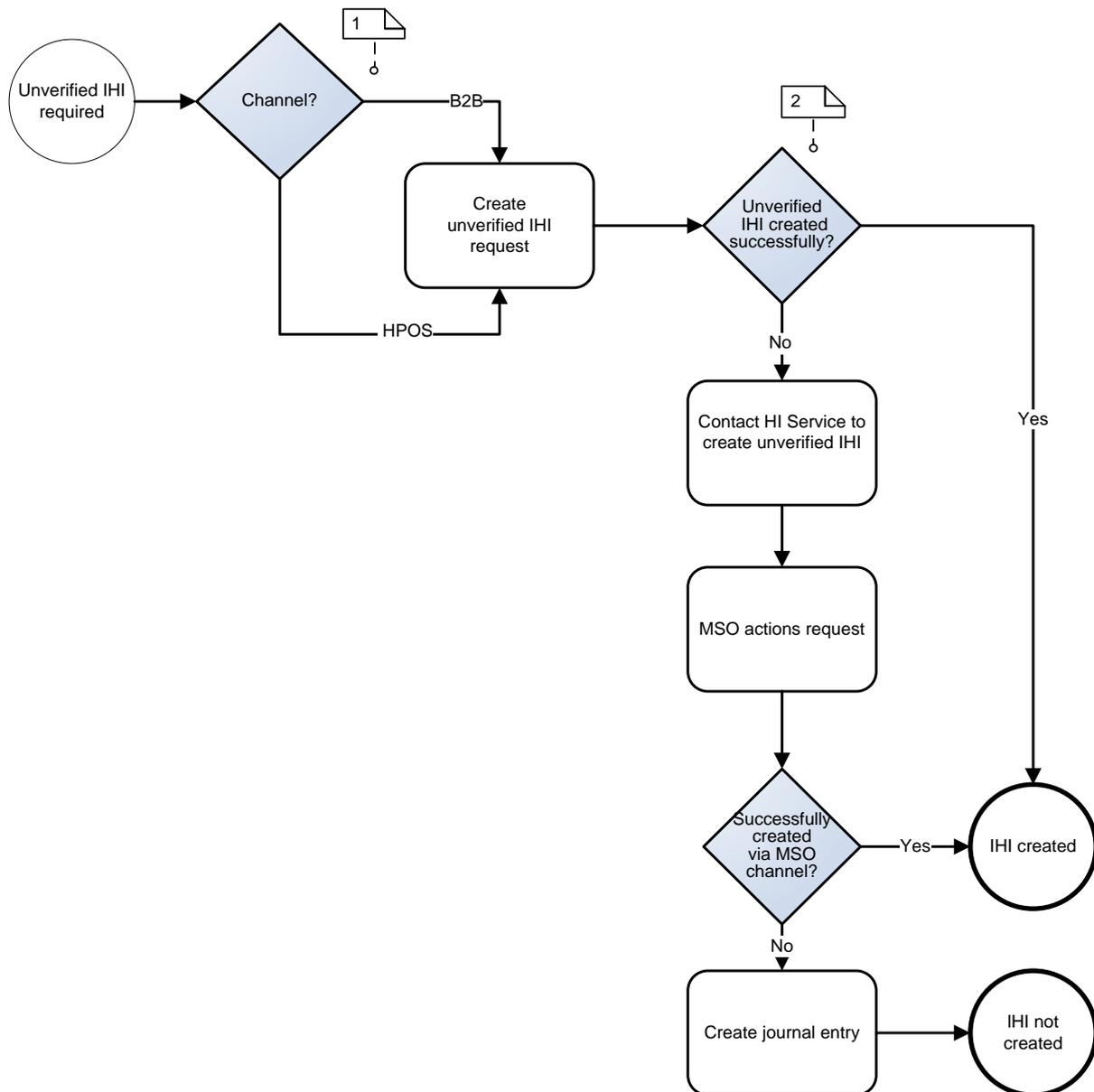


Figure 23 - Create Unverified IHI

- Notes**
- 1 If the HI Service is not available, it could be due to the following reasons:
 - a A system error has occurred;
 - b System channel is scheduled for maintenance;
 - c Connection to the channel is not available/down;
 - d Channel request time out; and
 - e MSO channel – hours of operation, etc.
 - 2 If an attempt to create an IHI in the HI Service via the B2B channel fails, the MSO channel may be attempted.

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

Process Name	Associate IHI with patient health record
Purpose	To associate the IHI obtained (if any) with a patient health record.
Derivation	Use Case Sub-process – Add IHI details
Outline	This process ensures that an IHI is not associated with multiple patient health records.
Pre-Conditions	IHI is returned from HI Service If not a Verified IHI, local policy allows for the updating of this IHI into the patient health record
Post-Conditions	IHI is associated to the patient health record

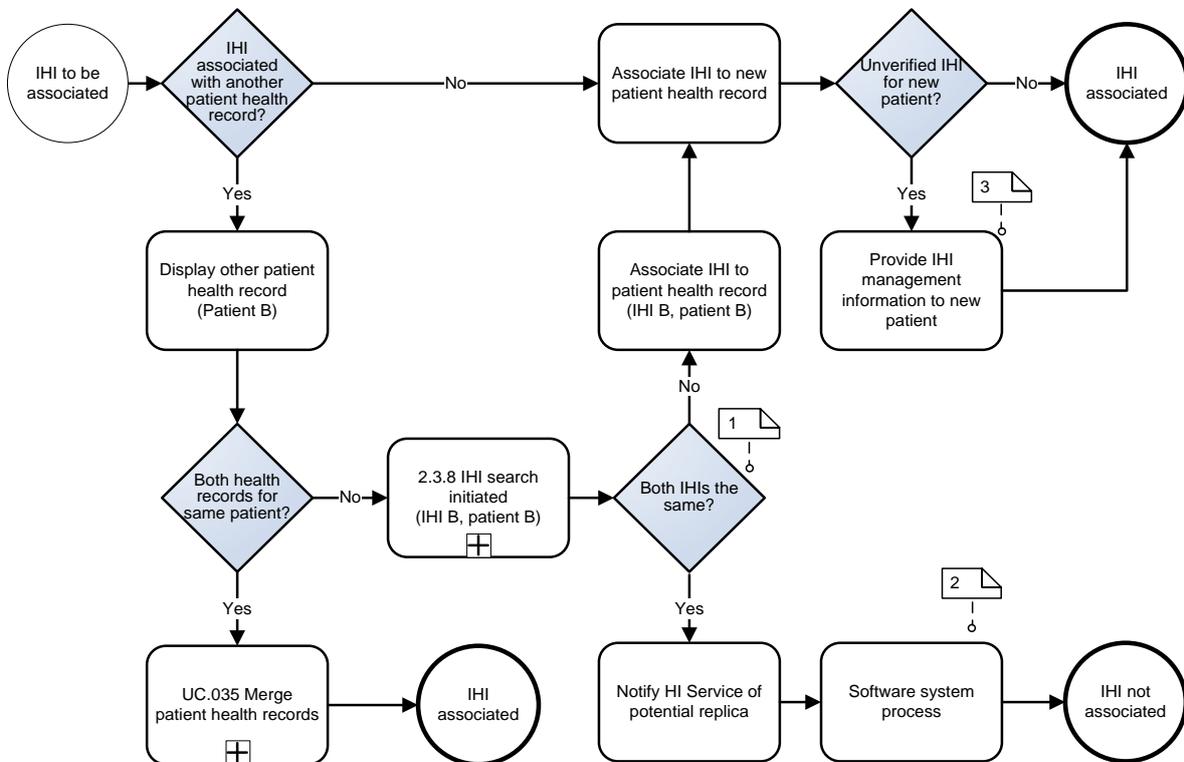


Figure 24 - Associate IHI with patient health record

- 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:
 - a 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;
 - b Remove the identifiers from the patient health record however, retain the IHI history in the system log;
 - c 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.

2.5 UC.025 – Bulk Update of IHI details

2.5.1 UC.025 Bulk update of IHI details

Use Case #	UC.025
Use Case Name	Bulk update of IHI details
Role	Authorised Employee
Purpose	Initial loading or updating the software system with the IHI number and status for selected patient health records.
Outline	<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>
Occasions of Use	<p>An example of use is when:</p> <ul style="list-style-type: none">• A Healthcare Provider Organisation (HPI-O) wants to perform an initial load of their software system with details of all of their patients' IHIs• 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
Pre-Conditions	None
Post-Conditions	<p>All bulk files have been processed</p> <p>Successfully processed records have the IHI associated to the patient health record in the software system</p>

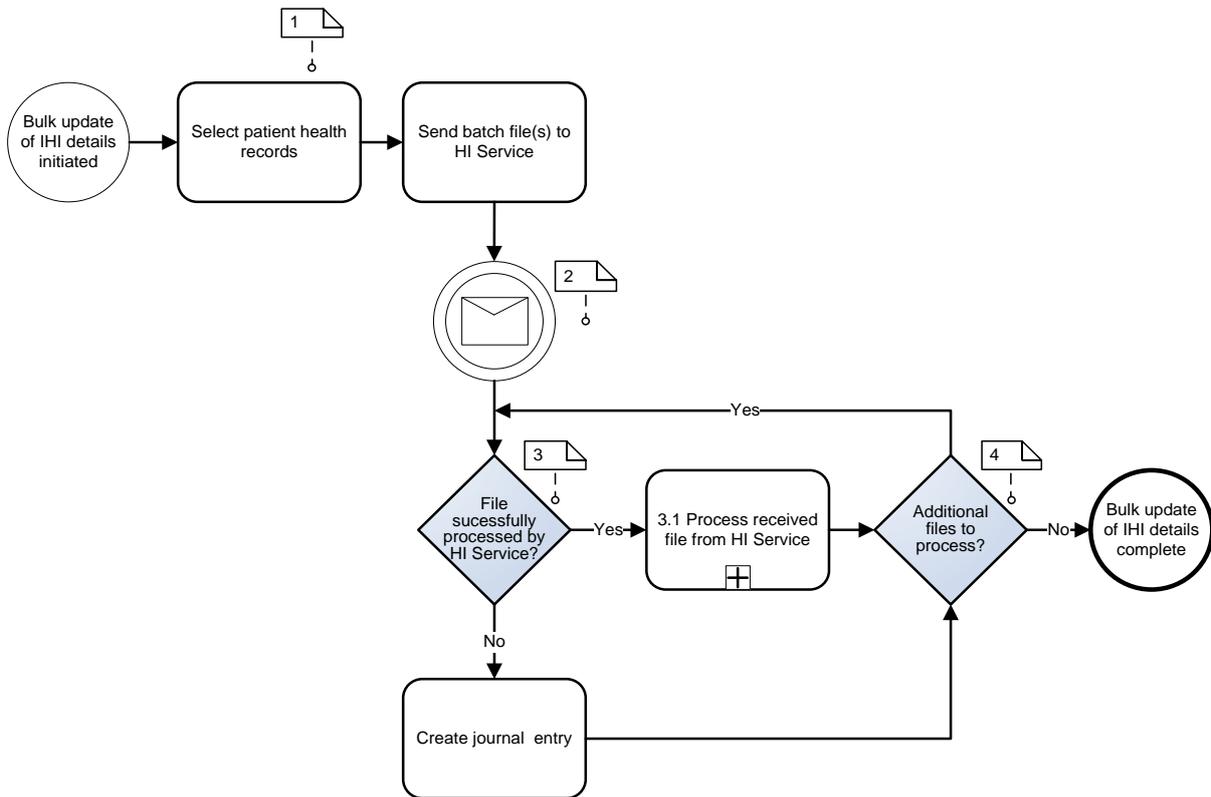


Figure 25 - Bulk update of IHI details

Notes

- 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.

Note:

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.

- 2 The intermediate event is the IHI populated file(s) received back from the HI Service.
- 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.
- 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.

2.5.2 Use Case Sub-process – Process received file from HI Service

Process Name	Process received file from HI Service
Derivation	UC.025 Bulk update of IHI details
Purpose	To associate each IHI obtained with a patient health record,

	or to update a patient's IHI status or number, and IHI record status.
Outline	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.
Pre-Conditions	File received and selected for processing
Post-Conditions	Successfully processed records have the IHI associated to the patient record in the software system

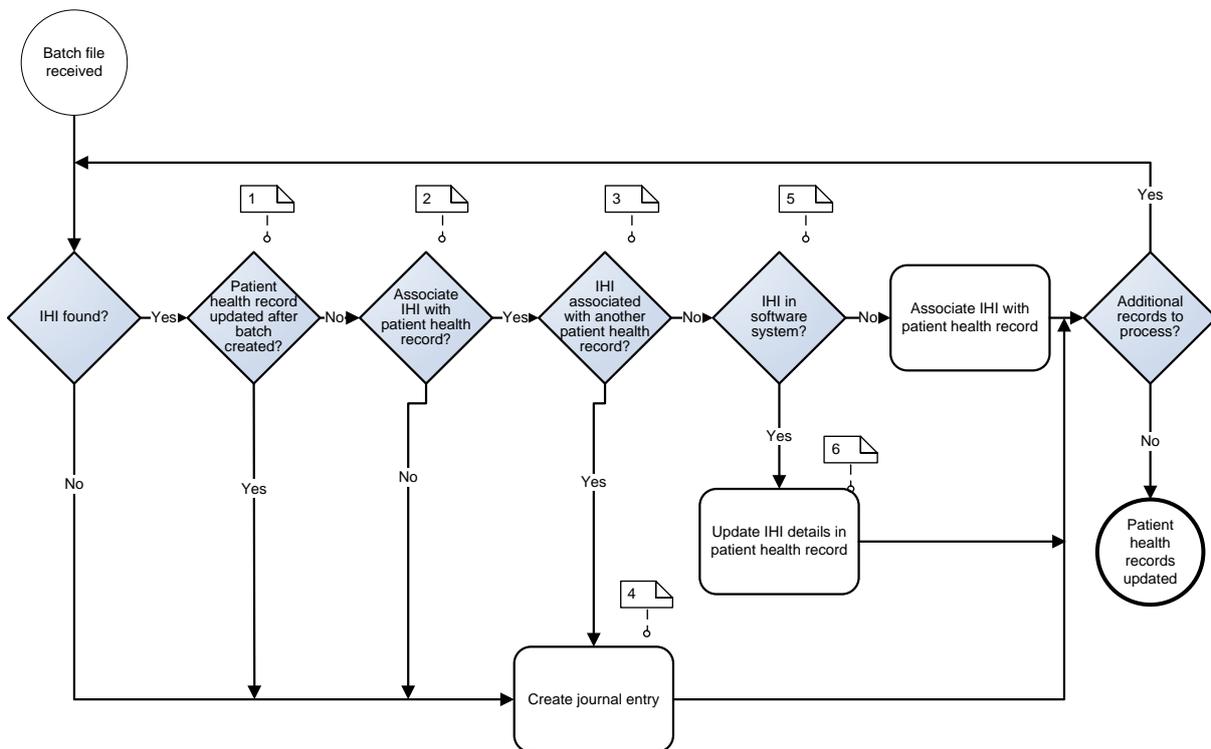


Figure 26 - Process received file from HI Service

Notes

- 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.
- 2 The association of an Unverified IHI is a matter of local policy which may require:
 - a Verified IHIs are always associated;
 - b Unverified IHIs are never associated;
 - c Unverified IHIs are always associated; or
 - d Association of Unverified IHIs is at the discretion of an Authorised Employee. This would occur when the journal entry is processed.

Note:

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.

- 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:
 - a An IHI being allocated to two or more patient health records;
 - b Multiple IHIs assigned to one patient health record.
- 4 An journal entry is created when:
 - a 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;
 - b The local policy prevents the automatic association of an Unverified IHI;
 - c The IHI is already associated with a different patient health record;
 - d 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.
- 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:
 - a IHI status; and
 - b The IHI record status in the software system; after which
 - c The patient health record is then updated accordingly.
- 6 The batch files will include several records. Each of the records is processed in turn, until all have been processed.

2.6 UC.035 – Merge patient health records

2.6.1 High Level Process – Merge

Process Name	Merge
Purpose	A patient has two patient health records within the software system, and they need to be merged into one patient health record.
Outline	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.

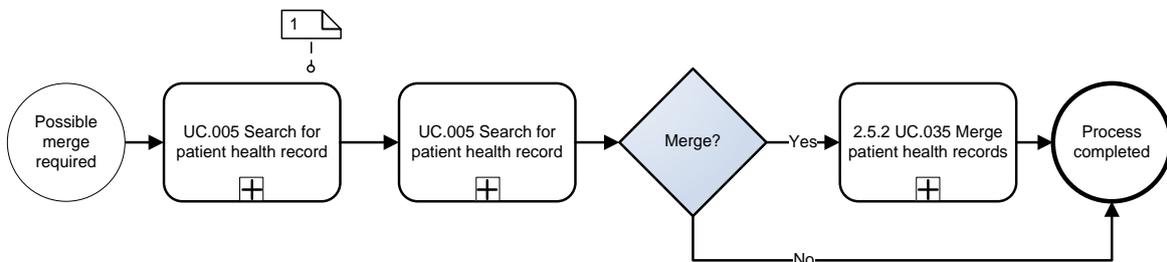


Figure 27 – Merge

Notes There needs to be two passes through the search for patient health record process, so there are two patient health records available for merging.

2.6.2 UC.035 Use Case – Merge patient health records

Use Case #	UC.035
Use Case Name	Merge patient health records
Role	Authorised Employee
Purpose	To merge two patients health records in the software system.
Derivation	High level process – Merge Use Case Sub-process – Associate IHI with patient health record
Outline	<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>
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> • An Authorised Employee of a Healthcare Provider Organisation (HPI-O), identifies that two or more patient health records exist for the same patient; or • An update of IHI details reveals two patient health records with the same IHI number.
Pre-Conditions	Multiple patient health records exist for the patient
Post-Conditions	One patient health record exists for the patient

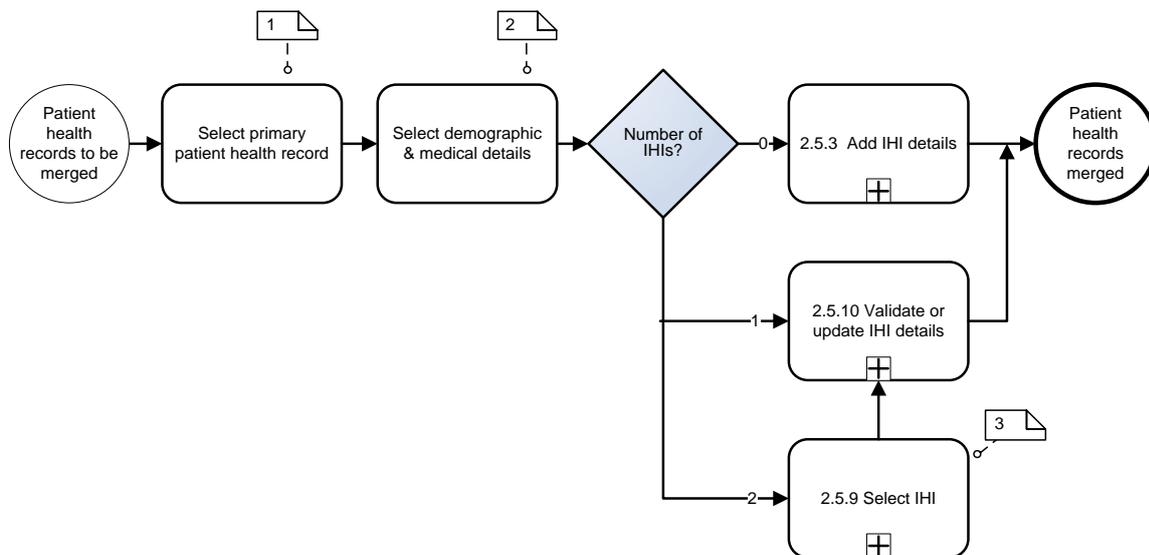


Figure 28 - Merge patient health records

Notes	<ol style="list-style-type: none"> 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. 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. 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.
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2.6.3 Use Case Sub-process – Add IHI details

Process Name	Add IHI details
Purpose	To add IHI information to a patient health record.
Derivation	UC.035 Use Case – Merge patient health records
Outline	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.
Pre-Conditions	The patient health record does not have an associated IHI
Post-Conditions	The IHI is associated to the patient health record, if supported by local policy

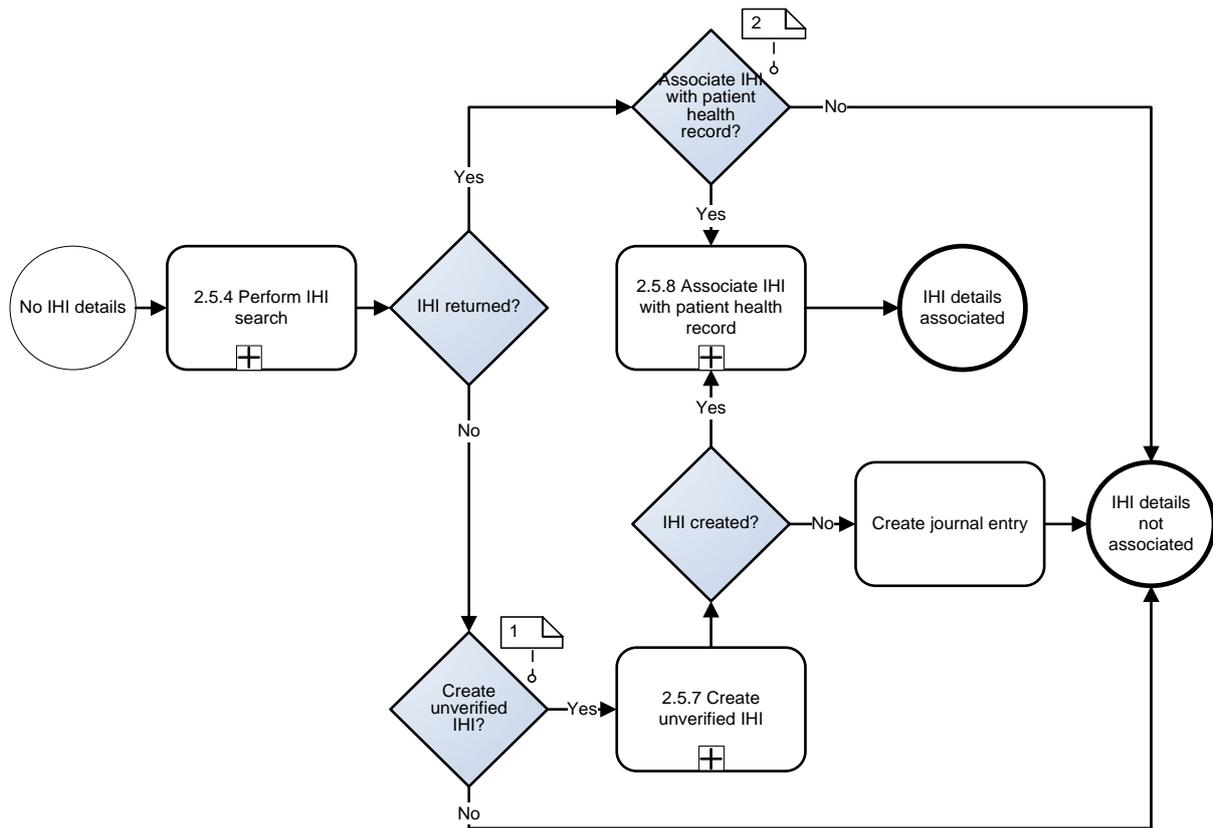


Figure 29 - Add IHI details

- Notes**
- 1 If the HI Service does not return an IHI, an Unverified IHI may be created for the patient.
Note:
The creation of an Unverified IHI is a matter of local policy which may require:
 - a Unverified IHIs are never created;
 - b Unverified IHIs are always created;
 - c Creation of Unverified IHIs is at the discretion of an Authorised Employee.
 - 2 The association of a Unverified IHI is a matter of local policy which may require:
 - a Unverified IHIs are never associated;
 - b Unverified IHIs are always associated;
 - c Association of Unverified IHIs is at the discretion of an Authorised Employee.

2.6.4 Use Case Sub-process – IHI search initiated

Process Name	IHI search initiated
Purpose	To obtain the patient’s IHI from the HI Service.
Derivation	Use Case Sub-process – Add IHI details Use Case Sub-process – Associate IHI with patient health record

	Use Case Sub-process – Validate Verified IHI details Use Case Sub-process – Update Unverified IHI details Use Case Sub-process – Validate Provisional IHI status
Outline	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.
Pre-Conditions	There is a reasonable level of surety that we have the patient’s registered name and accurate date of birth
Post-Conditions	IHI returned

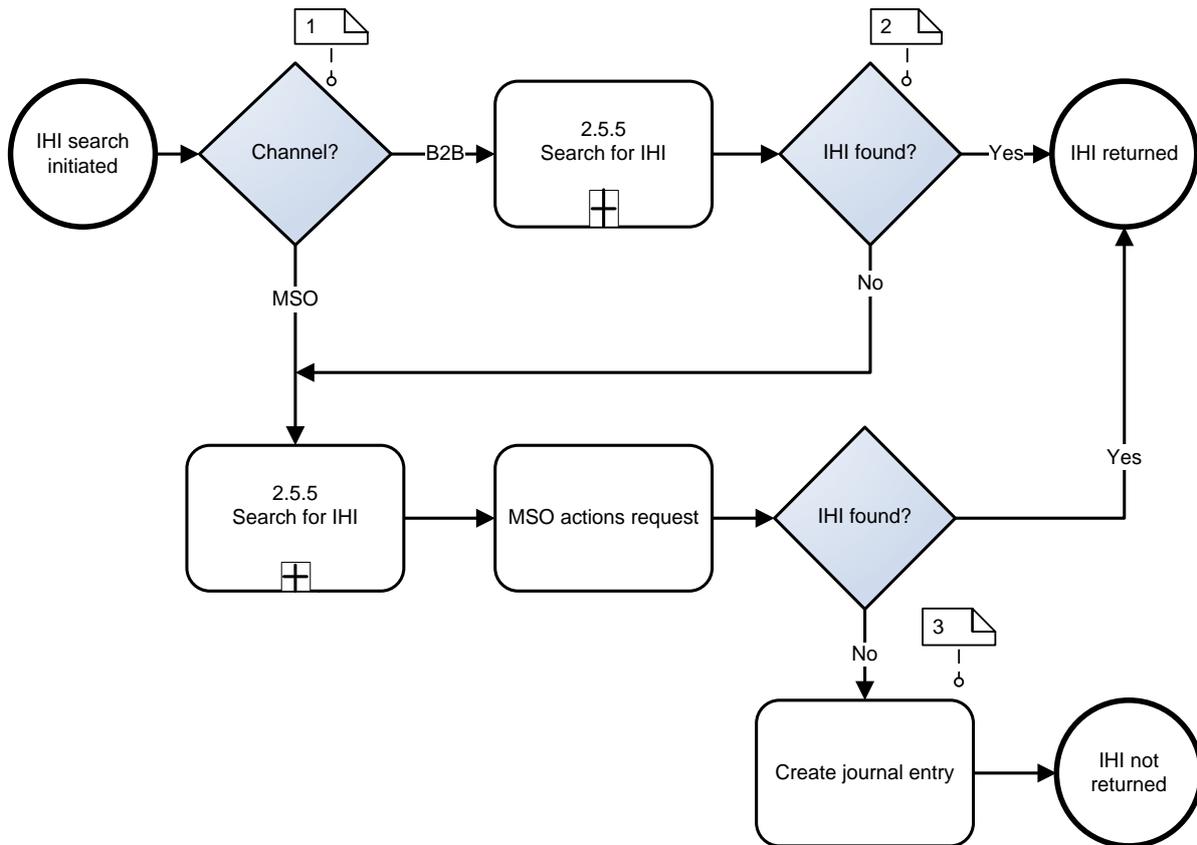


Figure 30 - IHI search initiated

- Notes**
- 1 The HI Service channels may not available due to the following:
 - a A system error has occurred;
 - b System channel is scheduled for maintenance;
 - c Connection to the channel is not available/down;
 - d Channel request time out; or
 - e MSO channel – hours of operation; etc.
 - 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.
 - 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.

2.6.5 Use Case Sub-process – Search for IHI

Process Name	Search for IHI
Purpose	To retrieve an IHI from the HI Service based on the information about the patient.
Derivation	Use Case Sub-process – IHI search initiated
Outline	<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>
Pre-Conditions	There is a reasonable level of surety that we have the patient's registered name and accurate date of birth
Post-Conditions	IHI found

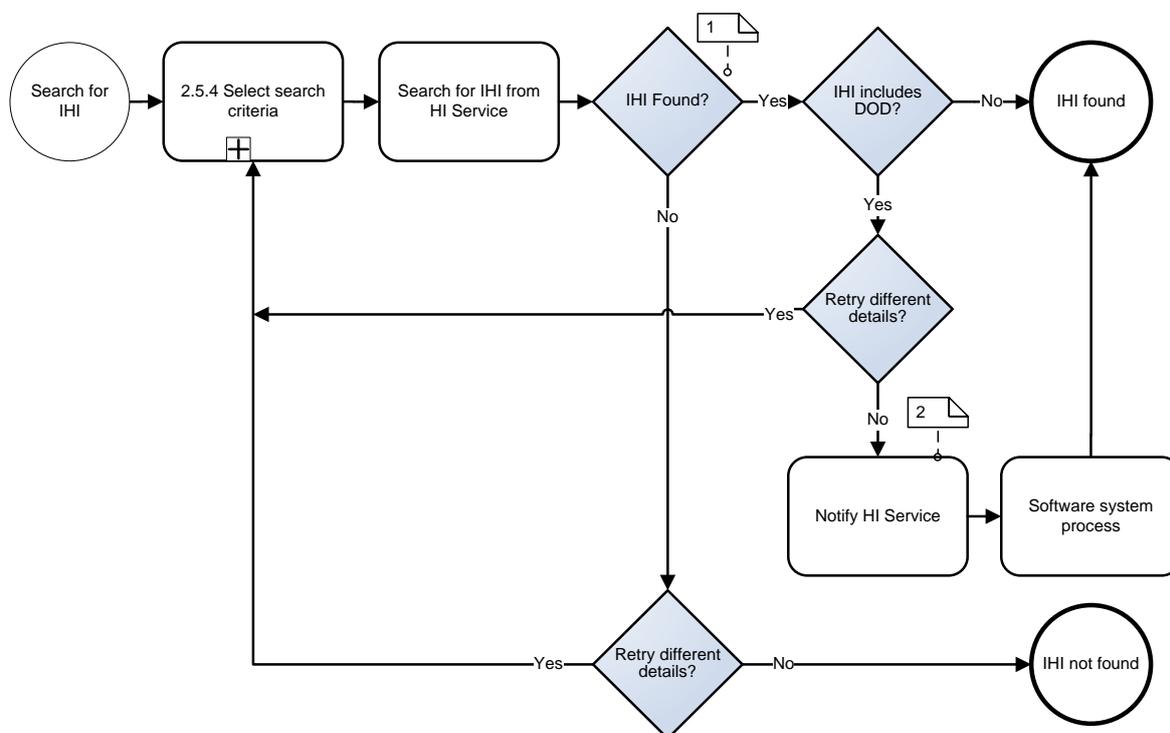


Figure 31 - Search for IHI

- Notes**
- 1 The HI Service response may be:
 - a An IHI is returned;
 - b Multiple IHIs have been found;
 - c No IHI has been found; or
 - d An IHI is returned but the record has a status of deceased.
 - 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. Examples include:
 - a Apply the IHI status, including DOD details;

- b Create an Unverified IHI for the patient;
- c Await clarification from HI Service; or
- d No action.

2.6.6 Use Case Sub-process – Select search criteria

Process Name	Select search criteria
Purpose	To select the demographic data elements to be used when searching for a patient’s IHI in the HI Service.
Derivation	Use Case Sub-process – Search for IHI
Outline	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.
Pre-Conditions	None
Post-Conditions	Search criteria selected

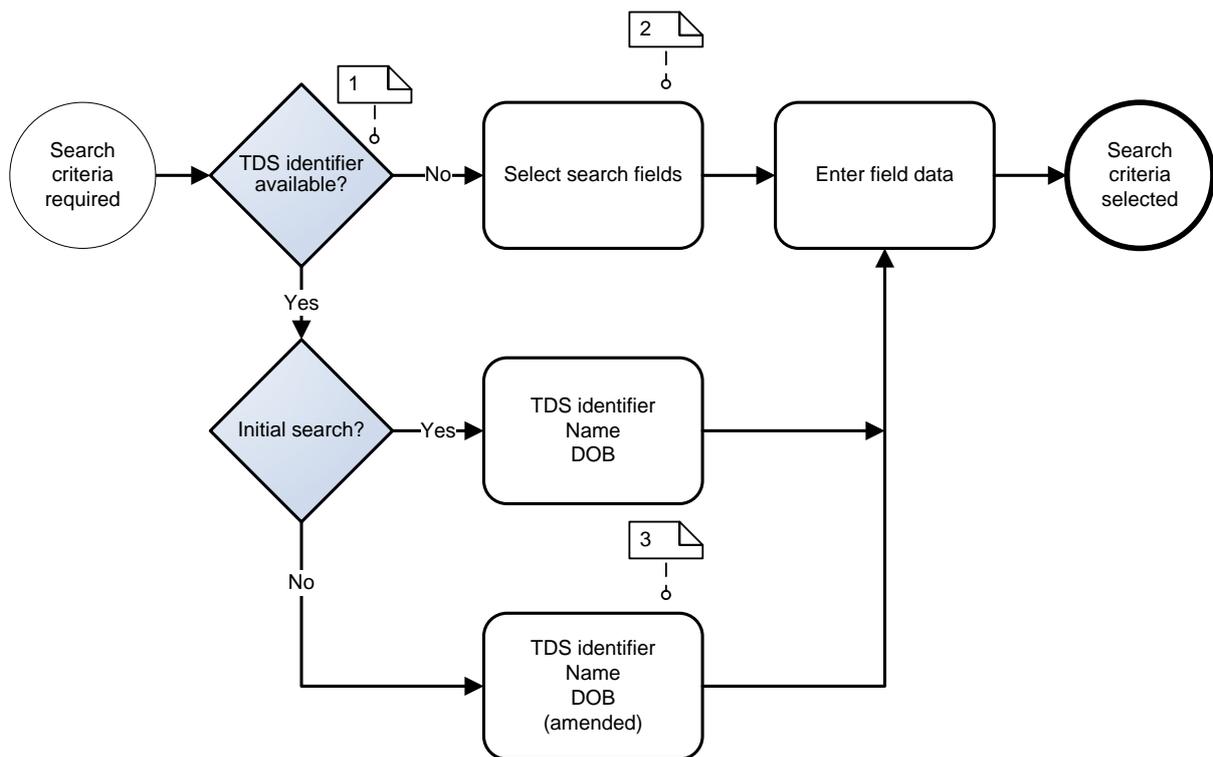


Figure 32 - Select search criteria

- Notes**
- 1 TDS identifiers may be Medicare Card numbers⁴, Department of Veterans Affairs’ File numbers or an IHI.
 - 2 The data set to uniquely identify a patient through a demographic search includes the patient name, date of birth, sex and address.
 - a Mandatory: patient surname, date of birth and sex

⁴ 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.

- b Optional: patient first name, other names, address information
- 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:
 - a Previous name;
 - b Alternate;
 - c Alias; etc.

2.6.7 Use Case Sub-process – Create Unverified IHI

Process Name	Create Unverified IHI
Purpose	To create an Unverified IHI for a patient via B2B if possible or via the MSO channels.
Derivation	Use Case Sub-process – Add IHI details
Outline	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.
Pre-Conditions	<ul style="list-style-type: none">• 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).• An Authorised Employee has identified the need to assign an Unverified IHI to the Patient health record in the software system.• Local policy allows for this use case to proceed.
Post-Conditions	<ul style="list-style-type: none">• The Unverified IHI is generated and returned from the HI Service• The patient is informed of the Unverified IHI allocated to them, and their options discussed (where applicable)

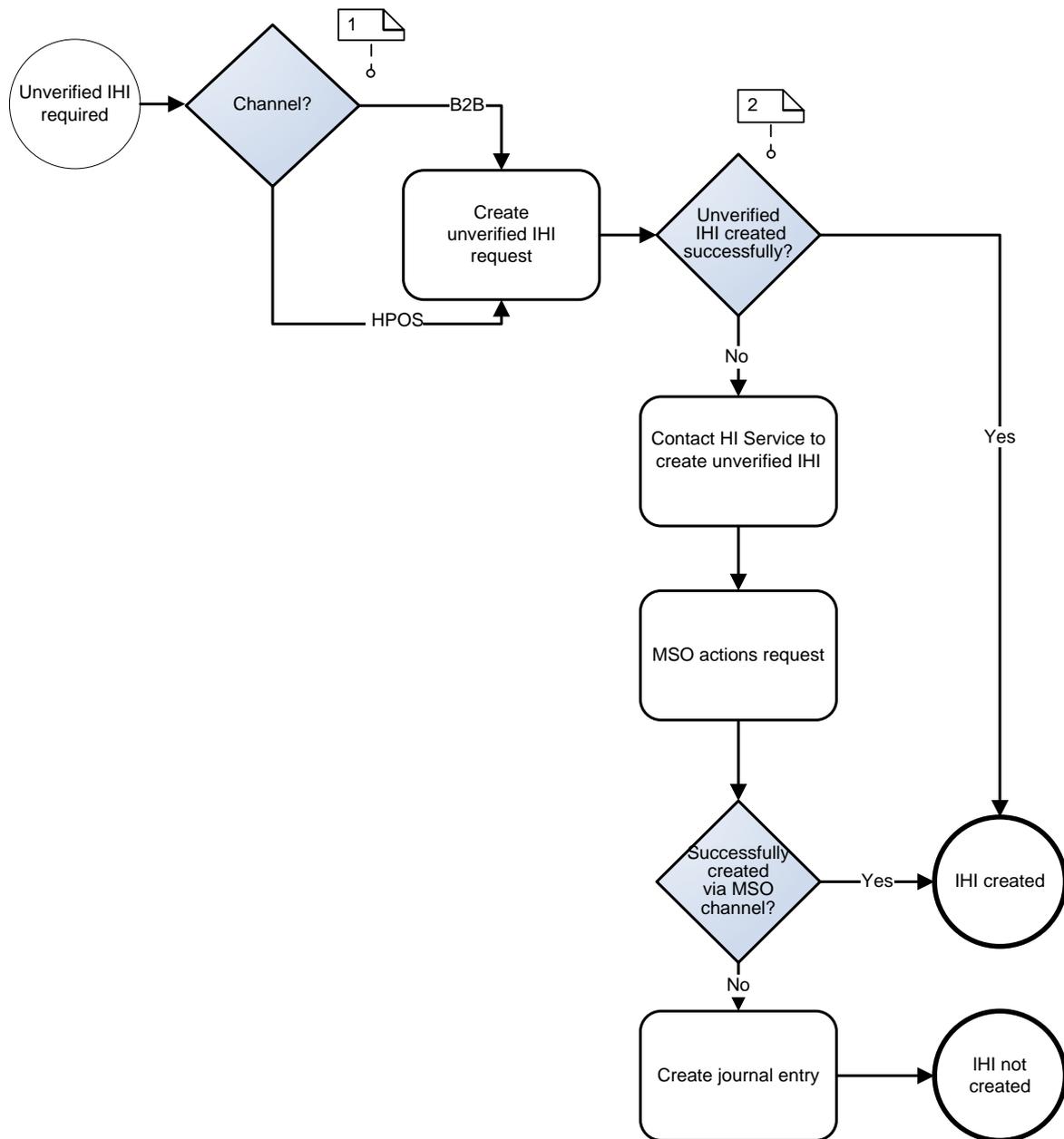


Figure 33 - Create Unverified IHI

Notes

- 1 If the HI Service is not available, it could be due to the following reasons:
 - a A system error has occurred;
 - b System channel is scheduled for maintenance;
 - c Connection to the channel is not available/down;
 - d Channel request time out;
 - e MSO channel – hours of operation; etc.
- 2 If an attempt to create an IHI in the HI Service via the B2B channel fails, the MSO channel may be attempted.

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

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

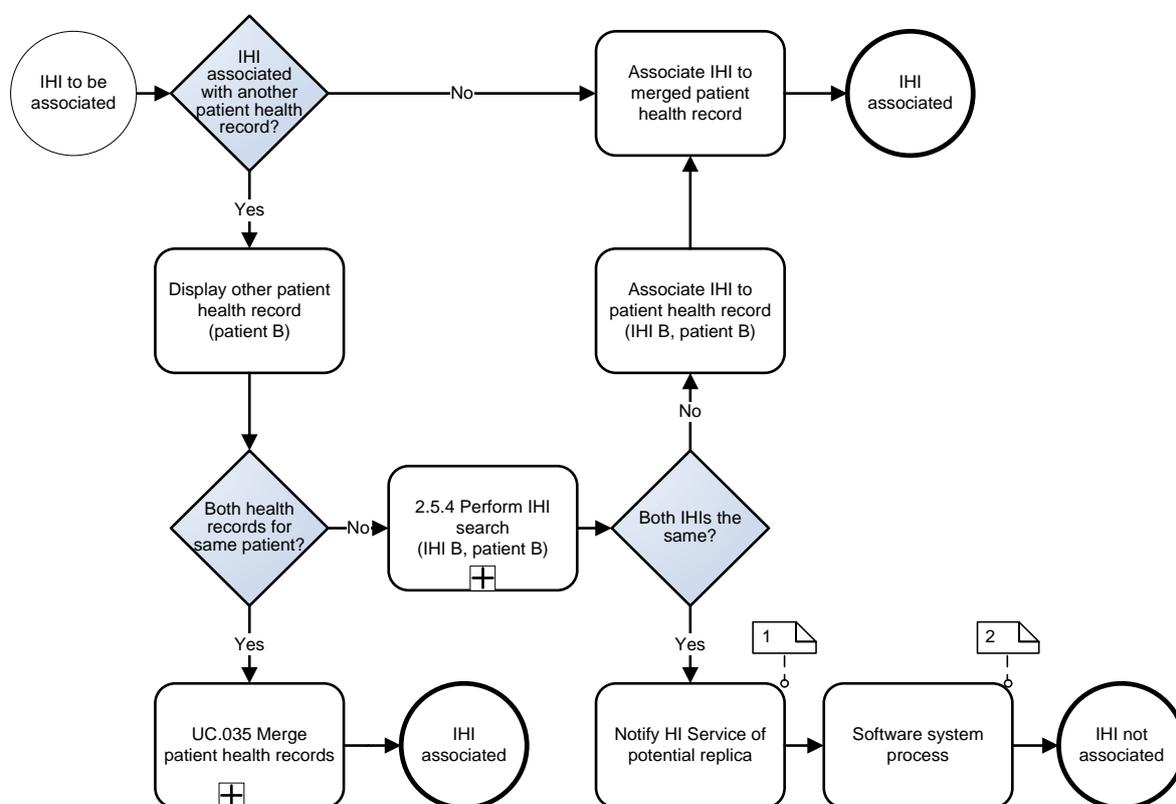


Figure 34 - Associate IHI with patient health record

- 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 processes include:
 - a Update patient health record with duplicate IHI and raise an exception (duplicate IHI) for subsequent resolution

2.6.9 Use Case Sub-process – Select IHI

Process Name	Select IHI
Purpose	To select the most appropriate IHI for the patient health record from the two available. 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.
Derivation	UC.035 Use Case – Merge patient health records
Outline	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.
Pre-Conditions	<ul style="list-style-type: none"> Two patient health records are undergoing a merge process, each with a different IHI The primary patient health record has been selected
Post-Conditions	One IHI has been selected as the primary IHI to be associated to the merged patient health record

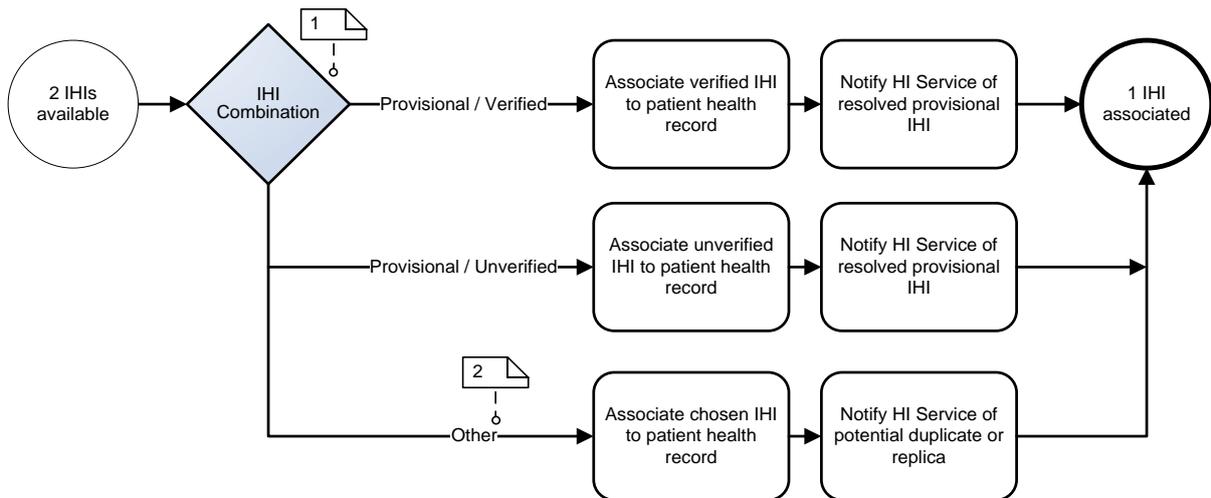


Figure 35 - Select IHI

- Notes**
- 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).
 - The following is a list of possible 'Other' IHI combinations:
 - Provisional / Provisional;
 - Unverified / Unverified;
 - Unverified / Verified; and
 - Verified / Verified.

Note:

The HI Service should be notified of a potential duplicate/replica IHI.

2.6.10 Use Case Sub-process – Validate or Update IHI details

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

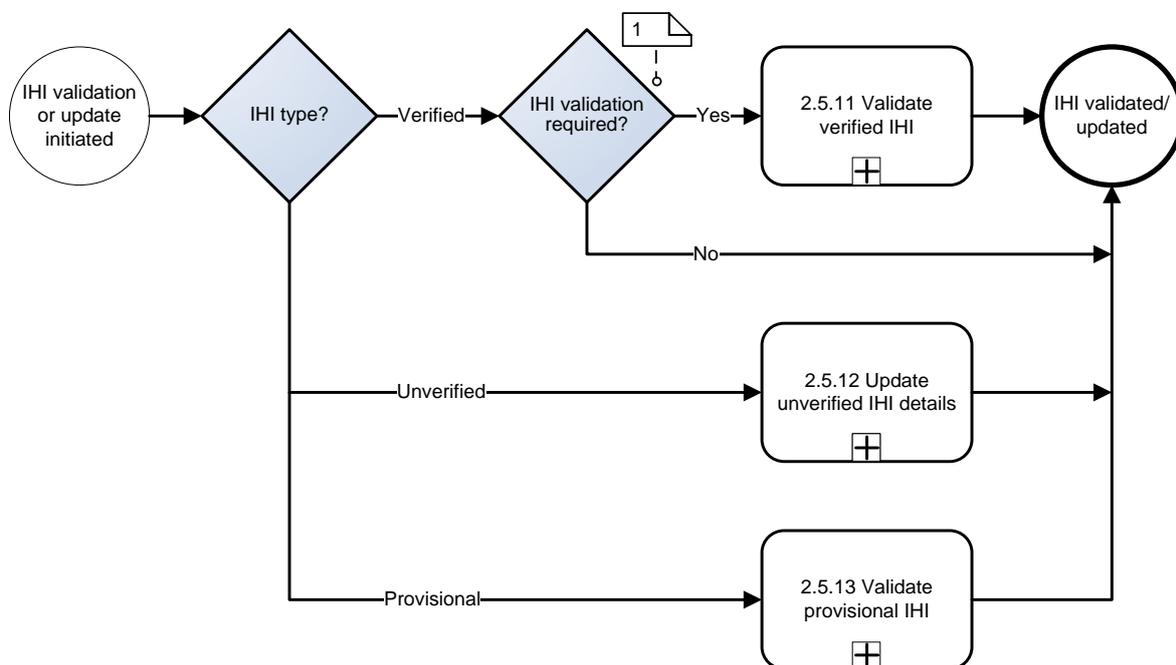


Figure 36 - Validate or Update IHI details

Notes 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.

2.6.11 Use Case Sub-process – Validate Verified IHI details

Process Name	Validate Verified IHI details
Purpose	To maintain the quality of IHI information within the software system.
Derivation	Use Case Sub-process – Validate or Update IHI details
Outline	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.
Pre-Conditions	A Verified IHI is associated to the patient health record within the software system
Post-Conditions	The Verified IHI has been validated

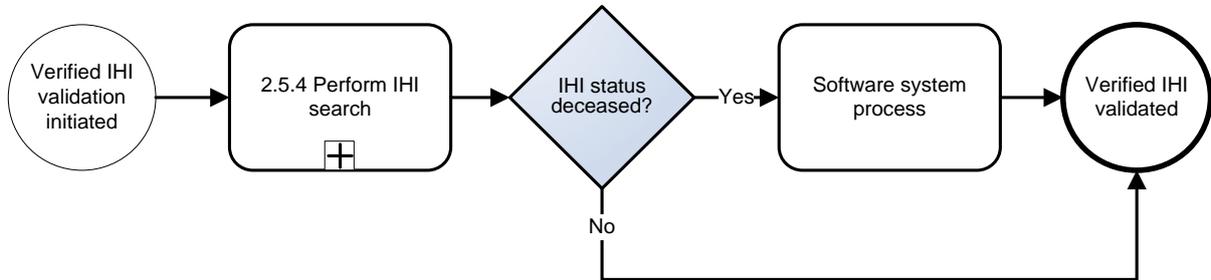


Figure 37 - Validate Verified IHI details

Notes	None
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2.6.12 Use Case Sub-process – Update Unverified IHI details

Process Name	Update Unverified IHI details
Purpose	To maintain the IHI information within the HI Service.
Derivation	Use Case Sub-process – Validate or Update IHI details
Outline	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.
Pre-Conditions	An Unverified IHI is associated to the patient health record within the software system
Post-Conditions	The Unverified IHI’s demographic details has been updated in the HI Service An alternate IHI has been returned by the HI Service and associated with the patient health record

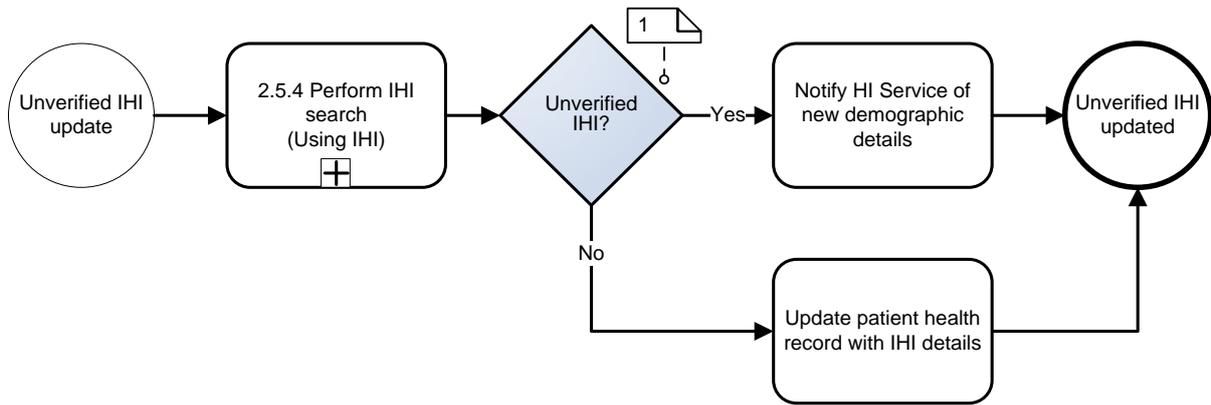


Figure 38 - Update Unverified IHI details

Notes 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.

2.6.13 Use Case Sub-process – Validate Provisional IHI status

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

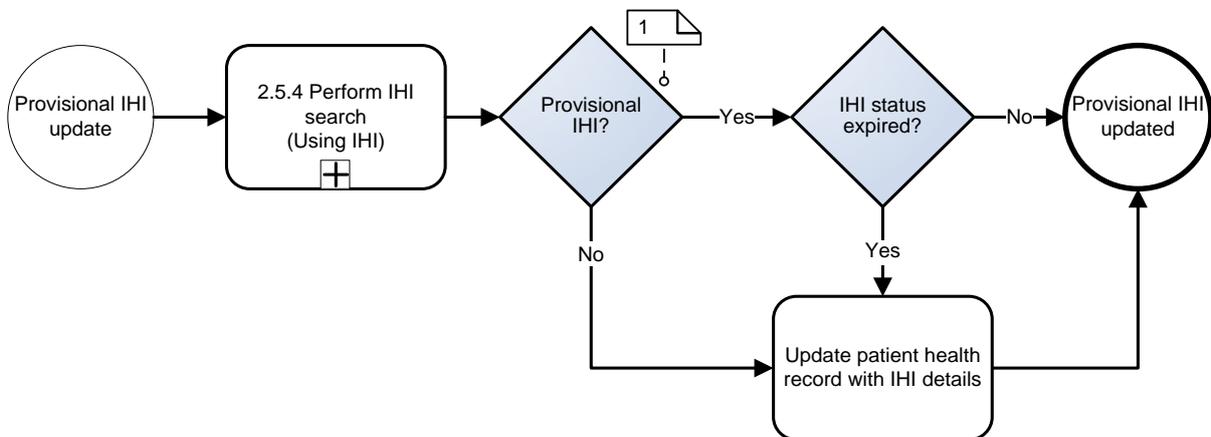


Figure 39 - Validate Provisional IHI status

Notes	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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2.7 UC.040 – Split patient health record

2.7.1 UC.040 Split patient health record

Use Case #	UC.040
Use Case Name	Split patient health record
Role	Authorised Employee
Purpose	To split two patients details out from a single patient health record in the software system.
Outline	<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>
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> • An Authorised Employee identifies that the details of more than one patient are contained within the same patient health record; or • Two patient health records have previously been incorrectly merged.
Pre-Conditions	None
Post-Conditions	Single patient health record has been split into two different patient health records

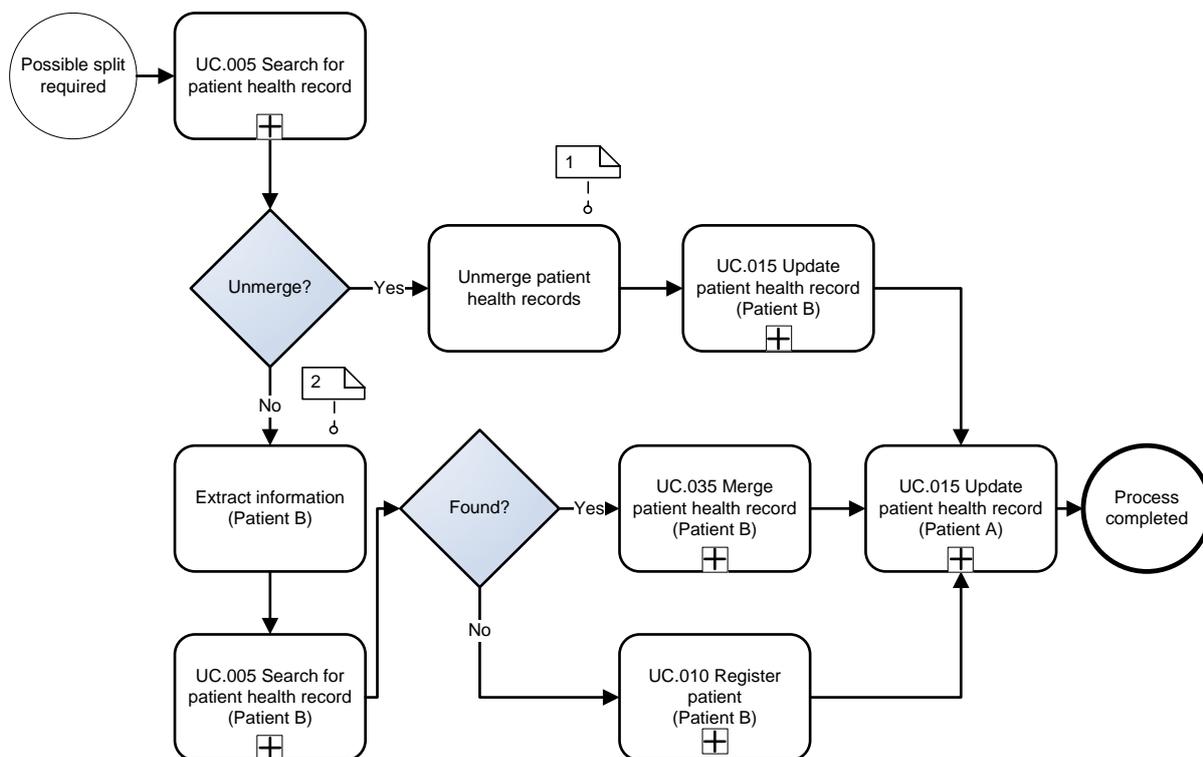


Figure 40 - UC.040 Split patient health record

- Notes**
- 1 The unmerge process will “recover” the merged patient health record, and delete the secondary patient’s information from the primary patient health record.
 - 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.

2.8 UC.045 – Logon to software system

2.8.1 UC.045 Logon to software system

Use Case #	UC.045
Use Case Name	Logon to software system
Role	Authorised Employee
Purpose	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.
Outline	Authorised Employee logon details transmitted across to the HI Service.
Occasions of Use	An example of this use case is when: <ul style="list-style-type: none"> • An Authorised Employee is provided with an individual or shared logon to access a software system within a Healthcare Provider Organisation (HPI-O).
Pre-Conditions	<ul style="list-style-type: none"> • The Authorised Employee who has been authorised to act

on behalf of an HPI-O has been granted access to the software system

- The HPI-O has been granted a digital credential to access to the HI Service

Post-Conditions

The HI Service has been accessed and the Authorised Employee details transmitted.

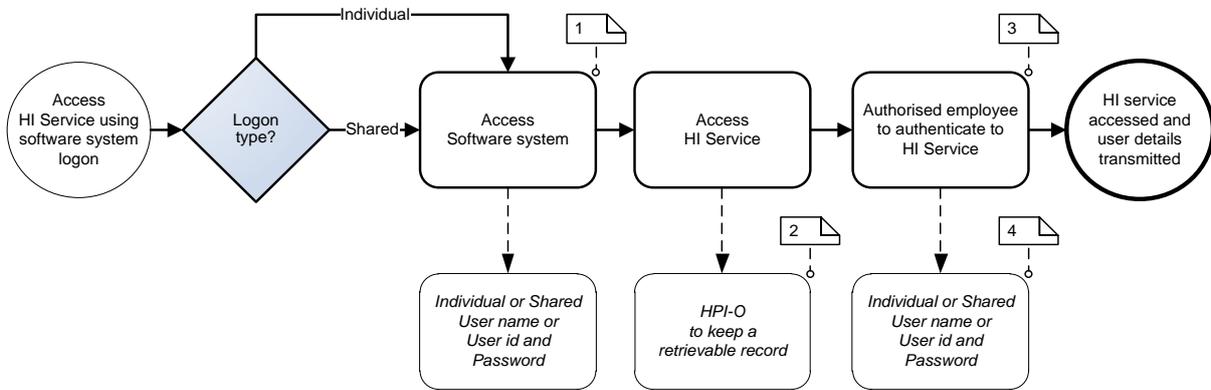


Figure 41 - Logon to software system

Notes

- 1 An Authorised Employee has an individual or shared logon to access a software system within 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 employees within a Provider Organisation are permitted access to the HI Service via a shared account owned by an Authorised Employee, then those employees need to be authenticated within their organisation via an individual logon to the local software system. This individual logon to the software system will include either a Username, or a 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.

2.9 UC.330 – Send patient health information electronically

Use Case #	UC.330
Use Case Name	Send patient health information electronically
Role	Authorised Employee Healthcare Provider Identifier Individual (HPI-I) CIS
Purpose	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).
Outline	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.
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none">• A 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">○ e-Referral;○ Specialist Letter;○ Discharge Summary;○ e-Prescription;○ Dispense Record;○ Event Summary;○ Shared Health Summary;○ Prescription request; and○ HL7 messages.
Pre-Conditions	<ul style="list-style-type: none">• The CIS is capable of generating message/ documents that conforms to relevant specifications.• The organisation has the capacity to send messages/ documents that conform to relevant specifications.• The relevant patient health record and other clinical information has been found in local system(s) and collated into a draft message/clinical document.• The relevant information is gathered for inclusion in the message/clinical document.• The local operator or system has prepared the message/document, or identified the need for the exchange of the message/ document.• The local operator has (uniquely) identified the recipient of the communiqué, in business terms (i.e. by practitioner and practice).• The destination of the message/ document has been determined (e.g. HPI-O and HPI-I, Prescription Exchange).• The sending organisation is connected to the HI Service.• The sending organisation is connected to a Healthcare Shared Repository (optional).
Post-Conditions	The healthcare identifiers included in the document and/or message are validated and sent to recipient.

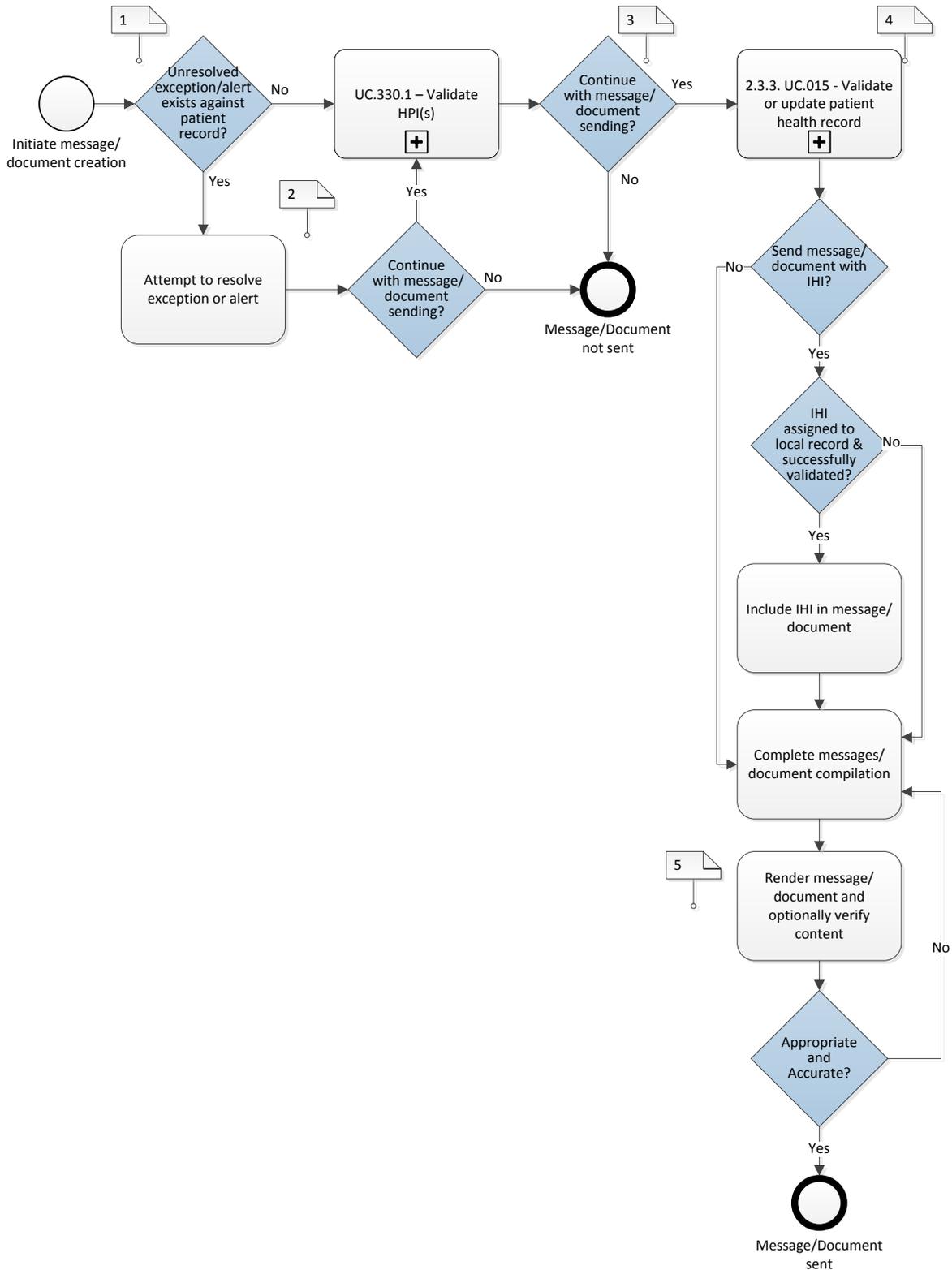


Figure 42 - UC.330 Send patient health information electronically

Notes

- 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.
- 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. If an exception or alert cannot be resolved, the

- message/ document may still be sent without Healthcare Identifiers.
- 3 The outcome of UC 330.1 may result in an exception or alert being raised as a result of invalid HPI(s). 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.
 - 4 2.3.3 UC.015 validates the IHI and ensures that the correct IHI is assigned to the local patient health record. If this was part of the resolution task (refer to task labelled 2), then this task does not have to be repeated.
 - 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.

2.9.1 UC.330.1 –Validate HPI (s)

Process Name	Validate HPI(s)
Purpose	To add and validate HPI(s) required for inclusion in the message/ document.
Derivation	UC.330 – Send patient health information electronically
Outline	Determine the HPI(s) required to be added to the message/ document, validate selected HPI(s) and include validated HPI(s) in message/ document.
Pre-Conditions	The sender is connected to the HI Service The document generated is compliant with the applicable document specifications
Post-Conditions	HPIs included in the message/document are validated, either through the local cache, the HI Service, or via PKI certificates (NASH).

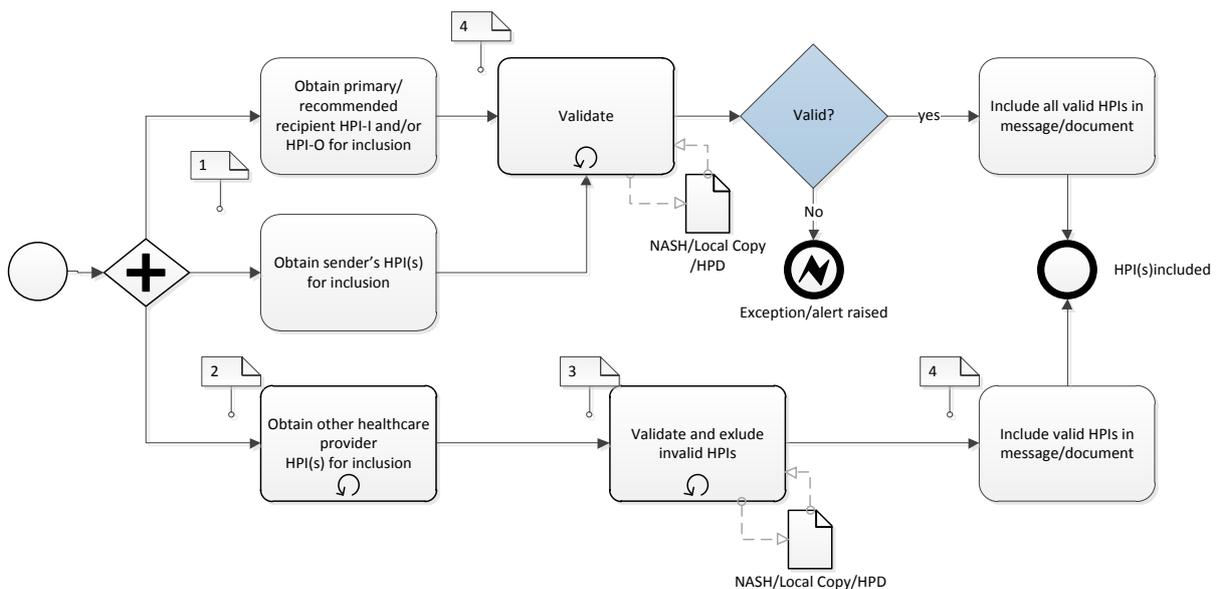


Figure 43 - UC.330.1 Validate HPI(s)

Notes	<ol style="list-style-type: none"> 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. 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. Other healthcare provider HPI(s) may include one or more, but is not limited to: <ol style="list-style-type: none"> a Secondary recipient(s); b Usual GP(s); c Healthcare Facilities(s); d Responsible health professional at time of discharge(s) (if different to the author); e Nominated Primary healthcare provider(s); and f Other Service provider(s). 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). All other HPI(s) belonging to the receiving healthcare organisation may be validated through the following: <ol style="list-style-type: none"> a HPD/HI Service. b 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). c Local copy, if refreshed not more than 24 hours prior. 4 Only valid HPI(s) are to be included in the new message/ document.
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2.10 UC.325 – Receive patient health information electronically

Use Case #	UC.325
Use Case Name	Receive patient health information electronically
Role	Authorised Employee CIS Healthcare Provider Identifier Individual (HPI-I)
Purpose	To receive patient health information from an CIS
Outline	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.
Occasions of Use	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"> • e-Referral; • Specialist Letter; • Discharge Summary; • Event Summary; • Shared Health Summary; and • HL7 messages.

Pre-Conditions

- Message/document been received by recipient, decrypted and is human readable.
- Receiving CIS is connected to the HI Service.

Post-Conditions

Message/document processed

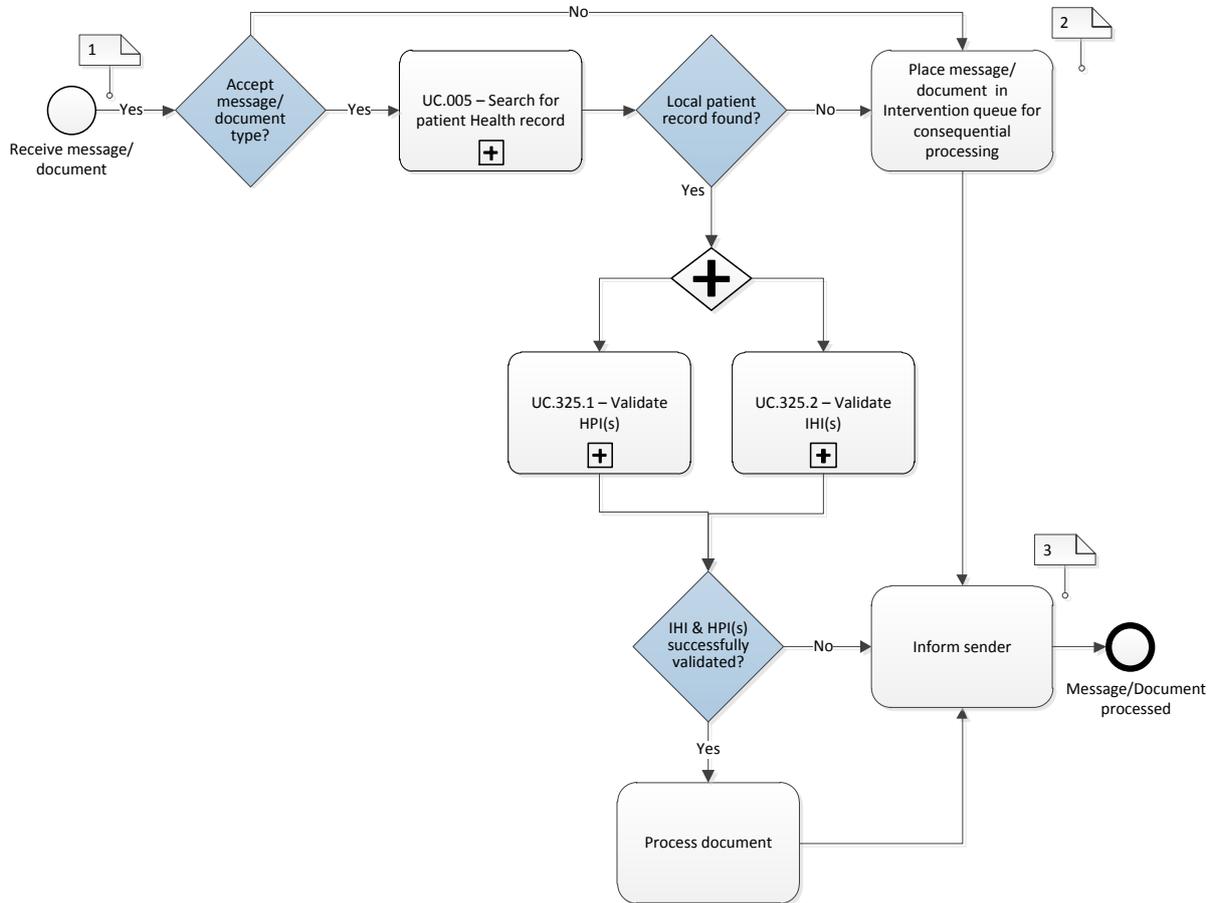


Figure 44 - UC.325 Receive patient health information electronically

Notes

- 1 The message/ document might be placed in receiving queue for a given period of time, depending on system capability and design.
- 2 The decision to place message/document in an intervention queue is based on local policy. Consequential processing may include:
 - a Forwarded to a patient management electric system or electronic patient record system; and
 - b Reject message and inform sender.
- 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) & IHI) contained within, this should be communicated.

2.10.1 UC.325.1 – Validate HPI(s)

Process Name	Validate HPI(s)
Purpose	To validate HPI-I(s) and/or HPI-O(s) prior to processing the received message/document
Derivation	UC.325 – Receive patient health information electronically
Outline	Validation of HPI(s) prior to processing
Pre-Conditions	The receiving application/system maintains HPI(s) for use outside the message/ document. The receiving organisations own HPI-O is stored as the recipient HPI-O in the message/ document. Access to HI service (optional)
Post-Conditions	HPIs validated

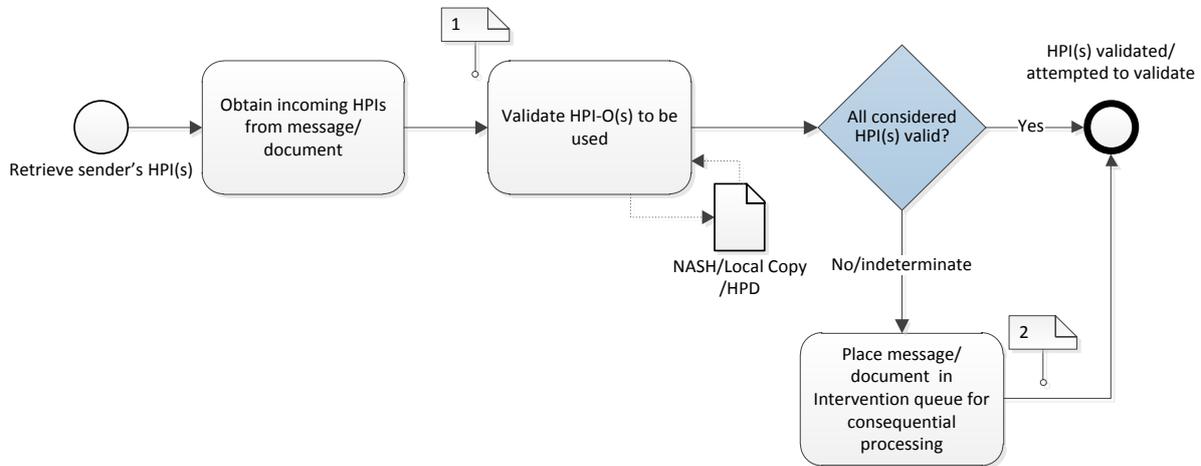


Figure 45 - UC.325.1 Validate HI Identifiers

- Notes**
- 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). Validation of HPI(s) may be done by means of one of the following:
 - a Nash certification/CRL/OCSP verification at transport layer (e.g. SMD)
 - b Local copy store, if validated within the last 24 hours.
 - c HPD/HI Service
 - 2 The decision to place message/document in an intervention queue is based on local policy. Consequential processing may include:
 - a 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.
 - b Acceptance of message/document where by message/document is forwarded to alternative systems or specific healthcare organisation location/individuals.
 - c Rejection of message/document. Sender is informed.

2.10.2 UC.325.2 – Validate IHI(s)

Process Name	Validate IHI
Purpose	To validate IHI prior to processing the received message/document
Derivation	UC.325 – Receive patient health information electronically
Outline	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.
Pre-Conditions	<ul style="list-style-type: none">• Message received and not yet processed.• Access to HI service.
Post-Conditions	IHI verified and matched to a local patient record (potentially via the creation of a new patient record).

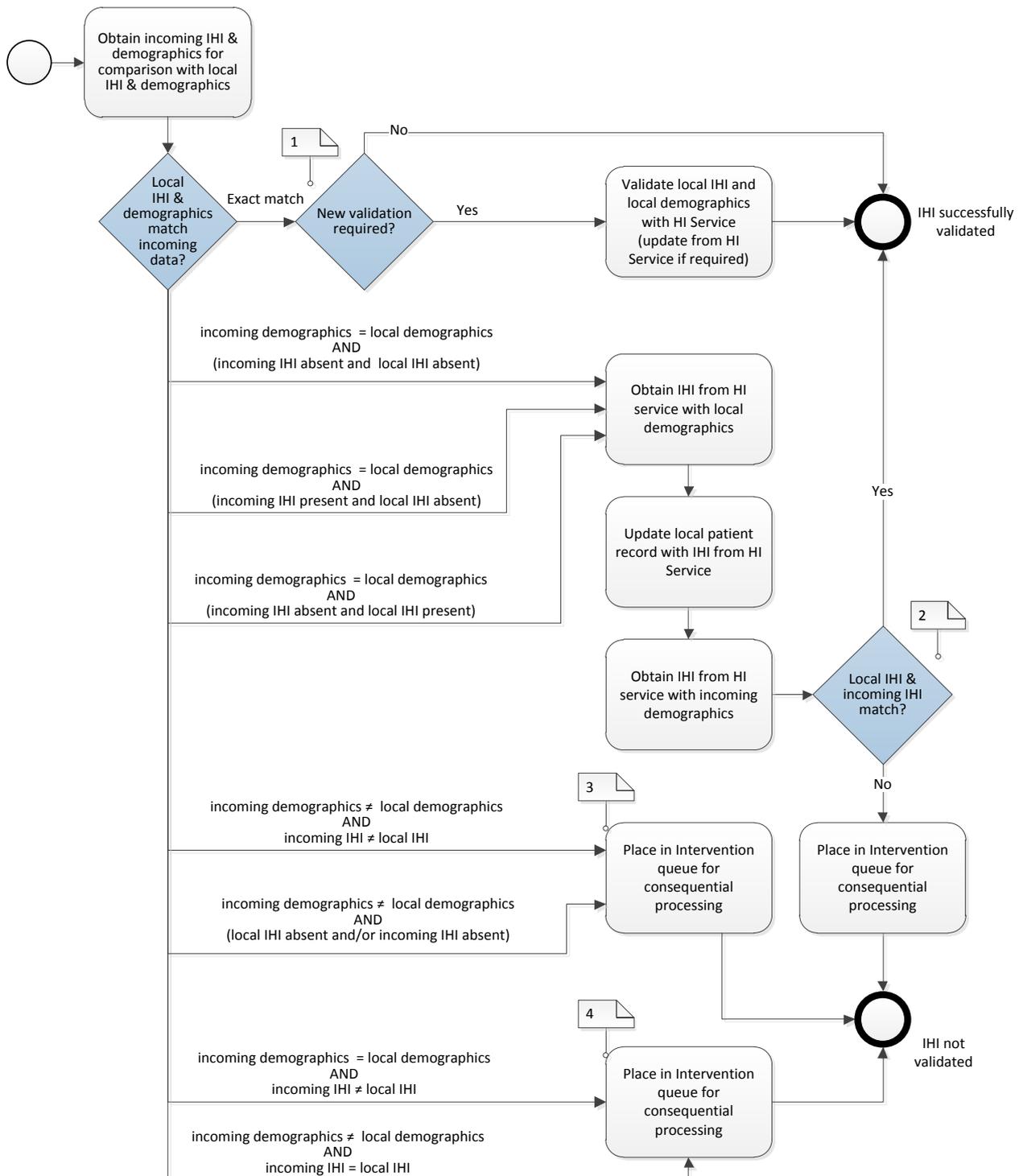


Figure 46 - UC.325.2 Validate IHI

Notes

1 Determined by local policy.

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.

2 Four conditions may apply:

- a Compare the incoming IHI with the IHI obtained from the HI Service (using local demographics)
- b Compare the local IHI with the IHI contained from the HI Service (using

incoming demographics)

- c Compare the two IHIs obtained from the HI Service using local and incoming demographics respectively.
- d An IHI was not obtained from HI Service, in which case comparison fails.

Note:

If the comparison between the IHI is inconsistent, place the message/ clinical document in intervention queue for consequential processing.

- 3 Manual or automatic creation of new patient record.
- 4 Further processing requires:
 - a Validate local IHI and local demographics with the HI service. Update local patient record if inconsistent with HI service.
 - b Validate incoming IHI and incoming demographics with the HI service. If incorrect, inform sender.

2.11 UC.320 – Request electronic clinical document

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

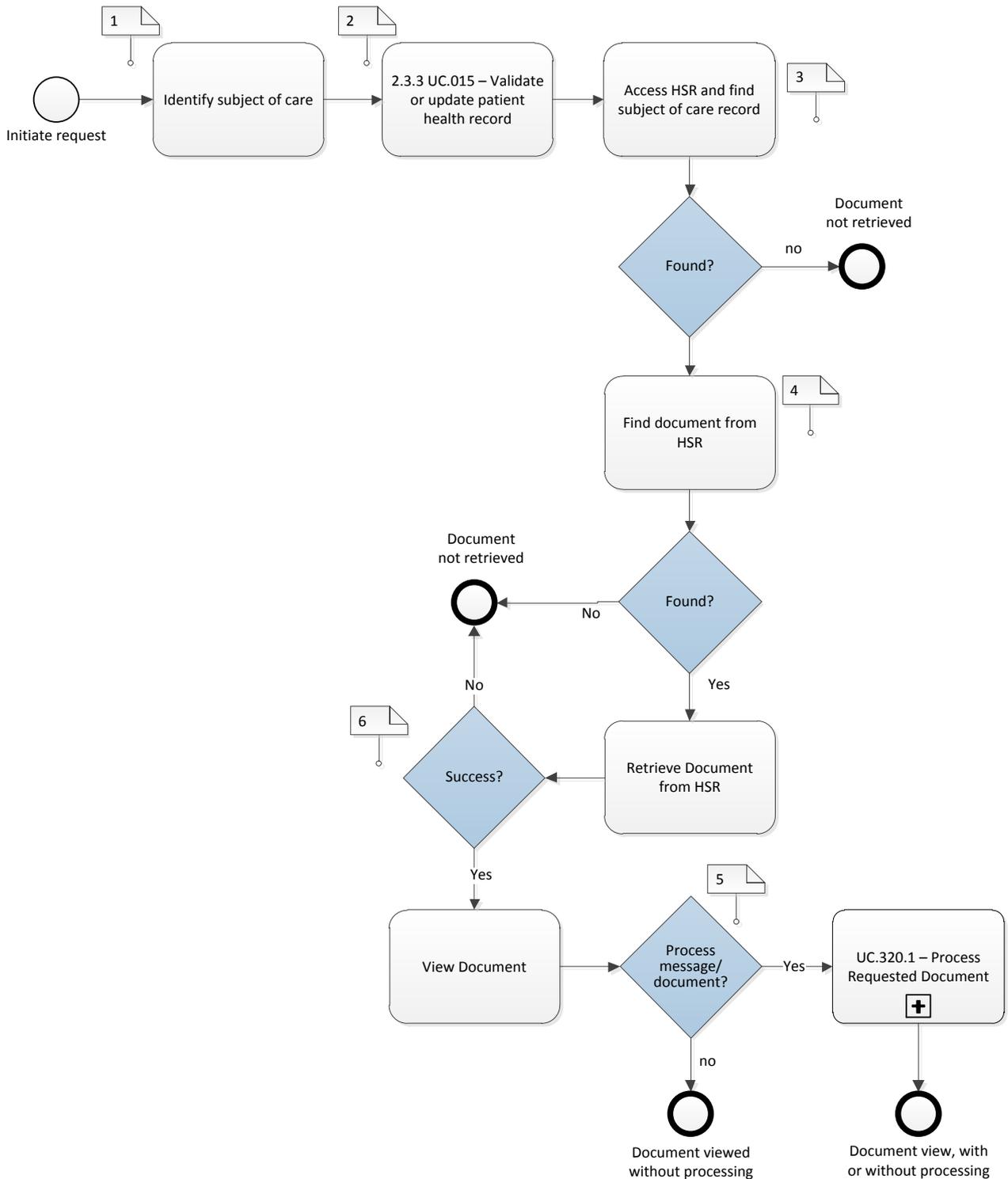


Figure 47 - UC.320 Request electronic clinical document

Notes

- 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 Once access has been obtained to the HSR, the search criteria pertaining to a needed document is obtained for submission. Alternatively, if a prescription needs to be obtained from a Prescription Exchange by a Dispenser, a document Access Key (DAK) is obtained and submitted.

- 4 Locate the 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

2.11.1 UC.320.1 – Process Requested Document

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

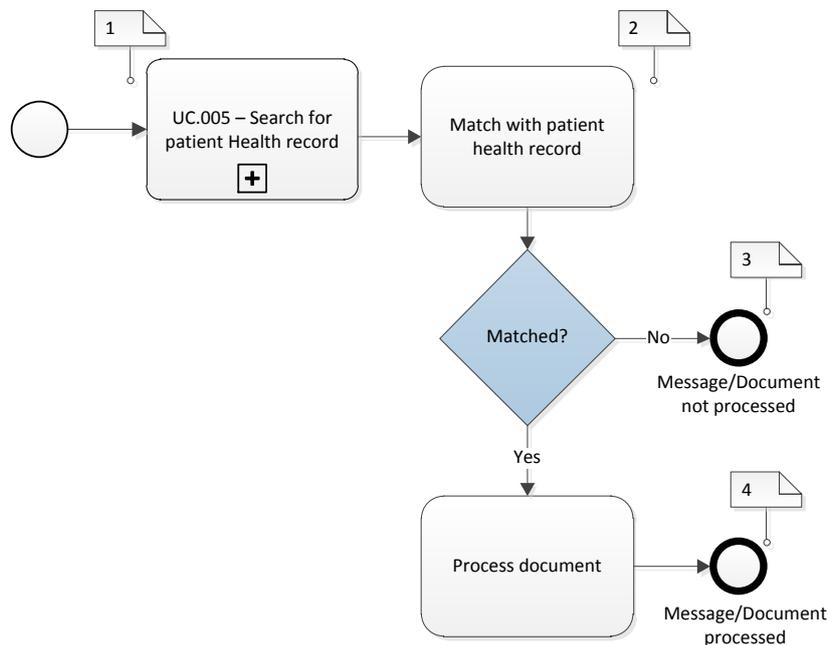


Figure 48 - UC.320.1 Process requested document

- Notes**
- 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 UC320 – Refer to note 1. In this case, it is not necessary to perform this task (i.e. UC.005). However, this task is required if the retrieval (i.e. UC.320) and storage (i.e. UC.320.1) of the document is performed through dispersed transactions.

-
- 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)
 - 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
 - 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.

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

Use Case #	UC.070
Use Case Name	Register Seed HPI-O
Role	Responsible Officer (RO)
Purpose	Register a new Seed Healthcare Provider Organisation (HPI-O), within the HI Service.
Outline	<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>
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none">• An RO for an HPI-O is required to create a Seed HPI-O.
Pre-conditions	An RO has been identified for a Seed HPI-O
Post-conditions	<ul style="list-style-type: none">• Digital credential created and provided.• Seed HPI-O established.

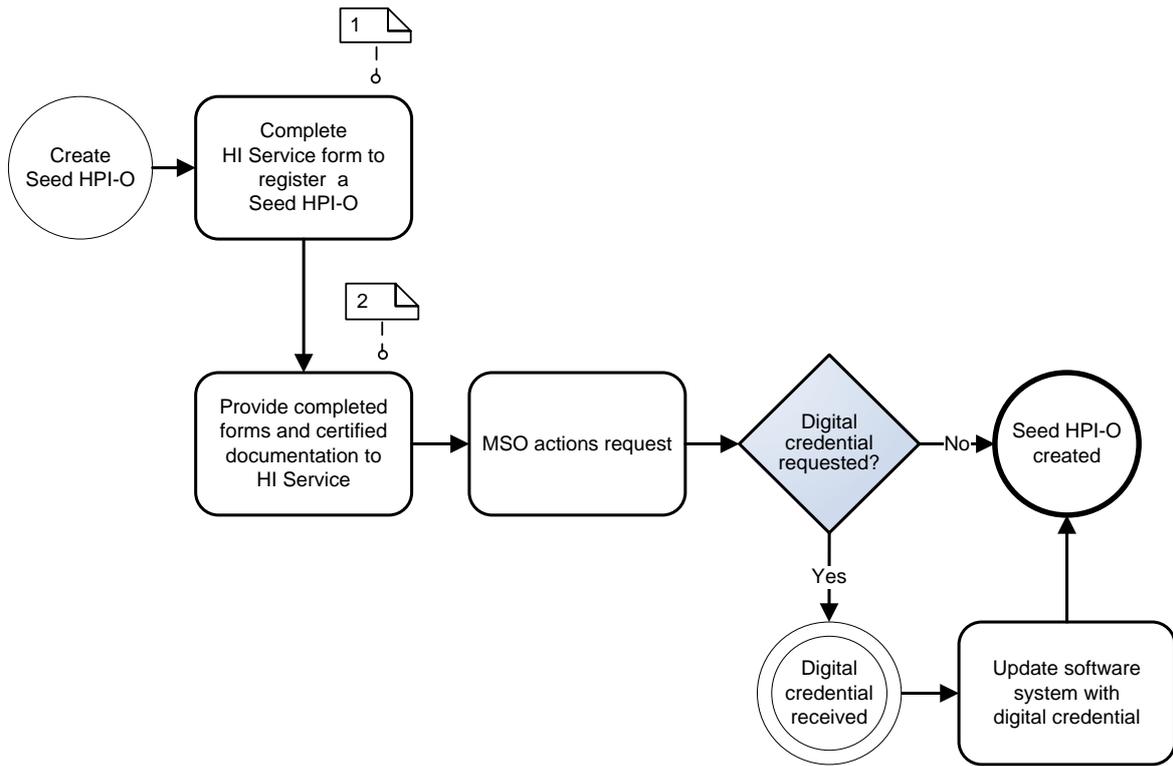


Figure 49 - UC.070 - Register Seed HPI-O

Notes

- 1 Refer to the HI Service forms:
 - a "Initial application to register a Responsible Officer, Organisation Maintenance Officer and a Seed Organisation".⁵
 - b "Application to replace a Responsible Officer or add an additional Organisation Maintenance Officer for a Seed Organisation and/or register a Seed Organisation".⁶

To register a Seed HPI-O the following details are required:

- Responsible Officer (RO):
 - Title
 - Family name
 - Given name(s)
 - Suffix
 - Address (Business and Postal)
 - Contact details

The RO may also apply for a digital credential that facilitates the exchange of data through online communication channels.

- Organisation Maintenance Officer (OMO):
 - Title
 - Family name
 - Given name(s)
 - Suffix
 - Address (Business and Postal)
 - Contact details

⁵ Form number - 2978.02.09.10

⁶ Form number - 2711.19.10.10

The OMO may be the same person as the RO, if not; they may also apply for a digital credential.

- Organisation details:
 - Organisation name
 - ABN/ACN/Other
 - Services provided
 - Address (Business and Postal)
 - Contact details

The HPI-O may also apply for a digital credential.

A Seed HPI-O may elect to have their details (or a portion thereof) published in the HI Service Healthcare Provider Directory (HPD).

The following details require verification by a referee, before form submission:

- Organisation being verified details:
 - Organisation name
 - ABN/ACN
 - Individual being verified details:
 - Title
 - Family name
 - Given name(s)
 - Address (Business)
 - Referee details:
 - Title
 - Family name
 - Given name(s)
 - Address (Business)
 - Contact details
 - Occupation
 - Referee category number
- 2 Upon completion of forms, all relevant documentation needs to be certified and provided to the HI Service for processing:
- a RO Evidence of Identity (EOI)
 - b Documentary evidence of their authority to act on behalf of the organisation
 - c Evidence that the organisation is registered as a business or company

3.2 UC.075 – Request digital credential for Seed HPI-O

Use Case #	UC.075
Use Case Name	Request digital credential for Seed HPI-O
Role	Responsible Officer (RO)
Purpose	To obtain a new digital credential for a Seed Healthcare Provider Organisation (HPI-O) within the HI Service. 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.
Outline	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.
Occasions of Use	An example of this use case is when: A new digital credential is required, to provide authentication of the HPI-O for electronic health messages A updated digital credential is required to provide authentication of the HPI-O for electronic health messages
Pre-Conditions	Digital credential does not exist, for a Seed HPI-O
Post-Conditions	Digital credential received and updated into software system

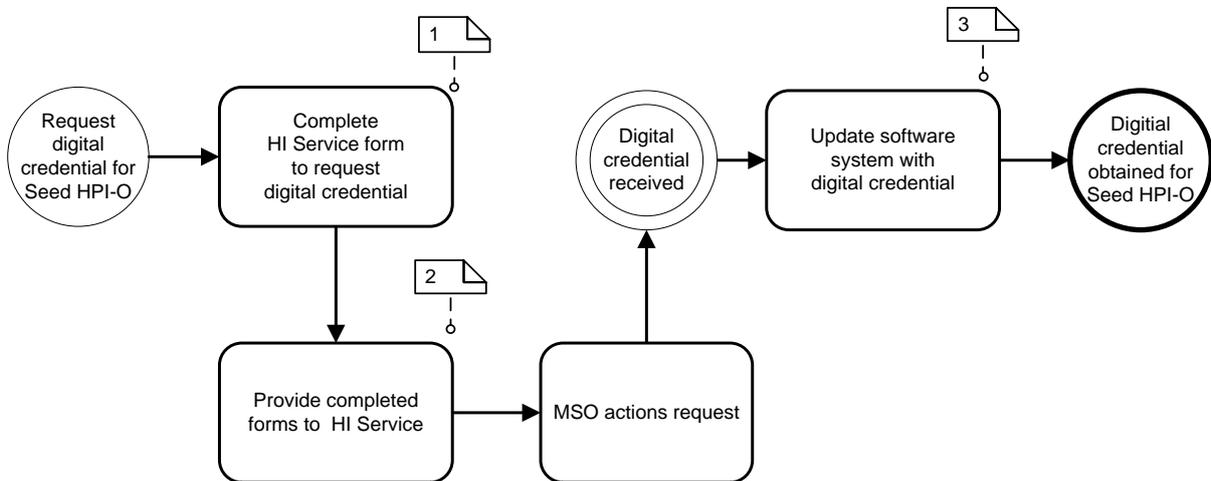


Figure 50 - UC.075 - Request digital credential for seed HPI-O

Notes 1 Refer to the HI Service form "Application to request a new or update an existing PKI Certificate".⁷

The details that are required for the request are:

- Organisation details:
 - Organisation name
 - HPI-O number
- Contact name (this would be the RO):
 - RO number
 - Title
 - Family name
 - Given names(s)
 - Suffix
 - Address (Business and Postal)
 - Contact details

⁷ Form number - 3054.02.09.10

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

3.3 UC.080 – Maintain HPI-O Details

Use Case #	UC.080
Use Case Name	Maintain HPI-O details
Role	Responsible Officer (RO) Organisation Maintenance Officer (OMO)
Purpose	<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">• Responsible Officer (RO)• Organisation Maintenance Officer (OMO) <p>Remove, add to, or update an existing Seed and/or Network Healthcare Provider Organisation's (HPI-O) details within the HI Service.</p>
Outline	<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>
Occasions of Use	<p>An example of this use case is when:</p> <p>An 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:</p> <ul style="list-style-type: none">• Organisation details (e.g. Organisation name);• Address details;• Service details; and• Contact details. <p><u>Important Note:</u></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 organisations name change.</p>
Pre-Conditions	<p>In order to send this request you must ensure that:</p> <ul style="list-style-type: none">• An 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

- 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
- If the RO or OMO is creating a new record a suitable Seed or Network organisation has been identified and is linked at an equal or higher level
- 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

Post-Conditions

Seed and/or Network HPI-O record updated within the HI Service

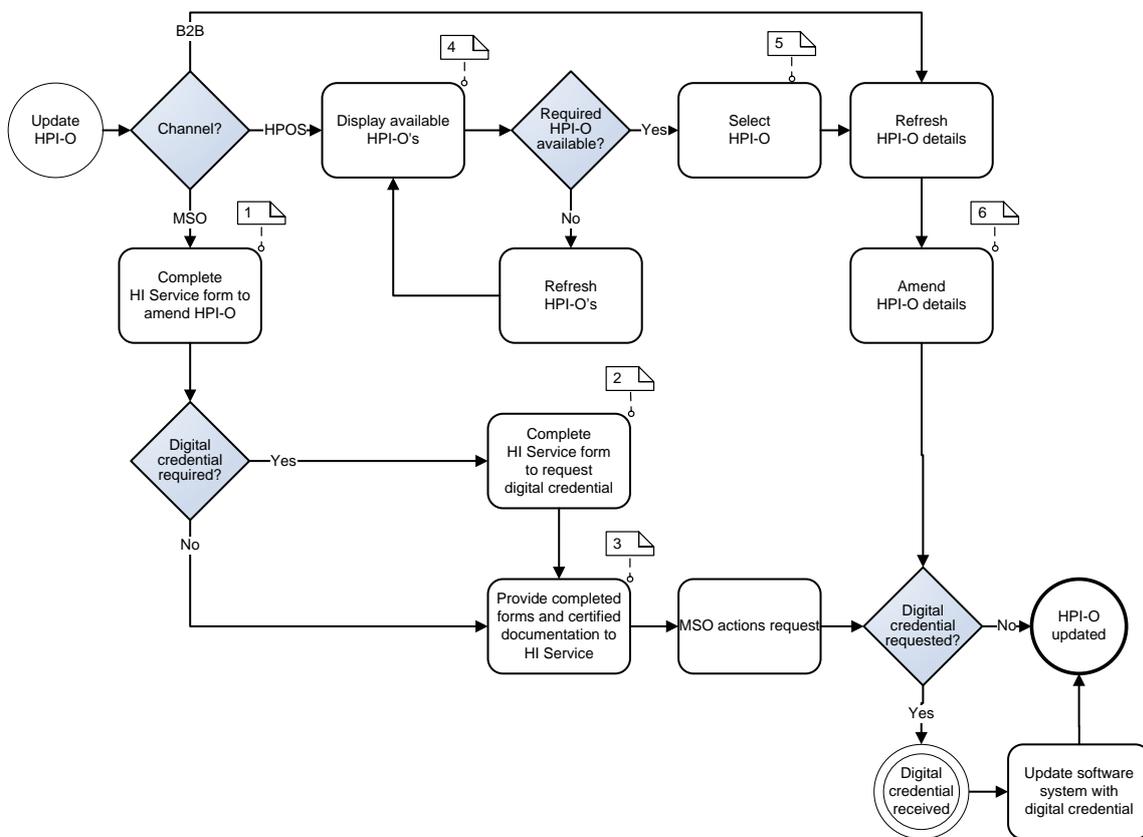


Figure 51 - UC.080 - Maintain HPI-O details

Notes

- 1 Refer to the HI Service form "Application to add or amend details of a Healthcare Organisation record".⁸

The details that are required for the request are:

- Applicant details:
 - RO or OMO number
 - Title
 - Family name
 - Given name(s)

⁸ Form number - 2883.02.09.10

- Address
- Phone number

- Organisation details:
 - HPI-O number
 - Organisation name

Details that may be amended through this process are:

- specifying which name, address and communication details are preferred for use in correspondence for your organisation
- creating alternate names, addresses and communication details for an organisation
- updating existing names, addresses and communication details for an organisation
- linking an individual to an organisation
- changing the parent of a networked organisation to another organisation in your organisation hierarchy

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 provider organisations name change.

Please contact the HI Service or refer to "Application to add or amend details of a Healthcare Organisation record" form for acceptable documentary evidence.

- 2 Refer to the HI Service form "Application to request a new or update an existing PKI Certificate".⁹

The following details are required:

- Organisation details:
 - Organisation name
 - HPI-O number
 - Contact name
 - Address (Business and Postal)
 - Contact details

- 3 Upon completion of forms, all relevant documentation needs to be provided to the HI Service for processing.
- 4 All the Seed and/or Network healthcare organisations that the RO or OMO is responsible for will be displayed.
- 5 The HPI-O selected may either be a Seed or Network HPI-O; the maintenance process is the same.
- 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".

Important Note:

An RO must contact the HI Service and provide documentary evidence to change the legal name of a Seed healthcare provider organisation.

⁹ Form number - 3054.02.09.10

3.4 UC.100 – Maintain RO details

Use Case #	UC.100
Use Case Name	Maintain RO details
Role	Responsible Officer (RO)
Purpose	Amend a Responsible Officer's (RO) details within the HI Service.
Outline	<p>For a Responsible Officer (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>Note:</p> <p>Any amendments, to an 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>
Occasions of Use	<p>An example of this use case is when:</p> <p>The RO has new details that need to be recorded; including:</p> <p>Personal details (e.g. Name)</p> <p>Address details</p> <p>Contact details</p> <p>The RO is requesting an updated/new digital credential</p> <p>The RO has deceased</p>
Pre-Conditions	The RO is registered within the HI Service
Post-Conditions	<p>RO details updated within the HI Service</p> <p>If requested, the digital credential is received and updated into the software system</p>

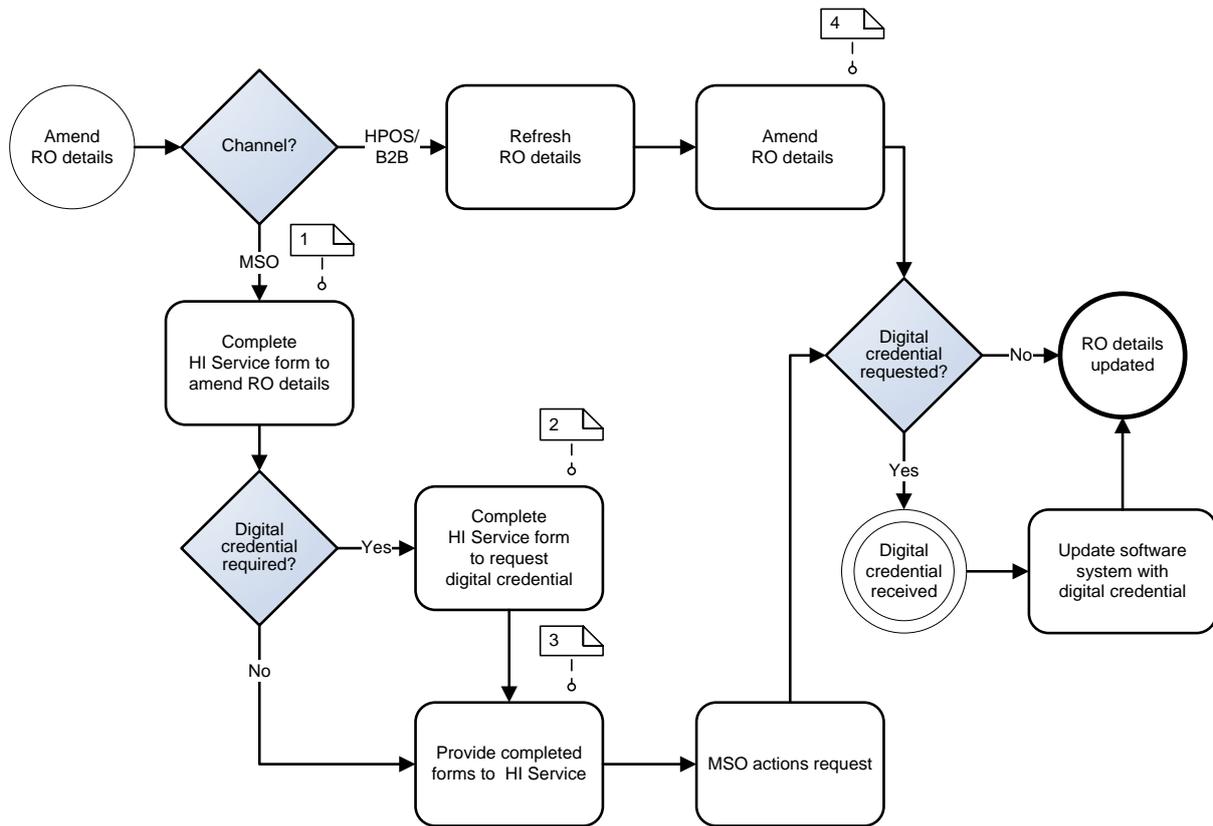


Figure 52 - UC.100 - Maintain RO details

Notes

1 Refer to the HI Service form "Application to amend Responsible Officer or Organisation Maintenance Officer personal information".¹⁰

The details that are required for the request are:

- Applicant details:
 - RO number
 - Title
 - Family name
 - Given name(s)
 - Address
 - Phone number

RO details that may be removed, added or updated through this process include:

- Personal details:
 - Existing personal details
 - New personal details
- Address details (Business and Postal)
 - Existing address details
 - New address details

¹⁰ Form number - 2791.02.09.10

- Contact details
 - Existing contact details
 - New contact details
 - Deceased RO details
 - RO number (if known)
 - Title
 - Family name
 - Given name(s)
 - Date of death
 - Your (the applicant's) relationship to the deceased
- 2 Refer to the HI Service form "Application to request a new or update an existing PKI Certificate".¹¹

The following details are required:

- Organisation details:
 - Organisation name
 - HPI-O number
 - Contact name
 - Address (Business and Postal)
 - Contact details
- 3 Upon completion of forms, all relevant documentation needs to be certified and provided to the HI Service for processing.
- 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".

Note:

Any amendments, to an 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.

3.5 UC.105 – Maintain RO or Seed OMO

Use Case #	UC.105
Use Case Name	Maintain RO or Seed OMO
Role	Responsible Officer (RO)
Purpose	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.
Outline	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

¹¹ Form number - 3054.02.09.10

Officer (RO) or Organisation Maintenance Officer (OMO) within the HI Service.

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.

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.

The existing RO or OMO may remove their personal details from the HI Service after their link to the HPI-O has been removed.

Note:

There can only be one RO at any given time, linked to an HPI-O within the software system; however, a maximum of two, Responsible Officers (RO) can be linked for each HPI-O, during the transaction period from one RO to another RO.

Occasions of Use

An example of this use case is when:

- An HPI-O has a new individual, that has to be assigned as an RO or OMO and:
 - A new RO or OMO needs to be registered within the HI Service, if they are not already registered
 - The new RO or OMO needs to be linked to an HPI-O
 - The link between the existing RO or OMO and the HPI-O needs to be removed

Pre-Conditions

- RO is registered within the HI Service
- RO is linked to an HPI-O
- OMO is registered within the HI Service
- OMO is linked to Seed HPI-O

Post-Conditions

- RO or OMO details updated within HI Service
- New RO or OMO linked to HPI-O
- If requested, the digital credential is received and updated into the software system

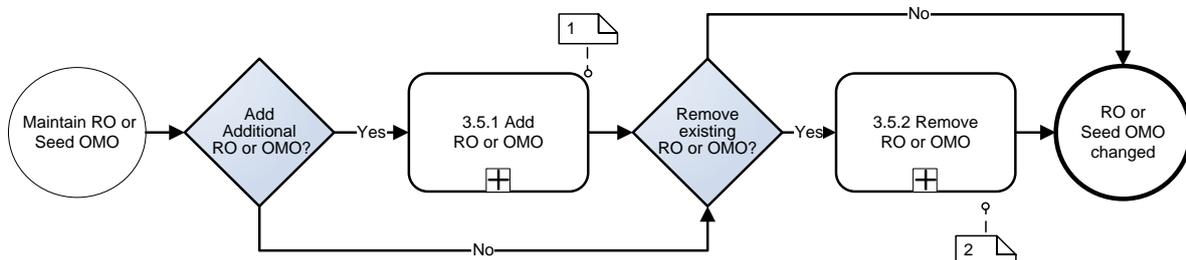


Figure 53 - UC.105 - Maintain RO or seed OMO

Notes

- 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.

Note:

There is only one RO at any given time, linked to an HPI-O within the software system. However, a maximum of two Responsible Officers (RO) can be linked for each HPI-O, during the transaction period from one RO to another RO.

- 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.

Note:

An 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.

3.5.1 Use Case Sub-process – Add RO or Seed OMO

Process Name	Add RO or Seed OMO
Role	Responsible Officer (RO)
Purpose	Link new RO or OMO to an HPI-O.
Derivation	UC.105 – Maintain RO or Seed OMO
Outline	<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>
Pre-Conditions	None
Post-Conditions	<ul style="list-style-type: none"> • RO added to the HPI-O within the HI Service • RO linked to the HPI-O • OMO added to the HPI-O within the HI Service • OMO linked to the HPI-O

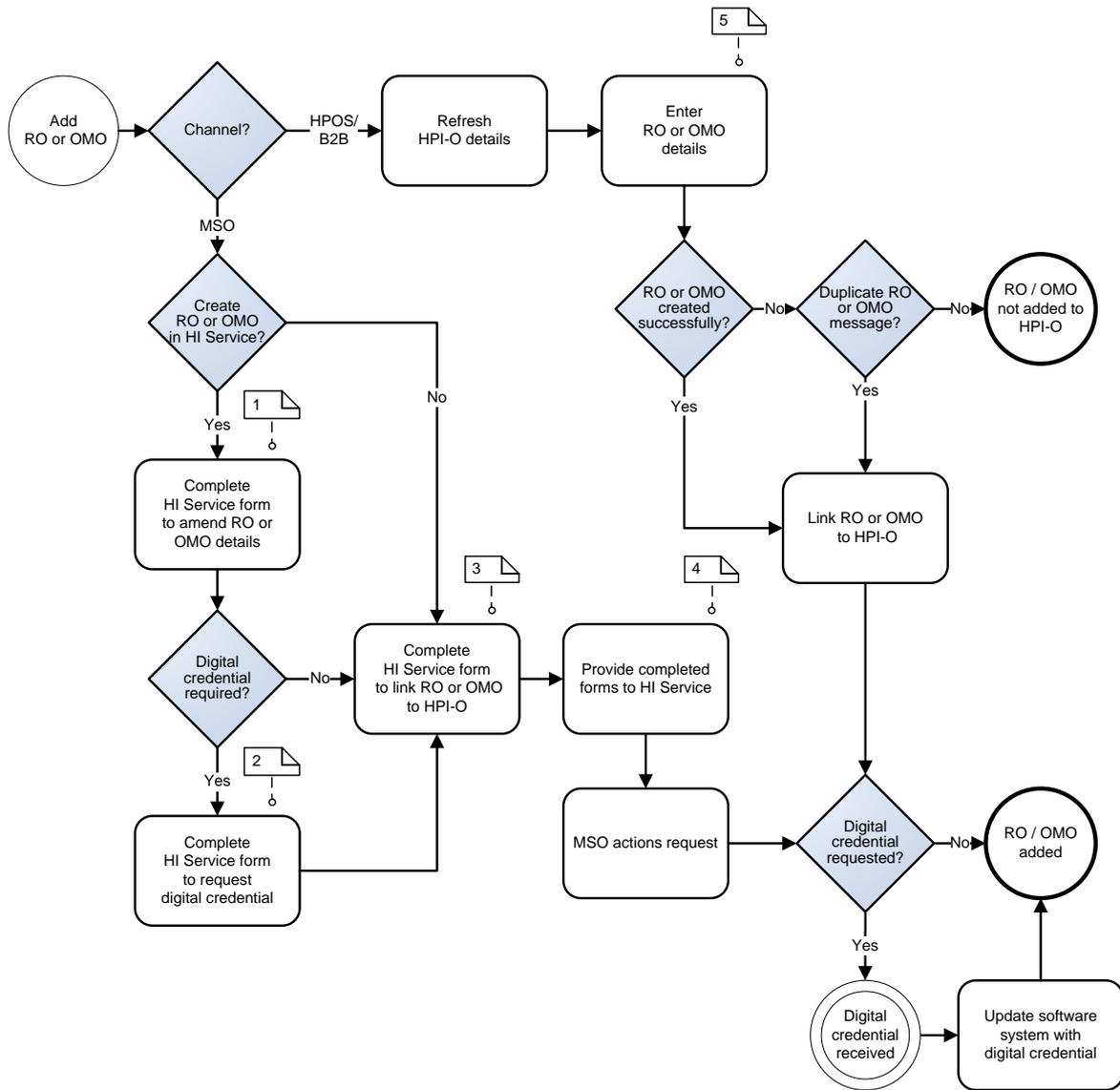


Figure 54 - Add RO or seed OMO

Notes

- 1 Refer to the HI Service forms:
 - a "Application to amend Responsible Officer or Organisation Maintenance Officer personal information".¹²
 - b "Application to replace a Responsible Officer or add an additional Organisation Maintenance Officer for a Seed Organisation and/or register a Seed Organisation".¹³

To register an RO or OMO the following details are required:

- Applicant details:
 - Title
 - Family name
 - Given name(s)

¹² Form number - 2791.02.09.10

¹³ Form number - 2711.19.10.10

-
- Address (Business and Postal)
 - Contact details
 - Details that may be added through this process are:
 - Personal details
 - Address details
 - Contact details
- 2 Refer to the HI Service form "Application to request a new or update an existing PKI Certificate".¹⁴

Note:

An 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.

- 3 Refer to the HI Service form "Application to link or unlink a Responsible Officer or Organisation Maintenance Officer to or from an Organisation".¹⁵

To link an RO or OMO to a Seed HPI-O, the following details are required:

- Applicant details:
 - RO or OMO number
 - Title
 - Family name
 - Given name(s)
 - Address (Business and Postal)
 - Phone number
- Organisation details:
 - HPI-O number
 - Organisation name
- RO details:
 - RO number (if known)
 - Title
 - Family name
 - Given name(s)
 - Address (Business)
 - Phone number
- OMO details:
 - OMO number (if known)
 - Title
 - Family name

¹⁴ Form number - 3054.02.09.10

¹⁵ Form number - 2998.02.09.10

- Given name(s)
 - Address (Business)
 - Phone number
- 4 Upon completion of forms, all the relevant documentation needs to be provided to the HI Service for processing:
- RO Evidence of Identity (EOI) for new RO's
 - Documentary evidence of authority to act on behalf of the HPI-O
- 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".
-

3.5.2 Use Case Sub-process – Remove RO or Seed OMO

Process Name	Remove RO or Seed OMO
Role	Responsible Officer (RO)
Purpose	Remove link between an existing RO or OMO and a Seed HPI-O.
Derivation	UC.105 – Maintain RO or Seed OMO
Outline	<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 an HPI-O.</p>
Pre-Conditions	<p>RO is registered within the HI Service</p> <p>RO is linked to an HPI-O</p> <p>OMO is registered within the HI Service</p> <p>OMO linked to an HPI-O</p>
Post-Conditions	<p>RO link to HPI-O removed</p> <p>RO details updated within the HI Service</p> <p>OMO link to HPI-O removed</p> <p>OMO details updated within HI Service</p>

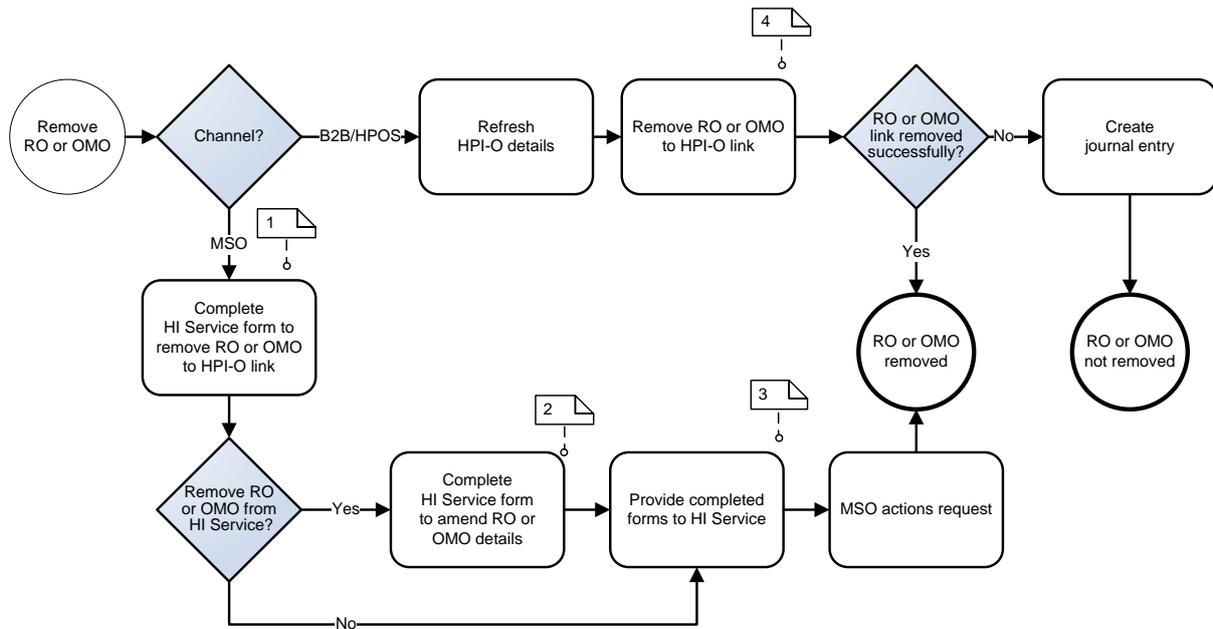


Figure 55 - Remove RO or seed OMO

Notes

1 Refer to the HI Service form "Application to link or unlink a Responsible Officer or Organisation Maintenance Officer to or from an Organisation".¹⁶

To remove the link between an existing RO or OMO and an HPI-O, the following details are required:

- Applicant details:
 - RO or OMO number
 - Title
 - Family name
 - Given name(s)
 - Address (Business and Postal)
 - Phone number
- Organisation details:
 - Organisation HPI-O number
 - Organisation name
- RO details:
 - RO number (if known)
 - Title
 - Family name
 - Given name(s)
 - Address (Business)
 - Phone number

¹⁶ Form number - 2998.02.09.10

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

- 2 Refer to the HI Service forms:
 - a "Application to amend Responsible Officer or Organisation Maintenance Officer personal information".¹⁷
 - b "Application to replace a Responsible Officer or add an additional Organisation Maintenance Officer for a Seed Organisation and/or register a Seed Organisation".¹⁸

To remove an 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:
 - a 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".

¹⁷ Form number - 2791.02.09.10

¹⁸ Form number - 2711.19.10.10

3.6 UC.120 – Software system audit log enquiries

Use Case #	UC.120
Use Case Name	Software system audit log enquiries
Role	Organisation Maintenance Officer (OMO)
Purpose	To extract information relating to Individual Healthcare Identifier (IHI) transactions, from the software system audit files.
Outline	<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>
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> • 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. • 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. • The health service investigates the transaction history to determine whether any transactions have been unauthorised. • The outcomes of the audit, and the investigation, are communicated to the HI Service who will respond to the patient audit inquiry.
Pre-Conditions	None
Post-Conditions	Audit file extraction complete

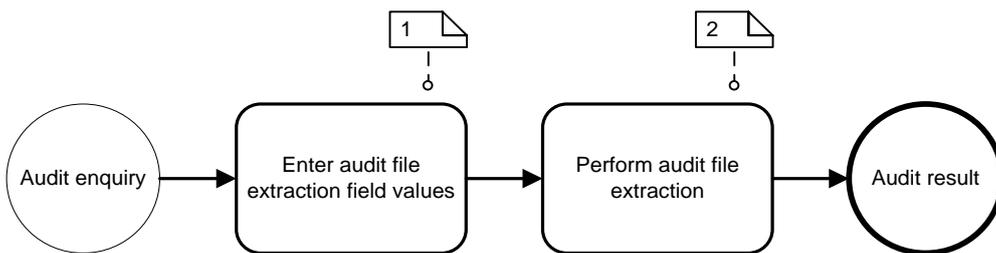


Figure 56 - UC.120 - Software system audit log enquiries

Notes

- 1 A combination of the following input search parameters may be selected, for an audit file extraction:
 - a A patient's unit record number (URN) in the local software system
 - b A patient's Individual Healthcare Identifier (IHI) number
 - c HPI-I number
 - d HPI-O number
 - e Seed or Network
 - f Start and end date for the extraction
 - g Authorised Employee(s) – Username or Userid(s)

Note:

It is expected that the OMO, of an HPI-O will know the access controls used by an Authorised Employees within their organisation, to logon to software system.

- 2 For all HI Service transactions, the audit log results shall include the following information:
 - a Patient IHI
 - b Date and time of activity
 - c Individual IHI action start and end date/time
 - d Bulk IHI action start and end date/time
 - e Authorised Employee(s) - Userid(s) - (HI User)
 - f Name of authorised user initiating any message to HI Service (if different to accessing record)
 - g HPI-I of user if available
 - h HPI-O of location initiating request to HI Service
 - i Action against IHI: e.g. Search/check/update/refresh/edit
 - j System date/time of assigning IHI (filling field) or manual entry to IHI field.

For all other transactions, the audit log results should include following information:

- Patient URN
- Patient IHI
- Transaction type: Discharge, Referral etc.
- Date/time of activity
- Bulk IHI action start end time/date
- Authorised Employee(s) - Userid(s) - (HI User)
- Name of authorised user initiating any message to HI Service (if different to accessing record)
- HPI-I of user if available
- HPI-O of location initiating request to HI Service

Action against IHI: e.g. search/check/update/refresh/edit
System date/time of assigning IHI (filling field) or manual entry to IHI field.

Note:

The format and layout of an audit log report, is subject to local policy.

3.7 UC.290 – Retire HPI-O

Use Case #	UC.290
Use Case Name	Retire HPI-O
Role	Responsible Officer (RO) Organisation Maintenance Officer (OMO)
Purpose	To retire a Healthcare Provider Organisation's (HPI-O) record from the HI Service.
Outline	<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>Note: An HPI-O (Seed or Network) that has been 'Retired' may not be 'Reactivated'.</p>
Occasions of Use	<ul style="list-style-type: none"> • An example of this use case is when: • A Seed or Network HPI-O permanently ceases to operate as a business entity • A Seed or Network HPI-O elects to no longer participate in the HI Service
Pre-Conditions	<ul style="list-style-type: none"> • A Seed or Network HPI-O exists within the HI Service • A Seed or Network HPI-O does not have a status of 'Retired'
Post-Conditions	A Seed or Network HPI-O has a 'Retired' status within the HI Service

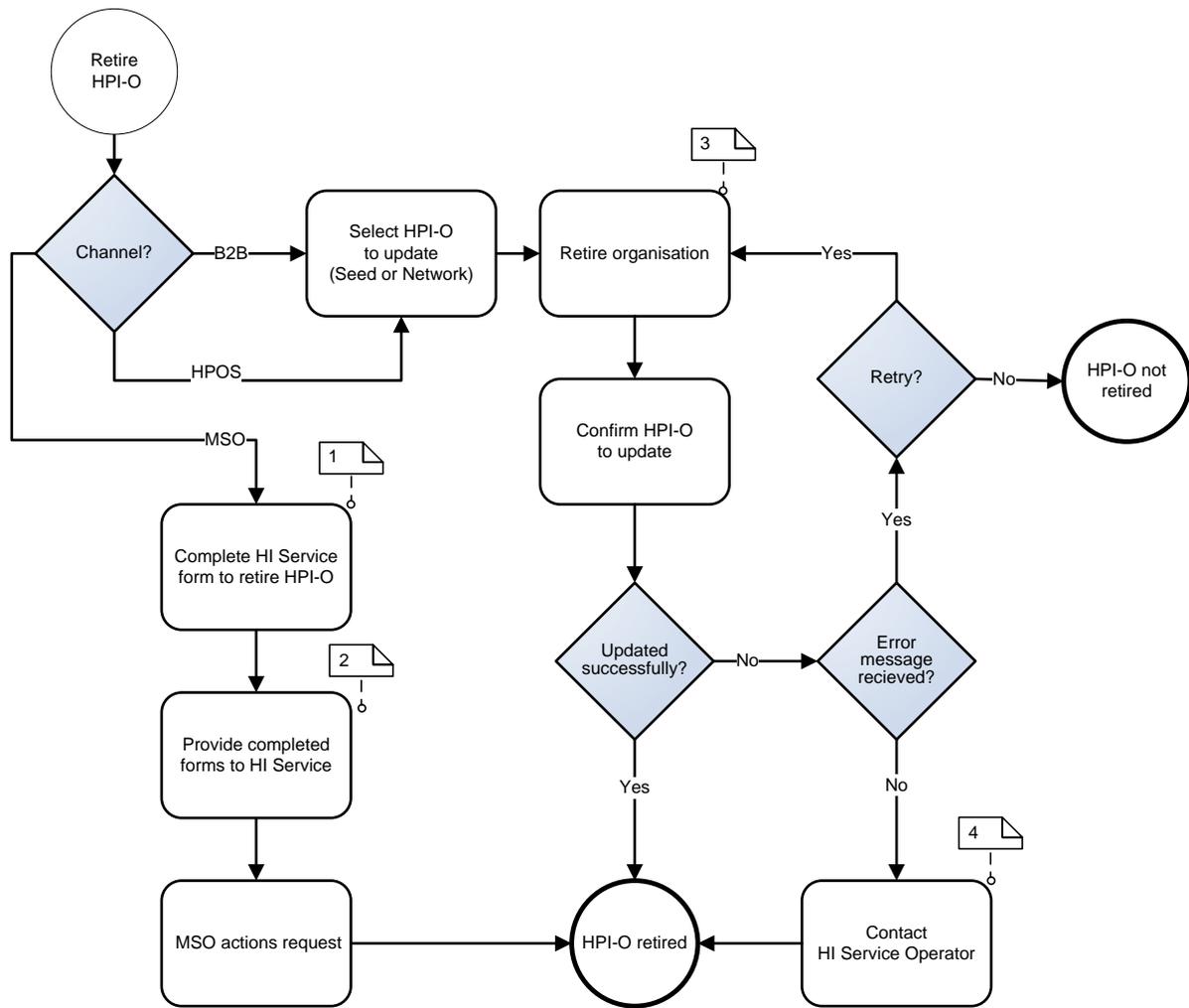


Figure 57 - UC.290 – Retire HPI-O

Notes

- 1 Refer to the HI Service form “Application to deactivate, reactivate, or retire a Healthcare Organisation record”.¹⁹

Note:

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.

To ‘Retire’ a Seed HPI-O, the following details are required:

- Applicant details:
 - RO number (if known)
 - Title
 - Family name
 - Given name(s)
 - Address
 - Phone number
- Organisation details:
 - Organisation HPI-O number

¹⁹ Form number - 3000.02.09.10

-
- Organisation name
 - Date of effect
 - Retirement reason

To 'Retire' a Network HPI-O, the following details are required:

- Applicant details:
 - RO/OMO number (if known)
 - Title
 - Family name
 - Given name(s)
 - Address
 - Phone number
 - Organisation details:
 - Organisation HPI-O number
 - Organisation name
 - Date of effect
 - Retirement reason
- 2 Upon completion of forms, all relevant documentation needs to be provided to the HI Service for processing.
 - 3 When an HPI-O is displayed, the RO or OMO will be asked to select an HPI-O (Seed or Network) and indicate whether the HPI-O is to be 'Retired' (deactivated permanently).

Note:

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.

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.

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

3.8 UC.295 - Deactivate or Reactivate HPI-O

Use Case #	UC.295
Use Case Name	Deactivate or Reactivate HPI-O
Role	Responsible Officer (RO) Organisation Maintenance Officer (OMO)
Purpose	To deactivate or reactivate a Seed or Network Healthcare Provider Organisation's HPI-O record from the HI Service.
Outline	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.

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

The HPI-O number originally allocated to the Seed or Network HPI-O will be retained, so 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.

If a status of 'Deactivated' is applied to an 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.

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.

If a status of 'Reactivate' is applied to an 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.

Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none">• A Seed or Network HPI-O temporarily ceases to operate as a business entity• A Seed or Network HPI-O elects to no longer participate in the HI Service• A Seed or Network HPI-O would like to participate in the HI Service again
Pre-Conditions	<ul style="list-style-type: none">• Seed or Network HPI-O exists within the HI Service• Seed or Network HPI-O does not have a status of 'Retired'• Seed or Network HPI-O has a status of 'Active' (to deactivate)• Seed or Network HPI-O has a status of 'Deactivated' (to reactivate)
Post-Conditions	<ul style="list-style-type: none">• Seed or Network HPI-O has a 'Active' status within the HI Service• Seed or Network HPI-O has a 'Deactivated' status within the HI Service

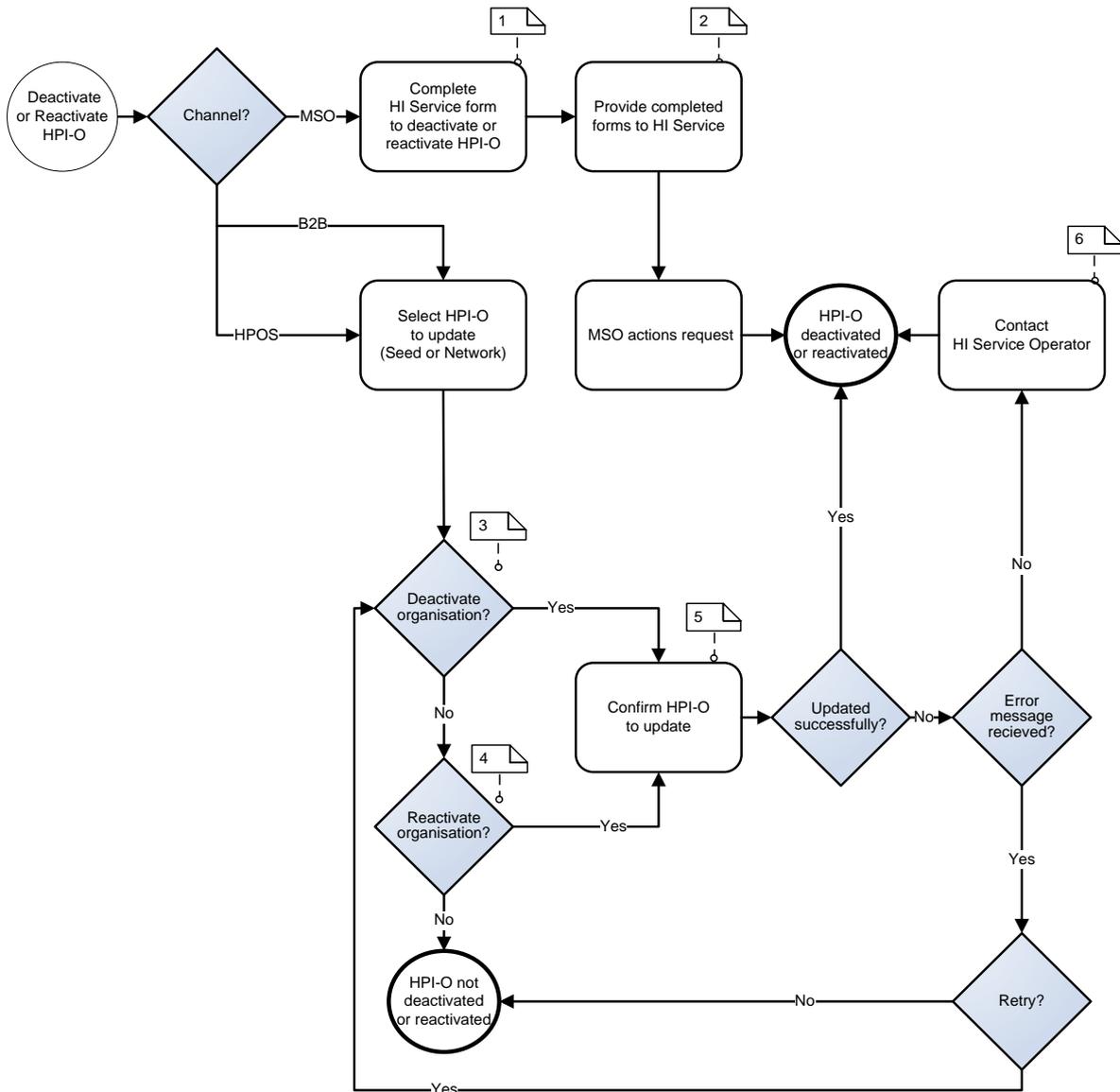


Figure 58 - UC.295 - Deactivate or reactivate HPI-O

Notes

1 Refer to the HI Service form "Application to deactivate, reactivate or retire a Healthcare Organisation record".²⁰

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

²⁰ Form number - 3000.02.09.10

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
- 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 An 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 an 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.

If an attempt to 'Deactivate' or 'Reactivate' an 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

Use Case #	UC.305
Use Case Name	Validate HPI-O
Role	Responsible Officer (RO) Organisation Maintenance Officer (OMO)
Purpose	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).
Outline	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). Healthcare Provider Identifier Organisation (HPI-O) details include: <ul style="list-style-type: none"> • HPI-O number or • Healthcare Provider Organisation name
Occasions of Use	An example of this use case is when: <ul style="list-style-type: none"> • An RO or OMO of a Seed or Network HPI-O wants to validate the details of another HPI-O
Pre-Conditions	<ul style="list-style-type: none"> • RO and OMO is registered with the HI Service • RO or OMO is linked and authorised to act on behalf of a Seed or Network Healthcare Provider Identifier Organisation

(HPI-O)

- HPI-O is registered within the HI Service
- HPI-O is linked to a Seed or Network HPI-O
- HPI-O number is known
- Healthcare Provider Organisation name is known
- HPI-O details published in the HI Service HPD
- HPI-O search criteria is known

Post-Conditions

- HPI-O details have been validated with the HI service
- HPI-O record found in the HI Service HPD
- View HPI-O record details

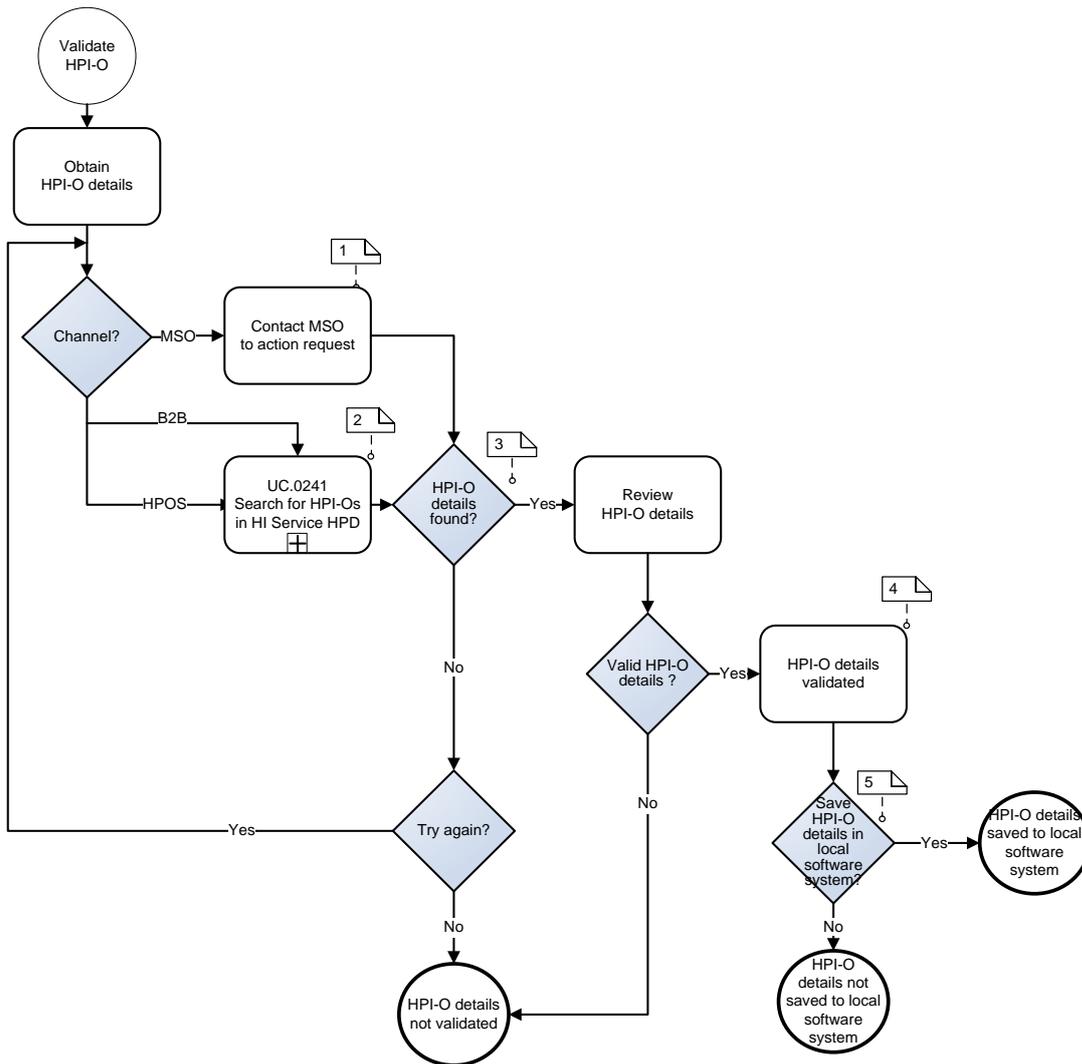


Figure 59 - UC.305 - Validate HPI-O

Notes

- 1 An 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).

The following information will be required as a minimum:

- Healthcare Provider Identifier Organisation (HPI-O):
 - HPI-O number; or
 - Healthcare Provider Organisation name.

- 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.

- 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.

- 4 Any HPI-O record, found within the HI Service with a 'Active' or 'Deactivated' status can be validated by an RO or OMO and will include the following information :
 - HPI-O number
 - Status
 - Organisation name
 - Organisation details
 - Organisation service
 - Address (Business, Mailing or Postal)
 - Electronic Communication Details

Note:

Any HPI-O record with a 'Retired' status of will not be returned or displayed if a search is performed, within the HI Service.

- 5 An RO or OMO can save an HPI-O number and details within their local software system.
-

3.10 UC.306 – Get HPI-O status

Use Case #	UC.306
Use Case Name	Get HPI-O status
Role	Organisation Maintenance Officer (OMO) Authorised Employee Healthcare Provider Identifier Individual (HPI-I)
Purpose	To understand the status of an HPI-O
Outline	To perform a search within the HI Service and obtain details about an HPI-O.
Occasions of Use	An example of this use case is when: An HPI-O known to a healthcare provider requires the status of the HPI-O to be checked.
Pre-Conditions	The HPI-O is known

Post-Conditions HPI-O record found in the HI Service
 HPI-O record status is returned from the HI Service
 Recording of an audit trail (see requirement 8028)

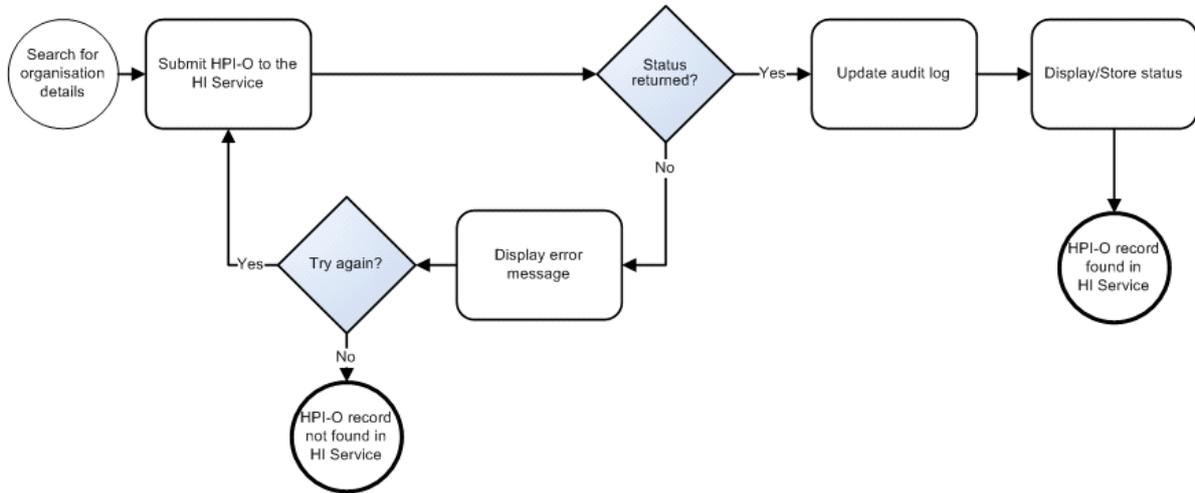


Figure 60 - UC.306 – Get HPI-O status

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

Use Case #	UC.125
Use Case Name	Maintain OMO details
Role	Organisation Maintenance Officer (OMO)
Purpose	Amend an Organisation Maintenance Officer's (OMO) record within the Healthcare Identifiers (HI) Service or any OMO record they manage in their organisational hierarchy.
Outline	<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> 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. Multiple, Organisation Maintenance Officer's (OMO) can be linked to an HPI-O,</p>
Occasions of Use	<p>This use case may apply when:</p> <ul style="list-style-type: none"> • The OMO has details that need to be recorded; including: <ul style="list-style-type: none"> ○ Creating a new OMO within your organisation hierarchy ○ Specifying which name, address and communication details are preferred for use in correspondence ○ Creating alternate names, addresses and communication details for an individual ○ Updating existing names, addresses and communication

details for an individual

- Notifying the HI Service of the death of an individual
- Requesting an updated/new digital credential

Pre-Conditions

- The OMO is registered in the HI Service
- You already know the healthcare identifier of the individual record you are attempting to amend
- You have obtained the external identifiers for any name, address and communication details you intend to update

Post-Conditions

- Details added within the HI Service for a new OMO for an HPI-O
- Details updated/removed within the HI Service for an existing OMO for an HPI-O
- HI Service notified of the death of an individual
- If requested, the digital credential is received and updated into the software system

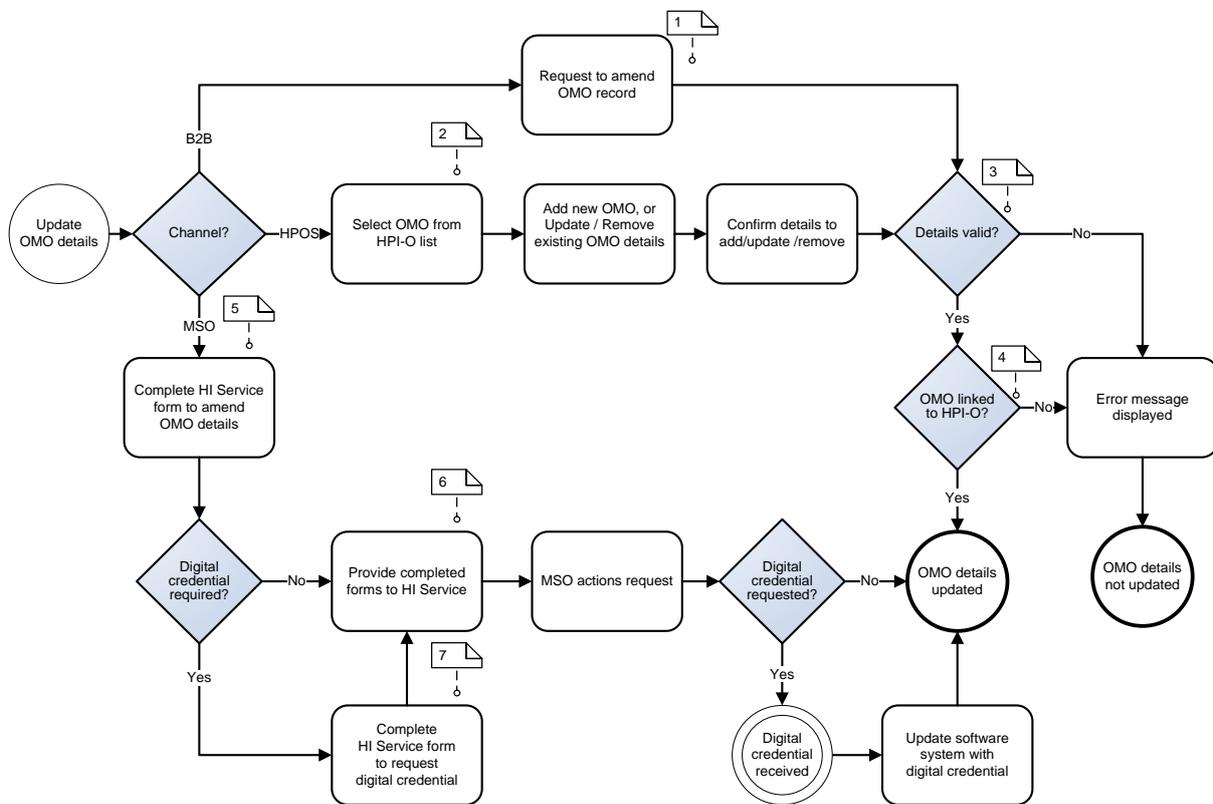


Figure 61 - UC.125 - Maintain OMO details

Notes

- 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.
- 2 The OMO should select from the existing list of OMO's directly linked to a Healthcare Provider Organisation (HPI-O).

Note:

Multiple, Organisation Maintenance Officer's (OMO) can be linked to an HPI-O.

- 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.
- 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 an 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.
- 5 The 'Application to amend a Responsible Officer or Organisation Maintenance Officer personal information'²¹ form must be completed and the following information provided:
 - Applicant's details:
 - OMO number (if known)
 - Title
 - Family Name
 - Given name(s)
 - Date of birth
 - Address
 - Phone number

Details that may be removed, added or amended through this process include:

- Personal details:
 - Existing personal details
 - New personal details
- Address details (business and postal):
 - Existing address details
 - New address details
- Contact details:
 - Existing contact details
 - New contact details
- Deceased person's details:
 - OMO number (if known)
 - Title
 - Family Name
 - Given name(s)
 - Date of death
 - Your (the applicant's) relationship to the deceased person

²¹ Form number - 2791.02.09.10

- 6 Refer to the HI Service form "Application to request a new or update an existing PKI Certificate".²²
 - 7 Upon completion of forms, all relevant documentation needs to be provided to the HI Service for processing.
-

4.2 UC.130 – Validate HPI-I in the HPD

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

²² Form number - 3054.02.09.10

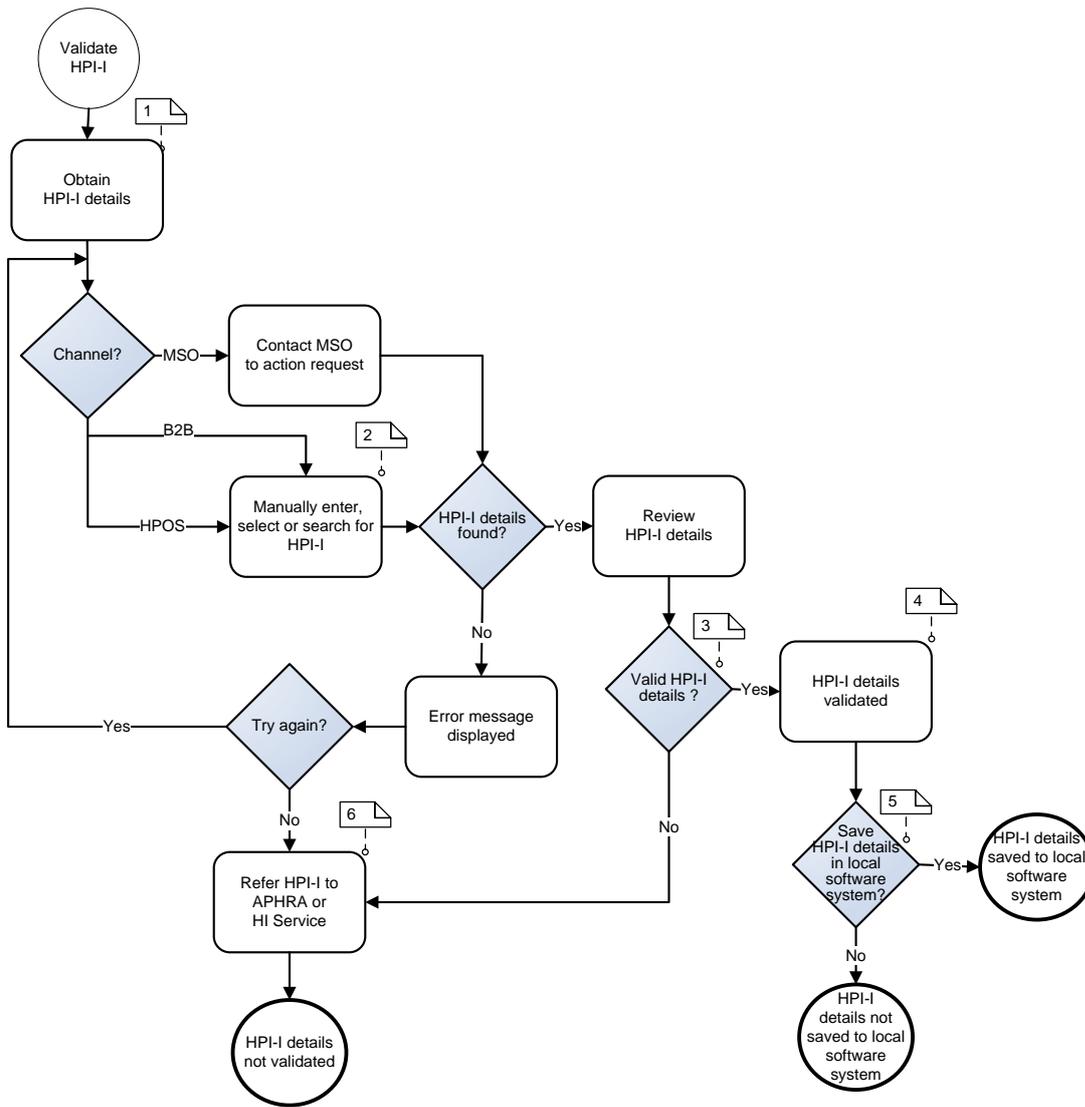


Figure 62 - UC.130 - Validate HPI-I

Notes

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 an HPI-I employed within their organisation:

- Healthcare Provider Identifier Individual (HPI-I) details include:
 - HPI-I number;
 - Family name
 - Given name(s) or Preferred name (s)

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 an HPI-O, is a matter of local policy.

2 To validate the details provided by HPI-I employed within an

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.

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.

Important Note:

An 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.

- 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:
 - o HPI-I number
 - o Family name
 - o Given name(s)
 - o 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 an HPI-I number that was manually entered within their local software system.

Important Note:

An 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.131 – Search for HPI-Is in the HI Service

Use Case #	UC.131
Use Case Name	Search for HPI-Is in the HI Service
Role	Authorised Employee (AE)

	Organisation Maintenance Officer (OMO) Healthcare Provider
Purpose	To retrieve a Healthcare Provider Identifier Individual (HPI-I) record from the HI Service instead of the Healthcare Providers Directory.
Outline	To perform a search within the HI Service and obtain details about an HPI-I
Occasions of Use	An example of this use case is when: <ul style="list-style-type: none"> • Populating the organisations' administrative systems with the HPI-I of its employees so as to include the HPI-I of the authoring provider when uploading a consumer's clinical record to the PCEHR system.
Pre-Conditions	<ul style="list-style-type: none"> • The HPI-I search criteria is known • The required HPI-I is registered directly through the HI Service or registered via AHPRA.
Post-Conditions	<ul style="list-style-type: none"> • HPI-I details have been validated with the HI service or returned to the requesting system • Recording of an audit trail (see requirement 8028)

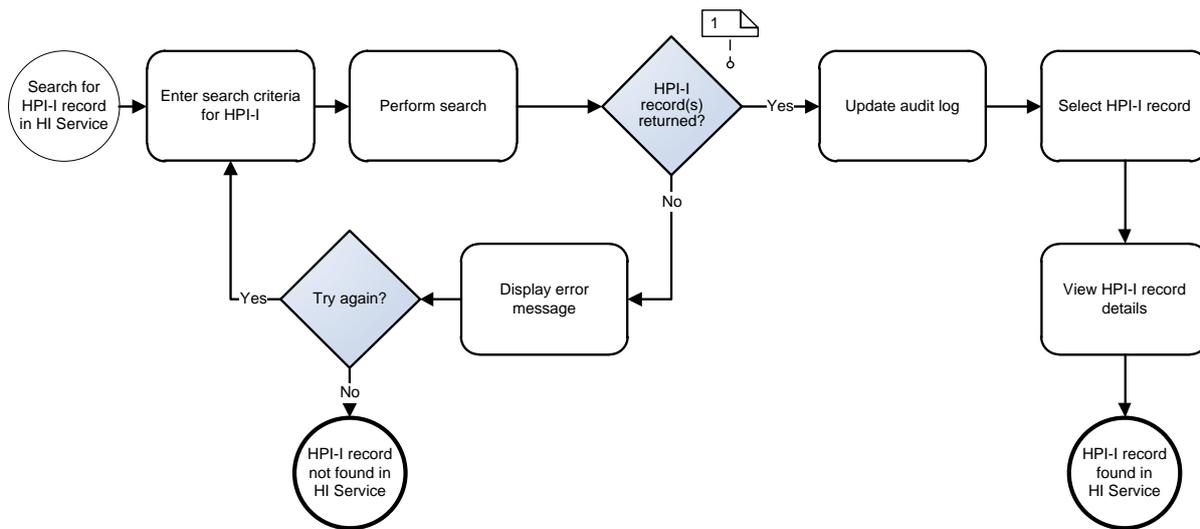


Figure 63 - UC.131 – Search for HPI-Is in the HI Service

Notes	<p>1. If a search is performed within the HI Service or HPD and an HPI-I record is not returned, it could be for any of the following reasons:</p> <ul style="list-style-type: none"> • No match was found • The search parameters resulted in more than 50 matches found (if searching the HPD)
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4.4 UC.135 – Publish HPI-O to HI Service HPD

Use Case #	UC.135
Use Case Name	Publish HPI-O to HI Service HPD
Role	Organisation Maintenance Officer (OMO)
Purpose	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).
Outline	<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></p> <p>An HI Service HPD entry is optional for an HPI-O that is successfully registered within the HI Service.</p> <p>Multiple HI Service HPD entries may be associated with an HPI-O record however; an 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>An HI Service HPD entry may only be published to the HI Service HPD if the associated HPI-O record has no outstanding issues.</p>
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none">• A new HPI-O has registered within the HI Service• A existing HPI-O has updated details• A existing HPI-O would like to change the settings or preferences within the HI Service HPD
Pre-conditions	HPI-O is registered within the HI Service
Post-conditions	HPI-O (new or updated) details, published within the HI Service HPD

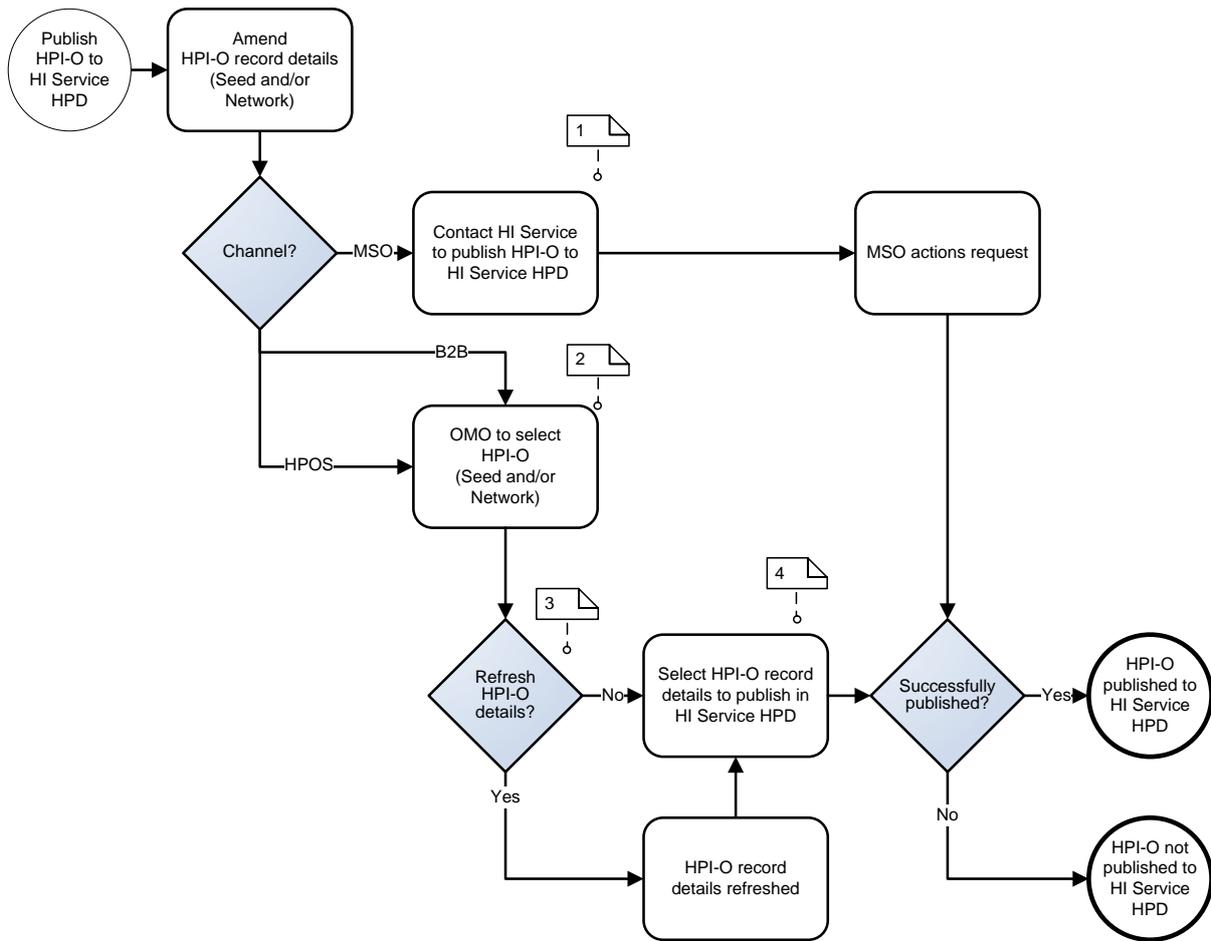


Figure 64 - UC.135 - Publish HPI-O to HI Service HPD

Notes

- 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.

Note:

An HI Service HPD entry is optional for an HPI-O that is successfully registered within the HI Service.

An HI HPD entry may only be published to the HI Service HPD if the associated HPI-O record has no outstanding issues.

- 2 Select HPI-O:
 - a 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.
 - b If the OMO record is not the same as the OMO requesting the operation, but occurs within the sub-levels managed by that requester, the OMO record is updated within the HI Service to reflect the requested operation.

- 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.

- 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.

An HPI-O's, HI Service HPD entry will consist of:

- A single set of organisation name details (Mandatory)
- A single set of address details (Mandatory)
- Multiple sets of electronic communication details (Optional)
- Multiple sets of organisation service details (Optional)
- Multiple sets of ELS details (Optional)
- A number to indicate the priority order for the entry - for display purposes (Mandatory)
- A flag to denote whether the entry is visible in the HI Service HPD (Optional)
- Additional comments (Optional)

4.5 UC.145 – Remove HPI-O to HPI-I link

Use Case #	UC.145
Use Case Name	Remove HPI-O to HPI-I link
Role	Organisation Maintenance Officer (OMO)
Purpose	<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 an HPI-O and an HPI-I, the association between the two entities will no longer be displayed in the HI Service Healthcare Provider Directory (HPD).</p>
Outline	<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>
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> • An HPI-I who has ceased employment and is no longer an authorised employee within the HPI-O • An HPI-I rescinds their permission to have their details published in the HI service HPD
Pre-Conditions	A link exists between an HPI-O and an HPI-I
Post-Conditions	<ul style="list-style-type: none"> • Link between the HPI-O and HPI-I is removed • Association between the HPI-O and the HPI-I is no longer displayed in the HI Service HPD

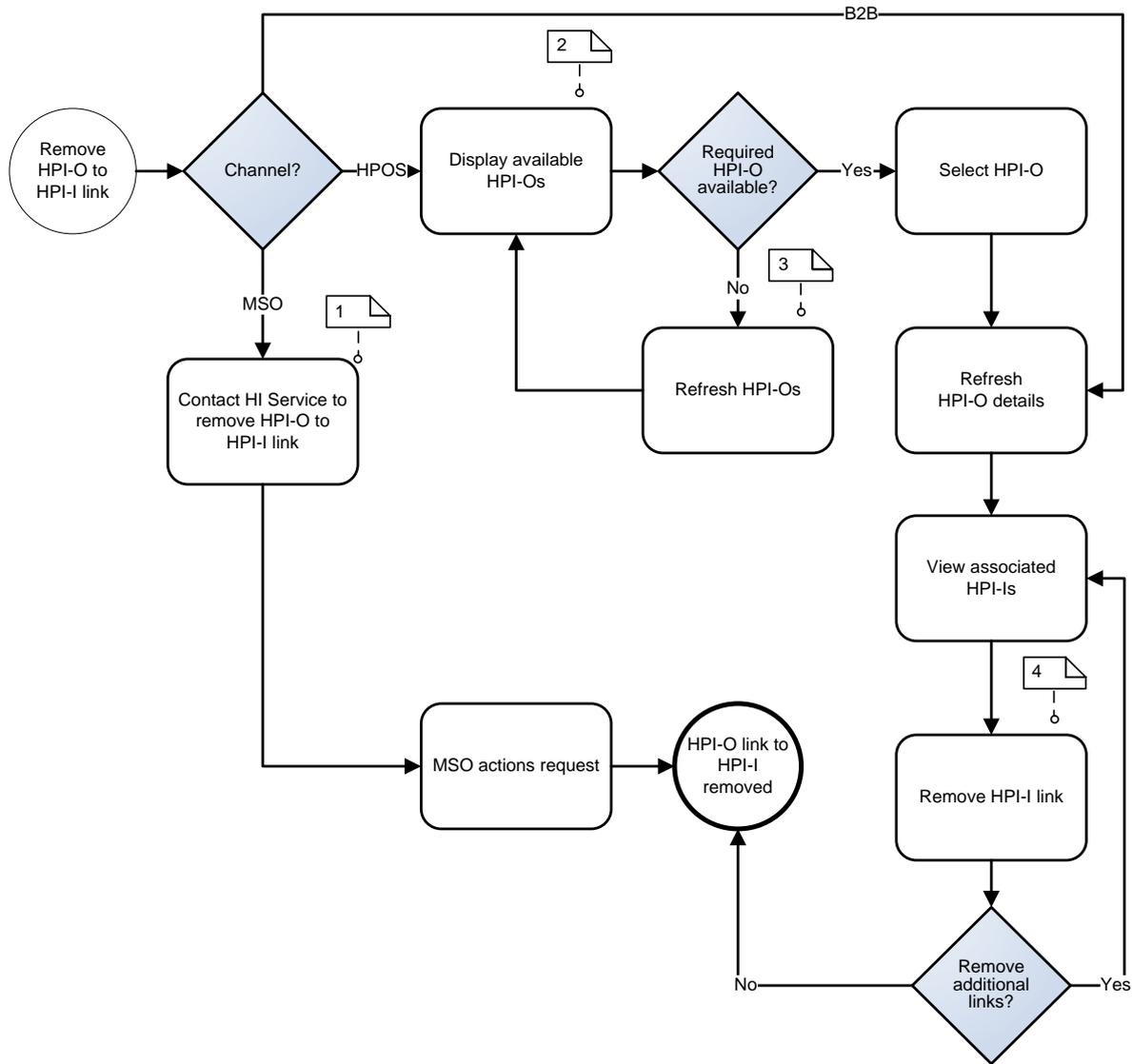


Figure 65 - UC.145 - Remove HPI-O to HPI-I link

Notes

- 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.

Note:

Once, the link has been removed between an HPI-O and an HPI-I, the association between the two entities will no longer be displayed in the HI Service Healthcare Provider Directory (HPD).

- 2 All the HPI-Os that the OMO is responsible for will be displayed.
- 3 Performing the process to refresh the HPI-O details would ensure the most current and up to date HPI-O details are available.
- 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".

4.6 UC.150 – Register network HPI-O

Use Case #	UC.150
Use Case Name	Register Network HPI-O
Role	Organisation Maintenance Officer (OMO)
Purpose	To register a new Network Healthcare Provider Identifier Organisation (HPI-O) within the HI Service.
Outline	<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>
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none">• An HPI-O (subsidiary of another HPI-O) has not yet been assigned an HPI-O• A new HPI-O has been acquired by a Seed or Network HPI-O²³
Pre-conditions	<ul style="list-style-type: none">• A Seed or Network HPI-O has been created or already exists within the HI Service• A OMO is registered with the HI Service• A OMO is linked and authorised to act on behalf of the Seed or Network Healthcare Provider Organisation (HPI-O)• A OMO has been identified for the new Network HPI-O
Post-conditions	<ul style="list-style-type: none">• Network HPI-O established within the HI Service• Network HPI-O details (if elected), published within the HI Service HPD• Network HPI-O is linked to a Seed or Network Healthcare Provider Identifier Organisation (HPI-O)• A OMO is linked and authorised to act on behalf of the new Network Healthcare Provider Identifier Organisation (HPI-O)• Digital credential created and provided

²³ An 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.

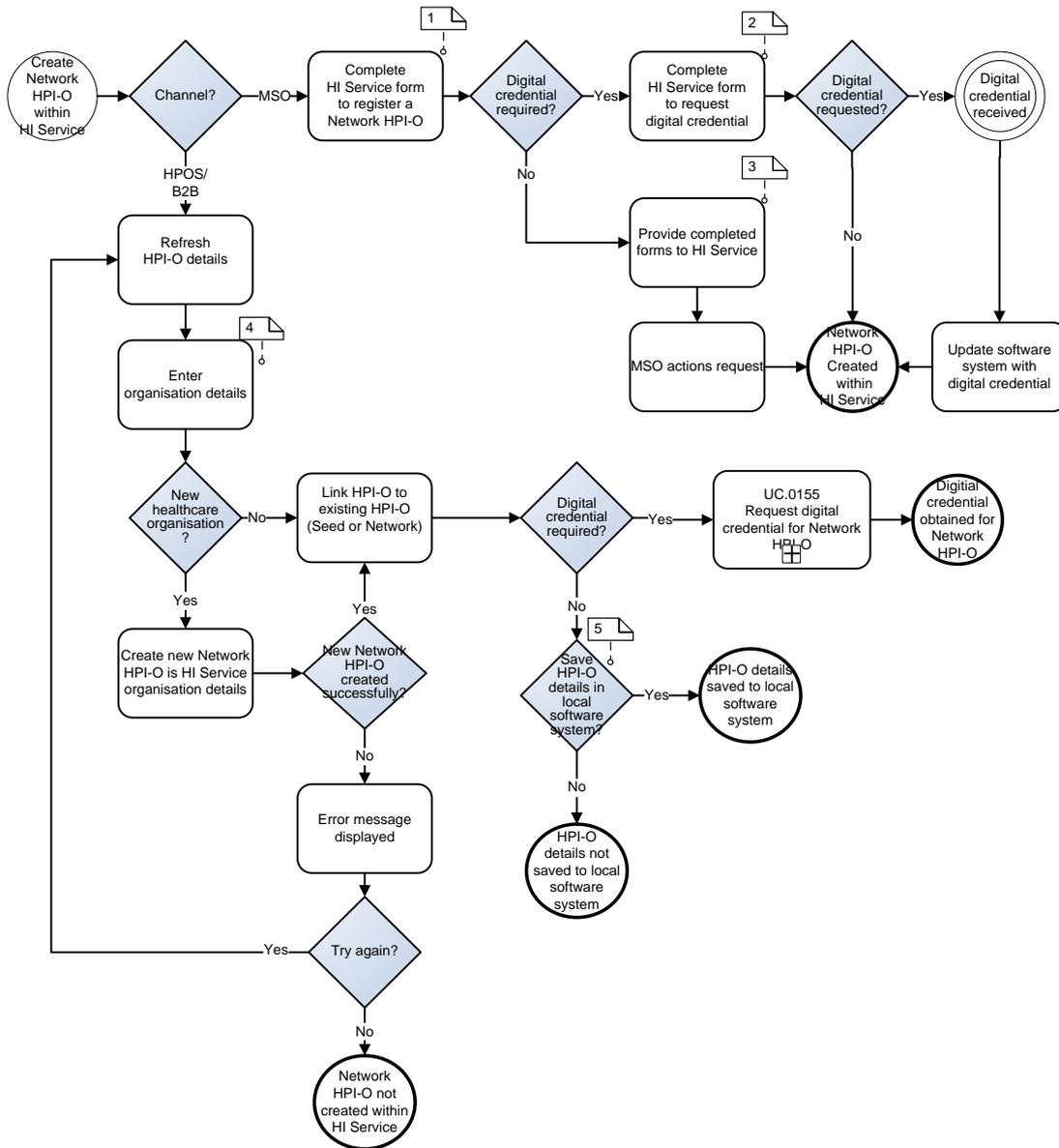


Figure 66 - UC.150 - Register Network HPI-O

Notes

1 Refer to the HI Service form "Application to register an Organisation Maintenance Officer for a Network Organisation and/or register a Network Organisation".²⁴

To register a Network HPI-O the following details are required:

- Applicants details:
 - OMO number
 - Title
 - Family name
 - Given name(s)
 - Suffix
 - Address (Business and Postal)

²⁴ Form number - 2849.02.09.10

- Network Organisation details:
 - Organisation name
 - ABN/ACN/Other
 - Services provided
 - Address (Business and Postal)
 - Contact details

- Linked to organisation details:
 - Existing HPI-O number
 - Organisation name

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).

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.

- 2 Refer to the same form used at "1".

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

- 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".

- 5 The OMO can save the newly created Network Healthcare Provider Identifier Organisation (HPI-O) number and details within the local software system.

Important Note:

An 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 stored by the local software system.

4.7 UC.155 – Request digital credential for network HPI-O

Use Case #	UC.155
Use Case Name	Request digital credential for Network HPI-O
Role	Organisation Maintenance Officer (OMO)
Purpose	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.

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.

Outline 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.

Occasions of Use An example of use is when:

- 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.
- A new digital credential is required to provide authentication of the HPI-O for electronic health messages.
- An updated digital credential is required to provide authentication of the HPI-O for electronic health messages.

Pre-Conditions Digital credential does not already exist, for a Network HPI-O

Post-Conditions Digital credential received and updated into software system

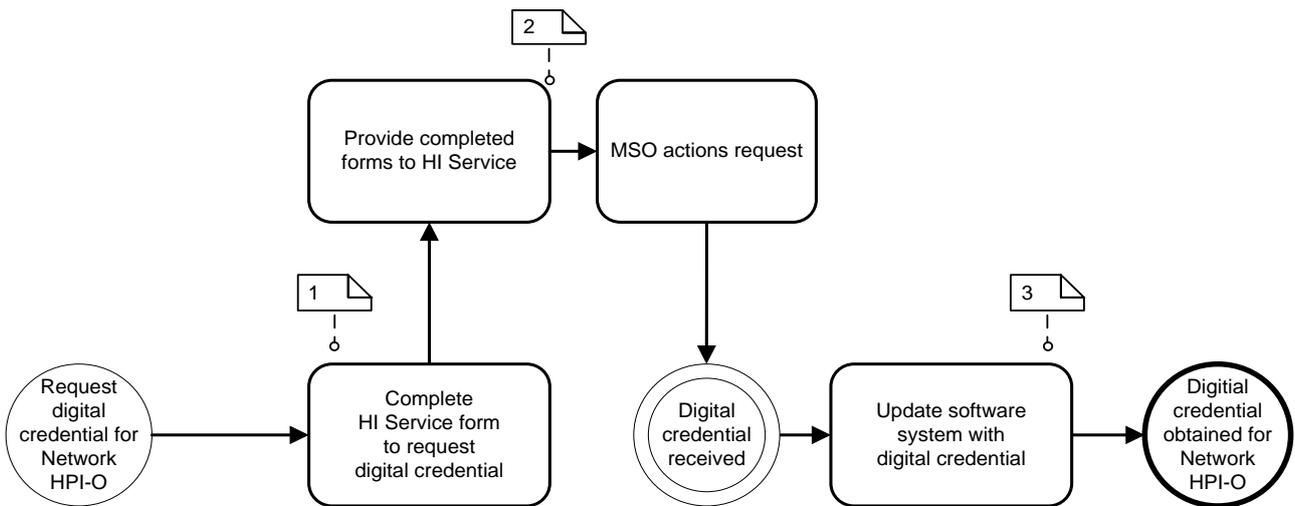


Figure 67 - UC.155 - Request digital credential for network HPI-O

Notes 1 Refer to the HI Service form "Application to request a new or update an existing PKI Certificate".²⁵

The details that are required for the request are:

- Organisation details:
 - Organisation name
 - HPI-O number

²⁵ Form number - 3054.02.09.10

-
- Contact name (this would be the OMO):
 - OMO number
 - Title
 - Family name
 - Given names(s)
 - Suffix
 - Address (Business and Postal)
 - Contact details
- 2 Upon completion of forms, all the relevant documentation needs to be provided to the HI Service for processing.
 - 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.
-

4.8 UC.160 – Register OMO for Network HPI-O

Use Case #	UC.160
Use Case Name	Register OMO for Network HPI-O
Role	Organisation Maintenance Officer (OMO)
Purpose	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.
Outline	<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>
Occasions of Use	<p>An example of this use case is when:</p> <p>A additional or new OMO is required to be linked to a Network HPI-O</p>
Pre-Conditions	Network HPI-O exists in the HI Service
Post-Conditions	<ul style="list-style-type: none"> • OMO for a Network HPI-O has been registered within the HI Service • OMO linked to the Network HPI-O

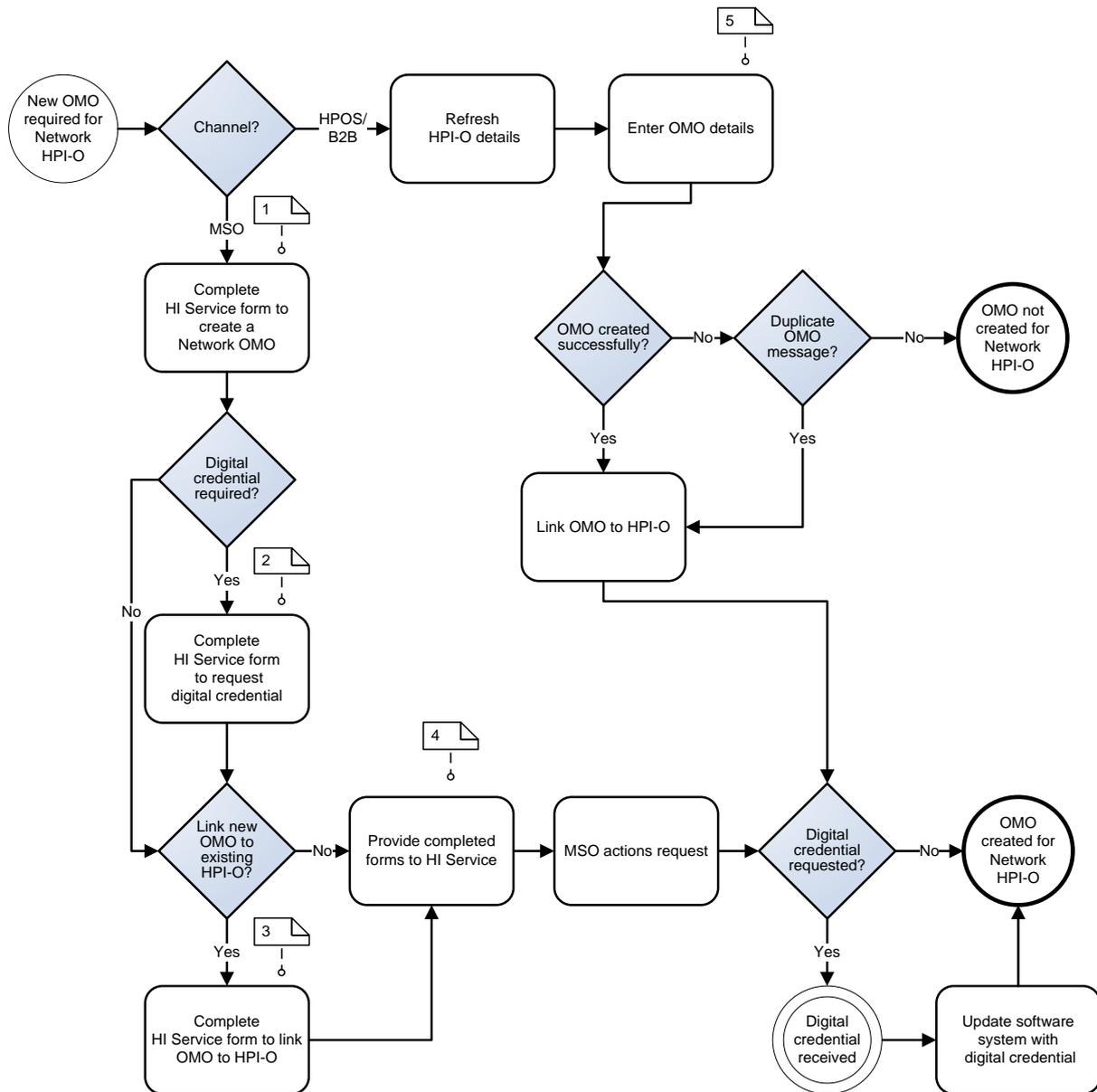


Figure 68 - UC.160 - Register OMO for network HPI-O

Notes

1 Refer to the HI Service form "Application to register an Organisation Maintenance Officer for a Network Organisation and/or register a Network Organisation".²⁶

The details that are required for the request are:

- Applicant details:
 - OMO number
 - Title
 - Family name
 - Given name(s)
 - Suffix
 - Address

²⁶ Form number - 2849.02.09.10

- OMO registration details:
 - Title
 - Family name
 - Given name(s)
 - Suffix
 - Address (Business and postal)
 - Contact Details
 - 2 Refer to the same form used at "1".
 - 3 Refer to the same form used at "1".
 - To link an OMO the following details are required:
 - HPI-O number
 - Organisation name
 - 4 Upon completion of forms, all the relevant documentation needs to be provided to the HI Service for processing.
 - 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".
-

4.9 UC.175 – Link HPI-I to HPI-O

Use Case #	UC.175
Use Case Name	Link HPI-I to HPI-O
Role	Organisation Maintenance Officer (OMO)
Purpose	<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 an 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 an HPI-I and an HPI-O, the HPI-I's details will be displayed in the HI Service Healthcare Provider Directory (HPD).</p> <p><u>Note:</u></p> <p>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 that may form part of the terms and conditions of the HPI-I's employment contract with an HPI-O.</p>

Outline	For an OMO to create a link between an HPI-I and a Seed and/or Network HPI-O.
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none"> • An HPI-I commences employment with an HPI-O • An HPI-I would like the association with the HPI-O, published within the HI Service HPD
Pre-Conditions	<ul style="list-style-type: none"> • The HPI-I is registered within the HI Service • HPI-I details published within the HI Service HPD • HPI-I provides authorisation to the HPI-O to establish a link between them²⁷
Post-Conditions	<ul style="list-style-type: none"> • HPI-I is linked to the HPI-O • 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

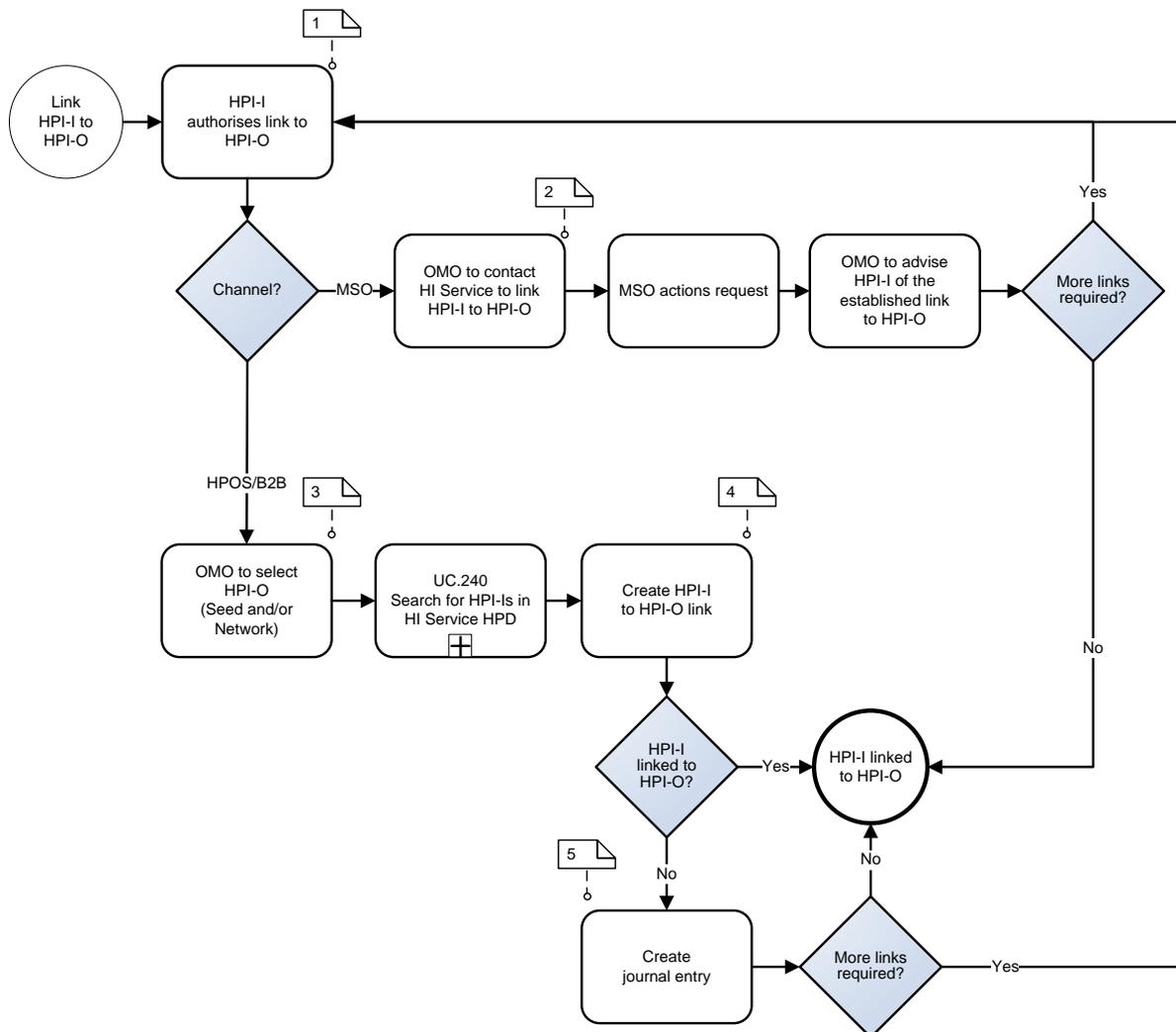


Figure 69 - UC.175 - Link HPI-I to HPI-O

²⁷ 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 an HPI-O is a matter of local policy.

Notes

- 1 The HPI-I must be an authorised employee of an 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.

Note:

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 an 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 an 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.

- 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.
- 3 Select HPI-O:
 - a A Seed OMO who is linked and authorised to act on behalf of an organisation can:
 - i Link an HPI I who is an authorised employee within their organisation to a Seed organisation; and/or
 - ii Link one or more of their Network HPI-O's within the HI Service HPD with the HPI-O record of their organisation.

A Network OMO who is linked and authorised to act on behalf of an organisation, can:

- a) Link an HPI I who is an authorised employee within their organisation to the HPI-O; or
- b) Link one or more of their Network HPI-O's (i.e. within the HI Service HPD) with the HPI-O record of their organisation.

An OMO can select an HPI-I to create a link between the HPI-I and HPI-O (i.e. within the HI Service HPD), once the HPI-I has been validated by the OMO of that same HPI-O.

- 4 An OMO can select an 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.
 - 5 A journal entry may be recorded for follow-up when an attempt by an OMO to link an 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.
-

4.10 UC.185 – HI Service audit log enquiries

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

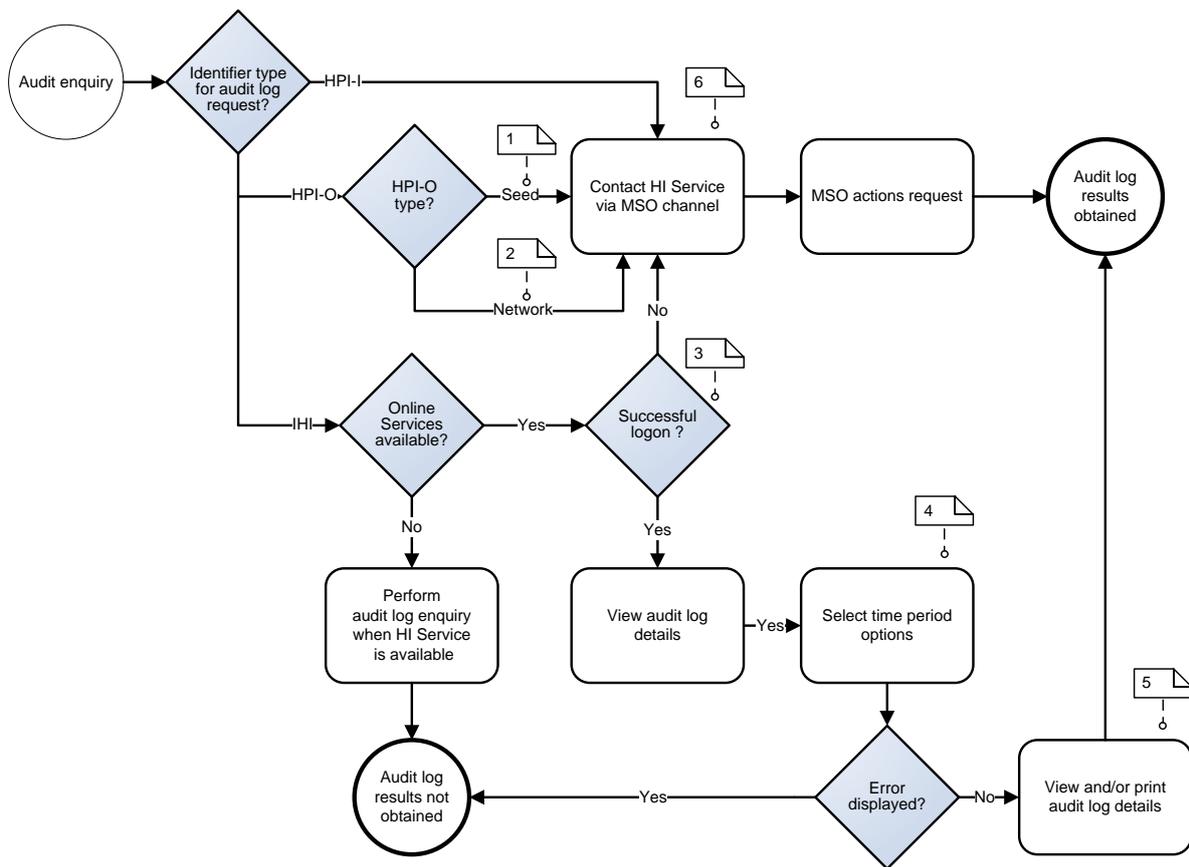


Figure 70 - UC.185 - HI Service audit log enquiries

Notes

An 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.

An RO or an OMO can contact the HI Service and request audit log details for the Network HPI-O that they represent.

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).

Note:

The view audit log functionality is only available for a Healthcare Individual who can successfully log on to Online Services.

A Healthcare Individual can obtain audit log details from the HI Service for the following time periods:

- All history (default)
- Last three months
- Last six months
- Last twelve months
- Between a specified start date and end date

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.

Note:

A Healthcare Individual can view and print their IHI Audit Log details.

Only an IHI record with an IHI status of 'Verified' will be displayed.

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.

5 Healthcare Provider Identifier Individual

A Healthcare Provider Individual-Identifier is a unique identifying number assigned to health practitioners who are eligible under the *Healthcare Identifiers 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 the *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 an HPI-I if they meet the threshold requirements of the legislation.

Eligibility defined in the *Healthcare Identifiers Act (2010)*:

- 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.

Note that registration with the HI Service Operator allows the assignment of an 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.

5.1 UC.200 – Register an HPI-I directly through the Hi Service

Use Case #	UC.200
Use Case Name	Register HPI-I directly through HI Service
Role	Healthcare Provider Identifier Individual (HPI-I)
Purpose	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.
Outline	<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>
Occasions of Use	<p>An example of this use case is when:</p> <p>A Healthcare Provider would like to participate in the HI Service.</p> <p>A Healthcare Provider would like to be allocated a healthcare record and a Healthcare Provider Identifier Individual (HPI-I) number from the HI Service.</p>
Pre-Conditions	HPI-I is not registered with the HI Service
Post-Conditions	HPI-I is registered with the HI Service

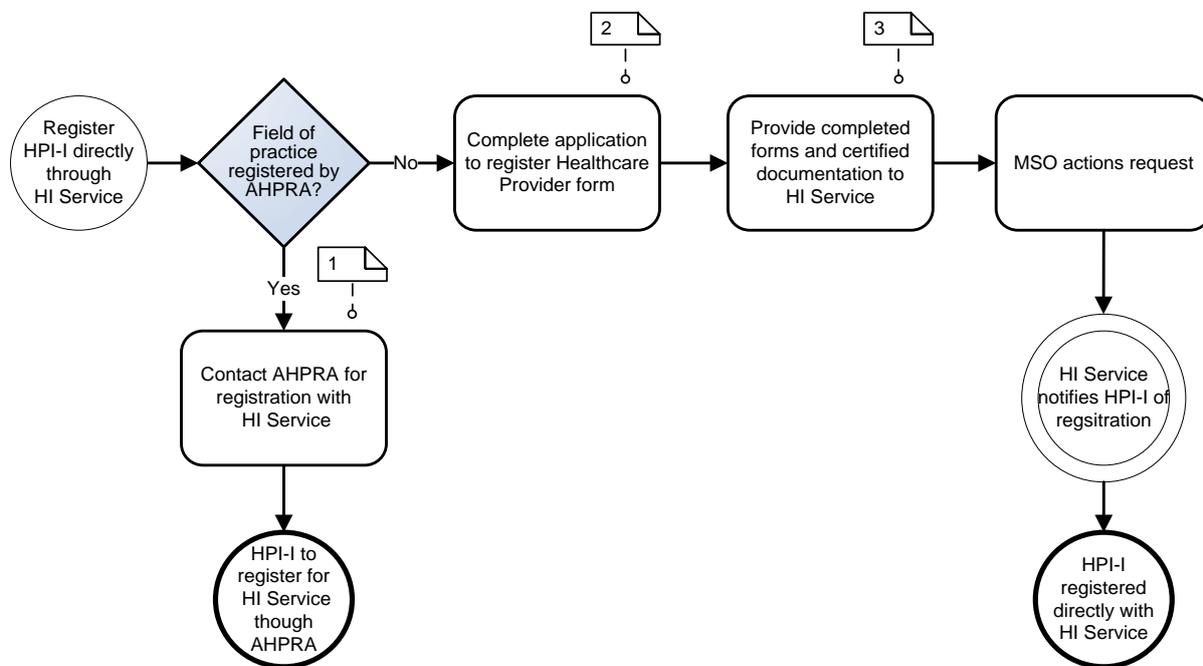


Figure 71 - UC.200 - Register HPI-I directly through HI Service

Notes

6 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.

7 To register directly through the HI Service the Healthcare Provider must complete the "Application to register a Healthcare Provider"²⁸ form.

PART A must be completed by the Applicant for the HI Service.

PART B must be completed by an Acceptable Referee.

The following details are required:

- PART A – Healthcare Identifiers Service
 - a Applicant’s details:
 - i Title
 - ii Family name
 - iii Given name(s)
 - iv Suffix (e.g. Junior, Member of Parliament)
 - v Address (Business and Postal)
 - vi Contact details (preferred method of communication)
 - Applicant’s field of practice details²⁹:
 - Provider type description
 - Provider specialty description

²⁸ Form number - 2977.02.09.10

²⁹ For a list of Provider types and Speciality codes refer to the Provider Speciality Reference Guide available at www.medicareaustralia.gov.au

- Specialisation description
- Provider specialty start date
- Applicant’s registration details:
 - Registration ID
 - Registration issuer
 - Registration type
- Applicant’s digital credential details:
 - Register for digital credential
 - Digital credential not required at this time
 - Existing digital credential registration number

PART B – Acceptable referee identification.
 To be completed for Evidence of Identity (EOI) for:
 The Healthcare Identifiers Service and/or a gatekeeper
 Healthcare Provider Individual certificate

Details of individual being verified:

Title

Family name

Given name(s)

Business address

Referee details:

Title

Family name

Given name(s)

Business address

Contact phone number

Occupation

Category number (see Acceptable Referee Categories) Refer to the HI Service form "Application to register a Healthcare Provider"³⁰

Date

- 8 Upon completion of forms, all relevant documentation which includes Evidence of Identity (EOI) and Medical Registration details need to be certified and provided to the HI Service for processing.

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

Use Case #	UC.205
Use Case Name	Request digital credential for HPI-I
Role	Healthcare Provider Identifier Individual (HPI-I)
Purpose	For a Healthcare Provider Identifier Individual (HPI-I) to request

³⁰ Form number - 2977.02.09.10

	a new digital credential through the HI Service or have permissions added to an existing Medicare Australia digital credential.
Outline	<p>For an 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>
Occasions of Use	<p>An example of this use case is when:</p> <p>An 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.</p> <p>An 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.</p>
Pre-Conditions	<p>HPI-I is registered directly through the HI Service</p> <p>HPI-I registered with the HI Service through, the Australian Health Practitioner Regulation Agency (AHPRA)</p>
Post-Conditions	<p>New digital credential obtained for HPI-I</p> <p>Existing digital credential updated for HPI-I</p>

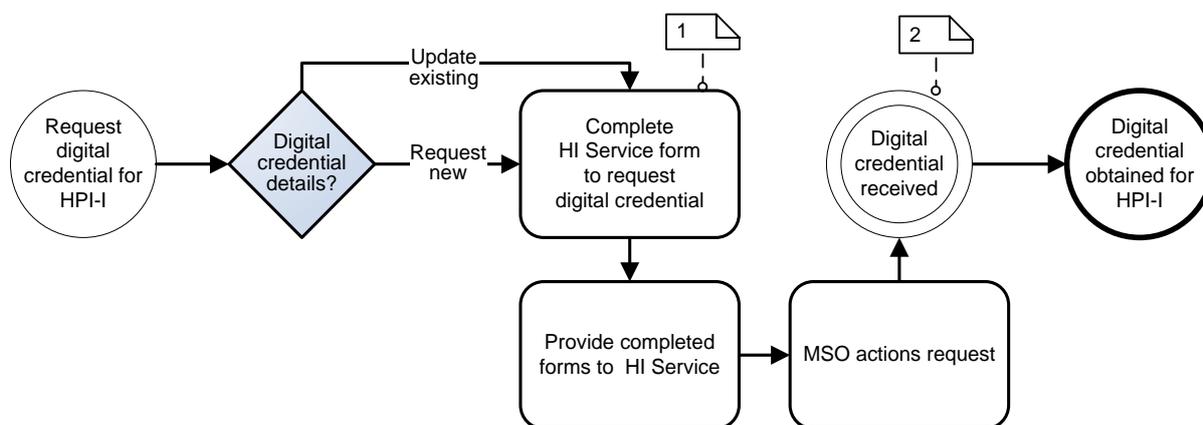


Figure 72 - UC.205 - Request digital credential for HPI-I

Notes	<p>The individual details that are required for the request are:</p> <p>Applicant's details:</p> <ul style="list-style-type: none"> HPI-I number Title Family name Given name(s) Suffix (e.g. Junior, Member of Parliament)
--------------	--

Address (Business and Postal)

Note:

The HPI-I must supply a business address, a fax number, and a personal email address used for business purposes.

Contact details:

Phone number

Fax number

Email address

Current digital credential registration number (if applicable)

Note:

Web based email such as Hotmail, yahoo, Gmail are not supported for digital credential usage.

Refer to the HI Service form "Application to request a new or update an existing PKI Certificate for HI Service access".³¹

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).

Note:

The HPI-I should keep the digital credential registration number and details in a safe and secure place.

5.3 UC.215 – Maintain HPI-I details

Use Case #	UC.215
Use Case Name	Maintain HPI-I details
Role	Healthcare Provider Identifier Individual (HPI-I)
Purpose	To amend the personal details of a Healthcare Provider within the HI Service.
Outline	To remove, add to, or amend the Healthcare Provider Identifier Individual's (HPI-I), record details within the HI Service.
	<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</p>

³¹ Form number - 3054.02.09.10

HPOS channel and/or the MSO channel.

For any amendments to an 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.

Healthcare Provider details required for the request include:

- HPI-I number or
- Family name
- Given name(s)
- Date of Birth
- Address (Business, Mailing or Postal)

Occasions of Use An example of this use case is when:
 An HPI-I would like to remove, add to, or amend their HPI-I record details within the HI Service.

Pre-Conditions HPI-I registered within the HI Service
 HPI-I is able to successfully login via the HPOS Channel prior to performing any amendments to their HPI-I record

Post-Conditions HPI-I record successfully updated within the HI Service

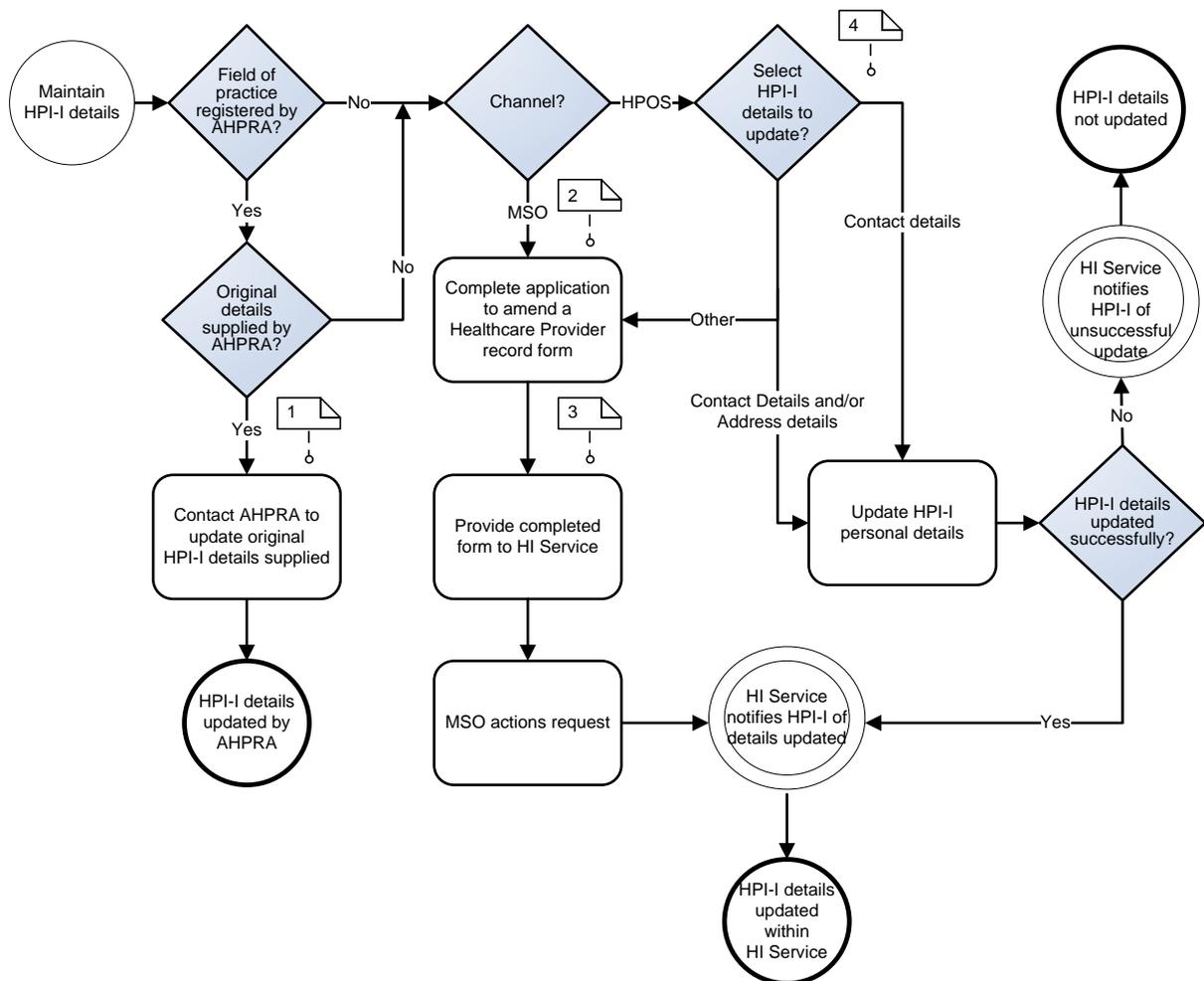


Figure 73 - UC.215 - Maintain HPI-I details

Notes

- 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.
- 2 To amend an HPI-I record within the HI Service via the MSO channel, the HPI-I must complete the "Application to amend a Healthcare Provider record"³² form.

The HPI-I may use the form to perform the following functions for details not originally supplied by AHPRA:

- Remove, add to, or amend personal details;
- Remove, add to, or amend address details;
- Remove, add to, or amend contact details; and
- Remove, add to, or amend speciality details.

If the HPI-I has AHPRA and non-APRA fields of practice, all details not supplied by AHPRA may be modified.

The following details are required:

- Applicant's details:
 - HPI-I number (if known)
 - Title
 - Family Name
 - Given Name
 - Date of Birth
 - Sex
 - Address (Business and Postal)
 - Contact details (preferred method of communication)

Amend HPI-I record:

- Existing and new personal details:
 - Title
 - Family Name
 - Given Name
 - Date of Birth
 - Sex
 - Existing and New address details:
 - Business and Postal
 - Existing and New contact details:
 - Contact phone number (daytime and mobile)
 - Fax number
 - Pager number
 - Email
 - Preferred method of communication
-

³² Form number - 2999.02.09.10

- Provider's field of practice details:³³
 - Existing and New speciality details:
 - Provider Type description
 - Provider Specialty description
 - Specialisation description
 - Registration ID
 - Registration issuer
 - Registration type
- 3 Upon completion of the forms, all relevant documentation including Medical Registration details need to be provided to the HI Service for processing.
- 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.

Note:

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).

5.4 UC.225 – Publish HPI-I to HI Service HPD

Use Case #	UC.225
Use Case Name	Publish HPI-I to HI Service HPD
Role	Healthcare Provider Identifier Individual (HPI-I)
Purpose	For a Healthcare Provider Individual to create an entry within the HI Service Healthcare Provider Directory (HPD).
Outline	<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> <p>Multiple HI Service HPD entries may be associated with an HPI-I record; however, an 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).</p> <p>An 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 a potential duplicate or the entry has mandatory information that is missing).</p> <p>An HPI-I registered within the HI Service through AHPRA can create an entry within the HI Service HPD directly.</p>
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none">• A new authorised Healthcare Provider has registered within the HI Service• A existing authorised Healthcare Provider would like to update

³³ For a list of Provider Types and Speciality Codes refer to the Provider Specialty Reference Guide available at www.medicareaustralia.gov.au

their preferences within the HI Service HPD

- A existing HPI-I record has been updated within the HI Service

Pre-Conditions

- HPI-I is registered within the HI Service
- HPI-I has been authenticated and authorised

Post-Conditions

- A new entry is created within the HI Service HPD
- HPI-I details published within the HI Service HPD

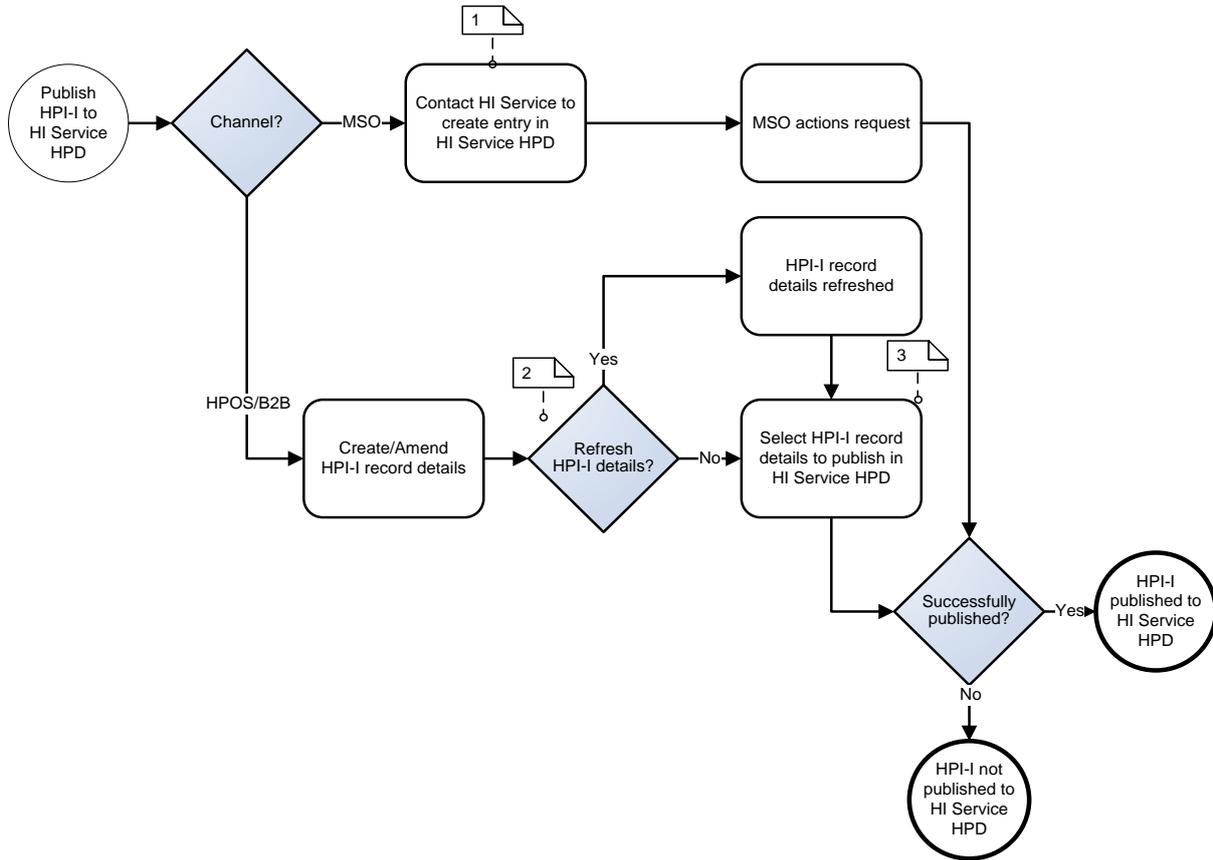


Figure 74 - UC.225 Publish HPI-I to HI Service HPD

Notes

- 1 An 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.

Note:

An HPI-I registered within the HI Service through AHPRA can create an entry within the HI Service HPD directly.

- 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.
- 3 An 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:

- A single set of name details (Mandatory)
- A single set of address details (Mandatory)
- Multiple sets of electronic communication details (Optional)
- Multiple sets of provider/registration details (Optional)³⁴
- The sex of the Healthcare Provider Identifier Individual (HPI-I) (Optional)
- A number to indicate the priority order for the entry - for display purposes (Mandatory)
- A flag to denote whether the entry is visible in the HI Service HPD
- Additional comments (Optional)

Note:

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 an HPI-I record will automatically disable any associated HPI-I HI Service HPD entries and any links to HPI-O entries.

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

Use Case #	UC.235
Use Case Name	Remove HPI-I to HPI-O link
Role	Healthcare Provider Identifier Individual (HPI-I)
Purpose	To remove an association between a Healthcare Provider Identifier Individual and a Seed and/or Network Healthcare Provider Organisation (HPI-O).
Outline	<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 an HPI-I and an 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>
Occasions of Use	<p>An example of this use case is when:</p> <ul style="list-style-type: none">• An HPI-I is no longer an authorised employee of an HPI-O• An HPI-I rescinds their permission to have their details published in the HI service HPD.
Pre-Conditions	A link between an HPI-I and an HPI-O exists.

³⁴ For a list of Provider types and Speciality codes refer to the Provider Specialty Reference Guide available at www.medicareaustralia.gov.au

Post-Conditions

- Link between the HPI-I and HPI-O is removed.
- Association between the HPI-I and the HPI-O is no longer displayed in the HI Service HPD.

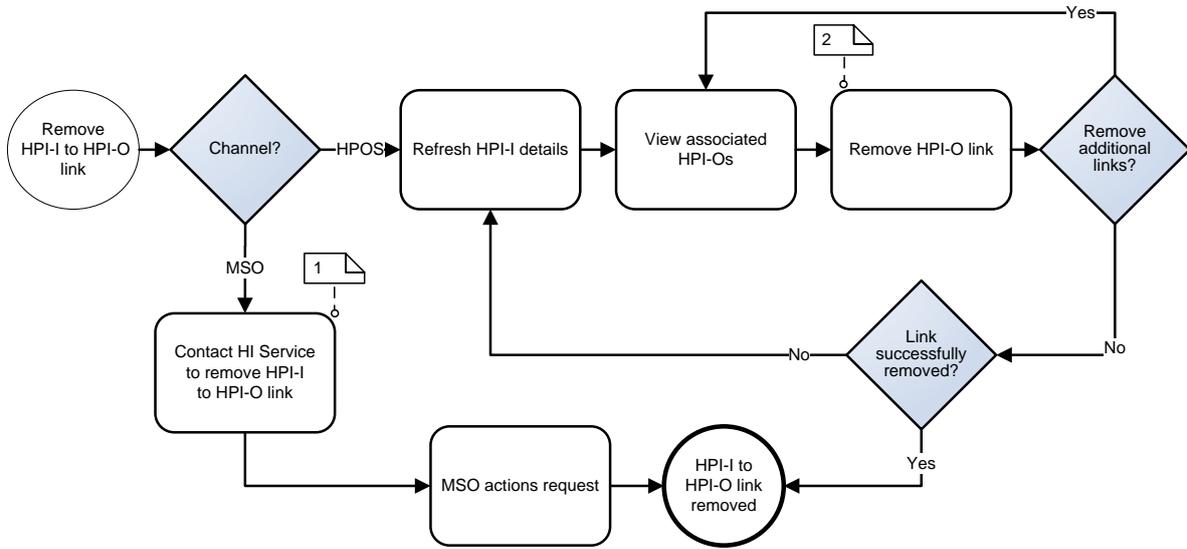


Figure 75 - UC.235 - Remove HPI-I to HPI-O Link

Notes

- 1 An 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 an HPI-O removed from the HI Service HPD.

The details that are required for the request include:

- HPI-I:
 - HPI-I number or
 - Family name
 - Given name(s)
 - Date of Birth
 - Address (Business or Postal)
- HPI-O:
 - HPI-O number
 - Organisation name

- 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.

5.6 UC.240 – Search for HPI-Is in HI Service HPD

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

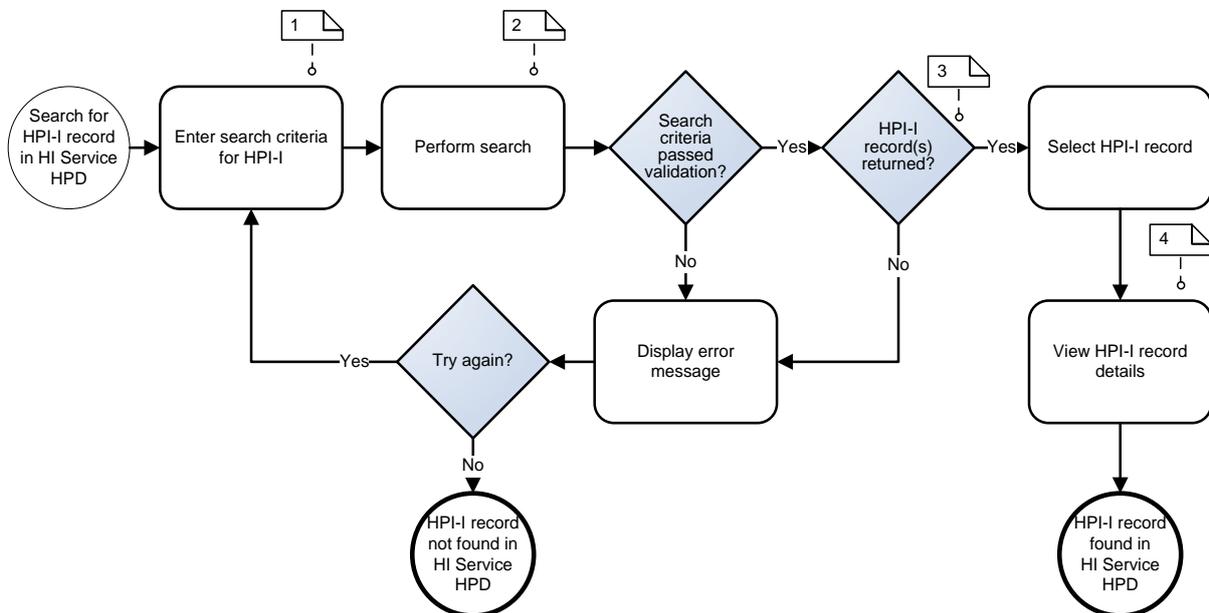


Figure 76 - UC.240 - Search for HPI-Is in HI Service HPD

- 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 an 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 type³⁵

Note:

- An 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 an 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'

4 The following details are returned for HPI-I:

- HPI-I number
- Family name
- Given name(s)
- Address (Business or Postal)
- Electronic communication
- Provider type
- Linked Healthcare Provider Organisations (HPI-O):
 - HPI-O number
 - Organisation name
 - Address
- Priority number
- Additional comments

³⁵ For a list of Provider types and Speciality codes refer to the Provider Specialty Reference Guide available at www.medicareaustralia.gov.au

5.7 UC.241 – Search for HPI-Os in HI Service HPD

Use Case #	UC.241
Use Case Name	Search for HPI-Os in HI Service HPD
Role	Responsible Officer (RO) Organisation Maintenance Officer (OMO) Authorised Employee Healthcare Provider Identifier Individual (HPI-I)
Purpose	To retrieve a Healthcare Provider Organisation (HPI-I) record from the HI Service Healthcare Provider Directory (HPD).
Outline	To perform a search within the HI Service HPD and obtain details about an HPI-O.
Occasions of Use	An example of this use case is when: A search is performed with an HPI-O number to obtain additional information about the Healthcare Provider Organisation A search is required to obtain the HPI-O details of a specific Healthcare Provider Organisation for the purpose, of a referral or similar An electronic health message needs to be generated and sent to an HPI-O A search is required to obtain associated HPI-Is for a specific HPI-O A search is needed to associate (link) an HPI-O to an HPI-I
Pre-Conditions	HPI-O details published in the HI Service HPD HPI-O search criteria is known
Post-Conditions	HPI-O record found in the HI Service HPD View HPI-O record details

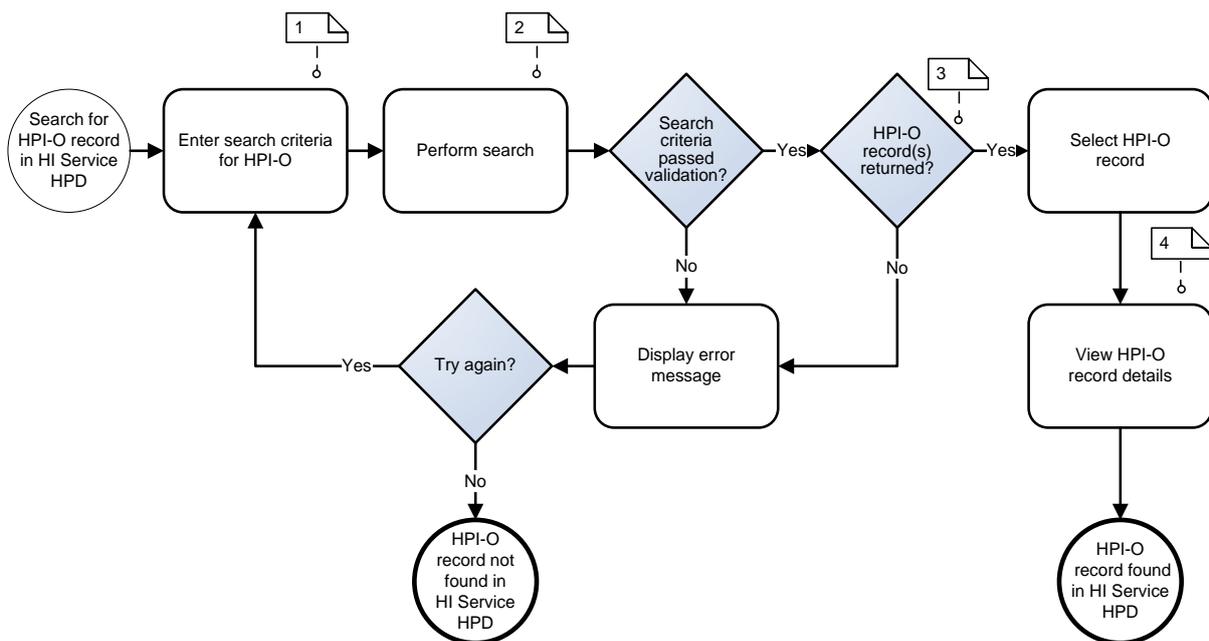


Figure 77 - UC.241 - Search for HPI-Os in HI Service HPD

Notes

1 There are two types of searches, that can be performed within the HI Service HPD with the following set of criteria:

- HPI-O search:
 - HPI-O number
 - If an HPI-O number is then demographic information is not required
- Demographic search:
 - Organisation name (optional)
 - Organisation type (optional) ³⁶
 - Service type (optional)
 - Service unit (optional)
 - Organisation details (ABN or ACN) (optional)
 - Australian address (set of fields)
 - International address (set of fields)

2 The following fields form the search fields:

- HPI-O number
- Organisation name
- Service type
- Suburb
- State

Note:

An 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 organisation record that has an 'active' status

3 If a search is performed within the HI Service HPD and an HPI-O record is not returned, it could be for any of the following reasons:

- No match found
- More than 50 matching records found
- HPI-O record has a status of 'Retired'

4 The following details are returned for HPI-O:

- HPI-O number
 - Organisation name
 - Organisational details (ABN or ACN)
 - Address (Business or Postal)
 - Electronic communication
 - Organisation service
-

³⁶ For a list of Provider types and Speciality codes refer to the Provider Specialty Reference Guide available at www.medicareaustralia.gov.au

-
- Endpoint locator service (ELS)
 - Linked Healthcare Provider Identifier Individuals (HPI-I):
 - HPI-I number
 - Family name
 - Given name(s)
 - Address
 - Priority number
 - Additional comments.
-

Acronyms

Term	Definition
B2B	business-to-business (web services)
CIS	clinical information system
CRL	Certificate Revocation List
CSP	contracted service provider
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
OCSP	Online Certificate Status Protocol
OMO	Organisation Maintenance Officer
RO	Responsible Officer

Glossary

Term	Meaning
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.
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.
clinical information system (CIS)	<p>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>
contracted service provider (CSP)	<p>The <i>Healthcare Identifiers Act 2010</i> defines the CSP as 'an entity that provides the following services under a contract with a healthcare provider:</p> <ul style="list-style-type: none">a information technology services relating to the communication of health information; orb health information management services
