Recommendations for Unique Health Identifiers for Healthcare Practitioners and Organisations

Summary Report   **July 2011**

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority established to drive continuous improvement in Ireland's health and social care services.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health, the Health Information and Quality Authority has statutory responsibility for:

» **Setting Standards for Health and Social Services** - Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services)

» **Social Services Inspectorate** - Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services

» **Monitoring Healthcare Quality** - Monitoring standards of quality and safety in our health services and investigating as necessary serious concerns about the health and welfare of service users

» **Health Technology Assessment** - Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities

» **Health Information** - Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services.

Table of Contents

1   Overview

The health system and provision of healthcare services are information-intensive, generating huge volumes of data every day. It is estimated that up to 30% of the total health budget may be spent one way or another on handling information, collecting it, looking for it, storing it. As a result, it is vital that health information is managed in the most effective way possible to ensure the delivery of a high quality, safe service to those who need it.

High-quality safe patient care depends on access to, and the use of, information that is accurate, valid, reliable, timely, relevant, legible, up-to-date and complete. For example, when giving a medicine to a patient who needs it, a nurse must be sure that they are administering the appropriate dose of the correct drug to the right patient and that the patient is not allergic to it. The lack of up-to-date information can lead to the unnecessary duplication of tests – if critical diagnostic results are missing or overlooked, tests have to be repeated unnecessarily and, at best, appropriate treatment is delayed, or at worst, not given.

In addition, health information has a key role to play in healthcare planning decisions – where to locate a new service, how services can be more effectively structured and decisions on best value for money in health and social care provision.

Through its health information function, the Authority is addressing these and other issues, and working to ensure that high quality health and social care information is available to support the delivery, planning and monitoring of services.

One of the areas currently being addressed is the need to introduce unique health identifiers for healthcare practitioners and organisations. These will ensure that all healthcare practitioners are uniquely and consistently identified, and that there is an accurate, complete listing of all healthcare organisations improving upon the safe care provided to all those who use the health and social care services.

The purpose of this summary report is to introduce the health identifier for practitioners (HPI) and organisations (HOI), to outline the benefits of implementing the HPI and HOI and to introduce our recommendations.

The recommendations are intended to inform the future legislation, in particular the upcoming Health Information Bill which should make provision for the introduction of unique identifiers for healthcare practitioners and organisations.

This work complements earlier work by the Authority on the benefit of unique health identifiers for individuals.[1] This summary should be read in conjunction with this earlier work and the full report entitled *Report on recommendations for Unique Health Identifiers for Healthcare Practitioners and Organisations.* All reports and further information are available online from www.hiqa.ie.

Key terms used in this report:

Healthcare practitioner identifier (HPI)
A healthcare practitioner identifier is a unique, non-transferable lifetime number assigned to a healthcare practitioner. Its purpose is to identify the individual as one and the same person and to allow the "attaching" of other information (such as name, address, contact details) to them.

Healthcare organisation identifier (HOI)
A healthcare organisation identifier is a unique, non-transferable number assigned to healthcare organisations in Ireland. It will allow the attaching of a dataset to identify its location, contact details and operational sites.

Central Directory
A database to be populated with up-to-date and accurate information relating to healthcare practitioners and organisations. This information may be sourced from existing data repositories - that is, professional regulatory authorities or existing information and communication technology systems. The directory should be governed, managed and maintained by a designated authority.

Having examined current practices in Ireland and the systems in place internationally, the Authority recommends that a central directory is established maintaining accurate up-to-date data on healthcare practitioners and organisations. It is recommended that there is a phased introduction of the HOI and HPI with healthcare practitioners and organisations currently registered by regulatory authorities included in the initial phase.

Currently in Ireland, there are several professional regulatory authorities that have a statutory responsibility for registering their own cohort of healthcare practitioners or organisations. Each professional regulatory authority collects data items that are relevant for their profession/ organisation and issue their registrants with an identification number. However, each identification number and the data collected is specific to the professional regulatory authority. Building on, and using, the information collected by the regulatory authorities we are recommending that a single authoritative source of information on healthcare practitioners and organisations is implemented here.

2   Why implement unique healthcare identifiers?

A wide range of stakeholders will benefit from having the HPI and HOI in place including people who use health and social care services, healthcare professionals, service planners, professional and regulatory authorities and healthcare organisations.

The over-riding impetus for the introduction of the HPI and HOI in Ireland however, remains the ultimate benefit to all those who use health and social care in terms of better quality and safer care.

The Commission on Patient Safety and Quality Assurance (the Commission) has identified a number of patient safety benefits. Among them is the importance of the more effective, efficient and reliable use of health information. For example, recommendation 7.52 states that the health system must commit itself to the full implementation of an appropriate standards based electronic health record, so that critical information about the care of patients is available at the point of care[2].

The Commission's recommendation 6.1 requires a mandatory licensing system to be introduced in Ireland to cover both public and private health providers, the HOI is an intrinsic tool to facilitate this process.

Further, recommendation 5.7 states that the Chief Executive Officer within each defined healthcare organisation must ultimately be responsible and accountable for patient safety and quality within that organisation.[2] The HPI can be used to identify the individual responsible for healthcare organisations, thus meeting this need.

The World Health Organization defines eHealth initiatives as the:

> key means of ensuring that the right health information is provided to the right person at the right place and time in a secure, electronic form for the purpose of optimising the quality and efficiency of health care delivery.

A fundamental requirement for eHealth initiatives and electronic health records is the accurate identification of healthcare practitioners and organisations involved in the care of a patient. When a range of healthcare practitioners are involved in the delivery of care and contribute to a patient's health record it is essential to know the identity of the person who has created each piece of information, the identity of the organisation from which the information originated and the identity of the person to whom the information pertains.

There are existing national registries and other national collections of healthcare information. Alongside these there are national Information and Communication Technology project being implemented, for example the National Integrated Medical Imaging systems is currently being implemented, with plans for a national laboratory information system. Each of these has a requirement for an authoritative source of data of healthcare organisations and practitioners and currently they have to compile and maintain this information themselves, leading to duplication of effort. With a single authoritative source in place there will be a reduction in effort required during the implementation of healthcare projects to compile and maintain lists of practitioners and organisations.

3   Benefits of unique healthcare identifiers?

Introducing unique identifiers for healthcare practitioners and organisations will greatly benefit the public and those who use health and social care services in particular, by streamlining and coordinating their pathway of care.

The proposed central directory will provide a single, reliable and trusted source of current and accurate healthcare practitioner and healthcare organisation data. The wide range of stakeholders who will benefit from the introduction of the HPI and HOI are illustrated in Figure 1 and detailed below.

Figure 1: Benefits to stakeholders for HPI and HOI

Benefits for people who use health ands social care services:

Clear accountability is a key driver towards enabling safety for patients and improving the quality of care delivered. An effective system of accountability places unique identifiers at its core. The HPI and HOI will clearly identify the person and organisation responsible at each stage of a service user's care pathway.

The HPI and HOI will assist administrators of health information systems to manage access security, and to manage the secure transfer of information between health practitioners. Initiatives related to the shared care of patients, such as referrals, discharge summaries and laboratory results, require the secure exchange of health information. There are significant future benefits in terms of improved privacy and security of health information.

Identifiers are one of the fundamental requirements for large scale national eHealth initiatives including for example ePrescribing systems which have been shown to reduce prescribing and medication errors. The HPI will also underpin audit trails in eHealth solutions.

Benefits for healthcare practitioners:

The HPI and HOI are fundamental tools that will enable a greater range and improved accuracy in the use and sharing of health information, both electronically and manually. For instance, unique identifiers for healthcare practitioners and organisations will allow healthcare practitioners to send electronic prescriptions and receive laboratory results and discharge letters.

Electronic communication of patient information reduces some of the administrative burden in general practice. Research found that a Danish GP saves more than 30 minutes each day as a result of receiving laboratory results and discharge letters and sending prescriptions electronically.

Benefits for service planners:

The HPI and HOI will provide a single trusted source of data which will allow for more comprehensive, accurate, health service human resource planning and research to take place. Most importantly, policy makers will be able to accurately plan and coordinate treatment and care.

The current lack of a central source that can identify the total number of healthcare practitioners and organisations in Ireland, the breakdown of specialties available, or the logistical dispersion of healthcare practitioners and organisations can be addressed and overcome through the introduction of the HPI and HOI.

Benefits for the healthcare sector:

The recommendations of the Commission on Patient safety, including the need for a national audit system and a national adverse event system, will benefit greatly from having the HPI and HOI in place.

Unique identifiers for practitioners and organisations will also improve the quality of information available to support national workforce planning, and policy making by allowing policy makers to plan for possible skill or resource shortages.

Benefits for healthcare organisations:

Following on from the recommendations of the Commission on Patient Safety, the Government has proposed the introduction of a statutory licensing system that applies to both publicly and privately funded healthcare services. A HOI will be an important tool that can contribute towards this process, as it will identify all healthcare organisations in the State.

The ability to track linkages between practitioners, their location and the organisations they work for in the delivery of care will be facilitated through the introduction of the HPI and HOI.

Benefits for professional regulatory authorities:

As many healthcare practitioners move between countries to work, implementing a HOI for healthcare practitioners and organisations provides a better ability to identify practitioners and participate in European wide credentialing systems.

Many international jurisdictions including Australia, the Netherlands, Sweden, Norway, England and New Zealand have either already implemented, or are in the process of implementing identifiers for healthcare practitioners and organisations. The benefits achieved in these jurisdictions include a reduction in duplication and administrative inefficiencies and the ability to take greater advantage of eHealth initiatives.

Having reviewed best practice standards and what is in place in other countries[1], similar benefits can reasonably be expected for Ireland.

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1   For details on the project methodology and international literature review, refer to the full-text document *Report on recommendations for Unique Health Identifiers for Healthcare Practitioners and Organisations* available from www.hiqa.ie

4   Recommendations

In conclusion, the Authority recommends that:

1. Unique identifiers for healthcare practitioners and organisations should be introduced in Ireland.

2. A central directory should be established that contains unique identifiers for healthcare practitioners and organisations and should be established as the primary trusted source of core identity information in relation to healthcare practitioners and organisations.

3. The Health Information Bill should assign a designated agency with the task of governance, implementation and maintenance of a central directory.

4. The HPI should be phased in as follows:

    i.   The group of healthcare practitioners that are currently registered with their professional regulatory authorities

    ii. The group of healthcare practitioners that are currently under statutory obligation to register with their professional regulatory authority but will be subsumed by the Health and Social Care Professionals Council (CORU)

    iii. The group of healthcare practitioners that will be statutorily obliged to register once CORUs' registers become active, they should be introduced in the same order that CORU determine is appropriate

    iv. The person who is deemed ultimately responsible and accountable for patient safety and quality in each healthcare organisation

    v.   The group of healthcare practitioners that are involved with patient care who will be obliged to register at some point in the future.

5. The HOI should be phased in as follows:

    i.   The group of healthcare organisations that are currently registered with their professional regulatory authorities

    ii. The units that will be obliged to attain licensing

    iii. All remaining healthcare organisations

6. The dataset to be associated with the identifiers for practitioners and organisations should be based on the international standard ISO/TS 27527, adapted for use in Ireland.

7. Each professional regulatory authority should upload the standard dataset at set intervals to the central directory.

5   Next Steps

Following approval from the Board of the Authority this report will be sent to the Minister for Health for consideration. It is anticipated that this report will inform the Health Information Bill, which is scheduled for publication in late 2011.

6   References

(1)   Health Information and Quality Authority. Recommendations for a Unique health Identifier for Individuals in Ireland. 2009. Available online from: http://www.hiqa.ie.

(2)   Commission of Patient Safety and Quality Assurance. Building a Culture of Patient Safety. Dublin: Government Publications; 2008. Available online from: http://www.dohc.ie/publications/building_culture_patient_safety.html.

Appendix 1
Members of the Advisory Group

This working group was comprised of the following members:

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» Dr. Brian O'Mahony, Irish College of General Practitioners

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