Management of
Healthcare Recipient Index

[G55]

Version 1.3

Mar 2016
The Government of the Hong Kong Special Administrative Region
Intellectual Property Rights Notice

Proposed Notice for Public Use Documents
© [2014] by the Government of the Hong Kong Special Administrative Region

1. Unless otherwise indicated, all content in this publication, including but not limited to all texts, graphics, drawings, diagrams, photographs, compilation of data or other materials ("the Works") is subject to intellectual property rights protection. The intellectual property rights in such Works are either owned by the Government of the Hong Kong Special Administrative Region ("the Government") or licensed to the Government by the intellectual property rights owner(s) of the Works.

2. Where the Government is the owner of the intellectual property right in a Work, you may reproduce and distribute the Work in any format or medium, provided that the following conditions are met –
   (a) the particular Work has not been specifically indicated to be excluded from the general permission given under this Intellectual Property Rights Notice in respect of reproduction or distribution of the Works;
   (b) the copy or copies must not be made for sale;
   (c) the Work must be reproduced accurately and must not be used in a misleading context or in a manner adversely affecting any moral rights of the Government; and
   (d) the copies must give proper attribution to the Government and reproduce this Intellectual Property Rights Notice.

3. The Government reserves the right to withdraw any permission given in clause 2 above at any time without any prior notice to you.

4. Prior written consent of the Government is required if you intend to reproduce, distribute or otherwise use the Work in any way or for any purpose other than that permitted in clause 2 above. Requests for permission should be addressed to the eHealth Record Office of the Food and Health Bureau at 19/F, East Wing, Central Government Offices, 2 Tim Mei Avenue, Tamar, Hong Kong.

5. For the avoidance of doubt, the permission in clause 2 above does not extend to intellectual property rights which do not belong to the Government. Permission should be obtained from the relevant third party intellectual property rights owners in respect of reproduction, distribution or otherwise use of their Works.
Disclaimer

1. This document is compiled by the Government, and eHR Project Management Office ("eHR PMO") of the Hospital Authority which is the technical agency for the eHR Sharing System.

2. The information provided in this document is for reference or general information only.

3. While the Government endeavors to ensure the accuracy of the information in this document, no express or implied warranty is given by the Government as to the accuracy of the information. The Government will **NOT** be liable for any errors in, omissions from, or misstatements or misrepresentations (whether express or implied) concerning any such information, and will not have or accept any liability, obligation or responsibility whatsoever for any loss, destruction or damage (including without limitation consequential loss, destruction or damage) however arising from or in respect of any use or misuse of or reliance on the information in this document or inability to use it.

4. This document may contain materials contributed by other parties over whom, and in respect of which, the Government may have no influence. Provision of, or assistance in providing, materials contributed by third parties in this document gives rise to no statement, representation or warranty, express or implied, that the Government agrees or does not disagree with the contents of any such materials and the Government will not have or accept any liability, obligation or responsibility whatsoever for any loss, destruction or damage (including without limitation consequential loss, destruction or damage) however arising from or in respect of any use or misuse of or reliance on the contents of any such materials or inability to use any of them.

5. The Government is not responsible for any loss or damage whatsoever arising out of or in connection with any information in this document. The Government reserves the right to omit, suspend or edit all information compiled by the Government at any time in its absolute discretion without giving any reason or prior notice. Users are responsible for making their own assessment of all information contained in this document and are advised to verify such information by making reference, for example, to original publications and obtaining independent advice before acting upon it.

6. This Disclaimer has been translated into Chinese. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version
shall prevail.

7. This Disclaimer may be revised and/or amended from time to time by the Government without prior notice to you.
Readers of this document

This guide is to be read by colleagues who are working in

1. eHR Commissioner
2. eHR Registration Centres
3. eHR Healthcare Providers
4. eHR Information Standards Office

In particular, colleagues who are responsible for

1. administration of eHR Healthcare Recipient Index (HRI)
2. maintenance of eHR HRI data
3. handling registration of healthcare recipients
4. any healthcare process that is related to eHR HRI data or its data quality
# Table of Contents

Amendment History ........................................................................................................... 8

1  INTRODUCTION ........................................................................................................... 11

2  HEALTHCARE RECIPIENT INDEX (HRI) PRINCIPLES ........................................... 13

   2.1  HRI RECORDS ................................................................................................. 13

   2.2  IDENTITY / TRAVEL DOCUMENT .................................................................... 13

   2.3  eHR REGISTRATION CONFIRMATION ON PERSONAL IDENTITY ............... 14

   2.4  INFORMATION ACCURACY ............................................................................ 15

3  eHR HEALTHCARE RECIPIENT INDEX (HRI) DATA ............................................. 17

   3.1  eHR HRI DATA .................................................................................................... 17

   3.2  eHR NUMBER ..................................................................................................... 17

   3.3  MAJOR KEY IDENTIFIERS ................................................................................. 18

      3.3.1  Introduction to Major Key Identifiers .......................................................... 18

      3.3.2  Hong Kong Identity Card Number / Hong Kong Birth Certificate Number ...... 18

      3.3.3  English name ............................................................................................... 19

      3.3.4  Sex ................................................................................................................ 20

      3.3.5  Date of Birth .................................................................................................. 21

      3.3.6  Identity Document Number .......................................................................... 22

      3.3.7  Identity Document Type ................................................................................ 23

   3.4  OTHER HRI INFORMATION ............................................................................... 24

      3.4.1  Introduction to other HRI Information .......................................................... 24

      3.4.2  Chinese Name ............................................................................................. 24

      3.4.3  Other Name .................................................................................................. 25

      3.4.4  Nationality .................................................................................................... 25

      3.4.5  Communication Means and Access Alert Indicator ....................................... 25

      3.4.6  Address ......................................................................................................... 26

      3.4.7  Phone Number ............................................................................................. 27

      3.4.8  Contact Person ............................................................................................. 28

      3.4.9  Substitute Decision Maker (SDM) ................................................................. 28

4  NEWBORN BABIES AND CHILDREN UNDER 16 YEARS OLD .......................... 30

   4.1  NEWBORN BABY UNDER 42 DAYS NOT YET HAVE HONG KONG BIRTH
       CERTIFICATE .......................................................................................................... 30

   4.2  INTERIM RECORD CREATION AND RECORD COMPLETION FOR
       NEWBORN BABY AT HRI ...................................................................................... 30

   4.3  BABY’S NAME .................................................................................................... 33
4.4 PERSONS UNDER 16 YEARS OLD........................................................................34

5 MANAGEMENT OF eHR HRI .................................................................................36
  5.1 INTRODUCTION ....................................................................................................36
  5.2 UPDATE ON eHR HRI MAJOR KEY IDENTIFIERS .......................................37
  5.3 HANDLING OF DUPLICATED eHR HRI RECORDS ....................................38

6 IMPACT OF HCP’S PMI ON eHR DATA.................................................................40
  6.1 INTRODUCTION ....................................................................................................40
  6.2 UPDATE HCP PMI MAJOR KEY IDENTIFIER(S) ...........................................40
  6.3 MERGE HCP PMI RECORDS ...........................................................................41
  6.4 ERROR IN PATIENT IDENTITY AT HCP PMI ..............................................41

7 CONTINUOUS ASSESSMENT ...............................................................................43

APPENDIX A – HEALTHCARE RECIPIENT INDEX DATASET AND CODEX...... 44
APPENDIX B – HRI PREPARATION CHECKLIST .................................................. 45
APPENDIX C – TEMPLATE FOR HCP – REMINDER TO PARENTS OF
  NEWBORN ........................................................................................................... 47
Document Summary

<table>
<thead>
<tr>
<th>Document Item</th>
<th>Current Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Management of Healthcare Recipient Index</td>
</tr>
<tr>
<td>Creation Date</td>
<td>02-Jun-2010</td>
</tr>
<tr>
<td>Date Last Modified</td>
<td>20-Jan-2016</td>
</tr>
<tr>
<td>Latest Version Number</td>
<td>Version 1.3</td>
</tr>
</tbody>
</table>

**Document Description**

The document introduces the content and standards of Healthcare Recipient Index for the Electronic Health Record Sharing System (eHRSS) of the Hong Kong Special Administrative Region. It should be read in conjunction with the eHR Content Standards Guidebook and its Appendix A on ‘PMI’ and related codex developed by the eHR Information Standards Office.

**Author**
eHR Information Standards Office

**Document Owner**
The Government of the Hong Kong Special Administrative Region

**Subject Officer**
eHR Information Standards Office

**Contact Information**
ehr@ehealth.gov.hk

Amendment History

<table>
<thead>
<tr>
<th>Version No.</th>
<th>Approval Date</th>
<th>Effective Date</th>
<th>Summary of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>18 Sep 2013</td>
<td>18 Sep 2013</td>
<td>Original version</td>
</tr>
<tr>
<td>1.1</td>
<td>31 Jul 2014</td>
<td>31 Jul 2014</td>
<td>1. Refined eHR terms according to latest eHRSS Bill:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. ‘enrolment’ to ‘registration’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. ‘eHR Enrolment Office’ to ‘eHR Registration Centre’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>c. ‘consent-to-provider’ to ‘sharing consent’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Added table of ‘Abbreviations’ on page 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Updated the following sections:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. Introduction</td>
</tr>
</tbody>
</table>

Page 8 of 48
### 1. Refined to align with latest eHR terms:

- **a.** ‘Patient Master Index’ to ‘Participant Master Index’ in HCP
- **b.** ‘eHR’ to ‘eHRSS’
- **c.** ‘newborn’ to ‘newborn baby’
- **d.** ‘baby’ to ‘newborn baby’
- **e.** ‘enrol’ to ‘register’

### 2. Updated ‘Healthcare Recipient’ with abbreviation ‘HCR’

### 3. Updated the following sections:

- **a.** eHR number
- **b.** Identity Document Type
- **c.** Address
- **d.** Continuous assessment

### 1.2 23 Sep 2014 23 Sep 2014

**1.** Refined to align with latest eHR terms:

- **a.** ‘Patient Master Index’ to ‘Participant Master Index’ in HCP
- **b.** ‘eHR’ to ‘eHRSS’
- **c.** ‘newborn’ to ‘newborn baby’
- **d.** ‘baby’ to ‘newborn baby’
- **e.** ‘enrol’ to ‘register’

**2.** Updated section of Access Alert Indicator

**3.** Updated the type of Substitute Decision Maker (SDM)

**4.** Added Appendix B – HRI Preparation Checklist

### 1.3 Feb 2016 Feb 2016

**1.** Refined eHR terms according to latest eHRSS Ordinance:

- **a.** ‘eHealth Record’ to ‘Electronic Health Record’
- **b.** ‘eHR Commissioner’ to ‘Commissioner for the Electronic Health Record’
- **c.** ‘eHR Enrolment Service’ to ‘eHR Registration Service’
- **d.** ‘eHR number’ to ‘eHR Number’
- **e.** ‘Participant Master Index (in HCP) to ‘Patient Master Index (in HCP)’

**2.** Updated the following sections

- **a.** HKIC no. / HKBC no.
- **b.** Identity / travel document
- **c.** Newborn babies and Children under 16 years old
- **d.** Update on eHR HRI Major Keys identifiers
- **e.** Update HCP PMI Major Keys identifiers
- **f.** Continuous assessment

**3.** Added Appendix C – ‘Template for HCP –
Reminder to parents of newborn’ and corresponding sections on ‘Newborn babies’

Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>eHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>eHR Programme</td>
<td>Electronic Health Record Programme</td>
</tr>
<tr>
<td>eHR RC</td>
<td>Electronic Health Record Registration Centre</td>
</tr>
<tr>
<td>eHR RO</td>
<td>Electronic Health Record Registration Office</td>
</tr>
<tr>
<td>eHRC</td>
<td>Commissioner for the Electronic Health Record</td>
</tr>
<tr>
<td>eHRSS</td>
<td>Electronic Health Record Sharing System</td>
</tr>
<tr>
<td>HCP</td>
<td>Healthcare Provider</td>
</tr>
<tr>
<td>HCR</td>
<td>Healthcare Recipient</td>
</tr>
<tr>
<td>HRI</td>
<td>Healthcare Recipient Index</td>
</tr>
<tr>
<td>PMI</td>
<td>Patient Master Index (in HCP)</td>
</tr>
<tr>
<td>SDM</td>
<td>Substitute Decision Maker</td>
</tr>
</tbody>
</table>
1 INTRODUCTION

1.1 The Electronic Health Record (eHR) sharing aims to establish sharing on womb-to-tomb person health records. The Healthcare Recipient Index (HRI) serves as a foundation for health information exchange across participating healthcare providers (eHR HCPs), which is crucial for the successful implementation of the eHR sharing.

1.2 HRI is a list of personal identification and demographic data for all healthcare recipients who join the Hong Kong territory-wide Electronic Health Record Sharing System (eHRSS).

1.3 To allow the sharing of the health records of healthcare recipients (HCR), a HRI must be established whereby each piece of health data can be linked to an individual uniquely and accurately.

1.4 The eHR HRI is administered by the Commissioner for the Electronic Health Record (eHRC) with the operation support of eHR Registration Office (eHR RO) & eHR Registration Centres (eHR RC).

1.5 The eHR HRI data is captured through the eHR Registration Service upon the individual’s registration to the eHRSS at designated eHR RC. eHR HRI data can also be updated through this service.

1.6 Maintaining the HRI accuracy is the responsibility of all eHR stakeholders, including eHRC, eHR RO, eHR RC, eHR HCPs and HCRs. Any data that is in doubt or inaccurate should have eHR RO or eHR RC be notified so that investigation and remedial actions can be taken.

1.7 eHR HCPs may contact eHR RO for any query and dispute on HRI data.

1.8 The standard operation on registration of HCRs is crucial to the integrity of HRI which enables linkage of health record and also meets the reporting and auditing requirements. This document introduces the data content of eHR HRI and provides the general principles in maintaining and improving the quality of the eHR HRI. These principles
apply to HCR registration procedures and any designated eHR RC where the HRI is updated.

1.9 To support an effective data sharing between HCPs and eHRSS, HCPs are encouraged to adopt the standard practice for local patient registration.
2 HEALTHCARE RECIPIENT INDEX (HRI) PRINCIPLES

2.1 HRI RECORDS

2.1.1 The eHRC maintains a unique eHR HRI record to identify individual person, and to link the person’s previous demographic and healthcare information. The eHR HRI data are under the custody of eHR RO and the eHR HRI database is kept centrally in the eHRSS.

2.1.2 All persons once registered to the eHRSS should have a record in eHR HRI.

2.1.3 To ensure the data integrity of the eHR, HCR should have one and only one eHR. To avoid a duplicate eHR HRI record, upon eHR registration, HCR will be asked if one has any previous eHR registration(s).

2.1.4 The eHR HRI record is available in the eHR Registration Service as long as the person is joining the eHR sharing. To protect the privacy of withdrawn or deceased person, the eHR HRI will be frozen once the person is withdrawn or deceased and it will then be completely deleted or de-identified after the person has withdrawn from the eHR sharing for 3 years or have been deceased for 10 years respectively.

2.2 IDENTITY / TRAVEL DOCUMENT

2.2.1 HCR is required to present the same identity / travel document during eHR registration and upon admissions and / or attendances to eHR HCPs for identity verification and sharing of health data in eHRSS.

2.2.2 Identity / travel documents refer to valid documents issued by government authorities or consulates for identifying a person. Examples of identity / travel document in Hong Kong include Hong Kong Identity Card (HKIC) and Hong Kong Birth Certificate (HKBC). With the issuance of SmartID card by the HKSAR government, it is a desirable option for SmartID card holders to register the eHR sharing by their SmartID cards. During the process, the person can voluntarily insert the SmartID card into card reading device to provide the personal identifiers,
e.g. HKIC number, name in English and Chinese, date of birth, for eHR registration, which further enhances the quality of HRI data.

2.3 eHR REGISTRATION CONFIRMATION ON PERSONAL IDENTITY

2.3.1 To facilitate the linkage of HCR information for eHR sharing, eHR RC will issue registration confirmation letter / message to HCR upon successful registration. The letter / message will include the eHR number and reminder on personal identity and will be issued to HCR according to the selected communication means, e.g. by post, SMS or email.

2.3.2 The eHR registration confirmation letter / text message will bear:

2.3.2.1 The eHR Number

2.3.2.2 Reminder to HCR

   (a) to bring along identity / travel document used for eHR registration to attend the eHR HCPs for sharing of eHR

2.3.2.3 Special reminder to HCR who does not have HKIC

   (a) to present the eHR registration confirmation letter / text message or other document issued by eHRC or eHR HCPs which bears the eHR number for updating eHR HRI record

2.3.2.4 Reminders to parents of newborn babies who have not yet obtained HKBC upon eHR registration.

   (a) to present the eHR documents bearing the eHR Number upon admission(s) and / or attendance(s) to eHR HCP(s), and

   (b) to present the newborn baby’s HKBC to update the eHR HRI record at eHR RC once available. Please see Section 4.2 for details.

2.3.3 Bearing the eHR Number of HCR, the confirmation letter or text message is particularly important to those HCRs who are unable to provide HKIC or HKBC in
the registration process, e.g. non-HK residents or newborn babies, upon the update of one’s eHR HRI record.

2.3.4 The eHR registration confirmation letter / text message may also contain other important reminders related to the eHR sharing. Staff of eHR RC should advise the HCRs on the reminders as appropriate.

2.4 INFORMATION ACCURACY

2.4.1 Information accuracy is a pre-requisite for health information exchange and data sharing for each HRI record.

2.4.2 Remind HCR that the information in eHR HRI should be correct and up-to-date to enable eHR data sharing, in particular the following ones:

2.4.2.1 HKIC / HKBC number,

2.4.2.2 Type of identity document and identity document number, if HKIC / HKBC number is not available

2.4.2.3 Name in English

2.4.2.4 Name in Chinese, if any

2.4.2.5 Date of birth

2.4.2.6 Sex

2.4.2.7 Communication means, including address, telephone number and email address

2.4.3 Always check if the information typed is accurate before saving it into the system.

2.4.4 Any changes in any major key identifiers must be supported by valid identity / travel document. Do NOT change HCR’s information casually.

2.4.5 The eHR Registration Service will notify eHR HCPs which have valid sharing consent given by HCR for changes of major key identifiers in eHR HRI. HCPs may need to take necessary steps to check the information accuracy in HCPs
Patient Master Index (PMI) systems as well as to take appropriate follow-up actions to verify and rectify the HCP PMI record.
3 eHR HEALTHCARE RECIPIENT INDEX (HRI) DATA

3.1 eHR HRI DATA

3.1.1 Each eHR HRI record includes:

3.1.1.1 eHR Number,

3.1.1.2 major key identifiers, and

3.1.1.3 other HRI data

3.1.2 For the details on HCR’s information in eHR HRI, please see eHR data content and codex on healthcare recipient (Appendix A) for reference.

3.2 eHR NUMBER

3.2.1 The eHR Number is a unique eHR HCR identifier assigned to each person for EACH participation in the Hong Kong eHR. It is one of the keys for linkage of eHR demographic and healthcare records.

3.2.2 The eHR number is a 12-digit number automatically generated by the eHR Registration Service.

3.2.3 The eHR Registration Service will NOT reuse a previously issued eHR Number on another person.

3.2.4 For a HCR who has withdrawn from the eHRSS, there is a 3-year frozen period in which HCR’s data in eHRSS will be frozen. After the frozen period, the data will be deleted.

3.2.4.1 If a HCR re-registers within 3-year frozen period, the eHR Number will be re-activated.

3.2.4.2 If a HCR registers the eHR after the frozen period, a new eHR Number will be issued.
3.2.5 The HCP PMI system of eHR HCPs should be able to store eHR Number to facilitate eHR administration and the sending of clinical data to eHRSS in building a longitudinal womb-to-tomb health record as appropriate.

3.3 MAJOR KEY IDENTIFIERS

3.3.1 Introduction to Major Key Identifiers

3.3.1.1 Major key identifiers are used to uniquely identify a person.

3.3.1.2 The major key identifiers for HKIC / HKBC holder include:

(a) [HKIC number]
(b) [English surname]
(c) [English given name]
(d) [Sex]
(e) [Date of birth]

3.3.1.3 The major key identifiers for non HKIC / HKBC holder include:

(a) [Identity document number]
(b) [Type of identity document]
(c) [English surname]
(d) [English given name]
(e) [Sex]
(f) [Date of birth]

3.3.1.4 To ensure the accuracy and consistency of eHR HRI, all major key identifiers that inputted to eHR Registration Service must be matched with the information on the HCR’s identity / travel document.

3.3.2 Hong Kong Identity Card Number / Hong Kong Birth Certificate Number

3.3.2.1 HKIC number is the HKIC bearer’s number printed on HKIC, include the check digit. HKBC number is the registration number printed on HKBC
(post-1981), include the check digit. Both HKIC and HKBC are issued by the Immigration Department of the HKSAR.

3.3.2.2 The ‘Code of Practice on the Identity Card Number and Other Personal Identifiers’ issued by Office of the Privacy Commissioner for Personal Data recognises the importance of and provides guidance on collecting a person’s HKIC number to identify an individual and one’s healthcare record.

3.3.2.3 Holders of HKIC or HKBC are required to present their HKICs or HKBCs for eHR registration.
   (a) For persons at 16 years of age or above, register them by using their HKICs.
   (b) For persons under 16 years of age, register them by using the HKBCs or HKICs, if available. Normally, the HKBC number will be used as the person’s HKIC number in future.

3.3.2.4 Capture HKIC or HKBC number under [HKIC number]. The format of [HKIC number] includes alphabetic prefix with 1 or 2 digit(s), six numeric digits and a check digit. The eHR Registration Service will validate HKIC number against the check digit to avoid possible typing mistake.

3.3.2.5 To facilitate future reference, a standardised format is adopted when entering [HKIC number]:
   (a) Enter the character / number as indicated on the person’s HKIC and the character / number in the brackets accordingly.

3.3.3 English name

3.3.3.1 The English name includes the surname and given name of the person in English as indicated on the person’s identity / travel document.

3.3.3.2 In HKIC, the convention of displaying the bearer’s name is that the surname is displayed first, followed by a comma, then the given name.

3.3.3.3 The name typed into the system should correspond to that presented on the identity / travel document, including the spelling and the spacing.
example, if the identity / travel document indicates the surname of HCR is ‘Szeto’, DO NOT type ‘Sze To’.

3.3.3.4 eHR HRI will store the surname and given name in two separate data fields as [English surname] and [English given name]. For example, if the identity / travel document indicates the name of HCR is ‘Chan, Sau Mui’, input ‘Chan’ in the [English surname] field and ‘Sau Mui’ in the [English given name] field.

3.3.3.5 Do NOT add any remarks after HCR’s name.

3.3.3.6 If HCR is married and has her husband’s surname on the identity / travel document, it should be entered according to the identity document. For example, if the identity document indicates the surname of HCR is ‘Lee Chan’, input ‘Lee Chan’ in the [English Surname].

3.3.3.7 If a married female’s husband surname is not shown on her identity / travel document, register HCR according to the information on her identity document. Do not add her husband’s surname.

3.3.3.8 The use of family names is not universal among all cultures. If HCR declared that he / she only has a single name, with no tradition of family name use, or, there is no indication of his / her surname on his / her identity / travel document, enter the name according to HCR’s indication and mark ‘Yes’ in the [Single name indicator].

3.3.3.9 For registration of newborn babies who do not have HKBC, please refer to Section 4 - Information Standards for Newborn Babies and Children under 16 years old.

3.3.4 Sex

3.3.4.1 The inputted sex must match the one indicated on the person’s identity / travel document to identify the sex of the person.

3.3.4.2 It is captured under [Sex].
3.3.4.3 For a HCR who has a trans-sexual operation, any update on [Sex] should be supported by identity / travel document, and the corresponding update should be made on the identity / travel document prior to the update in eHR HRI.

3.3.5 Date of Birth

3.3.5.1 The date of birth refers to the person’s birth date as indicated on the person’s identity / travel document.

3.3.5.2 It is captured under [Date of birth].

3.3.5.3 HCR may provide different dates of birth in various occasions and will result in repeated updating of this data. To ensure data consistency, do NOT enter a date that does not match with that on the identity / travel document even though that is claimed to be the ‘actual’ date of birth.

3.3.5.4 The date of birth should include birth day, birth month and birth year. The date of birth may not be complete on some identity / travel documents, for example, just have a birth year, or a birth year plus a birth month.

3.3.5.5 There is an indicator in the eHR Registration Service, the [Exact date of birth indicator] to indicate whether the displayed date of person’s birth is the exact birth date as indicated on the person’s identity / travel document.

3.3.5.6 If a HCR’s identity document indicates he / she was born on 1st January 1930, enter the date, month and year of birth accordingly and assign the [Exact date of birth indicator] to [EDMY] (see Table 1).

3.3.5.7 If the HCR’s identity document only indicates his / her month and year of birth, enter the date of birth as the 1st of the month or just enter the month and year of birth, and assign the [Exact date of birth indicator] to [EMY] (see Table 1).

3.3.5.8 If the HCR’s identity document only indicates the year of birth 1963, assign the date and month of birth to 1st January, or just enter the year of birth and the [Exact date of birth indicator] should be [EY] (see Table 1).
Table 1 – Format for Entering Date of Birth

<table>
<thead>
<tr>
<th>Identity Document</th>
<th>[Date of birth]</th>
<th>[Exact date of birth indicator]</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-03-1930</td>
<td>22-Mar-1930</td>
<td>EDMY</td>
</tr>
<tr>
<td>01-03-1930</td>
<td>01-Mar-1930</td>
<td>EDMY</td>
</tr>
<tr>
<td>03-1930</td>
<td>01-Mar-1930</td>
<td>EMY</td>
</tr>
<tr>
<td>1930</td>
<td>01-Jan-1930</td>
<td>EY</td>
</tr>
</tbody>
</table>

3.3.6 Identity Document Number

3.3.6.1 The document number is the number indicated in the identity / travel document of the person presented for eHR registration, update of identity or demographic data, and etc... This does not include HKIC / HKBC number.

3.3.6.2 It is captured under [Identity document number].

3.3.6.3 If [HKIC number] is blank, [Identity document number] must be entered.

3.3.6.4 To facilitate future reference, a standardised format is adopted when entering [Identity document number]:

(a) Only enter the character / number as indicated in the HCR’s identity document.

(b) Ignore the followings:

- Space
- Punctuation, e.g. [ ] { } ( ) - ~ / \ , ‘ ’

3.3.6.5 The corresponding [Type of identity document] should be selected for the respective [Identity document number].

3.3.6.6 There are circumstances that the HCR may renew the travel document which gives a new identity document number. Ask HCR to present the following documents for checking and verification as far as possible:

(a) the old / expired travel document that was previously used for registration; or
(b) any document that bears the eHR number, e.g. letter / SMS / email issued by eHRSS

3.3.7 Identity Document Type

3.3.7.1 Identity document type refers to the type of identity / travel document of the person presented for eHR registration, update of identity or demographic data, and etc.

3.3.7.2 It is captured under [Type of identity document].

3.3.7.3 For certain types of identity / travel documents which the holder should possess either HKIC or HKBC (e.g. HKSAR passport, HKSAR Re-enter Permit, British National (Overseas) Passport (BNO), etc), HCR (or holder) are required to register eHRSS with HKIC or HKBC.

3.3.7.4 Sometimes, HCR presents more than one type of identity / travel document, use the following priority to enter [Type of identity document]:
(a) identity document issued by HKSAR Immigration Department,
(b) travel document issued by non-HKSAR government authority.

3.3.7.5 If HCR has been enrolled with identity document type with a higher priority and then he / she presents an identity document type with a lower priority upon subsequent visits in eHR HCPs:
(a) there is a possible mismatch between the type of identity document and the identity document number between the eHR HRI and the presented identity document:
   ➢ the document does not contain a HKIC number whereas the system has, or
   ➢ the document type and document number are different from that captured during registration.

3.3.7.6 When the major key identifiers in local PMI of HCP are not matched with that in eHR HRI, this may affect the data sharing in eHRSS, please refer to Section 5 - Management of eHR HRI on the handling.
3.4 OTHER HRI INFORMATION

3.4.1 Introduction to other HRI Information

3.4.1.1 In addition to the major key identifiers, certain demographic data will be collected upon HCR’s registration to provide more information about HCR and to facilitate communication. It assists the verification of one’s identity. The information also provides services and management statistics that assists eHR administration or related purposes.

3.4.1.2 The other HRI demographics in eHR can be different from the HCR demographics that are kept in the HCP’s PMI. Check with the person on whether one wishes to update the eHR HRI if one’s demographics in the HCP PMI are different from those in the eHR HRI.

3.4.2 Chinese Name

3.4.2.1 Chinese name is the full name of the person in Chinese as indicated on the person’s identity / travel document, if any.

3.4.2.2 The Chinese surname and given name are captured together under [Chinese Name].

3.4.2.3 For HKIC holder, the Chinese name will be captured through reading the SmartID card face data. The eHRSS adopts the ISO / IEC 10646 as the Chinese characters standards. The eHR Registration Service can only display the Chinese characters that have the corresponding ISO / IEC 10646 code.

3.4.2.4 The system supports the use of simplified Chinese characters. For HCR presenting identity / travel document with the name written in simplified Chinese characters, enter the person's name according to the presented document.

3.4.2.5 If the system cannot produce any one of the Chinese characters, leave the whole Chinese name blank to avoid confusion.

3.4.2.6 Do NOT add any remarks after HCR’s name.
3.4.2.7 For registration of newborn babies who do not have HKBC, please refer to Section 4 - Information Standards for Newborn Babies and Children under 16 years old.

3.4.3 Other Name

3.4.3.1 Sometimes, the person will have a preferred name or provide one more name different from that in the identity / travel document. Enter that name in [Other name].

3.4.3.2 Other name refers to any name by which the person has been known other than the [English given name] or [Chinese name].

3.4.3.3 It is only a supplementary HRI datum and shall NOT be considered as the name in English or Chinese of that HCR.

3.4.4 Nationality

3.4.4.1 Nationality refers to the issuing country of the identity / travel document used for eHR registration.

3.4.4.2 It is captured under [Nationality].

3.4.4.3 It should correspond to the [Type of identity document] and [Identity document number] that HCR presented for eHR registration.

3.4.5 Communication Means and Access Alert Indicator

3.4.5.1 Communication means refers to the route for HCR to receive the eHR communication.

3.4.5.2 The eHRSS will communicate with the HCR for

(a) eHR administration e.g. upon successful eHR registration and change of communication means, etc… and

(b) System security purposes e.g. sending of eHR access alert message when the eHR is accessed by HCP.
3.4.5.3 HCR can select a desirable communication means to receive information related to eHR administration:
(a) by SMS,
(b) by email or
(c) by postal mail.
It is captured under [Communication Means].

3.4.5.4 Whenever HCR requests to update the communication means, an alert message will be sent to both the old and the updated communication means to notify HCR of the changes.
(a) There is an exception that if the old communication mean is by postal mail, the changes will be notified through the new address only, as the postal address has been changed and the letter will unlikely be delivered to the old address.

3.4.5.5 Remind HCR to choose if he/she wishes to receive message when someone access to one’s eHR. It is captured under [Access Alert Indicator].
(a) the eHR access alert can only send through either by SMS or by email under the selected communication means, or
(b) HCR can opt for not receiving any eHR access alert.

3.4.6 Address

3.4.6.1 The purpose of recording HCR’s address is to facilitate
(a) communication in eHR administration,
(b) disease surveillance for public health purposes, e.g. contact tracing and epidemiological study, if necessary.

3.4.6.2 It is necessary to ensure the completeness of the address information and the registration staff should be aware of any obvious incomplete or inaccurate information provided by HCR, e.g. missing room number, floor number or street name.
3.4.6.3 HCR’s address includes:
   (a) Residential address, the address of HCR usually lives in,
   (b) Correspondence address, the mail address of HCR.

3.4.6.4 The eHR Registration Service adopts the Address Data Infrastructure (ADI) of the HKSAR government as the standard address table. The standard address information plays a significant role in service planning and public health.

3.4.6.5 It is necessary to register HCR’s address based on the standard address table.

3.4.6.6 There are different ways in presenting an address. Thus, there may be differences between the address claimed by HCR and the data in the standard address table. For example, HCR may claim a block number, while the standard address table may use building name. Under such circumstances, check with HCR.

3.4.6.7 If the address of HCR is not available in the standard address table, for example, new addresses which are not yet updated in the standard address table or the inputted address was an overseas address, input the address in text format.

3.4.7 Phone Number

3.4.7.1 The purpose of recording the HCR’s phone number is to facilitate communication and for receiving messages issued by eHR.

3.4.7.2 The following types of phone numbers are included:
   (a) Mobile phone number
   (b) Home phone number
   (c) Office phone number
   (d) Other phone number

3.4.7.3 HCR has to provide at least one phone number.
3.4.7.4 The format of phone number is Country code + Area code + Telephone Number. To facilitate data input, the country code is defaulted as ‘Hong Kong’, i.e. ‘852’.

3.4.7.5 HCR may choose any local mobile phone numbers for receiving eHR communication and access alert as appropriate.

3.4.8 Contact Person

3.4.8.1 Contact person refers to an individual who serves as the contact point for HCR, if he / she cannot be reached.

3.4.8.2 HCR can provide the details of contact persons to facilitate communication as appropriate.

3.4.9 Substitute Decision Maker (SDM)

3.4.9.1 A Substitute Decision Maker (SDM) refers to an individual who gives substitute consent on behalf of HCR who is incapable of granting an express and informed consent for joining eHR sharing and giving sharing consent to HCPs.

3.4.9.2 The following types of persons may act as SDMs:

(a) Parent (for HCR below age 16);
(b) Guardians appointed
   ➢ Guardians appointed (for HCR below 16 years old); or
   ➢ Guardians appointed under Mentally Incapacitated Person (Cap 136) (for HCR at or above 16 years old);
(c) Director of Social Welfare (for HCR at or above 16 years old);
(d) Persons appointed by Court;
(e) In the absence of the above, Immediate family members; or
(f) In the absence of the above, Prescribed HCPs (HCPs).
3.4.9.3 To verify the identity of SDM and his / her relationship with HCR, it is essential to capture the following information according to SDM’s identity document and proof of relationship:

(a) English name,
(b) HKIC number or type and number of the identity document, and
(c) Relationship of SDM and HCR

3.4.9.4 Relationship proof can be one of the following documents:

(a) HKBC,
(b) Proof of guardianship issued by Guardianship Board, or
(c) Court order.

3.4.9.5 If relationship proof is not available, ask SDM to sign a declaration of relationship.
4  NEWBORN BABIES AND CHILDREN UNDER 16 YEARS OLD

4.1  NEWBORN BABY UNDER 42 DAYS NOT YET HAVE HONG KONG BIRTH CERTIFICATE

4.1.1  To ensure the HCR’s records are consistent and available for sharing with eHR HCPs from day one, birth hospitals are encouraged to promulgate eHR sharing to parents of newborn babies. To facilitate building a womb-to-tomb electronic health record, parents should be encouraged to register their newborn babies to the eHR program before the baby is discharged from the birth hospital.

4.1.2  Since the newborn baby has not yet obtained HKBC, an interim HRI record will be created in the birth hospital when the newborn baby is registered to eHRSS. The baby’s HRI record will be completed when the parents present the newborn baby’s HKBC to the birth hospital / Maternal and Child Health Centre (MCHC) / any eHR RC. See Appendix C – ‘Template for HCP – Reminder to parents of newborn’.

4.2  INTERIM RECORD CREATION AND RECORD COMPLETION FOR NEWBORN BABY AT HRI

4.2.1  The interim HRI record creation is designed for newborn baby who has not yet have its own identity information, i.e. HKBC number and name, while the HRI record completion is a follow-up phase for updating the newborn baby’s identity information to a complete eHR HRI record based on HKBC once it is obtained.

4.2.2  Since the newborn baby does not have any identity document yet, the eHR confirmation letter issued by eHR RC at birth hospitals after eHR registration, so-called ‘eHR document’, will be the [Type of identity document] of the newborn baby in eHR HRI. The eHR number will be temporarily used as the [Identity document number] in eHR HRI at the interim stage.
4.2.3 The eHR document bears the newborn baby’s eHR Number, name (as the format in Section 4.3), sex, and date of birth, which acts as an essential information to uniquely identify the newborn baby for eHR sharing.

4.2.4 To ensure the data sharing to eHRSS, HCPs are recommended also adopting such practice when registering a newborn baby who does not have any identity document yet.

4.2.5 Newborn baby’s birth information will serves as supporting information in identifying the newborn baby. The birth information of the newborn baby’s birth episode will also be captured in the eHR Registration Service, includes:
(a) Birth hospital,
(b) Birth episode identifier – a unique identifier assigned by the birth institution to the newborn baby’s birth episode.

4.2.6 The birth information may not be linked to information of the future attendance of the newborn baby if the parents fail to provide above birth information to track the newborn baby’s record. When creating the interim record for the newborn babies, the eHR RC should take note on the followings to facilitate completing the newborn baby’s HRI record for a life-long eHR sharing.

4.2.6.1 Select eHR document in [Type of identity document]. eHR Number that generated by the eHR Registration Service will become the [Identity document number] at the interim stage.

4.2.6.2 Issue an eHR registration confirmation letter, i.e. the eHR document, bearing the newborn baby’s eHR Number to the parents upon successful registration.

4.2.6.3 Advise the parents to present the eHR document on subsequent visits to eHR HCPs before the newborn baby obtains HKBC.

4.2.6.4 Advise the parents on the followings upon first attendance to MCHC:
(a) to bring along the eHR document to MCHC for confirming the eHR Number; and
(b) to copy the eHR Number to the Immunisation Record Card to facilitate MCHC staff inputting the eHR Number in system to ensure the data sharing to eHRSS.

4.2.6.5 Advise the parents to provide the newborn baby’s HKBC together with the newborn baby’s eHR document to MCHC / eHR RC for completing the newborn baby’s interim eHR once the newborn baby’s HKBC is available. Please see Section 2.3 - eHR Registration Confirmation on personal identity for details.

4.2.7 To complete the newborn baby’s interim eHR HRI record, parents are required to provide the newborn baby’s HKBC and eHR document to MCHC / eHR RC once the newborn baby’s HKBC is obtained.

4.2.8 To perform the record completion for newborn babies after HKBC is obtained, eHR RC should take note as follows:

4.2.8.1 Cross-check the mother’s name indicated on HKBC with the newborn baby’s name already existed in eHR HRI.

4.2.8.2 Check the baby’s identity information indicated on HKBC with eHR HRI, i.e. sex and date of birth.

4.2.8.3 Update the [HKIC number] in eHR HRI according to the HKBC number. See Section 3.3.2 – Hong Kong Identity Number / Hong Kong Birth Certificate Number for details.

4.2.8.4 Update the [English name] in eHR HRI according to HKBC. See Section 3.3.3 - English name for details.

4.2.8.5 Update the [Chinese name] in eHR HRI according to HKBC as appropriate.

4.2.8.6 Advise the parents of the newborn baby to also update newborn baby’s identity information at individual eHR HCPs.

4.2.9 To ensure data integrity, birth hospitals are recommended to advise parents of the newborn baby to update newborn’s record at HCP PMI after HKBC is obtained.
4.3 BABY’S NAME

4.3.1 To facilitate the retrieval of the newborn baby’s information in HRI before newborn baby’s HKBC is obtained, there is a need to standardise the format of the newborn baby’s name for all HCPs and eHR.

4.3.2 Input the following information in the eHR Registration Service and the newborn baby’s name will be generated accordingly:

(a) Mother’s name
(b) Birth order
(c) Total number of births of the mother for this delivery

4.3.3 DO NOT use the father’s, grandmother’s or grandfather’s name.

4.3.4 The following format will be adopted in eHR Registration Service in generating the baby’s name:

<table>
<thead>
<tr>
<th>Surname (English)</th>
<th>Given name (English)</th>
<th>中文姓名</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>B/O Chan</td>
<td>Sau Mui</td>
</tr>
<tr>
<td>Twin</td>
<td>B/O Chan</td>
<td>Sau Mui</td>
</tr>
<tr>
<td></td>
<td>n = 1 or 2</td>
<td>Twin</td>
</tr>
<tr>
<td></td>
<td>X = 大或二</td>
<td></td>
</tr>
<tr>
<td>Triplet</td>
<td>B/O Chan</td>
<td>Sau Mui</td>
</tr>
<tr>
<td></td>
<td>n = 1, 2 or 3</td>
<td>Trn</td>
</tr>
<tr>
<td></td>
<td>X = 大,二或三</td>
<td></td>
</tr>
<tr>
<td>Quadruplet</td>
<td>B/O Chan</td>
<td>Sau Mui</td>
</tr>
<tr>
<td></td>
<td>n = 1, 2, 3 or 4</td>
<td>Qdn</td>
</tr>
<tr>
<td></td>
<td>X = 大,二,三或四</td>
<td></td>
</tr>
<tr>
<td>&gt; 4 babies</td>
<td>B/O Chan</td>
<td>Sau Mui</td>
</tr>
<tr>
<td></td>
<td>n = 1, 2, 3, 4, 5</td>
<td>Otn</td>
</tr>
<tr>
<td></td>
<td>X = 大,二,三,四,五...</td>
<td></td>
</tr>
</tbody>
</table>

4.3.5 Update the newborn baby’s HRI when the parents presented the newborn baby’s HKBC. HKBC does not have a surname for newborn baby. The Immigration Department uses the father’s surname as the newborn baby's surname. In cases
where the father’s surname and name is left blank, the mother’s maiden surname will be taken as the newborn baby’s surname. If the parent or guardian insists to use the mother’s maiden name as the newborn baby’s surname, explain the situation and advise him / her to sign a declaration form, which is considered as the supporting document in eHR registration.

4.3.6 The culture of giving surname for newborn babies / children varies amongst different ethnicity group, please see Section 3.3.3 - English name for reference. Staff should always check the child’s birth certificate for details.

4.3.7 Some children may have their names changed after registration of birth. The new name is recorded on HKBC as a separate item of the initial name. Staff should check carefully for such changes during registration, and record the new name accordingly. A copy of the amended HKBC is required to substantiate the change.

4.3.8 Upon the record completion, update the [English name] in eHR HRI according to the presented HKBC. See Section 3.3.3 - English name for details.

4.4 PERSONS UNDER 16 YEARS OLD

4.4.1 For person under age of 16, register HCR by using the person’s HKBC or HKIC, if available. The HKBC number, in normal circumstances, will be used as one’s HKIC number in the future.

4.4.2 For person without HKBC or HKIC, register HCR by his / her identity / travel document. See Section 3.3.6 – Identity Document Number for details.

4.4.3 Notify the parents to bring along HCR’s HKBC upon subsequent visits to eHR HCPs.

4.4.4 During eHR registration, always

4.4.4.1 ask for HCR’s identity document and other demographics, not the parent’s,

4.4.4.2 ensure the SDM’s data are captured.
4.4.5 Enter both the mother’s and father’s information in the [Contact person] fields as far as available. This will facilitate the tracing of the relatives, particularly if HCR is a newborn baby.
5 MANAGEMENT OF eHR HRI

5.1 INTRODUCTION

5.1.1 There are circumstances where the major key identifier(s) in eHR HRI is / are inconsistent

5.1.1.1 with those in HCP PMI, as such eHR HCP will not be able to access or upload data to eHR (see Section 5.2 also), or

5.1.1.2 within eHR HRI, as a result of duplicate or even multiple eHR registration with two or more eHR HRI records created (see Section 5.3 also).

5.1.2 For 5.1.1.1, there are circumstances that HCR has different major key identifier(s) in eHR HRI and HCP PMI, for example,

5.1.2.1 HCR registers to eHRSS by an identity / travel document but subsequently attends eHR HCP by another identity / travel document for local PMI registration, e.g. HCR presents HKIC for registration but then presents overseas passport upon subsequent visits to eHR HCP, or

5.1.2.2 HCR registers to eHRSS by an identity / travel document, subsequently the document is renewed with changes on the major key identifier(s) in which HCR uses for subsequent visits in eHR HCP for local PMI registration, e.g. HCR registered to eHR by HKIC but the name is changed and a new HKIC is reissued; HCR presents the reissued HKIC upon subsequent visits in eHR HCP.

5.1.3 For 5.1.1.2, HCR may register to eHR sharing twice or more by presenting various identity / travel documents, for example,

5.1.3.1 HCR registers twice by presenting different types of identity / travel document, e.g. by HKIC and overseas passport, or

5.1.3.2 HCR registers by a travel document but later it has been expired and renewed; then HCR registers again by the renewed travel document with a new document number, e.g. old and new overseas passports.
5.1.4 It is necessary to resolve the discrepancy to ensure the major key identifiers are consistently matched to enable the sharing of eHR. eHR RC will perform the followings to resolve the dispute as appropriate:

5.1.4.1 ‘update’ eHR HRI major key identifier(s) for 5.1.1.1 or

5.1.4.2 ‘inactive’ the duplicate eHR HRI record for 5.1.1.2

5.1.5 If the disputes cannot be resolved immediately in eHR RC, eHR RO will coordinate the handling of unresolved dispute cases.

5.1.6 To facilitate the eHR access and data sharing, eHR HCPs are strongly advised to store HCRs’ eHR number in their local PMI.

5.2 UPDATE ON eHR HRI MAJOR KEY IDENTIFIERS

5.2.1 There are circumstances that the HCR’s major key identifiers have been changed and an update in eHR HRI and / or HCP PMI is necessary. For examples, change of HCR’s name.

5.2.2 The eHR HRI data can be updated through eHR RO or eHR RC.

5.2.3 Do NOT change the major key identifiers casually. Check and update the data with HCR according to HCR’s valid identity / travel document.

5.2.4 Take the following steps to handle change request on eHR HRI major key identifiers:

5.2.4.1 Ask HCR to use one’s SmartID card which contains the new major key identifiers.

5.2.4.2 If SmartID card is not available, ask HCR to fill in an eHR consent form on information update, indicating the original major key identifiers for matching the existing record in eHR HRI as well as the new major key identifiers for updating the eHR HRI.

5.2.4.3 Request HCR to present valid identity / travel document for checking and verification.
5.2.4.4 Copy or scan the identity / travel document as supporting document for the change request. If HCR declines the eHR RC to make copy of the document, two staff members should check and verify the document and sign on the eHR HRI amendment form, or HCR to sign a declaration form.

5.2.4.5 Update the major key identifier(s) in the eHR Registration Service and provide the copy of the supporting document to eHR RC for future reference as appropriate.

5.2.5 Subsequent to the changes at the eHR Registration Service, all the health data in eHRSS will be linked to the updated major key identifiers.

5.2.6 The eHR Registration Service will generate a notification on any changes of major key identifiers on eHR HRI and send to related eHR HCPs for follow up.

5.2.7 Remind HCRs to inform related eHR HCPs so that HCPs can continue access and / or upload data to the HCR’s eHR accordingly.

5.2.8 Staff of eHR HCPs should advise HCR to approach eHR RO or eHR RC for any update in eHR HRI when:

   5.2.8.1 Any eHR HRI major key identifier is found to be out-dated and inconsistent with their local PMI.

   5.2.8.2 HCR requests for an update on eHR HRI major key identifier(s).

5.3 HANDLING OF DUPLICATED eHR HRI RECORDS

5.3.1 Each HCR should have one and only one eHR HRI record. It is necessary to ask the applicant of eHR sharing that he / she has not registered to eHRSS before proceeding to eHR registration process. However, there may be circumstances that a single HCR may have registered to eHRSS more than one times and thus more than one eHR records with different eHR numbers have been created. See examples in Section 5.1.3 for details.
5.3.2 For HCRs having more than one eHRs, he / she is required to inform eHR RO or eHR RC, and indicate the only eHR HRI record to be continuously used while the other record(s) in eHR HRI to be inactivated, i.e. to withdraw the duplicated eHR HRI record from eHR sharing.

5.3.3 HCR has to notify relevant eHR HCP(s) to update his / her PMI record at eHR HCP(s) according to the eHR HRI record to ensure one’s health data can be shared in eHRSS.
6 IMPACT OF HCP’S PMI ON eHR DATA

6.1 INTRODUCTION

6.1.1. From time to time, eHR HCPs may ensure their local PMI accuracy by performing the followings actions:

   6.1.1.1 ‘update’ local PMI major key identifier(s)
   6.1.1.2 ‘merge’ local PMI records, as appropriate
   6.1.1.3 follow up ‘error in patient identity’ at local PMI, as appropriate

6.1.2. The eHR HRI data will not be changed but it will have impact on the health data that are shared to eHRSS.

6.2 UPDATE HCP PMI MAJOR KEY IDENTIFIER(S)

6.2.1. There are circumstances that the major key identifier(s) of HCR has / have been changed and an update in HCP PMI is required by HCP. For example, change of HCR’s name.

6.2.2. eHR HCP will update the local PMI record whenever necessary upon valid request with supporting documents.

6.2.3. Staff of eHR HCPs are advised to remind HCR to approach eHR RO or eHR RC to request for the same update in eHR HRI to ensure eHR HCP can view and / or upload data to eHRSS accordingly. It is necessary to remind HCR that eHRSS will reject the health data upload from eHR HCP if his / her PMI major key identifiers are not matched with that in eHRSS.

6.2.4. Staff of eHR RC located in eHR HCPs are recommended to also update HCR’s major key identifier(s) in eHRSS.
6.3 MERGE HCP PMI RECORDS

6.3.1 There are scenarios that two local PMI records are created for the same HCR by eHR HCP, as such two local electronic health records existed in eHR HCP’s local ePR / eMR system.

6.3.2 To ensure the integrity of the record, eHR HCP may merge the duplicated PMI records of the same patient to a single PMI record so that the patient’s health data are put together and linked under a single set of major key identifiers.

6.3.3 Staff of eHR HCPs may ‘Merge’ the duplicated local PMIs in a standard way according to own practice.

6.3.4 Staff of eHR HCPs are advised to remind HCR to request for an update in eHR by approaching eHR RO or eHR RC if his / her PMI major key identifiers in eHR HCP is not the same as those in eHRSS.

6.4 ERROR IN PATIENT IDENTITY AT HCP PMI

6.4.1 There are occasions that PMI of two, or more different patients under an eHR HCP are mixed up, that is, episodes of more than one patients are mixed and registered under a single patient.

6.4.2 It is important to separate those HCP PMI records to ensure the patient data are correctly linked to an individual patient.

6.4.2.1 Staff of eHR HCPs should verify the patient identity and rectify the data in their local PMI and ePR / eMR accordingly to local practice.

6.4.3 The error in patient identity found at eHR HCP may trigger the deletion of health data and / or reloading of health data to eHRSS where appropriate. As such, eHR HCP should notify eHRSS when such error is found at local PMI:

6.4.3.1 eHRSS will alert healthcare professionals on the ‘problem record’ from eHR HCP as appropriate,
6.4.3.2 all ‘deleted’ data will not be erased, but will be logged under the affected HCR’s eHR for future reference.
7 CONTINUOUS ASSESSMENT

7.1 eHRC should take reasonable steps to ensure the accuracy of eHR HRI.

7.2 There should be continuous monitoring on:

7.2.1 the completeness of the eHR HRI records,

7.2.2 changes in any major key identifier.

7.3 Remedial actions should be taken for changes in any major key identifier.

7.4 To maintain the accuracy of eHR HRI, it is recommended that regular HRI audit practice should be established to

7.4.1 monitor the quality of eHR HRI,

7.4.2 recommend solutions to problems encountered in relation to the quality of eHR HRI.

7.5 There should be a designated officer at individual eHR RC to:

7.5.1 ensure that all changes on major key identifier(s) are supported by valid identity / travel document(s);

7.5.2 liaise with eHR HCPs on dispute management, if needed, and

7.5.3 advise and provide feedback on issues relating to eHR HRI to eHR RO.

7.6 eHR Registration Service will generate reports to assist the audit on HRI accuracy. eHR RO and eHR RC should make use of these reports to assist in maintaining and improving the quality of eHR HRI.

7.7 It is recommended that similar continuous monitoring mechanism should be in place at eHR HCPs to ensure the accuracy of HCP PMI is comparable to eHR HRI.
APPENDIX A – HEALTHCARE RECIPIENT INDEX DATASET AND CODEX

Refer to Appendix I, Healthcare Recipient Index in eHealth website.
APPENDIX B – HRI PREPARATION CHECKLIST

Introduction

About this checklist

This is an eHR Healthcare Recipient Index (HRI) preparation checklist for Healthcare Providers (HCP) who supports eHRSS in the HKSAR electronic Health Record Sharing System (eHRSS).

This checklist will be used by Healthcare Providers, or auditors of the Healthcare Providers to determine if the Healthcare Provider meets the essential eHR HRI requirement, in order to access to eHR HRI in the eHR Registration Service in eHRSS.

The instructions below set out how the sheets in this checklist are to be used.

<table>
<thead>
<tr>
<th>User of this checklist</th>
<th>This checklist applies to the participating HCP who would like to access to eHRSS.</th>
</tr>
</thead>
</table>
| Checklist sheet        | • The person completing this checklist should provide their responses on the Checklist sheet.  
                          • There are eHR HRI requirements in this checklist. The eHR PMI requirements reside within 4 assessment sections.  
                          • Each assessment section commences with a eHR HRI objective which follows with the security requirement. Questions that form the assessment criteria.  
                          - For each question, you are asked to evaluate each criterion by selecting the most appropriate answer. If applicable, you should also document the most appropriate answer in Comment box. |
| Glossary sheet         | Definition of term or acronym.                                                   |

Document details

| Last Updated Date:     | 20-Nov-13                                                  |
| Document Version:      | 0.1                                                          |
| Contact:               | Electronic Health Record Registration Office (eHR RO)       |
HRI Preparation Checklist

<table>
<thead>
<tr>
<th>Healthcare Provider:</th>
<th>Healthcare Institution:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A Standard and Policy on Patient Registration and PMI</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>There are guidelines for patient registration and maintenance of patient master index in HCP / PMI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The guidelines for patient registration and maintenance of patient master index are accessible by relevant staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient's major keys are captured in HCP / PMI for patient identification and record linkage. Major keys include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- HKIC number, or Type of identity document plus the identity document number (if no HKIC number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Surname, Given name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Date of birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient's major keys are captured in HCP / PMI in accordance with the patient's valid identity / travel documents.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B Information Standard for Registration of Newborn Baby</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>Newborn baby who does not have any identity document are registered with newborn baby's name in the format &quot;B/O mother's name&quot; in HCP / PMI according to the Management of Healthcare Recipient Index.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information leaflet is given to mother of newborn baby to advise parents to provide the Hong Kong Birth Certificate of the newborn baby for updating the newborn baby's major keys in HCP / PMI once it is available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After the newborn baby obtained Hong Kong Birth Certificate, newborn baby's major keys in local HCP / PMI is updated according to Hong Kong Birth Certificate, with the below verification steps taken before the update:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) mother's name on the Hong Kong Birth Certificate is correspond to the newborn baby's name 'B/O' in PMI; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) newborn baby's identity information, such as sex and date of birth on the Hong Kong Birth Certificate, is same as that in HCP / PMI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C Update Major Keys</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>Any changes in patient's major keys are supported by valid identity / travel document.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D Others</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>There are training on patient registration and maintenance of patient master index in local eMR / ePR.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The eHR number is kept in HCP / PMI to ensure data sharing to eHRSS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The validity period of patient's sharing consent is kept in the HCP / PMI to ensure data access to eHRSS.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assessed By : Name : _______________  Rank:_________  Signature:_____________
APPENDIX C – TEMPLATE FOR HCP – REMINDER TO PARENTS OF NEWBORN

Verification of Baby’s Identity: Notification to Parents

To whom it may concern:

The above-named baby has not yet presented his / her Hong Kong Birth Certificate for registration. To ensure the accuracy and completeness of the baby's record, please bring / mail / fax a copy of the baby's Hong Kong Birth Certificate with this memo to the following...
office at your earliest convenience so that we can update his / her record in our hospital system.

To facilitate the retrieval of the baby's record in future hospital attendance, please bring along your baby's Hong Kong Birth Certificate when he / she attends any clinic / hospital. Thank you for your attention.

Office: XXX
Hospital Address: XXX
Fax No: XXXX-XXXX
Enquiry Tel. No.: XXXX-XXXX

XXX Hospital