

Electronic Health Records User Access PHC Remote Guideline

Target Audience	All Employees
Jurisdiction	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
Jurisdiction Exclusions	N/A
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Approval Authority	Chair Clinical Governance Committee PHC CAHS; Primary Health Care Safety and Quality Committee TEHS
Author	PHC Safety and Quality Team

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Purpose

To provide Primary Health Care (PHC) Remote staff with a guideline on the application requirements, to obtain the authority to utilise Electronic Health Records used for clients in PHC remote health services.

Guideline

1. General Information

There are multiple Electronic Health Record (EHR) Systems used throughout the Department of Health. Within PHC Remote the primary EHR systems are the Primary Care Information System (PCIS) and the East Arnhem Communicare System (EACS). The EHR a systematic collection of electronic health information about individual clients and is the primary health record into which client personal and health data must be entered. The User is an authorised person approved to access the EHS System/s.

Prospective Users are required to complete and sign the EHR Application for User Access Form ([PCIS / EACS](#)) to indicate correct user information has been submitted and that the [DoH Privacy Policy](#) and related access obligations are fully understood. A specific [Rural Medical Practitioners \(RMP\) EHR Systems User Access Form](#) has been developed for RMPs who require individual access to a range of EHR Systems. This single form streamlines the process for RMPs to access the appropriate EHR Systems throughout the Department.

Information in this document includes:

- [Applicant Identification and ePASS Registration](#)
- [Application for User Access – Information Required](#)
- [Rural Medical Practitioners - Multiple EHR Systems Additional Information](#)
- [Query Group Access – PCIS only](#)
- [Use and Monitoring of Electronic Health Records](#)
- [Access to Linked Databases](#)
- [WebClient Access](#)
- [Extension, Termination or Change to User Access](#)
- [Electronic Health Record – Administration Staff Access](#)

2. Procedure

The majority of EHR Users will be required to complete a [PCIS](#) or [EACS](#) User Access Form and other related access forms as appropriate. RMPs who require access to a range of EHR Systems may complete the [RMP EHRS User Access Form](#).

2.1 Applicant Identification and ePASS Registration

A personal ePASS User Id is required by all employees to obtain EHR User Access, even though the DoH network may be accessed through the generic health centre G70 log-on utilised in all remote health centres. This requirement applies to DoH staff, agency staff and non-government authorised personnel.

It is important to recognise that once an individual has been registered with ePASS, the User Id that has been initially designated should be re-used for any subsequent reactivation of their account.

NTG staff ePASS registration **must** be progressed by their Line Manager. The Digital Health Services User Access Group will only progress ePASS registration for Non- Government Applicants. ePASS registration of an applicant should be approached in the following way:

1.	Current or past ePASS registration should be checked
2.	If current registration is in place, user details should be updated on ePASS, and the User Id utilised on the EHR application form
3.	If the applicant has a 'terminated' account, the account should be reactivated to ensure continuity of the same User Id
4.	If no previous ePASS registration is evident, eHealthNT Clinical Portal registration should be checked. If eHealthNT Clinical Portal registration has previously been granted, the same User Id should be used for the new ePASS Id. Managers may contact ePASS on 899 91545 (option 3) or the NTG Service Centre (service.centre@nt.gov.au or 1800 000 254) and ask to be transferred to the Digital Health Services User Access Group to check on User Id information.
5.	If no previous registration is evident for either eHealthNT Clinical Portal or ePASS, then a new User Id can be created either by manual or system generation.

The persons User Id should then be noted in the appropriate field on the User Access Application Form.

Without exception, every individual who intends to use an EHR must submit a suitably completed User Access Application Form and must have a personal ePASS User Id before accessing any client record.

2.1.1 Healthcare Provider Identifier – Individual (HPI-I) Number

A national eHealth initiative includes the [My Health Record](#) which supports secure electronic sharing of health information across Australia's healthcare systems. Three types of Healthcare identifiers have been designed: for the individual (IHI), the health care provider organisation (HPI-O) and the individual health care provider (HPI-I).

A HPI-I is allocated to healthcare providers and provides a unique way of identifying the healthcare provider on client records. Health practitioners registered under their individual National Health Board supported by the Australian Health Practitioner Regulation Authority ([AHPRA](#)) can access their 16 digit HPI-I number, which **must** be provided on their User Access Application, by contacting:

- Healthcare Identifier Service enquiry line: 1300 361 457, or
- by signing in to 'your account' on the [AHPRA](#) website and the HPI-I number is recorded in the 'your details' section

For further information see [What is a HPI-I \(Healthcare Provider Identifiable - Individual\) Information Sheet](#) (intranet) and the [Australian Digital Health Agency](#) website.

2.2 Application for User Access – Information Required

2.2.1 Role

Level of access is adjusted according to the role of the applicant. In most cases, it is reasonable that an individual will require security settings that are generic to a given role, and the appropriate role should be

nominated on the application form. Level of access alone, however, does not ensure that use of confidential client information is fully safeguarded, and Users must adhere to expected ethical standards.

A relatively large number of EHR functions have security settings and these may be configured on an individual basis. However, any departure from generic security settings requires the specific written request of the applicant, with approval from the line manager / authorised delegate, and the record of this request is filed with the individual's User Access application. The authorised delegate will arbitrate in any debatable requests.

2.2.2 Title

Selecting a title for the applicant's position is requested. This effectively applies a title against all the entries a User will make in the EHR. Commonly used titles are listed for quick selection, but a User may suggest a preferred alternative title. Not all requested alternative titles will be used where existing titles already exist that would be appropriate for that User.

2.2.3 Duration of Access

The duration of access that is applied for must not exceed contracted dates of employment, or other anticipated time limits on the requirement to access the EHR. Only permanent employees may nominate an open end date.

Future amendments to access extension dates or type may be requested using the EHR User Access Cessation / Change Request Form ([PCIS](#) / [EACS](#)) or by e-mail with relevant approval.

2.2.4 Selecting Health Centre/s

Applicants must nominate the anticipated usual health centre/s on the application form. Multiple sites or regional use may be nominated where this is necessary to perform the User's role. It is not helpful to nominate additional sites on the off chance they may be used.

For EHR Users limiting the number of usual work locations does not prevent accessing the client records from other locations using the same EHR. Rather, it promotes simpler use of EHR for the User and easier administration processes. It also reduces the risk of data entry mistakes. It is simple to add another work unit at a later date if the User begins work in a new location. This must be requested via the User Access Cessation / Change Form (PCIS / EACS).

EACS User access is limited to the two East Arnhem North DoH health centres.

2.2.5 Telehealth Converge NT - Interface

Health centre facilities have video conferencing hardware and software installed on some computer assets to enable video conferencing capability. Similarly Medical Officers or staff requiring individual access may have this installed on an NTG computer asset or personal computer depending on individual circumstances. Individual access is obtained via the service catalogue on the [HP Service Manager](#).

The [Telehealth](#) intranet site provides information and contact details regarding practitioners or health facilities with video conferencing capability. For more information on Telehealth contact the NTG Service Centre (service.centre@nt.gov.au or 1800 000 254).

2.2.6 Prescriber and Medicare Provider Numbers

Only Medical Officers and other health professionals who hold Provider Numbers are required to complete the relevant section of the Application for Access Form to provide their Provider Numbers.

Medical Officers and other health professionals working for PHC Remote must obtain a separate Medicare Provider Number for each community in which they consult. See [Medicare Overview](#).

2.2.7 Applicant Declaration Signature

An applicant declaration signature is necessary to confirm that the applicant acknowledges the requirement to comply with the [DoH Privacy Policy](#) and their responsibility to limit their use of EHRs to

the role for which they have been granted User access. It also means that they are aware that they will be subject to having their use of these EHRs audited.

Line managers / authorised delegates must ensure the applicant has signed this declaration before authorising access. The signature may be obtained at the time of training, but only under circumstances where it has not been possible to obtain it at an earlier stage.

2.8 Training

Initial training is essential for first time PCIS and EACS Users. The applicant must complete the Training section and indicate the need for initial training on the Application for Access Form. See [Electronic Health Record Overview](#) for further information.

2.2.9 Authorisation

Authorisation for User access is according to the endorsed PCIS / EACS delegated approval. The Applicants Line Manager is required to endorse the form. If further approval is required, the form will be on-forwarded to the authorised delegate by the Digital Health Services User Access Group.

Completed User Application Forms are submitted to the NTG Service Centre as detailed on the form.

Researchers will only be granted the relevant EHR access in relation to research activities that have been previously authorised by PHC and the requirement for EHR access is warranted. See [Research Proposals](#).

2.3 Rural Medical Practitioners (RMP) - Multiple EHR System Additional Information

The [EHRS – RMP User Access Form](#) facilitates access to the following systems:

<ul style="list-style-type: none"> ▪ Primary Care Information System (PCIS) ▪ East Arnhem Communicare system (EACS) ▪ Clinical Workstations (CWS) ▪ Community Care Information System (CCIS – RMP Profile), including: <ul style="list-style-type: none"> - Centre for Disease Control - Mental Health - Community Health - Palliative Care 	<ul style="list-style-type: none"> ▪ Northern Territory Cardiac Epiphany System ▪ Telehealth Converge NT – Interface ▪ eHealthNT Clinical Portal, including: <ul style="list-style-type: none"> - NT My eHealth Record - Synapse - National My Health Record ▪ Travel Management System (TMS) ▪ Citrix Web Client Access Request
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2.3.1 Application, Approval and Access Procedures

To assist RMPs to apply for appropriate EHRS access for their position, RMP access profiles include:

RMP / SRMP Locum	PCIS or EACS (specify), Telehealth Converge NT - Interface, TMS (Requestor), NT Cardiac Epiphany System, eHealthNT Clinical Portal and Web Client by request
RMP / Director of Medical Services	PCIS, EACS (by request), CWS, CCIS (RMP Profile), Telehealth Converge NT - Interface, TMS (Requestor plus Approver for DMS), NT Cardiac Epiphany System, eHealthNT Clinical Portal and Web Client
RMP (On-Call) ¹	PCIS (including NTCS), EACS, CWS; CCIS (RMP Profile), Telehealth Converge NT - Interface, TMS (Requestor & Approver for Retrieval), NT Cardiac Epiphany System and Web Client

On receipt of an approved application the Digital Health Services User Access Group will complete the access to each EHRS or forward a copy of the form to the relevant area.

On completion of access, the RMP will be emailed with instructions to contact NTG Service Centre to obtain a password. To be provided with a password, RMPs must authenticate themselves by answering their ePASS Challenge questions. If a RMP does not have Challenge Questions, or there are issues, they will be transferred to the Digital Health Services User Access Group for further assistance.

EHRS Users are required to undertake training relevant to the system. System training can be requested via the NTG Service Centre (service.centre@nt.gov.au or 1800 000 254).

¹ Note: RMP on-call includes: PHC CAHS - Remote Outreach Consultation Centre (ROCC) Medical Officers and PHC TEHS RMP's On-Call.

2.3.2 Northern Territory Cardiac Epiphany System

NT Cardiac Epiphany System receives and stores digital Electro Cardiograms (ECGs), including ECGs performed in remote health centres. The Digital Health Services User Access Group will forward requests for access to the NT Cardiac Epiphany System Administrator.

2.3.3 Travel Management System

The [Travel Management System](#) (TMS) is a fully electronic travel request and authorisation system used by the NT DoH. Access to the TMS is a component of the default profile given to RMPs:

RMP On-Call ¹ / SRMP's	approve non-urgent travel to hospitals
Director of Medical Services (CA only)	approve PATS requests from communities to Alice Springs Hospital only
<i>Note: RMPs in the Top End or other Senior RMP's in CA are NOT able approve PATS travel requests. With the exception of the CA DMS as above, PATS Travel Requests which are not approved by the embedded PATS guidelines within TMS are approved by a Hospital Delegated Officer with the delegation to approve PATS.</i>	

Individuals are required to provide e-mail address details to be recorded in TMS to allow:

- the TMS – System Administrator to communicate with individual users (eg confirming access)
- transmission of Patient Travel information to the 'Requestor' or delegated 'Approving' Officer.

The primary e-mail account is the individual's personal work account; however to ensure that patient travel information can be accessed by other relevant staff, a generic health centre e-mail account should be entered as the secondary account when this is available. For Medical Officers, the secondary e-mail account must be:

Community-based RMPs (resident)	Medical Officer resident in the community and provides services to that community only, the <e-mail name of health centre>.clinicstaff@nt.gov.au generic e-mail address should be given as the secondary e-mail address.
Visiting RMPs	For a Medical Officer who visits a number of health centres providing health care, this field should be left blank.
<i>Note: This relates to the details for the Access Application Form only, as additional e-mail accounts may be added into the TMS Request as needed for the individual request.</i>	

2.4 [Query Group Access – PCIS Only](#) (Note: EACS does not have this functionality)

Query Group Access provides functionality that allows customised and comprehensive report queries to be built by the User.

This additional level of access must be applied for separately using the [PCIS Query Group Access](#) form. This functionality is granted as per the requirements of the User's role, usually for those in management or regional clinical positions. Primary Health Care Managers are entitled to request this access, but in this case use may be restricted to local searches only. The PCIS Query Group Access form further details the responsibilities imposed in using Query Group Access.

2.5 Use and Monitoring of Electronic Health Record

The use of EHRs is at all times limited to legitimate purposes for each User. This means:

- only accessing client information pertaining to the User's rightful terms of duty
- only utilising the User's personal User Access
- ensuring client information is not disclosed for any other purpose without the client's consent
- ensuring accurate data entry

Routine auditing of the use of EHRs is conducted. Specific and ad hoc auditing may also occur for a variety of reasons. Adverse events are to be recorded in RiskMan and followed up by PHC Management.

2.6 Access to Linked Databases

Access privileges to linked databases assume relevant obligations for responsible use.

2.6.1 eHealth Records

All DoH employed clinical staff automatically receive access to the records of [My eHealth Record](#) registered clients when PCIS or EACS User Access is granted. The Digital Health Services User Access Group will facilitate access on receipt of relevant endorsed applications.

The eHealthNT Clinical Portal (NTCP) via PCIS provides access to the Northern Territory (NT) [My eHealth Record](#), the National [My Health Record](#) and Synapse portal. Access on EACS is via individual icons to the NT and National eHealth Record systems. The eHealth records provide a secure online summary of an individual's health information that can be securely exchanged between a range of health care providers such as doctors, hospitals and other healthcare providers. The Synapse portal provides access to radiology information and images.

Prior to viewing the National My Health Record client events, the clinician will need to undertake training and understand their roles and responsibilities with the the National My Health Record. Training modules are available in the [My Learning](#) site (click on National eHealth Record) and once completed extra roles may be added to User Id providing the ability to view client national My Health Record events and register clients.

2.6.2 Rheumatic Heart Disease Register and NT Childhood Immunisation Program Database

The NT Rheumatic Heart Disease Register, NT Childhood Immunisation Program database can be accessed through both EHR systems via the eHealthNT Clinical Portal (NTCP) NT [My eHealth Record](#) or National [My Health Record](#) for registered clients.

Alternately PHC remote clinical staff who have a legitimate reason for accessing the records of all clients on the Rheumatic Heart Disease Register or NT Childhood Immunisation database may complete the [RHD Register application form](#), the [Immunisation Database application form](#) and submit these to their line manager / authorised delegate for endorsement to obtain direct access to the register and database.

2.7 WebClient Access

In general, PCIS and EACS will be accessed via departmental computers. However, it is possible to arrange web based access for individual Users via a Citrix interface.

WebClient Access is applied for using the [PCIS User Access and WebClient Application Form](#), [EACS User Access and WebClient Application Form](#) or as a component of the default profile provided on the [RMP EHRs Application Form](#).

Users applying for WebClient Access must have an ePASS account and be Local Area Network (LAN) enabled. The role of the User must provide a specific and legitimate reason for needing access to EHRs via a web connection. Examples include a Medical Officer on-call in a non-DoH location or a researcher working at research institution. Most employees do not require this access to fulfil employment obligations.

WebClient Users are reminded that their ePASS account (and therefore access to PCIS or EACS) will generally be terminated when their contract ends.

If a contract is extended, WebClient Users are responsible for completing the relevant User Access Cessation / Change Request form ([PCIS](#) / [EACS](#)) and sending the endorsed form to the NTG Service Centre as detailed on the form.

2.8 Extension, Termination or Change to User Access

It is the responsibility of line managers / authorised delegates to notify the NTG Service Centre (service.centre@nt.gov.au) in writing of EHR Users who no longer require User Access or whose role has changed. The relevant User Access Cessation / Change Request Form ([PCIS](#) / [EACS](#)) or an e-mail with relevant approval may be used to facilitate this notification.

Notify NTG Service Centre by e-mail: service.centre@nt.gov.au when:

- the User terminates employment or no longer requires User Access for the role for which access was granted.
- the User’s temporary contract is extended
- when the default messaging provider is absent for a period (PCIS only)
- when the default provider or usual Medical Officer is absent from a health centre for a period of time.

User access may be terminated in the event of inappropriate use of an EHR.

Note: Personnel who are leaving employment where use of PCIS is required, must finalise all PCIS inbox messages prior to departure.

2.9 Electronic Health Record – Administration Staff Access

The role of the health centre Administrative Officer is intended to support the clinical workforce and health centre workflow by ensuring the maintenance of client demographic information, maintaining Wait Lists and processing of client correspondence from external service providers such as specialists. As the role already involves dealing with confidential information, the standard level of access granted to administration staff may be extended at the discretion of the relevant line manager / authorised delegate.

Compliance

Adverse events must be recorded in RiskMan and followed up by the relevant Manager	Manager PHC CAHS: Clinical Nurse Manager, Quality and Safety PHC TEHS: Safety and Quality Manager
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Document Quality Assurance

	Method	Responsibility
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas Notification will be by broadcast e-mail	Health Policy Guidelines Program Director of Nursing and Midwifery PHC CAHS and TEHS
Review	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

Key Associated Documents

Forms	PCIS User Access and WebClient Application Form PCIS User Access Cessation / Change Request PCIS Query Group Access EACS User Access and WebClient Application Form EACS User Access Cessation / Change Request
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	Rural Medical Practitioner (RMP) Electronic Health Record Systems User Access Form Rheumatic Heart Disease Register Application form Childhood Immunisation Records – Internet Access Disease Control User and Provider Access form
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Electronic Health Records Overview PHC Remote Guideline Health Records Documentation PHC Remote Guideline Medicare Overview PHC Remote Guideline Privacy of Health Information Overview PHC Remote Guideline Research Proposals PHC Remote Guideline Telehealth Specialist Consultation PHC Remote Guideline National My Health Record My eHealth Record What is a HPI-I (Healthcare Provider Identifiable - Individual) Information Sheet Information Act DoH Freedom of Information and Privacy ePASS DoH Telehealth intranet site Service Catalogue (HP Service Manager) PCIS intranet site EACS intranet site
References	As above

Definitions

Preferred Term	Description
Childhood Immunisation Database:	the NT Centre for Disease Control (CDC) immunisation database that links to the Australian Childhood Immunisation Register (ACIR). It is the primary source of NT childhood immunisation records for PHC remote clinical staff.
Rheumatic Heart Disease Register:	a register of clients with Acute Rheumatic Fever or Rheumatic Heart Disease.
Synapse:	provides access to the NT Picture Archiving Communication Systems (PACS) where radiology information and images may be accessed.

Evidence Table

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A