



The Council of Ambulance Authorities Inc.

Comment on Exposure Draft Healthcare Identifiers Bill 2010

January 2010

Members of the CAA:

St John New Zealand
Australian Capital Territory Ambulance Service
Ambulance Service of New South Wales
St John Ambulance Australia NT Ambulance Service Inc
Queensland Ambulance Service
South Australia SA Ambulance Service
Tasmanian Ambulance Service
Ambulance Victoria
St John Ambulance Australia WA Ambulance Service Inc

Associate Members:

Ambulance New Zealand
St John Ambulance Service Papua New Guinea

The Council of Ambulance Authorities (CAA) is the peak body representing the principal statutory providers of ambulance services in Australia, New Zealand and Papua New Guinea. The CAA unites independent state and territory ambulance authorities to develop common views and approaches to ambulance industry issues.

The Council of Ambulance Authorities would like to draw attention to the absence of a past tense in subsection 14(1a):

	Section 14
1	Part 4 – Healthcare provider’s use or disclosure
2	
3	14 Disclosure to get healthcare identifier
4	(1) This section applies if:
5	(a) an identified healthcare provider is providing, or is to
6	provide, healthcare to a healthcare recipient; and

Due to the inherent nature of the healthcare provided by ambulance services, including the varied work environment, often time critical aspect and absence of dedicated administrative support whilst ‘on the road’; it may be unlikely that paramedics will be in a position to interact with the service operator to obtain a patient’s healthcare identifier during the *current* ambulance service ‘episode’ of care.

The far more likely scenario is that, if considered appropriate (i.e. for the uses authorised in subsection 15(1)), an ambulance service may seek to obtain a patient’s healthcare identifier some time after the healthcare has been provided. It is anticipated this may be done efficiently by way of the batch process outlined in section 5.8 of *Building the foundation for an e-health future...update on legislative proposals for healthcare identifiers*. On this point; the provision of a batch processing option does suggest that it will be acceptable for healthcare providers to disclose identifying information of a healthcare recipient in order to obtain healthcare identifiers of patients whom healthcare has *previously* been provided.

Similar constraints to those affecting ambulance services may be present, for example, in a smaller Emergency Department which does not have clerical support overnight. In this case, patients may be registered and episodes entered retrospectively; i.e. once the patient has already been discharged and the (current) provision of healthcare has technically ceased.

In order to clarify what constitutes authorised disclosure of identifying information in scenarios such as the above, as well as covering the batch process which may apply to any healthcare provider, it is requested that **subsection 14(1a) be amended to include the wording “has provided”**.

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