

HSE National Policy For Individual Health Identifier (IHI) Data Standards





National Policy National Procedure National Protocol National Guideline
 National Clinical Guideline

HSE National Policy for Individual Health Identifier (IHI) Data Standards

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¹ Records the senior management roles involved in the governance and development of the document.

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1	04/06/2025	Updated – Data Standard fields Sex and Date of Birth to include reference to variants of each Patient Administration system. Updated document reference with new rev 20250210_IHI_Configuration_Guidelines_F1.10 from F1.9
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PUBLICATION INFORMATION ⁴
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Short summary:
<p>This policy will define the Data Field Standards necessary to ensure the accurate and reliable matching of patients to their corresponding Individual Health Identifier (IHI). This policy will serve two main objectives</p> <ol style="list-style-type: none"> 1. The minimum essential requirement for all new system procurements, ensuring that data fields adhere to the required standards to achieve consistent IHI matching. 2. Additionally, this policy will underpin a national HSELand training and education programme, designed to enhance the standardisation, accuracy, and completeness of patient data at the point of registration.

³ Records details when a document is reviewed, even if no changes are made.

⁴ Records the document information required for publication on the HSE National Central Repository.

Description:

This policy establishes the HSE's essential data field standards for Patient Identity Management, specifying best-practice display names, descriptions, data entry guidelines, and format requirements. These standards apply across the entire HSE estate and all consumer systems seeking to match to a patient to their IHI. Benefits of the policy will be enhancing data integrity, minimising identity errors, and improving patient safety.

It outlines the governance, implementation framework and monitoring requirements for the policy in accordance with the HSE PPPG guidelines. This policy is key to the Digital for Care 2030 Strategy, where accurate, standardised patient data is critical to enable data interoperability and efficient digital healthcare delivery for Ireland and the roadmap to meeting EU Data Space plan. The policy does not cover technical solutions or prescribe the user experience required to implement this policy. These are however supported in reference material throughout the policy and appendix including the depth of research and stakeholder involvement in the development of the policy.

TABLE OF CONTENTS

Process flow of the Policy	8
GENERAL PRINCIPLES OF THE POLICY	9
1.0 Introduction	9
1.1. Key Objective(s).....	9
1.2. Scope	11
1.3. Outcome(s).....	11
1.4. Disclosure of interests.....	11
1.5. Rationale / alignment with HSE national priorities	11
1.6. Supporting Legislation.....	12
1.7. Related Policies	12
2.0 Principles of IHI matching Business rules	13
2.1. Current IHI Matching Data Standards	13
2.2. IHI Index Matching Logic.....	14
2.3. Data Field Prioritising for Individual Health Identifier (IHI) Data Standards	16
2.4. Summary Table of IHI Matching Patient Identity Data Standards	18
2.5. Current and ESSENTIAL IHI Matching Data Standards patient fields.....	21
2.6. Future IHI Matching Data Standards patient fields for development	30
2.7. Value add IHI Matching Data Standards patient fields	38
2.8. Characters Key Requirements Mandatory Obligations under the Official Languages Act 2023	39
ORGANISATION OF THIS POLICY	40
3.0 Initiation of the Policy	40
3.1. Purpose of this HSE National Policy	40
3.2. Scope	40
3.2.1. Target users	41
3.3. Key Objective(s).....	41
3.4. Outcome(s).....	42
4.0 Methodology	43
4.1. Description and documented evidence research	43
4.2. Method of screening and evidence appraisal	44
4.3. Any copyright or permissions sought	44
5.0 Consultation	45
5.1. Stakeholder Involvement.....	45
5.2. External review.....	45
5.2.1. Engagement with DSMP Data Standard Management Process	45
5.2.2. HIQA Standard Guideline 3.1	45

5.3. Specific roles and responsibilities	46
6.0 National implementation plan	48
6.1. Guidance and recommendations for the national policy	48
6.2. Process flow for approval of the Policy	49
7.0 Governance and approval	50
8.0 Communication and dissemination plan.....	50
9.0 Sustainability	51
9.1. Describe the plan for national monitoring and audit.....	51
9.1. National audit tool	53
10.0 Review / update	53
11.0 Glossary of terms	54
APPENDICES	55
1. Appendix: Membership of Policy Consultation Group	55
2. Appendix: Membership of Policy Approval Governance Group.....	56
3. Appendix: Sign-off by Chair of Approval Governance Group	57
4. Appendix: National Audit Tools	58
5. Appendix: References	59

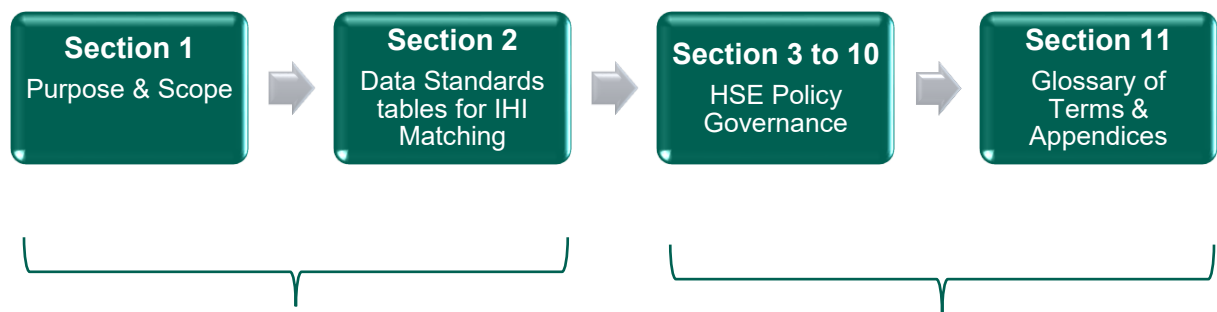
INDEX OF TABLES

Summary Table of IHI Matching Patient identity data fields	14
Prioritising of IHI Patient Identity Fields	17
Summary Table of Patient Identity Data Fields.....	18
Table 1: Forename	21
Table 2: Surname.....	22
Table 3: Sex	24
Table 4: Date of birth.....	23
Table 5: PPSN	25
Table 6: Address line 1	26
Table 7: Eircode	27
Table 8: Mobile.....	28
Table 9: Mother's Birth Family Name.....	29
Table 10: Email	30
Table 11: Middle Name	31
Table 12: Place of Birth.....	32
Table 13: Nationality	33
Table 14: Date of Death	34
Table 15: Unique System Identifier.....	35
Table 16: Primary Care Reimbursement Service Number	36
Table 17: IHI Individual Health Identifier	37
Table 18: Patient Titles or Honorifics	38
Table 19: Patient Alias	39

Process flow of the Policy

The HSE National Policy for Individual Health Identifier (IHI) Data Standards has been developed to provide patient-facing staff with best-practice guidelines for accurate patient registration and recording across all healthcare settings where IHI matching is critical. It is also acting as best practice guideline for new system procurement and training and education.

While this is a non-technical policy focused on patient identity data standards, it is important to include a high-level explanation of the business rules that govern Individual Health Identifier (IHI) matching to better support understanding of the Data entry guidelines set out in this policy. Given the complexity of establishing Data Standards across the wide range of patient administration systems, this policy has carefully considered both human-readable labels and the technical data field values that are critical to the validation process.



GENERAL PRINCIPLES

- **Section 1:** lays out the purpose of the policy and why it is needed.
- **Section 2:** provides standards for the specific patient identity fields prescribed in the Health Identifiers Act 2014 and subsequent Statutory Instrument SI155/2022. Details are provided on the required uniform human readable display and the format for presenting these so that identity information is clear and unambiguous.

DEVELOPMENT OF THE POLICY

- **Section 3 to 10:** Outlines in detail methodology, consultation and governance, as well as the implementation and monitoring requirements for the policy in accordance with the HSE PPPG guidelines.
- **Appendices** provides several supporting documents appended to the document.

GENERAL PRINCIPLES OF THE POLICY

1.0 Introduction

This document outlines the HSE National Policy for Individual Health Identifier (IHI) Data Standards, providing best-practice guidelines for patient-facing staff on accurate patient registration and data recording. It applies across all healthcare settings where precise IHI matching is essential.

The policy will be underpinned by a national consumer training and education programme and be a mandatory requirement in procurement tender documents for all new systems containing patient identity fields on a balance scorecard.

The HSE National HIDS Steering Committee, co-chaired by the HSE Chief Information Officer Fran Thompson and the National Director of Public Involvement, Culture and Risk Management at the HSE Joe Ryan, commissioned the policy and oversaw its development, ensuring governance and oversight (see Appendix 1 for membership). Updates will be made as needed per Section 9 – Review and Update, with all versions requiring approval from the HIDS Steering Committee before publication.

1.1. Key Objective(s)

This National Policy is to help guide these key questions:

1. What is the purpose of standardising Patient Identity Data Fields?

- Standardising Patient Identity Data Fields ensures consistency, accuracy, and completeness of patient information across healthcare systems.
- The policy improves patient identification, reduces errors, and supports seamless healthcare delivery.

2. Who benefits from standardising Patient Identity Data Fields?

- Patients benefit from accurate identification, healthcare providers ensure data integrity, and Technology and Transformation ensure digital compliance and implementation.

3. Why is this policy required now?

- HSE is working on the digitisation of health services and processes so that the data about the right patient is available in the right place and at the right time to ensure safe and efficient provision of care services under Slainte Care. Standardised Patient Data fields offer a significant opportunity and is fundamental to providing new and integrated models of care. It will enable patients, and the people who use health services, to experience better care require standardised patient identity data to ensure accuracy and

interoperability.

- The policy aligns with broader national and EU Data Health Space goals to improve data quality and patient care.

4. What standards apply?

- The standards in this policy are evidenced based.
- National standards for patient demographics are recognised and referenced where healthcare standards do not exist however are essential to the policy such as An Post for Eircode.

5. How will the standards in this policy be managed?

- To ensure that continuous improvement takes place, IHI match rate assessments will be continuously monitored and reviewed or if there are changes in legislation, changes in work practices/procedures or upon the introduction of new technology.
- Data quality issues will be addressed through audits, feedback mechanisms, and corrective action plans.

6. What are the implementation steps?

- The standards will be introduced in phases, with clear guidelines for adoption and enforcement across the 6 Regional Executive Officer (REO's) through Internal Communications,
- Training programmes and resource materials will be provided to support healthcare providers in implementing the standards.

7. What changes and risks might arise?

- Changes include technical Data Set Specification alignment, implementation of the HSE Data Dictionary, publication of the policy and potential feedback from stakeholders.
- Risks will be mitigated through strategic planning, stakeholder engagement, adequate funding, and robust change management initiatives.

For more detail on 1.2 to 1.7 please go to section 3:

1.2. Scope

The scope of this policy is for the entire HSE estate, this includes Section 38/39, HSE funded and Community Healthcare Organisations. The policy scope is to be applied in the following target population:

- Training and Education
- Procurement Evaluation Groups
- HSE Data Dictionary
- Digital Health Roadmap Implementation

1.3. Outcome(s)

The desired outcome of this policy is to promote awareness, adoption and compliance with uniform high quality data standards to ensure safe and accurate patient identification. This will establish a consistent, accurate, and standardised approach to patient identity management across the HSE and broader Irish healthcare system, enhancing data integrity, interoperability, and patient safety.

Standardising Individual Patient Identity fields will:

- Ensure Consistency
- Enhance Data Accuracy
- Facilitate Interoperability
- Protect Patient Privacy
- Support Regulatory Compliance
- Improve Healthcare Delivery
- Promote Data Integrity

1.4. Disclosure of interests

No conflicts of interest were declared, and members of the Consultation group have signed off on the content of the policy and is retained in the document master file if required.

1.5. Rationale / alignment with HSE national priorities

- **Digital for Care – A Digital Health Framework for Ireland 2024-2030** – one of the six principles for digital care – Patients as an Empowered Partner: We

will empower patients by giving them broader access to their own health information through a patient app, provide access to more digital health services, including virtual care offerings, whilst enabling greater autonomy and choice over their care options

- **Slaintecare Strategy 2021-2023** – Section 6 Implement the Digital Health Programme. The IHI and creation of a single electronic record of a patient’s medical history, will help health professionals deliver the best integrated care possible for each patient.

1.6. Supporting Legislation

Multiple Data Compliance Directives both regulatory lawful requirement for the HSE to deliver and guidelines for standardisation by HIQA support the need for this policy:

- **Health Identifiers Act 2014** – Part 1. “Other identifying particulars”, in relation to an individual, means any one or more of the following and SI155/2022
- **Health information Bill 2024** – Section 11. Information to be contained in Digital Health records
- **HIQA National Standards for Information Management 2024** – Section 3. Responsiveness best practice
- **EU Health Data Space 2024** – Political agreement on the quality of data for the EHDS roll out

1.7. Related Policies

- **HSE National Policy - Digital Services Standard and Communications and Digital Services V0** – issued 25/09/2024 by Ben Cloney and approved and commissioned by Damien McCallion CTTO

2.0 Principles of IHI matching Business rules

While this is a non-technical policy focused on patient identity data standards, it is important to include a high-level explanation of the business rules that govern Individual Health Identifier (IHI) matching to better support understanding of the Data entry guidelines set out in this policy. Given the complexity of establishing Data Standards across the wide range of patient administration systems, this policy has carefully considered both human-readable labels and the technical data field values that are critical to the validation process.

Upon receipt of patient identification data from any integrated consumer system, basic validation checks are performed. Any data items that fail validation are excluded. If the number of valid data items falls below the minimum requirement of five core items, the lookup request is deemed invalid and is not processed.

The Individual Health Identifier (IHI) Application Programming Interfaces (APIs) perform multiple searches on the IHI Index to return an IHI number in response to a consumer system request. The IHI Index will only return an IHI number via the API when a unique record is identified for the matching request. The search API processes requests through several sequential search types, including exact match and similarity-based searches, to improve the likelihood of finding a match. Once a match is found in any search step, no further searches are performed.

A clear understanding of these business rules is critical to achieving consistent interoperability between systems and maintaining high data quality standards across the healthcare environment. While this policy is used for both procurement and consumer training at the core of its purpose is improving IHI match rates.

The technical Data Set Specifications for API configuration can be found in 20250827_IHI_Configuration_Guidelines_F2.0 2.⁵ Currently incoming search requests are processed through 9 Core Patient Identity fields listed here in [2.5](#) Future IHI matching and recording Data Standards are listed in [2.6](#) and value add Patient identity fields are in [2.7](#)

2.1. Current IHI Matching Data Standards

In order to utilise the direct interface API a minimum of **five** demographic parameters must be provided to the IHI Register for matching, these are composed of the following core four mandatory data items:

- Forename
- Surname
- Date of Birth
- Sex

⁵ 20250827_IHI_Configuration_Guidelines_F2.0 2 authored by HIDS Technical

Plus, one additional data item from the following data items:

- PPS Number
- Address Line 1
- Eircode
- Mobile
- Mothers Birth Family Name

2.2. IHI Index Matching Logic

SUMMARY TABLE OF IHI MATCHING PATIENT IDENTITY DATA FIELDS								
Alpha Search:	Search 1T	Search 1	Search 2	Search 3	Search 4	Search 5	Block ⁶ Search	
Patient Identity Data fields entered as per the Policy Standards	Core 4 +1 Inc. Mobile	Core 4 +1 no Mobile	Core no DOB + PPSN S2	Core 4 + PPSN	Core 4 + Mobile	Core 4 + PPSN	Core 4 +1	
	Uses other data if no mobile on the index	Uses other data to exact match only	No DOB uses core 3 plus PPSN only if it is safe 2	Uses 3 fields if previous search fails	Uses 4 fields if previous search fails	Uses 4 fields if previous search fails	Only returns a match if over the match threshold	
Fields marked with tick are those used to search for IHI when a minimum Core 4 +1 is entered, and the previous search has failed. It uses all the search data provided and only returns an exact match with emphasis on the ticks.								
1.	Forename	✓	✓	✓		✓	✓	✓
2.	Surname	✓	✓	✓			✓	✓
3.	Date of Birth	✓	✓		✓	✓		✓
4.	Sex	✓	✓	✓	✓	✓	✓	✓
5.	PPSN			If Safe 2	✓		✓	✓
6.	Address Line 1							✓
7.	Eircode							✓
8.	Mobile	✓				✓		✓
9.	Mothers Birth Family Name							✓

⁶ Block-Search: The last search is performed when all above searches have failed. It is used when core 4 plus 1 are provided. It uses the OHMPI list of Block searches and only returns a match above the match threshold where there is no potential duplicate above the lower threshold.

The text version of the searches in Table 2.2

- 1) Alpha-Search 1 or Alpha-Search 1T: The first search performed is either Alpha-Search 1 or Alpha-Search 1T:
 - a) If Core 4 + 1 is provided and includes Mobile Phone number, then Alpha-Search 1T is performed. It uses all the search data provided and returns an exact match. Note that if it finds an exact match except the Index record has no mobile phone number, then this is still returned as a match.
 - b) If Core 4 + 1 is provided with no Mobile Phone number, then Alpha-Search 1 is performed. It uses all the search data provided and only returns an exact match.

- 2) Alpha-Search 2: This is used when Date of Birth is not provided but PPS Number is (i.e. PSCN card details). An alpha search is performed using the search values provided. An exact match is only returned if the matching record in the Index is Safe Level 2 or higher.

- 3) Alpha-Search 3: Used when Core 4 plus PPS Number is provided and all the above searches have failed. An alpha search is performed using only PPSN, Date of Birth and Sex.

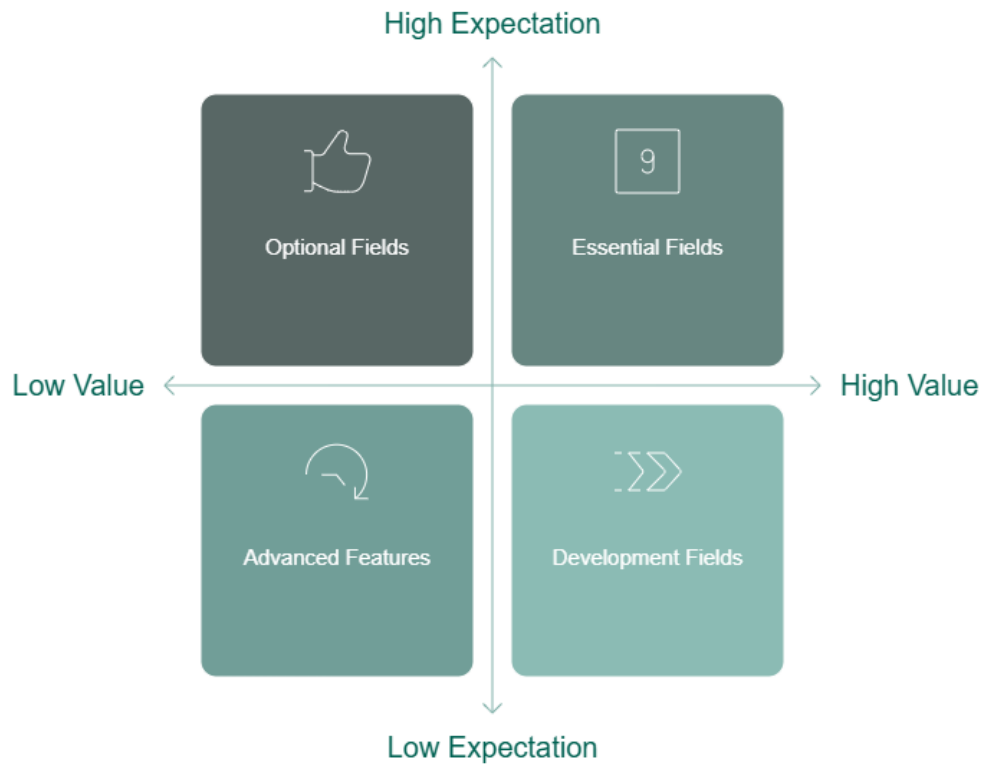
- 4) Alpha-Search 4: This is used when core 4 plus mobile are provided and all the above searches have failed. An alpha search is performed using only Mobile, Given, DOB and Sex.

- 5) Alpha-Search 5: This is used when core 4 plus PPS Number are provided and all the above searches have failed. An alpha search is performed using only PPSN, Given Name, Family Name and Sex.

- 6) Block-Search: The last search is performed when all above searches have failed. It is used when core 4 plus 1 are provided. It uses the OHMPI list of Block searches and only returns a match above the match threshold where there is no potential duplicate above the lower threshold.

2.3. Data Field Prioritising for Individual Health Identifier (IHI) Data Standards

To ensure a structured and effective approach to prioritising data fields for Individual Health Identifier (IHI) matching, a Value vs. Expectation Matrix has been adopted. The matrix provides a strategy for system procurement, ensuring that critical fields essential for accurate IHI matching are prioritised while allowing for phased implementation of additional enhancements.



Core data fields, embedded within the IHI API, are categorised as High Value / High Expectation that consumer facing systems can record and send these data fields via API. **ESSENTIAL** be included in all new system procurements. Fields that significantly enhance patient identification that may require technical, or process adjustments fall under High Value / Low Expectation, to be included or introduced through a phased **DEVELOPMENT** approach. Optional fields that provide additional benefits to future proof are classified as **OPTIONAL** Low Value / High Expectation they will be implemented, while advanced features that may enhance user experience and are not currently essential are for **CONSIDERATION** Low Value / Low Expectation nice to haves.

The table below illustrates this prioritisation, aligning data standard requirements with implementation feasibility to enhance data integrity, interoperability, and patient safety.

PRIORITISING OF IHI PATIENT IDENTITY FIELDS		
PRIORITY CATEGORY	DESCRIPTION	EXAMPLE DATA FIELDS
High Value / High Expectation <i>Immediate Implementation</i> – Essential	Core fields that are crucial for IHI matching and easy to integrate. These must be included in all system procurements.	Forename, Surname, Date of Birth, Sex, PPSN, Address Line 1, Eircode, Mother's Birth Family Name, Mobile Number
High Value / Low Expectation <i>Planned Implementation</i> <i>Important for</i> – Development	Fields that significantly enhance IHI matching but require technical or process changes. These should be prioritised for phased implementation.	Email, MRN (Medical Record Number), PCRS (Primary Care Reimbursement Service Number), Middle name, Date of death.
Low Value / High Expectation <i>Planned Useful Enhancements</i> – Optional	Fields that add value without requiring major changes as included in DSP files and many PAS.	Place of Birth, Nationality, Patient Alias, Patient title
Low Value / Low Expectation <i>Long-term High Cost, Lower Immediate Benefit</i> – Consideration	Advanced features that improve user experience but are not currently essential for IHI matching. These can be explored for future adoption.	Signature, Photograph (for biometric verification)

2.4. Summary Table of IHI Matching Patient Identity Data Standards

SUMMARY TABLE OF PATIENT IDENTITY DATA FIELDS

For individual tables that includes more specific detail please refer to that page

Data Field Description
Data Field Synonyms
Data Field Validation to IHI Index
Acceptable Example
Not acceptable Example or to add any notes or titles

Display Name		Data Entry Guidelines	Data Type Format	Priority
1.	FORENAME	Forename must be greater than 1 character and not contain a full stop	Character	Essential
2.	SURNAME	Surname must be greater than 1 character and not contain a full stop	Character	Essential
3.	SEX	Data entry guidelines are dependent on each consumer system and what it accepts. Validation for sex from any system to the IHI Index via an API must have a value of 'M', 'F' or 'U' to match successfully.	Character	Essential
4.	DATE OF BIRTH	Date of birth must be a valid date and not less than 1900 or greater than today. Data entry guidelines are dependent on each consumer system and what it accepts. Validation for dates from any system to the IHI Index via an API must be in Date format.	DateTime Date Format YYYY-MM-DD	Essential

5.	PPS Number	A PPS Number is always 7 numbers followed by either one or two letters.	Alphanumeric	Essential
6.	ADDRESS LINE 1	Address line 1 should only be populated with the patient's first line of address. When the full address is populated to address line 1 it results in zero score being attained for this data item, so full address inclusion is of no benefit.	Alphanumeric	Essential
7.	EIRCODE	Eircode must be a correctly formed Eircode as per current Eircode validation rules	Alphanumeric	Essential
8.	MOBILE	Mobile is recommended to be provided in the format of +353861234567 however it can take most of the common formats. All numbers other than Irish mobile numbers populated to this field are ignored. Only a single mobile number can be sent	Numeric	Essential
9.	MOTHERS BIRTH FAMILY NAME	Mother birth Family Name (MBFN) must be greater than 1 character and not contain a full stop	Character	Essential
10.	EMAIL	A valid email address consists of an email prefix and an email domain, both in standard formats.	Alphanumeric	Development
11.	MIDDLE NAME	Middle Name must be legal middle name only greater than 1 character and not contain a full stop	Character	Optional

12.	PLACE OF BIRTH	County for Irish citizens and Country for International must be correct spelling	Character	Optional
13.	NATIONALITY	Nationality should be recorded using the ISO 3166-1 standard to ensure consistency, accuracy, and interoperability across systems.	Character	Optional
14.	DATE OF DEATH	Date of Death must be a valid date and not greater than today	DateTime Date Format YYYY-MM-DD	Development
15.	MRN	The Medical Record Number (MRN) is the unique patient medical records in unique consumer systems.	Alphanumeric	Development
16.	Medical card number(s) and other health scheme card number(s) held by health service providers	The number may contain both letters and numbers e.g. Primary Care Reimbursement Service (PCRS)	Alphanumeric	Development
17.	Individual Health Identifier (IHI)	The GS1 Global Service Relation Number (GSRN), i.e. the Individual Health Identifier (IHI) is an 18-digit numeric string. The “Human Friendly” IHI is 10 digits long.	Numeric	Essential
18.	TITLE	Titles must be greater than 1 character and not contain a full stop	Character	Optional
19.	PATIENT ALIAS	Free format	Character	Optional
EHDS future and included in HIDS Act 2014 not in use				
	SIGNATURE	TBC	Image	Consideration
	PHOTOGRAPH	TBC	Image	Consideration

2.5. Current and ESSENTIAL IHI Matching Data Standards patient fields

TABLE 1: FORENAME

DISPLAY	FORENAME
Data Field Description	<ul style="list-style-type: none"> • Patient Forename only • At all times legally known name on official documents only • Patient’s Forename in full e.g. Patrick, not Pat • Inclusion of single space or hyphen – for double forename is acceptable if legally registered in that format • The most common format in IHI records is double barrelled forenames are entered with a hyphen • Middle name should never be included in Forename field • IHI can accept name accents – á, é, í, ó, ú also, any accented vowel â, ç or the Irish síneadh fada if used
Data Field Synonyms	<ul style="list-style-type: none"> • First name • Given name
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • Shorten names or aliases will not match in this field • Honorifics in this field i.e. Mr, Mrs, Fr, and Dr Etc. will not match. Do not include any title or replace name with title. • Do not include Junior, Jnr, Senior, Snr unless on official documents • If punctuation is included it may not match .,: “, - () etc. • Special characters * & + € %, etc. will not match
Acceptable Example	<ul style="list-style-type: none"> ✓ Katherine ✓ katherine
Not Acceptable Example or to add any notes or titles	<ul style="list-style-type: none"> × Known as Katie × Mr Ken, Ms Katherine, Kate Mrs × Dr Ken × Dr × Ken.

Reference Source

Health Identifiers Act 2014 ¹			
Display Name	Data Entry Guidelines	Data Type Format	Priority
FORENAME	Forename must be greater than 1 character and not contain a full stop	Character	Essential

TABLE 2: SURNAME

DISPLAY	SURNAME
Data Field Description	<ul style="list-style-type: none"> • Patient Surname only • At all times legally known name on official documents only • O’Reilly / OReilly / O Reilly are all acceptable • Double barrelled names are acceptable with a single space between the two names only if the patient’s legal name • The most common format in IHI records is double barrelled Surnames are entered with a space • IHI can accept name accents – á, é, í, ó, ú also, any accented vowel â, ç or the Irish síneadh fada if used
Data Field Synonyms	<ul style="list-style-type: none"> • Last name • Family name • Patient surname
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • If punctuation is included it may not match .,:; “, - () etc. • Special characters * & + € %, etc. will not match • Hyphen on double barrel names will only give a partial match • Irish names should only be recorded as they are legally known to make a full match
Acceptable Example	<ul style="list-style-type: none"> ✓ Lawler ✓ O’Reilly ✓ Murphy Grimes
Not acceptable Example or to add any notes or titles	<ul style="list-style-type: none"> × Lawler (married name) × Mr Lawler, Ms Lawler, Lawler Mrs × Murphy-Grimes

Reference Source			
Health Identifiers Act 2014 ¹			
Display Name	Data Entry Guidelines	Data Type Format	Priority
SURNAME	Given and family name must be greater than 1 character and not contain a full stop	Character	Essential

TABLE 3: DATE OF BIRTH

DISPLAY	DATE OF BIRTH
Data Field Description	<ul style="list-style-type: none"> • Patient’s Date of Birth • Avoid leaving this blank • Use 0 before single digit numbers
Data Field Synonyms	<ul style="list-style-type: none"> • Birthdate
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • Data entry guidelines are dependent on each consumer system and what it accepts in this field • Validation for Date of birth from any consumer system to the IHI Index via an API must be Date Time Format YYYY-MM-DD
Acceptable Example	✓ 1980-11-04
Not acceptable Example or to add any notes	× 14/04/1980 twin A

Reference Source			
Health Identifiers Act 2014 ¹			
ISO8601 Date and time format ²			
Display Name	Data Entry Guidelines	Data Type Format	Priority
DATE OF BIRTH	Date of birth must be a valid date and not less than 1900 or greater than today.	DateTime Format YYYY-MM-DD	Essential

TABLE 4: SEX

DISPLAY	SEX
Data Entry Guidelines	<ul style="list-style-type: none"> • Patient’s sex • Avoid leaving this field blank or adding any notes
Synonyms	<ul style="list-style-type: none"> • The Health Identifiers Act 2014 only specifies to collect Sex at this point, consideration of Gender options to be developed
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • Data entry guidelines are dependent on each consumer system and what it accepts in this field • Validation for sex from any consumer system to the IHI Index via an API must have a value of ‘M’, ‘F’ or ‘U’ to match successfully • Note: The defined values currently in ISO 5218:2022 for biological sex are: 0 = Not known 1 = Male 2 = Female 9 = Not applicable will not currently match in the IHI Index
Acceptable Example	<ul style="list-style-type: none"> ✓ M ✓F ✓ U ✓ Male ✓ Female ✓ Unknown
Not acceptable Example or to add any notes or free text	<ul style="list-style-type: none"> × 1 × 2 × 0 × 9 × Prefer not to say* × Other* <p>* Any free text will mismatch to IHI. This field is 1 of 4 mandatory core IHI fields</p>

Reference Source

Health Identifiers Act 2014 ¹ Central Statistics Office ³			
Display Name	Data Entry Guidelines	Data Type Format	Priority
SEX	Sex must have a value of ‘M’, ‘F’ or ‘U’ post system integration	Character	Essential

TABLE 5: PPS NUMBER

DISPLAY	PPS Number
Data Field Description	<ul style="list-style-type: none"> • PPS Number of the patient • If patient has more than one PPS Number, only enter one PPS Number the one they use for other validation • A PPS Number is always 7 numbers followed by either 1 or 2 letters
Data Field Synonyms	<ul style="list-style-type: none"> • Patient's unique Personal Public Services Number • PPS Number • PPSN
Data Field Mismatch	<ul style="list-style-type: none"> • Not PPS Number of spouse or parent or other • PPS Number should have no spaces. Do not use spaces, hyphens or special characters
Acceptable Example	<ul style="list-style-type: none"> ✓ 5457788M ✓ 5457788MW
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × 545 7788M × 545-7788M × 5457788M (mothers)

Reference Source			
Department of Social Protection. Personal Public Service (PPS) Number ⁴			
Display Name	Data Entry Guidelines	Data Type Format	Priority
PPS Number	A PPS Number is always 7 numbers followed by either one or two letters.	Alphanumeric	Essential

TABLE 6: ADDRESS LINE 1

DISPLAY	ADDRESS LINE 1
Data Field Description	<ul style="list-style-type: none"> • First line of patient’s home address • Only the first line of the patient’s address to be recorded in a single data field • Valid values: Flat, Avenue, Ave, Road, Rd, Street, St, Apartment, Apt
Data Field Synonyms	<ul style="list-style-type: none"> • Address • Home Address line 1 • Contact Information
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • Do not use punctuation . , ; : “ , () etc. • Do not use special characters * & + € %, etc. • Only include address information in the address field, no directions or descriptions e.g. last bungalow on the lane • Do not use notes to be recorded here
Acceptable Example	<ul style="list-style-type: none"> ✓ 1 High Street ✓ 1 High St ✓ 1 Low Avenue ✓ 1 Low Ave
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × 1 High Street, Drogheda × 1 High St.

Reference Source

An Post⁵

Display Name	Data Entry Guidelines	Data Type Format	Priority
ADDRESS LINE 1	Address line 1 should only be populated with the patient’s first line of address. When the full address is populated to address line 1 it results in zero score being attained for this data item, so its inclusion is of no benefit.	Alphanumeric	Essential

TABLE 7: EIRCODE

DISPLAY	EIRCODE
Data Field Description	<ul style="list-style-type: none"> • Patient’s Eircode should correspond to the address provided • 7-character code consisting of letters and numbers • Digits 0 & 1 to be used and not replaced with letters O & I • Letters O & I to be used and not replaced with digits 0 & 1 • Eircode should be entered in this format XXX XXXX
Data Field Synonyms	<ul style="list-style-type: none"> • Post Code
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • The following letters will never be included in an Eircode: B, G, I, J, L, M, O, Q, S, U or Z • Eircode should never be entered in Address fields and should only be in Eircode field • Standardising of the Eircode field is completed if a space is not used
Acceptable Example	<ul style="list-style-type: none"> ✓ A92 YK7W ✓ A92YK7W
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × BII K7WL × A92 YK7W (office)

Reference Source			
An Post ⁵			
Display Name	Data Entry Guidelines	Data Type Format	Priority
EIRCODE	Eircode must be a correctly formed Eircode as per current Eircode validation rules.	Alphanumeric	Essential

TABLE 8: MOBILE

DISPLAY	MOBILE
Data Field Description	<ul style="list-style-type: none"> • Patient's mobile phone number • Valid format: 08xxxxxxxx, +3538xxxxxxxx 87xxxxxxxx • 08x only numbers recorded in the mobile field, not in the home or landline field • Spaces are accepted 087 xxxxxxx
Data Field Synonyms	<ul style="list-style-type: none"> • Phone number • Contact information
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • Do not put in text descriptive like home/landline field • Do not use hyphens, etc. • Do not include text e.g. Mother, c after 6pm, etc. • Digits 0 & 1 to be used correctly and not replaced with letters O & I
Acceptable Example	<ul style="list-style-type: none"> ✓ 0851118963 ✓ +353851118963 ✓ +353 87 1118963
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × Home 041 111 5544 × 0851118963 (call after 6pm)

Reference Source			
ComReg.com ⁶			
Display Name	Data Entry Guidelines	Data Type Format	Priority
MOBILE	Mobile is recommended to be provided in the format of +353861234567 however it can take most of the common formats. All numbers other than Irish mobile numbers populated to this field are ignored. Only a single mobile number can be sent	Numeric	Essential

TABLE 9: MOTHER’S BIRTH FAMILY NAME

DISPLAY	MOTHERS BIRTH FAMILY NAME
Data Field Description	<ul style="list-style-type: none"> • Mother’s Surname at her birth. In other words, your mother’s maiden name which will be the patients grandfather’s surname • IHI can accept name accents – á, é, í, ó, ú also, any accented vowel â, ç or the irish síneadh fada if used
Data Field Synonyms	<ul style="list-style-type: none"> • Patient’s mother’s surname at birth • Patient’s mother’s maiden name at her birth • Mother’s Maiden Name • Mother’s Original Surname • Mother’s Family Name at Birth • Maternal Birth Surname • Mother’s Pre-Marriage Surname
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • No other detail such as notes about mother or married name should be entered in this field
Acceptable Example	<ul style="list-style-type: none"> ✓ Lawler ✓ O’Reilly
Not acceptable Example or to add any notes or titles	<ul style="list-style-type: none"> × Lawler (married name) × Mr Lawler, Ms Lawler, Lawler Mrs

Reference Source			
HSE Services Births deaths and marriages ⁷			
Display Name	Data Entry Guidelines	Data Type Format	Priority
MOTHERS BIRTH FAMILY NAME	Mother birth Family Name (MBFN) must be greater than 1 character and not contain a full stop	Character	Essential

2.6. Future IHI Matching Data Standards patient fields for development

Future sequential search steps for patient identity matching will be developed under the lawful basis of the Health Identifiers Act 2014, beyond the core nine currently used for IHI matching.

TABLE 10: EMAIL

DISPLAY	EMAIL
Data Field Description	<ul style="list-style-type: none"> • A valid email address consists of an email prefix and an email domain, both in acceptable formats. • The prefix appears to the left of the @ symbol. • The domain appears to the right of the @ symbol.
Data Field Synonyms	<ul style="list-style-type: none"> • Electronic mail
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • Do not use for postal address or Eircode • Currently not in use in the IHI matching algorithm
Acceptable Example	✓ Katherine@gmail.com
Not acceptable Example or to add any notes or titles	<ul style="list-style-type: none"> × Katherine@gmail.com (work email) × Katherine@gmail.com (Dr)

Reference Source

<https://www.oxfordreference.com/display/10.1093/oi/authority.20110803095748991>

- Oxford reference of email

Display Name	Data Entry Guidelines	Data Type Format	Priority
EMAIL	A valid email address consists of an email prefix and an email domain, both in standard formats.	Alphanumeric	Development

TABLE 11: MIDDLE NAME

DISPLAY	MIDDLE NAME
Data Field Description	<ul style="list-style-type: none"> • Patient Middle only – if they do not have middle name leave blank it is not a mandatory field • Registered Middle Name i.e. name on official documents • Multiple middle names need to be separated by a space
Data Field Synonyms	<ul style="list-style-type: none"> • Middle name(s)
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • Do not use nicknames or aliases • Do not add honorifics into this field i.e. Mr, Mrs, Fr, and Dr Etc. please use a title field or do not include if there is none • Do not use Junior, Jnr, Senior, Snr • Do not use punctuation .,: “, - () etc. • Do not use special characters * & + € %, etc. • Currently not in use in the IHI matching algorithm
Acceptable Example	<ul style="list-style-type: none"> ✓ Katherine ✓ Katherine Mary
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × Katherine (and Mary) × Katherine-Mary × Known as Katherine-Mary

Reference Source			
https://www.irishstatutebook.ie/eli/2014/act/15/ISO			
<ul style="list-style-type: none"> • Health Identifiers Act 2014: Middle Name 			
Display Name	Data Entry Guidelines	Data Type Format	Priority
MIDDLE NAME	Middle Name must be legal middle name only greater than 1 character and not contain a full stop	Character	Development

TABLE 12: PLACE OF BIRTH

DISPLAY	PLACE OF BIRTH
Data Field Description	<ul style="list-style-type: none"> Irish Patients - use Irish birth County name Non-Irish Patients - use birth Country name
Data Field Synonyms	<ul style="list-style-type: none"> Birth Country Country of Birth
Data Field Validation to IHI Index	<ul style="list-style-type: none"> Do not use patients home address Currently not in use in the IHI matching algorithm
Acceptable Example	<ul style="list-style-type: none"> ✓ Ireland ✓ Louth
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × Rotunda Hospital × England (Irish citizen)

Reference Source			
https://www.gov.ie/en/			
<ul style="list-style-type: none"> General Register Office (GRO) 			
Display Name	Data Entry Guidelines	Data Type Format	Priority
PLACE OF BIRTH	County for Irish citizens and Country for International must be correct spelling	Character	Optional

TABLE 13: NATIONALITY

DISPLAY	NATIONALITY
Data Field Description	<ul style="list-style-type: none"> Patients Nationality Country
Data Field Synonyms	<ul style="list-style-type: none"> Nationality Country Citizenship
Data Field Validation to IHI Index	<ul style="list-style-type: none"> Home Address Currently not in use in the IHI matching algorithm
Acceptable Example	<ul style="list-style-type: none"> ✓ Spain ✓ Spanish
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × Spain and Ireland

Reference Source

• **ISO 3166-1 standard**

The International Organization for Standardization (ISO) maintains the ISO 3166-1 standard, which defines codes for the names of countries, dependent territories, and special areas of geographical interest. This standard includes three sets of country codes

Display Name	Data Entry Guidelines	Data Type Format	Priority
NATIONALITY	Nationality should be recorded using the ISO 3166-1 standard to ensure consistency, accuracy, and interoperability across systems.	Character	Optional

TABLE 14: DATE OF DEATH

DISPLAY	DATE OF DEATH
Data Field Description	<ul style="list-style-type: none"> • Patient's Date of Death • Data entry guidelines are dependent on each consumer system and what it accepts. • Validation for dates from any system to the IHI Index via an API must be in Date format. • Use 0 before single digit numbers
Data Field Synonyms	<ul style="list-style-type: none"> • Deathdate
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • DateTime Format YYYY-MM-DD
Acceptable Example	✓ 1980-11-04
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × 14041980 × 14/04/1980 × 04/14/1980 × 14/04/1980 In Hospital

Reference Source			
https://www.irishstatutebook.ie/eli/2014/act/15/ISO <ul style="list-style-type: none"> • Health Identifiers Act 2014: Date of Death 			
Display Name	Data Entry Guidelines	Data Type Format	Priority
DATE OF DEATH	Date of Death must be a valid date and not greater than today	Character	Development

TABLE 15: UNIQUE SYSTEM IDENTIFIER

DISPLAY	UNIQUE SYSTEM IDENTIFIER
Data Field Description	<ul style="list-style-type: none"> • Unique system identifier(s) held by health service providers • This field must never change for the record
Data Field Synonyms	<ul style="list-style-type: none"> • Medical Record Number
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • Currently not in use in the IHI matching algorithm • This <u>field must never change for the record</u> to return a successful IHI
Acceptable Example	<ul style="list-style-type: none"> ✓ MRN123 ✓ Covax – Salesforce ID ✓ Covid Repo – Covid ID ✓ NIO Schools – unique patient identifier
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × 5451774B (PPSN)

Reference Source			
https://www.irishstatutebook.ie/eli/2022/si/155			
<ul style="list-style-type: none"> • S.I. No. 155/2022 - Health Identifiers Act 2014 (Other Identifying Particulars) Regulations 2022 			
Display Name	Data Entry Guidelines	Data Type Format	Priority
MRN	The Medical Record Number (MRN) is the unique patient medical records in unique consumer systems.	Alphanumeric	Development

TABLE 16: MEDICAL CARD NUMBERS & OTHER HEALTH SCHEMES

DISPLAY	HEALTH SCHEME CARD NUMBER
Data Field Description	<ul style="list-style-type: none"> Medical card number(s) and other health scheme card number(s) held by health service providers One alpha character in position one, followed by six numeric characters, e.g. A000009
Data Field Synonyms	<ul style="list-style-type: none"> Primary Care Reimbursement Service Primary Care Scheme
Data Field Validation to IHI Index	<ul style="list-style-type: none"> Currently not in use in the IHI matching algorithm
Acceptable Example	<ul style="list-style-type: none"> ✓ For Medical Card/GP Visit Cards: please enter the 8 characters on the card (GMS no.). The card characters may contain both letters & numbers and will always end in a letter. Example 1234567A, 1A23456A or A1B23456C ✓ For Drugs Payment Scheme (DPS) please enter your DPS card details. The card characters, followed by a letter. Example 1234567BA ✓ For Long Term Illness (LTI) please enter your 7 digit card details. The card characters contains 6 numbers and ends in a letter. Example 123456A ✓ For Health Amendment Act (HHA) please enter your 7 digit card number. The card characters begins and ends with a letter, for example A12345A
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × Laya Health number × VHI Health number

Reference Source			
https://www.mymedicalcard.ie/ <ul style="list-style-type: none"> Primary Care Schemes 			
Display Name	Data Entry Guidelines	Data Type Format	Priority
PCRS	Medical card number(s) and other health scheme card number(s) held by health service providers. One alpha character in position one, followed by six numeric characters	Alphanumeric	Development

TABLE 17: IHI INDIVIDUAL HEALTH IDENTIFIER

DISPLAY	INDIVIDUAL HEALTH IDENTIFIER
Data Field Description	<ul style="list-style-type: none"> Field to store the IHI when received from IHI Index Un-editable field
Data Field Synonyms	<ul style="list-style-type: none"> IHI Number Health Identifier Country ID: Country ID, unique to the patient in that country. Example: ID for Portuguese patient * <p>*Description per EU eHealth Network 2011/24/EU</p>
Data Field Validation to IHI Index	<ul style="list-style-type: none"> As Data entry field only do not enter data into this field
Acceptable Example	<ul style="list-style-type: none"> ✓ 123456789123456789 ✓ 1234567891
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × 1234

Reference Source			
https://www.gs1ie.org/standards/identification/relationship-identifiers/ GS1 Ireland			
Display Name	Data Entry Guidelines	Data Type Format	Priority
IHI	The GS1 Global Service Relation Number (GSRN), is the Individual Health Identifier (IHI) is an 18-digit numeric string. The “Human Friendly” IHI is 10 digits long.	Numeric	Essential

2.7. Value add IHI Matching Data Standards patient fields

While the following Patient Identity Data Field standards are not mandatory, they add significant value when included in patient administration systems and training. Incorporating these fields enhances data quality, supports accurate patient identification, and facilitates interoperability across healthcare systems. Where resources permit, their adoption is encouraged to strengthen patient safety and streamline healthcare delivery. However, they are not essential, and organisations may prioritise implementation based on feasibility and operational needs.

TABLE 18: PATIENT TITLES OR HONORIFICS

DISPLAY	PATIENT TITLE
Data Field Description	<ul style="list-style-type: none"> • Separate Data Field to record a patients title • While this is not mandatory including a patients title or honorific in the forename field is highly likely to cause an IHI mismatch
Data Field Synonyms	<ul style="list-style-type: none"> • Title • Honorific
Data Field Validation to IHI Index	<ul style="list-style-type: none"> • Currently not in use in the IHI matching algorithm • Do not use for any names • Do not use title and forename • Do not use instead of the forename
Acceptable Example	<ul style="list-style-type: none"> ✓ Mr ✓ Dr ✓ Fr
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × Mr John × Mr in forename field instead of John

Reference Source

https://en.wikipedia.org/wiki/English_honorifics

- Wikipedia

Display Name	Data Entry Guidelines	Data Type Format	Priority
TITLE	Titles must be greater than 1 character and not contain a full stop	Character	Optional

TABLE 19: PATIENT ALIAS

DISPLAY	PATIENT ALIAS
Data Field Description	<ul style="list-style-type: none"> Legal definition: a name used other than the given name of a person or reference to that other name, which may not be an attempt to hide his/her identity (such as Harry for Harold, initials or Jnr)
Data Field Synonyms	<ul style="list-style-type: none"> None
Data Field Validation to IHI Index	<ul style="list-style-type: none"> Use forename field to record Alias as these will not match on the IHI which is the legal name of the patient Currently not in use in the IHI matching algorithm
Acceptable Example	<ul style="list-style-type: none"> ✓ Paddy ✓ Pat
Not acceptable Example or to add any notes	<ul style="list-style-type: none"> × Paddy (Patrick) in forename

Reference Source			
None			
Display Name	Data Entry Guidelines	Data Type Format	Priority
PATIENT ALIAS	Free format	Character	Optional

2.8. Characters Key Requirements Mandatory Obligations under the Official Languages Act 2023

The Official Languages Act 2003 and 2021 (OLA) ensures that the Irish language is given visibility and equal status alongside English in public service communications. It is essential to incorporate OLA requirements into all relevant processes and systems including Patient Administration Systems and Electronic Health Records for patient Identity.

Online Interactive Services: All online systems **must** accept diacritics – á, é, í, ó, ú. Also, referred to as an accented vowel or the síneadh fada.

This guide provides clear, step-by-step instructions and resources to help you fulfil these obligations efficiently.

ORGANISATION OF THIS POLICY

3.0 Initiation of the Policy

3.1. Purpose of this HSE National Policy

The purpose of the HSE National Policy for Individual Health Identifier (IHI) Data Standards is to establish mandatory standards for capturing, recording, and displaying patient identity data to ensure accurate matching of individuals to their Individual Health Identifier (IHI) across all healthcare settings.

The key objectives of these standards are to:

- Ensure compliance with the Health Identifiers Act 2014 and Statutory Instrument SI 155/2022, aligning with national and international healthcare data standards.
- Provide clear best-practice guidelines for patient-facing staff, improving the accuracy, completeness, and consistency of patient registration.
- Ensure consistency and accuracy in patient identity data by defining required data fields, formats, and display guidelines.
- Improve interoperability and data integrity across HSE systems and healthcare providers by standardising identity information.
- Enhance patient safety by minimising identity errors and ensuring correct patient-to-record matching.
- Embed data field requirements in procurement tenders and system design specifications to drive compliance in all new healthcare system procurements.
- Support education and training through a national HSE Land training programme, equipping staff with the knowledge to apply best practices in patient identity management.

By implementing these standards, the HSE Health Identifiers Service aims to create a robust, standardised foundation for patient identity management, enabling secure, efficient, and accurate digital healthcare delivery across Ireland.

3.2. Scope

The scope of this policy is for the entire HSE estate, this includes Section 38/39, HSE funded and Community Healthcare Organisations. The policy scope is to be applied in the following target population:

- **Training and Education:** Assist with a National Training and Education Programme for consumers of the importance of high quality and quantity of patient identity data fields for the matching of the IHI number to the right person.
- **System Procurement:** Of new systems where, patient identity is a requirement

for better interoperability using a standards-based approach on a scoring scale.

- **Data Dictionary:** Align the variety of labels and data entry interpretation across our patient systems and digital services.
- **Digital Health Roadmap Implementation:** Make it easier for the healthcare providers, patients and staff to access our digital health services. The over purpose of this policy is focused on patient identity for the broader roll-out of digital health solutions, such as the Shared Care Record (SCR), the Health App and Electronic Health Records (EHRs).

3.2.1. Target users

- **Training and Education:** patient facing employees in HSE 6 REOs including section 38/39 to promote and advocate for HSE LanD and Internal Communications
- **Procurement Evaluation Groups:** Transformation and Technology team and PEG groups to share with future vendors
- **Data Dictionary:** DSMP and Clinical Terminology Project Managers and Architecture
- **Digital Health Roadmap Implementation:** Transformation and Technology and Change and Implementation aware the policy supports future projects

3.3. Key Objective(s)

Standardising Individual Patient Identity fields will ensure:

- **Ensure Consistency:** Establish uniform data fields across all healthcare systems to maintain consistency in patient identity management.
- **Enhance Data Accuracy:** Improve the accuracy of patient identity data to reduce errors and enhance patient safety.
- **Facilitate Interoperability:** Enable seamless data exchange between different healthcare providers and systems.
- **Protect Patient Privacy:** Safeguard patient information by implementing robust data protection measures.
- **Support Regulatory Compliance:** Ensure adherence to national and international regulations and standards for patient data management.
- **Improve Healthcare Delivery:** Enhance the efficiency and effectiveness of healthcare delivery through standardized data management practices.

- **Promote Data Integrity:** Maintain the integrity of patient identity data to support reliable and trustworthy healthcare records

3.4. Outcome(s)

The desired outcome of this policy is to promote awareness, adoption and compliance with uniform high quality data standards to ensure safe and accurate patient identification. This will establish a consistent, accurate, and standardised approach to patient identity management across the HSE and broader Irish healthcare system, enhancing data integrity, interoperability, and patient safety.

The key desired outcomes include:

1. Define and standardise metadata for referencing patient identity data fields to be published and authored on the HSE Data Dictionary.
2. Ensure consistency in patient interactions through a nationwide training and education programme, utilising HSE LanD to monitor completion rate among frontline healthcare providers to build a more integrated and patient-centred healthcare system.
3. Establish a unified approach to patient identity data standards to enhance seamless data exchange and reduce identification errors across both new and legacy systems:
 - Require new systems to meet these standards as a baseline for implementation through the tender process
 - Incorporate these standards as naming conventions for future updates of existing systems, such as iPMS and MN-CMS, Epic among others.

4.0 Methodology

This policy was developed by the HIDs Business Team, who are recognised specialists in the required standards for the Individual Health Identifier (IHI) index and collaborating closely with the DSMP (Dataset Specification Management Process). Their in-depth knowledge and expertise were instrumental in providing detailed insights and ensuring that the response aligns with established national standards and best practices. This approach ensured accuracy, thoroughness, and relevance in addressing the requirements of this policy.

4.1. Description and documented evidence research

Data bases	Date/Version	Limits Applied
International Patient Summary (ISP) refset in SNOMED	IG © 2020+ HL7 International / Patient Care. Package hl7.fhir.uv.ips#2.0.0 based on FHIR 4.0.1. Generated 2025-01-15	An International Patient Summary (IPS) document is an electronic health record extract containing essential healthcare information about a subject of care. As specified in ISO 27269, it is designed for supporting the use case scenario for 'unplanned, cross border care', but it is not limited to it.
GS1 Ireland	Jan 2025 https://www.gs1ie.org	The GS1 Global Service Relation Number (GSRN), i.e. the Individual Health Identifier (IHI) is an 18-digit numeric string. The “Human Friendly” IHI is 10 digits long.
GS1	Jan 2025 GS1 International Best Practice	Aligned to the UK’s NHS model (DCB1077), in the context of encoding Patient Demographics using GS1 Standards in the barcode on the patient wristband and wider GS1 Standards in Healthcare”
OIPS	05/04/2022	Appendix 1: SI155/2022. Other identifying particulars (OIPS)
NHS Patient Demographic Service (part of SPINE)	Last edited: 28 November 2024 3:09 pm	The Personal Demographics Service (PDS) is the national master database of all NHS patients in England, Wales and the Isle of Man.
FHIR (Fast Healthcare Interoperability Resources) API	©© HL7.org 2011+. FHIR Release 4 (Technical Correction #1) (v4.0.1) generated on Fri, Nov 1, 2019	Human Name Administrative Gender Resource Patient Content

4.2. Method of screening and evidence appraisal

The evidence screening process began by mapping ratified sources of truth into a comprehensive matrix of existing naming conventions for patient identity. This included legal frameworks such as the Health Identifier Act 2014, the Irish Statute Book, and EU Data Space regulations, alongside standards and guidelines from HSE departments, HIQA, and multiple reference systems, including SNOMED and GS1 live systems. The analysis revealed inconsistencies and a lack of standardisation of demographic labels across these sources, highlighting the risk of varied interpretation.

Diagram 1: Individual Health Identity Data Standard Matrix (contact IHI@HSE.IE) for the full document)

Data Compliance Directives		Statutory Instrument to HDS Act Appendix 1 This list sets out the specific data fields (DFs) that HDS are permitted to receive / transfer in line with the HDS Act 2014.		Information to be contained in Digital Health Records 11. (1) The following information in relation to a patient shall, where available, be contained in a Digital Health Record: As a patient summary contribution—	National Standard on Information requirements for a national electronic patient summary referencing 2016	Guideline on the electronic exchange of health data under Cross-Border Directive 2011/24/EU
Patient Data field	HDS Act 2014	Other Identifying Particulars SI155/2022	Health Information Bill 2024	HIQA 2018 +2016	EU eHealth Network	
National Healthcare Patient ID	IHI Number	IHI Number	Individual health identifier	Health Identifier	Country ID, unique to the patient in that country. Example: ID for Portuguese patient	
1 Forename	Forename	Forename	Forename	Forename*	Given name	
2 Surname	Surname	Surname	Surname and any former names	Surname*	Family name/surname	
3 Sex	Sex	Sex	Sex	Sex*	Gender	
4 Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth	
5 Mothers Birth Surname	Mothers Surname	Mothers Birth Surname	All former surnames of his or her mother	Mothers Birth Family Name*	None	
6 Address Line 1	Address	Home Address Line 1	Contact Information	Address	Contact Information	
7 Eircode	None	Eircode	Contact Information	Postcode*	Post Code	
8 Mobile	None	Mobile Phone	Contact Information	Communication	Telephone number	
9 PPSN	None	PPSN	PPSN	PPSN*	None	

The Individual Health Identity Data Standard Matrix was utilised to communicate the problem statement addressed by this policy to both internal and external stakeholders. Through this process, multiple stakeholders from diverse disciplines participated in a cross-functional development review, providing valuable feedback to inform the policy's development.

1. Technical
2. Clinical
3. Legal/Regulatory/Policy
4. Irish Govt Department of Health and EU Data Space
5. Training and Communication
6. HSE Procurement
7. HSE Data Standards – A2i and SNOMED Data Dictionary as well as DSMP

4.3. Any copyright or permissions sought

No copyright or permissions are required in relation to this document

5.0 Consultation

5.1. Stakeholder Involvement

The stakeholder consultation process was inclusive and comprehensive, engaging healthcare providers, regulatory bodies, project managers, and IT professionals through presentations, workshops, and meetings. Stakeholders provided feedback that shaped the policy draft, resulting in multiple revisions to reflect diverse perspectives.

A key challenge was aligning human-readable data standards with technical interoperability requirements in a single document, necessitating extensive dialogue including the views of the HIDS Steering Committee it was decided to publish the policy focused on IHI Matching Data Field Standards with reference to Data Set Specifications in a complimentary policy or the Data Dictionary Toolkit.

5.2. External review

The external review included appropriate experts chosen based on their knowledge and experience in the field of data standardisation, and their contributions were included in shaping the final content.

5.2.1. Engagement with DSMP Data Standard Management Process

In January 2025 the IHI project lead attended the Data Specification Management Process, in order to discuss with Subject Matter Experts from the HSE, including, The National Release Centre (NRC) for SNOMED, the HSE Data Dictionary, HIPE, HPO, MyHealth@EU, Technology and Transformation and external partners such as HIQA and Dept of Health. During this process the IHI Project manager had the opportunity to discuss and take relevant feedback for the development of this document. The NRC provided the relevant SNOMED values for each of the data elements, in order to align with International standards.

5.2.2. HIQA Standard Guideline 3.1⁷

A key objective of this policy is to meet HIQA National Standards for Information Management in Health and Social care under principle 3.1 Responsiveness the potential positive impact on society and populations of staff, patients and service users will be met:

- **What a person should expect:**

I am confident that my information is collected and managed so it can be shared

⁷ <https://www.hiqa.ie/reports-and-publications/standard/national-standards-information-management-health-and-social-care>

across organisations to ensure it is meaningful, accurate and available when needed to inform good decision-making.

- **What an organisation should do to achieve this:**

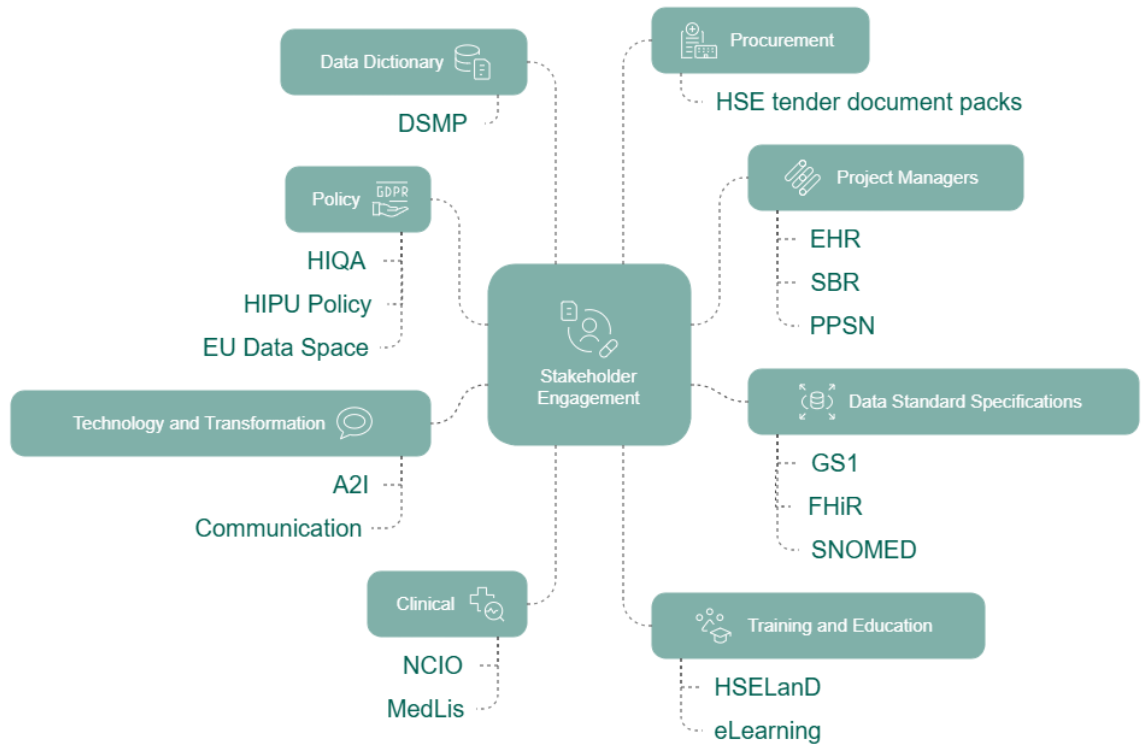
The organisation has effective arrangements in place to align with the latest national and international standards, policies, guidance and recommendations for safe and effective collection, use, and sharing of information, and it strives to drive innovation in its information management practices to ensure good quality data is available when and where it is needed.

5.3. Specific roles and responsibilities

Appendix 1 and 2 is a list of all the participants of the Policy Consultation group and HIDS Steering Committee.

Input was gathered from internal and external stakeholders with diverse interests. This pragmatic approach was to support a consistent and standardised understanding of what IHI matching delivers. Following this consultation - two working groups were formed: a discipline-specific **Policy Consultation Group** and an approval of the **Policy Governance group** (see Appendices 1 and 2 for membership).

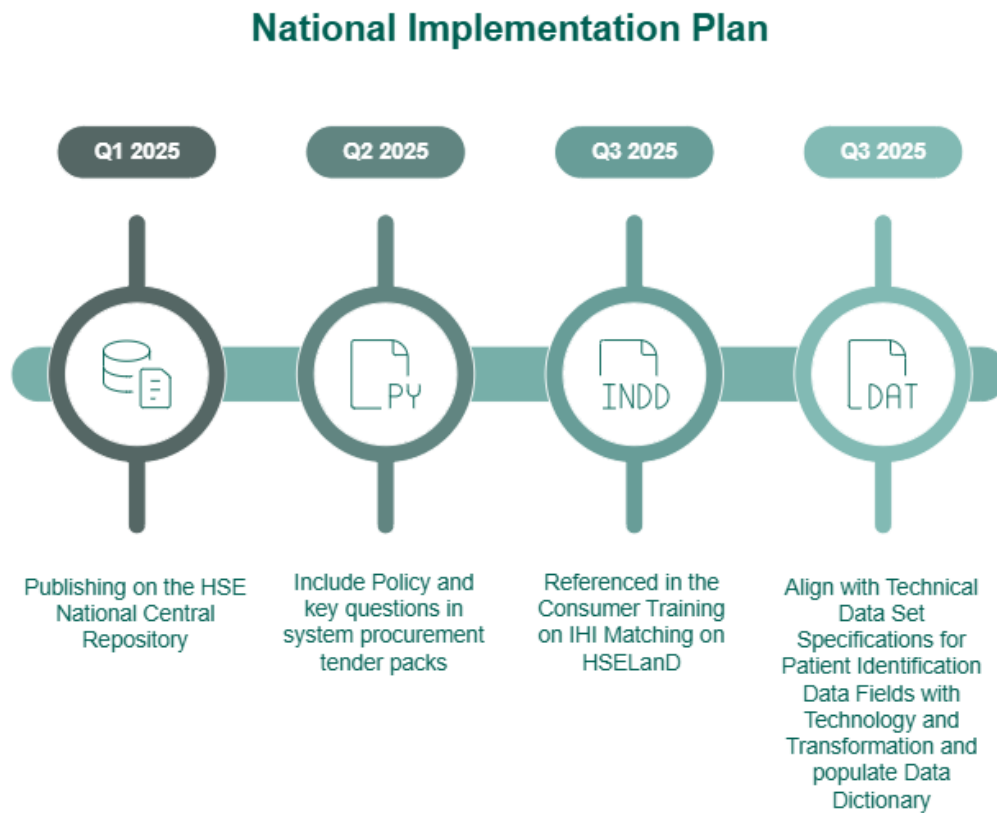
Internal stakeholders included clinical services, technology and transformation teams, project leads, and data management specialists. External stakeholders comprised regulatory bodies, educational platforms, and standard-setting organisations such as HIQA, the Department of Health, and GS1. This collaborative approach ensured a comprehensive and cohesive framework for effective patient identity management in healthcare.



6.0 National implementation plan

Technology and Transformation projects that the policy will be aligned to

1. Q1 2025 Publishing on the HSE National Central Repository
2. Q2 2025 Include Policy and key questions in system procurement tender packs
3. Q3 2025 Referenced in the Consumer Training on IHI Matching on HSELand
4. Q3 2025 Align with Technical Data Set Specifications for Patient Identification Data Fields with Technology and Transformation and populate Data Dictionary



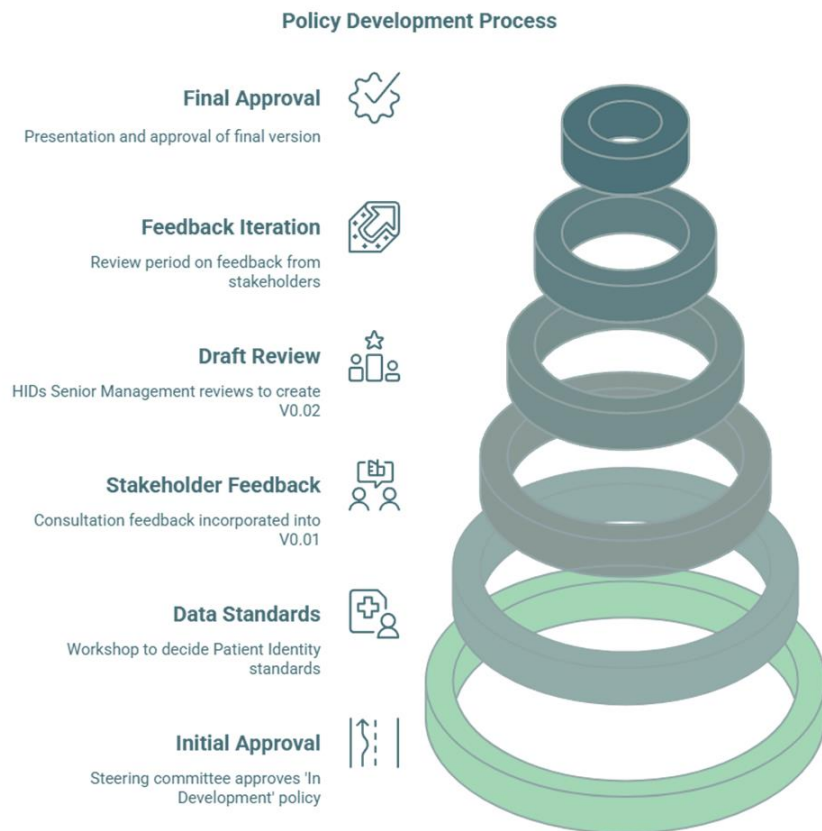
Critical to the implementation of the policy will be the engagement of the 6REO's to embed the objectives of the policy.

6.1. Guidance and recommendations for the national policy

The recommendation for this policy is that it will be version controlled and aligned with any roll out of Technology and Transformation projects that involve Patient Identity Data Sets and any training and future procurement to ensure it is used operationally.

6.2. Process flow for approval of the Policy

The policy development process began with a comprehensive review of existing patient identity data management practices. This was followed by stakeholder consultations to gather input from healthcare providers, regulatory bodies, and patient advocacy groups. Based on the feedback, a draft policy was created and subjected to multiple rounds of revisions and public consultations. The final policy was then approved by the HIDs Steering Committee and published on the NCR (National Central Repository) to prevent duplication and ensure a documented standardised patient identity data management paper.



1. Steering committee approval to proceed with publishing 'In Development' policy on the National Central Repository
2. Workshop to decide on the favoured Patient Identity data standards by HIDs Senior Management Business team
3. Stakeholder Consultation (see 4. Consultation) and feedback received and put into V0.01
4. Draft policy review by HIDs Senior Management Business team to create V0.02

5. Period of review on feedback from both HIDS SMT & Stakeholders
6. Feedback and reversion of v0.03
7. Presentation of v0.03 to Steering committee
8. Feedback and reversion to V0.0
9. Approval by Co-Chairs and publication of the national central repository

7.0 Governance and approval

The governance and approval arrangements of this policy rests with the HIDS Steering Committee. The **HSE National Policy for Individual Health Identifier (IHI) Data Standards** was commissioned by Lisa Farrelly (LisaM.Farrelly@HSE.ie) Business Manager Health Identity Management Services, Technology and Transformation. Following development of the National Policy a checklist was used in assessing that the National Policy the standards outlined in the Practical Guide and signed and dated by the Chairpersons of the HIDS Steering Committee. The Data Field Standards for Patient Identity consultation group recommended the National policy to the HIDS Steering Committee with a signed and data copy of the checklist. This HIDS Steering Committee submitted the final document and checklist to Joe Ryan, National Director, Public Involvement, Culture and Risk Management and Fran Thompson Chief Information Officer for sign off.

Once approved, the final version was converted to a PDF document to ensure the integrity of the National policy and uploaded to the HSE National Central Repository. A signed and dated copy of the Checklist was attached to the master copy, which is retained with Lisa Farrelly General Manager HIDS Business Team.

8.0 Communication and dissemination plan

The plan for communicating, sharing and promoting the new or updated National policy and its' key guidance and recommendations will be done via HSE Internal Communications and a training module on HSELand. Other various promotions will also be deployed as the policy was created by HIDS Business Team under Technology and Transformation using their Newsletter and SharePoint site to communicate and promote the policy. HSE Procurement will also include the policy in future tender document packs for new system minimum criteria.

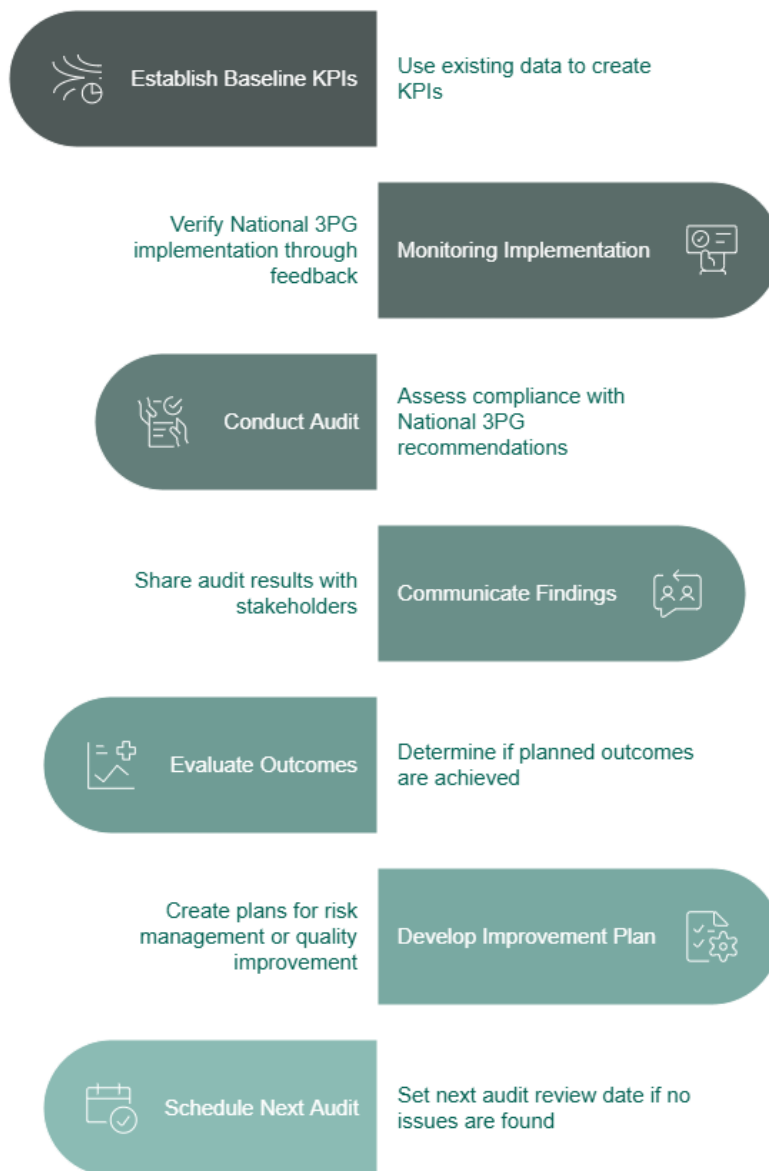
The most current version of the policy can be accessed only on the [HSE National Central Repository](#) which is the single trusted source for accessing, storage and document control for National policy. No duplicate copies of the National policy should be accessible in any secondary electronic locations, only the link to the document on the Repository should be used on other locations. This link will automatically update in all locations if changed on the Repository.

The IHI lead is a Subject matter expert on the DSMP and will continue to co-ordinate with other data set owners as they develop their datasets in preparation for standardisation to ensure that the relevant information for IHI matching is included.

9.0 Sustainability

9.1. Describe the plan for national monitoring and audit

Sustainability Process for KPI Management



1. Baseline KPIs

- Use existing data sources to create a set of KPI –
 - IHI match rate on the data standards both qualitative and quantitative per location pre policy
 - HSE LanD completion rate dashboard
 - Track all procurement tender packs for new systems include the policy

2. Monitoring

- Verify if the National policy is being implemented through feedback from stakeholders and awareness of the policy with consumers, learning and development teams, as well as procurement is it producing desired outcome
- Agree on audit frequency.

3. Audit

- Complete audit for assessment to ensure compliance with National policy recommendations is showing results like higher IHI match rates
- Write and communicate audit findings to stakeholders.

4. Evaluation

- Determine if planned outcomes are achieved.
- If audit findings indicate a need for risk management or quality improvement on Patient Identity data fields being received into the IHI index
 - Develop and monitor a quality improvement plan with clear ownership and accountability.
- If no issues are found, set the next audit review date as per the agreed frequency.

9.1. National audit tool

The National Audit Tool for the policy through 3 key systems for assessing compliance with the recommendations outlined in the policy. Local Consumer sites are not required to develop separate audit tools, as existing national tools effectively capture the necessary data for monitoring key performance indicators (KPIs). These include

1. QlikView for data insights on IHI match rates
2. IHI Index for performance measurement on quality as well as quantity of data
3. HSELand Completion Dashboard for tracking training progress.

The 6REOs will be encouraged to leverage these tools and HIDS Business team will also provide feedback to support continuous improvement and alignment with national standards.

10.0 Review / update

Formal review of the policy will be triggered by one or all of the following events that may change the supporting evidence or a product launch of technology. Although there are 6 likely reviews to be completed not all of them will initiate a new version.

1. **Regulation:** Health Information Bill 2024 is enacted through government
2. **Technology:** Health App is launched nationwide and information about IHI increases
3. **Technology:** IHI matching algorithm increases from 9 Patient Identity fields to more
4. **Technology:** HSE Data Dictionary is implemented
5. **KPI Audit:** Consumer Training is not delivering the KPI in the audit and needs to be extended
6. **Policy and Guidelines:** External partners publish a HSE National Policy for Individual Health Identifier (IHI) Data Standards that is not congruent with this HSE National policy such as HIQA or Department of Health.

Otherwise, the planned formal review will be Q1 2026 – 1 year from publication.

11.0 Glossary of terms

API	Application Programming Interface
CDAO	Chief Data & Analytics Officer
CHI	Children's Health Ireland
DoH	Department of Health
DPS	Drugs Payment Scheme
DSP	Department Social Protection
DSMP	Dataset Specification Management Process
EHDS	European Health Dataspace
EHR	Electronic Health Record
GMS	General Medical Services
GS1	Global Standards 1
HHA	Health Amendment Act
HIQA	Health Information and Quality Authority
HIDS	Health Identifiers Service
HIDU	Health Information Policy Unit
HSE	Health Service Executive
IHI	Individual Health Identifier
IPS	International Patient Summary
KPI	Key Performance Indicator
LTI	Long-Term Illness
MBFN	Mother's Birth Family Name
MN-CMS	Maternal & Newborn Clinical Management System
MRN	Medical Record Number
OLA	Official Languages Act
PAS	Patient Administration Systems
PCRS	Primary Care Reimbursement Service
PDS	Personal Demographics Service
PEG	Procurement Evaluation Group
PPPG	Policies, Procedures, Protocols, and Guidelines
PPSN	Personal Public Service Number
REO	Regional Executive Office
SCR	Shared Care Record
SBR	Single Best Record
SI	Statutory Instrument
SNOMED CT	Systematized Nomenclature of Medicine – Clinical Terms

APPENDICES

1. Appendix: Membership of Policy Consultation Group

Membership of Policy Consultation Group		
Name	Role and position	Context
Stephen Jones	IHI Consumer System Technical Lead HIDs – Health Identifiers Programme (IHI & HSPI)	Technical
Mike Healy (Emma Ball)	Director of Nursing Clinical Project Lead EHR CHI Project	Clinical
Eamonn Coyne	Digital Health Specialist Assistant Principal eHealth Unit	EU Data Space
Helen Conroy	Health Information Policy Unit (HIPU) and eHealth	Department of Health Policy
Fergus Thompson	National eLearning Manager (HSeLanD) – Leadership, Learning and Talent	Training and Communication
Anne McCahill	Head of Resource Augmentation Services & Commercial Contract Compliance	HSE Procurement
Yvonne Coughlan	Business Analyst National Release Centre for SNOMED CT CDAO	DSMP Co-ordinator
Deirdre Hyland	HIQA Health Information Standards Health Information & Standards Directorate	Data Standards – HIQA
Amanda Creane	Senior Manager Healthcare and Innovation GS1 Ireland	Data Standards – GS1
Denise Dawe	ICT Project Manager, Standards and Terminologies Data Dictionary CDAO	Context HSE Data Dictionary Project Manager

2. Appendix: Membership of Policy Approval Governance Group

Membership of HIDS Steering Group – Approval Governance Group	
Name	Role and position
Joe Ryan (Co-Chair)	National Director, Public Involvement, Culture and Risk Management
Fran Thompson (Co-Chair)	Chief Information Officer
Lisa Farrelly	General Manager, Health Identifiers Service (Business)
Yvonne Cantwell	General Manager, Health Identifiers Service (Technical)
Professor Richard Greene	Chief Clinical Information Officer
Priscilla Crombie	National Digital Health Business Lead (Community Operations Representative)
Robert Forde	eHealth Director, Dublin Midlands Hospital Group (Acute Operations Representative)
Mary Deasy	HSE Data Protection Officer
Sean Cloonan	Superintendent Registrar, Western Registration Area, (Civil Registration Service Representative)
Lorraine Moulton	Business Analyst, IPM Technical Team (Patient Registration / Medical Records Representative)
Michael Redmond	Chief Operating Officer, Technology & Transformation

3. Appendix: Sign-off by Chair of Approval Governance Group

HIDS Steering Group – Co – Chair Approval Governance Group	
Name	Role and position
Name: (print)	Fran Thompson (Chair)
Title:	Chief Information Officer
Signature: (e-signatures accepted)	<i>Fran Thompson</i> 31/03/2025

4. Appendix: National Audit Tools

1. **Training and Education** - HSELand completion rate dashboard
2. **IHI match rate** - on the data standards both qualitative and quantitative
3. **Procurement** - Track all procurement tender packs for new systems include the policy

Methodology

Population: Consumer Training system users seeking an IHI match

Sampling: Sample of 3 hospitals performing at low (50%) med (70%) high (90%)

Frequency: Monthly

Method: Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**.

Compliance requirement:

Is standard/criteria being met for the following statements:	Yes	No	N/A	Evidence
The Consultation group should identify the core statements that should be audited at least annually.				
Statement 1 – Training and Education HSELand Completion rate				80% on HSELand Dashboard
Statement 2 – IHI Match rate quantitative Uplift in IHI match rate in Low to Med hospitals				20% for low 10% for med
Statement 3 – IHI Match rate qualitative Feedback on quality of data				10% reduction of defects per hospital
Statement 4 – Procurement quantitative Policy included in all procurement tender packs				100% included
Statement 5 – Procurement qualitative Volume of tenders where system spec met the policy				80% new systems meet
Date of Audit:				
Audited by (name/title):				
Compliance Rate %:				
Calculation of Compliance Rate %:				
The score, expressed as a percentage, is calculated by dividing the number of “yes” and “no” answers. “Not applicable” answers are excluded from the calculation of the percentage score.				
Example: If there are 6 “yes” and 2 “no” answers, the score is calculated as follows: 6 (yes answers) divided by 8 (total of yes and no answers) multiplied by 100 = 75%				

5. Appendix: References

- ¹ Health Identifiers Act 2014 <https://www.irishstatutebook.ie/eli/2014/act/15/enacted/en/html>
- ² International Organization for Standardization. ISO8601 Date and time format. Available from: <https://www.iso.org/iso-8601-date-and-time-format.html>
- ³ Central Statistics Office. CSO Data Standard for Sex. Ireland: Central Statistics Office; 2024. Available from: <https://www.cso.ie/en/methods/classifications/csodatastandardsandclassifications/csodatastandards/csodatastandardforsex/>
- ⁴ A Personal Public Service (PPS) Number helps you access social welfare benefits, public services and information in Ireland. <https://www.gov.ie/en/service/12e6de-get-a-personal-public-service-pps-number/>
- ⁵ The number or name of the house and the name of the street or road. In rural areas the name of the locality or townland should be shown <https://www.anpost.com/Post-Parcels/Sending/Correct-Address>
- ⁶ ComReg Currently, Irish Mobile Operators (MOs) are using numbers assigned from existing mobile number ranges in Ireland (083, 085, 086, 087 and 089) <https://www.comreg.ie/>
- ⁷ HSE Services Births Deaths and Marriages definitions. Surname at her birth. In other words, your mother's maiden name. What they will do is trace the names back to your grandfather - they will see from your mother's birth certificate and any marriage certificate that her birth surname links her to your grandfather by name. <https://www2.hse.ie/services/births-deaths-and-marriages/>