What a difference a decade makes. Ten years ago, on 30 June 2006, the then Department of Health signed, sealed and delivered contracts for the statewide roll-out of the electronic Medical Record (eMR).

And now, with around 390,000 accesses every day of eMRs in NSW hospitals, quality healthcare and improved outcomes for patients are being increasingly enhanced.

eHealth NSW’s eMR Connect Program is full steam ahead, rolling out enhanced electronic medical records for inpatient settings (eMR2), electronic medication management in hospitals (eMeds), as well as electronic records to support community health and outpatient care (CHOC).

At the end of June, the eMR Connect Program had implemented eMR2 in 52 per cent of in-scope sites. Every month, clinicians open or access some 12 million charts, representing growth in usage of 60 per cent in the past 15 months alone.

Andrew Elliott, Chief Information Officer for Murrumbidgee and Southern NSW LHDs, said the roll-out

Continued page 4
Chief Executive’s message

At the halfway mark of what is proving to be yet another dynamic year at eHealth NSW, I was thrilled to attend a gala ceremony on 30 June at which our HealtheNet Program was honoured with an iAward NSW Merit Prize.

The iAwards are one Australia’s elite technology prizes, and eHealth NSW submitted four strong entries for HealtheNet, StaffLink, iPharmacy Analytics and the Rural eHealth Program.

HealtheNet received a merit prize in the hotly-contested NSW Public Sector and Government category, outshining many impressive innovations from across the NSW public sector.

Receiving recognition from our ICT industry colleagues and peers is fantastic but even more satisfying is the knowledge that, as the platform for Integrated Care in NSW, HealtheNet is helping to create a more joined-up, efficient and sustainable health system leading to improved patient safety and outcomes.

Led by Julie Cashin, our HealtheNet team is breaking down barriers of clinical information exchange by implementing national and international standards of interoperability and delivering significant benefits to patients and clinicians alike.

These are all very important strategic priorities for us – as is engaging with industry partners to address that interoperability challenge.

For this reason, we held an inaugural Industry Partners Engagement Forum in late May, hosting almost 50 representatives of technology vendors in a bid to promote a collaborative approach.

Attended by the likes of IBM, Microsoft, Oracle, Google and Cerner, the forum involved discussions on emerging trends, what enhancements could be made to our draft interoperability principles, and what barriers might prevent vendors from adopting standards.

At the forum’s conclusion, a number of attendees told me the forum was an exciting initiative which they believed will begin a new model for engagement.

I couldn’t agree more, and I look forward to building on that creative engagement model to support and nurture the likes of our HealtheNet Program, which is blazing a trail for many more innovative eHealth platforms to come.

Dr Zoran Bolevich
Chief Executive and Chief Information Officer
eHealth NSW

Celebrating staff excellence

Congratulations to the latest Staff Excellence Award winners – Allan Zhang from the eRIC Program and Information Services’ iPM Support Team.

INDIVIDUAL WINNER: Allan Zhang, eRIC

“Allan is the backbone of the eRIC design and configuration team,” said his manager, David McNamara.

“He handles large amounts of complex technical tasks and generously shares his knowledge with colleagues. The outstanding service Allan provides goes above and beyond the normal requirements for his position and he is heavily relied upon by almost every individual within the eRIC program.”

TEAM WINNER: iPM (patient management system) Support Team, Information Services

“Tianhui (Tina) Bu and Brian Munoz are stand-outs for our LHD in the eHealth-hosted environment,” said Susan Harman, Chief Information Officer of Justice Health. “They support our requirements and are proactive in identifying and troubleshooting issues. They maintain a constant flow of consultation with us as a customer to ensure that we understand, are involved in and approve of any required changes.”
Clinicians are applauding the enhancement of eHealth NSW’s Clinical Information Access Portal (CIAP) with a new feature called UpToDate, which provides in-depth clinical content and analysis across a range of specialties.

Due to popular demand and following the successful procurement of a statewide licence for NSW Health, UpToDate will be included in the CIAP collection from July, said CIAP Manager Marie Pryor.

Delivered through CIAP in easy-to-search and easy-to-read formats, UpToDate is a decision-support resource that is highly authoritative, evidence-based, physician-authored, peer-reviewed and regularly updated.

Searchable by diagnosis, symptom, treatment, medicines information and lab abnormalities, UpToDate provides evidence-based recommendations and summaries with the latest evidence on a broad range of clinical topics, as well as images and patient information frequently requested by NSW Health staff, most particularly medical staff.

The inclusion follows a full review of the current CIAP collection identifying duplications, gaps and redundancies, and has now resulted in a streamlined and optimised collection of resources for NSW Health staff.

“We had strong support from NSW clinicians for including of UpToDate on CIAP – this showed up strongly in our user surveys and consultative processes,” Marie said.

“We also engaged chief executives who very willingly supported it and were prepared to invest the extra funding required to make it possible,” Marie said.

The CIAP team will work to support CIAP users in this period of transition by providing information via the CIAP website, newsletters, and CIAP Clinical Partners, as well as by providing user guides and other training opportunities.

The CIAP team will also investigate opportunities to integrate CIAP resources into NSW Health clinical systems, such as the eMR, to provide consistent access to clinical information resources and ensure duplication of resources is minimised.

Dr Roger Traill, from Royal Prince Alfred Hospital’s Department of Anaesthesia, gives his opinion on the benefits to flow from including UpToDate in CIAP:

“It’s an exciting development which is going to add consistency of practice and will prove to be a great time saver that’s useful to everyone from trainees to registrars.

“UpToDate is the pre-eminent resource in medicine, with constant updates by experts in the relevant fields with referencing of key journal articles that have influenced care in that field.

“There is great value to patient care, as all clinicians will have access to the latest authoritative evidence-based information about patient conditions. This will ensure there is greater uniformity in practice (and) it is well known that reducing variation in healthcare both improves outcomes and decreases costs.

“There is the opportunity for UpToDate, in future releases, to be able to integrate with the eMR to provide relevant information during use of the eMR. In the interim we will recommend that an icon be placed in the banner bar of PowerChart to provide simple access to UpToDate, as we currently do for the CIAP site and MIMs.”

Dr Roger Traill
How far we have come

To commemorate 10 years of the eMR journey, eHealth News spoke to Vicki Fleming, from what was then the newly formed South East Sydney Illawarra Area Health Service (SESI AHS), and Olivia De Sousa, who worked for what was then called HealthTechnology (the predecessor to Health Support Services and now eHealth NSW) about their recollections of the eMR’s genesis.

OLIVIA DE SOUSA
THEN: eMR Program Director, HealthTechnology
NOW: Delivery and Implementation Program Manager, eMR Connect, eHealth NSW

Olivia, what are your main recollections from the days and long nights leading to the signing of the contract to implement the eMR?

My main recollection was the high level of importance that NSW Health gave to the eMR contract, spending days in the lawyers’ office in Sydney writing on the glass walls, drinking huge amounts of coffee and lots of detailed conversations and negotiating.

What are you most proud of?

That Cerner eMR is now implemented into all hospitals across NSW in emergency, operating theatres and all ward areas for ordering pathology and radiology, with results being available to clinicians. More recently the implementation of eMR2 which has addressed the user interface with a launch point to the patient information and clinicians are entering clinical information directly into the eMR.

At the Clinical Engagement Forum, seeing clinicians present the eMR to other clinicians, it was great to see that the clinicians now own it and are promoting eMR in the clinical workplace.

If you could give your circa-2006 self one piece of advice, what would it be?

Stay positive, have fun, look after my staff and encourage growth! Things are constantly changing, so be resilient to change within the organisation and keep listening to and learning from others.

The eMR turns 10

Continued from page 1

of eMR2 in Murrumbidgee brings a tremendous capability improvement and improved healthcare outcomes as all patient encounters will be in the one eMR and visible to all clinicians, nurses and doctors working in the region, whether in a hospital or community health setting.

“All staff will now be able to see a patient’s journey from hospital encounters to community health encounters,” he said.
VICKI FLEMING

THEN: eMR Project Manager, South East Sydney and Illawarra Area Health Service

NOW: Director, Corporate Services/Chief Information Officer, Illawarra Shoalhaven LHD

Vicki, how did you become involved in the eMR roll-outs?

In 2008 my then manager John Roach asked me if I’d be interested in ‘the eMR project’. I had to ask him what eMR meant!

The task was huge – the Project Director, Diane Ayers, and I had to work with HealthTechnology to rebuild some of the state based product after we engaged with our clinicians particularly in ED as the state-based build posed many issues for the clinicians; we had to build interfaces in order for tests to be ordered and results received in pathology and radiology, scope and build over 1000 clinics and roll-out many more computers, computers on wheels and the beginning of wireless infrastructure.

My IT team and I visited every ward, ED, theatre and clinic in the 15 hospitals in the AHS! Our first go-live at St George was huge as I had to coordinate a team of over 40 staff from a variety of organisations – it was then the largest implementation in the southern hemisphere.

What are you most proud of?

That we laid the basis for the beginnings of the electronic patient record in NSW as a state-based build in over 15 hospital sites. I’m proud we recognised the need for effective change clinical management and that to embed an eMR into the wards, EDs, theatres and clinics it had to be clinician-led and not be seen as an IT project.

If you could give your circa-2006 self one piece of advice, what would it be?

I’d push a model of post go-live support based around putting enough resources into clinical change management and training at a facility and hub level. I would also have tried to convince HealthTechnology that they needed to engage differently with clinicians when developing the then state-based build so that the product development was closer to clinical needs – although one problem was we were mainly coming off a paper-based record, so the understanding of what to build wasn’t as sophisticated.

I would, however, do it all again with the same fantastic team and many committed clinicians! I would also push a career structure for clinicians to move into clinical informatics.

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...And where to now?

eHealth NSW’s Clinical Advisor Dr Peter Kennedy sat down with Dr Roger Garsia, Associate Professor in Medicine and Head of Central Clinical School, University of Sydney, for a wide-ranging discussion about the power of the eMR. Dr Garsia has broad experience with the eMR, given he was head of Royal Prince Alfred Hospital’s Division of Medicine from 2010-15 and is now Director HIV AIDS Services for Sydney LHD, which has used eMR for outpatient records for six years.

PK: Like me, you’ve been a clinician long enough to remember medicine pre-computerisation. What has computerisation has brought both to clinical practice and to your practice?

RG: I remember well when computer print-outs of inpatient lists and biochemistry results were the first forays into computerised patient information available to hospital staff.

Of course laboratories, which were handling vast amount of numerical data, were the first and most immediate beneficiaries of the process streamlining that was possible and since then laboratory information systems have spawned add-on modules that have in many cases evolved into electronic medical records; the imperative has been to link demographic, clinical, laboratory and imaging information so that data is available at the point of interaction be it in the clinic, or in the office writing correspondence or when responding to queries about people who might have been seen months or years earlier.

PK: What are the three biggest changes you’ve seen since the dawn of eHealth systems in NSW – and how in your opinion have they benefitted patients and the NSW Health system as a whole?

RG: 1. Public hospital systems have become much broader in the types of data that are recorded electronically, such that much data is presented in tabular or longitudinal time display;

2. Images have become accessible from any desktop with a few clicks; and

3. eMR protocols have been developed enabling designation of essential data fields in some types of records.

Patients have benefitted from near comprehensive data sets to inform decision-making; also timeliness of correspondence has often improved and accuracy of data improved as a result of capacity to import data directly.

PK: What have you seen or experienced as the biggest challenges to overcome?

RG: Anticipating the use that data will be put to is a challenge; clinician data entry directly is often slower than direct handwriting in a hard copy file and thus persuading colleagues to adopt electronic formats for records can be difficult – unless the benefits in terms of being able to interrogate the records are apparent.

PK: As we move into clinical documentation and roll-out systems such as eMeds, how do you see these kinds of implementations changing practice?
Once you have the bulk of transactions with the record occurring electronically, practice must change to ensure that verification of the easily imported data occurs. eMeds provides opportunities to eliminate many of the errors that occur as a result of illegibility but also introduces the potential for perpetuation of documentation errors so diligence is required. Once we can easily record adherence to medication prescribed the relationship between interventions and outcome will become far more easily ascertained.

PK: Do you agree that as we build the platform for eHealth systems, the real return on investment will come when we finally have a chance to use information and data contained in the eMR to drive policy and best practice and improve safety and quality?

RG: I fully agree we are yet to see the full impact of the work already done as analysis of the data already held in electronic form is in its infancy; it’s a big leap from going from coded diagnoses of inpatients to the richness of ambulatory data; the full benefits will only accrue when the data capture becomes more comprehensive and the private sector provided data is also integrated into the data systems in a more comprehensive fashion.

PK: Everyone says we need to have a “patient-centred” eMR. What does that mean to you and how will that help you to deliver better care and outcomes for patients?

RG: Patient-centred eMR systems will reach their full potential when the patient’s data is aggregated in a repository that is able to present the data in a variety of formats dependent on the needs of the patient and the patient’s clinicians.

In some cases, that will be chronologically analogous to a serial health diary, in other cases or for other conditions it may be aggregated by relevance to the problem being managed with all interventions or providers’ input clustering around diagnoses or events.

The eMR will truly come of age when annotation of the record is an easily achievable process such that the practitioner can highlight metaphorically key information and provide a durable record of the medical and allied health thinking behind management plans and interventions to address both current illness issues and preventative health initiatives. The goal is starting to look like it’s in sight.

A slice of the eHealth Strategy

In a new regular feature, we drill down into a section of the eHealth Strategy for NSW Health: 2016-2026. In this edition we look at one of the Strategy’s 11 Underpinning Principles – Delivery Through Partnerships – and talk with Kieleigh Hogan, eHealth NSW’s IT Vendor Manager, Information Services, about what partnerships with the ICT industry mean for our evolving organisation.

How important is it for eHealth NSW to forge strong partnerships with the ICT industry?

Partnership with private industry, both as a concept and working practice, is highly important, particularly where we have engaged an organisation to assist eHealth NSW to provide IT services to the wider community.

Partnership is the means to effective relationship management, and a working partnership is about setting up eHealth NSW and the vendor for success. Where private industry is a vendor, their success is eHealth NSW’s success, where success is the effective delivery of the engagement.

What does our current partnership model look like?

eHealth NSW is currently on a journey to improve partnership, particularly with our vendors in private industry. We are moving from less engaged, piecemeal and distant relationships towards strategic partnerships with open and constructive dialogue around solving problems, improving efficiencies and our customer’s experience, both at an individual and an organisational level.
Design tick for new eRecruit system

eHealth NSW’s Human Capital Management program reached a major milestone in May when its steering committee endorsed the General Stream Recruitment high-level design to provide a contemporary recruitment and onboarding system for NSW Health.

“With this, the project team can now start to translate the business requirements into a more detailed solution design to enable system build to commence,” said Program Manager Khiem Luu.

“An iterative build process is planned, where regular prototype review sessions are conducted with key stakeholders.”

The program’s focus on requirements gathering now moves to the Junior Medical Officer (JMO) recruitment stream with Directors of Medical Services nominating a JMO Point Person to represent their LHD.

“We have worked with the Ministry of Health and these JMO Point People to agree an engagement approach over the next six months that will allow us to arrive at a high level design for the JMO recruitment requirements to inform the overall solution design,” Khiem said.

The program continues to work closely with the Ministry of Health to ensure that an upcoming review of Recruitment Policy takes into account clarifications and changes needed to enable synergies between policy, process and system in the new statewide recruitment and onboarding solution.

The recruitment and onboarding system will provide the state with an end-to-end integrated solution that is user-centric, providing the technology and tools for NSW Health to attract, select and onboard the best talent, and utilises streamlined processes that support strategic workforce initiatives. In addition, the system will facilitate compliance with policies and legislative standards.

The solution build is expected to be complete and fully tested in the first half of 2017, with a view to running a pilot and deploying the system in the following six months.

DCR migration hits 500

eHealth NSW’s Data Centre Reform (DCR) program hit a major milestone in mid-May when it migrated its 500th server to the Government Data Centres (GovDCs).

This was achieved with minimal impact to the business and is a credit to the hard work and dedication of the entire migration team, said DCR Program Manager Mark Rivers.

A fantastic example of the power of teamwork and collaboration, the DCR Migration team comprises expert technical resources from across Information Services (IS) as well as the Infrastructure Office (IO) DCR Program team.

“The success of the 500 system migrations, to date, is a tribute to the efforts of the Infrastructure Services team, the Distributed System team, the Platform Services team, the Database Systems team, the Storage & Backup team, the Enterprise Systems team, the Application Support Services team, the Technical Project co-ordinators and the Network Services team,” he said.

“None of these migrations would have been possible without the contribution and support of the whole of Information Services. The contribution to the success of the migrations by the GovDC Management team, the Design team, the Data Centre Operations team and the Service Management team, for example, has been significant.”
Telehealth tackles aged care

Senior citizens may traditionally be late adopters of technology but a new eHealth NSW Telehealth project is being welcomed as a “win-win” by aged-care residents and their carers.

Partnering with Northern Sydney, Mid North Coast and Northern NSW LHDs to introduce this new innovation to aged care, eHealth NSW is rolling out new technology that removes the need for elderly residents to be transported to and from hospital for manageable injuries or illnesses.

Instead of unnecessarily being transferred to the nearest Emergency Department, they can have a consultation with a medical professional in the comfort of their facility, by way of video conference at their bedside.

Run by the Infrastructure Office’s Conference, Collaboration & Wireless program, the Telehealth for Aged Care Facilities project has supplied the first Telehealth units to two residential aged-care facilities – Beecroft Nursing Home in Beecroft and Kuring-Gai Gardens Nursing Home in Hornsby.

The facilities’ management and staff are welcoming the new technology, which gives their residents access to medical advice in a timely fashion and in the comfort of the environment in which they live.

Kuring-Gai Gardens Nursing Home Clinical Manager Kim Martin said the facility’s 70 residents, who are aged between 60 and 104, will see the technology as a big step in the right direction.

“Being transferred by ambulance to hospital can often be quite daunting and unsettling for elderly people, so if they are more comfortable being treated here and it also frees up hospital beds at the same time, that’s a big win-win,” she said.

This is the first time that NSW Health has set up a platform to allow private health facilities to interact directly with the local hospital and this has a huge variety of potential uses for the future.

A further 22 sites across Northern Sydney, Northern NSW and Mid North Coast LHDs joined them in welcoming this new technology in June, with all 24 facilities scheduled to be operational by the end of July.

HealthRoster hits milestones

June was a significant month for eHealth NSW’s HealthRoster program, with various staffing groups in NSW Health Pathology and Northern Sydney and Illawarra Shoalhaven Local Health Districts all starting to roster with the new system.

HealthRoster is being implemented in a staged approach, with five different staffing groups in Northern Sydney LHD, four groups in Illawarra Shoalhaven and three in NSW Health Pathology. All three organisations should see HealthRoster fully implemented by the end of the year.

“The HealthRoster training team has worked tirelessly, giving classroom-style lessons to all roster creators to make sure they are comfortable and able to start using the system from day one,” said HealthRoster Program’s Implementation Manager, Mike Bicknell.

“We are also providing on-the-ground support, walking the floor to ensure everyone gets any assistance they need.”

Roster creators have two weeks to build their roster, which was worked from 20 June for NSW Health Pathology, 27 June for Northern Sydney LHD and 19 July for Illawarra Shoalhaven. Western NSW LHD will go live with the system from July.

In June, a further 2,000 Sydney LHD staff were rostered in HealthRoster covering Concord mental health workers, Canterbury Hospital, primary community health and Aged Care Chronic Rehabilitation.

July will see significant new functionality released in HealthRoster, with casual staff being able to notify which shifts they are able to work through Employee Online (EOL), automating and streamlining the process for shift requests.
The benefits of benefits management

It’s a simple yet crucial question: what benefits are we delivering – and how best do we identify and measure them to ensure they are making an optimal contribution to the greater good for NSW Health?

And so, in the spirit of continuous improvement, eHealth NSW has introduced among its Clinical, Corporate and Infrastructure portfolios the Embedding Benefits Management (EBM) initiative.

It’s a fresh way of measuring how time and resources are invested – and ensuring that knowledge translates into desirable changes.

Driven by eHealth NSW’s Program and Change Management Office (PCMO) and sponsored by Chief Executive Dr Zoran Bolevich, the EBM initiative involves a series of workshops with stakeholders from across eHealth NSW Portfolios and Health Agencies, which began in May and will continue through July.

The EBM workshops held so far have been well attended by senior stakeholders, such as Steering Committee members, LHD clinicians and representatives of the Pillars and other Health Agencies.

Associate Professor Amanda Walker, a Clinical Director at the Clinical Excellence Commission, said of the workshops for eMR Connect and eRIC: “It’s been an interesting process and it introduces a level of rigour and gives us our best chance to deliver the aims of eHealth NSW programs.

And the great thing about it is it all comes back to the end goal, which is to improve both patient care and the patient experience. This initiative will make it easier for clinicians to provide better care while improving safety and quality across the system.”

According to PCMO Director Simon James, the EBM initiative will provide a structure to inform the business cases for future programs while acting as a trailblazer to embed benefits planning across all programs in NSW Health.

Benefits Management 101

*eHealth News* asked PCMO Director Simon James (pictured right) about the EBM initiative.

**What is the Embedding Benefits Management initiative?**

It’s a new way in which we can ensure the objectives identified for a program or project are being properly identified, measured and achieved.

**Why does eHealth NSW need it?**

To strengthen our benefits realisation capabilities across portfolio programs, and to gain an increased understanding of the outcomes of current investments (programs) being delivered, as well providing as a new framework to inform the business cases for future programs and benefits planning across all eHealth investments.

**What benefits will flow from this initiative?**

A standard approach, including consistent terminology and categorisation for benefits realisation management for all eHealth NSW programs. Not only that, increased rigour to support business cases will enable better decision-making, increased engagement with key stakeholders, more clearly defined program scope and dependencies – as well as increased precision to identify the time, money and resources required to achieve the initiative.
eMeds live at first paediatric hospital in Australia

The Children’s Hospital at Westmead (CHW) recently became the first paediatric hospital in Australia to go live with Electronic Medication Management (eMeds).

“eMeds will improve the quality, safety and effectiveness of medication management and help reduce preventable adverse drug events,” said Acting Chief Executive Dr Michael Brydon. “We have gone live within several wards at Westmead and will continue to implement it across the Hospital, and the Network, in the future.”

Director of the eMR Connect Program, Mark Cope, said this roll-out was part of a broader electronic Medical Record (eMR) strategy making “a real difference to the work of clinicians, supporting the delivery of quality and safe patient care”.

Nursing Unit Manager for Westmead’s Commercial Travellers’ Ward, Fiona Nelson, said she and her team were impressed with the way the go-live was conducted.

“The support team was so proactive, approachable, supportive, patient and kind during our go-live week,” Fiona said.

“The change-over has been positive and as staff continue to develop their confidence and competence with the system, work processes will only continue to improve and our care delivery become more efficient.”

Paediatric Nurse Meredith Haynes assumed the role of Clinical Systems Analyst on the eMeds project, assessing workflows in the hospital and how the system can meet the needs of all nurses.

“One of the biggest benefits we’ve seen after implementation is that people can now access patient charts remotely from wherever they are in the hospital,” she said. “It also means nurses don’t need to wait for a doctor to come to the ward to complete a chart for you, they can do that remotely, so it makes those aspects of care a lot faster.”

Meredith said the challenge of working on a project like eMeds was a great use of her clinical skills, and helped her develop a whole new set of skills which would be valuable throughout her career.

Did you know?

With eMeds now in use at Concord Repatriation General Hospital, Prince of Wales Hospital and Maitland Hospital and roll-out in progress at The Children’s Hospital at Westmead, Kurri Kurri Hospital and Belmont Hospital, the eMR Connect Program is now live at 20 per cent of scheduled eMeds sites.
Work securely anywhere, anytime

NSW Health staff now have the power to work securely anywhere and at any time, following the 4 July roll-out of the Health Mobility Platform, which provides secure access to health resources such as clinical systems and corporate information from any registered device, including personal devices.

“As everyone becomes more dependent on mobile devices such as smartphones and tablets, our goal is to enable staff to choose when and how they securely access NSW Health resources,” said Sonnica van Zijl, Project Manager, eHealth NSW Infrastructure Office.

“The Health Mobility Platform allows both corporate and clinical users to securely access and collaborate on corporate data from up to four corporate or personal devices per user.”

Storing data inside the NSW Health network while giving users the ability to share large files both within and outside NSW Health, the platform ensures personal information on the user’s device remains private while maintaining control of corporate and clinical information.

The Health Mobility Platform has no access to any personal information such as photos, text messages, personal apps or call history.

Hosted and supported by eHealth NSW and powered by AirWatch, the Health Mobility Platform is available to all NSW Health staff.

Users need to fill out a Health Mobility Platform Request Form and User Agreement form, ask their manager to approve, sign and submit it to the State Wide Service Desk for processing.

Gearing up for Expo

Expo is just around the corner! Here’s a sneak preview of two of our inspiring guest speakers, who will be talking to us about encouraging innovation in the workplace and anticipating the forces that will reshape our world over the next two decades.

James O’Loghlin
Innovation is a State of Mind

James O’Loghlin is probably best known for his role as the host of over 300 episodes of The New Inventors on ABC TV. This experience fuelled his interest in practical innovation, which is now a passion. James will be talking about the practical things we can all do every day to become more innovative, and about the ways in which companies can create a culture that encourages innovation.

Dr Stefan Hajkowicz
Principal Scientist

Dr Stefan Hajkowicz is a senior principal scientist working in the field of strategic foresight at Data61 | CSIRO. Stefan’s research and consulting work helps companies, governments and communities explore plausible futures and make wise strategic choices.

He is increasingly focused on the strategic implications of digital technology. Stefan is widely published in the international scientific literature, his most recent book is titled Global Megatrends. Stefan will be talking about global megatrends and the forces that will reshape our world over the next 20 years.

Register now!

Expo, which is free for NSW Health employees, will be held once again at the Grand Pavilion in Rosehill Gardens, on Friday 5 August. It will feature more than 100 exhibition booths showcasing current innovations in cutting-edge programs and shared-service delivery.