eHealth NSW has ended yet another dynamic year with a major milestone – the successful completion of the Community Health and Outpatient Care (CHOC) program across the state.

CHOC extends the electronic medical record (eMR) and now supports clinicians and the coordination of patient care at 333 outpatient and community care facilities across all Local Health Districts (LHDs) and Health Networks.

This successfully concludes a seven-year program of work delivering digital access to a patient’s clinical information across NSW community health and outpatient care services including Aboriginal Health; Aged and Chronic Care; Allied Health; Child, Youth and Family; Community Home Nursing; Sexual Health; Mental Health; and Drug and Alcohol.

With CHOC, clinicians across these care settings now have timely access to information previously captured on paper. It also helps them to manage...
Chief Executive’s message

What a hugely productive year we’ve had at eHealth NSW. Across every program and portfolio, and in every directorate and service-delivery area, we’ve achieved so much in our development of what is truly the most stunning digital health environment in Australia.

From the launch of the eHealth Strategy for NSW Health: 2016-2026 to the steady rollout of eMR and HealthRoster across dozens of hospitals, to the introduction of Patient Wi-Fi, the pilot go-live of the electronic Record for Intensive Care, and completion of the Community Health and Outpatient Care program, it’s been a year of major milestones for our evolving organisation and for NSW Health as a whole.

Success comes neither easily or overnight but for me there is no greater payoff than knowing the fruits of our labour are helping to make patient care smarter, safer and better.

Our clinical, corporate and infrastructure programs are making a big difference right across the state, and their success is testament to the team effort that has gone into their planning and execution. They also demonstrate that delivery through partnerships with our health system colleagues and our industry partners is working very effectively in NSW.

The My Health Record opt-out trial proved a success at Nepean Blue Mountains LHD and involved a fantastic collaboration between eHealth NSW, NBM LHD, NBM Primary Health Network and the Commonwealth. This collaboration will continue next year, as will our promotion of the uptake of My Health Record.

As the year draws to a close, I find myself reflecting on how in 2017 eHealth NSW can help facilitate NSW Health’s journey from volume- to value-driven care – how we can deliver better value for the health system; how we can contribute to patient safety; what new skills we need to develop/acquire and what new partnerships we should build.

But first – a well-deserved break for all of us beckons!

I thank you for bringing such energy to your roles and for your personal contribution to the work eHealth NSW does 24/7 to support the healthcare of the people of this great state.

I wish you and your families a wonderful Christmas and a relaxing festive season.

Until next year,

Dr Zoran Bolevich
Chief Executive and Chief Information Officer
eHealth NSW

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Saying goodbye to Simon Geraghty

This month we bid a fond farewell to our Chief Technology Officer and Director of Information Services.

Simon Geraghty’s appointment to the role of Executive Director of Government Technology Platforms for the Department of Finance, Services and Innovation (DFSI) is testament to his outstanding contributions to ICT in NSW Health and NSW Government overall.

For five and a half years, Simon has led transformational change at the helm of Information Services, which has doubled in size and grown immensely in its capability and range of services it provides to NSW Health organisations.

Simon will be much missed but I am glad we will continue to interact and collaborate with him in his new role at DSFI. He’s the perfect fit for it and I know he will do a great job.

From all of us here at eHealth NSW – all the very best to you, Simon, and thanks.
End of CHOC tops a busy year

Continued from page 1

appointment scheduling, wait lists and referrals between local health service providers.

The six Rural LHDs have also completed the roll-out of eMR2, which extends the electronic medical record with a range of clinical documentation, assessment and decision support components to enhance care for patients in hospitals.

Rick Turner, eMR Connect’s Program Manager for the Rural LHDs and Health Networks, who has led the development and roll-out of CHOC since 2011, said CHOC offers real benefits in achieving truly ‘joined-up’ patient care.

“This could only be accomplished with the buy-in of the many hundreds of clinicians working in community care services who’ve been open to a new and different way of working,” Rick said.

“This achievement also represents a considerable collaboration between eHealth NSW and the LHDs. I’d like to express my sincere thanks to all those on site in the health services, in the LHDs and the team at eHealth NSW for their hard work over so many years.”

Dr Zoran Bolevich, eHealth NSW’s Chief Executive and Chief Information Officer, said the completion of CHOC was an important step in achieving a statewide, comprehensive eMR.

“Congratulations to the LHDs, the team in eMR Connect, all those involved across eHealth NSW and our IT industry partners in bringing this major program to a successful conclusion,” said Zoran.

“Good governance is a hallmark of any effective program. The CHOC steering committee has guided the program from its inception and I would also like to extend my gratitude and appreciation to its members for their expertise, insights and contribution over many years.”

Jessie Street opens for business

Information Services has a new home in Parramatta’s Jessie Street Centre, having moved out of the old Cumberland Hospital Campus.

“I’m glad we now have a space befitting the important role that Information Services plays within eHealth NSW and the broader health system,” eHealth NSW Chief Executive Dr Zoran Bolevich told IS staff after touring the new office on 1 December.

“What you do is so mission-critical for our health system and, when I look every month at the number of calls you manage and the tickets you resolve, it is proof that the clinicians who look after patients 24/7 rely on you to keep our technology up and running.”

Located on the 13th floor, the new office boasts a dedicated disabled workspace, a training room, an improved professional call centre, a purpose-built build room for the Desktop and Technical Services teams, lockers, and a host of brightly coloured, collaborative spaces.
The year in review

It’s been a big year right across eHealth NSW. Here are some hits and highlights.

eMR CONNECT

For eMR Connect, 2016 was a year of real progress in delivering a statewide, comprehensive electronic medical record to support smarter, safer and better ways of supporting clinicians care for patients across NSW. It marked the 10-year anniversary of the electronic medical record (eMR), a major milestone in the delivery of core clinical systems in the NSW public health system.

eMR2, the extension of the electronic medical record with a range of clinical documentation, assessment and decision support components to enhance care for patients in hospitals, has been rolled out to 135 sites across NSW, representing 50 per cent of hospital beds for the Program. Rollout to almost 100 of those sites occurred during 2016.

Electronic medication management (eMeds) – now at six hospitals across NSW Health – went live at three sites during the year, including The Children’s Hospital at Westmead, which is the first paediatric hospital in Australia to roll out eMeds.

A significant achievement has been the completion of Community Health and Outpatient Care (CHOC) which expands the eMR to deliver access to a patient’s clinical information and support for managing scheduling, wait lists and referrals between local health service providers. There are now 333 community health facilities around NSW with this important capability to support truly joined-up patient care.

Notably, all six of the Rural Local Health Districts have now completed both eMR2 and CHOC.

2016 also saw the formation of eMR Connect, bringing together three previously separately managed programs of work and, with robust governance a hallmark of its approach, under a single governance framework, the eMR Connect Steering Committee.
### eLECTRONIC RECORD FOR INTENSIVE CARE

eHealth NSW’s electronic Record for Intensive Care (eRIC) was successfully implemented at Port Macquarie Base Hospital mid-October, two weeks ahead of schedule. In the first week after go-live, 23 patients were connected to eRIC and nearly 100 patients had been admitted after five weeks.

At the time of going to press, eRIC has been accessed 10,890 times by 300 distinct users.

A few weeks leading up to eRIC go-live, the Business Implementation team ran super-user and end-user training. The feedback revealed 100 per cent of ICU users and 98 per cent of non-ICU users felt training met expectations, and 100 per cent of ICU users and 96 per cent of non-ICU users felt the training material was useful.

In 2016, the eRIC Program produced 46 clinical business workflows focusing on the transition of care in and out of ICU for Port Macquarie (first release), Blacktown and St George hospitals. The Port Macquarie clinical workflows were tested during the simulated go-live, requiring no changes – 100 per cent fit for purpose.

In May, a pre-User Acceptance Testing (UAT) for eRIC was conducted at Blacktown Intensive Care Unit (ICU). Over six days, 50 ICU nurses, two ICU doctors and two pharmacists participated in the pre-UAT, organised in partnership with the ICU Blacktown team.

Feedback gained from the exercise was overwhelmingly encouraging, with more than 80 per cent of the comments praising the “look” of eRIC, its usability and its additional functionality such as task lists and reminders, and the different views.

It’s a very exciting year ahead for the Program as it progresses with the 2017 eRIC deployment and roadshow, which will showcase eRIC to a number of Local Health Districts.

### HEALTHeNET

Led by Director Julie Cashin, the HealtheNet program continues to break down barriers of clinical information exchange by implementing national and international standards of interoperability and delivering benefits to patients and clinicians alike.

Its work was acknowledged in June with a Merit Prize at the NSW iAwards, one of Australia’s most elite technology prizes.

The team commenced the Pathology program in January, which is now in full swing and will see pathology reports added to the HealtheNet Clinical Portal.

HealtheNet delivered ADT, a hospital discharge notification service in Northern NSW LHD, as well as a significant HealtheNet Clinical Portal upgrade.
The team actively collaborated with the Commonwealth, the Primary Health Network and the LHD of Nepean Blue Mountains to support the My Health Record opt-out trial, which was successfully completed in November.

HealtheNet delivered a change to enable Hunter New England LHD to leverage the statewide CDA Rhapsody instance and introduced an enhanced discharge summaries interface between Cerner eMR and HealtheNet for Murrumbidgee, Southern NSW, Far West and Western NSW LHDs.

HealtheNet also completed a significant project to migrate the Enterprise Service Bus (ESB) and Enterprise Patient Registry (EPR) solutions to newly provisioned infrastructure to support high availability, disaster recovery and rapid system configuration and deployment capabilities. (See article on p16).

INTEGRATED CARE

The Integrated Care team focused in 2016 on defining and deploying a framework to define integrated care functional requirements for eHealth NSW clients; as well as developing a technology evaluation framework for integrated care and defining a future-state integrated care technology model for NSW Health.

RURAL eHEALTH

The healthcare needs of 1.3 million NSW residents spread across an area of 650,000 km2 – nearly three times the size of the UK – are being met better than ever before thanks to eHealth NSW’s unique Rural eHealth Program.

Led by Director Kerri Ryan, the team has ended the year with a significant milestone: the completion of the first phase of the electronic Medical Record (eMR1) for 73 sites; as well as the roll-out to all rural LHDs of eMR2 and its Community Health and Outpatient Care (CHOC) module.

These clinical programs are delivering 17,000 rural and remote clinicians in 159 facilities ‘anywhere, anytime’ access to patient records for the first time. Since go-live there has been a three-fold increase in the number of clinicians using the eMR, and access rates stand at around 3.5 million per month.

This is being enabled via secure, reliable and available ICT infrastructure. Some 225 rural sites have now been transitioned to the Health Wide Area Network (HWAN), with the remaining 16 planned for February.

In partnership with our Rural eHealth team, the six rural LHDs prioritised delivery of these infrastructure, clinical and corporate eHealth solutions to ensure equitable access to eHealth programs for regional and rural communities.

The team is also working on a Document Scanning project that supports management of paper clinical documentation and images in rural areas, minimising the ‘hybrid’ medical record. Fifty-five CHOC facilities are now live.

OFFICE OF THE CHIEF CLINICAL INFORMATION OFFICER

The Office of the Chief Clinical Information Officer, Dr John Lambert, evolved over the past 12 months to become eHealth NSW’s principal hub for clinical engagement, innovation, design support and strategic advice.

Exciting projects initiated in 2016 included the planning of a Secure Imaging Service, allowing clinicians to consult...
their colleagues instantly over vast distances, and the enhancement of Specialist Outpatient Services through integration with the electronic medical records.

The Clinical Engagement Forums continued to grow in reach and depth, with clinicians from almost every Local Health District and Specialty Health Network across the state attending the most recent forum via live video stream.

A forum held earlier this year assembled representatives from every level of electronic health administration from the Australian Digital Health Agency to a local Primary Health Network to address the most pressing questions and comments submitted directly by clinicians.

The CCIO also launched a series of innovative User Centred Design workshops and observed practice sessions, some of which involved clinicians collaborating to sketch out their ideal clinical software structures and user interfaces, yielding unparalleled insights and opportunities for improvement.

Health Wide Area Network

With over 225 sites now connected to HWAN across NSW, the team focused on commencing the WAN Optimisation technologies in Rural LHDs. So far, six LHDs have moved to the State Internet Gateways, providing over 30 Gbps of Internet capacity for the 10,000+ users of the interim State Internet proxy. The team is also conducting the final stages of the State Remote Access Solution trial.

Data Centre Reform

The DCR team is already looking towards 2017 as planning has commenced in 15 LHDs for GovDC migrations in the coming year. To date, 144 applications and nearly 700 servers have been migrated to GovDC, representing 50 per cent of the three eHealth NSW legacy data centres at Newcastle, Liverpool and Cumberland.

Clinical Applications Reliability Improvement

This year the CARI team established a new Cerner production environment in Silverwater GovDC. Planning has commenced for LHD eMR migration into GovDC in the new year.

Conference, Collaboration & Wireless

CCW achieved much in 2016. It introduced Telehealth carts at 24 residential aged care facilities, enabling the elderly to receive medical advice from local Emergency Departments without the need for unnecessary transfers. More than 110 new Telehealth carts are now in operation, delivering on a commitment made by the Health Minister.

INFRASTRUCTURE OFFICE

State-Wide Infrastructure Service (SWIS)

It’s been a productive year for the SWIS team. Every LHD (except Hunter New England) is in the process of moving, or has transitioned, to the statewide messaging platform which looks after 165,000 active users, 100,000 mailboxes and the 37 million+ emails that land in them every week.

The web-based application LookUp was launched in eHealth NSW, HealthShare NSW and NSW Ambulance, allowing users to check information and update their own details.

SWIS activated its Health Mobility Platform which gives NSW Health staff the power to work securely anywhere and anytime on their mobile devices.

Workspace as a Service (WaaS) pilots are now up and running, supporting clinicians in Prince of Wales and Wollongong Hospitals’ clinical environments.

Chief Clinical Information Officer, Dr John Lambert presents at a Clinical Engagement Forum
The team also built a statewide platform for 40,000 users of Skype for Business and is in the process of deploying it at eHealth NSW and HealthShare NSW, with plans for a broader roll-out across the LHDs and Pillars. CCW also initiated a Yammer pilot and will report on it in January.

Around 15,000 additional wireless access points have been installed across NSW Health, and Patient Wi-Fi pilots are successfully running in three hospitals with more to follow.

**Service Readiness and Transition**

Supporting Infrastructure programs and projects to move into production following the Path to Production (P2P) process and Privacy and Security Assessment Framework (PSAF), the Service Readiness and Transition function assists projects to perform service design, define transition approaches, develop service definitions, including costs and re-charge models, and facilitates handover to operations.

Of 101 projects in train, 74 per cent have been managed under transition and the remaining 26 per cent are yet to be initiated, subject to project commencements.

**CORPORATE IT**

**StaffLink**

2016 saw the end of the StaffLink HRIS implementation, with the transition of NSW Ambulance to the HR payroll system in February. This marked one of the largest payroll implementations ever undertaken in Australia, and the delivery of a single HR system for all NSW Health employees.

In addition, St Vincent’s Health Network Sydney transitioned to StaffLink FMIS for 2500 users, bringing the network in line with all public health organisations and the Ministry of Health.

Oracle Projects for Project Financial Management was adopted by the Infrastructure Office as well.

**HealthRoster**

The implementation of NSW Health’s new rostering system, HealthRoster, continued with the transition of NSW Health Pathology, Northern Sydney, Western NSW and Illawarra Shoalhaven LHDs. This brings the total number of Health Agencies using HealthRoster to 10, with 60,000 staff now being rostered.
South Western Sydney, South Eastern Sydney, Southern NSW, Central Coast, Murrumbidgee and Nepean Blue Mountains LHDs, along with Albury Wodonga Health, will switch to HealthRoster early to mid-year.

**Human Capital Management (HCM)**

The Human Capital Program (HCM) achieved significant progress in 2016, having captured all the requirements and agreed on a design for NSW Health’s new Recruitment and Onboarding system for general recruitment following extensive consultation with all Health Agencies throughout the state.

Consultation to meet specific requirements for specialty streams including JMO, Nursing and Midwifery graduates bulk recruitment, Ministry of Health and for NSW Ambulance, was also completed. The general recruitment and onboarding solution is currently being built and User Acceptance Testing is expected to take place in the first quarter of 2017.

Northern Sydney LHD, Sydney Children’s Hospital Network, Western NSW LHD and eHealth NSW and HealthShare NSW are the agreed pilot sites for the solution, with an expected implementation mid next year. Following a successful pilot, the solution will then be rolled out to the rest of the state before the end of the year.

Requirements-gathering for a new statewide Talent and Performance system has commenced, with implementation of this system expected in 2018.

**VMoney Web**

Online claims for Visiting Medical Officers (VMOs) via VMoney Web was mandated by the Ministry of Health in July. This has meant almost complete adoption of the system by VMOs. In addition, the use of the VMoney mobile app continues to grow month on month.

**HETI Online**

The HETI Online Learning Management System expanded its reach this year, when St Vincent’s Hospital adopted the LMS, adding approximately 4000 additional accounts onto the statewide system. In addition, the LMS team finalised plans to add approximately 17,000 ClinConnect students to the system commencing January 2017. This involves providing students with an auto-provisioned StaffLink ID via an interface with ClinConnect.

**Transition to Onelink**

Corporate IT played a critical role in the transition of the Distribution Centres to Onelink by providing technical expertise. This included the build of numerous interfaces to and from the third-party system, Orion, to manage the transaction sharing for the various warehousing processes and minimising the impact on inventory replenishment processes for hospitals.

**Supplier Portal**

A web-based portal was introduced for suppliers to NSW Health to reduce the dependency on face-to-face (or phone-to-phone) interactions and increase efficiencies.

The implementation of the web-based portal allows suppliers to make enquiries regarding the processing status of their invoices, the status of their payments and to upload invoices electronically as a single channel to send their invoices, eliminating the processing of duplicated invoices. The project went live in July with a select group of suppliers.

**Managing Overpayments**

The integration of salary overpayment workflow for their management, offsetting, recovery, reconciliation, right through to communication with the employee was identified as a requirement by the Audit office.
Corporate IT was charged with developing new functionality in StaffLink to manage the overpayment end-to-end process and negate the requirements for access databases and ‘in-house’ portals.

This creates one source of truth for all overpayments and reduces data accuracy issues, addresses reconciliation issues, meets audit recommendations to reduce manual inputs in processes, and provides ‘real time’ visibility to all customers for overpayments and standardised reporting. Phase 1 of the project went live in September.

**ServiceNow**

Corporate IT replaced its Change and Release Management System (CRMS) to ServiceNow to improve how it supports incidents, deploys system changes, and manages projects.

The Enterprise Service Platform provides task management and workflow capabilities across a range of business applications. It is a Software-as-a-Service tool, based on industry best practice, which means it will constantly evolve to meet customer needs. It provides dynamic reporting and dashboards that help identify trends or provide management oversight of individuals or team progress.

**Corporate IT Analytics**

Corporate IT Analytics achieved significant progress since its upgrade to version 12c, the release of several new Dashboards to the business and showcasing reporting and mobility capability at Expo.

The business was shown qualitative data to make informed and evidence-based decisions to improve reporting, planning and performance. These solutions are being used to highlight operational issues, identify potential efficiencies and provide insights for better decision-making.

The Corporate IT Analytics team has been working to create consistent statewide data standards, definitions and dictionaries, as well as on statewide reporting processes and key indicators.

There are plans to enhance the information currently available by integrating with additional corporate systems such as HealthRoster, HETI Online and Assets & Facilities Management (AFM) Online.

Corporate IT will continue to develop and enhance analytics in alignment with the NSW Health Analytics Framework, which outlines the NSW Health approach to improved decision-making.

**INFORMATION SERVICES**

It has been a huge year for IS, with one of the highlights the opening of its new office in Parramatta (see page 3).

**Customer Services**

The Customer Services team achieved its goals and a number of its staff were recognised for their work at the eHealth NSW Service Awards. The team took the lead in the development of an IT Operating Model, which enables a new way of providing better services and solutions to eHealth NSW customers. The Desktop Services team completed its realignment and the Customer Account Management team is taking on a more strategic role across eHealth NSW.

**IT Services**

Headed by Kavesh Moodley, the Information Security team successfully completed a three-year re-certification (ISO:27001:2013) Information Security Management Systems (ISMS) audit (see article at on page 11). Much work has gone into establishing the Service Management Information Services Hackathon at HseH Expo 2016
Information Security gets tick of approval

eHealth NSW’s information security management system has drawn praise from compliance and risk experts SAI Global, which recommended our ‘ISO 27001’ certification be extended for three years.

Not a single (major or minor) non-conformance was noted by the certification body, which reviewed all eHealth NSW Information Services sites including Gladesville, Chatswood, Parramatta, Liverpool, Cumberland, as well as the existing legacy clinical and corporate data centres and both of the NSW Government Data Centres.

The certification auditor noted that eHealth NSW’s information security management system has been well maintained in accordance with the requirements of ISO 27001:2013 standard, noting that it has improved during every audit over the last three years.

SAI Global singled out as positives a well-established Disaster Recovery Framework and ICT Service Criticality Scorecard and a well-established Privacy and Security Assurance Framework for managing security in projects.

“This is an outstanding result for eHealth NSW and the customers we support,” said Kavesh Moodley, A/ Chief Information Security Officer and Group Manager, Security.

Kavesh highlighted the importance of understanding that information security is everyone’s responsibility and nothing can be achieved without every employee and contractor’s vigilance 24/7 and 365 days a year.

“We must cultivate and evolve a security awareness culture into the fabric of the organisation and its people, processes and technology,” he said. “We still have a long way to go but thanks are in order for the great result.”

Office to improve customer service and also utilise the IT4IT framework. All is progressing well on the IT Service Catalogue and the IT Business Management Suite continues its implementation with a view to providing a reliable and transparent budgeting tool.

Technical Services

Technical Services supported a number of implementations, including the six-month Statewide Management Reporting Service migration to platforms in GovDC, the electronic Record for Intensive Care go-live at Port Macquarie Base Hospital and the migration and Power Billing Revenue Collection upgrade from Newcastle Data Centre to GovDC.

Application Support

The Application Support teams met many objectives this year, including:

• The Endoscopy Information Systems (EIS) team upgraded all nine databases, aggregating data to enable state-wide reporting and benchmarking on quality and safety;

• The Genetics Information Systems (GIS) team implemented the latest Trakgene software to 31 sites;

• ClinConnect transitioned from the Ministry of Health as the first system to go live on the Database as a Service (DBaaS), also integrated successfully with StaffLink and HETI Online, enabling students to get StaffLink IDs and access training;

• The Patient Flow Portal (PFP) team engaged LHDs to apply eMR dietary requirements, consults and alert feeds to the Electronic Patient Journey Board, enhancing care coordination;

• Business Intelligence developed a Qlikview hosting and support capability that expanded to three new dashboards - iPharmacy (Pharmalytics), HealtheNet and Endoscopy Information System (EIS) and will expand externally in 2017;

• The Clinical Information Access Portal (CIAP) team managed approximately 1,900 helpdesk calls and facilitated 60 workshops and online training sessions in 2016, attended by approximately 1300 NSW Health clinicians. The CIAP resources were accessed by NSW Health clinicians 60 million times in 2016.

• The HealtheNet support team upgraded software for the HealtheNet Clinical Repository, which now includes rich text content rather than just simple plain text in electronic discharge summaries from Far West and Southern NSW LHDs.

• The iPatient Manager (iPM) team extended SMS messaging for Western NSW & Far West LHDs for all outpatient clinics and inpatient admission offers for waiting lists, increasing attendance and cost savings.
The electronic Medical Record (eMR) team implemented 882 eMR changes, resolved 1058 incidents and 116 problems and responded to 876 requests.

The Enterprise Patient Registry (ePR) team completed the reconciliation of potential duplicates of weights 45 or above (algorithm) for 2014-16.

Clinical Technology Centre Group

Liverpool and Cumberland Data Centres achieved 100 per cent uptime in 2016 and were recertified during the ISO:27001 ISMS audit. The Clinical Technology Centres continue to decommission equipment, in line with the migration of services to GovDCs.

SERVICE TRANSITIONS

2016 saw the establishment of a new organisational capability within eHealth NSW: a Service Transitions directorate aimed at supporting our growing partnership with NSW Health organisations as their ICT agendas grow and develop.

Led by Simon James, the Service Transitions function is focused on supporting our NSW Health customers to define the services they require from us and to strengthen the relationship between their local ICT teams and eHealth NSW teams. The overall goal of the function is to position eHealth NSW to become the trusted ICT service provider of choice for NSW Health Organisations.

eHealth NSW is working closely with a number of customers to assist them with the mapping of business service requirements to ICT services to their ensure that the services whether delivered internally or by third parties are a good fit for their evolving health business requirements.

With an increase in the number of parties typically involved in the service delivery process, eHealth NSW is leveraging the industry SIAM (Service Integration and Management) Framework to assist our customers and ourselves in managing the service delivery process.

“This as a great opportunity to help customers optimise their delivery from ICT services, while also ensuring they are extracting the maximum value from the ICT services and capabilities within eHealth NSW,” said Simon, whose team includes Gary Thompson and Malcolm Lasky.

eHealth NSW has already collaborated with Ambulance NSW, providing a broader range of project management and support services as its ICT function evolves including project management of the upgrade of their Computer Aided Dispatch system (InformCAD) and the recent successful migration of Ambulance NSW ICT support to the State Wide Service Desk.

The Service Transitions team is also exploring ways to better support rural LHDs, working with Mid North Coast LHD to further develop a partnership around ICT service delivery following its recent implementation of eMR2 and the electronic Record for Intensive Care (eRIC) pilot.

Due to a growing demand for an expanded set of ICT services, the Service Transitions function is consistently exploring ways to best improve service delivery to meet those demands as well as deliver on customer promises, Simon said.

INVESTMENT, STRATEGY & ARCHITECTURE

Chief among the ISA directorate’s achievements for 2016 was the launch in May of the eHealth Strategy for NSW Health: 2016-2026, outlining a 10-year program of innovation, investment and implementation to deliver world-class, eHealth-enabled, patient-centred healthcare.
The Strategy team is working with the Ministry of Health to set clear KPIs and targets to track the State’s progress against the Strategy. It is also continuing to collaborate with LHDs to support the development of local eHealth strategies.

Supporting implementation of the eHealth Strategy for NSW Health, three business cases worth more than $200m have been approved and work has commenced within programs to deliver outcomes identified in the Whole of System Digital Platform business case, the Integrated Patient Record business case and the HealtheNet Pathology Repository business case.

The Investment team has established an ICT Investment Prioritisation & Assurance Framework to provide a consistent approach to identifying ICT projects that best support strategic priorities.

The Enterprise Architecture team is working closely with key stakeholders to review architecture governance practices and approaches to collaboration, to strengthen the delivery of eHealth initiatives across both eHealth NSW and the broader NSW Health system. It is also finalising the Integration Strategy, which will guide a common approach to the delivery of eHealth initiatives across NSW Health.

**ims+**

It’s been a busy year for the ims+ Program, which is responsible for procuring and implementing the new incident management system in collaboration with NSW Health staff and the selected vendor.

*NSW Health Minister Jillian Skinner visits the ims+ booth at the HealthShare NSW & eHealth NSW Expo 2016*
Bronwyn Shumack, Director, ims+ Program, said she is proud of the extensive consultation, stakeholder engagement and the commitment of the team to meeting user requirements.

“Listening to our stakeholders, combined with usability testing, has greatly assisted us in tailoring the new incident management system to align with NSW Health business processes,” said Bronwyn.

2016 marks the completion of dataset development and reporting which began in June 2014. More than 330 subject matter experts were consulted in this process to ensure the information captured by ims+ assists with investigation, learning and feedback about incidents and near misses.

Increasing the visibility of factors which contribute to incidents will assist managers to target their improvement efforts where they can have the greatest overall effect.

“Since ims+ provides NSW Health staff with the opportunity to contribute to a safer, stronger health system, we want to ensure the voices of our staff are considered and valued in its development,” said Bronwyn.

Industry Partnership Summit

eHealth NSW held an Industry Partnership Summit in November, drawing together IT partners, academics and representatives of research organisations for a day-long workshop held at The Mint in Sydney’s CBD.

The second of its kind for 2016, the summit’s key objective was to communicate eHealth NSW’s strategic intent for collaboration and partnerships in the area of digital health innovation and research.

Pictured at top right, eHealth NSW Chief Executive Dr Zoran Bolevich was joined by fellow presenters Danny O’Connor, Chief Executive of Western Sydney LHD; Professor Johanna Westbrook, Director of the Centre for Health Systems and Safety Research at the Australian Institute of Health Innovation; and Anne O’Neill, Director of the Office for Health and Medical Research.

Representatives of vendor partners including Oracle, Microsoft, IBM, Apple and Cerner participated in roundtable workshops facilitated by eHealth NSW directors and managers.

“It was a valuable exercise and we are looking forward to developing the many good ideas that were so openly exchanged on the day,” said Dr Bolevich.
A slice of the eHealth Strategy

In every edition, we drill down into a section of the eHealth Strategy for NSW Health: 2016-2026. This time we look at one of the Strategy’s 11 Underpinning Principles – Effective Change Management – with Bianca Jordaan, Change & Adoption Stream Manager for eHealth NSW’s eMR Connect program.

What are some ways eHealth NSW is enabling the transition of eHealth programs to BAU?

This is a big focus for us. We’re working hard to get the right connections between project teams and BAU teams, including up-skilling the BAU teams to support a seamless transition.

The day of ‘go live’ is just the beginning. It’s good to see more LHD project teams looking past the go-live period and continuing to be engaged to ensure the new practices are being applied and, where needed, providing extra support and training.

As the eMR is reaching critical mass, people are also beginning to understand that few clinical changes can be considered without understanding how they affect the eMR. So, BAU is everyone’s business.

How much ‘change fatigue’ is there on the frontline of healthcare, and how are we dealing with it?

There is a degree of ‘change fatigue’ but, more encouragingly, we’re now at a point in rolling out eHealth technologies where end users can start seeing the rewards. We’re giving clinicians electronic tools they can use to support patient care, not just capture data.

We’re also learning to better support clinicians through the critical point of ‘go live’; while this can be a difficult period, we’re now hearing positive feedback after an eMR implementation.

I actually think we’re reaching a point of ‘change hunger’. When people start using the eMR in day-to-day practice, they want more functionality, they want better functionality and they expect it to work like the systems they use in their personal lives. So, we’re getting to an exciting time.

How are e-literacy initiatives being targeted towards all stakeholders in the health system, including patients, families and carers?

We need to ensure patients, families and carers are comfortable with how and why their personal clinical information is being captured. Anecdotally, the on-site teams tell us that patients ‘get it’, and are very accepting of computers on wheels or other devices being used at the bedside.

Our stakeholders live and work in a digital world. Clinicians are starting to expect the eMR to work like the systems they use in their personal lives and the same goes for patients, their families and carers. We need to be continually closing the gap to meet those expectations. Certainly, the eHealth Strategy for NSW Health is drawing together all the elements and striving to address that.

What is eMR Connect’s overarching approach to change management?

For us, change is all about helping people to understand what the eMR will mean for them and to feel supported and equipped to use it well. To help local teams manage this change, we focus on four key things:

- Demystifying change management with the help of our Change Management Framework, which also has tools and templates that project teams can adapt for their own needs;
- Providing coaching to the local change managers;
- Driving continuous learning and improvement based on what we observe across all sites;
- Ensuring there is budget allocated for change resources at both the state and hospital level.

Bianca Jordaan
Success for big HealtheNet migration project

eHealth NSW has completed a significant project to migrate the Enterprise Service Bus (ESB) and Enterprise Patient Registry (EPR) solutions to newly provisioned infrastructure to support high availability, disaster recovery and rapid system configuration and deployment capabilities.

The project also delivered improved performance and scalability and implemented load-balanced state-wide services.

Boasting increased performance capabilities, the new infrastructure provides a more stable and reliable service than the legacy ESB and EPR, which provides integration services for the Enterprise Imaging Repository, HealtheNet, eRIC, Death Review Database, My Health Record and Secure Message Brokers.

Completed on a weekend in mid-November, the second phase of the project involved migrating services from existing servers to newly provisioned Virtual Machines (VM). This featured a comprehensive test plan designed to ensure minimal service disruption.

The ESB and EPR service provides more than 90 integration services, 200 integration endpoints, processes 700,000 daily messages and a further 8 million daily database log records.

Due to the complexity and with the vast stakeholder engagement, the change generated over 500 emails to coordinate and implement whilst minimising impact to patient care.

The Information Services teams including Design, Integration, EIR, HealtheNet, Network, Database, Storage & Backup, Infrastructure Services and Distributed Systems all provided exceptional support and guidance throughout the project implementation. Information Services was essential to ensure the successful implementation and should be congratulated on their contribution to this project.

Julie Cashin, eHealth NSW’s Program Director for HealtheNet and Integrated Care, attributed the successful implementation to the team’s strong collaboration with colleagues and partners and she paid tribute to Integration Manager Joshua Bunting, “who demonstrated exceptional leadership in getting this major project across the line”.

SAVE THE DATE FOR EXPO NO.8

HEALTHSHARE NSW & eHEALTH NSW
EXPO
THURSDAY 3 AUGUST 2017
ROSEHILL GARDENS

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