

Hume PAS Connect: Implementation of Patient Administration System

Change Impact Statement

09 July 2024

DETAILS OF THE PROPOSED CHANGE:

As part of its Hume PAS Connect initiative, Hume Rural Health Alliance (HRHA) is working with 14 health services (including Albury Wodonga Health) across the Hume region to implement a new i.PM patient administration system (PAS) and a new regional integration engine (Rhapsody).

REASONS FOR THE PROPOSED CHANGE:

The Hume Region has a complex ICT environment that is difficult to manage. This project aims to build a strong foundation for digital health investments, ensuring that HRHA can support patient services and connect to state and national Digital Health initiatives.

Key business drivers for the PAS replacement are:

1. The need to replace the 3 current PAS systems used by Albury Wodonga Health (AWH) with one PAS that provides a single unique patient identifier for our patients. This will enable safer and more efficient positive patient identification for our patients and the clinical systems that we use now and in the future.
2. To enable AWH to report all patient activity to the Victorian Department of Health as one entity for the first time to support accurate reporting in an activity-based funding environment.
3. The current ViTAL PAS used across Wodonga is outdated and unsupported by the vendor, Intersystems. This results in non-compliance with the Victorian Department of Health's reporting requirements and impacts clinical coding accuracy.

Key business drivers for the implementation of a regional integration engine are:

1. Integration specialist skills are difficult to attract and retain. An integration engine built and managed by the Department of Health with HRHA provides a sustainable solution. This allows Hume to progressively integrate systems that support patient care to improve data quality and connection of services.
2. The current multiple integration engines in operation within the region pose an operational and clinical risk and prevent future integration work.

INTENDED BENEFITS OF THE PROPOSED CHANGE:

The implementation of i.PM and Rhapsody moves patient services to a supported software solution and removes critical operational and clinical risks. It offers better connectedness across the region and prepares for any future system changes required by state or national governments. i.PM is already successfully used in other regions, providing a proven solution.

AWH will be able to report patient activity from our Albury campus to the Victorian Department of Health as one health service for the first time, more accurately capturing the activity that underlies our health funding.

ADDITIONAL CONSIDERATIONS FOR ALBURY WODONGA HEALTH STAFF:

- There will be one PAS with one patient unique identifier for all the information about AWH inpatients and outpatients. Community Health services will continue to use their current client management systems (HMS etc.), but the identifier will be generated by the new PAS.
- Dental systems (Titanium) will continue to operate separately.
- i.PM will interface to BOSSnet. Work is being undertaken in BOSSnet to use the merged PAS records to merge BOSSnet records.
- AWH will be using the i.PM Emergency Department module in the Wodonga Emergency Department; with EDIS remaining the Emergency Department Management tool for the Albury Emergency Department.
- All inpatient activity at AWH will be managed using the Victorian data collection rules (VAED) - for the first time in the history of AWH. Albury Hospital inpatient data will become compliant with Victorian inpatient activity reporting requirements.
- If you use i.PM in Albury today, you will have a head start learning the new i.PM.

The following datasets can be produced from the new PAS system:

- VAED – Collects patient demographics, admissions, discharges, transfers, clinical coding for all admitted patient episodes
- VEMD – Collects patient demographics, reasons for presentation, visit duration and timestamps for all presentations to the emergency department.
- ESIS – Collects data on elective surgery wait list patients, including demographics, priority and waiting times.
- VINAH – Collects detailed patient data for non-admitted patients including attendances at Outpatient clinics
- AIMS – Summarised reports showing counts for Outpatients and other patient attendances
- VHES – Victoria Healthcare Experience Survey – collects detailed patient contact data to enable development and distribution of patient-centric surveys
- VCR – Victorian Cancer Registry – enables the collection of data for the cancer registry to enable reporting of cancer incidence and mortality.

WHO WILL BE IMPACTED BY THE HUME PAS CONNECT PROJECT?

This change will impact current users of ViTAL, WebPAS and NSW i.PM and systems integrated via HL7 messaging. To create a single PAS for the region, all existing patients will be renumbered. This will impact medical records. The change will also impact downstream systems the use patient identifiers and episode information from the PAS such as Bossnet, HMS, EDIS, iPharmacy and CBORD for AWH.

The roles primarily impacted are employees in:

- inpatient wards;
- outpatient and community services;
- Emergency Department;
- planned surgery units and theatre;
- medical records management; and
- health information; reporting; billing; and finance.

The vast majority of system users are administrative staff while some clinical staff will be affected – see table below for additional information.

Staff role	Users impacted	Possible effects of the Proposed Change
Administrative staff accessing patient information e.g. Wards, outpatients, theatre, ED and community clinics (including mental health)	All	<p>Employees will require training in new systems.</p> <p>Employees will require an adjustment period – use of keyboard, mouse and location of information may initially impact time taken to navigate and complete data entry. Navigation and data entry have similarities to windows-based systems.</p> <p>Increase in Workload - all new or currently entered outpatient appointments and planned surgery will require entry during October.</p>
Administrative staff in finance roles	Some	<p>Employees will require training in new systems.</p> <p>Employees will require an adjustment period – use of keyboard, mouse and location of information may initially impact time taken to navigate and complete data entry. Navigation and data entry have similarities to windows-based systems.</p>
Administrative staff in health information	All	<p>Employees will require training in new systems.</p> <p>Employees will need to be involved in implementation.</p> <p>Employees will require an adjustment period – use of keyboard, mouse and location of information may initially impact time taken to navigate and complete data entry. Navigation and data entry have similarities to windows-based systems.</p>
Health information managers and Clinical Coders	All	<p>Employees will require training in new systems.</p> <p>Employees will need to be involved in implementation.</p> <p>Employees will require an adjustment period – use of keyboard, mouse and location of information may initially impact time taken to navigate and complete data entry. Navigation and data entry have similarities to windows-based systems.</p>
Nursing staff	Some	<p>Employees will require training in new systems:</p> <ul style="list-style-type: none"> - Most nursing staff will view the system to search for a patient or print labels for their community or outpatient charts.

		<p>- Some nursing staff in theatre, ED and outpatients currently manage or triage appointments, surgeries or patients and this will continue.</p> <p>- Some nursing staff in inpatient areas currently manage ward transfers and discharges and this will continue.</p> <p>Employees will require an adjustment period – use of keyboard, mouse and location of information may initially impact time taken to navigate and complete data entry. Navigation and data entry have similarities to windows-based systems.</p>
Allied health staff including pharmacy	Some	<p>Employees will require training in new systems:</p> <p>- Some allied health staff will view the system to search for a patient or print labels for their community or outpatient charts.</p> <p>Employees will require an adjustment period – use of keyboard, mouse and location of information may initially impact time taken to navigate and complete data entry. Navigation and data entry have similarities to windows-based systems.</p>
Medical staff	Very few	<p>Employees will require training in new systems:</p> <p>- Occasions where medical officers will enter patient details in ED. Some medical officers will enter directly, others will rely on administrative staff to enter.</p> <p>Employees will require an adjustment period – use of keyboard, mouse and location of information may initially impact time taken to navigate and complete data entry. Navigation and data entry have similarities to windows-based systems.</p>

MEASURES TO MITIGATE IMPACTS ON EMPLOYEES:

Impacts will be mitigated through combined efforts by HRHA and AWH who will work together to support the transition through several measures:

- 1) **Project Governance:** Regular meetings with CEOs, health information managers, and key project staff to keep everyone informed.
- 2) **Configuration:** HRHA will engage with health services and advise them of back-end configuration of the system.

- 3) **Data Migration:** ensure all relevant legacy data that can possibly be transferred is accessible.
- 4) **System Integration Testing:** to ensure downstream systems are accessible through i.PM.
- 5) **User Acceptance Testing:** End users will test specific scripts within i.PM according to their user function and provide a summary report on testing for sign off to each health service (UAT Report)
- 6) **Project Plans and Strategies:** Updating plans and strategies as needed
- 7) **Training:** Developing end user training material for i.PM. HRHA will develop a training schedule for end users and will train super users identified by Albury Wodonga Health to provide training and support to end users.
 - Super users will receive extensive and practical training in the relevant user functions, trainer resources and other resources to support the delivery of training.
 - Training will enable sufficient time and flexibility for super users to train their end users prior to Go Live.
- 8) **Resources:** Providing training resources, quick reference guides, and FAQs
- 9) **Communications:** Regular updates to users through newsletter, intranet and emails.
- 10) **Go Live Support:** Includes floor walkers, super users, huddles, a Go Live issue and risk management plan, a support centre to manage issues that cannot be addressed by super users.
- 11) **Development of Future State Workflows (FSWs):** Develop FSWs to support workflows through Go Live, Hypercare and Optimisation phases through to Business as Usual. HRHA will provide FSWs to health services to support analysis of local processes and prepare for the change.

Albury Wodonga Health will support and contribute to the change through:

1. Attending key governance meetings.
2. Providing updated lists of current PAS users for system onboarding and identify training needs.
3. Identifying super users for training.
4. Ensure rooms and equipment are available for training.
5. Ensuring rosters allow for attendance or provision of training/participation of change activities etc.
6. Reducing other workload during the training and transition period.
7. Organising daily huddles following Go Live.
8. Updating local workflows, policies and procedures; including the regional governance approach of the PAS.
9. Developing Go Live checklists and down time procedures to support the transition to i.PM and Rhapsody and preparing for Go Live in accordance with HRHA schedule and agreed approach.

CONSULTATION PROCESS:

Affected employees have the right to have representation including a union representative at any time during the change process. The following table makes clear the relevant steps and indicative timeframes for the consultation process.

Step	Action	Time frame
1	Employer provides employee impact statement to employees and Union(s) and other written material as required	9 July 2024
2	Written response from Employees and / or Union(s)	14 days of step 1
3	Consultation meeting(s) convened	7-14 days of step 2
4	Further employee response (where relevant)	After the conclusion of step 3

5	Alternative proposal from employees and / or Union(s)	14 days of step 4
6	Employer to consider alternative proposal/s consistent with the obligation to consult, and if applicable, to arrange further meetings with employees or Union(s) prior to advising outcome of consultation.	14 days of step 5

EMPLOYEE SUPPORT:

Employees can access confidential counselling and support through the EAP, by phoning:

Acacia	1300 364 273
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ALBURY WODONGA HEALTH CONTACTS:

The primary contacts for this organisational change are:

Kim White

Executive Director Quality, Governance & Patient Experience; Chief of Nursing & Midwifery

Executive Sponsor for Hume PAS Connect Project.

Extension: 4849

Glenda Beecher

Director Employee Relations

Extension: 0488 734 833