

# Health Information Services (HIS), Beaches Restructure Proposal

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## Contents

Stage 1 – Scope, Plan and Approval .....	3
1.1 The Need for Change.....	3
1.1.1 Description of Service .....	3
1.1.2 Background .....	<b>Error! Bookmark not defined.</b>
1.2 Restructure Plan.....	4
1.2.1 Reason and purpose of the restructure.....	4
1.2.2 Current and proposed FTE.....	7
1.2.3 Impact on staffing (FTE) .....	7
1.2.4 Current and proposed organisational charts.....	7
1.2.5 Current and proposed position descriptions .....	8
1.2.6 Proposed method of filling positions in the new structure.....	8
Stage 2 – Consultation.....	8
2.1 Notification to employees.....	8
2.2 Notification to Union/Industrial Bodies and other relevant parties .....	8
2.3 Feedback .....	8
Stage 3 – Implementation .....	8
Stage 4 – Review and Evaluation.....	8
Attachments .....	9

## Stage 1 – Scope, Plan and Approval

### 1.1 The Need for Change

#### 1.1.1 Description of Service

Health Information Services (HIS) Beaches provides health record management services for the following:

- Brookvale Community Health Centre (BCHC)
- Mona Vale Hospital (MVH)
- Adolescent and Young Adult Hospice (AYAH)
- Dalwood House
- Stewart House
- Intellectual Disability Health Service (IDHS).

HIS aims to ensure patient and clinical information is of a high quality and available at the point of care, whilst minimising costs and protecting the confidentiality of patient data.

#### 1.2.1 Background

Digitisation of paper health care records, Document Imaging (DI), was introduced in May 2016 for Manly and Queenscliff Community Centre (now BCHC), and October 2016 for MVH.

In preparation of the closure and transition of acute care services from Manly (30<sup>th</sup> October 2018) and transition of acute care services from MVH to Northern Beaches Hospital (NBH) (31<sup>st</sup> October 2018), the Historical Scanning Project scanned paper health care records from 2012 - 2016 for both sites. This allowed electronic access to seven years of patient health information for both Northern Beaches sites and NBH. There were initially issues surrounding disparate systems and sharing of information between the organisations, therefore The Print Service was established on 31 October 2018. The Print Service initially operated 24/7, with manual delivery of all paper health care records, however reduced these operating hours in December 2019 to 0600 – 1800, 7 days a week. At this time, the method of delivery changed to electronic transfer of PDF documents. The service was then ceased in June 2021, due to the increase in information available through the Clinical Health Information Exchange (CHIE). Requests for information from NBH have been managed as business as usual since July 2020.

In addition, the following key milestones have had an impact on HIS and its workload:

- In March 2021, IDHS transitioned from a non-government organisation (NGO) to a NSLHD service, and HIS commenced providing an historic scanning solution as well as business as usual HIS services.
- Processing of release of information requests for patient ongoing care was transferred from Medical Imaging and Urgent Care Centre (UCC) to HIS in February 2023.

- In May 2023, AYAHA opened and a detailed service provision by HIS was outlined in the Operation Plan.

It is noted that the progression of digitising records, including the introduction of new electronic medical record (eMR) modules facilitating direct entry into the eMR, has reduced the amount of paper health care records, resulting in a reduction in the DI workload, however has notably increased the need to manage electronic transfer of PDF files.

The progressive increase in electronic health care records in NSLHD has also resulted in the need for data quality and auditing roles for eMR to ensure documentation is timely, accurate and complete. This includes broadening the scope of HIS roles to include documentation audits, active clinical engagement, and troubleshooting electronic record issues such as duplicate entries, incorrect/incomplete documentation, unsigned notes, printing/extraction of electronic records, and ensuring accurate and secure access to eMR.

The last review of HIS Beaches occurred in preparation of the closure and transition of services in 2018, and a review, post five years, was recommended. Since this time, as a result of the aforementioned changes, there have been significant changes to the way in which work is performed by the service. The service has therefore undertaken a review of the positions, to ensure they are congruent to current demands for electronic records and data management, DI, medico-legal, and the administration of eMR related activities. This review highlights the need for an organisational restructure to meet the current and future needs of health care record management at HIS Beaches.

## 1.2 Restructure Plan

### 1.2.1 Reason and purpose of the restructure

HIS Beaches now manages health care records of BCHC, MVH, AYAHA, IDHS, and Dalwood and Stewart Houses, thus the workload and complexity has changed since 2018. The team manages all health records for these services, including digitisation of paper records, both historical and forward DI; collection and delivery of records, ongoing care requests, and management of medico-legal requests and deceased paperwork. It is also noted that HIS Beaches currently manages PDF upload of health care documents to eMR for NSLHD and will continue to on-board services prior to their distribution to HIS at other sites.

The multiple locations and size of the team has led to a requirement for the DI Clerks to process ongoing care requests and prepare deceased paperwork during the absence of the Medico-Legal and Combines (ML&C) Clerks. Similarly, the ML&C Clerks undertake DI tasks as required. The ML&C Clerks also use *3M ChartRelease* and other applications, which has required further development of skills. All staff are trained to work across both sites and provide coverage in all roles. This has resulted in a requirement of increased capability and skills of staff and streamlining processing of patient information. It has also resulted in a requirement of increased capacity and rostering

flexibility within the service, and coverage with limited staff members during staff shortages. It is thus proposed that the HIS Clerk AO2 positions be regraded, and title changed, to Digitisation Officer AO3, to reflect the AO3 activities required, and the ML&C Clerks be regraded to, and title changed, to Medico-Legal & Data Quality Officer AO4.

Following the transfer of acute services to NBH, MVH has not had identified key stakeholders responsible for the management of the Activity Based Funding (ABF) data collections, including data entry, correction, and reporting, and training regarding the same. A *Data Scoping Review* was conducted, which identified gaps in these areas. It is also noted that a standardised approach for the management of ABF data streams across NSLHD does not currently exist. The risks associated with suboptimal data management and governance are:

- Inability to meet regulatory requirements of timely and accurate input into the Ministry HIE
- Financial penalties
- Clinical risks, including patient safety
- Risk to NSLHD meeting community expectations
- Impact on NSLHD strategic objectives

In addition to gaps in data management, there continues to be backlogs in DI auditing, compounded by the DI Supervisor and Auditor position being incorporated into the Operations Manager position in March 2021. It is noted that DI auditing is currently 8 months in arrears, for which overtime has been required. It is also noted that PDF upload requires 100% auditing during the pilot phase. HIS is therefore unable to meet DI auditing key performance indicators. The introduction of a Data Quality Analyst position will ensure that DI auditing is undertaken within KPIs, and data quality activities and Ministry reporting timeframes are met. It is also noted that this will provide an adequate succession plan for staff, to the management roles. It is therefore proposed that a Data Quality Analyst AO6 position is created to undertake these tasks. Following COVID-19, several longstanding employees retired, leaving vacancies to which it has been difficult to recruit and retain. Realignment of FTE will result in 1.00 FTE AO3 and 0.63 FTE AO2 positions (1.63 FTE) being available to fund the Data Quality Analyst position and reclassification of proposed positions, as outlined in TAB B.

In summary, there has been growth in workload in the following areas:

- PDF upload to eMR and auditing of the same;
- DI auditing;
- Data quality activities, including eMR encounter and data errors, for both non-admitted and admitted encounters;
- Management of health care records for and AYA and IDHS;

- Release of information requests, previously managed by Medical Imaging and UCC;
- Use of multiple applications to manage the release of information to patients, solicitors, third parties and regulatory bodies;
- Development and delivery of procedures, training, and education for the above.

The following risks are noted if organisational change does not occur:

- Backlogs in document imaging audit and destruction of paper records will continue
- Mona Vale will continue to be unable to properly manage data requirements
- Difficulties in recruiting to vacant positions due to the award classification and level of skill required to fulfil document imaging and medico-legal positions
- Reduced staff retention if there is no career pathway
- Grading inconsistent with other sites, leading to the aforementioned issues in recruitment and retention
- Inability of staff to accept future projects, for example PDF upload for additional services, if their skillset is not recognised nor remunerated.

In summary, the proposed changes as a result of the aforementioned service review are:

- Change of titles of positions:
  - HIS Clerk to Digitisation (*DI*) Officer
  - Medico-Legal & Combines Clerk to *Medico-Legal & Data Quality Officer*
- Change of gradings:
  - DI Officer (previously HIS Clerk) from AO2 to AO3
  - Medico-Legal & Data Quality Officer (previously ML&C Clerk) from AO3 to AO4
- Change to FTE:
  - HIS Clerk AO2 from 4.47 to 0.0 (however regrade to AO3 as noted above, and utilise 0.63 to add Data Quality Analyst position)
  - DI Officer from 3.63 to 3.84
  - Medico-Legal & Data Quality Officer 3.63 to 2.63 (however utilise 1.0 to add position below)
  - Add Data Quality Analyst AO6 (from 1 current AO3 and 0.63 AO2)
- Change of reporting line:
  - New Data Quality Analyst AO6 position to report to HIS Manager Beaches & Community

It is noted that the grading of all positions is congruent to the approved RNSH HIS Restructure NSHD/22/92977.

It is noted that there will not be any change to the HIS Manager or Operations Manager grading, nor any change to operating hours. The hours will remain as Monday to Friday 0800 – 1630 at BCHC and 0830- 1700 at MVH.

The benefits of the proposed changes are:

- Enhance HIS’ digital capabilities, thereby becoming less paper-based and providing an innovative solution to health care records management.
- Enable greater focus on quality and compliance across all areas of HIS
- Align organisational structure and position descriptions with other HIS sites, with consistent Award classifications, performance indicators, and duty requirements.
- Provide effective career progression pathways and succession planning across all positions, including supervisory and management levels, thus improving recruitment and retention opportunities in HIS
- Maintain appropriate staffing levels and effective management of resources to better reflect high and low activity periods, thus eliminating longstanding backlogs and the use of overtime and contractors
- Ensure optimal service delivery across HIS in accordance with service demands

## 1.2.2 Current and proposed FTE

Award/Grade	CURRENT FTE	PROPOSED FTE	VARIANCE
Administration Officer Level 2	4.47	0.00	4.47
Administrative Officer Level 3	3.63	3.84	(0.21)
Administrative Officer Level 4	0.00	2.63	(2.63)
Administrative Officer Level 6	0.00	1.00	(1.00)
Health Service Manager Level 1 (HSM1)	1.00	1.00	0
Health Service Manager Level 3 (HSM3)	1.00	1.00	0
<b>TOTAL FTE</b>	<b>10.10</b>	<b>9.47</b>	<b>(0.63)</b>

## 1.2.3 Financial impact

Award/Grade	Current FTE	Current \$	Proposed FTE	Proposed \$	Variance
Administration Officer Level 2	4.47	318005	0.00	(0)	(318005)
Administrative Officer Level 3	3.63	266812	3.84	282248	15436
Administrative Officer Level 4	0.00	(0)	2.63	204608	204608
Administrative Officer Level 6	0.00	(0)	1.00	86565	86565
Health Service Manager Level 1 (HSM1)	1.00	121383	1.00	121383	(0)
Health Service Manager Level 3 (HSM3)	1.00	155875	1.00	155875	(0)
<b>TOTAL</b>	<b>10.10</b>	<b>\$862,075</b>	<b>9.47</b>	<b>\$850,679</b>	<b>(\$11,396)</b>

## 1.2.4 Impact on staffing (FTE)

Refer attachment – *Affected Employees & Positions Table 2023 (TAB B)*.

## 1.2.5 Current and proposed organisational charts

Refer attachment – *Organisational Charts (TAB C (1) & (2))*

## 1.2.6 Current and proposed position descriptions

Refer attachment – *Position Descriptions (TAB D (1) & (2))*

## 1.2.7 Proposed method of filling positions in the new structure

Positions within 5% increase will be direct appoints and positions greater than 5% will be filled via merit-based selection as indicated in *Affected Employees & Positions Table 2023 (TAB B)*, and in accordance with NSW Health Policy Directive, *Recruitment and Selection of Staff to the NSW Health Service (PD2017\_040) (TAB E)*.

## Stage 2 – Consultation

Consultation will occur in accordance with NSLHD procedure *Restructuring in Northern Sydney Local Health District (2014\_016) (TAB F)* and in accordance with the relevant industrial awards. *All employees will be provided ongoing assistance where required throughout the consultation period from HIS and Human Resources, along with access to the Employee Assistance Program (EAP).*

### 2.1 Notification to employees

All employees impacted by the proposed changes will be advised in writing of the proposed changes and are invited to provide feedback during a 2-week consultation period in accordance with NSLHD procedure *Restructuring in Northern Sydney Local Health District*. [2.2 Notification to Union/Industrial Bodies and other relevant parties](#)

This restructure proposal document, along with the associated documents available in Tabs A – F, will be provided for consultation to the following stakeholders as detailed below:

- All staff within Beaches HIS
- NSW Health Services Union (HSU)

### 2.3 Feedback

Staff are invited to provide feedback to Michael Felicetti  
[Michahel.Felicetti@health.nsw.gov.au](mailto:Michahel.Felicetti@health.nsw.gov.au).

## Stage 3 – Implementation

It is anticipated that the proposed restructure will be implemented post consultation with the affected employees as outlined in **(TAB B)**.

## Stage 4 – Review and Evaluation

The restructure will be reviewed 3 months following implementation to ensure that the efficiencies in place are maintained in accordance with service need.

The HR Business Partner, in consultation with Employee Services Unit (ESU), will complete a final evaluation of the restructure plan to ensure all positions are established in accordance with the new organisational structure.



## Attachments

**TAB A** - HIS Beaches Restructure Proposal 2023

**TAB B** - Affected Employees & Positions Table 2023

**TAB C** (1) & (2) - Current and Proposed Organisational Charts

**TAB D** (1) & (2) - Current and Proposed Position Descriptions

**TAB E** - Recruitment and Selection of Staff to the NSW Health Service (PD2017\_040)

**TAB F** - Restructuring in Northern Sydney Local Health District (PR2014\_016)