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Contents



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In depth

- 12. Improving health outcomes with digital health
- Using technology to transform the health and wellbeing of Australian children
- 16. Already beyond our expectations
- 20. Spreading awareness of My Health Record in the community
- 22. The foundations of digital hospital success at Metro South Health
- 34. Impressive outcomes using Telehealth in aged care facilities
- 38. The technology behind the Victorian Heart Hospital
- 44. How technology is helping hospitals to predict patient admissions
- 46. Digital health—enabling integration for elderly residents in aged care facilities

Briefing

- 18. Learnings from the My Health Record opt-out trial
- 30. The change to digital at Metro South Health's Logan and Beaudesert hospitals
- 36. HealthPathways South Australia
- 40. Australian College of Nursing on digital health
- 42. The Project ECHO® Hub
- 48. End-of-Life Directions for Aged Care (ELDAC) toolkits
- 50. Cultural safety in hospitals
- 52. The crisis in public interest journalism is a health threat

From the AHHA desk

- 04. View from the Chair
- 05. Chief Executive update
- 06. AHHA in the news
- 27. Towards building capacity in patients and empowering patient voices in Egypt
- 28. Healthcare systems: future predictions for global care
- 54. Become an AHHA member
- 55. More about the AHHA

Advertorial

- 10. My Health Record: the start of a lifelong journey
- 32. From the lab to the world





How Artificial Intelligence is revolutionising healthcare

had an interesting conversation with a friend the other day. We were talking about who would care for us in our old age. My friend was of the view that she would move in with her children and pay them back for all the hell they put her through as teenagers. While the idea of my kids dealing with me at my most cranky was rather appealing, I said that by the time I need a carer, it'll probably be a robot. But I still want human interaction.

I value and respect the amazing professionals working in aged care and the health sector as a whole. I am also incredibly excited by the impact Artificial Intelligence (AI) will have in changing the way we diagnose illness and deliver care. I don't see it as AI replacing medical professionals. I see it as Al and humans working in partnership to deliver more innovative, accessible and costeffective care.

Accenture estimates that AI applications can potentially create \$150 billion in annual savings for the United States healthcare economy by 2026. After assessing the impact of different AI applications, Accenture found that the three applications that offer the greatest near-term value are robot-assisted surgery, virtual nursing assistants and administrative workflow assistance.

Currently the most commonly used Al applications in the health sector are algorithmic-a clinician or a researcher embeds data that a computer uses to apply to a problem. For example, a clinical team can create a model that predicts a patient journey based on the available evidence. Unlike previous incarnations, new AI systems are able to perceive the world in a similar way to humans-through sight, sound, touch and

the written word and they can learn. Instead of analysing data retrospectively, AI can now be used to follow what a clinician is doing in real-time and to solve medical tasks.

Before I'm accused of buying into the hype and devaluing the importance of human intuition in healthcare, let me reinforce that I don't see AI as replacing the vital role of healthcare workers, but rather being used to enhance our models of care. A clinician's

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accessible and cost-

intuition is often the difference between life and death, and reducing medicine to mathematics both devalues that intuition and could negatively impact a patient's health outcomes. That's why it is essential to explore and embrace Al in a measured and realistic way; particularly its use of algorithms to risk-stratify.

I believe the real power of AI is when it is used in conjunction with more traditional care delivery. For example, virtual care company Sense.ly has developed an application where a nurse avatar named Molly answers any health questions a client may have. If the client wants more than a nurse consult, they are able to interact with a doctor in real-time via their phone, tablet, TV or computer-all without leaving their home. The application even integrates wired and wireless medical devices so clinicians can view data from the devices to monitor and assess risk, triage, and coordinate a care plan.

In Denmark, AI is enabling doctors to review and interpret mammograms 30 times faster with 99% accuracy. In India, Microsoft and the Apollo Hospital are building an AI network for the early diagnosis of cardiac diseases. Here in Australia, scientists at CSIRO have developed an Al-driven eye-screen technology that could make it easier to prevent blindness in the 1.7 million Australians with diabetes. In Brisbane, a wireless, Al-boosted stethoscope

> has been developed that pairs with an iOS or Android app to quickly capture and analyse heart and lung data.

In addition to helping with diagnosis, Al can also be used to explain lab results to patients, improve the functionality of prosthetic limbs, enhance clinical documentation and boost cyber security.

The impact of this kind of technology is incredibly exciting and makes the best of both human and AI talent.

With an ageing population, rising rates of chronic disease and clinical demand at an all-time high, AI has the potential to relieve some of the pressure on our stretched health system while helping us deliver more accessible and affordable healthcare.

I'm excited by a future where digital technologies and AI will empower both medical professionals and patients to improve health outcomes. And if my robot isn't ready by the time I need it, look out kids! ha



Digital healthcare

Advocate is 'Digital healthcare', and we are pleased to welcome the Australian Digital Health Agency as the major sponsor.

Among the many functions of the Agency is responsibility for the rollout and implementation of 'My Health Record', formerly known as the Personally Controlled Electronic Health Record.

The idea of every Australian having an electronic health record is far from new of course. And, provided that privacy concerns can be catered for satisfactorily, the advantages of having your medical history in the one place, both for consumers and healthcare providers, are obvious. Coordinated treatment among all sectors of the health system is just one benefit, and is a major reason why AHHA supports My Health Record.

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The former Personally Controlled Electronic Health Record was introduced on an 'optin' basis. That is, you had to apply to have a record, and your wish would be granted. The trouble was that uptake was very slow, whether through lack of messages getting through, seemingly unanswered privacy

concerns, or complacency about something that did not appear to have any immediate discernible effect on our personal lives.

Two Budgets ago, after two successful trials overseen by the Australian Government Department of Health, and with the agreement of the states and territories, the Turnbull Government announced that 'My Health Record' would be an opt-out record—that is, unless you specifically opt out, a My Health

Record will be created for you.

One of the two Opt-out Trial organisations, the Nepean Blue Mountains Primary Health Network, has written about lessons learned from the process elsewhere in this issue of *The Health Advocate*.

A key announcement made by the federal Minister for Health Greg Hunt just before we went to press was that the official opt-out period will run from 16 July to 15 October this year.

Unless you choose not to have a record, and make that decision known during that period, you will be given a My Health Record. But if you opt out and later change your mind, you can opt back in. Or, you can opt out any time after the trial period if you initially decided to stay with it.

Overall, we think the opt-out model helps balance the clinician's need for information and the patient's right to privacy.

Minister Hunt has provided an article for this issue on the benefits of digital health for Australians, especially the My Health Record. As he says, hospital admissions avoided, fewer adverse drug events, reduced duplication of tests, better coordination of care for people with chronic and complex conditions, and better informed treatment decisions.

In terms of privacy, the ADHA assures us that strict privacy control, set by the individual, is a central feature of My Health Record. Each of us can control the information that is in our My Health Record, and control which healthcare providers can have access to various components of it.

Further work is needed to fully integrate My Health Record with hospital clinical information systems, but we understand that My Health Record currently offers a 'medicines view' showing patient medications and related information, and an increasing number of clinical documents such as referrals, shared health summaries, and pathology and diagnostic imaging reports. This information will empower clinicians to make timely healthcare decisions in consultation with their patients.

The Australian Digital Health Agency has provided material on the benefits of My Health Record elsewhere in this issue, including an interesting 'My Health Record' timeline infographic comparing what happens now with various aspects of healthcare to what is possible with My Health Record.

I hope you enjoy this issue of *The Health Advocate*—our first AHHA magazine foray into the world of digital healthcare!

AHHA in the news



5 APRIL 2018

Out-of-pocket costs for patients unanticipated, unexpected, unaffordable

'It's not surprising that so many patients have reported significant out-of-pocket medical costs, even when they have private health insurance ', Australian Healthcare and Hospitals Association (AHHA) Chief Executive Alison Verhoeven said.

Ms Verhoeven was commenting on the release of the Consumers Health Forum's *Out of pocket pain* report.

'People's first-hand accounts of their experiences paint a picture of a private health system they see as high cost, complex and confusing.

'The Australian Government's decision to instigate a review of out-of-pocket costs is therefore very timely.

'There are several ways in which unanticipated and sometimes unaffordable bills can land in the patient's lap. 'For example, although many specialists do provide details of the fees they will charge for their services, a person may be required to see several different health service providers for their condition.

'To continue the example, before procedure A can be started, test B must be performed, and if that test shows factor C, then health provider D should be consulted. If test B is performed outside a hospital it may not be claimable on health insurance—and so on.

'With each provider charging for their services and no clear idea on the claimability or benefits payable on the various items, either from private health insurance or Medicare, the overall amount of money the patient is required to spend adds to something significantly more than first anticipated.'

12 APRIL 2018

Better care at end of life gets a boost with new website

'The new End of Life Directions for Aged Care (ELDAC) website—www.eldac.com.au—provides many paths to practical and useful information for palliative care and advance care planning', said Australian Healthcare and Hospitals Association (AHHA) Chief Executive Alison Verhoeven.

The site is part of a three-year project funded by the Australian Government
Department of Health which aims to improve the care of older Australians through advance care planning activities and palliative care connections.

AHHA is a member of the ELDAC consortium led by the Queensland University of Technology, Flinders University and the University of Technology Sydney, and including Palliative Care Australia, Aged and Community Services Australia, Leading Age Services Australia, and Catholic Health Australia.

'As an ELDAC project partner we are proud to have been involved in the development of this website, where health professionals and aged care workers can access information, guidance, and resources to support palliative care and advance care planning for older people and their families', Ms Verhoeven said.

'One of the features of the site is a set of five online toolkits developed by palliative care, aged care, primary care and legal experts covering Residential Aged Care, Home Care, Primary Care, Working Together, and Legal matters.

'For example, the Primary Care toolkit, which was developed by AHHA, leads healthcare workers and primary care teams through the various steps involved in supporting advance care planning with patients and their families, including considerations for people of various religious and cultural backgrounds. There are links to fact sheets, guides, discussion starters, patient resources and podcasts.'

HAVE YOUR SAY...

We would like to hear your opinion on these or any other healthcare issues. Send your comments and article pitches to our media inbox: communications@ahha.asn.au



8 MAY 2018

Health data boost right step on the road to reform

'The substantial boost in funding for better health data in this year's Federal Budget is a great building block for much-needed reform of the system-and the government is to be congratulated for it', Australian Healthcare and Hospitals Association (AHHA) Chief Executive Alison Verhoeven said.

The Australian Government announced a boost of \$30 million over 4 years to the Australian Institute of Health and Welfare to improve accessibility to health information and statistics, including better data sharing capability and information and communications technology upgrades.

'As outlined in our Healthy people, healthy systems blueprint for healthcare, which we released last December, we need to reorientate waiting, so much more needs to be done. our healthcare system to focus on patient outcomes and value rather than throughput and million investment in mental health services vested interests. To make things better we have to have an accurate picture of what is going on now-and we can get this through better healthcare data.

'While the news on data is good, it's disappointing that there have been no major announcements boosting the capacity of public hospitals to cater for what is now overwhelming demand, nor to better coordinate the two-way divide between primary care and hospital care.

'Another critical area specified in our blueprint is moving care away from high cost hospitals where possible to patient-centred primary and community care, including disability care, aged care and mental health care services.

'The \$1.6 billion in increased funding for 14,000 additional high level home care packages by 2021-22 is therefore welcome news-however over 100,000 people are

'We also welcome the increased \$82.5 in residential aged care facilities, and the broader mental health investments announced in this Budget.'



29 MAY 2018

Scholarships for **Aboriginal and Torres** Strait Islander health professionals to attend 2018 World Hospital Congress now open

Aboriginal and Torres Strait Islander early career health professionals have the opportunity to be supported to attend the 42nd World Hospital Congress through a new scholarship program.

The World Hospital Congress is an annual gathering of international health leaders to share ideas and experiences and learn from influencers and innovators. The Congress is returning to Australia for the first time in 20 years and will be held in Brisbane from 10-12 October 2018.

The scholarships are sponsored by AHHA, industry super fund HESTA and the Lowitja Institute. Each scholarship will include Congress registration fees and reimbursement of up to \$1,750 for travel expenses associated with attending the Congress.

'It's a fabulous opportunity for new and emerging Aboriginal and Torres Strait Islander health professionals to meet and network with health professionals from around the world', said AHHA Strategic Programs Director, Dr Chris Bourke.

To apply, please visit: www.ahha.asn.au/ aboriginal-and-torres-strait-islander-earlycareer-health-professionals-scholarship. Scholarships close: 5 pm (AEST) Sunday 24 June 2018.

AHHA in the news

29 MAY 2018

4 Corners sounds warning bell on health costs: is government listening?

'Last night's 4 Corners program on out-ofpocket health costs is a warning bell that our political leaders should heed,' Australian Healthcare and Hospitals Association (AHHA) Chief Executive Alison Verhoeven said.

'People's first-hand accounts of the significant costs incurred in managing their health cannot be ignored, nor brushed over with statements about high bulk-billing rates, a few rogue specialists, and planned insurance reforms which will do little, if anything, to address the problem.

'While the Australian Government is undertaking a review of out-of-pocket costs, it must give a clear assurance to all Australians that it prioritises investment in the public health sector so that quality health care is available to all Australians,' says Ms Verhoeven.

'As a starting point, the Government could task the MBS Review Taskforce with investigating options for bundled payments for high-need patients, such as those requiring treatment for cancer. This would assist in addressing variation in doctors' fees, as well as the unanticipated and sometimes unaffordable bills that land in the patient's lap throughout their care journey.

'For example, although many specialists do provide details of the fees they will charge for their services, a person may be required to see several different health service providers for their condition. Many tests and treatments are performed outside a hospital and may not be claimable on health insurance.

'With each provider charging for their services and no clear idea on the claimability or benefits payable on the various items, either from private health insurance or Medicare, the overall amount of money the patient is required to spend can add to something significantly more than first anticipated.'



29 MAY 2018

Recognising the historic experience of Aboriginal and Torres Strait Islander patients is key to reconciliation

Understanding the history behind why Aboriginal and Torres Strait Islander patients are five times more likely to leave hospital against medical advice is key to achieving reconciliation in the hospital system, the Australian Healthcare and Hospitals Association (AHHA) and the Heart Foundation said this week.

National Reconciliation Week is this week, and the theme 'Don't Keep History a Mystery' highlights the importance of all Australians exploring our past, learning more about Aboriginal and Torres Strait Islander histories and cultures, and developing a deeper understanding of our national story.

The Lighthouse Hospital Project, a federally funded joint program by the AHHA and the Heart Foundation, is working with 18 hospitals around the nation to transform the experience of healthcare for Indigenous patients by trying to make their environments more culturally safe.

Dr Chris Bourke, a Gamillaroi man and Director of Strategic Programs at the AHHA,

said the five dimensions of reconciliation—race relations, equality and equity, institutional integrity, unity and historical acceptance—directly relate to the Lighthouse goal of achieving better outcomes for Aboriginal and Torres Strait Islander patients who go to hospital after a heart attack.

'The inequitable situation whereby
Aboriginal and Torres Strait Islanders are
30% less likely to receive appropriate care
after a heart attack demands action', he
said. 'Working in partnership with Aboriginal
and Torres Strait Islander peoples and health
organisations is the most effective tool for
building cultural safety in our public hospitals,
reducing discharge against medical advice and
improving care pathways after discharge.

'Understanding the true history of Australia allows non-Indigenous clinicians and health administrators to be aware of the background to our current situation, learn about their stereotypes, reflect on practices and build trust with Aboriginal and Torres Strait Islander people.'



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- Thai Medical Informatics Association (TMI)
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For enquiries:

Messe Düsseldorf Asia Pte Ltd 3 HarbourFront Place #09-02 HarbourFront Tower Two Singapore 099254 Tel: (65) 6332 9620 Fax: (65) 6337 4633

medicalfair-asia@mda.com.sg



My Health Record



AN IMPORTANT YEAR

2018 is an important year for Australia's health system. By year's end a My Health Record will be created for everyone, unless they choose not to have one.

This is just the start of the My Health Record lifelong journey.

A child born in 2018 will have the opportunity to have, in 20 years' time, a My Health Record that contains a listing of their key health information from early childhood vaccinations through to the most recent medicines dispensed to them.

Not only that, it will be available to healthcare professionals wherever they are in Australia.

Recently, Berrigan in NSW became the first town in Australia where all key healthcare providers are connected and using My Health Record.

Berrigan local Damien Taylor experienced first-hand the benefits of My Health Record for his young daughter Maggie, who, at seven months old, underwent open-heart surgery for a congenital heart defect. 'While my wife and I were going through this traumatic time with Maggie, her important health information like medicines, conditions and hospital stay information were being captured in her My Health Record. We are so pleased it has. The long-term benefits of having this record mean we won't need to keep hard copy records and try to remember everything at each medical appointment in the future,' Mr Taylor said.

The Australian Digital Health Agency (the Agency) is partnering with Australia's 31 Primary Health Networks (PHNs) and many health and non-health consumer peak organisations to inform all Australians of the benefits of My Health Record and the expansion from an opt-in system to an opt-out system.

Anyone who decides they do not want to have a My Health Record will be able to opt out during a three month opt-out period that will run from 16 July to 15 October 2018.

The PHNs and peak health organisations are also supporting healthcare providers,

GP practices, pharmacies, allied health, hospitals and aged care facilities to connect with the My Health Record system.

As well, the Agency is working closely with healthcare clinical information software (CIS) providers to connect them with the My Health Record system. While there are many CIS packages, in some health areas fax machines, paper-based systems and 'snail mail' remain the mainstay of record-keeping and delivering reports.

Already all pharmacy dispensing software providers are connected or committed to connecting with the My Health Record system, as are many GP practice CISs. Pathology and diagnostic imaging CISs are rapidly connecting. Queensland-based specialist surgical pathology lab InfinityPATH recently began uploading pathology reports to My Health Record. Primary Health Care, Australian Clinical Labs, Sonic Healthcare, and eight other software vendors and pathology labs recently signed agreements with the Agency to send pathology reports to the My Health Record system.

the start of a lifelong journey







Rebecca Vella

MAKING A DIFFERENCE IN PEOPLE'S LIVES

As at 20 May 2018 more than 5.8 million Australians have a My Health Record. Nearly 12,000 healthcare provider organisations are connected, including GP organisations, hospitals and pharmacies.

My Health Record is making a difference in people's lives.

Rebecca Vella from Townsville in Queensland believes My Health Record is an essential tool—and one that she uses often—to keep track of all of her important health information.

Her fiancé is a proud member of the Australian Defence Force, which means the couple pack up their entire lives and move to a new city every two to three years.

'I recently went to hospital, and the Emergency Department staff were able to use previous uploads on my record to assist them with my diagnosis', Rebecca said.

'I would have to either request my previous GP or specialist send my records to my new provider, or I would need to repeat my entire medical history whenever I visited a new provider in a new area.

'I am currently accessing services in various facilities, and having a My Health Record to refer to means that I thankfully don't have to repeat my story to every new provider I see.'

Heath professionals find My Health Record to be a powerful practice tool.

This was driven home to Adelaide-based GP Dr Chris Moy in an incident where he had to review an unwell patient who had been discharged early from hospital in another state without any information about his condition or follow up.

'I was able to find a discharge letter immediately on My Health Record which summarised his admission and required follow-up. This was information I would not otherwise have had access to and it made a significant difference in improving his care.

'My Health Record will not be an overnight sensation. People need to look at My Health Record with a long-term view', Dr Moy said.

'My Health Record will not be an overnight sensation. People need to look at My Health Record with a long-term view'. Dr Chris Moy

According to Agency CEO Tim Kelsey,
My Health Record is digital health innovation
at its very best, and the Berrigan example
demonstrates that it doesn't matter where
in Australia you live—as a consumer and
a provider, you should have your health
records in the palm of your hand.







Improving health outcomes with digital health

"My Health Record is already delivering improved health outcomes for people with a record and actively using it. The My Health Record website (www.myhealthrecord.gov.au) has many examples of Australian people whose lives have been improved by having a My Health Record."

igital health is essential to delivering effective health outcomes for Australia's growing and ageing population.

The benefits for Australians are significant and compelling—hospital admissions avoided, fewer adverse drug events, reduced duplication of tests, better coordination of care for people with chronic and complex conditions, and better informed treatment decisions.

Digital health can help save and improve lives—as well as support people to have more choice and control over the health services they receive.

This is why as part of last year's budget, the Turnbull Government announced that the

My Health Record system would transition from opt-in to opt-out participation. To support this expansion of Australia's digital health system, the Government has allocated \$374.2 million over 2 years.

By the end of 2018, every Australian will have a My Health Record unless they choose not to have one. The opt-out period will commence on 16 July and run for three months long, ending on 15 October 2018.

During this time, consumers can choose not to have a My Health Record created for them. After the opt-out period, a reconciliation will be undertaken to ensure records are not created for people who have opted out or who are not eligible, and My Health Records are expected to be created and available to

consumers from 13 November 2018.

My Health Record is already delivering improved health outcomes for people with a record and actively using it. The My Health Record website (www.myhealthrecord.gov. au) has many examples of Australian people whose lives have been improved by having a My Health Record.

Benefits flowing from My Health Record include, fewer adverse drug events, reduced hospital admissions, reduced duplication of diagnostic tests, better coordination of care for people with chronic and complex conditions seeing multiple healthcare providers, and better informed treatment decisions.

Individuals are able to upload personal



notes, advanced care documentation, and medication and allergy information. Authorised healthcare providers using approved clinical information software can also upload health information on allergies, medical conditions and treatments, medicine details, and test results.

Real and ongoing benefits from My Health Record will be realised over time as more health information is added to a person's My Health Record.

I encourage every Australian to embrace My Health Record and to speak with their healthcare providers regarding these benefits.

SECONDARY USE OF DATA

Data in the My Health Record system has the potential to deliver unprecedented levels of insight into population health outcomes, more sustainable resourcing, and to inspire new clinical developments for the benefit of all Australians.

This is why we have developed a framework to guide the secondary uses of my health record system data. The framework developed in consultation with consumers, clinicians, medical researchers, and industry experts defines how data sourced from the My Health Record system can be used for research and public health purposes while preserving privacy and security of data in the system.

Importantly, if Australians do not want their health information in My Health Record to be used this way, they will have the right to say so. My Health Record will have a function, allowing people to say they don't want their health information used for secondary purposes. This is a really important function and highlights the central feature of My Health Record—personal control and choice.

OTHER INITIATIVES

Further to the My Health Record, the Government has also announced two other initiatives that will strengthen Australia's digital health system:

- In August last year the Council of Australian Governments (COAG) Health Council approved Australia's National Digital Health strategy—Safe, seamless, and secure: evolving health and care to meet the needs of modern Australia (2018-2022).
- More recently, my colleague, Jobs and Innovation Minister Senator Michaelia Cash and Assistant Minister for Science, Jobs, and Innovation Senator Zed Seselja, announced that the Turnbull Government will invest \$55 million in a Digital Health Cooperative Research Centre (CRC) program to further develop Australia's growing digital health technology and services industry.

NATIONAL DIGITAL HEALTH STRATEGY
The National Digital Health Strategy set seven
priority areas that form the foundation of
Australia's vision for digital health. It builds
on Australia's existing leadership in digital
health care and supports Australian people

and clinicians to put consumers at the centre of their health care and provide choice, control, and transparency.

Following on from this the Australian Digital Health Agency recently announced a consultation phase on the Framework for Action to support the strategy's implementation. The Agency has been consulting widely to gain feedback on this framework.

DIGITAL HEALTH COOPERATIVE RESEARCH CENTRE

The Digital Health CRC is seeking to improve health outcomes for Australians through the use of digital technologies, which can improve access to the right health care, lower costs and increase understanding and awareness.

The CRC is also examining better ways to share information on adverse reactions and developing better decision support apps.

It will also identify digital technologies that improve health outcomes for Australians that can improve access to the right health care, reduce costs and increase understanding and awareness. It also aims to help people make positive, informed choices about their health and wellbeing, and to maintain a healthy lifestyle.

All of these Government initiatives seek to harness the potential of digital health to improve health outcomes for Australians and give them greater control over their health management while balancing the need to protect security and privacy.



TECHNOLOGY AND CHILDREN

Technology is changing every facet of our lives—from the way we communicate and socialise, to the way we work. It is increasingly informing children's experiences¹ and has become a central part of their everyday lives².

In 2017, the University of Western Sydney, the United Nations Children's Fund (UNICEF) and children's digital rights organisation RErights, examined children's views on digital technology. In their report, Young and online: children's perspectives on life in the digital age, one of the participants, Philip Chan, a Youth Advisor for RErights described the potential impact of technology:

'Life is a blind lottery. You cannot choose the circumstances of your birth: your gender, your ethnicity, your parents' wealth, or your disability. Yet technology has the immense potential to even the playing field. Technology can transform the way children learn, connect and discover opportunities for their wellbeing and development. In a world of growing inequalities and uncertainties, technology can be a source of empowerment, enabling children to become the authors of their futures and to rise above the cycle of disadvantage.'

TECHNOLOGY AND HEALTHCARE

Technology is also transforming how healthcare is provided, increasingly enabling every aspect of healthcare delivery—from rostering healthcare teams to prescribing medications. Perhaps the most critical is its ability to support safer and more coordinated care, by providing information when and where it is needed. It is also changing how people manage their health, and is empowering individuals through easier access to their health information.

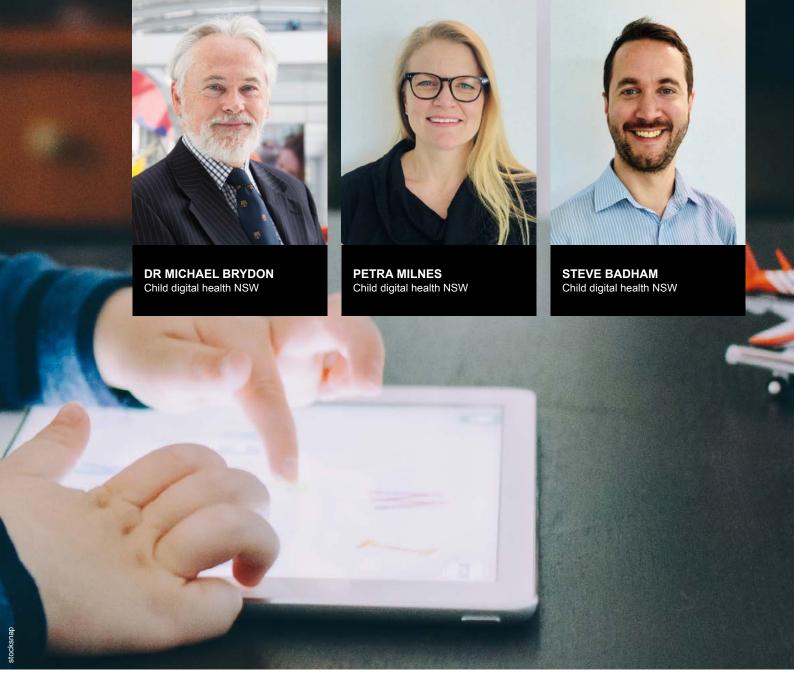
Many of these themes have been captured in Australia's national digital health strategy—

safe, seamless and secure.³ A key priority of the Strategy is to develop digitally-enabled models of care that improve accessibility, quality, safety and efficiency. By establishing test beds where consumers, healthcare providers, governments, researchers and industry can work together, digital technologies can be trialled and evaluated to determine whether they have national applicability.

THE NATIONAL CHILDREN'S DIGITAL HEALTH COLLABORATIVE

We know that there is a growing body of evidence showing the foundations for lifelong health and wellbeing are built in the prenatal period and during early childhood⁴, so why not use the transformative power of technology to support the health and wellbeing of children as they grow into adults?

To explore this, the Australian Digital Health Agency has partnered with eHealth NSW and the Sydney Children's Hospitals



Network to establish the National Children's Digital Health Collaborative. The Collaborative brings together all states and territories—with the vision to make Australia the best place in the world to raise a healthy child, and to be raised.

The Collaborative ran a series of workshops across Australia in 2017 with clinicians, consumers, researchers, policy-makers, health and social care providers, and ICT industry representatives, to generate innovative ideas for how digital technology could have a positive impact on children and young people's health and wellbeing.

Over 40 ideas were generated, which were then themed and prioritised by panels of experts into five key initiatives: a National Child Digital Health Record; Uploading School Immunisation Records to the Australian Immunisation Register; a National Digital Pregnancy Health Record; National Digital Child Health Checks; and opportunities for

research into a Longitudinal Digital Child Health Record.

All five initiatives were approved by the Agency and will now move into design and implementation phases. The initiatives will be piloted and evaluated in different states and territories over the next few years, to provide a base of evidence and experience, with a view to implementing them nationally.

The Collaborative will be testing and evaluating ways in which parents, carers and their healthcare providers want to share information on a child's health and wellbeing. This in itself is a worthy goal, but the real potential of these initiatives comes from the power in capturing this critical data to really help our understanding of, and ability to, tackle the social determinants of health that are so important in those first few years of life—thereby setting our children up for long term success in the decades ahead.

For more information on the Collaborative, visit www.childrenscollaborative.com.au.

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Already beyond our expectations

THE EVIDENCE AND THE ROLLOUTS

The evidence supporting the investment and effort to introduce an advanced digital hospital solution is in, and the results are already beyond our expectations.

New figures from Princess Alexandra Hospital (PAH), which became fully digital early in 2017, show:

- a 50% reduction in the rate of cost growth compared with the control hospital
- a 14% drop in medication incidents, leading to a reduction in medication costs
- 17% fewer emergency readmissions within 28 days of discharge
- a 19% reduction in medical imaging orders
- 56% fewer hospital-acquired pressure injuries
- a 37% reduction in healthcare-associated
- a 59% increase in early identification of deteriorating patients.

These are just some of the outstanding benefits we have seen from the advanced integrated electronic Medical Record (ieMR) that is now also live at Mackay Base Hospital, Logan Hospital, Beaudesert Hospital and the Lady Cilento Children's Hospital.

Metro South Hospital and Health Service will become the first fully digital health service by June 2018 [see other articles on pages 22-23 and 30-31-Ed.], with Redland and QEII Hospitals completing 'Go-Live'.

By the end of 2018, Townsville Hospital, Ipswich Hospital, Sunshine Coast University

Hospital, and Nambour Hospital will become ieMR 'advanced' sites, connecting almost onethird (32%) of hospital beds to the 'advanced' ieMR across the state.

Without doubt, 'digital' is one of the most important revolutions in healthcare. Our digital hospitals and other digital healthcare capabilities not only relieve public hospital infrastructure pressures, they also provide highly connected and interactive models of care that support personalised, precise and well-informed treatment of patients across care settings and care teams.

This will also translate into more costeffective care, which should be music to the ears of administrators and governments justifying healthcare spending. For example, the PAH's average inpatient length of stay was down 6% and clinical form costs, including printing costs, were down 81%.

Earlier this year Beaudesert Hospital became the first Australian rural digital hospital, and as more digital transformation occurs across the state we will see improvements in connected care across service providers and overcome issues of distance and isolation.

ieMR NOT THE END GAME

However, it is important to recognise that introduction of ieMR is not the end game. We see it as a foundational tool that will exponentially open vast opportunities for service improvement from ongoing system advancements and powerful data for rapid advancements in predictive healthcare.

Already, smart clinicians have started creating purpose-built digital dashboards using ieMR data. Dr Alex Cottle from Mackay broke new ground with a real-time Digital Anaesthetic and Pain Array Dashboard, which helps him simultaneously monitor and respond to all his patients' needs.

A new Clinical Nursing Dashboard at the PAH is helping staff easily identify incomplete assessments and high-risk patients. Overnight, Brain Injury Rehabilitation Unit (BIRU) patient assessment completion rates shot up from 74% completed on time to 95%, and over a four-week period all assessments stayed up. The average time to complete assessments dropped from 7.3 hours to 3.3 hours.

Data-driven, clinical decision-making at point-of-care will continue to evolve as more and more data are collected.

Equally, the 'internet of things' and mobile health apps provide opportunities to integrate with ieMR and transform healthcare service delivery through establishing evidence-based treatment pathways.

HOW DID WE DO IT?

So, how did Queensland Health achieve this level of digital innovation momentum?

Digital transformation success needs consistent and committed buy-in from the top down. However, the change will only get real momentum with passionate and strong clinical





Learnings from the My Health Record opt-out trial

BMPHN provides primary care support to the communities within the Blue Mountains, Hawkesbury, Lithgow and Penrith Local Government Areas (LGA). It shares geographical boundaries with the Nepean Blue Mountains Local Health District (NBMLHD) and encompasses regional, rural and outer metro areas. The region has a diverse population and spans an area that has both suburban and rural pockets with large areas of social disadvantage.

The My Health Record (previously known as PCEHR) is an electronic summary of an individual's health information that can be shared between registered health professionals involved in their care to support improved decision making.

The objective of the trial was to increase healthcare provider usage and consumer awareness of the benefits of the My Health Record. During the trial, more than 440,000 (comprising 360,000 from Nepean Blue

Mountains and 80,000 from areas bordering the region) My Health Records were created for 98% of people, with an opt-out rate of 1.9%. This opt-out rate is in line with international experience and was deemed to be a success.

These results were achieved by engaging effectively with local healthcare providers and consumers, enabling consumers to make an informed decision in relation to the choice to opt out. More specifically, NBMPHN assisted healthcare providers in registering for My Health Record, encouraging adoption by integrating its use into practice workflows, and conducted several My Health Record awareness-raising activities.

KEY LESSONS

Some of the key lessons learned during the trial included:

 A strong, clear program governance structure is crucial to monitor implementation. The NBMPHN Digital Health Team established a program governance structure and embedded progress, risk and issue reporting into their daily tasks and routines. Similarly, an Executive Leadership Governance Committee, comprising both the PHN and Local Health District as well as other key stakeholders such as eHealth NSW, demonstrated a joint partnership which, coupled with active and strong executive sponsorship by local department clinicians, helped to drive change.

- Lead times need to be clearly communicated and factored into the timeline at the planning stage.
 Organisations such as residential aged care facilities and private hospitals often require approval from their head office or management to proceed with registration and connection, which can extend lead times.
- The individual skills of the PHN workforce can enhance engagement and uptake of



In October 2015, Nepean Blue Mountains Primary Health Network (NBMPHN) was one of two regions selected to trial the opt-out participation arrangements for the My Health Record. The success of the trial has resulted in the Federal Government expanding the opt-out model across Australia. By the end of 2018 every Australian will receive a My Health Record unless they choose not to have one and Primary Health Networks (PHNs) will have a lead role. In preparation for the Federal Government's expansion program, NBMPHN is sharing their lessons to support all PHNs nationally as they work to increase awareness and benefits of the My Health Record with healthcare providers and consumers.

My Health Record. A diversity of health backgrounds (including a pharmacist, dentist and practice nurse) in the NBMPHN Digital Health Team was a key contributor to the breadth and depth of engagement with healthcare provider groups.

- In the later stages, education and training
 was targeted at Practice Nurses. Practice
 Nurses also contribute to uploading
 Shared Health Summaries and are key to
 driving behavioural change within the
 practice. The NBMPHN Digital Health
 Team developed an incentive campaign
 that saw Shared Health Summary data
 increase and stay at their highest levels for
 three quarters (nine months) beyond the
 initiative.
- PHNs can get greater engagement with GPs and Practice Nurses by segmenting general practices and tailoring the engagement strategy to reflect their digital maturity and readiness. Communication could centre on the occasions when a GP should

- view and upload to My Health Record (for example, when a consumer has received an immunisation, changed their medication or has a new care plan) and digital teams could co-develop a strategy with the practice for integrating and embedding My Health Record use into the workflow of the practice.
- Leverage existing relationships with GPs and Practice Staff to introduce and build credibility of the new Digital Health Team. NBMPHN had developed a good understanding of healthcare providers within the region, which included an understanding of their characteristics, digital health maturity and business models, and had successfully developed sustainable relationships and engagement with many healthcare provider practices.

Not only did the My Health Record trial provide the government with the evidence and rationale for a national system, but it also provided deeper insights into healthcare

providers in the region and strengthened relationships with them—which has laid the foundations for NBMPHN's new Digital Health Strategy.

NBMPHN's patient-centred Digital Health Strategy maintains meaningful use My Health Record, as well as setting out development of new technology-enabled models of care as part of the Health Care Homes trial. There is now an appetite in NBMPHN's communities for digital health solutions and an immense opportunity to leverage them in enabling and providing better care for patients.

These lessons and others are outlined in the Learnings from the My Health Record Opt-Out Trial publication, available at www.nbmphn.com.au/publications.

Nepean Blue Mountains Primary Health Network.

Spreading awareness of My Health Record in the community

South Eastern NSW PHN partners with local councils to share information about My Health Record.



s the South Eastern NSW Primary Health Network, COORDINARE is supporting the expansion of the My Health Record across the region.

My Health Record is an online summary of an individual's key health information, and it's easy to see how a person can benefit from having their key health information shared between the providers involved in their care.

COORDINARE has partnered with six local councils over a three month period to develop a network of consumer leaders—people in local communities willing to advocate for the health needs of their

communities—to raise awareness and share important information about My Health Record.

At the time of writing, information and training sessions had been provided to councils in Wollongong, Kiama, Eurobodalla, Yass Valley, Queanbeyan-Palerang and Snowy Monaro. Collectively, this covered more than 50% of the PHN catchment population, and diverse urban, rural and coastal communities.

This activity also has a focus on consumer activation and self-management—by helping people understand the value and importance of having a My Health Record, they can better communicate with

their healthcare providers.

'Ensuring accurate, up-to-date and relevant information is available online will be fantastic for both individuals and the community," says Michael Preston, Dementia-friendly Project Officer at Kiama Municipal Council.

'Kiama has always wanted to be proactive in responding to important issues, especially concerning the health of its community.'

COORDINARE believes people listen to and consider the experiences of others when making decisions, and also recognises that each community is different.

'Being part of the larger picture in



expanding public awareness of My Health Record will improve health services delivered to people who live in the Kiama district', says Michael.

Consumer champions from the various local communities have been identified and involved in activities to spread key messages to target groups such as: parents and their children (newborn to under 14); young people; carers; older Australians; people from culturally and linguistically diverse backgrounds; Aboriginal and/or Torres Strait Islander people; and people living with a mental illness, chronic conditions or drug and alcohol addictions.

Wollongong City Council has already

reached out to a number of community groups and continues to spread the word on My Health Record.

'Well established links within the local community can assist to get key messages out to our residents, particularly those who may not engage with broader messaging', says Tracy Venaglia, Coordinator CCLS Community Development and Social Planning at Wollongong City Council.

'Wollongong is a diverse city and having a localised targeted approach to spreading My Health Record messages is really important to ensure that all of our residents have access to the information.'

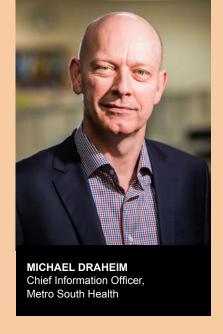
The My Health Record system will

give people 24/7 access to their health information such as medical conditions, medicines, allergies and test results. A person can control what goes into their record, and who is allowed to access it. In addition, there are a number of benefits for healthcare providers such as the ability to share documents, resulting in better connected care for individuals.



and share important information about My Health Record."





The foundations of digital hospital success at Metro South Health

A clinical informatics perspective.

here has been growing pressure to digitise hospital healthcare, as reflected in government agendas worldwide. In Australia, the Queensland Government has budgeted \$1.26 billion (AUD) to digitise the state's public hospitals and similar initiatives are being undertaken interstate. Digitisation efforts around the world have varied in their levels of success, but there is consensus in the literature that digitisation has the potential to greatly improve patient care.

Recognising this potential, Metro South Health recently embarked on an ambitious journey to digitise our public hospitals. This involved implementing a full Digital Hospital solution, involving an integrated electronic medical record (ieMR), with order-entry and results-reporting, scheduling, ePrescribing, medication management, and integrated wireless devices.

Our goal has been to have a single digital system used throughout the state, enabling patients records to be accessible and

updatable in real-time across all sites. The project has involved a number of firstsincluding the first end-to-end digital hospital implementation in an Australian tertiary care hospital (at the Princess Alexandra Hospital) and, soon, the first health service in Australia with all hospitals using the one electronic medical record.

IMPACTS OF THE DIGITAL **TRANSFORMATION**

The digital transformation at Metro South Health has been considered by many to be a significant success (see N West & J Robertson 2011, 'Magnet designation: utilising best practice Australia Survey outcomes to change the culture within ICU-our personal experience at the Princess Alexandra Hospital, Brisbane', Australian Critical Care 24:1, p. 63).

The Princess Alexandra Hospital is one of only three Australian hospitals to have achieved Stage 6 accreditation on the Healthcare Information and Management Systems Society (HIMSS) Electronic Medical

Record Adoption Model (EMRAM). The hospital has experienced improvements in patient outcomes, adherence to guidelines, clinician accountability, and accessibility to information. In contrast to digital hospital experiences elsewhere, the experience at Metro South has been promising.

THE FOUNDATIONS OF SUCCESS

While many factors can affect the success or failure of the Digital Hospital initiative, we highlight three factors that have been particularly influential in our service.

Firstly, many staff have credited the transformations' success to cultural values. The Princess Alexandra Hospital, for instance, has been recognised for years for its strong culture (see West & Robertson, referred to earlier). Cultural values of patient safety, evidence-based decision-making, reporting, and innovation have helped the hospital through challenges associated with implementation (e.g. resistance) and enabled staff to use a problem-solving and solution"Implementing the digital hospital solution is just one step in our digital transformation journey. The transformation is ongoing, and greater benefits and opportunities will result over time. We are continuing to optimise the system and how it is used to maximise benefits."



focused approach to resolving issues.

Secondly, the transformation has benefited from high levels of staff involvement throughout all levels and professions within the hospital. Committees and initiatives were established early on to ensure enduser needs would be heard and acted upon. Communication channels such as regular meetings, email correspondence and promotional activities were used to engage staff. Opportunities were created for clinical staff to join and transition out of project teams as needed. This enabled front-line clinicians to gain in-depth knowledge of the transformation and facilitated each unit's needs being met. At one stage, Princess Alexandra Hospital had over 800 super users, almost one in six of its staff.

Thirdly, we have transformed our own Clinical Informatics Division and have helped grow digital and analytics capacity throughout the hospital. Our informatics approach needed to radically transform

from post-hoc, paper-based reporting, to real-time analytics. To achieve this, we broadened and deepened the ICT (information and communications technology) team to include both support functions and health information management. The informatics teams then began partnering strongly with clinical units and key clinicians to identify data requirements for dashboards and other technologies to improve patient care. As a result the Metro South Health Service now has a full suite of dashboards on nurse-sensitive indicators and medical safety initiatives, enabling its hospitals to provide a level of assurance with patient safety that was previously impossible.

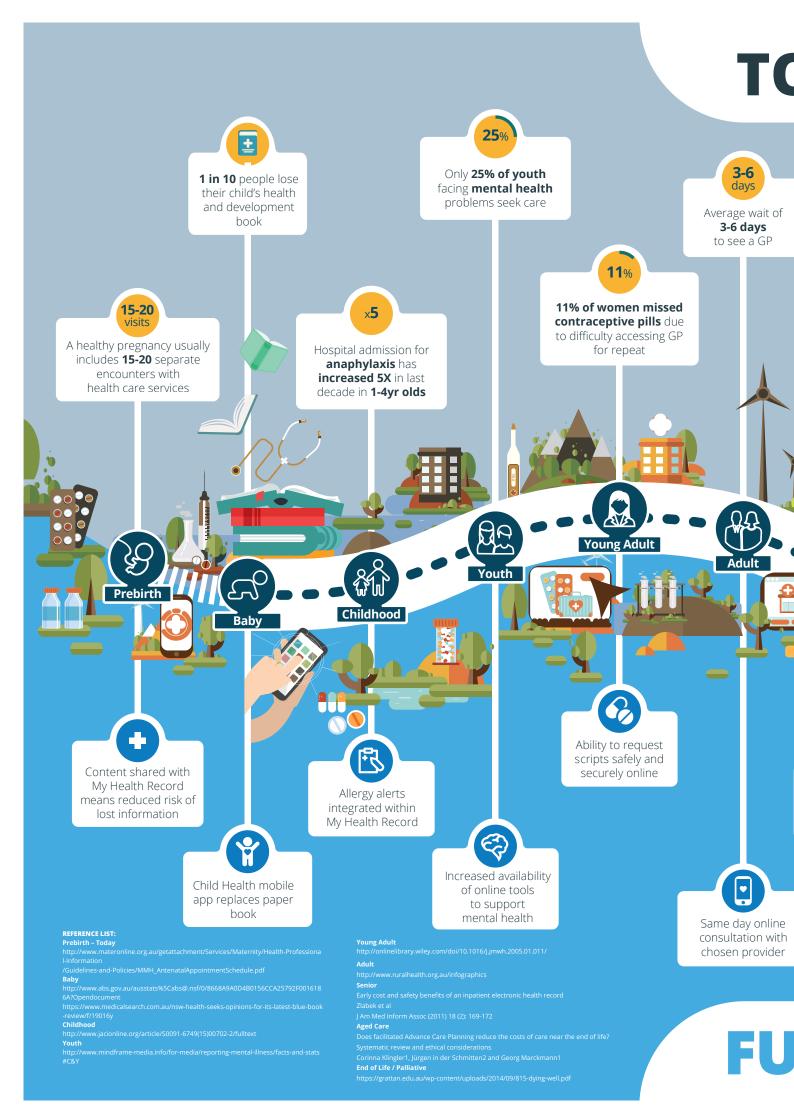
LOOKING FORWARD

Implementing the digital hospital solution is just one step in our digital transformation journey. The transformation is ongoing, and greater benefits and opportunities will result over time. We are continuing to optimise the system and how it is used to maximise

benefits. All optimisation efforts (e.g. creation of dashboards, technical improvements) will be leveraged by other sites within the service when they implement the system. We are also actively documenting our experiences, and working with other hospitals contemplating digital transformation so that they can use our experience to improve their own implementation efforts.

Acknowledgements

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DAY **\$1.2**B **18**% **223,000** admitted to hospital due to **adverse** 18% of aged care residents drug event costing experienced a missed or \$1.2billion significantly delayed dose of their medicine **40**% within 24 hours of discharge from Hospital **Death rate**s for remote Australians are 40% higher for **70**% coronary heart disease 70% of people **14**% want to die at 8% home, yet only 14% of pathology about 14% do so tests are ordered due 8% do not see to lack of access to specialist due to lack patients history of cost information Aged Care **End of Life** Older Adult Notifications, alerts, discharge and transfer summaries integrated into Medicines information the system to ensure available via My Health consistent information Record reduces safety risk Ability to compare costs and availability of specialists online Access to Advance Care Directive means less invasive Digital tools make it unwanted People and their easier to access procedures and clinicians will be able to services remotely average \$5,400 see results of saving per patient previous tests **Australian Government** TURE Australian Digital Health Agency

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Towards building capacity in patients and empowering patient voices in Egypt

he turn of the 21st century marked a new era where patient safety was recognised as a prime priority. In a globally expanding world, healthcare has increased in complexity, and delivery of safe, quality, efficient and timely healthcare has become an indispensible necessity.

The US Institute of Medicine report, *To err is human: building a safer health system*, was a rude awakening to the devastating reality that healthcare was not a safe industry. The status quo was clearly no longer acceptable, and it became clear that an intervention of global magnitude was of paramount importance.

Following the World Health Assembly Resolution (WHA55.18) in 2002 that urged Member States to 'pay the closest possible attention to patient safety', the World Alliance for Patient Safety (WAPS) was launched.

I immediately joined, initiating action by representing Egypt as a Patient Champion in the 'Patients for Patient Safety' strand of the work of WAPS. A team of Champions from all around the globe met in London in 2005 and drafted the London Declaration, which drew immense attention to the role of patients and their families in shaping healthcare, and introduced to many countries the voice of the patient which, until then, was not recognised in many parts of the world.

Building on the compassion and the momentum generated at this landmark event, patient and consumer engagement in shaping healthcare system delivery became recognised as a matter of utmost priority, particularly in developing countries where resources are limited, infrastructure is suboptimal and systems are shaken by a

fluctuating economy amidst political upheaval and regional instability.

Egypt, having been the focus of the world over the past decade for its significance in the Middle East and its historical experience in the instigation of a wave of revolutions that swept through the Middle East, was no exception.

I have had the pleasure to represent and lead a team of compassionate volunteers, whose primary goal was to improve the circumstances surrounding patient care, to raise the voice of the patient and to mitigate adverse events to which patients are exposed during the process of healthcare delivery in Egypt.

Recognising the dire circumstances surrounding healthcare delivery, particularly in under-resourced areas of the country, and building on the pressing need for immediate intervention, we started a group of volunteers in 2002. The group was independent from the start, although it was affiliated with the Egyptian Red Crescent group dedicated to improving patient services.

Having an independent status allowed the team to freely participate in healthcare delivery service observation, analysis, and planning, as well as fund-raising, without having to worry about risking conflict of interest. Our team started with two members and expanded to include 50 members, most of whom had no medical background whatsoever. It was critical that the driving impetus would be guided by a consumer perspective rather than a provider lens.

Our work started by via an initial path of observation and situation analysis in public, governmental and teaching hospitals, known to serve a vast majority of poor, underprivileged

and mostly uneducated patients. Our aims were mainly to advocate for raising the voice of the patient and to identify and address lapses in healthcare, highlighted from the patient perspective.

After initially approaching hospital administration and carefully clarifying our objectives to provide constructive assistance and support, we entered hospitals viewing the situation from a consumer perspective. Our team carefully noted problems that were central to the delivery in safe healthcare—which was glaringly lacking in hospital settings.

A myriad of problems was identified, related to infrastructure, hospital management, communication lapses, breaches of infection prevention and control policies, lack of trust between patients and providers, and a general undermining of patients by providers.

Using a collaborative, constructive, systematic approach, we managed to build a platform of trust, inviting patients and providers on board. Both parties considered us neutral and provided, slowly but surely, a hand to join the team. Our efforts led to many achievements, ranging from patient capacity building to leadership engagement in patient and community support. Unexpectedly, but quite importantly, our team gradually became involved in highly technical details, such as the implementation and teaching of infection control practices.

It is with pleasure that we share our experiences in Egypt, hoping to advocate for the engagement of consumer groups in shaping health care delivery, and in partnering with providers towards the ultimate goal of delivering safe and effective healthcare for all.



Healthcare systems: future predictions for global care

lobal healthcare systems are constantly under pressure through rapid and unprecedented changes—in IT, via the genomics revolution, through new forms of diagnostic technology, and novel treatment modalities, for example. The question as to how we might induce sustainable change in our healthcare systems over time, is a thorny but an increasingly necessary one to address.

I have recently edited a third book in a series on international health reform, which will be published this year.

In Healthcare systems: future predictions for global care, chapters from 152 countries and territories were compiled. This is the most far-reaching compendium ever

assembled, bringing together 146 thought leaders from across the world, focusing their minds on how to create better healthcare for the world's population.

The book's aims are to:

- predict the profiles of health systems over the next 5-15 years in low-, lower-middle-, higher-middle- and high-income countries
- identify aspects of health systems improvement that show promise and can be transferable to other countries
- address five pronounced trends in the healthcare literature: the question of sustainability, the genomics revolution, technology-based solutions, shifts in population demands, health and services change, and alternative modes of care

My upcoming keynote address at the 2018 World Hospital Congress in Brisbane draws on the treasure trove of information in the book. I will discuss the following initiatives:

- large-scale trends recurring across the current health systems improvement literature, affecting the delivery of care globally
- an analysis of where health systems are heading
- the ways in which our collection of farsighted authors are predicting what health systems need to do, in order to get there
- how health systems are heading towards, and dealing with, common issues which are by no means easy to implement:
- universal healthcare



Towards progress, avoiding pitfalls and achieving sustainability.

- affordability of healthcare and resource allocation
- coping with shifting population dynamics such as: the aging population, the refugee crisis, multiple conflicts and global warming

The future implications of this work for policy-makers, ministers, managers, clinicians, patients and patient groups, and others, will be discussed. There will be a question-and-answer session, and interaction with the audience, so we end up as a think-tank, re-imagining how health systems could be more responsive and adaptive in meeting the needs of future populations.

The plain fact of the matter is that the capacities of the health system are

outstripping the amount we have allocated to pay for healthcare, and patient demands are accelerating as people's needs for healthcare increase. This challenge is often described as a wicked problem. It is not something we can run away from. Burying our heads in the sand is not a solution. Quite simply, if we are going to have fairer, more equitable and appropriate healthcare for all, we must build sustainable health systems and offer their services to as many of the world's 7.4 billion people as we possibly can.

That is the true nature of the task before us. We are all in this together and the forthcoming World Hospital Congress is the ideal place, with some of the world's best stakeholders in the room, to be able

"There will be a question-and-answer session, and interaction with the audience, so we end up as a think-tank, reimagining how health systems could be more responsive and adaptive in meeting the needs of future populations."

to respond and add to the solutions we are suggesting in *Healthcare systems: future* predictions for global care.

The change to digital

The future of healthcare is increasingly tied to the use of technology and innovation to guide evidence-based practice, support accurate documentation, provide transparency and increase consumer focus in the provision of care.

at Metro South Health's Logan and Beaudesert hospitals

An Allied Health perspective.

INTRODUCING THE ieMR

Metro South Hospital and Health Service demonstrated its commitment to this kind of future by introducing an integrated electronic medical record (ieMR) across its health service hospital facilities.

Metro South Hospital and Health Service includes Logan Hospital, a 448 bed facility locating in one of Queensland's fastest growing regions, and Beaudesert Hospital which is a smaller regional facility which has been providing health services to the local community for over 100 years.

These two sites were the first in Queensland to introduce the entire suite of ieMR capabilities in a single 'Go live' event.

Both hospitals provide innovative and high quality Allied Health services to both adults and children in inpatient and outpatient settings.

"Allied Health staff also demonstrated commitment to teamwork and solidarity by identifying and implementing crossdiscipline naming conventions, referral and handover processes, and booking processes."



THE CHALLENGES

The introduction of a complete digital suite of services—including all medical records, medication management and booking systems—promises increased accuracy and transparency in documentation, improved access to patient information, greater access to quality assurance data and greater accountability in evidence based healthcare.

In any organisation, however, such monumental and far-reaching changes are not without anxiety and uncertainty. For the Allied Health professions the effects can be especially uncertain because relevant research and resources tend to be focused on our medical and nursing colleagues.

This is exacerbated by the variety of services provided by Allied Health professionals, especially at Logan Hospital, where many such services do not fit 'traditional' moulds—for example: Allied Health practitioner/first point of contact clinics; Allied Health ordering of pathology and medical imaging; Allied Health medication administration and emergency department screening procedures; and a wide variety of specialist outpatient services located in various parts of the hospital.

Allied Health staff raised concerns about how the system would integrate with their 'non-traditional' clinical practices and workflows, and how to best use the increased capability of the system not only for high quality documentation, but also to support quality assurance and research opportunities

SOLUTIONS

To alleviate concerns and facilitate changes, the digital hospital project team focused on early consultation, including workflow mapping, education for key stakeholders, the identification of clinical champions and explicit executive support for the change.

The provision of early hands-on training in particular appeared to be effective in alleviating clinician concerns and helping identify 'work-arounds' for tasks such as medication administration, which had not been previously considered an Allied Health staff work component or potential use of a digital health record.

Change champions in each allied health service became focal points in providing support for staff training, identifying key business rules, reporting issues and concerns to the project team, and consulting with contacts at other sites to solve clinical and operational problems.

Allied Health staff also demonstrated commitment to teamwork and solidarity by identifying and implementing cross-discipline naming conventions, referral and handover processes, and booking processes. This was key to improving consistency and efficiency in health record use after the 'Go Live' date.

GOING LIVE

As 'Go live' approached, both the Logan and Beaudesert Hospitals became a hive of digital activity. Change champions conducted last-minute training sessions, and digital support teams arrived on-site in growing numbers to offer support and advice.

A staggered location-based 'Go Live' schedule was established to ensure each patient was converted to a digital record efficiently, accurately and without any interruptions to services or risks to clinical care.

There several minor 'teething problems', such as the realisation that an Allied Health login did not enable access to the emergency department record system, and the electronic booking system was producing outpatient appointment letters with incorrect contact details.

However a positive attitude and a team focus on solutions rather than problems, as well as a sense of humour got Allied Health staff through the change. Indeed, four months after 'Go live', most Allied Health professionals can't remember a time before digital!

The efficiencies and transparency of the system are now starting to emerge, and the focus is beginning to shift to the next innovation—using the digital system to streamline care and foster accountability, and using the data produced to monitor care provision and guide the future of clinical care.



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One of our private equity investment managers, Brandon Capital Partners, steers the Medical Research Commercialisation Fund (MRCF). The MRCF is a collaboration of 50 plus research institutes and hospitals in Australia and New Zealand focused on developing Australia's latest medical breakthroughs.

In a unique collaboration, the MRCF works with research institutes to identify promising medical discoveries that could be commercialised and translated into realworld products or treatments. The MRCF provides the funding and market know-how to help researchers take their work from the lab to the world.

Brandon Capital Managing Director and MRCF Chief Executive Dr Chris Nave is a strong supporter of driving medical innovation to improve public health.

'The MRCF Collaboration is innovation in action: we provide a path for taking medical science out of the laboratory and into the real world', Chris says. 'We give elite medical researchers access to capital and commercial expertise, so they can turn great science into cutting-edge medical therapies that save lives and can improve quality of life.'

NEW TECHNOLOGY FOR PARKINSON'S PATIENTS

A standout venture within the MCRF portfolio is Global Kinetics Corporation (GKC), a medtech company providing point-of-care measurement and reporting of Parkinson's disease motor symptoms. Their lead product, the Parkinson's KinetiGraph (PKG)™ system, empowers neurologists and healthcare providers to better manage patients' symptoms, improving their quality of life. To date more than 25,000 PKG patient reports have been delivered around the world. GKC is headquartered in Melbourne, with offices in London, UK, and Minneapolis and Boston, USA.

Developed by the Florey Institute of Neuroscience & Mental Health's Professor Malcolm Horne and Dr Rob Griffiths right here in Australia, the PKG™ is worn on the patient's wrist, so symptoms can be monitored continuously whether they're at home or out and about.

That data informs clinical decision-making, revealing deep insights into patients' disease status, enabling care teams to tailor specific therapies that can result in life-changing benefits. The device is a ground-breaker in tackling Parkinson's, the second most common neurological disease in Australia.

FROM LAB TO MARKET: EXPANDING HORIZONS FOR OUR MEMBERS, AND FOR YOUR INDUSTRY

HESTA General Manager Unlisted Assets Andrew Major is watching our investment in medical innovations like this yield exciting results for researchers, and strong returns for our members.

'Clearly one of our strengths as a country is our research and our ability to innovate', Andrew says. 'Supporting research that is then commercialised into products or treatments is clearly beneficial for HESTA members and for the community. We're investing in the pool of research talent, and that's having positive flow-on effects from a broader societal perspective. It gives our members a greater ability to deliver innovative care.

'From the performance side for members, everything we do is about risk and return. When we're investing in life sciences at the early stage, some will fail-but some can make many times more from a small initial investment, to become something of substantially greater value for our members.'

'And with a raft of emerging technologies set to drive more innovation in digital healthcare, we're looking forward to partnering with pioneers in your industry for years to come.'

For more details on the MRCF visit www.mrcf.com.au. ha

www.hesta.com.au/join

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We all deserve the chance to be healthy; and you can help make this happen.

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CLOSETHEGAP







Impressive outcomes using Telehealth in aged care facilities



The Western NSW Primary Health Network has seen impressive results from its Telehealth in Residential Aged Care Facilities (TRAC) Program, which uses video consultations to connect General Practitioners (GPs) and other health professionals with patients. In Broken Hill this program has reported a 30% reduction in transfers of patients to the **Emergency Department.**

WHAT IS TRAC?

The TRAC program is a co-funded initiative between the NSW Rural Doctors Network and the Western NSW Primary Health Network (WNSW PHN), and follows a successful pilot project conducted in Broken Hill during 2016-17.

Under the Program, patients in Nursing Homes are now able to gain quick access to their GPs, allied health professionals and specialists. This model of care also enhances multidisciplinary care and improves in-reach

support services. Consultations occur both during and after clinic hours via video link using Healthdirect's secure video call platform, purpose-built for Australian healthcare services delivery.

It begins with the residential aged care facility seeking a documented patient consent for video consultations and requires presence of a Registered/Enrolled Nurse to support the clinicians with observations. As with any other consultation, patients may also choose to have a family or carer with them. Video consultations are conducted between health professionals and residents in aged care facilities using a computer, smart phone, laptop or tablet, as long as the device has a camera and speaker phone capability with a reliable internet connection.

BENEFITS

The application of video consultations in aged care facilities has many benefits for patients, including reduced waiting time and less need

for travel to services, which can be stressful and uncomfortable. These benefits have been recognised by the patients, with 93% reporting that they would recommend GP video consultations to others in a recent Resident Service Outcome Survey.

TRAC consultations have been particularly useful in supporting episode- and eventbased care, ongoing care for chronic health conditions, and palliative care.

'It's great to have your doctor see you as soon as possible. Helps decrease anxiety of waiting when I have an issue or have an urgent need that can't wait for a face-to-face visit.' (Quote provided to Resident **Outcome Survey**)



Patients in residential aged care facilities are among the sickest and frailest of all, and have complex care needs. There are numerous barriers faced by GPs in caring for these patients-which has led to a situation where fewer GPs are prepared to visit facilities, and longer waits for access to GP care. This problem is compounded when there are workforce shortages in rural and remote communities.

Many GPs visit Residential Aged Care Facilities weekly—however, the introduction of a video consultation option provides an opportunity for GPs to 'see' their patients between scheduled visits, thereby enhancing follow-up, particularly for patients with chronic health issues.

PROGRESS AND RESULTS

WNSW PHN staff have played a key role in establishing this model of care in general practice (two in Dubbo and two in Broken Hill) and there has been a steady uptake of GP video consultations since the launch of the program. From September 2017 to March 2018 there were 421 video consultations successfully completed.

Around 83% of GPs have rated their experience as 'better than face-to-face consultation', as they were able to quickly gain access to their patients in the aged care facilities, have access to their clinical records in the Practice, and have the support of a nurse at the patient's end to assist with physical examination.

Dr Ai-Vee Chua (of Dubbo Family Doctors) had this to say on one of her early TRAC consultations with a resident at Catholic Healthcare Holy Spirit: 'It was really helpful for me to have visuals to aid in my assessment. It was a positive experience for our patient who suffers from speech difficulties; she very much appreciated the opportunity to have her input via video consultation. Without the

TRAC program, the usual process would have involved a phone discussion with the Enrolled Nurse speaking on behalf of our patient.'

Additional practical benefits were that the consultation could be fitted in between Dr Chua's other appointments, care could be provided in a timely manner, and the consultation was easily arranged by the Enrolled Nurse and Facility Manager.

In Broken Hill, the Program operates in three Southern Cross Care facilities: St Anne's Nursing Home, Harold Williams Home and Aruma Lodge, linking with GPs from Nachiappans surgery and the Broken Hill GP Super Clinic.

In Dubbo the program is available at two Catholic Health Care facilities; St Mary's Villa and Holy Spirit Aged Care, linking with GPs from Dubbo Family Doctors and Dubbo Medical and Allied Health Group. ha

HealthPathways South Australia

Supporting consistent pathways of care statewide.



"From the home page, a GP can search for clinical pathways for assessment and management of a host of common conditions."

WHAT IS HEALTHPATHWAYS?

HealthPathways is a free web-based portal that gives GPs and other health professionals quick access to the latest clinical information and resources relevant to patient care, in the one place.

From the home page, a GP can search for clinical pathways for assessment and management of a host of common conditions. Information for each clinical pathway is laid out in a logical sequence, with much of the information collapsed into boxes which can be expanded as required, enabling the user to select the key information they require.

This is followed by information about local referral options relevant to each condition, including referral criteria, contact information, and relevant forms and paperwork. There are also links to relevant resources for patients.

The HealthPathways concept was first developed by the Canterbury District Health Board in New Zealand, and has been localised by health professionals across various Local Health Districts and Primary Health Networks across Australia.

A PARTNERSHIP OF THREE ORGANISATIONS

HealthPathways South Australia is being delivered through a partnership comprising SA Health, Adelaide Primary Health Network, and Country SA Primary Health Network. This partnership is a first involving all three organisations.

By using a whole-of-state approach, development and implementation of

HealthPathways can be consistent across the entire health care sector in South Australia.

A Steering Committee provides executive sponsorship and leadership for the program.

Clinical leadership is provided through appointments to several newly created GP clinical editor, clinical coordinator and clinical leader positions. These positions, together with program management, make up the integrated HealthPathways South Australia Team. Team members are based in, and work across, metropolitan and country regions and both primary and acute health sectors.

THE ROLL-OUT

Monday 26 March 2018 signalled the go-live date of the HealthPathways South Australia portal, with an initial rollout of a limited number of localised pathways. More pathways are being added as development continues.

Local South Australian GPs and a variety of other health professionals are leading the development and roll-out across the state, with primary and acute care sectors working together to improve people's journeys through the health system.

In developing the various pathways the GP clinical editors work closely with relevant specialists with expert knowledge of both the pathway and the health system in South Australia. Consultation with additional health professionals occurs as needed across primary and acute sectors.

A key aspect of HealthPathways is user feedback, which can be given via a prominent feedback button located at the top of each clinical pathway. Feedback goes directly to the local team and is used to improve pathways.

Access to HealthPathways South Australia is free for all GPs and other health professionals in South Australia. All that is needed is an internet connection and an online login which can be obtained by registering for access at: saproject.healthpathwayscommunity.org.

WHAT ARE THE BENEFITS OF THE ONLINE PORTAL TO PATIENTS?

HealthPathways facilitates primary and acute sector health care professionals working together to improve patient access to the right care at the right time in the right place.

The program is designed to improve the patient's journey through the health care system, reduce duplication where investigations are required, and provide GPs with information that will support referral to services in the community and in hospital settings, through a single, web-based portal.

Although HealthPathways is not designed to be used by the general community, resources are available on the portal for health professionals to provide to patients to support their care. The advantage of HealthPathways is that this information can be accessed and discussed during a GP-patient consultation and a copy provided to the patient.





ROD SPRENGER Technology Lead, Victorian Heart Hospital Project, Victorian Health and Human Services Building Authority

The technology behind the Victorian Heart Hospital



Planning for our future health.

AUSTRALIAN-FIRST NEW HEART HOSPITAL

The Victorian Heart Hospital will be Australia's first dedicated, state-of-the-art cardiac facility providing innovative, holistic and patient-centred care in heart disease, along with world-leading education and research. In a collaborative partnership with Monash Health, Monash Heart and Monash University, the Victorian Heart Hospital will be located at Monash University's Clayton campus within the thriving Clayton Innovation Precinct and is scheduled to open its doors in 2022.

The Victorian Heart Hospital will also be the first Victorian hospital designed and built to operate as a fully digital hospital with a vision to achieve HIMSS EMRAM Level 6 upon opening (HIMSS = Healthcare Information and Management Systems Society; EMRAM = Electronic Medical Record Adoption Model).

To make a project of this complexity successful we needed to get ICT involved at the earliest possible point in the planning for the new facility. This meant developing an ICT strategy to support the functions of a fully digital hospital at HIMSS Level 6 and provide a robust ICT infrastructure for world-class research, training and education, combined with patient-centric world-class clinical care. It was pleasing that we were able to get agreement on the strategy and funding we need to be successful, with over 12% of the budget dedicated to ICT.

The technology planned for the Victorian Heart Hospital is incredibly exciting and some of the most advanced yet seen in an Australian hospital. The technology investment guiding principles are based on the Victorian Government's *Digitising health* paper published in 2016, with the desired outcome of a personcentred system where the individual is at the centre of improved health and well-being outcomes.

These guiding principles include:

- a person-centred approach—patients/ clients are at the forefront of decision making
- clinical engagement—ensuring clinicians are involved early and actively champion the technology
- **information and analytics**—information is available across the full continuum of care
- adherence to agreed standards and interoperability
- · value for money
- robust and transparent governance commitment at all levels to the project and its benefits
- business-driven—decisions are made by and for the business rather than driven by technology.

PATIENTS AT THE CENTRE OF DESIGN

As soon as visitors enter the hospital, they will have access to interactive information kiosks that provide information about the facility and offer directions on how to get to specific places. Patients can view their appointment details, notify hospital staff they have arrived and then have a drink or snack at the café to

wait until they're notified on their phone.

Our vision was to make the patient stay as comfortable as possible. We consulted with 'real' patients on what some of their biggest gripes were about staying in a hospital. Common complaints included 'I don't know what's happening to me', 'Lack of clear communication', 'I don't know who all the people are that keep coming to see me', or 'I don't know where to go, I get lost'.

Our patient bedrooms will be fitted with the very latest in patient entertainment systems, but instead of the big pendant hanging over the bed that a lot of new hospitals have been using, we're installing a large TV on the patient wall, just like most people have at home, to avoid the feeling of being surrounded by clinical equipment.

Patients can order meals tailored to their dietary requirements based on information stored in their electronic medical record.

Patients can video conference their friends and relatives from the privacy of their own room, or if they desire, video conference their doctor or specialist. Clinicians will be fitted with tags that identify them when they enter the room. The clinician's name will appear on the screen so the patient will know who they're talking to. The patient's care plan will be accessible so they know what's happening and—more importantly—when it's going to happen.

We want to empower patients with the knowledge of what's going on and understand the things that happen to them during their stay. There will also be extensive online







Example of a modern hospital bedroom

Learning and Teaching Building Classroom, Monash University

3D printed heart valve undergoing flow testing

material available about treatment and posthospital care.

We'll also be putting a strong focus on telehealth, and providing our specialists with consultation room videoconferencing so we can reach patients in remote areas and ensure no one is disadvantaged because of their distance from the facility.

INFORMATION ANYWHERE, ANYTIME, ANYHOW

The electronic medical record (EMR) will be the centrepiece of a fully digital and fully integrated application and medical equipment environment. With the vision to achieve HIMSS Level 6 upon opening, it will be a huge challenge to ensure all clinical processes are reworked to take advantage of the automation and clinical decision support the EMR will offer. The continuum of care for the patient in the hospital will be 'paper-lite'. Patient charts hanging off the end of the bed will be a thing of the past.

Clinicians will be supplied with a mobile handset that will be their communication portal for medical equipment alarms, nurse call alerts and requests, clinical information, bar code scanning and more.

The importance of having clinical information at the nurse's fingertips cannot be understated. The mantra of 'information anywhere, anytime, anyhow' is something that gets repeated a lot and is especially critical in a fully digital hospital. Computer terminals will be available in each patient room and

at various locations around the clinical work area so staff won't have far to go if they need access. Coupled with 'workstations on wheels' (WOWs) and mobile handsets, there is nowhere in this hospital that staff won't be able to access clinical information quickly.

Autonomous guided vehicles (self-driving tugs) will roam throughout the hospital silently and effortlessly delivering patient meals, clean linen and medical supplies while taking away waste and dirty linen.

A real-time location system (RTLS) will allow important medical equipment to be located, track the patient's journey through the facility and provide location and tracking for anything you can put a locating tag on. This will be a real timesaver when staff need a critical piece of medical equipment and no one can remember where it is.

COLLABORATION FOR CLINICIANS, RESEARCHERS AND EDUCATORS

With an added focus on teaching and research, we're really ramping up the operating theatre space. Live audio and video linkages with theatres and catheterisation laboratories will be a fundamental part of the audiovisual functionality. We're looking to the future, so a 360 degree multi-lens camera will be placed in these rooms to enable virtual reality video streaming for education and training purposes. Participants will be able to move around the room and see what's happening from different viewpoints as well as call up information from equipment located in the theatre. It will be a

fully immersive experience and significantly enhance the experience of the viewers.

Meeting rooms will be fitted with the latest in audio visual technology and video conferencing. Presentations will be a breeze with people able to bring their devices in, wirelessly connect and begin presenting.

Consideration has been given as to what a classroom of the future might look like, and we'll be putting forward some exciting concepts for learning hubs and collaborative teaching spaces, coupled with hands-on training and immersive simulation rooms to provide real-life experiences for students.

Clinical applications will integrate with research engines to provide limitless possibilities of analysis which in turn can lead to new discoveries and treatments for heart disease. The integration of systems will be very strong at the Victorian Heart Hospital and the implementation of standards-based architecture will be strongly adhered to.

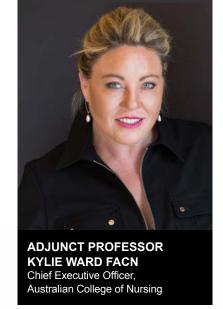
Integration with research and development will open the doors to new and innovative clinical procedures. One such example is the emerging technology of clinical 3D printers and the opportunity to create individually tailored implantables such as heart valves.

We've chosen technologies that are proven in the marketplace and we know work in other facilities, but the challenge to put it all together awaits us. When 2022 arrives, we'll look back and see how we went.

Australian College of Nursing on digital health







"While technology cannot replicate the complex and holistic care provided by nurses, it can help expand the profession's scope and delivery of best practice care."

ecent news articles have informed us of major changes ahead for Australia's industry sectors and workforce.

A January 2017 report from the McKinsey Global Institute found half of current work activities could be automated by 2055.

While some research suggests automation will impact on health care in the future—for example artificial intelligence playing a more significant role in diagnosis—the medical workforce is unlikely to be replaced by robots anytime soon.

According to the Australian Workforce and Productivity Agency's Future Focus: 2013 National Workforce Development Strategy, nursing is the profession Australians will most need in the coming decade. Nursing is projected to become the fastest growing occupation by 2050.

DIGITAL TECHNOLOGY, AUTOMATION AND NURSING

The full potential of IT in the health sector has not yet been truly realised. Although progressing steadily, electronic data collection, coordination and integration are not yet widely built into healthcare and disease prevention processes and practices.

The Australian College of Nursing (ACN)

supports digital innovation that will empower health professionals to provide best-practice care, as well as giving people more control of their health and healthcare options.

While technology cannot replicate the complex and holistic care provided by nurses, it can help expand the profession's scope and delivery of best practice care. And, as the largest single profession in the healthcare workforce, nurses are pivotal in re-imagining the delivery of healthcare aided by technology to enhance the patient experience.

There are several settings—such as in remote areas and in aged care settings—where nurses are the main healthcare providers most of the time. Digital health innovations can provide increased support and access to health information and specialists for these nurses, for the benefit of patients.

Last year ACN called for the acknowledgement of nurses' unique leadership role in ensuring a digitally enabled health system delivers on the promise of better health for all Australians.

CHALLENGES

One of the greatest challenges to improvements in digital health is engaging with the general health care professional population as a whole to ensure that innovation supports, rather than hinders, best practice care.

Another significant barrier is low uptake by consumers—as outlined earlier, nurses can perform a useful role in educating and informing consumers of the benefits of digital health, including digital healthcare initiatives such as the My Health Record, and integrated electronic medical records (ieMR) in hospitals and other healthcare settings.

THE NURSING INFORMATICS POSITION STATEMENT

The Nursing Informatics Position Statement (available at https://acn.edu.au/wp-content/

uploads/2018/02/nursing_informatics_ position_statement_28092017_-_hisa_acn_ nia2.pdf) outlines seven key actions to ensure technology delivers improvements in efficiency and patient outcomes, while also facilitating improved consumer and clinician experiences.

The key actions include the need for informatics education for nurses at all stages of their career and training, and for nurse informaticians to be involved in governance, roll-out, and championing of data standards and interoperability.

The Statement carries this warning:

A 'build (implement) it and they will come' mindset without clinician involvement has not been successful. New digital solutions and products are flourishing in the marketplace in an almost uncontrolled manner. Without opportunity for co-design with healthcare providers the unintended consequence of further fragmentation of information and services, as well as adverse events are likely to arise. Practising clinicians—nurses specifically-must be enabled to take a leading role in digital healthcare to ensure technology is designed and used effectively. Nurses must ensure that technology does not get in the way of patient care, but rather enhances capacity to deliver better, safer care.

THE WAY FORWARD

For over 20 years, Australians have regarded nurses as the most honest and ethical profession in the country. This means nurses are well-placed to actively and effectively educate and influence patients' and health professionals' views on technology. But nurses must themselves understand and support technological advances in order to help consumers embrace them.



The Project **ECHO®** Hub

"The ECHO model™

is new to Australia.

but has been in use

overseas since 2003."

An innovative model of telementoring and case-based learning.

he Children's Health Queensland Hospital and Health Service (CHQ) has established the innovative 'Project ECHO® Hub' site at the Lady Cilento Children's Hospital in Brisbane.

Through the ECHO® Hub, CHQ uses telementoring and case-based learning techniques to train general practitioners (GPs) and other healthcare providers in the management of chronic and complex paediatric conditions.

Project ECHO® is aims to 'democratise medical knowledge' in order to deliver contemporary, best practice medical care to patients in communities that lack ready access to specialists. Whether the difficulty accessing specialists is due to remoteness, poverty, cultural barriers or other factors, ECHO® helps to address that inequity.

Through videoconference technology and a structured case-presentation format, local healthcare providers, including nurses, community health workers and GPs, are mentored by experts in metropolitan centres to deliver specialist-level care.

THE ECHO MODEL™

The ECHO model™ is new to Australia, but has been in use overseas since 2003. It was originally developed at the University of New Mexico to train rural community healthcare workers to treat patients with hepatitis C.

It was hugely successful, and in 2011 a landmark study published in the New England Journal of Medicine showed that hepatitis C treatment delivered by ECHO®-trained primary care providers was as safe and effective as that provided by

specialists in academic medical centres.

This ground-breaking research led to the spread of the ECHO model™ to other complex medical conditions, and other regions of the world. From the original Hub in Albuquerque, New Mexico, ECHO® now operates from over 150 Hub sites, in 23 countries, for the management of more than 50 complex conditions including substance misuse, mental health disorders, diabetes and end-of-life care.

HOW DOES IT WORK?

ECHO® is a huband-spoke model of education, based on the principles of 'all teach and all learn'. A specialist team at the 'hub' mentors primary care providers,

including GPs, at the 'spokes', and all participants learn from each other. The GPs share their deep knowledge of local social and cultural considerations, and an understanding of realistic approaches to care within their specific communities. The specialists offer complementary content expertise.

Over time, a virtual 'community of practice' or 'knowledge network' develops and the knowledge and self-efficacy of GPs to manage complex conditions increases.

CAN IT WORK IN AUSTRALIA?

CHQ is a replication partner of the University of New Mexico, and the only organisation authorised to employ the

ECHO® model in the care of children and young people in Australia.

In May 2017, CHQ launched its first teleECHO™ series to train GPs to manage children and young people with ADHD. That series has continued, and as of April 2018, CHQ had trained 40 GPs, as well as several nurse practitioners and allied health providers. Pilot data indicate the model is effective, with a statistically significant increase in GP knowledge and confidence

> in all aspects of ADHD management. GPs also report a high degree of satisfaction with the model and enjoyment of this form of learning. Participants are able to access

continuing medical education points, and GPs who present a case to the expert panel can claim a Medicare case conference item

In February 2018, CHQ launched two further teleECHO™ series: a paediatric overweight and obesity series for GPs, and a world-first paediatric foot anomalies series, training regional and rural physiotherapists to manage babies with congenital foot anomalies.

Given the challenge of providing high quality, safe and effective medical care across Queensland, Project ECHO® is set to continue to expand, improving outcomes for children and young people in all corners of the state. ha



How technology is helping hospitals to predict patient admissions

What if you knew how many patients would walk into your hospital today—and when and why?

Telstra Health

ustralian hospitals are constantly managing changing demands on their services. Emergency departments have to rapidly respond to increases in visitation caused by a long list of factors, such as an influx of patients during the flu season, or unexpected events caused by natural disasters or outbreaks of illness. Having too much or too little capacity creates a cost burden on hospitals, and a burden to patients.

An accurate view of future admission patterns can enable hospitals to improve patient access to care, the financial position of the hospital, and improve compliance with national targets.

Until recently, there has been no reliable way of predicting future admission volumes but thanks to a digital solution developed by CSIRO and Queensland Health, and delivered by Telstra Health, technology is helping to address this challenge.

WHY IS IT SO CHALLENGING TO PREDICT DEMAND?

Hospitals have access to rich sources of patient and operational data, which could, in turn, offer rich insights. However, because these data often sit across several different systems, it can be difficult to get an accurate picture of the demand a hospital can expect in its emergency departments.

The disparate systems and limited visibility means that hospitals have little ability to identify the root cause of fluctuations in demand to leverage past trends intelligently.

WHAT DOES THAT MEAN FOR HOSPITALS?

While hospitals are good at predicting demand based on experience and consideration of known external factors, demand predictions are often only possible

the day before they are expected to play out, leaving little time to plan for fluctuations in demand.

With little time to plan, fluctuations in demand can have broad implications on service delivery. One activity that tends to suffer is elective surgery, which may see increased cancellations as a tactic to create more capacity. This is obviously a negative experience for patients and it can also compromise a hospital's ability to meet its elective surgery targets. Understanding demand can help minimise elective surgery cancellations and the need for rescheduling.

In addition, there are a number of resources that hospital leaders manage, such as budgets, staff and beds. Without long-term demand forecasts to assist with planning, the opportunity to proactively optimise these resources is lost.

If we consider the end-of-year holiday season or public holidays, when many



hospital staff go on leave and demand in hospitals generally reduces, there is a need and opportunity to close beds. However, it can be difficult to know exactly how many beds to close each year. Even with past years' data and allowing for standard population growth, it can still be a guessing game. If too many beds are closed, agency staff may need to be hired at the last minute. Improved demand visibility makes planning more accurate and easier to manage.

USING TECHNOLOGY TO HELP PREDICT A MORE ACCURATE FUTURE

CSIRO and Queensland Health have collaborated on a project to test the predictability of hospital admissions, and have proved that emergency department volumes are not random and can, in fact, be predicted using data analytics. The outcome of this project has been the development

of Telstra Health Predict—a digital tool that is available now to help hospitals predict demand in admissions with increased accuracy.

Predict uses complex algorithms to analyse historical emergency and inpatient admissions data to predict the number of patients admitted and discharged in the future. Austin Hospital, which has been using Predict for approximately three years, has been able to predict the number of expected presentations with specific injuries or illnesses with 90% accuracy. This has helped the hospital facilitate efficient planning of staff, beds and other resources.

Information is presented in an easy-to-use dashboard for management to easily review and analyse.

Hospitals like Austin Health are using Predict to leverage the benefits of forecasting to assist with winter planning, hospital staffing and longer term capacity planning.

Specifically, it has helped with the improvement of bed management, staff resourcing, and scheduling of elective surgery—exactly the outcomes many hospitals are looking for. From a patient standpoint, *Predict* has helped to enable more timely delivery of emergency care and less time spent in the hospital by patients.

If you would like to find out more about how your hospital can take advantage of such improved demand prediction ability, please send an email to dave.piggott@ health.telstra.com.



"Secure Messaging software offers point-topoint sharing of encrypted clinical data, enabling healthcare providers to maintain patient record confidentiality, improve the quality of information flow and better facilitate patient care management."

Digital health enabling integration for elderly residents in aged care facilities

BACKGROUND

Digital health information is now being shared among an increasingly diverse range of healthcare providers across the primary, acute and community healthcare sectors. Secure exchange of health information is a core foundation of Australia's expanding digital health program, and is being promoted by the Sydney North Primary Health Network (SNPHN) for increasing use in the region's Residential Aged Care Facilities (RACFs).

Communication and the sharing of clinical information is continually highlighted as the biggest issue faced by clinicians and service providers, preventing efficient and effective care in RACFs. By improving the use of digital systems within these facilities and their provider networks, RACFs can potentially communicate more easily with the General Practitioners (GPs) that visit them and the pharmacies that supply them, while actively

contributing to shaping best practice in healthcare.

Secure Messaging software offers point-to-point sharing of encrypted clinical data, enabling healthcare providers to maintain patient record confidentiality, improve the quality of information flow and better facilitate patient care management. It can also significantly reduce overheads related to printing, faxing, mailing and scanning.

APPROACH

103 RACFs in the region were initially invited to respond to a baseline questionnaire, followed by interviews, to establish current communication processes with hospitals, GPs and pharmacies. GPs were also surveyed, to determine the issues and barriers they faced in delivering care to patients in RACFs.

More than one-half of the RACFs surveyed indicated they would benefit from

greater knowledge of the use of digital health technology to support medication management and improved clinical handover. Similarly, the most common issue noted by GPs was communication, particularly sharing patient clinical and medication information.

Nine enthusiastic RACFs were then selected to participate in a trial of the use of digital health technology to improve communication with their care providers. Mapping of their individual networks to identify GPs and pharmacies was conducted, and a strategy to roll out Secure Messaging was developed.

The rollout involved initial discussions with the identified providers about Secure Messaging and the trial, as well as completing required applications and registrations, training of all staff, and providing ongoing support where needed.

Results from the mapping indicated significantly larger GP numbers than



anticipated, with some RACFs having 20+ GPs attending their residents—this resulted in more resources being needed during this phase than expected.

PROGRESS

Secure Messaging has been implemented in all nine trial RACFs and their nominated GPs and pharmacies. It is being used in the following ways: notifying GPs of incident reports, medication reviews and other non-urgent documents that would normally be sent by fax; sharing of medication charts with pharmacies; exchange of Residential Medication Management Review reports; and for providing more accurate clinical notes between hospitals and RACFs.

The majority of GPs involved already had access to Secure Messaging—however we found that most were not using it to send messages out, only to receive information. Additional time was therefore needed to both train and provide

ongoing support to GPs and their practice staff.

Pharmacies have proven to be the most willing and capable Secure Messaging adoptees, integrating it into their workflows and experiencing accelerating benefits as the number of GPs using Secure Messaging increases.

Active and successful use of Secure Messaging relies on concurrent adoption by all members in the provider network. We continue to face challenges in supporting changes to clinical workflows among the individual facilities, general practices and pharmacies. There are many other complexities to deal with, resulting in variations so far in the level of implementation among the nine trial RACFs. For example, processes within some RACFs are still mainly paper-based, with limited computer access; and some staff require much more training and support than others.

NEXT STEPS

Work is continuing to support the adoption and use of this technology within the trial sites and the broader network in the region. Ongoing training sessions, educational events, and resources and support are being held or provided as needed.

Expansion of the trial to include additional RACFs, GPs and pharmacies is planned following evaluation of the current trial and implementing any resulting recommendations. This evaluation will seek to establish if Secure Messaging has improved communication processes for the nine trial RACFs, and improved the accuracy of medication records. The evaluation will involve revisiting the initial survey and conducting follow-up interviews with the RACFs, GPs and pharmacies involved.



(Dementia), Faculty of Health, University of Technology Sydney

End-of-Life Directions for Aged Care (ELDAC) toolkits

Giving people the right tools for the job.

"The governmentfunded initiative End of Life Directions for Aged Care (ELDAC) aims to connect people working in aged care to palliative care and advance care planning information, resources and services. ELDAC initiatives include a navigation and phone advisory service, technology solutions, partnership projects and policy initiative. "

END-OF-LIFE CARE NEEDS RISING

The number of Australians over the age of 65 is rising and, during the next three decades, the proportion of the population aged over 85 will more than double. This demographic change is driving significant growth in demand for aged care.

The availability of home care packages has significantly expanded in the last decade to allow people to be cared for in their homes, including those that require palliative care. A shift in the complexity of people moving into residential aged care has also occurred—people are older, frailer and have more complex care needs. Across the spectrum of aged care services there is a need and expectation for people to have their end-of-life needs met.

The government-funded initiative End of Life Directions for Aged Care (ELDAC) aims to connect people working in aged care to palliative care and advance care planning information, resources and services. ELDAC initiatives include a navigation and phone advisory service, technology solutions, partnership projects and policy initiative.

THE ELDAC TOOLKITS

A major ELDAC resource is our set of five online toolkits, which support aged care staff, specialist palliative care professionals and general practitioners (GPs) in providing a comprehensive evidence-based, personcentred and sustainable approach to palliative care and advance care planning. These toolkits build on previous work of the consortium partners.

Toolkits can be broadly defined as a collection of information, resources and tools around a particular topic or practice area. They have increased in popularity across healthcare settings. Hard copy or online, they can help users to develop a plan and organise their efforts to follow evidence-based recommendations or practices.

The ELDAC toolkits are interactive and have been built and reviewed by experts working in aged care, specialist palliative care and primary care. While the format of each ELDAC toolkit varies, they are all available online in a user-friendly format

for direct care staff, including nurses, care workers, allied health professionals and GPs as well as staff in managerial, quality or educational roles. All five toolkits provide up-to-date clinical evidence, learning opportunities and organisation tools to support palliative care and advance care planning.

THE TOOLKITS IN MORE DETAIL

The Residential Aged Care Toolkit and Home Care Toolkit are built around the ELDAC framework of eight key domains mapped to elements essential to providing quality palliative care and advance care planning for older Australians.

Evidence-based clinical guidance is available in the 'What I can do' section, while staff can identify their learning needs and set a learning plan in the 'What I can learn' section.

The 'What my organisation can do' section provides direction in setting up a palliative care and advance care planning working group, and includes organisational and clinical audits linked to a quality improvement framework.

The Primary Care Toolkit, tailored for primary care staff including GPs, has a similar structure with clinical information, links to education and mapping of health pathways across Australia.

The Legal Toolkit provides factsheets and practical help for seven commonly encountered legal issues in palliative care and advance care planning.

The Working Together Toolkit provides evidence-based strategies for connecting the aged care, specialist palliative care and primary care sectors.

As online products, the five toolkits can be updated at any time to incorporate changes that occur across the aged care, palliative care and primary care sectors. New additions to the toolkits, taking into account sector changes and user feedback, will be incorporated throughout the project, which will run through to 2020.

For more information on ELDAC, visit www.eldac.com.au.

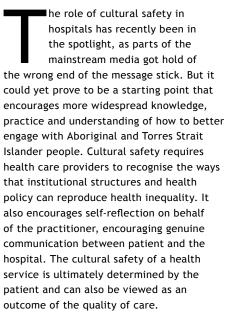




ELISSA ELVIDGE
PhD candidate,
School of Medicine and Public Health,
University of Newcastle

Cultural safety in hospitals

Developing an empirically validated model.



Despite the growing number of government policies that advocate for increasing the cultural safety of Australian health services for Aboriginal people, the existing literature is sparse. This gap highlights an important disconnect between evidence, practice and policy. Health workers need a best practice model which can be consistently

applied across all wards, departments and health districts.

The absence of standardised definitions and comprehensive research have impeded the implementation of culturally safe and secure policies and strategies in Australia. In my view empirical research is needed in order to develop a reflexive Aboriginal Cultural Safety framework which drives improvements in quality and safety systems assessment programs for Australian hospitals.

My work will combine qualitative methods of semi-structured interviews and surveys with online data collection and quantitative analysis. It's about merging traditional methods of talking to community and finding out what cultural safety means from their perspective and combining these responses with crowd sourcing techniques through a short online survey and using the community voice to develop an empirically validated model of cultural safety for NSW Hospitals. The aim of my research is to develop a confirmatory factor analysis measurement model of cultural safety in NSW hospitals using a survey of Aboriginal hospital patients' experiences.



I am very fortunate to be working with the Hunter Medical Research Institute applications development team, who will be creating a state-of-the-art customised platform on which to host, develop and deploy the survey. The final product will be very user-friendly and reflexive, with the capacity to be able to expand, securely store large amounts of data and generate results in real time.

Internationally researchers have successfully used confirmatory factor analysis for auditing cultural competence in hospitals for marginalised populations. In Australia this study will be the first empirically based framework for Aboriginal Cultural Safety. Once the resulting framework is validated and finalised it will be used to inform subsequent research methods as well as the development and evaluation of future culturally based programs aimed improving access and acceptability of health services for Aboriginal people.

The framework that is developed will align with existing hospital accreditation standards—particularly the new Aboriginal National Safety and Quality Health Service Standards as it an example of how



"In Australia this study will be the first empirically based framework for Aboriginal Cultural Safety."

hospitals can directly use patient input to enhance cultural safety.

I see this work as giving hospitals the tools and information to be able to engage patients about quality and cultural safety issues and provide feedback in real time so that they can respond to these issues as they arise.

This is not a one-size-fits-all solution. Once established, the methodology could be used in different facilities to develop their own measures of cultural safety based on their individual community perspectives. Eventually hospitals will be able to benchmark their performance and hopefully see improvements over time.

To participate in this research, or for further information: elissa.elvidge@uon.edu.au or follow @ElissaElvidge on Twitter.

CONFIRMATORY FACTOR ANALYSIS EXPLAINED

Factor analysis is a form of statistical exploration that is used to identify the structure of the relationship between the variable and the respondent. Previous research has successfully used Factor Analysis methodology to conceptualise similarly abstract multidimensional concepts, including cultural competence, depression and collaboration. There are several stages of analysis including exploratory factor analysis that looks for relationships within and between variables.

Findings from the literature and from a series of interviews with hospital staff have provided the basis for the survey questions.

The questions are designed to capture the key elements of cultural safety, including domains such as positive communication, trust, support for Aboriginal culture, and families. Responses to the questions are asked for on a sliding scale, which will allow responses to be compared and suitable for exploratory, then confirmatory factor analysis (CFA).

A CFA model includes the main concept (domains) at the first level. The second level is composed of the key sub-elements which are largely unobservable (e.g. governance). At the third level, the sub elements are then separated into specific indicators that are observable quantifiable measures of the primary domains (for example the presence of formal protocols that support cultural safety).

This method of analysis enables the strength of relationships between the unobservable and observable elements and construct validity to be tested. Construct validity is how well a test or experiment measures what it claims to be measuring—in this case cultural safety from the Aboriginal patient perspective.



The crisis in public interest journalism is a health threat



"An article in a recent health-themed edition of Australian Journalism Review suggests coverage of health and science in three leading newspapers over a decade to 2014 had been cut by nearly 30%."

his is a time of increasing threats to public health, in Australia and globally. These include climate disruption, conflicts, disasters, displacement of populations, environmental degradation, challenges to the sustainability of health and social systems, increasing social and economic inequality, rising populism, and the immense political and economic power of anti-health interests.

At the same time, those charged with ensuring the accountability of governments and other powerful interests are under attack. The threat is not only coming from US President Donald Trump and his railing tweets about 'fake news' that seek to undermine genuine journalism. It is also in the collapse of the business model that has traditionally underpinned journalism.

It can be hard to muster concern for journalism at times, given its deep flaws. Health professionals and organisations see many of these in action most days. Too often journalism actually causes harm through stereotyping and stigma, and in health reporting is unable to resist the promise of medical 'miracles' and 'wonder drugs'.

But there are serious implications for the health and wellbeing of populations, communities and individuals from the decline of what is known as public interest journalism: 'the antithesis of media's darker side', according to leading media academic Andrea Carson, lecturer from Melbourne University's Centre for Advancing Journalism.

This is the journalism, she says, that can expose corruption, launch royal commissions, remove improper politicians from office, and jail wrongdoers. It also the everyday important work of well-researched, well-informed stories that serve the public interest.

But even that role is being weakened by the diminishing capacity of journalists and media organisations to do their work, much less the more complex investigative work of being a watchdog, charged with holding power to account.

Such is the concern that the Senate recently held an inquiry on the Future of Public Interest Journalism, prompted by alarm at the way truly fake news influenced the US election and about the impact of digital giants like Facebook and Google on both the dissemination and resourcing of journalism.

The inquiry's hearings and submissions made clear that public interest journalism in Australia and elsewhere is in crisis, with around 3,000 journalism positions—onequarter of the total—lost here over the past five years. Those losses were compounded, it was told, by big budget cuts to the ABC of around \$270 million since 2014.

Behind those figures is a huge loss also in specialist reporting. An article in a recent health-themed edition of *Australian Journalism Review* suggests coverage of health and science in three leading newspapers over a decade to 2014 had been cut by nearly 30%.

Public health academics described a 'proliferation of poor-quality sources of health information and misinformation' and said the loss of specialist health journalists is having 'a detrimental effect on the translation of public health evidence into the public domain'.

Croakey is a specialist public health journalism initiative that focuses on issues and communities that are poorly served by the mainstream media. These include the social determinants of health, health inequalities, the health and wellbeing of Aboriginal and Torres Strait Islander people, climate health, mental health, rural and remote health, global health, and health policy more broadly.

Our submission to the Senate inquiry highlighted the critical role of public interest journalism in health. Journalism has been vital in uncovering scandals like thalidomide, but also vital to public health advances like tobacco control and

numerous health-related inquiries, such as into the Don Dale detention centre and institutional sexual abuse of children.

Public interest journalism is also about delivering a counter-weight. It has a vital accountability role in health policy, given the power of professional and commercial interests—from the Australian Medical Association, Pharmacy Guild and private health insurance sector through to the pharmaceutical, tobacco and food industries.

So what's to be done? Do we hope the market gets it right in the end, or that governments step in to stem the crisis (as has happened in other countries)?

Croakey will soon launch a campaign, using the hashtag #PIJ, calling for a cohesive and vigorous public response to the crisis in public interest journalism in Australia, both through direct government support and to encourage private investment and philanthropic support.

Importantly, it will seek to rally the voices of the health sector and highlight the health implications of this crisis, which did not receive sufficient attention in the Senate inquiry.

As my colleague Tim Senior, a doctor and Croakey contributing editor observed: 'Public health often recognises the need for education and health literacy to improve people's health, but rarely goes beyond criticising "the media" for poor reporting of health (usually medical) issues'.

Our aim will be to build understanding of public interest journalism as a determinant of health, so it is more widely understood that healthy communities need healthy journalism.

Please join us at #PIJ, and follow this link for upcoming news about the campaign: www.croakey.org/category/public-healthand-population-health/public-interestjournalism/

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By becoming a member of the AHHA, you will gain access

to AHHA's knowledge and expertise through a range of research and business services.

The Deeble Institute for Health Policy Research was established by the AHHA to bring together policy makers, practitioners and researchers to inform the development of health policy. In joint collaboration with our university partners and health service members, the Institute: undertakes rigorous, independent research on important national health policy issues; publishes health policy Evidence Briefs and Issue Briefs; conducts conferences, seminars, policy think-tanks and workshops; and helps

policymakers, researchers and practitioners connect when they need expert advice.

The AHHA's JustHealth Consultants is a consultancy service exclusively dedicated to supporting Australian healthcare organisations. Drawing on the AHHA's comprehensive knowledge of the health sector, JustHealth Consultants provides expert skills and knowledge in areas including: corporate and clinical governance training; strategy and business planning advice; organisation design and improvement; health services planning and program evaluation; and board induction training.

In partnership with the LEI Group, the AHHA also provides

training in "Lean" healthcare which delivers direct savings to service provider and better outcomes for customers and patients.

To help share important developments across these various health research, policy and training spheres, the AHHA publishes its own peer-reviewed academic journal (Australian Health Review), as well as this health services magazine (The Health Advocate).

To learn more about these and other benefits of membership, visit www.ahha.asn.au/ membership



More about the AHHA

Who we are, what we do, and where you can go to find out more information.

AHHA Board

The AHHA Board has overall responsibility for governance including the strategic direction and operational efficiency of the organisation, the protection of its assets and the quality of its services. The 2016-2017 Board is:

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The AHHA National Council oversees our policy development program. It includes the AHHA Board as well as a range of members. The full list of Council members can be found at: ahha.asn.au/governance

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Australian Health Review

Australian Health Review is the journal of the AHHA. It explores healthcare delivery, financing and policy. Those involved in the publication of the AHR are:

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Dr Simon BarracloughAssociate Editor, Policy

Prof Christian GerickeAssociate Editor, Models of Care

Prof Sonj HallAssociate Editor, Health Systems

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Contact details

AHHA Office Unit 8, 2 Phipps Close Deakin ACT 2600

Postal address
PO Box 78
Deakin West ACT 2600

Membership enquiries

T: 02 6162 0780 F: 02 6162 0779 E: admin@ahha.asn.au W: www.ahha.asn.au

Editorial enquiries

Nigel Harding T: 02 6180 2808 E: nharding@ahha.asn.au

Advertising enquiries
Lisa Robey
T: 02 6180 2802
E: lrobey@ahha.asn.au

General media enquiries
E: communications@ahha.asn.au



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