

NSW HEALTH PROJECT CASE STUDY

Integrating systems and upgrading incident reporting platform

NSW Health's incident reporting system needs to be urgently upgraded and the integration of platforms throughout the public health system improved, a parliamentary inquiry into the state's healthcare delivery has found. The Incident Information Management System, which is used by staff to report adverse events in NSW public hospitals including medication errors and surgeries on the wrong part of the body, as well as near-misses and complaints, is beset by "known shortcomings", according to the inquiry. More than 10,000 clinical incidents are reported each month via IIMS, relating mostly to falls and issues with diagnosis, treatment, drugs and intravenous fluids, but the Public Accounts Committee heard evidence that the system rolled out in 2005 was "malfunctioning and unreliable".

"The Committee was informed about flaws in the current operating system, its governance and reporting structures and the culture of incident reporting," the inquiry report said. "This included various technical issues within the IIMS system making it difficult to use, as well as instances of under-reporting."

The Committee recommended the IIMS upgrade be completed "as a matter of urgency". NSW Health Secretary Elizabeth Koff told the inquiry in March that the system had "served its purpose". "New South Wales was one of the leaders in incident reporting and one of the hallmarks of a high performance health system is incident reporting and transparency around it ... "It has, over time, become not as sophisticated as we would like in a health system. Hence, we are undertaking a review for replacement or updating of the incident reporting system."

The upgrade of IIMS to iIMS2 began in 2013 but was delayed when vendor Riskman was acquired by Datix International, "and this has complicated the negotiations and subsequently held up progress on the new system". The "entire replacement" is expected to cost an estimated \$22.2 million.

The inquiry, which was announced on in February 2017, also questioned NSW Health's "failure" to consult with users to determine their needs. However, Koff told the Committee that NSW Health would be embarking on a collaboration process.

"There is no point us rolling out electronic systems that our staff find unacceptable, unusable or counterintuitive to what they are trying to do. Their input is absolutely crucial to that process, so I have every confidence that once we work our way through the contractual matters with the vendor we will be back out to start talking to them about the useability of the system," she said.

Following the release of the inquiry's findings, a spokesperson for eHealth NSW told *Healthcare IT News Australia* that changes are already well-underway.

"Several digital upgrades and improvements are on the way for NSW Health hospitals and facilities as part of the *eHealth Strategy for NSW Health: 2016-2026* and the committee's findings. "A component of the eHealth Strategy for NSW Health is a new Incident Management System called iMS+ "This system is being built in preparation for a pilot next year at one metropolitan and one rural hospital. "Consultation has been sought and received from NSW Health staff across the state."

The Committee also urged the department to improve interoperability throughout the public health system to allow the sharing of information and comparability of data sets. "Ensuring connectivity across

the sector is critical, given that consumers access many different kinds of health care services both in the community and in hospital settings. Improving the quality of the data that providers are able to access will further integrate a variety of services, and improve outcomes for people within the system,” the inquiry report said.

The importance of improving integration was put to the inquiry by the peak doctors’ groups, with the then Chair of the Royal Australian College of General Practitioners NSW & ACT, Associate Professor Charlotte Hespe, claiming that “as a general practitioner one of the biggest frustrations for us in the current system is the siloed care and data.... Until we think about it as a continuum of care, whether it be in the community or the hospital, I do not think we will improve how we deliver that care”.

The President of the Australian Medical Association, NSW, Professor Brad Frankum, told the Committee integrated care “is in its infancy”. “It is proving very difficult to do integrated care in a meaningful way.... The fragmentation of care is dangerous, frustrating, expensive and it puts the safety of patients at risk,” Frankum said.

“The information management systems we are using in hospitals are very slow to improve and modernise. At my hospital we still write handwritten notes in a patient's file and we still write handwritten prescriptions. In my private practice it is all computerised. I can prescribe much more safely in my private practice because the computer keeps a record of what I have prescribed, the doses and all of that.”

Twenty-nine recommendations were made in total, with the government required to respond by March 18 next year.

Your tasks: Create questions based on the case study provided. Your question should relate to any Project Management Knowledge areas.