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Dear Health Planning Team

**Subject: Our Healthcare Future Immediate Action and Consultation Paper -
Feedback**

Thank you for the opportunity to review and provide feedback on the *Our Healthcare Future Immediate Action and Consultation Paper*. Please find below my personal feedback.

Reform Initiative 1

The report focuses on the clinical workforce, but there are workforce shortages in other professions that will impact on the future of health service delivery in Tasmania. The Australian Government [Health Information Workforce Report](#) (2013) highlights the national workforce shortages in health information management (HIM) and clinical coding. The [Health Information Workforce Summit Report](#) (2015) built on the previous report with an in-depth look at the challenges facing the workforce, in particular the workforce shortages, ageing workforce, and low enrolment numbers in courses. Tasmania must recruit qualified HIM professionals from the mainland due to no tertiary education for this profession within the state and an on-line degree no longer available. A clinical coding qualification can be undertaken through a two-year online course. This is the workforce behind the management of health information, quality data, and activity-based funding. The profession is also critically important to the health sector and should be considered in workforce planning.

The Tasmanian 'Health Workforce' definition needs to be more inclusive and updated to reflect not only the clinical workforce, but all individuals who deliver or support the delivery and operation of our health services and facilities.

Reform Initiative 2

Q1. How can we best target our digital investment to improve the timely sharing of patient information across health interfaces?

Long term the implementation of a statewide Electronic Health Record with capabilities for patient and GP portals. In the meantime, expand the implementation of the digital medical record (DMR), a scanned medical record solution, in preparing all sites for an electronic health record. The four acute hospitals are

already using the DMR along with some Statewide Mental Health Services teams, community health services and District Hospitals. [REDACTED]

In the short term the continued expansion of the documentation suite that uploads to the My Health Record. With improved governance and support of the Healthcare Clinical Suite (HCS) the current clinical correspondence transcribed by the Health Information Management Services medical transcriptionists [REDACTED] could be uploaded to the My Health Record thus improving communication with other providers. Also increasing the interoperability with our existing systems instead of relying on printing from one system to then scan to the digital medical record (the primary health record for the THS).

Q2. What digitisation opportunities should be prioritised in the Health ICT Plan 2020-2030 and why?

Upgrading the existing infrastructure to support future digital capacity. If there is inadequate ICT then the systems and technology that rely on it will be impacted. This has consequences for useability and confidence in the systems and technology. Once the infrastructure is upgraded then consideration should be given to further rollout of the DMR to all THS services as a first step towards an electronic health record.

Q3. What information should be prioritised for addition to the My Health Record to assist clinicians in treating patients across various health settings (e.g. GP rooms, Hospital in the Home, Hospital, Specialist Outpatients)?

Consultation Summaries and adhoc letters generated from the Healthcare Clinical Suite. [REDACTED] They are currently sent electronically to recipients (mostly primary GP), other providers involved with the patient care may benefit from access to this information. [REDACTED]

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Q4. What are the opportunities to develop a digital interface between hospitals and other care providers (such as GPs, aged care and the private rooms) to improve the timely sharing of patient information?

There should be opportunities between the Department of Health, Tasmanian Health Service and Primary Health Tasmania to improve the sharing of patient information. This could be through continued investment into eReferrals and information sharing portals. This would support information sharing where a patient does not have a My Health Record.

Q7. How can we use technology to empower patients with their own-self care?

Investigate mobile health options with wearable devices and apps were information could be uploaded to a patient portal linked to the departments Electronic Health Record.

Q8. What is the key paper or manual administrative process that would provide the most benefit to digitise/bring online?

Administratively, the signing of HR documents such as timesheets, adjustments and leave forms. This was a challenge with staff working from home during the pandemic who didn't have the equipment to print, sign, scan and email documents to HR.

Clinically, using point of care devices that upload to the medical record such as CTG Tracings, ECG's Tracings, blood pressure, ultrasound etc. Currently this information is printed and scanned to the DMR (in some instances). Some of this information is on thermal paper which can be easily damaged and fades.

Reform Initiative 3a

The Our Healthcare Future paper discusses hospital avoidance type programs but there should be consideration for investment of decreasing the reasons people come to hospital in the first place. Health promotion and lifestyle management programs should be considered as part of a long-term strategy. For instance, the creation of specialist community-based teams for chronic diseases with referral pathways to these services from emergency departments. These programs could improve patient self-management. An example is in Metro South Hospital and Health Service chronic disease and lifestyle management programs.

Reform Initiative 3b

Q1. How should the Health Workforce 2040 strategy be further refined to guide and inform development of a strong and sustainable professional workforce that is aligned to meeting the future health needs of Tasmanians?

The Tasmanian Health Workforce 2040 Strategy can look to the Australian Digital Health Agency [National Digital Health Workforce Education and Roadmap](#) to provide some direction on the education and training required for the current and future health workforce, including new roles that will emerge as a result of digital transformation. The DoH needs to work in partnership with education sector, especially UTAS, to develop digital capabilities within the workforce in training and investigate opportunities to equip the current workforce with these digital skills.

This feedback is my personal opinion and I would welcome the opportunity to discuss this further if required. [REDACTED]

Yours sincerely



Trixie Kemp
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