EMR Implementation – Road bumps and opportunites

Summary of key learnings from HCC ACT Presentation – Darlene Cox and Jess Lamb

- It's vital that consumers are involved in the tender specifications. Darlene Cox was on the Board, also on the tender evaluation team
- When it got down to the last two preferred providers, HCCA staff and consumers were in the workshops where you could see what it looked and felt like.
- While consumers pushed for an ACT Patient Experience Lead position, there are key learnings from this (see last slide)
- Change management approach to EMR project – how is this being delivered? Consumer involvement in this – just understanding what the current workforce workflows are and mapping them just digitises the status quo. It loses the opportunity of taking a step back thinking about, what can we change? How can we deliver care differently? An EMR can realise the true benefit around shared care, consumer empowerment, self-management.
- Clinicians designed their own workflows and didn't consider how they intersected each area, without consideration of how those all actually flow together to provide a holistic overview for patients
- Push to get a single Charter rather than a separate Clinical and Consumer Charter, and/or Principles which at least mention consumer involvement
- Ensure there remains a way to talk to WA Health ICT based staff around the interoperability/ wide implications like the My Health Record
- We need to ask "What's the benefits realisation approach? How are we going to make sure we've articulated what consumers need or want from the system, and how we going to measure whether the EMR has delivered on that?

Reflections sent through after the meeting from Jessica Lamb

Consent has demanded a lot of consideration.
There have been a range of issues including challenges coming to a mutual understanding that consent is not static – that it can (and should) evolve over the course of our health care and can be rescinded and changed at any time. And that appropriately informed consent relies on consumers being provided with all relevant information and having their questions answered in a way they understand. There is a common (or convenient) misconception that 'consenting a patient' is a moment-in-time, tick-the-box process and this idea risks being baked into a digital health record.

We continue to have issues with consumer access to their own consent documentation – currently not visible on MyDHR and not able to be printed in hard format. This means consumers can feel unsure about what they have agreed to and not confident to question treatments or change their minds.

Themed summary of our Discussion after the Implementation of EMR Presentation by HCCACT

We need to use this opportunity to change what we do, not just digitise the current processes:

- We've spent the last 50 years computerising existing processes in the health system. We need to take this opportunity to adjust our processes for the best outcome for the consumer, not be confined by the limitations of technology. We need to use this opportunity to deliver the change indicated in the Sustainable Health Review.
- This is connected with the Standardisation work currently happening to support the implementation of the EMR, but it's not clear what the process is and how consumers can be involved.

We need to strike a balance between being aspirational and setting expectations that can't be met

- It's important that we don't over-promise and under-deliver – this is the focus of the EMR Comms process being overseen by Rhiannon Sloan. Its a balance between consumers "shooting for the stars" but not setting up community expectations that can't be met. For example "Open Notes would be an amazing innovation for consumers to see, in real time what is being written about them. But this will not happen for some time in WA.

Culture change is a key underpinning principle

- Open Notes is a perfect example of an initiative that WA is not ready for yet
- It was also discussed that webinars etc would need to be developed so staff know how to use Open Notes appropriately
- We have to get rid of this notion that "the Dr has to protect us" – we need access to our information

We don't want to end up worse off

- Not being able to see the record at the end of the bed, and if there is a period of time with no patient portal, we will be worse off.

Consumers needs to be a part of the Requirements process

- We need to be part of the procurement process, the key business rules and requirements that are going out that the new system has to deliver on
- The Consumer Charter is currently guiding this process, and Pip will also be involved in Clinical Leadership Group meetings
- The process being undertaken is to develop patient journeys (these have been worked on by the EMR team over time, and Pip has looked at these and they look good from a consumer perspective) and scenarios which establish the requirements for the EMR
- We need to keep it simple – interoperability = information following the patient to where they are getting their care from hospital to primary care to home etc.

EMR Implementation – Road Bumps and Opportunities - Summary

Future proofing is key

- The example of AI being used to summarise conversations with patients and create discharge summaries, referral letters etc – the work currently happening in WA in that space needs to intersect with the EMR Program. We don't want to get stuck with outdated technology. Discussed that future proofing is key with the EMR Program and a key AI project happening with patient notes is being coordinated by a member of the Clinical Leadership Group, so there is a link with the EMR Program
- AI is also being introduced in patient care itself, e.g. an AI Physiotherapy clinic in the NHS
- The International Standards for AI Management has been adopted in Australia
  https://www.standards.org.au/news/standards-australia-adopts-the-international-standard-for-ai-management-system-as-iso-iec-42001-2023
  Governance and standards and guidelines around AI are all being developed concurrently. We need to understand both the technology and the governance. It would be good to consider a webinar in this.