EMR Program Harmonisation of Forms Transcript

30th May 2024

Acknowledgement of Country

Pip Brennan: Hello and welcome everybody. So today, we're going to talk about the Electronic Medical Record and standardising forms. Before we begin, I just like to take a moment to acknowledge the Traditional Owners of the land we're meeting-- virtually, but both of us are on Whadjuk Noongar Boodja. I'd like to pay respects to Elders, past and present, and extend respect to all Aboriginal and Torres Strait Islander people. And when we meet and talk about health as we are today, just always keeping our minds, that unacceptable disparity between health outcomes, between Aboriginal and non-Aboriginal Australians.

Recognition of Lived Experience

I also just want to recognise the importance of lived experience. That's what we're all about in making sure the lived experience voice is part of how we are creating our Electronic Medical Record. So I'm joined here today by Sarah Pearson.

Introduction to Sarah Pearson

So, Sarah, you're the Allied Health Lead for the EMR program. Have I got that right?

Sarah Pearson: I am.

Pip Brennan: And I believe you are CHIA - a Certified Health Informatics Australasia. So you've done some specific quals just around digital health.

Sarah Pearson: That's right. Yes, yes. So I completed my CHIA about 3 years ago. After spending a little bit of time in digital health within the hospitals here in WA, implementing some systems over here that our clinicians use to deliver care to patients. And I think it interested and excited me so much that, as a true clinician, I went on to try and find out where I could learn more, and perhaps certify myself in this space. So yes, I am now a qualified health informatician.

Pip Brennan: Amazing. So we are very excited in WA. We've had the recent budget announcement that we have had 3 years of funding to do what is known as Tranche One of the Electronic Medical Record. So it's still going to be some time before there'll be anything in anybody's hands. WA this amazing opportunity to learn from all the other States and get ourselves ready. And one of these key pieces, as I understand it is

standardisation. So that's what I wanted to talk to you about today. So I was actually going to start with the basics.

Question: So standardised forms, what are they?

Sarah Pearson: Well, I probably would want to say to you when we're talking about forms. First, let's establish what we're talking about, which to us is **essentially a template**. I'd like you all to think of a form as a template to record specific health information that might be required during an assessment. And it's generally done by healthcare providers.

So they exist across the healthcare system everywhere. But it's the way that we capture and harness that information so that we can hopefully use it to inform the care that we provide. Now in WA we have a large number of unique health care forms. In fact, I think the last time we counted it was maybe over 2,500.

Pip Brennan: Wow

Sarah Pearson: Yes, it sounds quite big, but we service a lot of consumers, you know, within this space, and I think it would be fair to say that at this point in time a lot of these are non-standardised. And so what we mean by that is that they there are multiple forms that potentially do the same thing, and they provide the same information once completed. So that can lead to a bit of overburden on system and sometimes just unnecessary paper which we all should be thinking about consciously and sustainably in the future that we're moving towards.

And I guess one example that I can give you of an unstandardised form that we see currently, is one for diabetes management. And within our system, we have two forms, and probably even more than this, where, if we're trying to manage diabetes and a low blood sugar level, we would provide somebody with a nutritional food source to lift their sugar levels. Now, we have two forms that currently exist, one that states we should provide you with a biscuit, and the other one that states we should provide you with a sandwich. Now there are no differences in the form apart from those two pieces of food, but that then creates 2 forms rather than one standardised form.

So that brings me to what a standardised form is and essentially it is a way of building a template, and I go back to that word that is harmonised and has reduced variation but still captures the same level of information, still captures the same individuality of the assessments that we might be taking, and the individual care that's required within that form, that might be guiding a clinician to deliver that to the patient. But I think it's fundamentally saying that we are trying to harmonise safer care with standardised forms.

Pip Brennan: That's really interesting, because I think what you talked about there. And I'm just thinking for Consumer Reps that are watching. I think all of us are familiar with those forms. That, of course, got a little bit of writing on the left. That says MR something, something. So I think a lot of us are familiar with forms and have been part of [creating] them. But you were talking about the "sandwich versus the biscuit" idea, and that then moves us on a little bit, as you say, so it's almost like a care pathway. They're a template that reflects a care pathway. Am I right there?

Is it a template that reflects a care pathway. Have I got that right?

Sarah Pearson: So in some case, yes, not all forms reflect care pathways, but yes, to a degree. We have, a number of forms that contain information that will cover an entire care pathway. So I probably would **describe a care pathway in its simplest terms as a plan** more so than a template. Because it's a plan that delivers patient care and covers a specific journey, I suppose, from the start to the end of that journey. And it might be in a particular type of care over a particular point in time. But you're right. We then, as clinicians, try and capture some of those pathways on paper, or in fact, within a digital medical record that is in some of the hospitals across the state at this point in time. So yes, they are one and the same. In certain situations.

I asking about the connection or overlap between pathways and standardised forms.

Sarah Pearson: Yes, and I think a good example for me to think about right now is the PARROT form in the case of the child deterioration form across the State. That is a pathway about childcare deterioration, clinical deterioration in the child. And so it is a pathway. It's been captured on a form, but it's been standardised so that form can be picked up by any clinician in any hospital that sees a child that might be deteriorating, and then be followed in the methodical steps that a care pathway provides.

Pip Brennan: That sounds to me like one of the things I'm most familiar-like that sounds to me like a really important safety and quality piece/ initiative.

Sarah Pearson: Yes.

Pip Brennan: Yes. So I think one of the things that that when we've had consumer conversations, when we, when people hear the word standardisation that can sometimes feel like that means "I will just be a number. I won't be an individual person receiving care". But I think the take home message that I hear is that it's a bit more like the optimal care pathways that Cancer [Council] Victoria developed.

And so [care pathways] ... lets consumers understand "this is, as far as we know, as far as the evidence shows, this is the best way to ensure safe care". Have I got that right?

Sarah Pearson: You, you absolutely do. And it's important to understand that that word standardisation in healthcare means best practice. It means evidence based. It means safer care. All the term "standardisation" is doing is reducing variation to provide those three things.

It's and I think you know, it's a funny word. I wonder if **harmonisation** is better. Because all we're doing is bringing the best practice evidence-based information together onto one page rather than or one form rather than you know, 16 different forms or 3 different forms. So we absolutely, and you know, let me let me focus in on that point, we're absolutely still capturing the individual needs of each patient that comes through our healthcare system. And we need to do that in order to diagnose and manage them in the best way that we can. So we have to have space for that information to evolve. But the pathways and the boxes that are created can be a little less unique and a bit more harmonised to allow us to do that.

Pip Brennan: Got you. So I'm curious to know, my understanding is each HSP or potentially there's many hospitals within HSPs may have their own forms. Hence I think, was that the 2,500 number that you were referring to earlier.

So what work is already happening around let's call it harmonisation of forms?

Sarah Pearson: Great. I'm glad you've embraced that word with me. I think, good question, there is a lot of work that's going that's underway at the moment. The HSPs are really aware of the fact that the individual hospitals within their whole health service provision have a number of different forms for the same thing. And so they're moving towards that harmonised, unified form framework we already have.

WACHS are a huge HSP to call out in this space and I think you know we would commend the work that they have done in harmonising their forms. And they certainly have reduced the number of unique forms because of it. I couldn't name you all of the ones that they have done. But they've really, you know they've sort of hit the ground running. But all of our HSPs are starting in this space. You know, it starts with analysing how many forms you do have, and finding the ones that are similar and resulting in a similar outcome, and then just really trying to get as much consultation to happen to make sure that the decisions to standardise or harmonise are agreeable and not going to have any other impacts or concerns or risk elsewhere.

So we've done, I could call out here, the Department of Health are also supporting this work. You know, we've made a massive amount of progress even with the maternity record. That currently sits with patients who come through maternity care, and this is now standardised booklet that follows, you know, that follows the patient around. And I would say that mental health is another space to call out here, who have really seen the need to try and have some consistency and some continuity in the way that care is delivered to ensure it's equitable for anybody accessing the mental health care space. So, we have some really great examples that we can learn from. And we're certainly making a lot of headway into this space.

Pip Brennan: Yes, and I think many of the consumer reps listening will understand, too, that there's a challenge, you know, in that harmonisation process.

And how can consumers help and become involved in this harmonisation process?

Sarah Pearson: So good question. I think. In a way, at the EMR program we are involving you in in the partnerships that we've already developed and we're trying to get early consumer engagement. I think from a consumer level, it's about hearing what's important to you. And you know, we've heard things through the [Consumer EMR] Charter like transparency and access. And it's continuing to ask for those things because it helps us to I suppose, maintain common ground that that is our end goal. And I think that what we are doing is ensuring that we consult with consumers to ensure that they're happy with that standardization. And we're in fact, in fact, the EMR program is probably one of the leading consumer engagement programs at the earliest point in time. That's happened across the nation with a program. This slide. So we have developed, established some good relationships with the likes of yourself, Pip and health care consumers. And you know in order to, I suppose, move forward in this space with you.

Pip Brennan: Yes, certainly. I was lucky enough to go to the Digital Health Festival this month in in Melbourne, and it was pretty clear that a lot of work happens without consumer involvement. Yes, I'm curious too. I just was curious about forms, they are constantly iterating in different states as well.

Are there any good examples of things that have happened in other states that say, perhaps, compare to the good example of WACHS, and how they've been drawing together their forms?

Sarah Pearson: Oh, good question. I think it would be hard to give you a really concrete example. And look, that comes because other states -they still have a very disparate

healthcare system. And so we have to remember that we're looking at in other jurisdictions that Health Service Providers, and sometimes they call them Local Health Providers that are still quite fractionated, and you know, are very isolated in the way that they're providing care. So there's not necessarily a mechanism for them to start working on harmonizing forms.

However WA is taking a slightly different approach in relation to calling out that we would like a statewide EMR and the foundational opportunity for us to look at what all of our HSPs are doing, and say that there is a reason now, and you know, with the success and the fantastic news of the funding, we know that we have the State support to move forward with a state wide EMR. And we have a reason to start to develop these harmonised processes and pathways and forms, that will actually give us another layer of foundation to be ready to move towards this transformational EMR.

And so I think it's hard to compare to other jurisdictions at this stage, because some of them aren't actually starting at the same place that we even are at now, and we should pat ourselves on the back for that in WA. I think we we've done a really good job of you know, maintaining a consumer focus of the whole journey. It happens across the State [i.e. it's a statewide EMR] and so why wouldn't we try and harmonise that journey in the best way can? The EMR program is now enabling us to do that.

Pip Brennan: Yes, I was thinking that as a citizen I feel very pleased that it's a statewide approach, and particularly pleased that we are ensuring that country health services are you know, absolutely not going to be left behind. It's really good because, I know, in other jurisdictions it has been, you know the regions often miss out, so it's really great, that they're not in WA.

Sarah Pearson: Absolutely, and they are flying the flag for us, you know, I think some of jurisdictions are coming to visit WA and to look at some of the examples that WACHS are delivering with their remote and unified care, that, you know we we're actually leading by example in that space. And I think you know, it's something to celebrate, certainly, and something we continue to continue to put first.

Pip Brennan: Great. Well, thank you so much. I feel like I've got- I've learned a bit more about it. I'll be really interested to understand, you know how you're going with the 2,500 forms, or whatever it is, and if you have some sort of a barometer to just sort of have somewhere. And continuing the conversations. And I'm glad that the [EMR Consumer] Charter is helping to inform. So that's good news. That was what it was co-designed for.

Sarah Pearson: Well, it's something that we are often referencing. For these, this Tranche One activity. So no, thank you very much. We're looking forward to lowering that barometer [of forms needing harmonisation]. We will keep you posted.

Pip Brennan: Thanks so much for your time.