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250–290 Spring Street
East Melbourne VIC 3002 Australia
Telephone +61 3 9249 1200
www.surgeons.org
ABN 29 004 167 766

Digital Health Branch

Health and Wellbeing Division
Department of Health and Human Services
50 Lonsdale St Melbourne VIC 3000
HISLR.DigitalHealth@dhhs.vic.gov.au

Health Information Sharing Legislation Reform Consultation

I am writing regarding the Department of Health and Human Services consultation on Health Information Sharing Legislative Reform.

The Royal Australasian College of Surgeons (RACS) is a non-profit organisation training surgeons and maintaining surgical standards in Australia and New Zealand. As the leading advocate for surgical standards, professionalism in surgery and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal levels. RACS represents more than 7000 surgeons and 1300 Surgical Trainees and International Medical Graduates (IMGs) across Australia and New Zealand.

The Victorian State Committee of RACS supports the general proposal for a clinical information sharing solution that supports and enhances best patient care across the Victorian health system.

We would like to make the following comments regarding the Consultation Paper:

- The Consultation Paper refers to health information stored within the digital systems of “participating” public hospitals and health services. It is important that all public hospitals and health services are included in any clinical information sharing platform that is developed to ensure that fragmentation of health records does not remain. Additionally the inclusion of private hospitals in this platform would be beneficial as there is significant patient movement between the public and private systems. A whole of system approach would also allow for better data collection and reporting on key measures, such as readmission rates.



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- Security measures for the new system will have to be carefully considered with strong risk-management strategies in place. This must include the implementation of appropriate security policies at a hospital and health service level.

Public confidence in systems that store highly sensitive data can be variable. Commentary regarding security risks with the My Health Record undermined public uptake of this system. Given the intention that this system will be mandatory, public information and communication of the proposed Victorian Clinical Information Sharing system needs to be well-planned, clearly stating the purpose and protections that will be established. This information should be available as soon as legislative amendments are put forward.

- The Consultation Paper refers to Recommendation 4.13.2 of the *Targeting Zero* report. Implementation of electronic health records remains an issue in Victoria. For the new system to be successful, and ensure coordinated access to patient records, appropriate resourcing, including funding for hospital implementation, software and hardware upgrades, security upgrades and training must be provided. Public hospitals and health services cannot be left to implement this new system within their already stretched budgets.
- Additional information regarding the uploading of patient data is required, in particular who will be responsible for uploading patient information within a hospital setting, what supports will be provided and to what extent will historical patient data be uploaded?
- The Consultation Paper identifies that several other jurisdictions have integrated electronic health information systems in place. Victoria should ensure that many of the key functionalities in these existing systems are emulated, specifically the provision of electronic discharge summaries to a patient's nominated GP/Care Team.

Given clinical information sharing platforms are already operating in other jurisdictions Victoria should seek to adapt existing, proven software, in lieu of building a new platform if possible.

It would be beneficial to ensure that a Victorian clinical information sharing system is compatible with other states and territories. This would support patient movement across the health system, particularly those living in border communities and those requiring specialised treatment outside of Victoria.

- Appendix 1 refers to a future image sharing solution (ISS). The design of a clinical information sharing platform must include secure messaging as an integral component.

Lack of secure messaging functionality hinders patient care. The ability to securely and instantly share patient information, within or across hospital sites, is vital to a properly integrated system.

- The proposed new system will have the capacity to collect vast amounts of information on patients, diagnosis' and outcomes. While RACS supports this proposal, the new system must not become a portal for recording and reporting on individual clinician outcomes or as a way to establish a ranking system for clinicians across the system.

Thank you for the opportunity to provide feedback to this consultation process. The Victorian State Committee looks forward to working with the Victorian Department of Health and Human Services as legislative changes are proposed and the clinical information sharing system is developed.

If you would like to discuss any of the points raised in this submission please contact me via the Victorian State Office on Katherine.walsh@surgeons.org or 0409 324 715.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Hadfield', is centered within a light gray rectangular box.

Mr Matthew Hadfield
Chair Victorian State Committee