



# Submission to the National Digital Health Strategy Consultation Your health. Your say.

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*The industrial and  
professional organisation  
for Nurses, Midwives and  
Assistants in Nursing  
in Australia*

## Background

The Australian Nursing and Midwifery Federation (ANMF) welcomes the opportunity to provide advice to the National Digital Health Strategy consultation – *Your health. Your say.*

Established in 1924, the ANMF is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership which now stands at over 258,000 nurses, midwives and assistants in nursing, our members are employed across all urban, rural and remote locations, in both the public and private health and aged care sectors.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to: nursing and midwifery practice including having a vital interest in the management of digital health systems which will assist our members to deliver safe and competent quality care in their practice.

In the past the ANMF has made significant contribution to the work of the National E-Health Transition Authority (NEHTA) and to the development of the Personally Controlled Electronic Health Record (PCEHR) system, through written submissions and personal representation, including participation on relevant committees. This commitment continues with the Australian Digital Health Agency. The investment in time and effort has been made by the ANMF because we maintain there are enormous benefits to be gained by the community, our nursing and midwifery members and other health professionals, through an information system which delivers timely and consistent digital communication on a person's health status.

### **How well the current healthcare system works**

***What aspects of healthcare work well from your perspective?***

***What aspects of healthcare need improvement?***

***For the aspects of healthcare that you consider need improvement, what do you think are the barriers to improving performance in this area?***

As these questions are broad in their scope, the ANMF at this time have chosen to respond by referring only to digital healthcare. The digital health space has significantly grown in many areas of care delivery over the last few years with, for example, changes ranging in breadth from the installation of e-health systems into individual departments in tertiary health facilities, to, the extensive implementation of digital hospitals. However, while innovation has been strong in some areas, in

others change has been either resisted or delayed, such as the slow uptake of *My Health Record*, with accusations that digitisation is problematic and complex.

One area, which requires significant improvement, is the digital disconnect between consumers, their healthcare and the health care professionals with whom they interact. This disconnect occurs on many levels. Firstly, when a person is proficient with digital technology it is, at times, very difficult for them to really appreciate the challenges and fears expressed by others with accessing and using digital technology. When this less confident and adept group of consumers and health professionals are not considered in any digital platform change they have, and will, become disconnected from digital healthcare. Conversely, there are many consumers of healthcare and nurses and midwives who disconnect because they are advanced users of digital technology, and thus become disenfranchised by the 'slow' rate of progress with digital health implementation.

Secondly, interoperability between systems is an ongoing issue. Individual's health records are placed on varying health facilities systems across the country, and in many instances these are still hard copy or scanned copy records. A consumer does not have ready access to these records, let alone any choice in how their own records are managed and who can access them.

Communication between health care systems and health professionals is essential for streamlining care management and thus improving outcomes of that care. To achieve this, communication processes need to be timely and secure. *My Health Record* is an important part of the solution to this issue, but there is still much work to be done to provide seamless, integrated transfer of information and data across health care systems (for example, between tertiary hospital facilities and primary health care settings).

Lastly, trust in the system is essential. Both consumers and health care professionals want to know they can trust that any digital health platform they are using is safe, ensuring that individuals privacy and confidentiality is protected. They want to be reassured systems are being used in accordance with agreed privacy legislation, and national standards and guidelines that ensure information is accessed appropriately, as instructed by the consumer. Secure digital systems are also an important part of maintaining trust in digital healthcare. There needs to be reassurance that security is maintained at a high level, preventing any data access breaches. For health care professionals, trust in the digital system enables and promotes uptake and use, which then creates a reliance on the system that they trust. Consequently, to encourage the uptake, the system has to work, be universal and reliable and incorporate user friendly interfaces that are specifically designed for the health care system.

## **Being in control of your healthcare**

### **What does 'being in control of your healthcare' mean to you?**

An individual's description of being in control of their healthcare is based on that individual's needs and wants. Many healthcare consumers would identify a number of different requirements in order for

them to feel in control of their own healthcare. These differences would depend on their need to access healthcare, their background, their health literacy level and their level of confidence with digital technology.

Some general principles that the ANMF believes are essential to enable a person to be in control of their healthcare includes improved access to healthcare services and other health professionals, and timely and reliable access to technology. Communication is the linchpin between consumers and health services. At this time in Australia the need is great for improvement to e-health communication to enable better coordinated care provision across the health sectors - that is, primary health, acute and sub-acute, aged and community care - and to foster interprofessional relations.

The ANMF takes this opportunity to revisit the barriers we've identified in previous digital health consultations relating to successful implementation of the e-health record systems, with regard to the importance of individual's being in control of their healthcare. These are:

- inadequate investment in integrated infrastructure, software and IT support across the health and aged care sectors
- scant/lack of initial and on-going digital health education for consumers and health professionals including nurses and midwives
- lack of investment in tertiary level programs and creation of positions in health and aged care facilities for health informaticians
- slow or inadequate implementation of the National Broadband Network (NBN) so that access to the internet in some metropolitan areas, rural towns and remote locations remains compromised.
- lack of supports and resources to ensure all staff including casual or visiting staff are provided with the tools needed to be able to access electronic systems in health services in a timely manner. Correcting this will prevent any issues of sharing electronic ID.

### **Digital technologies used in health and wellbeing activities**

**In recent times, digital technologies have changed the way we shop, travel, bank and socialise.**

**To what extent do you agree with the following statement:**

**'Digital technology will transform and improve healthcare outcomes for Australia'.**

**How would you like to see digital technologies change peoples' experiences of managing their health, and the way they interact with the healthcare system?**

The ANMF contends digital technology has the ability to transform and improve healthcare in Australia and identifies that the digital journey thus far for our country has already proven digital technology can change health outcomes.

One essential element to improve digital health access and outcomes for Australia is to develop a person-centered national digital plan including a database matrix. Currently, each state and territory is developing their own individual digital health plan, and change is being implemented at different levels, often in an uncoordinated and ad-hoc way. This includes building digital hospitals or converting brownfield sites to become digital hospitals using varying systems and infrastructure. The Australian aged care sector has been lagging behind the tertiary health sector to engage in digital health technology. Discussions have now started, however, on digital healthcare requirements for the sector and approved providers are beginning to espouse the concept. Added to this we then have a separate system which is focused primarily on *My Health Record* and the primary health sector.

The management of digital health systems should be overseen at a national level. Such a measure ensures robust governance of any digital system designs, to meet the established delivery criteria. System design must ensure a streamlined person-centered national strategic approach is delivered across all health and aged care sectors, and, at a more basic but critical level, enable systems implemented to integrate and connect with each other. It is essential that all areas of health and aged care are considered equal in any change to the digital health platform and are part of a person-centered national digital plan moving forward.

## **Health Professionals**

**What gets in the way of health professionals being able to connect, communicate and coordinate with the right people?**

**What do health professionals need to be able to effectively connect, communicate and coordinate with the right people?**

## **Organisational priorities and digital health**

**What are your organisation's priorities in respect to digital health or eHealth?**

As the largest professional cohort in healthcare with over 380,000 nurses and midwives registered in Australia<sup>i</sup>, our professions play a vital role in digital health. We are the largest users and will strongly influence any change to the digital platform. Considering this information, the ANMF identifies the following priorities for digital health including elements to connect, communicate and coordinate:

- **Strategic national digital healthcare plan:** A national person-centered digital healthcare plan needs to be developed to coordinate the implementation and evaluation of the digital health platform. It is critical that nurses and midwives are active participants in the development, implementation and evaluation of a national person-centered digital healthcare plan.
- **Access and resources:** nurses and midwives need to have access to digital processes and devices to complete their work. Many members of ANMF express their frustration with limited

or no access to devices. Members in both the acute care and primary health care sectors identify that the introduction of varying digital programs does not necessarily mean there is the infrastructure to deliver care effectively. Members state they cannot access digital devices when required to deliver care, or they spend significant time finding a device. They also find that the devices are slow and not up to date. This needs to be rectified. To not do so could lead to compromised health care outcomes. Nurses and midwives should have direct one to one access with a digital device to ensure they are able to complete the care they provide in an effective and efficient manner.

ANMF members have also highlighted a recent issue where, due to a lack of devices supplied by the employer, nurses are using their own mobile phones as a platform to access digital resources such as MIMS online. This has resulted in consumer complaints being made about nurses, as the consumers have wrongly perceived these nurse are 'socialising' rather than them taking advantage of important resources that contain information on medicines. In one health service this has resulted in a blanket ban of nurses using personal phones on the ward. Nurses and midwives have also experienced a number of issues with certain digital programs they are required to use. These include:

- Electronic medication charts: it is essential that when an electronic medicines chart is introduced these comply with state and territory legislation. There have been a number of concerns with some programs not providing electronic storage of the prescribers signature. Staff are then required to check against the hard copy order for the medicine/s as well as the electronic record. Another issue highlighted by members is where the pharmacist transcribes the medicine order from a faxed copy of the medicine chart onto the electronic chart.
  - Staffing rosters: a number of health services rely on digital programs to store and manage staff rosters. One system does not alert nurses and midwives when a change has been made to the roster, but rather relies on nurses and midwives to constantly check the system. This is a cumbersome and inefficient process.
  - Updates to systems and programs: ANMF members have identified issues in relation to digital systems and programs being updated and the update creating subsequent problems. One example cited, which created an issue with staffing and payroll, resulted in incorrect staffing numbers and underpayments.
  - Consideration must also be given to ensuring that documentation/reporting requirements from external organisations are able to be integrated to reduce the need for doubling up of the data entry workload.
- **Education and training:** there are still some nurses and midwives who have a low level of digital usability. This can be either an actual inability or a perceived inability to use digital devices, through lack of confidence. It is essential that all health professionals are educated in

not only the use of any digital technology but also the benefits, including data collection and analytics. The ANMF would like to be involved further in contributing to digital healthcare education for nurses and midwives.

It is essential too that nurses and midwives have access to support services. They need access to real time “troubleshooting”. That is, as providers of 24 hour services over a full week, nurses and midwives cannot rely on resources which are only available during business hours Monday to Friday.

- **Leaders in the digital healthcare space:** the ANMF considers many nurses and midwives are perfectly placed to be the champions of a changing digital platform. Nurses and midwives work in all settings across the health and aged care sectors, and many are advanced users of digital technology. If those who are not as advanced were provided with further education they could be harnessed as the leaders in connecting people to digital health technology and connecting healthcare services. Nurses and midwives are currently an untapped resource for digital technology with their unique role and large numbers.
- **National health resource:** development of a national website such as the *Better Health Channel* that is managed and monitored by Government, ensures there is an up to date and reliable source of health information for consumers to access and be informed about their health and wellbeing.
- **Security:** work is needed to be done to ensure any digital platform and healthcare information is secure. This involves establishing agreed national guidelines on how data is collected, stored and shared. The recent data breach at the Red Cross Blood Service, where there was an inadvertent release of personal health information, is an example of how easily a breach can occur. Systems need to also protect the health professional by ensuring their information is not compromised. The allocation and security of electronic health care professional’s signatories is an important example of the need for this protection.
- **National digital platform:** it is essential there is a national digital platform established that can connect to all other health systems and be accessed by health professionals, including nurses and midwives.

## **Data, technology and improved health and wellbeing**

### **How could data and technology be better used to improve health and wellbeing?**

Data collection and analytics is an integral part of digital technology and improving health outcomes for people requiring care. This will also continue to build the evidence required to inform nurses’ and midwives’ practice. However, it is important that data collected is balanced with the workload required

to enter information and the benefit of that data to health outcomes. Some ANMF members describe settings where they are collecting extensive data but see minimal outcomes from the data collected.

Data collected needs to be easy to input and be part of the workflow process for nurses and midwives in their practice, to ensure the focus remains on the person requiring care. It is important that nurses and midwives also understand how data should be entered, as well as how it is coded and then analysed, to ensure accuracy of data.

Data and technology is changing rapidly in regards to improving health and wellbeing, including applications and wearables. We must ensure that nurses and midwives have the opportunity and the up to date funded resources to enable innovation. We also need to be mindful that nurses and midwives, like other health professionals, need to keep abreast of the latest opportunities and changes within digital health. It would be useful if there was a nationally accessible resource available for nurses and midwives to become informed about the latest changes in digital health. The Australian Digital Health Agency can fulfill this role by maintaining a section on the national website specifically for health professionals, thereby providing one access point to the latest information.

## **Innovation in healthcare**

**What are the barriers or obstacles to innovation in health and care?**

**What opportunities would you prioritise in respect to innovation in health and care?**

One of the barriers to innovation in digital healthcare is that those currently developing digital technology to improve care are not necessarily health professionals who understand care requirements and work flow. An opportunity to improve innovation is to engage and educate health professionals, including nurses and midwives, to become the designers of digital health technology. More opportunities are required for nurses and midwives to be employed to engage with nursing and midwifery informatics, design and implementation across the health sectors.

Innovation is essential in the progression of care being provided, however, innovation needs to be balanced with regulation. It is important that digital healthcare is regulated with minimum standards and agreed guidelines for development, data management and sharing and security of health records. Regulation should not prevent innovation but provide minimum specifications. The development of secure messaging is an important way forward for nurses and midwives to enable better connection with one another, with other health professionals and ideally with the consumer. There would need to be a minimum standard for secure messaging utilisation. It is important for secure messaging to be linked and stored in the e-health record to enable all health professionals to have the latest information relating to the person for whom they are caring, and to ensure a complete record. If secure messaging is accessed through a system other than the e-health record then the message would need to be uploaded into the person's history.

As digital technology is progressing faster than regulation it is important to have broad, overarching digital healthcare standards and guidelines that can be applied to a changing digital healthcare environment. ANMF members have expressed the difficulties they have experienced when they have been involved in a digital hospital program implementation and there are an absence of up to date standards and guidelines to direct them with development and implementation. The ANMF suggests it is the role of the Australian Digital Health Agency to develop minimum standards and guidelines for digital healthcare, in conjunction with health professionals.

### **Priority initiative for My Health Record**

#### **What should be the immediate priority initiative for the My Health Record to ensure it delivers real value for clinicians and the public?**

The ANMF has, from the beginning, advocated for an 'opt-out' system to achieve a robust field for implementation of the electronic health record system. We consider the lack of a critical mass of users has significantly jeopardised success and acceptance of the current *My Health Record* system. The evaluation of the 'opt-out' trials will need to be considered and reviewed; however, the ANMF believes this approach will remove barriers to the registration process experienced with the current system.

It is important in the first instance to create a firm base on which to build a more robust health record system for the future and it will be difficult to make substantial change to the systems with the way it is configured. The ANMF, however, considers that the limited nature of the existing *My Health Record* has impeded the uptake and use of the record by health professionals as it does not contain the full health care record and therefore the benefits are difficult to assess.

It is essential that medicines are added to the e-health record system for groups such as, people who may be confused by their medicines and those experiencing chronic illness – who understandably are tired of the need to repeat lengthy medicines regimes to every health professional involved in their care.

Other important inclusions which could be considered for *My Health Record* include:

- Allergies
- Advance Care Directives (however named)
- Consumer entered information
- Shared health summary record
- Care plans
- Event summary
- Specialist referrals
- Links to immunisation registers such as the Australian Childhood Immunisation Program and the National Immunisation Program
- Prescribing link to pharmacists from authorised prescribers

- Diagnostic imaging reports
- Pathology reports

The ANMF notes that a number of these items are currently in place or being developed.

The ANMF urges that the *My Health Record* needs to go beyond primary health care and be used and accessed as a national health record across all sectors. It needs to be able to be accessed and used in the hospital setting including both public and private organisations, in the aged care setting – residential and community, as well as community and primary health care settings.

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<sup>i</sup> Nursing and Midwifery Board of Australia, Registrant Data, June 2016, <http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>