ACT Government | ACT Health

Our reference: **ACTHDFOI23-24.07**

[redacted]

Dear [redacted]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Monday 14 August 2023**.

This application requested access to:

> *'Copies of all emails showing the distribution of the Digital Solutions Division (DSD) performance reports for April and May 2023.*
>
> *All reports on the Digital Health Record (DHR), now being managed through the Health ICT Governance Structure with support from the Health Services, since DSD's June performance report.*
>
> *Papers, submissions and minutes relating to the meeting of the DHR Program Board in January 2023.'*

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Monday 25 September 2023**.

I have identified four documents holding the information within scope of your access application. Regarding your first point, there is no formal distribution group for the performance reports. As the reports are released, they are posted on the DSD SharePoint page for all ACTHD staff. The attachments to the email chain provided in my response are publicly available on the ACTHD disclosure log as part of ACTHDFOI23-24.03.

DSD no longer produces the DHR status report since the closure of the DHR program Board. As such, we have no DHR specific reports produced that are similar to the ones previously released and published.

One attachment to the meeting papers of the DHR Program Board in January 2023 has not been considered in this response. A decision regarding this information formed part of the response to ACTHDFOI22-23.39 that is available on the ACTHD disclosure log.

Decisions on access

I have decided to grant full access to two of the documents and partial access to the two additional documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*.

Partial Access

Redactions have been made to information in documents that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. Documents at references 1 and 2 are partially comprised of information that I consider is personal information.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.

On balance, the factors favouring disclosure are outweighed by the factor favouring non-disclosure as the information would not provide any government information pertinent to your request. The personal information is of both ACT Government and non-ACT Government employees' has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

Where a decision has been made previously under the FOI Act on information that is in scope of your application, and the public interest factors are materially the same, I have refused to deal with those parts of the application in accordance with Section 43 of the Act.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.
https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act

within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
http://www.acat.act.gov.au/

Further assistance
Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely,

Holger Kaufmann
Chief Information Officer
ACT Health Directorate

25 September 2023

ACT Government | ACT Health

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.
Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.
Information about what is published on open access is available online at: http://www.health.act.gov.au/public-information/consumers/freedom-information

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[redacted]	• *Copies of all emails showing the distribution of the Digital Solutions Division (DSD) performance reports for April and May 2023.* • *All reports on the Digital Health Record (DHR), now being managed through the Health ICT Governance Structure with support from the Health Services, since DSD's June performance report.* • *Papers, submissions and minutes relating to the meeting of the DHR Program Board in January 2023.*	**ACTHDFOI23-24.07**

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
Copies of all emails showing the distribution of the Digital Solutions Division (DSD) performance reports for April and May 2023						
1.	1 – 6	Email and attachment – RE: ACTION REQ: Papers / Presentations for June 2023 CHS Audit and Risk Management Committee COB, Monday 29 May 2023	9 June 2023	Partial Release	Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy	Y

Papers, submissions and minutes relating to the meeting of the DHR Program Board in January 2023						
2.	7 – 209	Digital Health Record Program Board Agenda	January 2023	Partial Release	Schedule 2.2 (a)(ii)	Y
3.	210 – 214	Digital Health Record Program Board Meeting Minutes	24 January 2023	Full Release		Y
4.	215 – 226	Digital Health Record Program Board Slides	24 January 2023	Full Release		Y
Total Number of Documents						
4						

From: Devries, Melissa (Health)
Sent: Friday, 9 June 2023 10:50
To: Atkinson, Dylan (Health)
Subject: RE: ACTION REQ: Papers / Presentations for June 2023 CHS Audit and Risk Management Committee COB, Monday 29 May 2023
Attachments: DSD Performance Report - February 2023.pdf; DSD Performance Report - March 2023.pdf; DSD Performance Report - April 2023.pdf

UNOFFICIAL

Hi Dylan

Here are DSD s latest performance reports, I should have the May report to our CIO by early next week for endorsement.

Kind Regards,

Melissa Devries | Director, Client Services

Phone: 5124 6367 | Email: Melissa.Devries@act.gov.au

Office of the Chief Information Officer | Digital Solutions Division | ACT Health Directorate Level 4, 2-6 Bowes Street Phillip ACT 2606 health.act.gov.au

I acknowledge the traditional custodians of the ACT, the Ngunnawal people. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

* Please consider the environment before printing this email.

From: Atkinson, Dylan (Health) <Dylan.Atkinson@act.gov.au>
Sent: Friday, 9 June 2023 10:39 AM
To: Devries, Melissa (Health) <Melissa.Devries@act.gov.au>
Subject: FW: ACTION REQ: Papers / Presentations for June 2023 CHS Audit and Risk Management Committee COB, Monday 29 May 2023
Importance: High

UNOFFICIAL

Hey Mel,

Would you mind sending me the latest performance report you have so I can pass it on to Sue?

Thanks,

Dylan Atkinson | A/g Senior Executive Assistant

Chief Information Officer Digital Solutions Division

Executive Group Manager Application Support Executive Branch Manager, Future Capability and Governance

Executive Branch Manager, Technology Operations

Direct Phone: 02 5124 6399 | Direct email: dylan.atkinson@act.gov.au

Office of the Chief Information Officer | Digital Solutions Division | ACT Health Directorate Level 4, 2-6 Bowes Street Phillip ACT 2606 health.act.gov.au

I acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

* Please consider the environment before printing this email.

From: Calcraft, Sue (Health) <Sue.Calcraft@act.gov.au>
Sent: Friday, 9 June 2023 10:37 AM
To: Atkinson, Dylan (Health) <Dylan.Atkinson@act.gov.au>
Cc: CHS, Internal Audit <CHSInternalAudit@act.gov.au>; Hughes, Elanor (Health) <Elanor.Hughes@act.gov.au>
Subject: FW: ACTION REQ: Papers / Presentations for June 2023 CHS Audit and Risk Management Committee COB, Monday 29 May 2023
Importance: High

UNOFFICIAL

Hi Dylan,

Thank you for following this matter up with me. I would be grateful if you could send through an updated DSD Performance Report for the June ARMC Meeting later this morning so that I am able to consolidate into the meeting pack that I will be sending out later this afternoon.

Many thanks,

Sue

From: Calcraft, Sue (Health) <Sue.Calcraft@act.gov.au>
Sent: Monday, 22 May 2023 2:16 PM
To: ACT Health, CIO <ACTHealthCIO@act.gov.au>
Cc: Hughes, Elanor (Health) <Elanor.Hughes@act.gov.au>; CHS, Internal Audit <CHSInternalAudit@act.gov.au>; Calcraft, Sue (Health) <Sue.Calcraft@act.gov.au>
Subject: RE: ACTION REQ: Papers / Presentations for June 2023 CHS Audit and Risk Management Committee COB, Monday 29 May 2023

UNOFFICIAL

Dear Amy,

Please find the DSD Performance Report as at January 2023 which was submitted to the ARMC Meeting in March 2023.

Kind regards,

Sue

From: Hughes, Elanor (Health) <Elanor.Hughes@act.gov.au>
Sent: Monday, 22 May 2023 10:43 AM
To: Calcraft, Sue (Health) <Sue.Calcraft@act.gov.au>; CHS, Internal Audit <CHSInternalAudit@act.gov.au>
Cc: ACT Health, CIO <ACTHealthCIO@act.gov.au>
Subject: FW: ACTION REQ: Papers / Presentations for June 2023 CHS Audit and Risk Management Committee COB, Monday 29 May 2023

Hi Sue,

Can you please assist Amy from the CIO office at ACT health with the below request.

Thanks

Elanor

From: ACT Health, CIO <ACTHealthCIO@act.gov.au>
Sent: Monday, 22 May 2023 10:36 AM
To: Hughes, Elanor (Health) <Elanor.Hughes@act.gov.au>
Subject: RE: ACTION REQ: Papers / Presentations for June 2023 CHS Audit and Risk Management Committee COB, Monday 29 May 2023

UNOFFICIAL

Good morning Elanor,

I was wondering if you could please provide a copy of the last update the ACTHD CIO supplied for reference? Holger Kaufmann our new CIO started with us last week and I am struggling to find any previous responses for his reference.

Thanks,
Amy

Amy Sostarko | A/g Executive Officer, Office of the Chief Information Officer (pronouns she/her)

Phone: 5124 9737 | Email: Amy.Sostarko@act.gov.au

Office of the Chief Information Officer | Digital Solutions Division | ACT Health Directorate Level 4, 2 - 6 Bowes Street Phillip ACT 2606 health.act.gov.au

I acknowledge the traditional custodians of the ACT, the Ngunnawal people. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

* Please consider the environment before printing this email.

From: Hughes, Elanor (Health) <Elanor.Hughes@act.gov.au>
Sent: Tuesday, 9 May 2023 6:20 PM
To: Meyer, Cobus [redacted]; Sheather, Sharon (Health) <Sharon.Sheather@act.gov.au>; Smith, Josephine (Health) <Josephine.Smith@act.gov.au>; Zagari, Janet (Health) <Janet.Zagari@act.gov.au>; Ogden, Paul (Health) <Paul.Ogden@act.gov.au>; ACT Health, CIO <ACTHealthCIO@act.gov.au>; Walton, Nasa (Health) <Nasa.Walton@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; DAmbrosio, Flavia (Health) <Flavia.DAmbrosio@act.gov.au>; O'Toole, David <David.O'Toole@act.gov.au>; Bowden, Matt <Matt.Bowden@act.gov.au>; Murphy, Andrew (Health) <Andrew.P.Murphy@act.gov.au>; Young, Florence (Health) <Florence.Young@act.gov.au>; Brown, Brandon [redacted]; Gulay, Maria [redacted]
Cc: Canberra Health Services CFO <CHSCFO@act.gov.au>; CHS, DCEO <CHSDCEO@act.gov.au>; CHS, Internal Audit <CHSInternalAudit@act.gov.au>; Calcraft, Sue (Health) <Sue.Calcraft@act.gov.au>; Canberra Health Services CIO <CHS.CIO@act.gov.au>; Canberra Health Services HR Consultation <CHS.HRConsultation@act.gov.au>
Subject: ACTION REQ: Papers / Presentations for June 2023 CHS Audit and Risk Management Committee COB, Monday 29 May 2023

Dear ARMC contributors,

The next meeting of the CHS Audit and Risk Management Committee is scheduled for 1pm, 14 June 2023.

In preparation of this meeting we are anticipating papers / presentations on the following areas:

1. KPMG Internal Audit Status Update;
2. Sharon Sheather Enterprise Risk Register;
3. Josephine Smith Legislative Compliance Update;
4. Janet Zagari SERBIR Update;
5. Paul Ogden Finance Performance Update (including April financial performance, financial reporting, procurement)
6. ACT Health CIO ICT Update;
7. Nasa Walton ICT Update;
8. ACT Audit office Update on Financial Statements and Performance Audits;
9. Kalena Smitham Presentation on Culture Survey Improvements and Workforce Planning

Should you not intend providing a paper / presentation please let me know.

Please provide papers to the CHSInternalAudit@act.gov.au inbox by COB, Monday 29 May 2023.

We will be sending out the Agenda and Papers including presentation timings prior to 5 June 2023.

Kind Regards,

Elanor Hughes | Senior Director, Strategic Finance

Strategic Finance, Finance and Business Intelligence

Ph: [redacted] | Email: Elanor.hughes@act.gov.au

Canberra Health Services | ACT Government Canberra Hospital, Yamba Drive, Garran ACT 2605 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

Sue Calcraft FCPA | Assistant Director , SPAs and Internal Audit| Strategic Finance

Mob: [redacted] |Email Sue.Calcraft@act.gov.au

Chief Financial Officer Group | Canberra Health Services | ACT Government

Level 2, Building 6, The Canberra Hospital, GARRAN | PO BOX 11 WODEN ACT 2606| www.health.act.gov.au

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Digital Health Record

Connecting Your Care.

AGENDA

Digital Health Record Program Board

Tuesday, 24 January 2023
1pm – 2pm
Via Webex (Meeting number – 2653 185 7218)

ITEM NO.	ITEM NAME	PAPER FOR INTRANET	PRESENTER
1	**For discussion/ decision**		
13.00	**1.1** Welcome (including Acknowledgement of Country), present, apologies and any conflicts of interest to declare	No	Chair
	1.2 Minutes of the previous meeting	Yes	Chair
	1.3 Actions arising and decisions log	Yes	Chair
2	**For discussion/ decision**		
13.05	**2.1** BI and Data Project Extension and Updated PID	Yes	Justine Spina
13.20	**2.2** DRAFT DHR & Related Systems Support Model Documentation (including ongoing governance proposal and Optimisation prioritisation framework)	Yes	Sandra Cook
3	**For Noting**		
13.50	**3.1** Program update - Program Status Report (Attachment 3.1A) DHR Implementation Project Status Report (Attachment 3.1B) DHR Technical Project Status Report (Attachment 3.1C) BI and Data Project Status Report (Attachment 3.1D) Communication and engagement log (Attachment 3.1E) Program Risk Register (Attachment 3.1F) Epic status report (Attachment 3.1G) DDTS DHR Project Status Report (Attachment H)	Yes	Sandra Cook
4	**Other Business**		
NEXT MEETING – Tuesday, 21 February 2023 from 1 – 2pm via WebEx			

Next meetings	Upcoming Topics
21 February 2023	Benefits Realisation Work Ongoing DHR Training Plan Program Status Reports Quarterly Finance Report (October 2022 to December 2022)
21 March 2023	Closure Reports for Implementation and Technical Projects DHR Program Tranche Report Program Closure Documents Post Implementation Review Process

Members	Attendees
Keith McNeil, Chief Clinical Information Officer, Queensland Health (Chair)	Robin Haberecht, General Manager, Calvary Public Hospital Bruce
Bettina Konti, A/g Director-General, ACT Health (Deputy Chair)	Nasa Walton, Chief Information Officer, Canberra Health Services
Dave Peffer, Chief Executive Officer, Canberra Health Services	Sandra Cook, Executive Group Manager, DHR, Digital Solutions Division, ACT Health
Ross Hawkins, Regional Chief Executive Officer, ACT, Calvary Public Hospital Bruce	Tim Panoho, Senior Director DHR Technical Project, Digital Solutions Division, ACT Health
Darlene Cox, Director, Health Care Consumers' Association ACT	Justine Spina, Executive Branch Manager Future Capability, Digital Solutions Division, ACT Health
Peter McNiven, A/g Chief Information Officer and Executive Group Manager, Digital Solutions Division, ACT Health	Mallory Heinzeroth, Asia Pacific Regional Executive, Epic
Rebecca Heland, Chief Nursing and Midwifery Information Officer, Digital Solutions Division, ACT Health	Ros Knox, A/g Chief Allied Health Officer, Health Systems, Policy and Research, ACT Health (proxy for Helen Matthews)
Russ Campbell, A/g Deputy Under Treasurer, Budget, Procurement, Infrastructure and Finance, CMTEDD	Dylan Atkinson, Executive Assistant, Digital Solutions Division, ACT Health (Secretariat)
Risha Dutta, A/g Chief Digital Officer, Chief Minister Treasury and Economic Development Directorate	
Apologies	
Helen Matthews, Chief Allied Health Officer, Health Systems, Policy and Research, ACT Health	
Peter O'Halloran, Chief Information Officer and Executive Group Manager, Digital Solutions Division, ACT Health	
Rebecca Cross, Director-General, ACT Health (Deputy Chair)	
Rohan Essex, Chief Medical Information Officer, Digital Solutions Division, ACT Health	

MEETING MINUTES

DHR Program Board

Wednesday 21 December 2022
9.30am – 10.30am
Via Webex

Members:

- Keith McNeil, Chief Clinical Information Officer, Queensland Health (Chair)
- Rebecca Cross, Director-General, ACT Health (Deputy Chair)
- Peter O'Halloran, Chief Information Officer, Digital Solutions Division, ACT Health
- Ross Hawkins, Regional Chief Executive Officer, ACT, Calvary Public Hospital Bruce
- Dave Peffer, Chief Executive Officer, Canberra Health Services
- Rohan Essex, Chief Medical Information Officer, Digital Solutions Division, ACT Health
- Darlene Cox, Executive Director, Health Care Consumers' Association
- Ros Knox, A/g Chief Allied Health Officer, ACT Health (proxy for Helen Matthews)
- Bettina Konti, Chief Digital Officer, Chief Minister, Treasury and Economic Development Directorate
- Russ Campbell, Deputy Under Treasurer, Budget, Procurement, Infrastructure and Finance, Chief Minister, Treasury and Economic Development Directorate

Attendees:

- Sandra Cook, Executive Group Manager, Digital Health Record Program, Digital Solutions Division, ACT Health (proxy for Peter O'Halloran)
- Justine Spina, Executive Branch Manager, Future Capability, Digital Solutions Division, ACT Health
- Josh Newham – Executive Assistant to Executive Group Manager DHR (Secretariat)
- Michael Culhane - A/g Director-General, Health Policy and Strategy Executive ACT Health
- Dan Murray, Implementation and Staff Operations Executive, Epic (proxy for Mallory Heinzeroth)

Apologies:

- Mallory Heinzeroth, Asia Pacific Regional Representative, Epic
- Rebecca Heland, Chief Nursing and Midwifery Information Officer, Digital Solutions Division, ACT Health (Secretariat)
- Helen Matthews, A/g Chief Allied Health Officer, ACT Health
- Nasa Walton, Chief Information Officer, Canberra Health Services
- Robin Haberecht, General Manager Calvary Public Hospital Bruce (CPHB)

Item 1 INTRODUCTION

Item 1.1 Welcome (including Acknowledgement of Country), present, apologies and any conflicts of interest to declare

The meeting commenced at 1.07pm with the Chair welcoming members to the meeting and providing an Acknowledgement of Country. The apologies were noted as detailed. No conflicts of interest were declared, and quorum was met.

Item 1.2 Minutes of the previous meeting

The minutes from the previous meeting were endorsed, noting no amendment requests were received.

Item 1.3 Actions arising and decisions log

All actions from the previous meeting were noted as had been completed and closed with the report on the BCP Issues over Go-Live to be discussed at item 2.2.

Item 2 FOR DISCUSSION/ DECISION

Item 2.1 Implementation and technical Project Gate Reports from PMO

Sandra confirmed the project manager stage gate reports were considered at the 24 August 2022 DHR Program Board and it was agreed to send these for formal independent review as part of the DSD PMO processes.

This report is the summary of the PMO review of those project manager documents. Sandra confirmed that Todd Kay had represented Calvary with Stephen Watt representing CHS and Cameron Smith representing ACTHD. This report was comfortable with the documentation provided.

DECISIONS:

- The Board noted the governance processes to ensure quality assurance on the DHR Project Stage Gates.
- The Board approved the PMO Stage Gate reports for both the Technical and Implementation projects.

Item 2.2 BCP Report

At the last meeting of the DHR Program Board, the implementation of the DHR and the BCP were discussed following the outage of 2 hours 40 minutes and the issues experienced with BCP. The Board requested further information on what occurred and information on what was known prior to Go-Live.

The report attached to this item provides a snapshot of the Technical Readiness of the BCP solution that was known prior to Go-Live. This report, however, was subsequently found to only show that the BCP computers were connected but did not show that they were fully operational and had appropriate reports for the area accessing them.

Following review, following the incident on 13 November 2022, the team have undertaken significant works on the assets to ensure that the BCP devices have been brought to a compliant level and are fully operational.

This was able to be observed during the recent fire at Calvary where one of the buildings was unable to be accessed and where the DHR team were able to provide access via the various BCP contingency tools.

Peter advised that, during this fire incident, staff were able to use devices such as Rovers outside of the building. Peter further confirmed that the Wi-Fi coverage could be reviewed for external areas at the hospitals to allow for further business continuity should devices need to be taken outside in future.

Ross advised that during this incident, with one exception all patients were able to be identified using the BCP tools. Ross acknowledged the lessons learned from the incident on 13 November 2022 and actions subsequently undertaken had led to this outcome and feels comfortable with the solution as it stands now.

Rebecca Cross advised that the report does not address the issues around concerns raised by the services in advance of Go-Live that they had not seen team members from the DHR onsite undertaking testing of devices. Rebecca mentioned concerns which, raised from within the services, around devices lacking DHR stickers noting they had been checked. Rebecca noted, while stickers had been added to these devices ahead of Go-Live, that she was wanting to understand whether testing had been undertaken in advance of Go-Live.

Peter advised that there had been no evidence that the BCP computers / devices had not been tested and confirmed that the report could be updated to provide clarity in this area. Peter advised that there had been concerns around BCP devices being repurposed. Peter further noted that the knowledge around what testing needed to be undertaken appears to have been lacking in advance of Go-Live; however, those lessons learned have been implement through subsequent action by the DHR team, Epic and the Health Services to address these.

Dan confirmed that the BCP had been a focus for the Epic team in the lead up to Go-Live; as the risk for BCP readiness had been combined with other elements, it has been subsequently noted that this should have been separated to allow for this to be discussed in its own right and monitored accordingly.

Bettina advised that the report articulates the items which were unknown and the actions taken however does not fully outline the lessons learned. Bettina advised that, based upon the report, she was unaware of the impact of the DDTS staff upon the overall BCP issues and that she is seeking to understand what could have been done differently within that team, or through their involvement, to learn and develop processes for future projects.

Rohan sought to reiterate the importance of preparedness for BCP contingency into the future and the need to ensure that a baseline of competence is maintained within the Health Services. Sandra advised that BCP processes were reiterated during system patching and that the DHR team encourage this time be used for staff for access the BCPs and to print off the reports. This does not mean that the staff need to use those printouts, however they need to ensure that they are aware of the process and that they check the process works. Keith advised that the principle is to regularly roll out the BCP program and it was noted that the times that patching is scheduled to be undertaken is usually

when there is a minimal staffing online and that BCP education / testing needs to provide sufficient education / experience across the services.

Keith sought to confirm whether this discussion had addressed Rebecca Cross's concerns around the report with Rebecca confirming that she is wanting to obtain a lessons learned / follow-up paper for record purposes which addresses the roles and responsibilities as requested by Bettina.

DECISION: The Board noted the report on BCP arrangements in the DHR.

ACTION: A lessons learned / follow-up paper for record purposes to be developed which addresses the roles and responsibilities around the BCP processes to be tabled at a future board meeting.

Item 3 **FOR NOTING**

Item 3.1 **Program Update**

Sandra acknowledged that there have been some board members involved with the DHR on a daily basis through the Top10@10 meeting and that this report was designed to provide a summary for both those directly involved and those who have not been directly involved.

Sandra confirmed that the Hypercare period was formally completed on Sunday 11th December 2022 and that:

- The Extra additional Epic resources finished. Some additional resources have been extended in PAS, Pathology, Business Intelligence and User and Security to assist these areas
- Super User channels have ceased and are replaced with weekly meetings of the Super Users as change champions
- Additional education sessions have been run in areas that were causing concern (MET, Narrator, Referrals Management etc). These have been recorded and added to the Epic F1 Learning Home Dashboard.

Sandra advised that, in the period until the program closure on 24 March 2023, the stabilisation period will go from 12 December 2022 to 24 February 2023 and that planning for optimisation requests will occur between 24 February 2023 and 24 March 2023.

Sandra confirmed that, over the Christmas Shutdown period:

- The DSS Support line will continue to operate 24 x 7
- Each DHR team has an on-call roster to support the solution
- A DSD Executive will be rostered on call for any escalations required
- Epic, NTT and Third-Party systems have contact lines 24 x 7 for any issues that need to be escalated during this time
- There will be a DHR Change Freeze from Thursday 22 December 2022 to Tuesday 3 January 2022. No planned changes will progress during this time. There will be exemptions for break/fix and clinical risk changes required.

- Workstreams have worked hard to bring down the number of tickets prior to the shutdown period so that, upon return in January 2023, the workload is manageable.

Sandra advised that action is underway to ensure that there is progression with the tickets during the shutdown period and for critical issues. Peter advised that there will be support for those critical areas however that the DHR team are looking to rest the staff over the shutdown, which is particularly important following the intensive Go-Live and Hypercare periods.

Sandra outlined some of the Support Statistics and Numbers, including charts representing the distribution of outstanding tickets and daily volumes, noting:

- As of the morning of 21 December 2022, there had been 9,853 unique users logged into the system
- Since Go-Live, there have been 20,983 tickets raised with 16,653 tickets closed.
- For the last 8 days, the teams had been closing more jobs than have been opened.
- The greatest number of tickets raised are Optimisation requests. An initial meeting has been held with the health services on these and work to estimate effort to complete this will be progressed in the New Year in preparation for the prioritisation of requests.
- The next areas with the highest tickets are PAS, Pathology, Ambulatory and Inpatients.

Sandra spoke towards the outcomes being seen from the DHR, providing some statistics from the week of the 12th of December 2022 (after the first month of use):

- Medication Alerts and Action Taken
    - 204 medications were replaced after receiving a warning to check the dose.
    - 2,647 medications were updated after receiving a warning that the drug contained an active or inactive ingredient that the patient was allergic to
    - 2,075 medications were removed after receiving a warning of a duplicate order.
    - 4,782 therapy orders were removed after receiving a warning of a duplicate therapy
- Results released to patients
    - 97.67% of results are released to MyDHR within 1 day
    - 35,598 results have been sent directly to patients MyDHR accounts within 1 day of the test being resulted between 15 November 2022 and 12 December 2022.
- Engagement with MyDHR
    - Patients submitted 2,808 history questionnaires in MyDHR to allow clinicians to provide better care.
    - Patients submitted 9,716 general questionnaires in MyDHR to allow clinicians to provide better care.
    - This also pre-populates information in the Patient's MyDHR charts.

  - 955 patients have consented to share their details with their GP.
- Beaker Draws Saved
  - 6,772 patient draws were saved by adding on to an existing lab order
- Increased communication amongst staff
  - 73,768 messages were sent via secure chat since Go-Live
- Effectiveness of Rover via Barcode Medication Administration (BCMA)
  - Nurses have administered 76,860 medications on Rover with 29% of all medications having been administered with Rover.

Darlene advised that, for her, the reduction in unnecessary tests and interventions and the reductions in medication duplications etc. is the biggest outcome of the change to the DHR and that, while we can occasionally be focused upon the outstanding items, these benefits to consumers is the primary purpose of the DHR.

Sandra outlined that the Top 10 issues continue to be reviewed at Top 10 @ 10 meetings, currently held on Tuesdays and Thursdays until shutdown with the following details having been discussed: -

- Since Go-Live, 36 main Top 10 issues have been recorded
- These have been reported through the Top 10@10 meetings
- 31 of these issues have been resolved.
- Alongside the main issues we have tracked and monitored an additional 35 issues and 7 of those still remain on the list for discussion and monitoring.
- Huddle structures are continuing.
- The team are gathering the Pulse of the Health Service through these huddles.

Sandra confirmed the following current Top 10 issues: -

- Pathology results to External Referrers – Sandra confirmed that this issue was currently the biggest issue and focus for the team, noting that there is significant work being undertaken to dig into this issue
  - This is currently the biggest issue at present, noting that the work being undertaken to dig into this issue was focussed upon investigating the underlying issues being experienced to ensure that these are able to be addressed and that comfort can be provided around this area.
  - Sandra outlined the formatting of pathology reports to be a key focus, outlining an example provided by Glenn at a 10@10 meeting that the sexual health results were indicating detected for some results due to the formatting of the reports when these were in fact not detected.
  - Sandra advised that the team have received a proposal from Epic for an interim solution for the formatting and for PDFs to be issued with this proposal to be issued to the Board members as an out of session paper for urgent consideration ahead of Shutdown noting a quotation of around $165,000.00. Sandra noted that there was sufficient funds available within the budget to cover this expenditure. Rebecca flagged concern that the consideration of

available funds within the budget may not be taking into account the overall budget. Sandra and Peter confirmed that there was sufficient capacity within the budget as a whole for the DHR.

- Business Intelligence and Data
  - Sandra confirmed that this area continues to be worked upon.
  - Ross advised that the data issues are critical and this needs to be completed in such a way as to ensure the accuracy of information.
- BCP Arrangements not working consistently
- Merged Patients
  - Sandra advised that on the 20th of December, a further 22 merged patients had been identified. Sandra confirmed that this is an area which needs continuing review as part of business as usual.

Bettina requested to discuss a project which had been dependent upon the DHR with members of the Board to obtain information. **A discussion was held subsequent to this meeting and has not been documented here.

Keith confirmed that the Board is to receive an offline paper to vote upon the Pathology Change Request to create PDF documents for results.

Sandra outlined the Pulse of the Health Services (from 21 December 2022), noting those areas with a 'red' status and the pathway to 'green' that are being obtained via discussions with those areas. The areas in 'red' at the time of the meeting were:

- Business Intelligence
- Radiation Oncology
- Renal
- Oncology

Sandra outlined the following actions currently being or required to be undertaken:

- Plans for new intakes of staff training have been completed
- Smaller subset of Credentialled Trainers have been extended to assist with training and on the floor support in key areas needing support
- Focus on rectifying tickets in workstreams
- Start sizing the Optimisation requests
- Stand up governance to help prioritise Optimisation requests

DECISION: The Board noted the DHR program update.

ACTION: The DHR team is to prepare and circulate an out-of-session paper to allow the Board to review and make decision by Close of Business 23 December 2022 on the Pathology PDF results change within Epic.

Item 4 BUDGET REVIEW

4.1 DHR Quarterly Budget Review (July 2022 to October 2022)

Sandra noted that the budget for the DHR program had changed due to additional funding from Treasury. Sandra outlined the summary for the budget,

noting the prediction that the overall budget spend would come in at around $2.2 million below budget.

The following information was flagged for noting:

- $7.515 million Notifiable Disease Management System has still not been incorporated back into the budget and will not be until we exhaust the Capital amount in the DHR
- There have been changes to the budget amount reported in the last quarter with the additional Treasury funding provided to assist with the rollout of the DHR Program. The ACT Health Directorate component of additional funding is as follows:
    - Capital 2022/23 - $15,855,000
    - Operational budget – total of $11,120,760 over five financial years
- Finance had also reported that the Pathology operational ongoing budget had not been included in the total budget figures for the DHR Program. This funding has been added to the DHR Program Budget as Additional Baseline – Pathology line item.

Sandra noted the breakdown of the actuals versus the forecast budget for the last reporting period (July 2022 to October 2022). There has been a trend towards an underspend (actuals are less than forecast).

Dave queried, noting that a big part in achieving the numbers in this budget, was in the staff and system lines. Dave sought to understand that the actions which are in place are providing comfort towards achieving these figures. Sandra confirmed that, for the systems, we have seen this trending towards target. Some of the elements, however, are within DDTS without the confirmation that those changes will be on-charged to the DHR budget. Peter provided some examples of where savings are going to be obtained from shutting off systems, including the Clinical Portal and Kestral. This work is ongoing.

Rebecca confirmed that some of the sizeable offsets were DDTS costs where those had not been agreed formally agreed upon. Bettina confirmed that DDTS have existing contracts in place which cannot be immediately re-negotiated upon.

DECISION: The Board noted the DHR Quarterly Budget Review for the July 2022 to October 2022 period.

Item 5 Other Business

5.1 Governance

Ross confirmed that, while the 10@10 has been very useful, there have been items arising which are needing additional support from a governance standpoint and queried how the additional support can be provided.

Sandra provided a summary of the previous structure and Peter advised that there is not currently an agreement in place around how this can be maintained at a territory-wide level.

Peter outlined the proposed high level governance structure, including changes proposed for the Digital Health Board and the Clinical Steering Committee. It was noted that the Consumer Steering Committee and Technical Steering Committee are not proposed to undergo any changes as part of this proposal.

The proposed governance was advised to have not been through any form of consensus-based consideration. Keith queried the progress around this. Rohan noted that the discussions had been taken offline with Dave, Ross and Rebecca to consider offline.

Rebecca confirmed that the proposed governance structure had not previously been presented and requested that the smaller group of Rebecca, Dave and Ross consider the proposal and provide any comments and feedback to develop the finalised proposal that will come back to the Board.

Dave queried, with the Top 10@10 having been so useful, whether we are intending to start back into a twice-weekly format following the return from shutdown. Peter advised that the team were looking to change the structure to a weekly basis with Dave confirming that this would be able to be discussed and confirmed at the 10@10 the following day.

Dan advised that the Epic team are seeking to confirm how / when the more visionary meetings can be held to discuss the future.

ACTION:

- Proposed Governance structure to be distributed to Dave, Rebecca and Ross for their feedback prior to coming back to the Board.

Keith expressed his congratulations to all involved with the DHR program.

No further business was discussed.

NEXT MEETING: scheduled for Tuesday, 24 January 2023 from 1:00 - 2:00pm.

Meeting ended at 10.32am

Action Items

Action #	Meeting Date	Agenda Item	Action Required	Responsible Officer	Due Date	Status Update
119	20/12/2022	2.2	Report on lessons learned in relation to the BCP solution that outlines organisational roles and responsibilities be provided.	Sandra Cook	21/02/2023	**In Progress –** Will be presented at the February 2023 meeting
120	20/12/2022	3.1	The DHR team is to prepare and circulate an out-of-session paper to allow the Board to review and make decision by Close of Business 23 December 2022 on the Pathology PDF results change within Epic.	Sandra Cook	20/12/2022	**Complete** – Paper circulated and agreement from the Board to proceed occurred 23/12/2022
121	20/12/2022	5.1	Proposed Governance structure to be distributed to Dave, Rebecca and Ross for their feedback prior to coming back to the Board.	Peter O'Halloran	31/12/2022	**Complete –** Paper circulated for Exec feedback on 30/12/2022. Draft added to support model document at Agenda Item 2.2

Decisions Log

Meeting Date	Agenda Item	Decision
20/12/2022	2.1	The Board noted the governance processes to ensure quality assurance on the DHR Project Stage Gates and approved the PMO Stage Gate reports for both the Technical and Implementation projects.
20/12/2022	2.2	The Board noted the report on BCP arrangements in the DHR.
20/12/2022	3.1	The Board noted the DHR program update.
20/12/2022	4.1	The Board noted the DHR Quarterly Budget Review for the July 2022 to October 2022 period.

MEETING PAPER
Digital Health Record Program Board

Agenda item:	**2.1**
Topic:	**DHR BI & Data PID**
Meeting date:	Tuesday 24 January 2023
Action required:	**For approval of the updates to the DHR BI & Data PID and the agreement that this project will be a standalone project once the DHR Program is closed on 24 March 2023**
Cleared by:	Peter McNiven, A/g Chief Information Officer and Executive Group Manager, Digital Solutions Division
Presenter:	Justine Spina, EBM Future Capability, Digital Solutions Division

Purpose

To formally agree to the DHR BI & Data Project continuing post the DHR Program closure on 24 March 2023. This is to ensure project processes and rigor are used to deliver all reports required in the 18 months post Go-Live. The DHR BI & Data Project Initiation Document (PID) has been updated to reflect the required timelines to deliver all reports from the DHR. This updated PID is included for approval by the Board. Once the DHR Program is closed, this DHR BI & Data Project will report to the ACT Health peak Digital Health Board as a standalone project against this outlined PID.

Background

The DHR Program is scheduled to close formally on the 24 March 2023. This will include the closure of the DHR Implementation Project and the DHR Technical Project.

The DHR BI and Data Project was stood up late in the DHR Program after it was recognised that a project management methodology would assist to deliver outcomes.

It is proposed that this DHR BI and Data Project continues until 30 June 2024 to allow for 18 months post the Go-Live to have occurred and all reporting cycles to have been completed.

The Project Initiation Document (PID) was approved by the project board on 22 February 2022 and has now been updated based on the activities undertaken during the initiate, plan and phase one (DHR Go Live) delivery stages of the DHR BI & Data Project.

The updates also address extensive feedback received from Calvary Public Hospital Bruce (CPHB) and Canberra Health Services (CHS) during the initial delivery phase and post go live. The focus of the initial milestones was to ensure the delivery of the essential data capability required at go live and to support the go live implementation.

With phase one complete, the focus will now shift to the delivery of regulatory submissions, outstanding registries as well as continued build and support for any outstanding essential reporting needs, using the initial identified drivers for change being:

1. *Enhanced territory data capability*
2. *Legacy data plan*
3. *Enterprise approach to business intelligence*
4. *Foundations for Data Governance*

The objectives of the DHR Business Intelligence and Data project remain to ensure:

- Consistent and collaborative approach to data and reporting across the ACT public health system.
- ACT public health system operational data and reporting requirements are met.
- ACT public health services regulatory and legislative data requirements are met.
- New Business Intelligence (BI) capabilities are delivered and managed appropriately.
- ACT Health public health system funding data requirements are met.
- Legacy information is retained and available as required to meet clinical, administrative and legislative needs.
- Territory wide data capability meets current, emerging, and future needs

In addition, the following objective has been added after review of post go live data capture and workflows:

- A source of truth for national, regulatory and key performance metrics across the ACT public health system

Issues

After the implementation of the DHR, the team discovered that the way information was captured during clinical workflows and subsequently stored in downstream databases, does not readily support regulatory submissions and accountability reporting. This has resulted in unplanned complex transformations required to extract core activity data and interpret it to meet regulatory reporting requirements. The impact of this is a significant risk to the quality and schedule for regulatory submissions and accountability reporting.

The BI & Data team will continue to work through the identified issues, however significant rework may be required, this change will also impact the workload of several teams including the ACT Health Data and Analytics Branch, CHS Finance and Business Intelligence team and CPHB Data and Business Intelligence teams. This will also have workload impacts on the DHR application teams.

The DHR BI & Data Project will utilise the identified ongoing resources to deliver the documented outcomes for this project. These ongoing resources will utilise the project processes and reporting frameworks to document and report on the outcomes delivered. As such, there is no extra funding required for the project to be extended. Existing resources will leverage project processes to finalise all reports as outlined in the PID.

Recommendation

That members:

- **Agree** that the DHR BI & Data Project should be extended as a standalone project to 30 June 2024 to complete the deliverables outlined in the PID.
- **Approve** the updated PID for the DHR BI & Data Project and note the documented timelines for the deliverables listed.

Project Initiation Document

Digital Health Record
Business Intelligence and Data Project

Project Number: PROJ10142 - DHR Business Intelligence and Data

Document Version: v3.2

Document Status: Approved by Health Record Program Board (22 February 2022). This is a live document.

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Document Control

Version	Summary of Changes	Author	Date
0.1	Initial draft	Rachel Hourigan	13/01/2022
0.2	Created scope both inclusions and exclusions, problem, milestones, budget, background, project approach, Vision statement, timeline objectives and outcomes.	Sean Winefield Katherine Gechter Bill Williamson Justine Spina	31/01/2022
1.0	Consolidation of feedback	Justine Spina	14/02/2022
2.2	Changes to BI Scope based on feedback from CHS and Calvary	Katherine Gechter	29/04/2022
3.0	Updated to note approval received for BI scope	Katherine Gechter	09/05/2022
3.1	Changes based on further review of scope and clarifications from stakeholders on deliverables	Katherine Gechter	01/06/2022
3.2	Changes based on further review of scope and clarifications from stakeholders on deliverables	Katherine Gechter	14/06/2022
3.3	Change added to the legacy project plan post go live	Arvin Sibug	23/12/2022

Document Review

Version	Reviewer	Position	Date
0.1	Philippa Kirkpatrick	Senior Director, DHR Implementation	08/02/2022
0.2	Nasa Walton	CIO, CHS	14/02/2022
0.2	Janee Williams	ICT Manager CPHB	14/02/2022
0.2	Rachael Henson	CPHB DHR Lead	14/02/2022

Document Approval

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Version	Approver	Date
1.0	Data Working Group	14/02/2022 (in principle)
1.0	Digital Health Record Program Board	22/02/2022
3.0	Data Working Group	09/05/2022
3.1	Data Working Group	14/6/2022

References

Document	Version	Location
Project Delivery Framework	2.0	www.health.act.gov.au/digital
DHR Program Plan	1.0	https://objective.act.gov.au/#/documents/A28147869

Contents

1 Document Purpose

The purpose of the Project Initiation Document (PID) is to define the project, in order to form the basis for its management and an assessment of its overall success. The PID gives the direction and scope of the project and along with the stage plan forms the 'contract' between the Digital Solutions Division and the Program Board. The PID provides guidance regarding timings for Gate Reviews, which allows for validation of current project activities. The PID is generated during the Project Initiation Stage, derived from the business case, and further conversations with the Senior Users, business and supplier stakeholders and technical meetings.

The PID is created to ensure that:

- There is a sound basis for a major commitment from ACT Health;
- There is a base document against which the Steering Committee and the Project Manager can assess progress, issues and ongoing viability;
- Stage Gates are scheduled, and the development of required project artefacts are completed; and
- There is a single source of information.

The PID is a living document and should reflect the current status, plans and controls of the project. All products will need to be updated and reviewed at the end of each stage to reflect the current status of the whole project. The PID version endorsed by the Program Board will be used to monitor performance against when closing the project.

2 Background

2.1 Problem

The DHR program identified the need for specific focus of work on data conversions, and the business intelligence reporting from the system to deliver data and reporting requirements to support the continuation of patient care and the operational reporting needs of the ACT public health services. It was envisaged that this work could be completed with additional identified teams under the DHR implementation project, with supplementary assistance from the ACTHD Information and Data management branch team members.

In conjunction, the Information and Data Management branch were expected to deliver a contemporary data capability for consuming the new digital data, amend the current legislative reporting requirements to the new data structure, and migrate the storage and availability of the legacy systems data to meet archiving, auditing and longitudinal legislative obligations and requirements. This work was expected to be delivered withing the same team resourcing, as well as maintaining the current business as usual responsibilities. With the falling behind of integration connectivity, the covid-19 outbreak in August requiring initial resourcing support and ongoing data

support, and the configuration of the build identifying the depth of the data changes, the ability to deliver support to the project within business as usual is not possible. The depth of the data changes that the DHR is introducing to the current data landscape, is also compounded by the ongoing implementation of the system wide data reform, immature data governance and documentation across the current reporting and systems. It was also not anticipated the gap between EPIC reporting, the current legacy system reporting, and the operational reporting levels at the health services.

The need to align these efforts under a single DHR Business Intelligence and Data project has been identified to ensure consistency in delivery and priorities, preventing the misalignment, duplication of effort, and a lack of a unified ecosystem.

The DHR Business Intelligence and Data project brings together the disparate technical data work streams from the Information and Data Management branch and the DHR Technical and Implementation projects and recognise the involvement and inclusiveness of the health services business intelligence expertise and needs.

The following are 4 drivers for change:

1. *Enhanced territory data capability*

   The ACT Government committed to rebuilding their ACT public health services data capability as a result of multiple audits that culminated in the System Wide Review of data. With the implementation of the Epic EMR, the capability of the business intelligence team members will need to be enhanced by specific Epic data training, data identification and information mapping expertise, as well as data presentation skills. With improved data capture and unified Territory wide approach to services data availability, the ACT will develop and deliver a contemporary data capability that will meet the current, emerging and future needs of the territory. The current data repositories in the health system (ACTHD, CHS and CPHB data warehouses) needs urgent and critical review as to its capability to bring together data from legacy systems with the new rich Epic data sets to support greater reporting capability, data sciences, research, and data driven decision making.

2. *Legacy data plan*

   Whilst Epic allows for the delivery of a single ecosystem to capture data and deliver the majority of health services across the territory, it has also raised the need to identify, catalogue, store and make available the data from all the legacy systems currently in use. The DHR BI and Data project will deliver a plan to ensure that data is available in the Epic system where required for the continuation of care, but also that all other data is not lost or unavailable. In particular, national and operational reporting requirements need to continue seamlessly using a combination of legacy and DHR sourced data. This data will need to be stored, indefinitely in some cases, to allow for future access as required for analysis, research, audits and other legal requirements.

3. *Enterprise approach to business intelligence*

   The implementation of Epic has highlighted a need for documented data governance across the health system at the national submission, strategic and accountability indicators for the DHR implementation. While this work needs to be addressed by the health system governance, the lack of momentum in addressing the fundamental consistency and lack of dedicated resources is failing the projects' ability to assure the right information is in the build and is able to be extracted to meet the territories data need. With dedicated expertise and consultation across all the services, the project will be able to review and analyse the data to be extracted to meet reporting internally and externally. This will also allow for visibility and agreement of data and submissions to external agencies used to provide Commonwealth funding and report on services across the country.

4. *Foundations for Data Governance*

   Data governance across the ACT public health system has been identified as an area of concern in the past, especially with multiple individual systems with lack of data information dictionaries and mapping. The operational responsibility of governing a medical record, sits individually with both health services. The ACTHD as the central system supplier and data storage provider of the single EMR, will need an agreed governance model to ensure a consistent, collaborative approach to of the EMR including, but not limited to, change management, master data management and roles and responsibilities.

2.2 Project Background

The DHR Program Plan was approved by the Program Board on 27 August 2020.

The Program Plan outlined the establishment of two separate projects to deliver the Program:

1. The DHR Implementation Project; and
2. The DHR Technical Project.

During the build phases of the project, the need to have a broader focus on business intelligence and data capability has been identified. To support this emerging need a third project will be established

3. The DHR Business Intelligence and Data Project.

The DHR Business Intelligence and Data project will bring together existing resources from across the health system business intelligence teams and engage expertise to, deliver the technical and enabling capabilities, with the existing DHR project resources under a single project structure to ensure successful delivery of data and reporting capabilities.

It is anticipated that the DHR Business Intelligence and Data project will deliver in multiple phases with the initial phase delivery at go live in November 2022. Subsequent phases will be delivered under the project approach through the 2023-2024 financial year to support the transition of legacy data from read only systems. It is anticipated that phases will be delivered on a quarterly cycle post the initial go live of Epic for no longer than twelve months before transitioning to business as usual. This will allow for the ongoing continuous improvement and development of the ACT public health system data capability.

3 Project Definition

3.1 Vision Statement

The Business Intelligence and Data project will enable data driven healthcare and policy decisions by providing robust, consistent and repeatable data and reporting solutions in a contemporary data platform.

3.2 Objectives and Outcomes

The DHR Business Intelligence and Data project will have several delivery phases with the need to identify and ensure critical data capture, availability and reporting needs are met in alignment with the go live of Epic in November 2022, whilst also planning and delivering additional data and reporting needs in subsequent phases.

The objectives of the DHR Business Intelligence and Data project are to ensure:

- Consistent and collaborative approach to data and reporting across the ACT public health system.
- ACT public health system operational data and reporting requirements are met.
- ACT public health services regulatory and legislative data requirements are met.
- New Business Intelligence (BI) capabilities are delivered and managed appropriately.
- ACT Health public health system funding data requirements are met.
- Legacy information is retained and available as required to meet clinical, administrative and legislative needs.
- Territory wide data capability meets current, emerging, and future needs.
- A source of truth for national, regulatory and key performance metrics across the ACT public health system

3.3 Project Product Description

The DHR Business Intelligence and Data project will deliver 4 main products. Each of these products will be delivered in a staged approach with detailed plans and schedules to be prepared and endorsed in the initial phase of this project.

1. Underlying data structures, processes and roles and responsibilities are agreed and will deliver configured to the requirements of enterprise reporting, funding analysis and regulatory submissions
2. Business intelligence resources skilled and BI outputs configured to the requirements of the Territory
3. The programs for retention and availability of legacy data
4. The technical infrastructure for a Data Lake and Repository of Epic and non-Epic data required for reporting and analysis

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Product description

Product One: Data structures for reporting, analysis, and regulatory submissions	
Description	The DHR will have the data and defined supporting processes and roles and responsibilities required to support regulatory submissions, funding analysis and enterprise reporting. It will be underpinned by an agreed data governance framework.
Purpose	The data structures are required to make data elements and calculations from Epic and non-Epic sources available for reporting, submission and analysis purposes. The agreed governance between all parties is required to address past contentions and to meet health service obligations and contractual requirements.
Product Two: Business intelligence outputs	
Description	The DHR will have business intelligence capabilities required for key operational and enterprise level reporting.
Purpose	Business intelligence capabilities will meet the needs of the ACT public health system and support data driven planning and decision making.
Product Three: Programs for retention and availability of legacy data	
Description	The DHR will ensure that storage, retention and access to legacy data meets legislative and business needs.
Purpose	Legacy and future data will be stored and readily available to support clinical care, audit, analysis, research and legal data requirements.
Product Four: Technical infrastructure for Data Lake and Repository	
Description	The DHR will deliver a contemporary, capable data capability
Purpose	The ACT public health systems data capability will allow for identifiable sources of truth, eliminate duplication and provide contemporary data tools and storage to meet current, emerging and future data and reporting needs.

3.4 Scope and Exclusions

The DHR Program will operate within defined boundaries. At a high level, the following activities are considered as inscope for the Business Intelligence and Data Project:

In Scope

- Development of a data capability to support the current, emerging and future data needs of the territory
- Development of data extracts to support regulatory submissions
- Development of custom metrics for measuring health service performance as required (eg; Quarterly Performance Report)
- Governance model for data access, roles & responsibilities, change process
- Storing and cataloguing of legacy data elements for all decommissioned systems
- Accessibility strategy for ongoing legacy data requirements (regulatory and clinical care)
- Development of robust, consistent, collaborative and repeatable business intelligence capability

In scope description

Project Management	
Project Management	DSD will coordinate and manage the project under the tailored Prince2 methodology framework (the 'Framework') managed bythe Portfolio Management Office (PMO). The Senior Director is responsible for the overall management ofthe project, specific project management deliverables include overall project management, including schedule, budget, risk and issue management, monitoring and tracking of projectdeliverables, budget and timeline tracking. All required project documentation (following the Framework) ismaintained, monitored and endorsed throughout the project lifecycle.
Business Requirements	Business requirements are critical to the successful delivery of any project, Business requirements will be gathered, documented and endorsed through the stages of the project to ensure development and delivery of products meets the agreed needs.
Procurement	Procurement of the data capability infrastructure will be managed under relevant legislation and ACT Health directorate procurement policies and processes. Procurement costs should be offset by the decommission of legacy data warehouse and repository infrastructure.
Human Resources	The project will bring together existing resources from across the DHR project, DSD and the health services will identify a spoke model of resources to assist the project. Additional human resource requirements will be identified and coordinated with the health services and DSD activities and where appropriate. The engagement of consultants may be identified as a solution to resolve resourcing issues.

Committees and Work Groups	The project will provide management and/or imput to the
	• Business Intelligence Advisory Committee
	  ○ Reporting and Analysis Working Group
	  ○ Data Warehouse Working Group
	  ○ Data Standards and Governance Working Group
	  ○ DHR Costing working group (TBC if still exists)
	• Legacy Data Advisory Committee
	  ○ Data Conversions Working Group
	• Data Working Group
	• Health Services Governance committees

Business Intelligence Activities	
Requirements	The DHR Business Intelligence and Data project will gather requirements for BI deliverables to ensure ACT public health system reporting and analysis needs are met with the implementation of Epic and decommission of legacy systems.
Plan and Schedule	The project will develop and deliver a project schedule detailing the agreed BI deliverables with delivery stages detailing critical go live deliverables and the timeframes for subsequent deliverables. This will include deliverables identified in the DHR Reporting Project Charter.
Epic Data	The project will deliver the reports and other data and reporting capabilities via the Epic Cogito toolset where data is wholly available in the Epic system and this meets the needs of the users.
Epic and Non-Epic Data	The project will deliver agreed data and reporting capabilities via the most appropriate available toolsets where data is a combination of Epic and non-Epic data or where the Epic tools do not meet the users needs.
Business Rules and Methodologies	The project will collaborate, document and seek endorsement on the business rules and methodologies to be applied to metrics used across the services and for external reporting needs.
Legacy Data Activities	
Requirements	The DHR Business Intelligence and Data project will gather requirements for data that has been captured in legacy systems to ensure ACT public health system needs are met with the implementation of Epic and decommission of legacy systems.
Plan and Schedule	The project will develop and deliver a project schedule detailing the agreed legacy data deliverables with delivery stages detailing critical go live deliverables and the timeframes for subsequent deliverables. This will include deliverables identified in the DHR Data Conversions project charter.

Data Conversion	The project will ensure that data required to deliver continued clinical care to patients is converted and available in the Epic system at go live.
Data migration, retention and availability of existing data from legacy systems	The project will deliver data migration from legacy systems to the new data capability ensuring that data is identified, stored and available to meet clinical, analysis, reporting, auditing, and legislative requirements.
Data Catalogue	The project will deliver a data catalogue capability to provide lineage and metadata for all data contained in legacy systems that are being decommissioned post go live of the Epic system.
Data Capability Activities	
Requirements	The DHR Business Intelligence and Data project will build a core requirement set by combining lessons learned from previous incarnations of the data repository with current best practice data lake/data warehouse methodology. Business facing requirements will be gathered to support the new data analysis branch once it is finalised. This will ensure the ACT public health system needs are met with contemporary, scalable data tools that meet current, emerging and future needs.
Plan and Schedule	The project will develop and deliver a project schedule detailing the agreed data capability deliverables with delivery stages detailing critical go live deliverables and the timeframes for subsequent deliverables.
Capability Build	The project will deliver a cloud-based suite of data capabilities to meet functional and non-functional requirements catalogued through development. The focus of the build will be security, scalability, and the ability to provide repeatable data analysis.
Data Ingestion	The data capability build will ingest all currently relied upon data sets in addition to new DHR data.
Development Patterns	The project will deliver a core set of development tools, processes, and patterns to enable for consistency and maintainability once the system is handed to BAU.

Out of Scope

The following activities are considered out of scope for the DHR Business Intelligence and Data Project.

The first table outlines those activities out of scope of the Business Intelligence and Data Project but in scope of the Program. The second table outlines activities out of scope of the DHR Program. This distinction is made to ensure that there are not activities required of the Program where it is unclear which groupis responsible for the delivery of that activity or function.

Out of scope of the Business Intelligence and Research Project but in scope for the DHR Program

Implementation Project Scope	Responsibility
System configuration to enable the collection of data and methods required for National Reporting requirements	This is the responsibility of the DHR Implementation Project
Training of all end users in data collection.	This is the responsibility of the DHR Implementation Project.
Technical Project Scope	**Responsibility**
Migration of environments	This is the responsibility of the DHR Technical Project.
Security of Hosting Environment including the DHR solution and related systems.	This is the responsibility of the DHR Technical Project.
System interfaces for integration	This is the responsibility of the DHR Technical Project.
Program Scope	**Responsibility**
Management of the Privacy Impact Assessment	This is the responsibility of the Executive Group Manager, DHR.
Management of the Program Board	This is the responsibility of the DHR Program and Governance Office.
Human resource management including recruitment of new staff	This is the responsibility of the DHR Program and Governance Office.
Development and implementation of the Quality and Assurance Strategy and Plan	This is the responsibility of the DHR Program and Governance Office. Any actions arising out of that Strategy and Plan for this project will be included in scope.
Management of the Organisational Readiness Steering Committee	This is the responsibility of the DHR Change Management Teamled by the CNMIO and part of the Program Plan.
Management of the change management approach	This is the responsibility of the DHR Change Management Teamled by the CNMIO in accordance with the Change ManagementApproach agreed by the Board and part of the Program Plan.
Identification of benefits profiles and management of collection of benefits data	This is the responsibility of the DHR Change Management Teamled by the CNMIO and part of the Program Plan.
Union consultation	This is the responsibility of the DHR Change Management Teamled by the CNMIO and part of the Program Plan.

Identification and management of superusersand floor walkers	This is the responsibility of the DHR Change Management Teamled by the CNMIO. A superuser manager has been budgeted from February to November 2022 to support this activity.
Management of the Program Budget	This is the responsibility of the Executive Branch Manager, DHR.

Out of scope of the DHR Program (including this project)	
Management of external projects on which the DHR is dependent	The Program will not be managing or responsible for the delivery of the required dependencies for external projects including: 1. AETHER which is responsible for the delivery of an integration engine; 2. Security, Identity and Access; 3. ACT Health Data Governance Framework
Cessation of contracts for decommissioned reporting systems	The DSD Contract Manager will be responsible for ensuring that contracts for reporting systems to be decommissioned terminate or expire by end 2022. This is a dependency for the DHR program as the ongoing budget is built upon the offsets achieved through that decommissioning. Relevant CPHB or Little Company of Mary (LCM) contracts will be decommissioned or amended according to requirements by CPHB.
ACT Public Health Data Strategy & Data Frameworks	The Data Governance team currently within DSD will be responsible for the provision of the Data Strategy and Data Frameworks.
Update or transition of existing Health Services Data Warehouse and capability	CHS and CPHB will be responsible for the management and transition of any current warehouse capability.
Updating existing source systems reporting and dashboards	Existing reporting from current source systems that will be superseded by DHR functionality, reports and dashboards will be decommissioned are not in scope for this project. *An example of reporting that is not in scope is the current ACTPAS reporting.*
Workforce planning	This is the responsibility of the health services. The leads employed by the health services will support transmission of information about workflow changes that will require changesto workforce planning.

Out of scope of the DHR Program (including this project)

Technical Deliverables	
Infrastructure Upgrades	It is assumed that appropriate network infrastructure is in placeto support the implementation and use of the DHR. Upgrades including remediation or end of life infrastructure replacement,including managing such remediation at a public health system site, is out of scope of this project.
IT Service Management policies and procedures	Supporting IT Services Management policies and procedures that are not directly related to the DHR are the responsibility ofthe Technology Operations Branch. These will be recorded as a dependency for the Technical Project.
Business Intelligence Deliverables	
Submission of extracts to regulatory bodies	Data structures to support regulatory submissions are in scope, however the actual submission process to regulatory bodies will be the responsibility of the ACT Health External Submissions team.

3. Interfaces

The project will provide ad-hoc data pathways during the build and delivery of Data Conversions and Legacy Data migration. Below are the expected interfaces to continue after deployment is complete.

Interfaces

Business System	Direction	When
DHR/Epic – Clarity	Inbound	Nightly
DHR/Epic – Caboodle	Bidirectional	Nightly
HRIMS	Inbound	Nightly
Aether/Rhapsody (pending)	Inbound	Real Time
Kiteworks (TBD external vendor systems)	Bidirectional	Batched throughout day
Calvary Data Systems	Outbound	TBD
CHS Data Systems	Outbound	Batched throughout day
Health Enclave Storage Service	Bidirectional	Batched throughout day

3.6 Impacted Solutions and Systems

Impacted systems

Business System	When
ACT Health Power BI Dashboards	Continual
ACT Health Data Repository	Continual
CHS Data Repository	Continual
CPHB Data Repository	Continual
CHS Power BI Dashboards	Continual
CPHB Power BI Dashboards	Continual

3.7 Quality Expectations

A Program level Quality and Assurance Plan is in place for the overarching DHR, containing the methodology and processes to be used for quality monitoring and control.

In the design phase for each project product distinct acceptance criteria will be documented. A delivery dashboard will be provided for each phase which outlines the progress of activities including quality assurance activities against each product. A final stage gate review will be undertaken at the end of each phase to confirm that all deliverables are of appropriate quality. The gateways to be undertaken are:

- Progress to Execute
- Progress to Deliver
- Progress to Close

The Stage Gate Report will be provided to the Business Intelligence Advisory Committee and the Program Board.

A risk and issue tracker will be utilised to ensure that risks to quality are monitored and controlled as appropriate.

4 Project Approach

The Business Intelligence and Data project will be delivered following an iterative approach operating within the ACT Health Project Delivery Framework (an internal Territory governance tool to be maintained by the Territory at its expense). At the end of each stage, there will be a "Stage Gate Review" to assess the performance of the project, alignment with the PID (this document) and business case, and whether it is ready to progress to the next stage.

4.1 Project Plan

The project will follow the Project Management Framework and will follow a Stage based lifecycle. A detailed implementation plan will be built and maintained for each delivery phase as a part of design activities. The project will have multiple delivery phases, each following the stages. Planning for subsequent phases will commence during the deliver stage of the previous project phase.

Project Phase

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Project stages

Stage	Activities	Products	Resources
Initiating/ Planning	• Project Governance • Project Scope definition • Stakeholder Workshops • Undertake training	• Project Plan • Data Conversions Project Charter • DHR Reporting Project Charter • Data Capability Design • Legacy Data Plan • BI Governance Model	• Project Team • NTT Australia • DHR Technical Team • DHR Implementation Team • Epic Team
Executing	• Continual technical design • Build of infrastructure for Data Lake and Data Repository • Build of legacy data structures in Data Lake and Data Repository • Build of data structures for regulatory submissions and territory reporting • Build of software management cloud components • Data conversion of systems detailed in current scope • Methodology workshops • Build of reports and metrics in Epic	• Final technical design • Operational and executive level reports • Data structures for regulatory submissions • Data structures for legacy data • Endorsed methodology documentation • Completed data conversion	• Project Team • NTT Australia • DHR Technical Team • DHR Implementation Team • Epic Team • DDTS Database Team

Stage	Activities	Products	Resources
Delivering	• Deployment of builds to production environments • Finalise documentation • Completion of assigned Epic Sherlock and Orion tasks required for Epic go-live	• Technical As Built for Production Environments • Operational data capability including ingestion and processing • Operational BI reports	• Project Team • Epic Team
Closing	• Transition of ongoing capability to BAU	• Maintenance documentation • Manifest of future build activities which may require governed projects to complete delivery	• Project Team

4.2 Procurement and Contracts

Procurement of services and technology components will be managed through the existing DHR contract with NTT. A review of the current definitions and mapping for national submissions and strategic indicators needs to be undertaken. This may require the engagement of a business intelligence and data governance consultant to ensure the capture of an agreed territory wide data dictionary.

4.3 Budget

The Project costs will be broken out per financial year as per the following table. The full budget is available upon request.

Costs

Summary	2021-22 *(Jan-Jun)*	2022-23	2023-24
Staffing	$3,090,451	$6,153,194	$6,294,500
Technical	$200,000	$500,000	$750,000
Grand Total	$3,290,451	$6,653,194	$7,044,500

The current costing has been estimated based on Microsoft scale up/scale down model leveraging the current ACT Health NTT environment and could be increased as extra performance is required. The current estimate includes data lake and native Microsoft Azure tools. Detailed technical costing will be included in the data capability solution design. The cost of the existing Health Services data capabilities will be included in this design.

It is anticipated the above costs will be offset by the existing DSD resource funding and is inclusive of the already identified budget for the existing DHR Business Intelligence and Data Conversions Teams:

DHR BI budget	2021-22	2022-2023
Total CAPEX	467,154	866,103
Total OPEX	390,835	719,633
Grand total	**857,989**	**1,585,736**

4.4 Assumptions

Assumption	Impact	Associated Risk ID
Health Enclave provides a robust architectural solution that supports connectivity from both services to the NTT network.	Inability to deliver project scope. Schedule may be delayed	TBC
Resources will be sufficient to implement project	Inability to deliver project scope. Schedule may be delayed	TBC
Resources will be 100% dedicated to the project	Critical regulatory reporting timeframes missed. System go live with critical data and reporting unavailable. Reduction in commonwealth funding. Schedule may be delayed	TBC
Dependant projects provide required data for processing	Critical regulatory reporting timeframes missed. System go live with critical data and reporting unavailable. Reduction in Commonwealth funding	TBC
Legacy data and relevant SMEs will be available throughout the project	All benefits may not be achieved Historical data may not be available Schedule may be delayed	TBC
Required cloud environments are available for provisioning	Schedule may be delayed	TBC

4.5 Constraints

Constraint	Impact	Associated Risk / Issue Ref
Budget	The scope of the project may be constrained by the budget available.	TBC
Market Skillset	Required skills are not readily available in an ACTPS setup. The project may require labour hire contractors at an increased cost.	TBC

4.6 Dependencies

This project depends on:

Project	Nature of dependency	Timeframe
Timely engagement and endorsement of methodologies and scope inclusions	The project relies on the ability to have timely engagement, feedback and endorsement from the health services on scope inclusions and calculation methodologies	Concurrent with the DHR.
DHR Implementation Project	The build of data structures and reports relies on all required data elements to be built correctly in the DHR interface for data entry.	Concurrent with the DHR. Multiple requirements.
DHR Technical Project	Configuration and availability of Clarity and Caboodle components are required for data extract and processing	Concurrent with the DHR. Multiple requirements.

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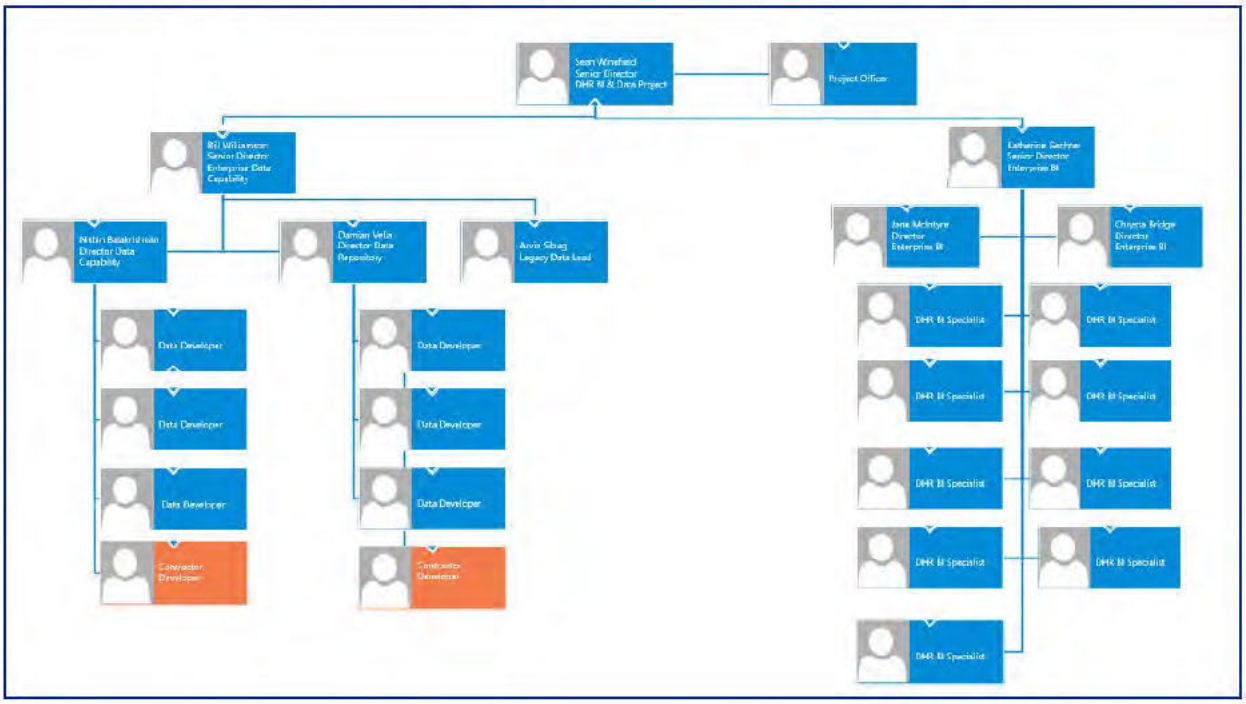
4.7 Human Resources

The following is the team structure for the DHR Business Intelligence and Data Project:



Role	Responsibility
Senior Director, DHR Business Intelligence and Data project	Responsible for the overall successful delivery of the DHR Business Intelligence and Data project scope deliverables.
Senior Director, Enterprise Data Capability	Responsible for the design, plan and delivery of the ACT Public Health Service Enterprise Data Capability, legacy data and associated artefacts and outputs.
Senior Director, Enterprise BI	Responsible for the delivery of DHR project BI outputs and associated methodologies and artefacts

4.8 Future Project Phases & Transition to Business As Usual

The build of the Enterprise Data Capability will be ongoing as it will be the foundation for regulatory submissions and a variety of territory level reporting and analysis. The build of dashboards and reports will also continue after go-live as existing reports will need to be refined and a number of

required reports will not be built by go-live as they were not identified as critical for day 1. New report requirements will also be identified as staff start to use the system.

Business as usual will also require governance and processes to support data, report and change requests.

To maintain support for the transition to business as usual, a number of staff will be required to stay on permanently in their roles.

Formal transition plans will be developed as well as any supporting knowledge repository items such as articles, designs and processes. The data catalogue will be a crucial tool to maintain and support delivered data capability and in the ingoing reporting activities

4.9 Benefits

Benefits Overview

The following table represents the benefits and outcomes which have been identified for this project. Benefits will be assessed and measured following the project Benefits Management Approach created in the Planning Stage.

Benefits

No.	Benefit	Measure & Source	Owner
1	Increased capability to extract data for research and data driven decision making	The ACT Public Health Services have the right data available at the right time to support clinical care, data driven decision making, policies and processes	
2	Successful delivery of legislative requirements	The ACT meets all its regulatory data submission and reporting requirements on time, post the implementation of the Epic system.	
3	Legacy data is retained and enabled	All legacy data is identified, stored and available as required post the decommission of legacy systems.	

4.10 Governance

The high-level governance structure was approved in the Program Plan in the DHR Program Board. On 14 January 2021 the full governance structure and decision-making framework was approved by the Program Board.

The project will utilise the current governance structures in place, including:

- Business Intelligence Advisory Committee
- Reporting & Analysis Working Group
- Data Warehouse Working Group
- Governance and Standards
- Data Conversions Working Group

In addition, the project will need to establish an additional committee, the Legacy Data Advisory Committee to review and agree the ongoing approach to legacy data from systems being commissioned.

By Phase 4 (June 2023) of the BI and Data Project newly established governance structures will be embedded in standard practices to not only support the remainder of the project, but to be maintained long term for the governance of Health Data and Reporting across the Territory.

Project Governance Statement

Role	Name
Executive Sponsor	Rebecca Cross, Director General, ACT Health
Senior User	Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs, ACT Health Nasa Walton, Chief Information Officer, Canberra Heath Services Janee Williams, ICT Operations Manager, Calvary Public Hospital Bruce, Little Company of Mary
Senior Director	Sean Winefield, Senior Director, Digital Health Record Business Intelligence and Data Project
Senior Supplier	Sandra Cook, EGM Digital Health Record, ACT Health
Internal Project Assurance	DSD Program Office

4.11 Communications

Communications will be managed in accordance with the Program Plan.

The Business Advisory Committee will receive monthly formal Project Status Reports that will outline the projects status at a point in time. Regular updates will be provided to the Program Board and Advisory Committee at schedule meetings and briefings. Verbal briefings will also be conducted on a regular basis with the Executive Sponsor.

4.12 Stakeholder Engagement

Stakeholder management will be managed in accordance with the Program Plan.

The following Stakeholders are specific to the Business Intelligence and Data Project and it is expected that this list will grow as the project progresses through delivery.

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Stakeholder engagement

Major Stakeholder	Relationship to Project
Sandra Cook	Executive Group Manager Digital Health Record, Executive Sponsor for the Business Intelligence and Data Project
Peter O'Halloran	Executive Group Manager Digital Solutions Division and Chief Information Officer ACTHD, Executive Sponsor for the Business Intelligence and Data Project
Justine Spina	Executive Branch Manager, Future Capability, DSD Executive responsible for DHR BI and Data project
Nasa Walton	Chief Information Officer, Canberra Health Services Responsible for ICT, Data and Reporting for Canberra Health Services
Janee Williams	ICT Operations Manager for Calvary Public Hospital Bruce (CPHB). Responsible for ICT operations and some business intelligence functions and for this project, is a conduit to the Performance and Reporting team. Has key technical knowledge of existing CPHB infrastructure and systems.
Michael Culhane	Executive Group Manager, Policy, Partnerships and Programs Responsibility for proposed ACT Health Data Analytics Branch
Peter McNiven	Executive Branch Manager, Technology Operations, DSD Responsible for DSD Systems and Technology Support

4.13 Training

A training and certification plan will be established that will outline requirements for access to BI and Data environments and development tools, including but not limited to Badger, Clarity, Caboodle, Cogito and various Epic data models.

5 Project Delivery

5.1 Project Phases

The BI and Data Project is broken down into quarterly phases as outlined in **Table 2.**

Table 2. – Project Phases

Project Phase	Description
Phase 1: Go-Live Critical	Deliverables listed in this phase will be delivered in time for Go-Live. Some deliverables may have multiple components, where one or more component is in a later phase.
Phase 1a: Go-Live Reach Goals	Deliverables listed in this phase may be built and if time permits would be complete by time of Go-Live. These deliverables have been assessed to not be critical for Go-Live according to the principles in **Section 7.** Deliverables will be scoped for a later

Project Phase	Description
	phase if not completed in Phase 1. This will be communicated to stakeholders as early as possible.
Phase 2: March 2023	Deliverables listed in this phase will be delivered by March 2023.
Phase 3: June 2023	Deliverables listed in this phase will be delivered by March 2023.
Phase 4: September 2023	Deliverables listed in this phase will be delivered by September 2023.
Phase 5: March 2023	Deliverables listed in this phase will be delivered by December 2023.
Phase 6: March 2024	Deliverables listed in this phase will be delivered by March 2024.
Phase 7: June 2024	Deliverables listed in this phase will be delivered by June 2024.

5.2 Milestones

The below tables outline the high-level deliverables of the project and workstreams in the DHR Business Intelligence and Data Project

Milestones

DHR Business Intelligence and Data project				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Onboarding of team members	Initiate / Plan	January 2022	March 2022	Phase 1 Go Live
Initiate self-study training for staff	Initiate / Plan	February 2022	March 2022	Phase 1 Go Live
Review of build status to date	Initiate / Plan	January 2022	February 2022	Phase 1 Go Live
Additional Team training and certification	Initiate / Plan	February 2022	May 2022	Phase 1 Go Live
Additional Team training and certification	Plan	January 2023	March 2023	Phase 2 (March 2023)
BI and Data Access and Training Plan	Plan	January 2023	March 2023	Phase 2 (March 2023)
Power BI capability in NTT Plan	Plan	January 2023	March 2023	Phase 2 (March 2023)
Establishment of ongoing territory wide working groups and committees	Plan	January 2023	May 2023	Phase 3 (June 2023)

DHR Business Intelligence and Data project				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Deliver Roles and Responsibilities for BI3 and Data Delivery across the Territory	Plan	March 2023	May 2023	Phase 3 (June 2023)
Implement a support model for BI and Data delivery across the Territory	Plan	May 2023	Sept 2023	Phase 4 (Sept 2023)

Reporting, funding, and submission data structures				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Regulatory submission build plan finalised	Plan	February 2022	February 2022	Phase 1 Go Live
Submission field mapping complete	Plan	December 2021	February 2022	Phase 1 Go Live
Data structures built for regulatory submission testing	Execute	January 2022	March 2022	Phase 1 Go Live
Build extraction scripts to locate submission data elements	Execute	April 2022	November 2022	Phase 1 Go Live
Test and revisit extraction scripts to locate submission data elements	Execute	December 2022	February 2023	Phase 2 (March 2023)
Core data structures for reporting (i.e. Power BI executive reports, QPR)	Execute	October 2022	February 2023	Phase 2 (March 2023)
Core submission data structures tested	Execute	January 2023	February 2023	Phase 2 (March 2023)
Core report data structures tested and finalised	Execute	February 2023	March 2023	Phase 2 (March 2023)
Plan Phase 3	Plan	March 2023	March 2023	Phase 2 (March 2023)
Handover Phase 1/2 deliverables	Deliver	April 2023	June 2023	Phase 3 (June 2023)

Reporting, funding, and submission data structures				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Data structures for regulatory submissions finalised	Execute	April 2023	June 2023	Phase 3 (June 2023)

Business Intelligence				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Reporting Project Charter	Plan	January 2022	February 2022	Phase 1 Go Live
Project Plan	Plan	February 2022	February 2022	Phase 1 Go Live
Custom metrics scoped for Go Live defined and programmed	Execute	*Continued from 2021*	November 2022	Phase 1 Go Live
Epic Operational and Executive Reports scoped for Go Live tested and finalised	Execute	*Continued from 2021*	November 2022	Phase 1 Go Live
Materials required for Go Live finalised	Execute	September 2022	November 2022	Phase 1 Go Live
Project Plan for phase 2 March 2023 deliverables	Plan	September 2022	October 2022	Phase 1 Go Live
Business As Usual Transition Plan	Deliver	August 2022	October 2022	Phase 1 Go Live
Handover Phase 1 deliverables	Deliver	November 2022	November 2022	Phase 1 Go Live
Update Project Plan for Phase 2 (March 2023) BI Deliverables	**Plan**	**December 2022**	**January 2023**	**Phase 2 (March 2023)**
Deliver Phase 2 (March 2023) BI Deliverables	**Execute/ Deliver**	**December 2022**	**March 2023**	**Phase 2 (March 2023)**
Project Plan for Phase 3 (June 2023) BI Deliverables	**Plan**	**March 2023**	**April 2023**	**Phase 3 (June 2023)**

Business Intelligence				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Deliver Phase 3 (June 2023) BI Deliverables	Execute/ Deliver	April 2023	June 2023	Phase 3 (June 2023)
Project Plan for Phase 4 (Sept 2023) BI Deliverables	Plan	June 2023	July 2023	Phase 4 (Sept 2023)
Deliver Phase 4 (Sept 2023) BI Deliverables	Execute/ Deliver	July 2023	Sept 2023	Phase 4 (Sept 2023)
Project Plan for Phase 5 (Dec 2023) BI Deliverables	Plan	Sept 2023	Oct 2023	Phase 5 (Dec 2023)
Deliver Phase 5 (Dec 2023) BI Deliverables	Execute/ Deliver	Oct 2023	Dec 2023	Phase 5 (Dec 2023)
Project Plan for Phase 6 (March 2024) BI Deliverables	Plan	Dec 2023	Jan 2024	Phase 6 (March 2024)
Deliver Phase 6 (March 2024) BI Deliverables	Execute/ Deliver	Jan 2024	March 2024	Phase 6 (March 2024)
Project Plan for Phase 7 (June 2024) BI Deliverables	Plan	March 2024	April 2024	Phase 7 (June 2024)
Deliver Phase 7 (June 2024) BI Deliverables	Execute/ Deliver	April 2024	June 2024	Phase 7 (June 2024)

Legacy Data				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Legacy Data Plan	Plan	February 2022	March 2022	Phase 1 Go Live
Data Conversion Charter	Plan	January 2022	March 2022	Phase 1 Go Live
Data Catalogue Plan	Plan	February 2022	March 2022	Phase 1 Go Live
Data Catalogue Requirements	Execute	March 2022	June 2022	Phase 1 Go Live
Legacy Data Critical Go Live Deliverables Confirmed	Execute	June 2022	June 2022	Phase 1 Go Live

Legacy Data				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Data conversion testing	Execute	February 2022	July 2022	Phase 1 Go Live
Data Catalogue implementation	Execute	May 2022	December 2022	Phase 1 Go Live
Critical Legacy Data Sources Available	Execute	June 2022	November 2022	Phase 1 Go Live
Plan Phase 2 March 2023 Deliverables	Plan	October 2022	December 2022	Phase 2 Post Go Live
Business As Usual Transition Plan	Deliver	August 2022	October 2022	Phase 1 Go Live
Handover Phase 1 deliverables	Deliver	November 2022	November 2022	Phase 1 Go Live
Migrate data and finalised decommissioning plans for retired systems	Execute	November 2022	December 2022	Phase 2 (March 2023)
Decommission retired system	Close	December 2022	January 2023	Phase 2 (March 2023)
Develop decommissioning plans for other retired and non-critical read only systems	Plan	January 2023	February 2023	Phase 3 (June 2023)
Migrate data and required reporting for other retired and non-critical read only systems	Execute	February 2023	May 2023	Phase 3 (June 2023)
Finalise decommissioning plans for other retired and non-critical read only systems	Deliver	May 2023	June 2023	Phase 3 (June 2023)
Decommissioned for other retired and non-critical read only systems	Close	June 2023	July 2023	Phase 3 (June 2023)
Develop decommissioning plans	Plan	July 2023	August 2023	Phase 4 (Sept 2023)

Legacy Data				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
for critical read only systems				
Migrate data and required reporting for critical read only systems	Execute	August 2023	November 2023	Phase 4 (Sept 2023)
Finalise decommissioning plans for critical read only systems	Deliver	November 2023	December 2023	Phase 4 (Sept 2023)
Decommission critical read only systems	Close	December 2023	January 2024	Phase 4 (Sept 2023)

Data Capability				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Detailed technical design	Plan	February 2022	March 2022	Phase 1 Go Live
Core storage and processing capabilities build, including Epic data ingestion	Execute	Feb 2022	June 2022	Phase 1 Go Live
Data feed outputs to health services	Deliver	August 2022	November 2022	Phase 1 Go Live
BAU Transition Plan for Core Capability	Close	October 2022	November 2022	Phase 1 Go Live
Plan phase 2 Deliverables	Plan	November 2022	December 2022	Phase 2 Post Go Live
Business As Usual Transition Plan	Deliver	August 2022	October 2022	Phase 1 Go Live
Handover Phase 1 deliverables	Deliver	November 2022	November 2022	Phase 1 Go Live
Deliver the new data capability foundations to support National	Execute/Deliver	January 2022	March 2023	Phase 2 (March 2023)

Data Capability				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Submissions, QPR and Accountability				
Deliver grouper integration to support DRG, Emergency, Mental Health, NWAU and other deliverables	Execute/Deliver	January 2023	March 2023	Phase 2 (March 2023)
Legacy and Epic data comingled for continuous reporting	Execute	March 2023	June 2023	Phase 3 (June 2023)
Project Plan for Phase 4 (Sept 2023) DATA CAPABILITY Deliverables	Plan	June 2023	July 2023	Phase 4 (Sept 2023)
All initial systems ingested and deployed in unified data model	Execute	June 2023	August 2023	Phase 4 (Sept 2023)
Deliver Phase 4 (Sept 2023) DATA CAPABILITY Deliverables	Execute/Deliver	July 2023	Sept 2023	Phase 4 (Sept 2023)
Project Plan for Phase 5 (Dec 2023) DATA CAPABILITY Deliverables	Plan	Sept 2023	Oct 2023	Phase 5 (Dec 2023)
Deliver Phase 5 (Dec 2023) DATA CAPABILITY Deliverables	Execute/Deliver	Oct 2023	Dec 2023	Phase 5 (Dec 2023)
Project Plan for Phase 6 (March 2024) DATA CAPABILITY Deliverables	Plan	Dec 2023	Jan 2024	Phase 6 (March 2024)
Deliver Phase 6 (March 2024) DATA CAPABILITY Deliverables	Execute/Deliver	Jan 2024	March 2024	Phase 6 (March 2024)
Initial enablement of ML capability	Execute	Jan 2024	March 2024	Phase 6 (March 2024)
Project Plan for Phase 7 (June 2024) DATA CAPABILITY Deliverables	Plan	March 2024	April 2024	Phase 7 (June 2024)

Data Capability				
High Level Milestone/Deliverable	**Project Stage**	**Start**	**End**	**Delivery Phase**
Deliver Phase 7 (June 2024) DATA CAPABILITY Deliverables	Execute/Deliver	April 2024	June 2024	Phase 7 (June 2024)

5.3 Project Controls

The project will be managed and delivered in accordance with the Project Management Framework[1] following the Prince2 methodology. Controls incorporate management of Budget, Timescales (Schedule), Benefits, Risks, Quality, and Change (Scope).

Risk Management Approach

This project will follow the Project Risk Management Framework Approach of establish the context, identify the risk, analyse the risk, evaluate the risk, treat the risk and ensure continuous up to date documentation within the project register.

A DHR Business Intelligence and Data project risk register will be developed with risks associated with each stream detailed.

Once the treatment strategy is determined (for all strategies except Accept and Monitor), an action plan will be developed. It is important the actions balance the cost of implementing the response against the probability and impact of allowing the risk to occur.

The Project will identify the most appropriate person or team to manage the actions who may not be the project team. The key risks to the project (with a pre-treatment rating of high or extreme) are outlined below.

- 6 Appendix: Approaches & Plans

The following Approaches and Plans will be developed as the Project progresses through the Plan and Execute stages of delivery.

5.4 Enterprise BI Workstream

The Enterprise Business Intelligence (BI) Workstream is one of three workstreams under the DHR Business Intelligence and Data project. The BI Workstream is responsible for developing BI capabilities that will meet the needs of the ACT public health system and support data driven planning and decision making.

A separate document will be maintained outlining the key BI deliverables in the project phases.

[1] www.health.act.gov.au/digital/frameworks

6 Quality

6.1 Quality Management Approach

The purpose of the Quality Management Approach is to provide a detailed explanation of how quality will be managed throughout the lifecycle of the project. The Quality Management Approach includes processes and procedures for ensuring quality planning, assurance, and control are all conducted. This is to ensure that all stakeholders associated with the project are familiar with how quality will be planned, assured, and controlled.

Quality Assurance processes are in place to ensure deliverables in the BI and Data Project meet requirements. Reports and dashboards will undergo Functional as well as User Acceptance Testing prior to production release . Further testing on metric outcomes will be performed for customised metrics against agreed upon methodologies. Select dashboards and metrics will also be identified for analysis and validation. Data required for regulatory submissions will be tested to verify data is captured and flows through to reporting tables as expected and meets requirements.

6.2 Business Analysis Approach

The purpose of this document is to capture the Business Analysis activities and approach for the project. The approach defines the lifecycle, deliverables, templates (products), and tasks that should be included, to further refine the project schedule and resourcing requirements. The approach seeks to define requirements as early as possible to reduce uncertainty.

A formally engaged Business Analyst is not in the staffing scope of this project. The Business Intelligence, Legacy data and data Capability leads provide a bridge between discrete clients and technical deliverables.

6.3 Requirements Management Approach

The Requirements Management Approach is used to document the necessary information required to effectively manage project requirements from definition, through traceability, to delivery.
As per section 6.2 there are no formally engaged/dedicated Business Analyst resources for this project. High level requirements will be documented during the planning stages of the project.
Discrete requirements for submissions has been gathered by the extant DHR BI workstream.
Individual data output requirements will be detailed as the project participates in the decommissioning of internal data systems.
Requirement’s traceability will be mapped via an appropriate tool to be identified during the planning stage.

6.4 Organisational Change Management Approach

No direct Organisational change management is required for application components of this project. Cross branch and directorate technical change will be developed as shared technical specifications for the appropriate technical stakeholders.

The BI team will work closely with Training and other areas to ensure a robust plan is in place on educating end users on the availability of reports, how to use them and processes in place for requests.

The DHR Business Intelligence and Data Project is not responsible for the Organisational Change Management Approach. This responsibility is held at the DHR Program level

6.5 Benefits Management Approach

The purpose of the Benefits Management Approach is to define the actions and benefits reviews that will be put in place to ensure that the project's outcomes are achieved and confirm the project's benefits are realised.

6.6 Implementation Plan

The implementation plan will provide an overview of the system and a description of how the project team will be implementing the scope. This document will include a description of the implementation scope and delivery approach including implementation sequencing. This document will also outline the assumptions, constraints, dependencies, and risks associated with the implementation.

The implementation plan will be built during the planning phase of the project, and will reflect the iterative nature of cloud based technology processes.

MEETING PAPER
Digital Health Record Program Board

Agenda item:	**2.2**
Topic:	**DRAFT DHR Support Model documentation**
Meeting date:	Tuesday 24 January 2023
Action required:	**DRAFT for Review and Feedback**
Cleared by:	Peter McNiven, A/g Chief Information Officer and Executive Group Manager, Digital Solutions Division
Presenter:	Sandra Cook EGM DHR Program, Digital Solutions Division

Purpose

To provide a draft DHR and Related Systems Support Model document for the DHR Program Board to provide comment and feedback on prior to intended endorsement at the March 2023 DHR Program Board Meeting.

Background

The DHR Program is scheduled to close formally on the 24 March 2023. This will include the closure of the DHR Implementation Project and the DHR Technical Project.

In April 2022, A DHR Support Model Working Group was formed. This group met monthly and was tasked with developing a document outlining the DHR and Related Systems Support Model so that roles, responsibilities, key performance indicators, processes and contact details for involved support parties could be gathered into one document for all stakeholders to view to assist with timely support of the DHR and Related Systems.

This group comprised of key stakeholders from across the public health system involved in supporting technology solutions and biomedical devices and included representatives from ACT Health, Calvary, CHS and DDTS. This group met monthly until October 2022 when preparations for the DHR Go-Live were prioritised.

The document at Attachment A to this paper is the draft collated document from that DHR Support Model Working Group. Included in this document are the last proposed ongoing governance model and a draft optimisation framework that has incorporated information provided by Queensland Health on their prioritisation process for their state-wide iEMR program and Parkville on their approach to changes to their Epic system.

There is still work to be done to finalise the Organisational structures involved in the support of the DHR and Related Systems.

Issues

This document will need to be a living document that evolves and changes over time as contractual arrangements change, processes are reviewed, and responsibilities change between organisations. The attached draft document is provided to gain advice from the DHR Program Board on if there are any other areas that should be added to this document that would aid in the support of the DHR and related systems.

As this document is still in draft, it is requested that the DHR Support Model Working Group be reformed for weekly meetings over the next 4 weeks to finalise any gaps in this documentation. Once this is complete, this DHR and Related Systems Support Model document will be presented to the DHR Program Board for endorsement and will undergo annual review cycles.

Recommendation

That members:

- **Review and provide feedback** on the draft DHR and Related Systems Support Model document at Attachment A by 21 February 2023.
- **Agree** to re-establish the DHR Support Model Working Group for weekly meetings over the next month to finalise the information in this document before it is brought back to the DHR Program Board in March 2023 for endorsement.

Digital Health Record & Related Systems Support Model Framework

Draft Version 0.8

Created: 17 January 2023

Document Control

Version	Summary of Changes	Author	Date
0.1	Initial Draft	Rachel Hourigan	19/08/2022
0.2	Updates	Sandra Cook	21/08/2022
0.3	Updated	Melissa Devries	20/09/2022
0.4	Updates	Rachel Hourigan	21/09/2022
0.5	Governance Section Updates	Rachel Hourigan	21/09/2022
0.6	Updates/Content Added	Melissa Devries	24/10/2022
0.7	Updates to governance to add 4-week huddle structures post DHR Program Board agreement and the proposed BAU ongoing governance is still under discussion	Sandra Cook	30/10/2022
0.8	Updates to Governance and Optimisation process	Sandra Cook	17/01/2023

Document Review

Version	Reviewer	Position	Date
0.2	Members	DHR Support Model Working Group	23/08/2022
0.6	Members	DHR Support Model Working Group	25/10/2022
0.8	Members	DHR Program Board Members	17/01/2023

Document Approval

Version	Approver	Position	Date
1.0		DHR Program Board	Aiming March 2023

Table of Contents

Introduction

The Digital Health Record (DHR) and Related Systems Support Model Framework outlines the processes and information to enable support of the DHR and related systems as the DHR ecosystem. It is intended to consolidate information in one central place to ensure that support resources can respond to events that affect critical business functions and continue within planned levels of disruption.

To best support the DHR ecosystem, a Territory wide support model needs to be established and maintained to ensure there is a holistic approach in Health ICT, business intelligence and biomedical equipment and systems support across the public health services within the Australian Capital Territory (ACT).

This support model will also comprise of ICT functions that are required above and beyond to support the DHR ranging from asset management, application support, technical support, business intelligence and biomedical. Each of these components will in some way have a touch point and/or integration with the DHR or related systems.

The Territory wide support model will be comprised of resources and processes across the ACT Health Directorate's Digital Solutions Division (DSD), Calvary Public Hospital Bruce ICT and Biomedical areas (CPHB), Canberra Health Services CIO and Healthcare Technology Management (CHS - HTM) and Digital, Data and Technology Solutions (DDTS). These areas will all work together to best support the DHR ecosystem.

The principles of a Territory wide support model that will be adopted are:

- There will be Territory wide transparency for support processes and decision making that impacts support processes.
- There will be a 'no wrong door' approach adopted for all clients seeking ICT or biomedical support.
- The Territory will adopt a 'warm transfer' process to provide the best client experience.
- All the organisations will work together to implement and monitor the support processes.
- The process support framework will be available to all staff to demonstrate the transparency of the support model.

To perform this change to a Territory wide support model a change to the existing support processes will be needed to adapt to a model that best supports the DHR ecosystem. This will include the need to share knowledge base articles and tools to enable a holistic support model.

The DHR and Related Systems Support Model Framework consists of the following components to assist in the management of support of the DHR ecosystem:

Figure 1 – DHR Support Model Framework Components

Each component will be discussed in this DHR and Related Systems Support Model Framework document and will link to more detailed information where available. As this model is impacting the current state, it is recommended that this DHR and Related Systems Support Model Framework be reviewed annually through the Territory wide Digital Committee run by ACT Health (which may change to be a Digital Health Board).

Processes

To create a Territory wide approach for support, it will be important to understand the different ways that an end user within the public health system will reach out for assistance and the way that the areas that provide support today will work together to create a seamless experience for the end user.

1. Support Entry Points

There will be several entry points available to accommodate all clients seeking ICT support across the Territory ranging from phone, email, web or in person. There will be acknowledgement of the DHR Support Model Framework principles of no wrong door and a Territory wide approach by ensuring warm transfers can occur at each entry point.

Phone

Canberra Health Services (CHS) and ACT Health Directorate (ACTHD) employees will be able to seek ICT support via contacting the Digital Solutions Support (DSS) line on **(02) 5124 5000**. This service will be available 24/7 and will extend support to Calvary Public Hospital Bruce (CPHB) employees when required.

End users from CHS seeking support specifically relating to Medical Devices can phone the Healthcare Technology Management (HTM) team on **(02) 5124 3043** to speak to a member of the team directly during business hours or front-line support staff within their areas; or Afterhours Nurse Manager to access on call. A line option will also be placed on the DSS line to redirect clients back to the HTM for support to support the 'no wrong door' principle.

CPHB employees can seek ICT and biomedical device support by contacting the Calvary Support Desk on **(02) 6201 6292**. This service will be available 24/7 and will extend to CHS or ACTHD staff when required.

Staff across the Territory also may contact the DDTS Service Desk for support.
To further ensure there is a streamlined point of contact for all health employees seeking DHR support; a menu selection prompt will be established on the **(02) 6207 9000** line.
If a caller selects the option of the Digital Health Record their call will be placed into the DSS phone queue.

Web
Each service provider offers their own online portal to allow for requests/issues to be raised electronically. With the adoption of the no wrong door approach
Each site will retrospectively manage and triage all incoming requests via level one support teams.

DSD Jira Assist Portal, available for all ACT Government and Non-ACT Government employees. Digital Solutions Support (act.gov.au)

CPHB Jira Assist Portal, available specifically for CPHB employees. CPHB IT Helpdesk - Jira Service Management (atlassian.net)

DDTS OneGov Portal, available for all ACT Government employees only. DDTS Home - Digital, Data and Technology Solutions (service-now.com)

An additional benefit of an integration between the services desk is the ability to share incident request types which will provide visibility with live updates.

Email
End users can also email any queries they may have to the following email addresses:

- DSS – Digital.Support@act.gov.au
- CPHB - helpdesk@calvary-act.com.au for ICT and Biomedical Device support
- CHS HTM - htm@act.gov.au

In Person/On behalf of
The Tech Bar will continue to run at CPHB, University of Canberra Hospital and Canberra Hospital for 2 hours each site at nursing handover time on Mondays, Wednesdays and Fridays. For requests that are made in person at the Tech Bar or just through site visits it will be the responsibility of the relevant support staff member receiving the request to transcribe this electronically into their request management application for appropriate record keeping.

Calvary Helpdesk complete 'Ward Walks' visiting areas across the Calvary Public Hospital Bruce to provide face to face support and assistance. A monthly rotating schedule is managed CPHB.

Canberra Health Services HTM provide front-line support to five critical care areas across the Hospital campus. In addition, staff can also seek face to face support from the HTM team where they are located in Building 3, Level 1 of the Canberra Hospital.

2. Support Integration Touch Points

It is envisaged that there will be a bi-directional integration established between DSD's Jira and CPHB Jira applications to enable an easy transfer of tickets between the two service desks including the need for Biomedical support at CPHB. There may also be opportunity for staff to rotate through different service desk areas to improve the integration between the support teams (i.e., 1-2 DSS Level 1 support team resources work from CPHB whilst 1-2 Calvary Level 1 support team resources work from the ACT Health DSS location).

Future scoping is currently underway to establish an integration between the DDTS ServiceNow and DSD's Jira to transfer several request types with the possible provision of building a specific Health portal in OneGov to link those requests directly into Jira.

DSD would also like to explore the feasibility to be able to establish a bi-directional integration with the CHS HTM application Mainpac if specialised support is required on Medical Devices.

3. Level 1 Support

Level one support will provide the first point of contact for ICT support across the Territory. Within the Territory wide support model there are a subset of level one support teams across various sites which include, Digital Solutions Support (DSS), Calvary Public Hospital Bruce ICT Team and Digital, Data and Technology Solutions (DDTS).

DSD and CPHB will work towards a model to have their level one support staff upskilled and cross trained to ensure their functions are interchangeable across both service desks within the appropriate scope.

The functions that will be undertaken by the level 1 support teams for DSS and CPHB ICT are outlined below:

- Initial triage of any request or incidents raised to the service desk
- Escalation to Level 2 or 3 support teams for specific application module support or technical infrastructure support
- First point of contact for users Epic/DHR issues
- Password resets
- Transcribing phone requests into Jira
- Basic troubleshoot of DHR end user devices (EUD)
- Build and deployment of additional end user devices including ongoing asset management

- Network Account Access (retrospective to each site)
- Legacy System Application Access
- Incident Management Communication
- Epic System Pulse Monitoring
- Other IT Service Management Level 1 functions applicable to each service desk in accordance with the ITIL Framework.

To enable the functions to be shared across the service desks the following documentation will be stored in DSD's Confluence which will be accessible to both sites:

- Build and /or Configuration specification for DHR End User Devices (EUD's) including:
    - Wristband Printers
    - Desktop Printers
    - Pharmacy Printers
    - Zebra Printers
    - Barcode Scanners
    - Bedside Mobile Workstation's (BMW's)
    - Computer on Wheels (COW's)
    - Clinical Work Devices (CWD's)
    - Mini PC's (SOE managed by DDTS)
    - Room Display Tablets
    - Tracking Boards
- User/Support guides for troubleshooting of EUD's as mentioned above
- Self-help user guides

Digital, Data and Information Solutions (DDTS) in addition to DSS and CPHB ICT teams are an escalation point for issues that are specifically managed an ACT Whole of Government solution. For example, Kronos, Integration, networks, whole of government external vendor support, etc. The triage process includes DDTS, and they are key stakeholders for DSS and CPHB escalations. Those Level 1 support functions currently provided by DDTS will remain the same in the future state. Please refer to internal DDTS documentation for further clarification on these processes as they will not be documented as a part of this framework (see link at Appendix A – DDTS request and support processes).

The applications used by CPHB such as Kronos, Riskman, etc are managed by the Little Company of Mary and remain external to the ACT Whole of Government services.

4. Level 2 Support

There will be application and infrastructure Level 2 support teams in place to assist with the support of the DHR ecosystem. The following teams will be in place to provide Level 2 support:

- ACTHD Application Support Team – This team will exist in the ACT Health DSD structure and will consist of functional teams that provide second level support to the DHR and related systems. These resources will be a combination of resources that are Epic certified in their assigned modules or will have system administration functions over the related system. All resources within this team will have NV1 clearance. The functional teams within this Application Support team are as follows:
    - Medications Hub – Responsible for Epic medication functions (Willow) as well as Pharmacy Inventory Management System (PIMS), iDose, Automated Dispensing Cabinets (Pyxis), Application components of Infusion Pumps (B-Braun), interactions with CBR Script
    - Clinical Applications Hub – Comprised of 2 sub-areas Inpatients and Ambulatory that are responsible for Epic modules used across inpatient and ambulatory settings (ClinDocs, ASAP, Orders, Bugsy, Behavioural Health, Bones, Beacon, Kaleidoscope, Ambulatory, Stork, Compass Rose, Wisdom, Patient Experience/ MyDHR, Community, small elements of Phoenix and Dorothy) as well as supporting Me@sals and MyMeal
    - Patient Administration Support (PAS) Hub – Responsible for Epic PAS functions (Cadence, HIM, Grand Central, Welcome, Sex Gender Names, User and Security) as well as Clinical Patient Folder (CPF), Telehealth, My Health Record, PBRC and Coding tools.
    - Diagnostics and Theatres – Responsible for Epic diagnostics and theatres functions (Beaker, Radiant, Lumens, OpTime, Cupid) as well as supporting Evolution (Blood Bank), IDIS PACS, Provation, Viewpoint, Breastscreen, PICS, T-Docs, ACTGAL LIMS and NDMS.
- ACTHD Technical Support Hub – Responsible for supporting and maintaining the server infrastructure and environment the Epic DHR system utilises as well as the front-end display level (ODB/ Environment, Hyperspace, Kiteworks, Haiku, Canto, Rover, Data Courier, Integration Engines (AETHER, Rhapsody, Bridges, third party engines), CapsuleTech, HL& Connect, Poccelerator. This team will also manage planned updates and upgrade processes. These processes are outlined in the DHR Environment Management document (see link at Appendix A – related documents – DHR Environment Management).

- CPHB ICT Level 2 Support Resources – The Calvary ICT team has Level 2 support structures for the Calvary network, Calvary desktops, other Calvary third party systems not in use across the Territory (Finance, HR etc) and Calvary packaging resources.
- DDTS Level 2 Support Resources – DDTS have the Level 2 support team for the ACT Gov network, ACTGov desktops, ACTGov packaging and Citrix teams, as well as other whole of government systems in use in Health outside of the DHR ecosystem (Finance, HR etc).
- Data and Reporting Level 2 Support –
    - ACTHD Future Capability and Governance Team – This team will exist in the ACTHD DSD structure and will consist of the Business Intelligence and Data Resources that can provide second level support for the Territory wide data and reporting requirements from the DHR and related systems.
    - CHS Business Intelligence team – This team will exist in the CHS eHealth and Informatics structure and will consist of the Business Intelligence and Data Resources that can provide second level support for the CHS data and reporting requirements from the DHR and related systems.
    - CPHB Business Intelligence Team - This team will exist in the CPHB BI Team structure and will consist of the Business Intelligence and Data Resources that can provide second level support for the CPHB data and reporting requirements from the DHR and related systems.

Level 2 support teams will provide expertise in their areas to troubleshoot DHR and related systems issues and incidents but will also perform the work on the optimisation lists against the prioritisation given through the ongoing BAU DHR and related systems governance structures (see Governance and Optimisations and Enhancements sections in this Framework document.

5. Level 3 Support

There will be multiple third parties involved in providing Level 3 support to the DHR and related systems. The Solutions Contract section of this Framework will summarise information for these third parties and will link to relevant information on each.

As Epic is providing the application support for the DHR system and NTT are providing the fully hosted solution for the Epic DHR system, the high-level outlines of those support processes are included in this section below.

6. Reporting

A monthly Digital Solutions Performance Report will be produced and distributed across the ACT public health system through a range of governance forums. The report aims to inform our colleagues and stakeholders of the performance across the division and provide visibility and transparency on key pieces of work. Areas covered in the report include:

- Service Metrics (including incident management and change management).
- Projects and Program progress updates.
- Cyber Security.

a.) Epic DHR Support –

The Support Services Epic provide to ACT Health is outlined in the Contract with ACT Government.

As a high-level overview, Epic will provide ACT Health the following support services:

- System Maintenance
- System Updates
- System Monitoring
- Issue and Problem Management
- Consultation and technical assistance (Level 3 and Level 4)
- Third Party Software and Data
- Continuous Improvement
- Ongoing End-User and Team Training
- Oversight and Escalation

Epic provide ongoing Support Services available through daytime hours and 24/7 for urgent issues. ACT Health are responsible for providing Level 1, Level 2 and some of Level 3 support services, with Epic providing all Level 3 and Level 4 Support Services that ACT Health is unable to provide.

Support Hours

Daytime	7:00am to 8:00pm Australian Eastern Standard Time (AEST) or Australian Eastern Daylight Savings Time (AEDST) on Business Days. Contact: General telephone number +011-608-271-9000.
Night- time	Times outside the Daytime Support Hours

Incident Resolution

If an incident occurs that cannot be resolved by Level 1 or Level 2 support relating to Licensed Software, the incident must be reported to Digital Solutions Support as a point of escalation if it hadn't been done so already. The incident is referred to the ACT Health DHR Support Team and then directed to Epic for Level 3 and Level 4 support if required.

Critical Incident Response

All critical incidents (those considered a Priority 1 and 2) are directed to Epic support staff through the 24/7 contact number. Epic will begin troubleshooting the problem immediately and will work with the Territory to identify a reasonable workaround as soon as possible. ACT Health are required to report suspected Severity Level 1 and Severity Level 2 errors by telephone.

Severity Level	**Definition and examples**
Severity Level 1:	A type of Substantive Program Error that: • renders the entire Licensed Software or a significant Item of the Licensed Software inoperative; • causes the Licensed Software or a key Item to fail catastrophically, causes loss of important data or damages such data integrity; • prevents access to electronic patient records by a critical segment of the Territory's operations (e.g. operating rooms or emergency departments) or a large portion of users; or • adversely impacts patient care in a manner that is likely to cause patient bodily harm.
Severity Level 2:	A Substantive Program Error that does not rise to the level of a Severity Level 1 Program Error but causes material degradation in user workflow efficiency or effectiveness, such as inability to access historical patient data, or inability to enter new diagnostic and mediation orders, or the unavailability of material functionality to deliver safe patient care or core business operations (e.g., registration, billing, lab results).
Severity Level 3:	Program Errors that are not Severity Level 1 or Severity Level 2 Program Errors.

Response Times

Severity Level	**Response Time**
Severity Level 1	Epic will acknowledge the Program Error report as soon as possible, but in any event within thirty (30) minutes, initiate action immediately thereafter, and diligently work to provide a Reasonable Workaround or correction of any Program Error discovered.
Severity Level 2	Epic will acknowledge the Program Error report within one (1) hour, initiate action as agreed to between the Territory and the Supplier's technical services representative, which shall normally be within four (4) hours unless the Territory otherwise agrees, and diligently work to provide a Reasonable Workaround or correction of any Program Error discovered.

Severity Level	Response Time
Severity Level 3	The Supplier will typically acknowledge the Program Error report within one (1) business day and initiate action and work to provide a Reasonable Workaround or correction of any Program Error discovered if appropriate in light of the nature of the problem. Typically, corrections for Level 3 Program Errors will be provided only in future releases of the Licensed Software.

Expected Resolution Times

Severity Level	Resolution Time
Severity Level 1	For any Severity Level 1 Program Error, within twenty-four (24) hours, excluding time where the Supplier is waiting for the Territory to provide or approve access into the Territory's systems containing the Licensed Software
Severity Level 2	For any Severity Level 2 Program Error, within forty-eight (48) hours, excluding time where the Supplier is waiting for the Territory to provide or approve access into the Territory's systems containing the Licensed Software
Severity Level 3	For any Severity Level 3 Program Error, by the date the parties mutually agree is appropriate in light of the nature of the issue, which may include providing the correction in a later release of the Licensed Software.

If a Reasonable Workaround or correction is not available for a Severity Level 1 Program Error within two (2) hours or Severity Level 2 Program Error within four (4) hours of the Supplier acknowledging the issue, upon the Territory's request the Supplier will immediately thereafter assist the Territory in providing access to Business Continuity Access (BCA) or Supports Read-Only (SRO) functionality to the Territory's end-users as such functionality.

Escalation Pathways

The escalation path for issues in relation to the Support Services is outlined in Schedule 3 of the Epic/ ACT Government.

Reports

Epic provides a quarterly maintenance report that shows how well the Licensed Software is working for the Territory and tracks successes relative to project milestones for the past quarter. This report also outlines areas of potential improvement and recommendations where the Territory can focus in the upcoming quarter based on key performance indicators and benchmarking data.

Governance

Epic Technical Services Staff and application and technical resources within ACT Government will meet at least weekly to review open issues and work together on open tasks.

b.) NTT Hosted Environment Support -

NTT Australia Pty Ltd (NTT) provide the hosting services and managed infrastructure platform and ICT service delivery for the Digital Health Record and Related Systems (also known as the ACT Health Enclave).

The support services provided by NTT are detailed in the ACT Health Directorate Operations Manual (currently in draft). This procedure manual outlines the 24x7x365 support model including the service levels and end-to-end process maps to maintain 99.99% system availability. This manual is a living document which is updated every 6 months to reflect changes to services or resources.

NTT Service Desk

The Service Desk provides a single point of contact for all authorised users, and manages all incidents, problems, access, and service requests. The service desk also provides an interface for all other service operation processes and activities. Service Requests are handled by NTT as a separate work stream from incidents.

Support Hours

NTT's hours of operations for services and related processes are Monday to Friday, Business Hours (8:30am – 5:30pm), with a few of these services operating 24 hours from Monday to Sunday. These services include:

- Service Desk
- Availability Management
- IT Service Continuity Management
- Service Operation – including Event and Incident Management

The Service Desk is contacted through:

Phone	1800 016 397
Email	au.acthealthservices@global.ntt

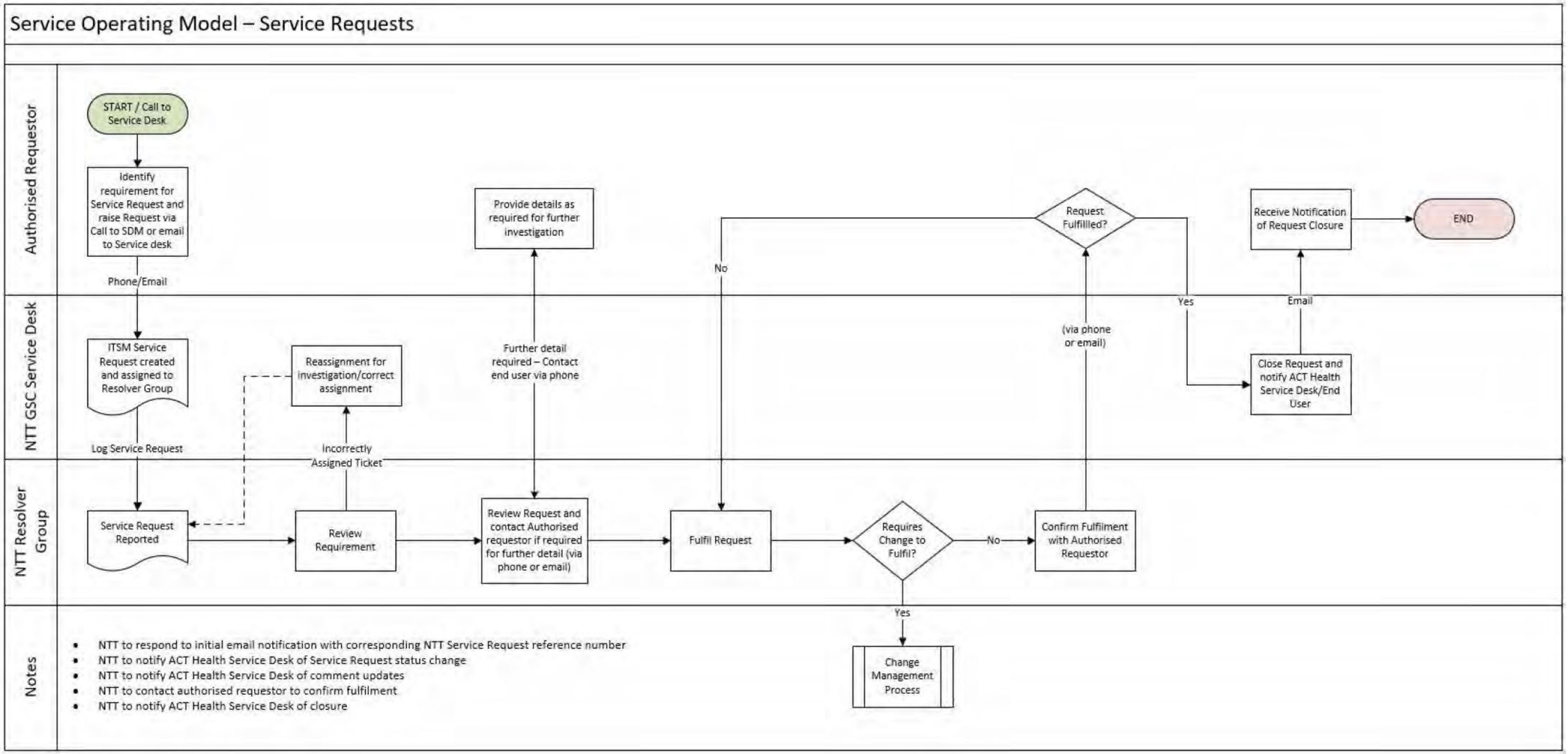
Creating an NTT Service Desk Ticket

Email (P3 -P4 issue)	Telephone (P1 -P4 issue)
• Create new email • Provide Contact Number • Subject line should read "ACT Health" – (Issue/Request detail). • Provide as much detail as known about the request/issue • Assign a Priority Level	• Confirm you are calling from the ACT Health Directorate • Provide Full Name and Contact Number/ Email • Provide the operator with a short description of the issue/request • Provide Contact Number • Assign a priority Level (if this is a P1 or P2, the NTT Service Desk will contact the Service Delivery Manager to confirm before creating the ticket).

Raising an Escalation

Priority 1 or Priority 2 incidents should be completed through contacting the NTT Service Delivery Manager.

NTT - Service Operating Model – Service Requests Process Map



NTT - Service Request Fulfilment – RACI Model

Deliverable	Task/Activity	ACT HealthDirectorateEnd User	ACT HealthDirectorate Engineer	ACT HealthDirectorateIT Change Manager	ACT HealthDirectorateIT Manager	NTT ServiceDesk	NTT Engineer	NTT CSOC Team Lead	NTT ClientDelivery Director	NTT ChangeManager
Service Request Creation	Requirement Identified - Log Request	*								
	Obtain Approval	R			A					
	Categorise and Prioritise Request	I			A	R				
	Perform Initial Analysis	C			A	R				
	Functional Assignment to Fulfilment Group	I	C I		A	R				
Request Fulfilment	Validate & Accept Request					R		A		
	Categorise and Prioritise Request					RA	C			
	Functional Assignment to Fulfilment Group					R	C	A		
	Accept Request					I	R	A		
	Perform 2nd level Analysis and confirm requirements with owner					C I	R	A		
	Agree Solution & Delivery Expectation				I	C	R	A	C I	
	Begin Request Fulfilment					C	R	A		
	Requires a Change to Deliver			C		I	R	A		RC
	Update Service Request		R				R	A		
Request Delivery	Create Change			I			R	A		C
	Deliver Solution and verify Delivery					C I	R	A		I
	Confirm if delivery has fulfilled requirements with ACT Health Directorate			I		CI	R	A		I
	Contact Owner to Confirm Delivery		C		C	I	R	A		
	Confirm delivery with End User	C	R		A	RI	I	I		
	Complete Service Request Documentation & relate request to CI					I	R	A		
Request Closure	Confirm Request Quality					CI	R	A		
	Close Request					RI	I	A		
SLA Escalation	Check for Imminent Escalation					RC	R	RA	I	
	Start activities against imminent SLA breach	C				CI	R	AI		
	Inform Request Owner proactively					I	R	A		

NTT Incident Management

If the incident relates to NTT managed system or NTT vendor managed system, NTT will take control and contact vendor at point of escalation.

If the incident relates to ACT Health vendor managed system, then ACT Health will make contact.

The Post Incident Review (PIR) and corresponding Root Cause Analysis (RCA) if identified, will be presented at the ACT Health change control board by the Service Delivery Manager.

Reporting

NTT will provide standard and ad-hoc reports on the operation, delivery, and management of the Services, including:

1. Account Management
2. Operational Reporting – including incident, problem, and change reporting
3. Service Level Reporting – monthly report for the Territory to assess performance against the Service Levels.

Refer to the ACT Health Directorate Operations Manual for further information,

NTT Patching Schedule current as of October 2022

Non- Production / Test/ Development

OS – Primary Cycle -- Wednesday after second Tuesday of each month 10pm-6am

- Non redundant - 10pm-2am
- Redundant group 1 - 10pm-2am
- Redundant group 2 - 2am-6am

OS – Secondary Cycle -- Thursday after second Tuesday of each month 10pm-6am

- Non redundant - 10pm-2am
- Redundant group 1 - 10pm-2am
- Redundant group 2 - 2am-6am
- To be used to repatch any systems which failed the previous night.

Non prod application (Edge) - Wednesday after second Tuesday of each month

- 8am-12pm

Production

OS – Primary Cycle - third Tuesday of each month 10pm-6am & secondary window a week later

- Non redundant 10pm-2am
- Redundant group1 - 10pm-2am
- Redundant group2 - 2am-6am

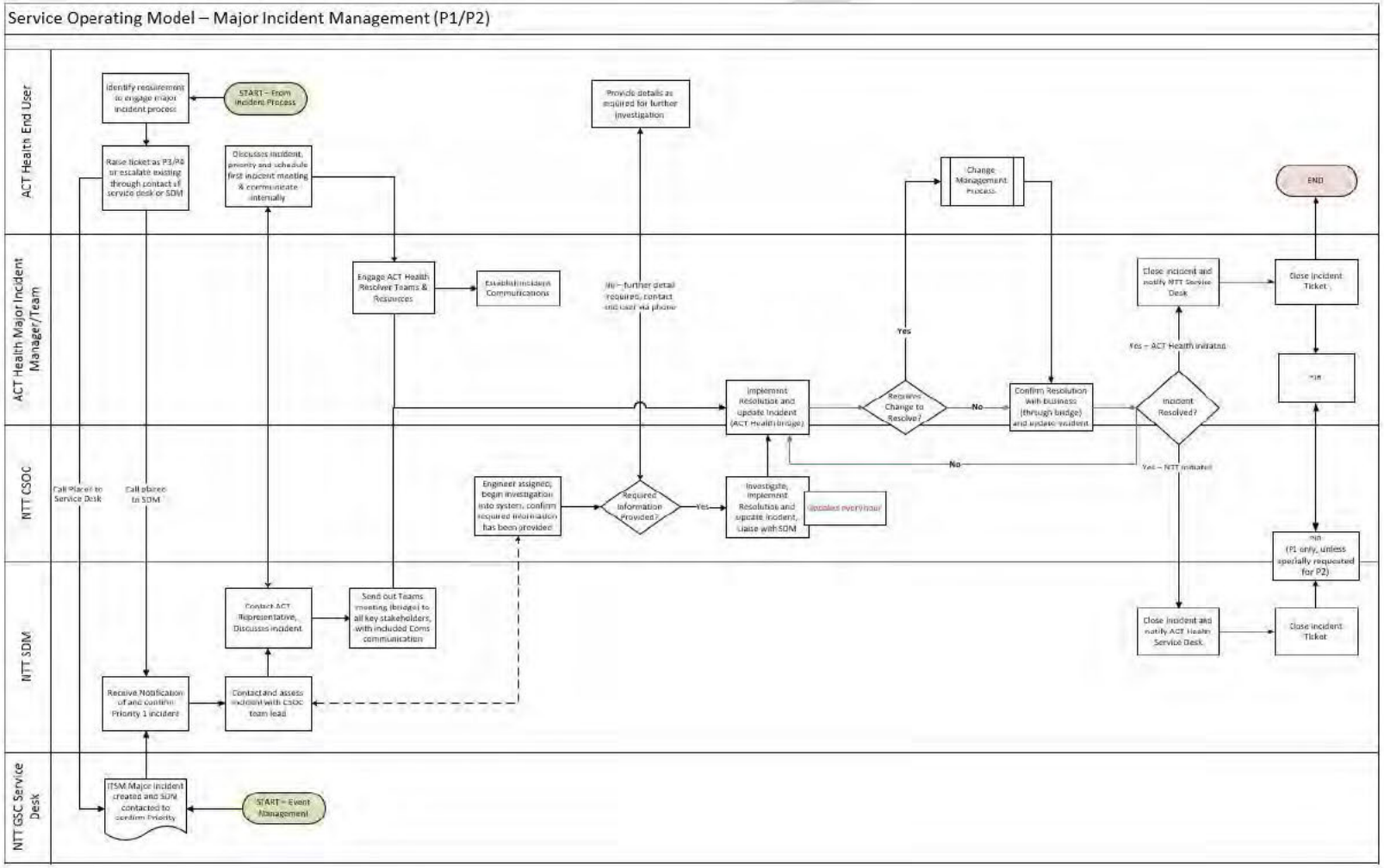
OS – Secondary Cycle – Wednesday after third Tuesday of each month 10pm-6am & secondary window a week later

- Non redundant 10pm-2am
- Redundant group1 - 10pm-2am
- Redundant group2 - 2am-6am
- To be used to repatch any systems which failed the previous night.

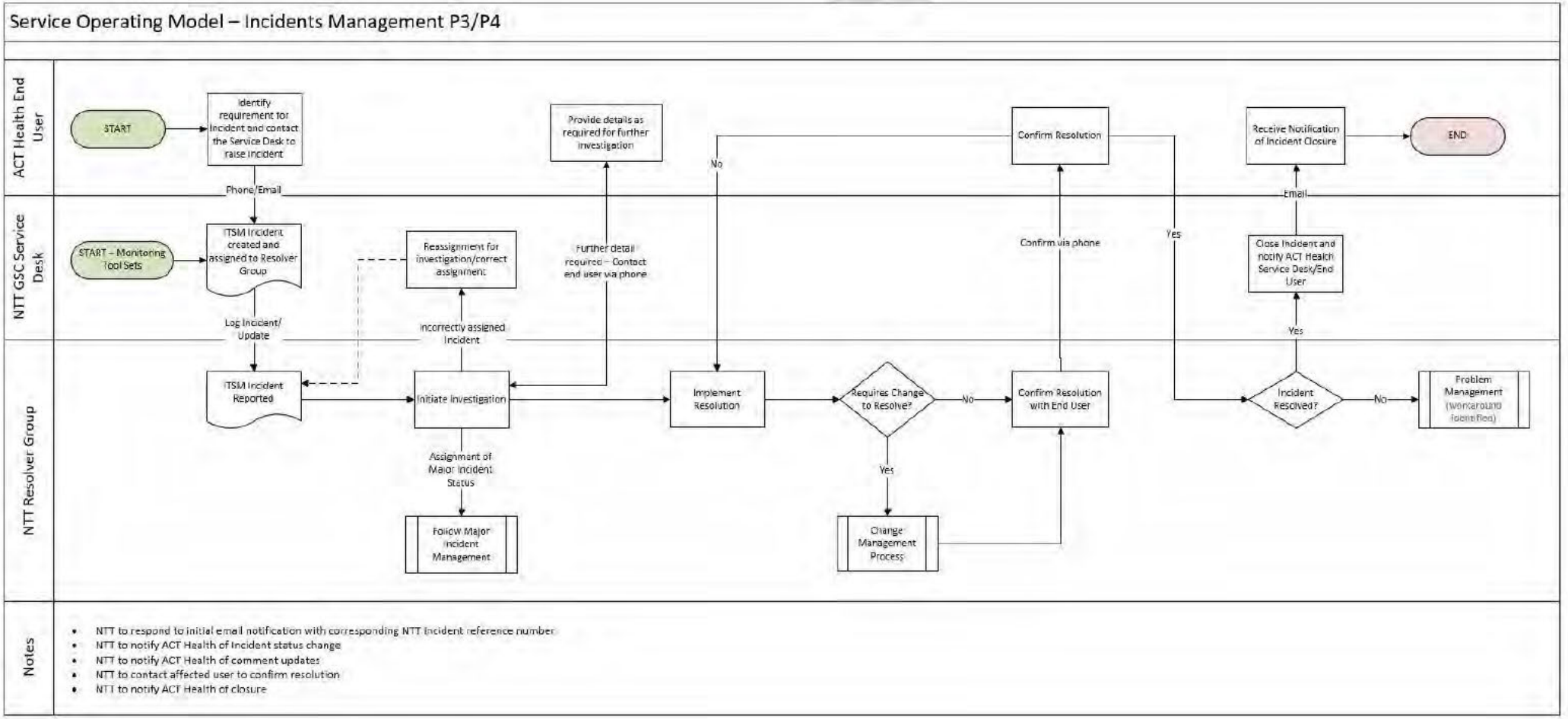
Prod application (Edge) – Monday before third Tuesday of each month

- 10pm-2am

NTT Major Incidents Process (P1/P2)



NTT Moderate/Minor Incidents (P3/P4)



NTT Priority Definitions and Timeframes for responses and

Priority Level	Definition
P1 Critical	▪ The Service is unavailable for access by the Territory, is inoperable or unable to perform vital functions and will result in: 1) the cancellation of frontline clinical or associated support services, or 2) Cause significant delays to the provision of frontline clinical and/or associated support services that result in a greater than 10% increase in wait and/or treatment times. These are problems identified as critical by the user as well as problems that completely prevent normal use of the system. Thiswill include problems that pose a potential risk to patient care and/or staff safety.
P2 Urgent	▪ The Service is causing errors that have: 1) a clinical impact on the Territory or users of the Service but which may be worked around, or 2) if the Service is operational,but there is a substantial degradation in the performance of the Service or regular function is severely hindered with frontline clinical and/or associated support servicesdelayed by more than 15% on average times. These are problems that severely limit normal use of the Service. This may include problems that pose a potential risk topatient care and/or staff safety.
P3 Medium	▪ The Service is operational, but there is a degradation in the performance of the Service or regular function is hindered or the Service is causing errors that have a clinicalimpact on the Territory or users of the Service but which can be worked around with minimum disruption to work practices.
P4 Low	▪ The Service is operational, but there is a minor degradation in the performance of the Service or there are issues with the Service which have a minor impact on workpractices.

Resolution

All incidents in the review period are responded to and resolved by NTT within the timeframes set out below:

Priority	Response Time	Resolve Time
Priority 1	Thirty (30) minutes	Two (2) hours
Priority 2	Sixty (60) minutes	Eight (8) hours
Priority 3	Two (2) hours	One (1) Business Days 90% of the time
Priority 4	Two (2) hours	Scheduled for preventative maintenance patch or future release in a timeframe agreed with the Territory 90% of the time.

The acknowledgement method for Priority 1, Priority 2 and Priority 3 incidents must be via email, text or telephone call from an individual (non-automated). Acknowledgement of Priority 4 incidents may be an automated response from a ticketing system.

The "response time" is calculated as the total time:

1. From the incident creation date and time stamp in the supplier's service management system
2. To the date and time stamp in the supplier service management system indicating a support engineer has commenced work on the incident.

The "resolution time" is calculated as the total time:

1. From the time the incident creation date and time stamp in the suppliers service management system to the incident resolution date and time stamp in the suppliers service management system.

NTT Governance

Service Meeting	Frequency	Meeting details	Chair	Representatives
Executive Forum	Half Yearly	Meeting to review relationship health, overall Service delivery performance,Project delivery performance and business and IT objectives for the upcoming period.	NTT Account Manager	ACT Health Directorate CIO Infrastructure and Support Manager NTT ACT Branch Manager and/or General Manager of Health Sector Account Manager Client Delivery Director
Service Delivery Review Meeting	15th NTT Business Day of each month	Meeting to review the Service performance report. Representatives includeACT Health Directorate service management and operations managementPersonnel from NTT and ACT Health Directorate	NTT Service Delivery Manager	ACT Health Directorate Infrastructure and Support Manager Operations Manager NTT Service Delivery Manager
Change Advisory Board Meeting	Weekly	Meeting to review both moderate and major changes presented by NTT. Representatives include NTT change manager and engineer(s) representingindividual changes seeking approval.	ACT Health Directorate Change Manager	ACT Health Directorate Change Manager Operations Manager NTT Service Delivery Manager Change Technical Lead
Commercial Review Meeting	Monthly	Meeting to review NTT invoice for the period. Representatives include commercial management and billing administration Personnel from NTT andACT Health Directorate	NTT Client Delivery Director and Account Manager	ACT Health Directorate Infrastructure and Support Manager Commercial/Billing Manager NTT Client Delivery Director

7. Business Criticality Summary for Support – ACT Government

ACT Health Directorate Business System Criticality Summary					
Criticality	Description	Characteristics	Typical Impact	Examples	Recommended Cloud Service Levels
1. Government Critical	A Government Critical servicerequires continuous availability. Breaks in service are intolerable and immediatelyand significantly damaging. Availability required at almostany price.	Life threatening, impact on public safety, law and order, potential forsignificant financial loss. Underpins and dependencies withother services. Typically, live transactions wherean hour of lost data can be highimpact.	Potential risk of loss of life andthreat to public safety. Potential impact to other Business Critical services.	Medical imaging and pathology services, Emergency Services computer aided dispatch, Rego ACT, Government receipting and payment services.	Uptime: >99.9% RPO: <15 minutes RTO: <15 minutes
2. Business Critical	A Business Critical service requires continuous availability, though short breaks in service are not catastrophic. Availability required for effective business operations.	External customers of the Government are direct users of theservices. Indirectly affects revenue generation and may prevent collection of revenue.	Long-term outage may significantly reduce the abilityto deliver efficient service to the external customers of the Government. Long term outage may significantly impact day to daygovernment and directorate operations.	Medical appointment services, directorate websites, building approvaland rate collection services	Uptime: >99.9% RPO: 1 hour RTO: 2 hours

3. Business Operational	Business Operational servicescontribute to efficient business operations but are out of direct line of service to customers.	Directorate internal users only.	Reduced efficiency and increased cost of operations.	Directorate intranets and document management and collaboration services.	Uptime: >99.5% RPO: 2 hours RTO: 4 hours
4. Administrative Services	Administrative services arerequired for business to operate. Failures are undesirable but do not impact customers andcan be tolerated.	Directorate internal users only.	Reduced individual performance and productivity.	Administrative services applications and office productivity tools.	Uptime: >99% RPO: 4 hours RTO: 24 hours

	Incident Response Times				Resolution Time			
Criticality	P1	P2	P3	P4	P1	P2	P3	P4
1. Government Critical	30 mins	1 hour	2 hours	1 Bus Day	<15mins	8 hours	1 bus day 90% of time	5 Bus Days Fixed within agreed scheduled timeframe 90% of time
2. Business Critical	30 mins	1 hour	2 hours	1 Bus Day	2 hours	8 hours	1 bus day 90% of time	5 Bus Days Fixed within agreed scheduled timeframe 90% of time
3. Business Operational	1 hour	2 hours	4 hours	1 Bus Day	4 hours	8 hours	1 bus day 90% of time	5 Bus Days Fixed within agreed scheduled timeframe 90% of time
4. Administrative Services	1 hour	2 hours	4 hours	1 Bus Day	24 hours	5 Bus Days Fixed within agreed scheduled timeframe 90% of time	5 Bus Days Fixed within agreed scheduled timeframe 90% of time	5 Bus Days Fixed within agreed scheduled timeframe 90% of time

8. ACT Government Priority categories

		Urgency		
		High	Normal	Low
Impact	Major	1 – Critical	2 – High	3 - Medium
	Significant	2 - High	3 – Medium	4 – Low
	Minor	3 – Medium	4 – Low	4 – Low

Impact

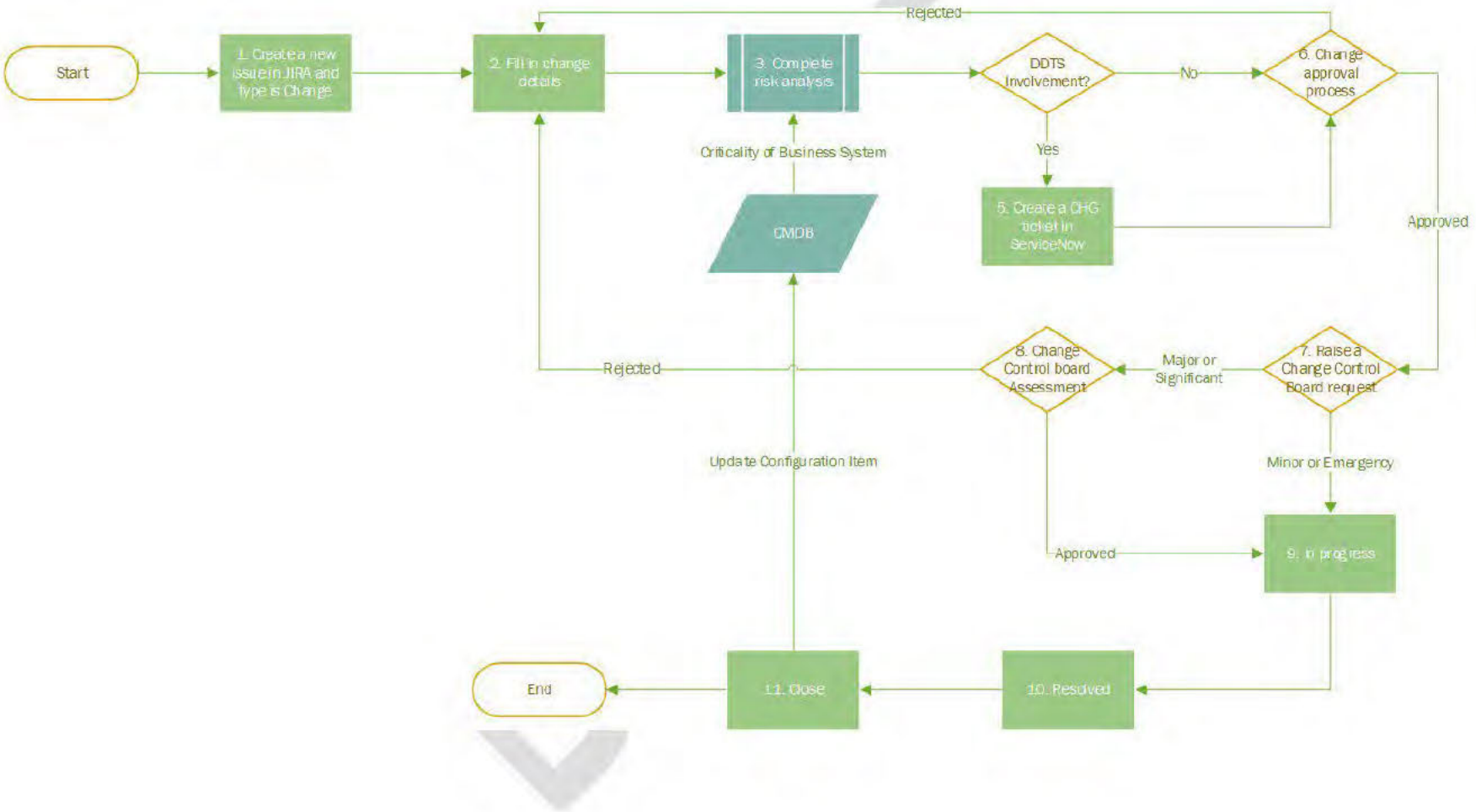
Priority	Definition	Description
1	Major	Unavailability of service(s) that stops critical business functions, many users are affected
2	Significant	Partial impact to critical services that stops or limits a business function
3	Minor	Unavailability of non-critical services, or requests, scheduled or planned work. Single user Incidents or requests

Urgency

Priority	Definition	Description
1	High	Critical problem that is high risk to the business (credibility) and no workaround is available
2	Normal	Serious problem that is medium risk to the business (potential to escalate if no action is taken in a given timeframe) and no workaround is available
3	Low	Limited problem that is low risk to the business and where a workaround to the ncident exists or a resolution is imminent

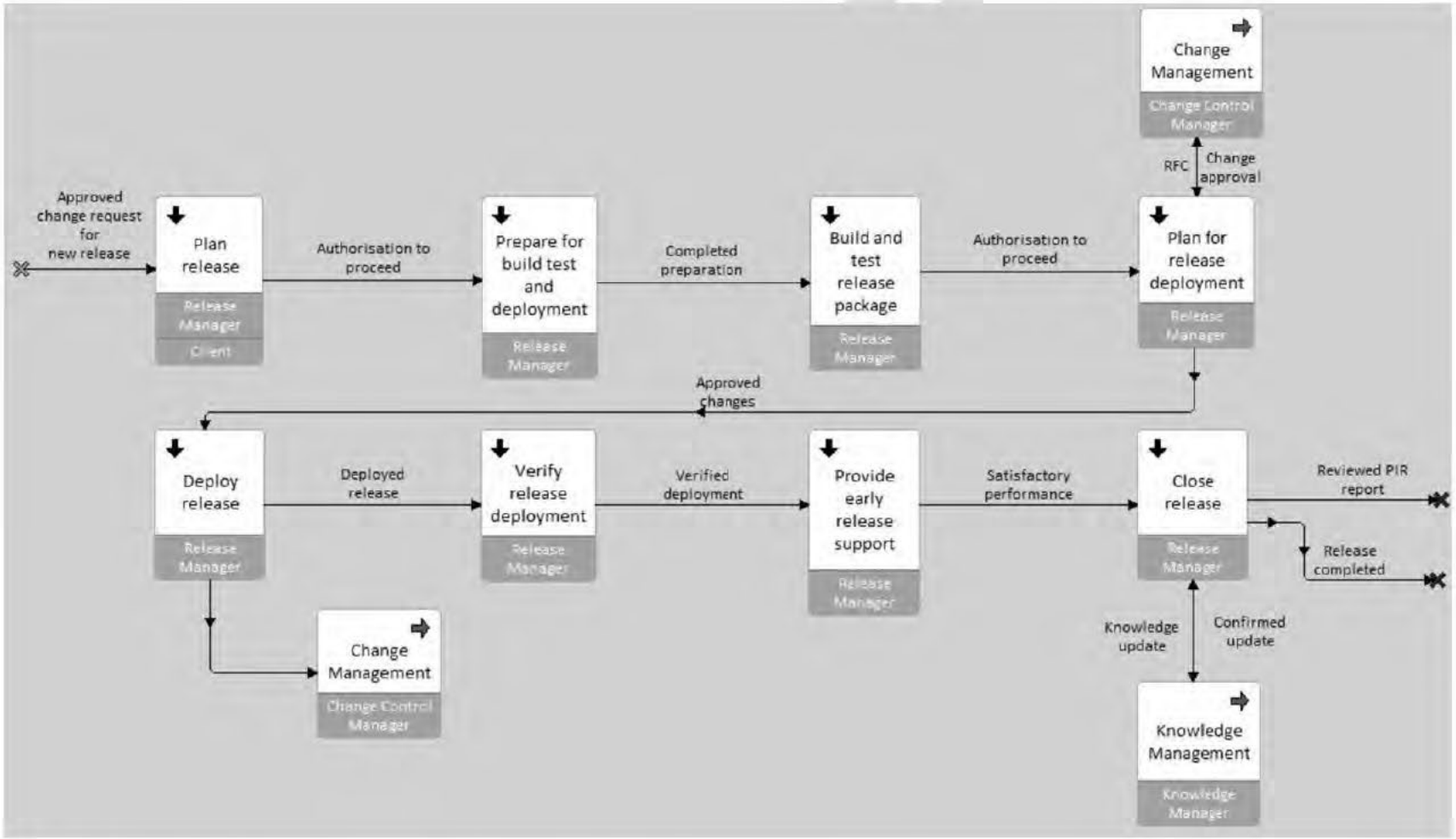
9. ACT Health Change Management Processes

These will follow ACT Health Change Control Board (CCB) Processes and ACT Government Change Advisory Board (CAB) Processes. There is also a proposed update, release and upgrade process documented for planned changes.



10. ACT Health Release and Deployment Management

Management plans, schedules and controls the deployment of CI operating system updates and upgrades and/or CI changes in a release package in a proactive manner.



11. Biomedical Support

Canberra Health Service Healthcare Technology Management

Healthcare Technology Management (HTM) is responsible for all aspects of management of medical devices and systems as defined by the therapeutic Goods and administration (TGA) for therapy, diagnosis and treatment of patients. The department role is to be a subject matter expert all matters healthcare technology for medical and nursing staff of CHS. The department keeps up with national and international standards through subscriptions and membership to national committees on behalf of CHS. This can be in the form of advice on projects, legislative requirements, Patient safety issues, electrical safety of patient treatment areas and partnership with local universities through clinical placement program. The department covers all CHS sites and programs such as community health centres, UCH, and CovidCare@Home.

The scope of services provided by HTM include:

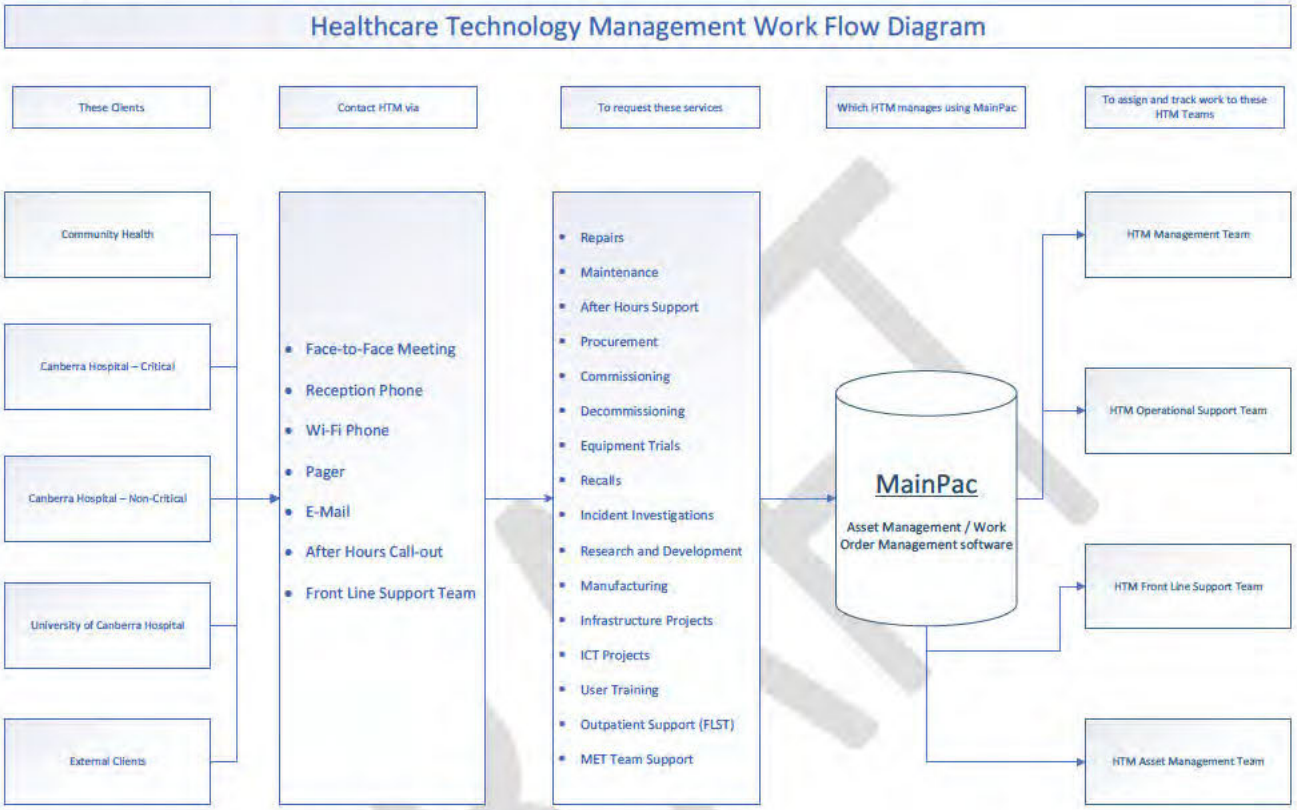
- Commissioning, repairs, maintenance and decommissioning of medical devices and systems
- Maintaining PM on all medical devices and systems as planned
- Management of Healthcare Technology Advisory Committee (HTAC) meetings and processes
- Development of technical specifications and assessment of Healthcare Technology as necessary for relevant procurement activities
- Recall management and corrective notices on medical devices
- RISKMAN incident investigation related to medical devices, including Medicolegal support
- Clinical Asset Register development and maintenance
- Assessment of the maintenance strategy and recommendations on appropriate service contracts or inhouse training of staff
- Management of clinical IT networks
- Training and support to clinical staff by HTM front line support staff
- Clinical placement of Engineering students
- Manufacturing and development of products where a commercial product is not available. Such as devices for clinical trials, modification of MET trolleys, 3D parts for theatre tables. etc.
- Providing advice and technical support to all Capital Works and ICT projects (including DHR and CSB)

In addition to this HTM have front line support teams in 5 critical care areas at the Canberra Hospital imbedded in

- Theatres (OR)
- Intensive Care Unit (ICU)
- NICU
- Maternity and Paediatrics
- ED

All service requests made to the HTM team are recorded through their internally managed application MainPac for record keeping.

CHS HTM Workflow



DSD Biomedical Support

There will be a dedicated biomedical system administrator within the ACT Health Directorate DHR team who will provide biomedical support across both CHS and CPHB to ensure that all medical device middleware is working appropriately and provide support to the CHS HTM and CPHB biomedical teams. The system administrator will be responsible for providing support for the following devices:

- Capsule Axons and Neurons.
- Integrated products including Philips IBE.

The management and ownership of Axons and Neurons devices sits with the ACTHD.

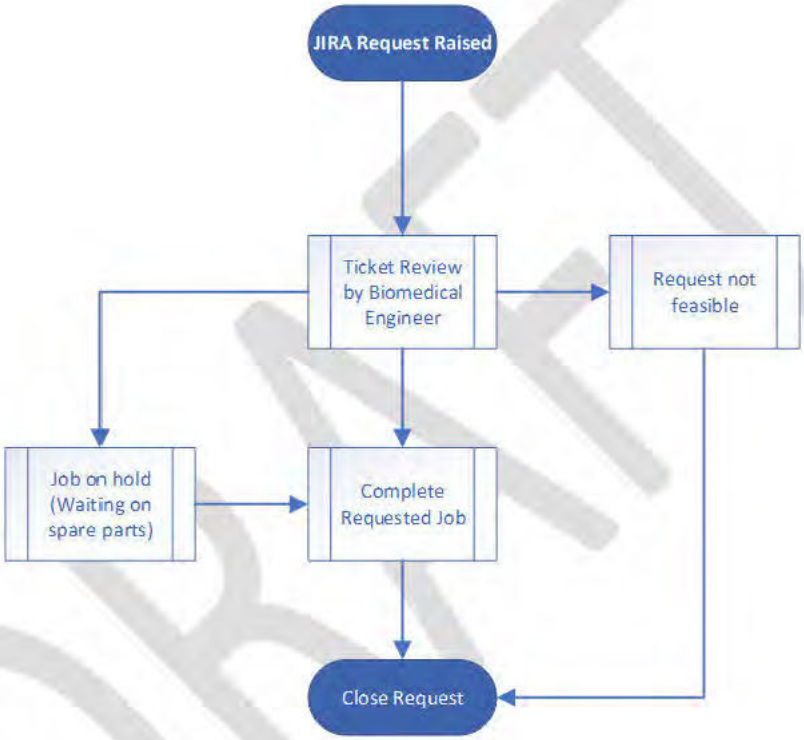
Calvary Public Hospital Bruce Biomedical Support

Request Overview

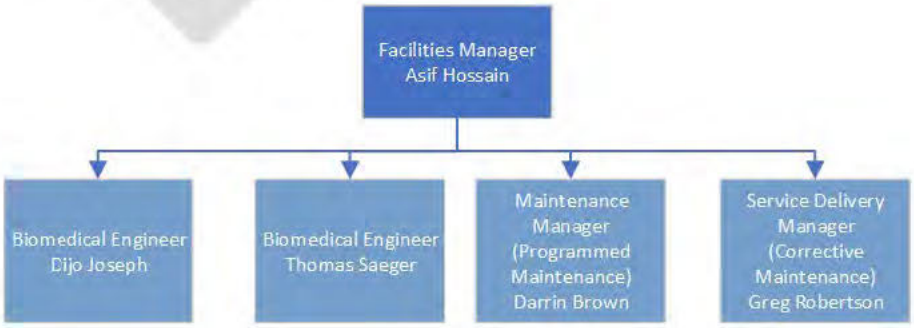
Request for Programmed and Corrective maintenance will come through the Calvary Public Hospital Bruce's Jira application.

These requests will include new equipment installations, recalls of medical devices and equipment, testing loan equipment and disposals.

All incoming requests will be reviewed by the CPHB Biomedical Engineer's for completion of the request.



Calvary Public Hospital Bruce Management Structure



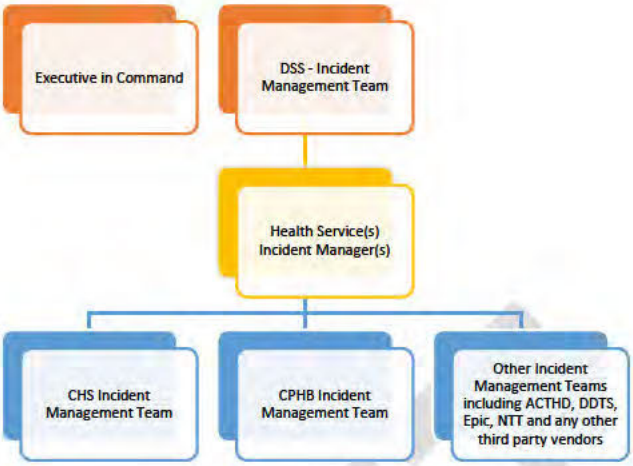
12. DHR Escalation Matrix – Incident Management

During business hours all unplanned DHR events will be co-ordinated under the DSD Incident Management Team (DSD-IMT). DSD-IMT will inform the appropriate teams including:

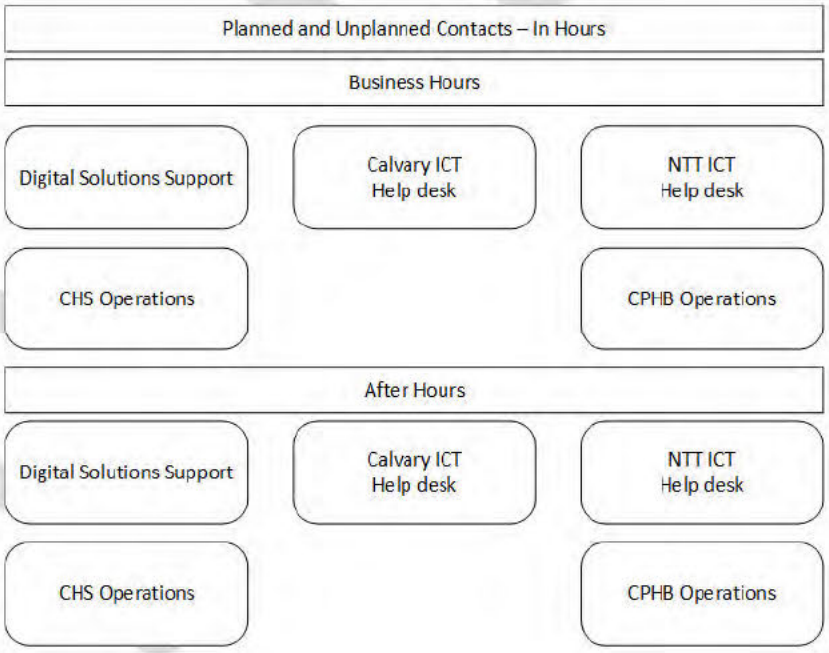
- ACT public health services Supervisors
- DDTS
- Both Hospital Switchboards
- Calvary ICT Manager and help desk
- ACTHD CIO
- CHS CIO
- Both Hospital Commanders
- Both Hospital Emergency Management Coordinators of the incident.
- CEO CHS, GM CPHB, DG ACT Health (if required)

When a critical function meets or exceeds its Maximum Acceptable / Allowable Outage (MAO), the Business Continuity Plan will be enacted.

DHR and related systems Escalation Matrix



Planned & Unplanned Communication Contacts



13. DSD Incident Management – Business Hours Incident Process

Incidents can be identified as a system or service that has stopped working as intended. This can be, for example, as simple as a System freezing e.g., DHR or third-party system freezing, to complete service failure e.g. Datacentres falling offline.

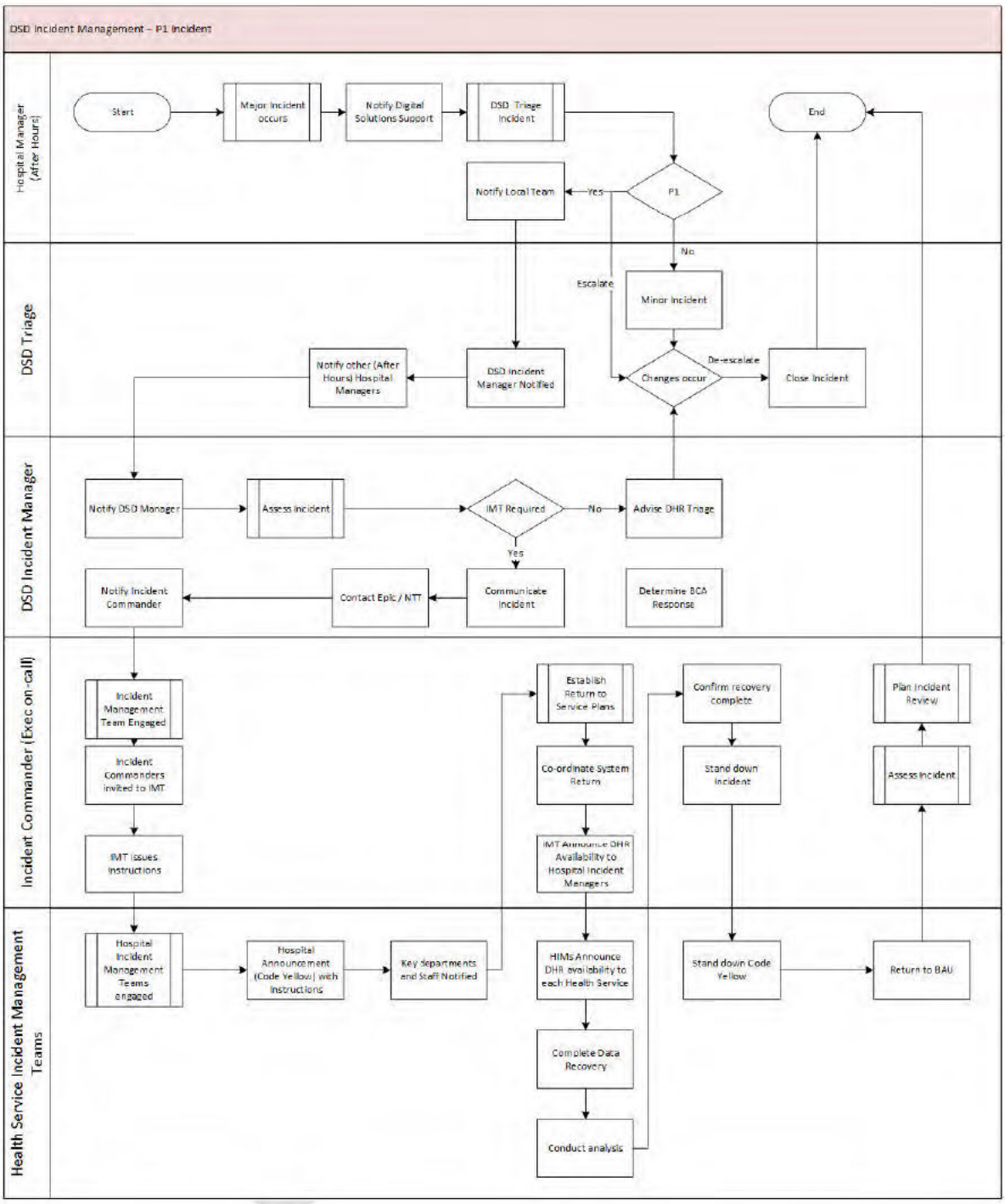


Figure 2 – Priority 1 Incident Management Flow Diagram

Territory wide Level 1 support resources

1. An Incident is reported through any of the entry points listed above
2. Investigations are performed by the support resources responsible for the multiple entry points
3. The Report an Issue template is selected in the Jira Portal, the support resource starts to write down description of the issue, noting users/assets affected, troubleshooting completed and points of contact.
4. Incident is saved, a Jira ticket is generated.
5. Incident ticket is sent to the appropriate L2 support team, noting if the issue is affecting multiple staff.
6. If affecting multiple staff, the support resource will contact either a Team Leader to pass information along or will contact the Incident Manager themselves asking for a raise in priority.
7. If reasoning is sufficient, the DSD Incident Manager will raise priority, and liaise with L2 to raise Opsgenie alert and have issue resolved ASAP.

Multiple Level 2 or Level 3 teams

1. Incident is found by level 2 or level 3 support staff (application, technical or vendor staff)
2. Jira Incident ticket is raised, and a ServiceNow ticket logged to DDTS or NTT if resources are required to troubleshoot/ assist.

OR

1. Incident is received from L1 regarding an Issue
2. Issue is triaged by the relevant L2/L3 support resources
3. If Issue is affecting multiple users or has a potentially large impact, the DSD Incident Manager is contacted.
4. DSD Incident Manager to approve case for escalation and Priority and raise Opsgenie alert in the process.
5. L2/L3 staff to provide updates to the DSD Incident Manager in real time.
6. DSD Incident Manager to update Opsgenie alerts whenever any meaningful progress or information is made.
7. L2/L3 to close the Incident once the issue is resolved.
8. DSD Incident Manager will close Opsgenie alert and mark as resolved.
9. If P1/P2, then incident owner needs to create a Post Incident Report and deliver it to DSD Incident Manager as soon as possible.

DSD Incident Manager

1. Call/message received from L1/L2/L3 regarding potential major incident.
2. Incident Manager to liaise and diagnose priority based on potential impact, actual impact, severity, and importance of application affected.
3. Advise of Priority and raise an Opsgenie alert.
4. Have L2/L3 raise a ServiceNow ticket if required and escalate that incident via the DDTS/NTT Incident Channels.
5. Ensure that Stakeholders and affected parties are advised of outage. Give Master Incident ticket to L1 for visibility.
6. Liaise with L2/L3 to ensure that communications are being maintained via Opsgenie alerts and updates in tickets.
7. Once an Incident is resolved, ensure that the Incident Owner provides a Post Incident Report.
8. Review the Report and send back for more information if required.

14. DSD Incident Management – Out of Hours Process

Out of Business Hours for Digital Solutions is 5pm (17:00) to 7am (07:00) the next day.
During this period, escalations for incidents are handle by the DSS Team Leaders which will follow the same process as above in the DSD Incident Manager section.
A Senior director on-call roster is also in place as an alternate backup to ensure appropriate escalation pathways are available.
Territory wide Level 1 support resources

1) An Incident is reported through any of the entry points listed above
2) Investigations are performed by the support resources responsible for the multiple entry points
3) The Report an Issue template is selected in the Jira Portal, the support resource starts to write down description of the issue, noting users/assets affected, troubleshooting completed and points of contact.
4) Incident is saved, a Jira ticket is generated.
5) If Incident needs escalation, contact on-call DSS Team Leader for escalation and/or priority shift.
6) Once approved, raise an Opsgenie if raised to a P1/P2. Contact L2/L3 to handover ticket.
7) Advise client that incident has been escalated to L2 and to await further instruction.
8) Once L2 has resolved issue, advise the DSS Team Leader on shift.

Multiple Level 2 or Level 3 teams

- Call received from Level 1 support resources advising that an Incident has occurred and has been approved by DSS Team Leader for escalation
- Relevant Level 2 team (application, infrastructure, CPHB or DDTS) to be handed job number and Opsgenie alert, if an alert was required.
- Triage and assess Incident, updating the ticket with any meaningful updates. If an Opsgenie alert exists, ensure this is kept up to date on updates. Note that if there is a need for DDTS or NTT intervention, L2 is to raise the ticket and contact and contact the relevant party.
- Once issue is fixed, resolve Incident and alert.
- Advise client issue is resolved, contact DSS to advise.
- Once business hours have resumed, raise a Post Incident Review (PIR), and deliver to Incident Manager.

DSS Team Leader

1. Call is received from relevant Level 1 support resource alerting of a potential major incident.
2. DSS Team Leader to assess and determine priority based off information provided from Level 1 support team.
3. Approves/denies the escalation of ticket, advises staff to raise an Opsgenie and priority if required.
4. If Incident has not been resolved by start of business incident is handed over to DSD Incident Manager.

Organisational Structure

ACT Health Digital Solutions Division Organisational Structure -

To be added once finalised

Calvary IT/ DHR Organisational Structure (TBC) –

CPHB DHR Lead
Rachael Henson

DHR Team
- Malgosia Gorska
- Natalie Winslade
- Pooja Arora
- Louise Edmonds

CPHB Technical Lead
Janee Williams

ICT Team (BAU and DHR)
- Phil Suthern (Networks, Security, Devices)
- David Casson (Devices)
- Tevina Heng (Dev)
- Tony Wilkinson (Dev)
- Nick Macintyre (Support with help desk team)
- Sam Morgan (Infrastructure)

CHS CIO Organisational Structure -

To be added once finalised

Governance

The DHR Program has had a comprehensive governance framework for decision-making required to configure the Epic DHR system for the ACT Public Health System.

It is intended that a portion of the DHR Program governance remain into the transition to support and be reviewed in three months and then annually to ensure it is meeting the needs of the ACT Public Health System. This will assist with ensuring there is not a loss of continuity moving from the Program to the transition to support. A draft of what is being proposed is incorporated in Appendix C – DHR and Related Systems Governance.

As the organisations mature with the use of the DHR and related IT systems, it is expected that governance surrounding changes to the systems to meet the health services needs fits more into standard health service governance groups as the IT solutions will be seen as providing enabling functions.

There will still be a need for a revised high-level Territory-wide Digital Health Board that works through prioritisation of requests and determines business cases required to deliver new functionality to the suite of IT systems in use and this would include for investment in and changes to the DHR. This will no longer require an independent chair. Proposed membership of Territory-wide governance groups is included in the appendix of this document.

To ensure the remaining governance groups understand their role and responsibility in the ongoing governance it is important that there is a decision-making framework. This is outlined below and is modelled on the DHR Program decision-making framework.

Given the highly integrated and Territory-wide nature of the DHR, it is essential that the governance of this system remain clinically led and at a whole of Territory level. It is also imperative that work is prioritised through governance groups considering the budget implications and the resources available to complete the requested work.

Decision-making Framework

Decisions will need to be made to enable the ongoing improvements and management of the DHR and related systems. There is a need to balance ensuring

consultation and ownership of decisions by clinical and consumer representatives while ensuring the ongoing management of the DHR ecosystem continues in a timely manner.

The approach to making decisions is as follows:

- Decisions should support the aim of a single unified ACT Public Health System
- Decisions should support the public health services goals and vision
- Decisions should be made with reference to the support principles
- Decision-making will be delegated to the lowest governance group possible with consideration of any budget implications of the decisions required.
- Decisions should be made in a timely manner
- Decision-making groups and individuals should be accountable for making their decisions and sticking to them
- Decisions must be made with the best information available at the time

The optimisation framework will assist with prioritisation of work to be performed as it will consider the clinical, organisational and financial impacts of the proposed piece of work.

Decision-making Hierarchy

It is not possible to develop a "black-and-white" hierarchy describing which groups make decisions. The hierarchy below outlines the types of decisions to be made by each group.

Decision makers	Types of decisions
Digital Health Board	Decisions that would impact the scope of the DHR. Decisions that would result in an increase in the budget required to support the DHR ecosystem. Discussions on how to manage these (i.e. Business Case submission, reprioritisation of other work to fit into the existing resource and budget profile) will be required at this level. Decisions that will affect organisational revenue. Decisions that will impact organisational delivery of public health services. Decisions that require cross Territory changes in models of care or collaborations for new models of care.
Clinical Steering Committee	Major decisions about configuration of the system that affects one or more health services and where these changes are cost neutral, particularly where this results in: - A decision not to use the foundation approach - Where it will result in a significant change to the

Decision makers	Types of decisions
	way care is delivered. - Where a subject matter expert or advisory group has identified that the decision will result in a change to a significant organisational policy. - A need to review options for the whole of system configuration from a holistic clinical risk perspective (broader than specialty concerns). - Oversee activity in the Advisory Committees
Consumer Experience Steering Committee	Decisions about the patient portal if these are cost neutral. Input into decisions that have a direct patient impact. Input into decisions about patient consent, research and quality studies.
Technical Steering Committee	Decisions about the approach for delivering the technical support services if these are cost neutral for the DHR and related systems.
Advisory Groups	Using the optimisation framework assist in prioritisation of requests. Understanding if these requests have impacts on policy, procedure, budget and workflows and escalating these with recommendations for decision. Once configuration requests are agreed, oversee the implementation of these requests and monitor the benefits of these changes.
Subject Matter Experts (SMEs)	Contribute to decisions about configuration of the system where this does not deviate significantly from the foundation system and where this does not have significant impacts on the health services Decisions about the impact of training for their area. Decisions on smaller configuration items that are consistent with decisions made at the working group level (or above).
Application and Technical Support teams	Decisions where Epic has a clear recommendation including the use of the foundation system where this is cost neutral. Decisions about configuration where that configuration aligns with the decisions made by decision-makers higher in the hierarchy.
Physician and Clinician Builders	Working with clinicians defining opportunities for improvements in clinical content/ workflow and work through the DHR application support team and governance groups to build and implement these changes. Changes proposed will go through the change control process before being implemented.

During the DHR Program, there were 52 Working Groups, 10 Advisory Committees, 4 Steering Committees, 2 health services ICT governance committees and 1 DHR

Program Board. There was also a dotted line of reporting to the Territory-wide Digital Committee.

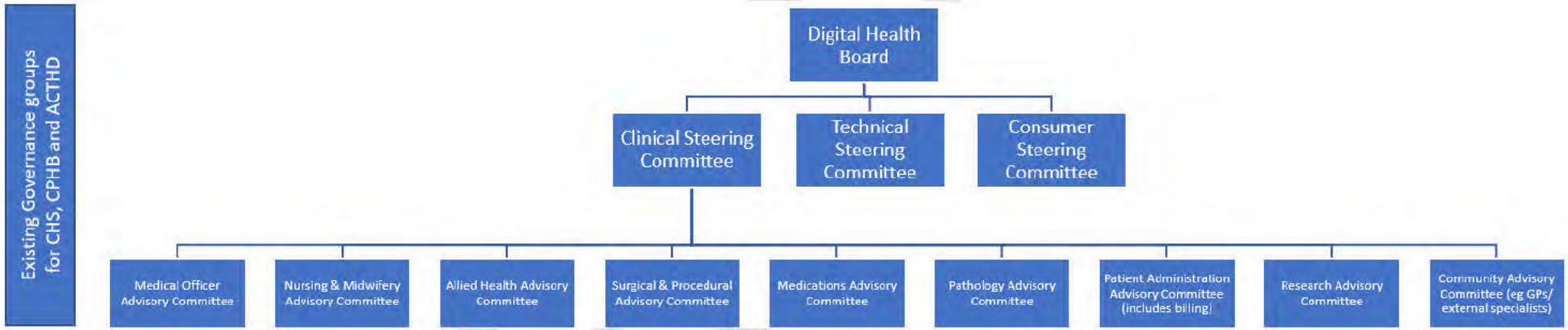
The Ongoing Governance proposal is to reduce to 9 Advisory Committees, 3 Steering Committees and to have the peak governance group as the Digital Health Board. Each health service will be responsible for ensuring alignment to the governance structures to ensure alignment to National accreditation standards and health service policies as required.

The recommended meeting frequency of these proposed governance groups is outlined in Appendix C of this document with the expectation that the meeting frequency in areas may decrease 3-6 months following the DHR go-live.

The attendees through these proposed governance groups are outlined in the Appendix C of this document.

The figure below outlines the proposed DHR and Related Systems Support Model Governance Structure (noting that the working group layer will only be stood up as needed).

Draft Post Go-Live BAU Governance Structure



Optimisation and Enhancements

To foster a continuous improvement environment within the DHR ecosystem, an effective optimisation and enhancement process must be adopted. As there is not an endless budget nor resource pool to deliver improvements and changes, a prioritisation process for Optimisations and enhancements will be imperative.

An optimisation will be defined as either a demand from the health services and/or based on release functionality in future version releases provided by the vendor. The intent of this process is to provide overall governance of the optimisations and enhancements, by ensuring there is appropriate compliance and reviews are being undertaken of the requests and the quality and consistency is maintained.

Initiating

Once an optimisation/enhancement has been identified the first step in the process it to raise a formal request to initiate the pathway. To do so, a request must be raised within DSD's Jira Service Management tool via the 'Optimisation/Enhancement Request' form.

Advisory Committee Review

All formal requests will be tabled at the retrospective Advisory Committee to undertake the first stage of assessment. During this assessment stage it will be the responsibility of the working group to conduct a benefit and risk assessment and an achievability assessment.

The benefit and risk assessment will be scored out of 100 with the six criteria's being clinical value, clinical risk, operational value, financial value, regulatory/compliance value and the reputation/strategic value. An achievability assessment will involve assessing the requests complexity, number of applications involved in the change and the cost and funding. Following the conclusion of the two assessments a prioritisation score will be generated by the relevant Advisory Committee. This score will be the overall total out of 100.

Clinical Steering Committee

It will be the responsibility of the Clinical Steering Committee to review all scored requests. New requests will be presented to the steering committee by the nominated representative from the advisory committee that conducted the initial assessment.

The Clinical Steering Committee will have the responsibility to decide on the prioritisation order of all present requests. The priority and status of all requests must be presented in a report format monthly to the Digital Health Record & Related Systems Board and any budget, resourcing, risk and policy implications outlined. Any requests that require additional budget or have significant organisational change aspects will need to escalate to the Digital Health Board.

Change Enablement

Following the prioritisation of the request by the Clinical Steering Committee these requests will be scheduled accordingly for implementation following rigorous testing and acceptance testing from the effected business area.

Depending on the outcome of the change these may be scheduled in either of the two categories below. Noting that prior to implementation these requests must be submitted to the existing Change Control Board chaired by DSD. This will ensure there is a high level of visibility of the scheduled changes across all health services.

- *Minor Changes*

  The Epic environment will receive monthly scheduled patching, during these windows DSD will use this opportunity to implement the optimisations based on the prioritisation outcome from the Clinical Steering Committee.

- *Significant Changes*

  The vendor will provide regular versions releases to ensure the DHR environment is up to date with the latest product version. The Territory will perform version updates every six months that will involve scheduled downtime across the health services.

Request Cancelation

At any stage during the assessment if the responsible governance committee conducting the assessment concludes that the request is not feasible, they must notify the requestor in writing with their findings.

Assessment Criteria to assist in Prioritisation of Optimisations

Optimisation Prioritisation Assesment		
Title:	Prioritisation Score	
Date:		
Request:		
Configuration Item:		
Other Impacted Configuration Items:		

Benefit and Risk Assessment

The Benefit and Risk Assessment is one component of the priority assessment which comprises of six categories including Clinical Value, Clinical Risk, Operational Value, Financial Value, Regulatory / compliance value and Reputation / strategic value. Requests are scored out of 30, with a reportable score out of 100 being calculated by dividing the raw score by 0.3. To complete this section, select the value from the 'outcome' section to determine the score.

Benefit and Risk Assessment Total:	30.00

Criteria	Impact	Score	Definition
Clinical Value	Critical	5	Significant benefit for all patients Critical safety improvement (lifesaver) for some patients
	Major	4	Significant benefit for several clinical networks / significant proportion of all patients
	Moderate	3	Moderate benefit for patients at both health services Significant benefit for at least one clinical service
	Minor	2	Moderate benefit for a specialty group/some patients at both health services
	Insignificant	1	Some benefit for a specialty group/some patients at a single health service
	N/A	0	No clinical value
Outcome: Jusitification:			**5**
Clinical Risk (if change not made)	Critical	5	Likely preventable loss of life
	Major	4	Possible death or permanent harm or likely preventable temporary harm
	Moderate	3	Possible prevention of temporary hard
	Minor	2	Likely preventable minimal hard
	Insignificant	1	Possible preventable minimal harm
	N/A	0	No clinical risk
Outcome: Jusitification:			**5**
Operational (inc usability) Value	Critical	5	Dramatic improvement in workflow or service delivery for both health services
	Major	4	Dramatic improvement in workflow or service delivery for one health service
	Moderate	3	Dramatic improvement for multiple user groups
	Minor	2	Dramatic improvement for a single user group Noticeable improvement for all users
	Insignificant	1	Minor improvement to individual users
	N/A	0	No operational value
Outcome: Jusitification:			**5**

Financial Value	Critical	5	Substantial financial benefit
	Major	4	Significant financial benefit
	Moderate	3	Moderate benefit (or large benefit to single health service)
	Minor	2	Minor benefit (small benefit to all health services)
	Insignificant	1	Negligible benefit (small benefit to single health service)
	N/A	0	No impact
Outcome:			**5**
Jusitification:			
Regulatory / Compliance Value	Critical	5	Absolute requirement to meet statutory directive (no workaround exists) Likely litigation or prosecution with significant penalty if not implemented
	Major	4	Absolute requirement to meet statutory directive (workaround exists) Possible litigation or prosecution with significant penalty if not implemented
	Moderate	3	Enables all health services to meet best practice service deliver requirement or guidelines
	Minor	2	Enables one health service to meet best practice service deliver requirement or guidelines
	Insignificant	1	Little impact to achieving regulatory compliance
	N/A	0	No impact
Outcome:			**5**
Jusitification:			
Reputation / Strategic Value	Critical	5	Significant reputational damage Ministerial/CEO/DG directive Substantially contributes to ACT government strategic objectives
	Major	4	Major impact to reputation High value strategic enhancement
	Moderate	3	Moderate impact to health service reputation and/or achievement of strategy
	Minor	2	Some impact to health service reputation and/or achievement of strategy
	Insignificant	1	Little reputational or strategic value
	N/A	0	No reputational or strategic value
Outcome:			**5**
Jusitification:			

Achievability Assessment

Following completion of prioritisation, there is a need to consider the ability of the delivery of the request and the ability of the health services to implement the request. Requests will be scored against complexity, resource readiness to undertake the change and estimated cost and funding source. To complete this section a number needs to be decided based on the sale below, 1 meaning the optimisations is more complex, involves a larger number of groups or will required significant funding

Achievability Assessment Total:	0.00

Request Complexity

Note: when considering complexity, any change requiring vendor development must rate 3 or below

No business transformation required — Complex business transformation required

10 9 8 7 6 5 4 3 2 1

Outcome:
Jusitification:

System or technology functionality exists — System or technology does not exist

10 9 8 7 6 5 4 3 2 1

Outcome:
Jusitification:

Simple to develop — Complex to develop

10 9 8 7 6 5 4 3 2 1

Outcome:
Jusitification:

Groups involved in the change

0-1 — 6 or more

10 9 8 7 6 5 4 3 2 1

Outcome:
Jusitification:

Cost and funding

Consider both capital and recurrent costs with 5 being approximately $50,000 yet to be identified, and 1 being over $200,000 vet to be identified)

Already funded — Significant additional funding required

10 9 8 7 6 5 4 3 2 1

Outcome:
Jusitification:

24x7 Support

Digital Solutions Support will provide 24/7 rostered support. Each shift will be led by a Digital Solutions Support Team Leader who will also perform incident management actions out of hours and provide incident management support during business hours where the DSD Incident Manager may not be available to assist.

Strategic Plan

The DHR Support Model is supported by the ACT Heath Strategic Plan, ACT Health Services Plan and ACT Health Digital Health Strategy. All of these strategies ensure engagement and collaboration across the ACT Health Directorate as a whole to facilitate the highest standards of quality care that is person-centered, safe and effective.

The ACT Health Strategic Plan 2020-2025 outlines the Directorate's vision, purpose, values, priorities and goals that as a Territory we are working towards. This is further supported by The ACT Health Services Plan which is an eight-year roadmap for improving the way health services work together the ACT. This plan applies a territory-wide lens to the ACT public health system, including health services delivered by Canberra Health Services, Calvary Public Hospital Bruce, the ACT Health Directorate, and non-government health services (funded by the ACT and Australian Government).

The Digital Health Strategy outlines principles to guide the design and development to integrate new technology and innovation directly into patient care to improve the quality and safety of healthcare delivery in the ACT.

Appendix A - Related Documents

Other documents

- DSS Incident Management – Business Hours Incident Process:
- DSS Incident Management – Out of Hours Process
- NTT Australia – ACT Health Operations Manual (draft)
- Epic Systems – Schedule 3 (not published)
- Business Continuity Management Framework
- Canberra Health Services Business Continuity Management
- Canberra Health Services Business Continuity Plans
- DDTS request and support processes
- DHR Environment Management document (6 monthly upgrade processes incorporating 2 quarterly upgrades)

Appendix B - Solution Contracts

The following table contains the list of ICT Contracts and response times systems and devices linking with the DHR

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
Titanium	Titanium Solutions Australia Limited	09/04/2009	29/11/2022 (negotiating read only for 12 months with +3 x 1 year extensions if needed)	Vendor Agreement	DSD	Chris Wilson [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical Issues	Application unavailable	Calls to be responded to within 15 minutes	4 hours		
2	High Priority	Loss of significant function in the software	Calls to be responded to within 60 minutes receipt	1 to 2 days		
Riskman.Net Licence Agreement	RiskMan International Pty Ltd	07/09/2005	30/06/2023	Software Licence and Support Agreement (Vendor Agreement)	DSD	**Tom Rogers** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
						+61 (0) 3 9686 0009
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	For any problems relating to the Licensed Software being inoperable – Riskman International must make every reasonable attempt to answer the call	4 hours	3 business days		
2	Urgent	For any problems where a significant component or function of the Licensed Software is inoperative or erroneous – Riskman International must make every reasonable attempt to answer the call	1 business day	5 business days		
3	Medium	On-site support will be provided by Riskman International, at Riskman Internationals' discretion.				
Provision of Clinical Work Devices (Communication)	Dimension Data Australia Pty Ltd	21/12/2018	21/01/2023	Deed of Standing Offer - Goods and Services	DSD	
RESPONSE TIME						

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	System down	Continuous work until resolution			
2	Urgent	Issue with usability of devices		Resolution timeline depending on severity		
3	Low	Non impacting issue usually standard RMA		Resolution with update weekly		
Patientrack Software and Support Services	ALCIDION AUS PTY LIMITED	18/02/2019	31/12/2022	Software Support Agreement	DSD	**Chris Hill** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Urgent	Software server errors, records can't be run, data entry not possible, no connection to software or the client is unable to use any part of the software until the following above are resolved or any of the following clinical situations exist; patient chart not accessible, appropriate alerts, EWS calculation cannot be	2 hours	12 hours - 2 working days		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
		input/changed and Patient Admissions, Transfers or Discharges cannot be processed				
2	High	Data entry procedure is constantly failing, a common used option is not function correctly or; data entry is not possible from one or more, but not all, options; and there is no work around; or any one of the following clinical situation exist: response time affecting more than 10% of users or observation parameters re EWS calculation, observation profiles cannot be viewed, patient observation history cannot be viewed, significant event cannot be entered, an appropriate alert is not being generated, the status of bleeping is displaying incorrectly, if observation entry can't be performed	12 hours	2 - 5 working days		
3	Medium	When it would otherwise be Priority 2 but there is a work around, a screen not in regular use is not functioning correctly, a field or single menu option is causing problems, but software is still possible	24 hours	20 working days		
4	Low	Software is showing incorrect/misleading messages or help, movement around a menu option is incorrect, button functions are incorrect, but software is still possible	3 working days	Next feature release		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
Pathology Laboratory Information Systems – Software Licensing, Support, Enhancement and Associated Services	Kestral Computing Pty Ltd	01/03/2014	31/12/2022 (negotiating read only for 12 months with +3 x 1 year extensions if needed)	Software Licence and Support Agreement	DSD	Stephen Bettoli [redacted] +61 3 9450 2212

RESPONSE TIMES

	Definition	Description	Response Time	Resolution
1	Critical	Site down, unable to perform essential functions. For example, data base corruption that prevents operation of system	30 minutes	Resolve within 8 hours
2	Urgent	Problem may have business impact but may be worked around. Site is operational but regular function is hindered	1 hour	Resolve within 24 hours
3	Normal	Issue can be worked around with minimum disruption to work practices	24 hour	Resolved or work around delivered in the next routine

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
				software upgrade by agreement with Customer		
4	Low	The failure has a minor impact on work practices	24 hour	Resolved in future next routine software upgrades or by agreement with Customer		
Powerbilling and Revenue Collection (PBRC) Licensing, Implementation and Support	Power Solutions DTD Pty Ltd trading as Powerhealth Solutions	24/02/2014	24/02/2024	Software Licence and Support Agreement	DSD	**Stuart Mead** [redacted] +61 8 8410 6404
RESPONSE TIMES						
1	Blocker	Blocker errors can only be logged for Software Defects only where one or more processes or programs have experienced abnormal termination that render the complete system in-operational, for which there is no workaround, and the Software Defect must be resolved	Acknowledge within 1 working hour	Identify an effective workaround and rectify the Software Defect and will take all reasonable actions to expeditiously resolve the		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
		before the Territory can continue normal business operations		problem in the minimum timeframe. Where an effective workaround cannot be identified, and resolution requires a change to the core software CONTRACT or resources will work continuously on the Software Defect until a software patch or patch release of the Product is made available to the Territory for testing. Where an effective workaround is identified but rectification requires a change to the core software this will be provided with the next production release of the Product.		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
2	Critical	Critical errors can only be logged for Software Defects only where one or more processes or programs have experienced abnormal termination, for which there is no workaround, and these problems must be resolved before the Territory can continue with normal business operations. All options associated with the process must be unusable in order for the Territory to log the call as Critical. In other words, this call priority relates only to issues such as the Territory cannot process EoM, Eclipse, or any reports and the abnormal termination does not relate to site specific setup or data issues.	Acknowledge within 2 working hours	Workaround or resolution developed within 3 working days. Where there is no workaround and resolution requires a change to the core software this will be provided within 5 working days. Where an effective workaround is identified but resolution requires a change to the core software this will be provided with the next release.		
3	Major	Software Defects that impede but do not prevent normal business operations, for which there is no workaround, but the Territory can continue working until a solution is found and implemented.	Acknowledge within 4 working hours	Workaround or resolution developed within 5 working days. Where there is no workaround and resolution requires a change to the core software this will be provided within 10 working days. Where an effective workaround is identified but resolution requires a change to the core		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
				software this will be provided with the next release.		
4	Minor	Software Defects for which there is a known workaround but which by their nature mean that specific functions do not fully conform to Documentation or the software configuration does not conform to the defined environment; but the Territory can continue with normal business operations.	Acknowledge within 8 working hours	Workaround or resolution developed within 20 working days. Where resolution requires a change to the core software this will be provided in the next release of the software.		
5	Trivial	Software Defects for which a simple workaround exists and which by their nature mean the problem is not of particular concern to the Territory or is cosmetic in nature.	Acknowledge within 1 working day	The Software Defect will be resolved in a subsequent production released version of the Product, but may not be included in the next production release.		
Procurement of T Doc support services for the Health Directorate	Gettinge Australia Pty Ltd	01/04/2017	31/03/2026	Service Agreement	DSD	**Clare Sandilands** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
						[redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Urgent	A major system-wide problem which severely impacts Sterilisation Service or Operating Theatres and patient care for which no alternative work solution can be found or provided. Immediate resolution is required	Within 30 minutes. Frequent updates to be provided to key stakeholders	The problem will be fixed. Within 8 normal support hours.		
2	High	System-wide problems which seriously impact regular business in Sterilisation Service or Operating Theatres for which an alternative work solution can only be used or tolerated for a short time.	Within 2 hours.	The problem will be fixed. Within 24 normal support hours.		
3	Medium	The nature of the problem is non-urgent and can be worked around.	Within 4 hours.	To be agreed by the Sterilisation Service/Operating Theatre Manager.		
4	Low	Non-Urgent: A problem or program enhancement having no material impact on business operation.	Within 24 hours.	Next release of the application.		
Imprivata Licensing and Maintenance Support	NTT Australia Pty Ltd	08/05/2015	31/03/2026	SSICT Panel Contract	DSD	**Pete Savvides** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
						[redacted]

RESPONSE TIME

	Definition	Description	Standard Response	Standard Resolution	Premium Response	Premium Resolution
0	Critical	The appliance does not function in a production environment and business is severely impacted. No alternative solution or workaround is currently available	2 business hours	Within 1 business day	Within 1 hour	Within 1 day
1	High	A Major function or feature is failing. The issue severely restricts the usability of OneSign or OneSign anywhere within a production environment, but the applicance itself is running. Project deployment is delayed. No alternative solution or workaround is currently available	4 business hours	Within 7 business days	Within 2 business days	Within 5 business days
2	Minor	A minor flaw has been detected and usability is not affected, moderately affected, or impacts minimal users. A workaround may be available	Within 1 business day	Next release	Within 4 business hours	Next release
3	Low	No Impact – Customer requests instructions or information relative to existing functionality	Within 5 business days	No commitment	Within 2 business days	No commitment

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
Electronic Medication Management for Medchart System	DEDALUS DH AUSTRALIA PTY LIMITED	29/06/2014	31/12/2023 (negotiating read only for 12 months with +3 x 1 year extensions if needed)	Software Licence and Support Agreement	**DSD**	**Ken Bendall** [redacted]

RESPONSE TIMES

	Definition	Description	Response Time	Resolution
1	Critical	Total System Failure or severe problem resulting in complete work stoppage or Application software system is completely unavailable Business/Clinical critical operational disruption or failure of a system function or group of functions and an acceptable workaround is not available.	30 Working minutes in a Standard Working Day.	1 Working Day (8 hours)
2	High	Business critical application is operable but is seriously impacting on daily business flow	2 Working hours in a Standard Working Day.	5 Working Days
3	Medium	Non business/clinical critical operational disruption. A system function or group of functions is unusable, inaccessible or not operating according to specification.	8 Working hours in a Standard Working Day.	20 Working Days

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
		A workaround is available to the Territory, which is acceptable in a production environment				
4	Low	Business/clinical inconvenience systems continue to be usable.	2 Working Days.	60 Working Days		
ProAct-8.SQL; ProAct-Lite.Net; ProAct Interface Engine (PIE-8)	PolyOptimum Inc.	31/03/2010	30/06/2024	Software Licence and Support Agreement	DSD	**Len Corbett** [redacted] 1800 642 046

RESPONSE TIME

	Definition	Description	Response Time	Resolution
1	Critical	Software, or the system on which the software operates (system) is inoperable	1 hour	4 hours
2	High	System is operable, but fault is affecting general use or functionality of the System	2 hours	24 hours
3	Medium	System is operable and fault is not affecting the general use or functionality of the System	24 hours	5 working days

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
4	Low	Non-fault issues, eg, requests for additional work, cosmetic changes or requests for maintenance and information	5 working days	Discussed and agreed with ACT Health System Administrator per individual issue		
MAINPAC EAM Software for ACT Health	Mainpac Pty Ltd	25/02/2015	30/06/2023	Software Licence and Support Agreement	DSD	**Ray Morcos** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	Software, or the system on which the software operates (system) is in operable	30 minutes			
2	Urgent	Software is operable but fault is affecting general use or functionality of the System	4 hours			
3	High	Software is operable and fault is not affecting the general use or functionality of the System	1 business day			

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
4	Medium to Low	Non-fault issues, eg. requests for additional work, cosmetic changes or requests for maintenance and information	2 business days			
Prosolv and Epiphany Cardio Server Software	FujiFilm Australia Pty Ltd	03/02/2011	30/06/2023	Software Licence and Support Agreement	DSD	**Denise Daber** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Severe	Software, or the system on which the Software operates (System) is inoperable.	1 hour within business hours. All other times; emergency call out service	1 day		
2	High	System is operable, but fault is affecting general use or functionality of the System	4 hours	2 days		
3	Normal	System is operable and fault is not affecting the general use or functionality of the System	48 hours	5 working days		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
4	Custom Work	Non-fault issues, e.g., requests for additional work, cosmetic changes or requests for maintenance and information.	48 hours	Mutually agreed after scope of work is defined		
Provision of an Integrated Queue Management and Electronic Wayfinding Solution	VITALHUB AUSTRALIA PTY LTD	20/06/2018	30/09/2022 (will not need post DHR)	Deed of Standing Offer - Software Licence Hardware Services and Support	DSD	**Mike Sanders** [redacted]

RESPONSE TIME

	Definition	Description	Response Time	Resolution
1	Critical	System cannot perform the function(s) necessary to complete the task for which there is no work around solution	1 hour	8 hours
2	High	System cannot perform the function(s) necessary to complete the task for which there exists an undesirable work around solution	1 hour	8 hours

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
3	Medium	System cannot perform the function(s) necessary to complete the task for which there exists a suitable work around solution	4 working hours	1 day		
4	Low	System can perform the function(s) necessary to complete the task but in a sub-optimal way	1 day	5 days		
Thoracic System (New Grael System - Hardware and Software)/ Sleep Lab System	Compumedics Limited	01/07/2016	01/05/2024	Vendor Agreement	DSD/CHS	**Abdul Khalil** [redacted] +61 3 8420 7300
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	Complete System failure. Unable to perform study acquisition	1 hour	1 day		
2	Urgent	System failure – able to perform study acquisition	1 hour	2 days		
3	Low	System is operable – able to perform study acquisition.	1 hour	5 days		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
Integrated Diagnostic Imaging Solution (IDIS)	Agfa Healthcare Australia Pty Ltd	07/07/2017	07/07/2022 (negotiated new extension for RIS to 31/12/2022 and PACS 06/07/2025	Software Licence and SupportAgreement	DSD	**Jamie Osmond** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	Software, or the system on which the Software operates (System) is inoperable.	4 hours	2 days		
2	High	System is operable, but fault is affecting general use or functionality of the System	24 hours	3 days		
3	Normal	System is operable and fault is not affecting the general use or functionality of the System	48 hours	5 days		
4	Low	Non-fault issues, e.g., requests for additional work, cosmetic changes or requests for maintenance and information.	1 week	4 days		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
Patient Journey Boards (Digital Patient Flow Solution)	ALICIDION Corporation Pty Ltd	29/06/2018	28/06/2023 (early termination letter being drafted as no longer needed past DHR Go-Live)	Deed of Standing Offer - Goods and Services	DSD	**Chris Hill** [redacted]

RESPONSE TIME

	Definition	Description	Response Time	Resolution
1	Critical	Service is completely unavailable to most users and where no work around acceptable to the Territory is available	1 hour	8 hours
2	High	Service has significant functionality unavailable to most users with a workaround acceptable to the Territory	3 hours	16 hours
3	Medium	Service has significant functionality available to most users with a workaround acceptable to the Territory	2 business days	20 business days
4	Low	Service has minor functionality unavailable to some users. The service has presentation errors not affecting functionality	5 business days	Resolution to be included on the next major available update

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
IDOSE Software support and maintenance	PHARMASEA INTERNATIONAL PTY LTD	01/08/2019	31/07/2024	Software Licence and Support Agreement	DSD	**Matthew Peers** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	Software, or the system on which the software operates (system is in operable	4 hours	2 days		
2	High	Software is operable, but fault is affecting general use or functionality of the system	24 hours	3 days		
3	Medium	Software is operable and fault not affecting the general use or functionality of the system	48 hours	5 days		
4	Low	Non-fault issues	1 week	4 days		
Provision of Medical Transcription Solution - WINSCRIBE	Nuance Communications Ireland Limited	27/07/2016	26/07/2023	Software Licence and Support Agreement	DSD	**Jamie Story** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
						[redacted]

RESPONSE TIME

	Definition	Description	Response Time	Resolution
1	High	Total failure of the software or unrecoverable data loss. There is no work around. In general, a high priority level would prevent the product from being used by a large number of users.	4 hours	8 hours
2	Important	Defect results in severely impaired functionality. A work around may exist but its use is unsatisfactory. Numerous users are affected.	8 hours	4 days
3	Moderate	Defect causes failure of non-critical aspects of the system. There is a reasonably satisfactory work around. The product may be used if the defect is documented, but the existence of the defect may cause dissatisfaction. A moderate number of users are affected.	24 hours	Not measured

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
3M Codefinder Software and Core Grouper	3M Australia Pty. Limited	01/09/2012	30/08/2027	Vendor Agreement	DSD	**Carla Chaytor** [redacted]
RESPONSE TIME						
No response time provided						
MIMS Support Services and Licence Agreement for ACT Health	MIMS Australia Pty Ltd	01/09/2018	31/08/2023	Software Licence and Support Agreement	DSD	**Jimmy Young** [redacted]
RESPONSE TIME						

	Definition	Description	Response Time	Resolution
1	Critical	Product is complete inoperable	15 minutes	1 hour
2	Urgent	System Inoperable	1 hour	24 hours
3	Minor	Other Issues. Tasks can be worked around with minimal disruption to work practices	2 hours	7 days

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
MESALS (Equipment Loan)	ALCIDION AUS PTY LIMITED	01/01/2011	31/08/2022 (negotiating extension)	Vendor Agreement	DSD	**Chris Hill** [redacted]
RESPONSE TIME						
No response time provided						
Breast Screening Information System (BIS) Software Licence and Associated Services	Orion Health Pty Limited	08/08/2012	07/08/2025	Software Licence and Support Agreement	DSD	**Stephen Stoyan** [redacted]
RESPONSE TIME						

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	Problems which is not fixed prevent the business from continuing. No workaround possible	30 mins	4 hours		
2	High	Problems which do not currently stop the business but whose consequences could interrupt or stop the business within 24 hours	1 hour	8 hours		
3	Minor	Problems causing minor operational impact or lost functionality but there is a workaround	Next working day	2 weeks		
4	Low	Problems can be worked around. No impact. Can wait for a future release	New working day	By arrangement		
ClinicalVision: RenalVision GraftVision	Clinical Computing Pty Ltd	04/08/2011	03/01/2024 (negotiating read only for 12 months with +3 x 1 year extensions if needed)	Software Licence and Support Agreement	DSD	**Joe Marlovits** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
1	Critical	Critical functionality is not available, and no reasonable work around can be provided	1 hour	4 hours		
2	High	Fault causing major inconvenience. A work around may exist but is not acceptable to the reasonable user	3 hours	1 day		
3	Medium	Fault causing a feature/function to fail. The customer can continue working in the short term	1 day	3 days		
4	Low	A fault deemed an inconvenience and the customer can keep working	3 days	Reasonable work around		
Integrated Haemodynamic Monitoring and Reporting System	Siemens Healthcare Pty Ltd	20/09/2019	19/09/2023	Goods and Services Agreement	DSD	**James Anagnostou** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
1	Critical	Licensed Software, or the System is inoperable.	4 hours	As soon as possible but no later than 8 hours.		
2	High	System is operable, but fault is affecting general use or functionality of the System	8 hours	Within 4 days		
3	Medium	System is operable and fault is not affecting the general use or functionality of the System	24 hours	Within 7 days		
4	Low	Non-fault issues, eg, request for additional work, cosmetic changes or requests for maintenance and information	24 hours	Measured and reported. Target time to be requested by the Territory and advised by the Contractor.		
5	Critical	Clarification of call to Customer Care Centre by Australian-based Technical Support Engineer.	15 mins	Dependent on type of request (refer to above priorities).		
ACT Patient Administration System (ACTPAS) & Emergency Department Information System (EDIS)_i.PM	DEDALUS DH AUSTRALIA PTY LTD.	16/09/2014	15/09/2022 (negotiating read only for 12 months with +3 x 1 year extensions if needed)	Software Licence and Support Agreement	DSD	**Ken Bendall** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
& Bed Management						
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	Total System failure or sever problem resulting in complete work stoppage	30 working minutes in a standard business day	8 hours – 1 business day		
2	High	Business critical application is operable but is seriously impacting	2 working hours	5 business days		
3	Medium	Non business/clinical critical operational disruption.	1 business day	20 business days		
4	Low	Business/clinical inconvenience systems continue to be usable.	2 business days	60 business days		
Patient Management Index (PMI) Information Quality Software	Intech Solutions Pty Ltd	15/10/2014	30/09/2022	NOT EXTENDING Vendor Agreement		
RESPONSE TIME						
No response time provided						

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
ACT Health Clinical Portal Support Services	Orion Health Pty Limited	01/07/2017	31/12/2022	Software Support Agreement	DSD	**Stephen Stoyan** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	Problems which if not fixed prevent the business from continuing. No work around is possible	30 Minutes	4 hours		
2	High	Problems which do not currently stop the business from the consequences of which could interrupt or stop the business with 24 hours	1 hour	8 hours		
3	Medium	Problems which cause minor operational impact	Next working day	2 weeks or next release		
Patient Room Board Solutions	ALCIDION PTY LTD	22/10/2018	31/12/2022	Deed of Standing Offer - Goods and Services	DSD	**Chris Hill** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
						[redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Urgent	System is down	2 hours	2 business days		
2	High	System not functioning correctly and no work around	12 hours	5 business days		
3	Medium		24 hours	20 business days		
4	Low		3 business days	Next feature release		
Provation Endoscopy Reporting Software Licence and Maintenance	Provation Medical Australia Pty Ltd	14/11/2017	17/09/2023	Vendor Agreement	DSD	**John Lares** [redacted]
RESPONSE TIME						
No response time provided						

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
ACT Health Directorate & CHARM Health Cancer Information Management System Licensing and Support	Citadel Health Pty Ltd	17/11/2015	16/11/2022 (negotiating read only for 12 months with +3 x 1 year extensions if needed)	Software Licence and Support Agreement	DSD	**Margaret Thomas** [redacted]

RESPONSE TIME IF AN INCIDENT IS IDENTIFIED AS AN ERROR AND REQUIRES ERROR CORRECTION

	Definition	Description	Response Time	Resolution
1	Critical	Loss of functionality	30 minutes	1 business day
2	Major	Significant loss of functionality	60 minutes	5 business days
3	Moderate	Moderate loss of functionality	4 hours	30 business days
4	Minor	Procedural or software error and a work around is available	1 business day	60 business days
5	Cosmetic	Minor inaccuracy or nuisance in the software and not directly affected	1 business day	60 business days

THE FOLLOWING TABLE OUTLINES THE ERROR CORRECTION DELIVERY MECHANISIM AND TIME FRAMES APPLICABLE TO EACH SEVERITY LEVEL

	Definition	Description	Response Time	Resolution

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
1	Critical	Unscheduled Software release which may consist of a hot fix, stored procedure or new executable	As agreed with the Territory			
2	Major	Unscheduled Software release which may consist of a hot fix, stored procedure or new executable where there is no scheduled Software release available to include the fix in an appropriate timeframe	As agreed with the Territory for an unscheduled Software release or published dates for a scheduled Software release			
3	Moderate	Next available scheduled Software release	Available on dates published for these Software releases			
4	Minor	Will be considered for inclusion in next available scheduled Software release	Available on dates published for the Software release where the Error is scoped			
5	Cosmetic	Will be considered for inclusion in next available scheduled Software release	Available on dates published for the Software release where the Error is scoped			
ACT Health Clinical Record Scanning Solution (Clinical Patient Folder)	Infomedix Pty Ltd	19/12/2016	18/12/2023	Software Licence and Support Agreement	DSD	**Michael Coates** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	Software inoperable or error impacting care of patients	1 hour	8 hours		
2	Urgent	Software is operable, but regular function is severely hindered or error may have business impact but may be worked around	4 hours	2 business days		
3	Normal	Software is operable and tasks can be worked around with minimum disruption	2 business days	5 business days		
4	Low	Error has minor impact on work or a software enhancement request	3 business days	Next major release		
BreastScreen ACT Sectra Pacs System - Software support and maintenance	SECTRA Pty Ltd	06/04/2016	07/08/2023	Vendor Agreement	DSD	**Malcolm Tangi** [redacted] +61 2 9420 162 0
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
1	Critical	Significant adverse impact to a large number of users and patients	10 minutes	4 hours This does not apply to hardware problems		
2	Urgent	Significant adverse to moderate impact on a small number of users and patients	4 hours	10 hours		
3	Normal	Moderate to minor adverse impact on a small number of users and patients	2 days	5 days		
4	Low	Minor cosmetic defects with no functional impact and with no impact on users and patients	5 days	On agreement with client		
5	Minor	General request for information or queries	7 days	On agreement with client		
PICS Support & Maintenance	Stygron Systems Pty Ltd	21/12/2017	30/06/2023	ICT Services Agreement	DSD	**Mervyn Rose** [redacted] **No number provided**

RESPONSE TIME

	Definition	Description	Response Time	Resolution	
1	Critical	The system is unavailable	30 minutes	1 day	

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
2	Urgent	A part of the system is unavailable or not operating efficiently for critical business activities. No work around available	2 hours	2 days		
3	High	A part of the system is unavailable or is not operating efficiently for important business activities	4 hours	5 days		
4	Medium	A part of the system is unavailable or is not operating efficiently or an inquiry regarding routine issue etc has been logged	1 day	Future development release		
Provision of Cloud Hosting Software License, Services and Support for the Pharmacy Management System (MERLIN)	PHARMHOS SOFTWARE PTY LTD	17/12/2018	16/12/2023	Cloud Hosted Software, Licence, Service and Support Agreement	DSD	**Scott Morrison** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
1	Critical	Severe problem resulting in complete work stoppage and the application is completely unavailable or a specified critical function is inoperable. Example: Entire application is inoperable.	2 hours	24 hours		
2	Serious	Business critical function or group of functions is unusable or inaccessible. No workaround is available, and resolution is urgent. Examples: Part of business-critical application inoperable Unable to produce business critical reports.	4 hours	2 days		
3	Minor	A fault with the application Licensed Software functions but it continues to be useable. Example: Minor errors in reports, screens or functionality.	24hours	10 days		
DHR - MiPACS suite of products for the Epic Wisdom	TITANIUM SOLUTIONS AUSTRALIA LIMITED	30/11/2021	30/11/2022	ICT Goods and Services	DSD	**Chris Wilson** [redacted]
RESPONSE TIME						
No response time provided						

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
DHR - DATA INNOVATIONS LCC MIDDLEWARE PATHOLOGY SOFTWARE	Data Innovation LLC	26/10/2021	25/10/2026	Software and services	DSD	**Attention President U.S.A** [redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
	Critical	Licensee reports a software error that renders the software inoperable and causes a significant time-dependant stoppage of the Territory's business operations. *Must be reported via telephone	DI will acknowledge Critical Priority Software Errors within one (1) hour of the initial contact via telephone and commence working towards a resolution at that time.	n/a		
	High	Licensee reports a software error that causes the software to fail resulting in significant revenue or operational impact on the Territory's business	DI will acknowledge High Priority Software Errors within four (4) hours of the initial contact via	n/a		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
		operations, although certain functions remain in operation. *Must be reported via telephone	telephone and commence working towards a resolution at that time.			
	Medium	Licensee reports a software error that causes a feature of the software to fail resulting in a non-critical situation which allows the Territory's business to remain in operation. *May be reported via telephone, email or by the Customer Web Portal	DI will acknowledge Medium Priority Software Errors within twenty-four (24) hours of the initial contact.	n/a		
	Low	Licensee reports a general software questions or needs that do not impact day-to-day functionality. *May be reported via telephone, email or by the Customer Web Portal	DI will acknowledge Low Priority Software Errors within forty-eight (48) hours of the initial contact.	n/a		
POCcelerator standard interface HL7 and 5 years maintenance	SIEMENS HEALTHCARE PTY	27/09/2021	26/09/2027	ICT Goods and Services	DSD	**Margot Huckstepp** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
RESPONSE TIME						
No response time provided						
DHR - HEYEX 2 upgrade and migration	HEIDELBERG ENGINEERING PTY LTD	13/09/2021	12/09/2023	ICT Goods and Services	DSD	**Carey Hazelbank** [redacted] **03 9639 2125**
RESPONSE TIME						
No response time provided						
ARIA and HL7 interfaces for DHR	Varian Medical Systems Australia	27/09/2021	30/06/2023	ICT Goods and Services	DSD	**Michael Becerra** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
						[redacted]
RESPONSE TIME						
No response time provided						
DHR Gastroenterology Middleware Solution	OLYMPUS AUSTRALIA PTY LTD	13/09/2021	16/09/2025	Service Contract	DSD	**Patricia Currie** [redacted]
RESPONSE TIME						
No response time provided						
DHR - CAPSULETECH AUSTRALIA PTY LTD	Integrated Medical Devices Software	07/07/2021	06/07/2026	Software, Hardware and Services Contract	DSD	**Jonathan Miles** [redacted]

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
	Critical	Licensee reports an Error that causes critical system components to be down interrupting business continuity. **Production Environment only*	2 hours	3 Days		
	High	Licensee reports an Error that prevents users from performing routine daily tasks. **Test or Production Environments*	2 hours	10 Days		
	Medium	Licensee reports an Error that affects non-critical components or causes some annoyance but does not affect productivity. **Test or Production Environments*	Next Business day	Next Release		
	Low	Licensee reports an issue creating minor annoyance or cosmetic defect. **Test or Production Environments*	Next business day	At Capsule's discretion		
Provision of Software Support	BEAMTREE PTY LTD (Pacific	01/10/2019	31/12/2022 (looking to extend)	Software Licence and Support Agreement	DSD	**Clare Kelleher**

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
& Maintenance and Licence for the Rippledown System	Knowledge Systems Pty Ltd)					[redacted]
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Critical	Software, or the system on which the Software operates (**System**) is in operable.	4 hours	2 days		
2	Urgent	System is operable, but fault is affecting general use or functionality of the System.	24 hours	3 Days		
3	Medium	System is operable and fault is not affecting the general use or functionality of the System.	48 hours	5 Days		
4	Low	Non-fault issues, e.g. requests for additional work, or requests for maintenance and information.	1 Week	5 Days		
DHR- Blood Bank Solution to Integrate with the	CITADEL HEALTH PTY LTD	05/05/2021	04/05/2026	Software and Services Contract	DSD	**Stephen Lynch**

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
Digital Health Record						[redacted] 03 8678 0780

RESPONSE TIME

	Definition	Description	Response Time	Resolution
Priority 1	Critical	The Solution is unavailable for access by the Territory, is inoperable or unable to perform vital functions and will result in: 1) the cancellation of frontline clinical or associated support services, or 2) Cause significant delays to the provision of frontline clinical and/or associated support services that result in a greater than 10% increase in wait and/or treatment times. These are problems identified as critical by the user as well as problems that completely prevent normal use of the Solution. This will include problems that pose a potential risk to patient care and/or staff safety.	30 minutes	4 hours
Priority 2	Urgent	The Solution is causing errors that have: 1) a clinical impact on the Territory or users of the Solution but which may be worked around, or	1 hour	16 hours

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
		2) if the Solution is operational, but there is a substantial degradation in the performance of the Service or regular function is severely hindered with frontline clinical and/or associated support services delayed by more than 15% on average times. These are problems that severely limit normal use of the Solution. This may include problems that pose a potential risk to patient care and/or staff safety.				
Priority 3	Medium	The Solution is operational, but there is a degradation in the performance of the Solution or regular function is hindered or the Solution is causing errors that have a clinical impact on the Territory or users of the Solution but which can be worked around with minimum disruption to work practices.	4 hours	10 days		
Priority 4	Low	The Solution is operational, but there is a minor degradation in the performance of the Solution or there are issues with the Service which have a minor impact on work practices.	1 business day	Next release or six months (whichever is earlier)		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
Notifiable Disease Management System	SUNQUEST INFORMATION SYSTEMS PTY LIMITED	22/03/2021	24/03/2026	Cloud Services Contract	DSD	**James Boys** [redacted] **Maddie FOR Local number?**
RESPONSE TIME						
No response time provided						
DHR - SNOMED Licence - Clinical Terminology Content	INTELLIGENCE MEDICAL OBJECTS (IMO)	31/12/2020	11/11/2025	Sales Order Contract	DSD	**Ann Barnes**
RESPONSE TIME						
No response time provided						

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
Mental Health, Justice Health Alcohol Drug Services - Electronic Clinical Record (MHJADS ECR)	GLOBAL HEALTH LIMITED	15/12/2015	01/10/2023 (negotiating read only for 12 months with +3 x 1 year extensions if needed)	Software Licence and Support Agreement	DSD	**Kye Cherian** [redacted]

RESPONSE TIME

	Definition	Description	Response Time	Resolution
1	Urgent	Software inoperable, unable to perform vital function, or Error adversely impacting care of patients.	Acknowledge within 1 business hour	Work around provided within a maximum of 2 business hours. Error Correction provided by next business day (if program code changes are applicable).
2	High	Error may have business impact but may be worked around. Software is operational, but regular function is severely hindered.	Acknowledge within 4 business hours	Work around provided by next business day. Error Correction provided within the next minor release of the Software (if program code changes are applicable).

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
3	Medium	Tasks can be worked around with minimum disruption to work practices.	Acknowledge by the next business day	Work around supplied within 5 business days of acknowledgement. Error Correction provided within the next major release of the Software (if program code changes are applicable).		
TALEO	ORACLE CORPORATION AUSTRALIA PTY LTD	01/07/2014	30/06/2022		DSD/CHS	Heidi Gregson [redacted]
RESPONSE TIME						
No response time provided						
Cardiobase Upgrade (V7) Implementation At	CARDIOBASE PTY LTD	04/05/2013	26/08/2022 (negotiating to end of year for use and then read only for 12 months)	Software Licence and Support Agreement	**DSD**	**Mark Johnson**

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
the Canberra Hospital						[redacted]

RESPONSE TIME

	Definition	Description	Response Time	Resolution
1	Urgent	An incident or Defect that brings the entire System to a halt at a Location	Acknowledgement/Confirmation of issue reported within 15 minutes	Restores the system to normal functionality
2	High	An incident or Defect renders a whole subsystem unavailable, significantly affecting workflow in critical areas so that other methods must be employed.	Acknowledgement/Confirmation of issue reported within 1 hour	Correction, modification patch, upgrade or update that corrects the defect and restores the system to normal functionality
3	Medium	A critical function is not working as designed, significantly affecting workflow in critical areas so that other methods must	Acknowledgement/Confirmation of issue reported within 4 hours	Correction, modification patch, upgrade or update that corrects the defect and restores the system to normal functionality

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
4	Low	A non-urgent incident which causes an inconvenience. The problem must be reproducible by Cardiobase	Acknowledgement/Confirmation of issue reported within 2 business days	Time estimate for correcting the error Correction, modification patch, upgrade or update that corrects the defect and restores the system to normal functionality		
Patient Room Boards	ALCIDION AUS PTY LIMITED	22/10/2018	31/12/2022	Deed of Standing Offer – Goods and Services - ICT	DSD	**Chris Hill** [redacted]

RESPONSE TIME

	Definition	Description	Response Time	Resolution
1	Urgent	The Patientrack software on the server will not start up or interface processes are rejecting all records or will not run at all or	2 hours	2 working days

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
		data entry is not possible at all or no connections are possible to the Patientrack software or the Territory is unable to use any part of the Patientrack software until the current situation is resolved or any one of the following clinical situations exist: a recent patient chart is not accessible for any given patient; or appropriate alerts (as defined by user configurable alerting rules) are not being sent to the designated communications gateway; or observation parameters contributing to EWS calculation cannot be input/changed which prevents any observations being entered; or Patient Admissions, Transfers or Discharges cannot be processed.				
2	High	A data entry procedure is constantly failing or a commonly used option is not functioning correctly or data entry is not possible from one or more, but not all, options; and there is no work around or any one of the following clinical situations exist: response times attributable to the Patientrack application are excessive (generally 3 seconds or greater) and are affecting more than I0% of users; or observation parameters that do not contribute to EWS calculation (e.g. weight, pain score,	12 hours	5 working days		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
		bowel movements) cannot be input/ changed; or observation profiles cannot be viewed; or patient observation history cannot be viewed or a significant event cannot be entered or an appropriate alert (as defined by current user configurable alerting rules) is not being generated; or the status of bleeping (i.e. whether it is working or off line) is displaying incorrectly or if observation entry cannot be performed on one or more type of end user access device that represents more than 50% of the devices available for use on a ward; but use of the Patientrack software is still possible.				
3	Medium	It would otherwise be Priority 2 but there is a work around or a screen not in regular use is not functioning correctly or a field or single menu option is causing problems but use of the Patientrack software is still possible.	24 hours	20 working days		
4	Low	The Patientrack software is showing incorrect/misleading messages or help or movement around a menu option is incorrect; or button functions are incorrect; but use of the Patientrack software is still possible.	3 working days	Next feature release		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
Digital Health Record with Epic	Epic System Melbourne Pty Ltd	3 July 2020	3 July 2030	Software Licence Support	DSD	General telephone number +011-608-271-9000.

RESPONSE TIME

All incidents should initially be reported to the Digital Solution Support as the first line of support for Licensed Software related incidents. Where Level 3 support is required, the incident is referred to the ACT Health DHR Project Team and then directed to Epic for Level 3 and Level 4 support if required

	Definition	Description	Response Time	Resolution	
	Severity Level 1	A type of Substantive Program Error that: • renders the entire Licensed Software or a significant Item of the Licensed Software inoperative; • causes the Licensed Software or a key Item to fail catastrophically, causes loss of important data or damages such data integrity; • prevents access to electronic patient records by a critical segment of the Territory's operations (e.g. operating rooms or emergency departments) or a large portion of users; or adversely impacts patient care in a manner that is likely to cause patient bodily harm.	Epic will acknowledge the Program Error report as soon as possible, but in any event within thirty (30) minutes, initiate action immediately thereafter, and diligently work to provide a Reasonable Workaround or correction of any Program Error discovered.	24 hours	

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
2	Severity Level 2	A Substantive Program Error that does not rise to the level of a Severity Level 1 Program Error, but causes material degradation in user workflow efficiency or effectiveness, such as inability to access historical patient data, or inability to enter new diagnostic and mediation orders, or the unavailability of material functionality to deliver safe patient care or core business operations (e.g., registration, billing, lab results).	Epic will acknowledge the Program Error report within one (1) hour, initiate action as agreed to between the Territory and the Supplier's technical services representative, which shall normally be within four (4) hours unless the Territory otherwise agrees, and diligently work to provide a Reasonable Workaround or correction of any Program Error discovered.	48 hours		
3	Severity Level 3	Program Errors that are not Severity Level 1 or Severity Level 2 Program Errors.	The Supplier will typically acknowledge the Program Error report within one (1) business day and initiate action and work to provide a Reasonable Workaround or correction of any Program Error discovered if appropriate in light of the nature of the problem. Typically, corrections for Level 3 Program Errors will be provided	By the date mutually agreed by both parties.		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
			only in future releases of the Licensed Software.			
Deed for the Digital Health Record and Related Systems Hosting	NTT Australia Pty Ltd	22 December 2020	22 December 2026	Software Licence Support	DSD	Service Desk Ph 1800 016 397 au.acthealthservices@global.ntt

RESPONSE TIME

Priority 1 or Priority 2 incidents should be completed through contacting the NTT Service Delivery Manager.

	Definition	Description	Response Time	Resolution
1	Critical	The Service is unavailable for access by the Territory, is inoperable or unable to perform vital functions and will result in: 1) the cancellation of frontline clinical or associated support services, or 2) Cause significant delays to the provision of frontline clinical and/or associated support services that result in a greater than	30 minutes	2 hours

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
		10% increase in wait and/or treatment times. These are problems identified as critical by the user as well as problems that completely prevent normal use of the system. Thiswill include problems that pose a potential risk to patient care and/or staff safety				
2	Urgent	The Service is causing errors that have: 1) a clinical impact on the Territory or users of the Service but which may be worked around, or 2) if the Service is operational,but there is a substantial degradation in the performance of the Service or regular function is severely hindered with frontline clinical and/or associated support servicesdelayed by more than 15% on average times. These are problems that severely limit normal use of the Service. This may include problems that pose a potential risk topatient care and/or staff safety.	60 minutes	8 hours		
3	Medium	The Service is operational, but there is a degradation in the performance of the Service or regular function is hindered or the Service is causing errors that have a clinicalimpact on the Territory or users of the Service but which can be worked around with minimum disruption to work practices.	2 hours	One (1) Business Days 90% of the time		

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
4	Low	The Service is operational, but there is a minor degradation in the performance of the Service or there are issues with the Service which have a minor impact on workpractices.	2 hours	Scheduled for preventative maintenance patch or future release in a timeframe agreed with the Territory 90% of the time.		

Business Criticality

	Definition	Description	Response Time				Resolution			
			P1	P2	P3	P4	P1	P2	P3	P4
1	Government Critical	A Government Critical servicerequires continuous availability. Breaks in service are intolerable and immediatelyand significantly damaging. Availability required at almostany price.	30 mins	1 hour	2 hours	1 business day	<15 mins	8 hours	1 business day 90% of time	5 Business Days Fixed within agreed scheduled timeframe 90% of time
2	Business Critical	A Business-Critical servicerequires continuous availability, though short breaks in service are not catastrophic.	30 mins	1 hour	2 hours	1 business day	2 hours	8 hours	1 business day 90% of time	5 Business Days Fixed within agreed scheduled timeframe 90% of time

Contract Name	Vendor	Contract Start Date	Contract Expiry Date				Contract Type			Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
3	Business Operational	Business Operational servicescontribute to efficient business operations but are out of direct line of service tocustomers.	1 hour	2 hours	4 hours	1 business day	4 hours	8 hours	1 business day 90% of time		5 Business Days Fixed within agreed scheduled timeframe 90% of time
4	Administrative Services	Administrative services arerequired for business to operate. Failures are undesirable but do not impact customers andcan be tolerated.	1 hour	2 hours	4 hours	1 business day	24 hours	5 Business Days Fixed within agreed scheduled timeframe 90% of time	5 Business Days Fixed within agreed scheduled timeframe 90% of time		5 Business Days Fixed within agreed scheduled timeframe 90% of time
MYMEAL	Delegate	17/04/2012	TBC				Food Services – ICT Contract			CHS	
RESPONSE TIME											
No response time provided											

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
PYXIS MEDSTATION	CareFusion Australia 316 Pty Ltd	23/09/2014	TBC	Product Supply Agreement	CHS	**Aimee Solomon?**
RESPONSE TIME						
No response time provided						
Ventana Pathology	Roche Diagnostics Australia	19/12/2016	30/11/2022	?	?	**Debbie Lewis** [redacted] **02 9860 2222**
RESPONSE TIME						
	Definition	**Description**	**Response Time**	**Resolution**		
1	Medium		1 hour on a business day	Within 1 business day of receipt of request		
DHR- Dragon Licences	Nuance Communications	14/09/2021	26/07/2023		DSD	**Michelle Collier**

Contract Name	Vendor	Contract Start Date	Contract Expiry Date	Contract Type	Contract Owner (i.e. CHS, ACT Health etc)	Vendor Contact Point/Number
						Check info with Philippa Kirkpatrick
RESPONSE TIME						
No response time provided						

Appendix C - Digital Health Record & Related Systems Governance Membership

The ACT Health Directorate Digital Health Board will be the peak governance body for the DHR and Related Systems moving forward.

Digital Health Board

Name	Description of Committee	Membership	Meeting Frequency
Digital Health Board Coordination: ACTHD CIO Secretariat: ACTHD Office of the CIO	The Digital Health Board has been established to provide structure, stability and guidance to the DHR and related systems whilst providing an appropriate level of control in order to manage and maintain the DHR to ensure public health service outcomes are achieved.	• ACT Regional Chief Executive Officer Little Company of Mary (Co-Chair) • Chief Executive Officer, Canberra Health Services (CHS) (Co-Chair) • Director-General, ACT Health • Executive Director, Health Care Consumers' Association • Chief Operating Officer (COO), CHS • General Manager Calvary Public Hospital Bruce (CPHB) • Chief Digital Officer, Chief Minister Treasury and Economic Development Directorate • Chief Information Officer, ACT Health • Chief Medical Information Officer, ACT Health • Chief Nursing and Midwifery Information Officer, ACT Health • Chief Pharmacy Information Officer, ACT Health • Chief Health Data Officer, ACT Health • Attendees and observers as required (including ICT staff from Health Services if so desired by the Health Services)	Monthly

Steering Committees

Name	Description of Committee	Membership	Meeting Frequency
Clinical Steering Committee Coordination: ACTHD Applications Support Inpatient Senior Director Secretariat: ACTHD Office of the CIO	The Clinical Steering Committee will provide overall oversight and direction and to make decisions relating to the content and workflows in the Digital Health Record. They will use the optimisation framework to assist with prioritisation of configuration requests to make changes to the systems.	• Executive Director, Medical Services, Canberra Health Services (Co-Chair) • Director, Clinical Services, Medical, CPHB (Co-Chair) • Chief Operating Officer, CHS • Representative of Executive Director, Nursing and Midwifery, CPHB (ideally a digital lead in the area) • Representative of Executive Director Allied Health, CPHB (ideally a digital lead in the area) • Chief Medical Information Officer, ACT Health • Chief Nursing and Midwifery Information Officer, ACT Health • Representative of Executive Director, Division of Nursing & Midwifery and Patient Support Services, Canberra Health Services (ideally a digital lead in the area) • Representative of Executive Director, Allied Health Office, Canberra Health Services (ideally a digital lead in the area) • Clinical Governance and Quality Manager, CPHB • Junior Medical Officer representative/s (ideally digital lead/s in the area) • HCCA representative • Capital Health Network representative • GPLU representative, CHS • GPLU representative, CPHB • Chair of each Advisory Committee as required • Attendees and observers as required	Monthly

Name	Description of Committee	Membership	Meeting Frequency
Consumer Experience Steering Committee Coordination: ACTHD Application Support Patient Experience Lead Secretariat: ACTHD Office of the CIO	The Consumer Experience Steering Committee will provide overall oversight and direction to support consumer engagement and for all consumer experience issues and activities for the use of the consumer aspects of the Digital Health Record and related capabilities (MyDHR, Welcome Kiosks etc).	• Health Care Consumers Association (Chair) • Executive Branch Manager, Application Support, ACT Health (Deputy Chair) • ACT Mental Health Consumer Network Representative • Manager Aboriginal and Torres Strait Islander Liaison Service, Canberra Health Services • Senior Manager, Consumer Participation and Incident Management, Canberra Health Services • TBA CPHB Representative • Carers ACT Representative • Manager of HIV Services, Meridian ACT • Policy Officer, Youth Coalition of the ACT • Consumer Representative, Calvary Public Hospital Bruce • Chief Nursing and Midwifery Information Officer, Digital Solutions Division, ACT Health • Epidemiology ACT Health • Regional Managing Director, Multicultural Hub Canberra • Patient Experience Lead, Digital Health Record, ACT Health • Attendees and observers as required	Quarterly
Technical Steering Committee Coordination: ACTHD EBM Technology Operations Secretariat: ACTHD Office of the CIO	The Technical Steering Committee will provide overall oversight and direction and will make decisions for all issues relating to the technical aspects of the Digital Health Record and related systems support; including changes to hardware, processes and security.	• Chief Information Officer and Executive Group Manager, ACT Health Directorate (Chair and Executive Sponsor) • Executive Branch Manager, Technology Operations, ACT Health Directorate (Deputy Chair) • Chief Information Officer, Canberra Health Services • ICT Operations Manager, Calvary Public Hospital Bruce • Senior Biomedical Engineer, Canberra Health Services • Biomedical Engineering, CPHB • Chief Information Security Officer, ACT Health Directorate • Senior Director, Technical Services Hub, ACT Health Directorate • Health Embedded Team ICT Manager, Digital, Data and	Monthly

Name	Description of Committee	Membership	Meeting Frequency
		Technology Solutions (DDTS) • NTT Australia representative • Technical Lead, Epic • Attendees and observers as required	

Advisory Committees

Name	Description of Committee	Membership	Meeting Frequency
Allied Health Advisory Committee Coordination: ACTHD Application Support Senior Directors Inpatient and Ambulatory Secretariat: ACTHD Application Support team	The Allied Health Advisory Committee will work collaboratively with the Digital Health Record and related systems support team to provide advice, guidance, and validation to the Digital Health Record Clinical Steering Committee on workflow-specific issues relating to the Inpatients and Ambulatory workstreams for allied health.	• Chief Allied Health Officer, CHS (Chair) • Executive Director Allied Health, CPHB • Acute Support Nutrition Manager, CHS • Social Worker, Clare Holland House, CPHB • Radiographer, Canberra Health Services • Exercise Physiologist, Canberra Health Services • Laboratory Manager, CHS • Community Care Allied Health Manager, CHS • Physiotherapist, CHS • Occupational Therapy Manager, CHS • Physiotherapy Inpatient Manager, CPHB • Manager, Aboriginal and Torres Strait Islander Liaison Service, CHS • Director Social Work and Psychology, CPHB • Director, Nutrition and Dietetics, CPHB • Director, Occupational Therapy, CPHB • Team Leader Brindabella Rehabilitation Services CHS • Director, Speech Pathology, CPHB • Application Support, Executive Branch Manager, ACT Health	Monthly to move to Quarterly after 6 months use of the DHR

Name	Description of Committee	Membership	Meeting Frequency
		• Manager, Speech Pathology and Audiology, Canberra Health Services • Attendees and observers as required	
Medical Officer Advisory Committee Coordination: ACTHD CMIO Secretariat: ACTHD Office of the CIO	The Medical Officer Advisory Committee will work collaboratively with the Digital Health Record support team to provide advice, guidance, and validation to the Digital Health Record Clinical Steering Committee on workflow-specific issues relating to the Inpatients and Ambulatory support teams for the medical workflows.	• Director Medical Specialties, CPHB (Chair) • Junior Medical Officer, Canberra Health Services • Staff Specialist, Mental Health Justice Health and Alcohol and Drug Canberra Health Services • Director, Medical Oncology Unit, Canberra Health Services • Nephrologist, Renal Unit, CHS • Director, Clinical Microbiology, Canberra Health Services • Director of Rehabilitation Medication, CHS • Staff Specialist, Paediatrics, Canberra Health Services • Chief Medical Information Officer, Digital Solutions Division ACTHD • Staff Specialist Department of Neonatology • Directors Surgery, CHS and CPHB • Directors Obstetrics, CHS and CPHB • Directors ICU, CHS and CPHB • Directors of ED, CHS and CPHB	Monthly
Medications Advisory Committee Coordination: ACTHD Chief Pharmacy Information Officer (CPIO)	The Medications Advisory Committee will work collaboratively with the Digital Health Record support team to provide advice, guidance, and validation to the Digital Health Record Clinical Steering Committee on workflow-specific issues relating to medication management.	• Director, Pharmacy, Canberra Health Services (Co-chair) • Director, Pharmacy, Calvary Public Hospital Bruce (Co-chair) • Chief Pharmacy Information Officer, ACT Health • Lead Pharmacist, Calvary Public Hospital Bruce • Medical Officer, Canberra Health Services • Director, Rheumatology, Canberra Health Services • Clinical Nurse Consultant/ Nurse Unit Manager, Pain Management Unit, Canberra Health Services • Medical Officer, CPHB • Nursing representation	Monthly

Name	Description of Committee	Membership	Meeting Frequency
Secretariat: ACTHD Applications Support Team			
Nursing and Midwifery Advisory Committee Coordination: ACTHD CNMIO Secretariat: ACTHD Office of the CIO	The Nursing and Midwifery Advisory Committee will work collaboratively with the Digital Health Record support team to provide advice, guidance, and validation to the Digital Health Record Clinical Steering Committee on workflow-specific issues relating to the Inpatients and Ambulatory workstream for the nursing and midwifery workflows.	• Chief Nursing and Midwifery Information Officer, Digital Solutions Division (Chair) • Assistant Director of Nursing Renal, CHS • CNC, Nursing Support Services, Canberra Health Services • CNC, Nursing Support Services, CPHB • Clinical Support Manager, Women, Youth and Children, Canberra Health Services • RN2, Health Information Services, CHS • CDN, CCU, CHS • RN2 10A, CHS • CNC, Outpatients, Canberra Health Services • ADoN, MHJHADS, Canberra Health Services • Nurse Manager, Office of the Chief Operating Officer, Canberra Health Services • Senior Director, Territory wide end of life and palliative care, CHS • Manager Clare Holland House, CPHB • Nursing Manager, ICU and CCU, CPHB • A/g Nursing Director, Midwifery, CPHB • Older Persons Mental Health Team, CPHB • Assistant Director of Nursing - Medical Specialties, CPHB • Manager HITH, CPHB • ANMF Rep	Monthly
Pathology Advisory Committee	The Pathology Advisory Committee will work collaboratively with the Digital Health Record application support	• Executive Director, ACT Pathology, Canberra Health Services (Chair) • Director, Immunopathology, ACT Pathology, Canberra Health Services (Deputy Chair)	Monthly

Name	Description of Committee	Membership	Meeting Frequency
Coordination: ACTHD Application Support Senior Director Diagnostics and Theatres Secretariat: ACTHD Application Support	team to provide advice, guidance, and validation to the Digital Health Record Clinical Steering Committee on workflow-specific issues relating to Pathology, for the ongoing maintenance of all Pathology systems as part of the Digital Health Record ecosystem.	• Director, Clinical Microbiology, ACT Pathology, Canberra Health Services • Deputy Director, Anatomical Pathology, ACT Pathology, Canberra Health Services • Director, Chemical Pathology, ACT Pathology, Canberra Health Services • Director, Diagnostic Genomics, ACT Pathology, Canberra Health Services • Deputy Director, Haematology and Transfusion, ACT Pathology, Canberra Health Services • Director of Laboratory Operations, ACT Pathology, Canberra Health Services • Chief Scientist, Anatomical Pathology, ACT Pathology, Canberra Health Services • Chief Scientist, Diagnostic Genomics, A/g Chief Scientist, Molecular Pathology, ACT Pathology, Canberra Health Services • Supervising Scientist, Transfusion, ACT Pathology, Canberra Health Services • Manager, Digital Pathology and Informatics • Special Projects and Business Support • Clinical Stakeholder, Canberra Health Services • Clinical Pathology Lead Analyst, Pathology, Application Support team, ACT Health • Anatomical Pathology Lead Analyst, Pathology, Application Support team, ACT Health • Clinical Rep for Division of Surgery • Clinical Rep for Endocrinology	
Patient Administration	The Patient Administration Advisory Committee will work collaboratively with the Digital	• Director Health Information Services, Canberra Health Services (Co-chair) • Director, Health Information Services, CPHB (Co-chair)	Monthly

Name	Description of Committee	Membership	Meeting Frequency
Advisory Committee Coordination: ACTHD Application Support Senior Director PAS Secretariat: ACTHD Application Support Team	Health Record application support team to provide advice, guidance, and validation to higher level committees on workflow-specific issues relating to patient administration, including patient transport, wards people, cleaning services, bed management, patient registration, scheduling, billing, coding and patient records for the Digital Health Record ecosystem.	• Business Manager, Medicine, Canberra Health Services • CRCC Admin Manager, Canberra Health Services • Senior Patient Services Manager, CPHB • Senior Manager, Outpatients Support, Canberra Health Services • Manager, Clare Holland House, CPHB • Patient Flow Manager, CPHB • Registered Nurse, Patient Flow, Canberra Health Services • Administration Data Manager, ADS Central Management, Canberra Health Services • Clinical Support Services Manager, CPHB • Operations Manager, Critical Care, Canberra Health Services • Operations Manager, RACS, Canberra Health Services • Analyst & Administrator, Patient Administration Lead, Application Support team, ACT Health	
Surgical & Procedural Advisory Committee Coordination: ACTHD Application Support Senior Director Diagnostics and Theatres Secretariat: ACTHD	The Surgical & Procedural Advisory Group will work collaboratively with the Digital Health Record support team to provide advice, guidance, and validation to the Digital Health Record Clinical Steering Committee on workflow-specific issues relating to surgical and procedural activities, for the Digital Health Record and related systems.	• Chief Medical Information Officer, Digital Solutions Division, ACT Health (Chair) • Director, Anaesthesia, Canberra Health Services • Anaesthetist, CPHB • Surgical Services Administration, Canberra Health Services • Perioperative Services Manager, CPHB • CNC Anaesthetics and PACU, CPHB • CNC Surgical Bookings and Day Stay, CPHB • Staff Specialist, Surgery, Canberra Health Services • Staff Specialist, Neurosurgery, Canberra Health Services • Nursing Director, Medical and Surgical Specialties, CPHB • Medical Imaging, Angio CNC, Canberra Health Services • Interventionalist, Canberra Health Services • Cardiologist, CHS • Director of Gastroenterology, Canberra Health Services • Interventional Radiographer	Monthly

Name	Description of Committee	Membership	Meeting Frequency
Application Support		• Orthopaedics, Canberra Health Services • TWSS, Canberra Health Services • Nurse Unit Manager, Canberra Health Services • Inpatient Nurse Champion, CPHB	
Research Advisory Committee Coordination: ACTHD Application Support Senior Director Ambulatory Secretariat: ACTHD Application Support	The role of the Research Advisory Committee is to work collaboratively with the Digital Health Record support team to provide advice, guidance, and validation to the Digital Health Record Clinical Steering Committee on issues relating to research.	• Executive Director of Research & Academic Partnerships, Canberra Health Services (Chair) • Clinical Director, Division of Medicine, Canberra Health Services • Consumer representative (HCCA) • Australian National University Reps x 3 • University of Canberra reps x 3 • PhD Student Rep • Chair, Human Research Ethics Committee, ACT Health • HREC Coordinator, Calvary Public Hospital Bruce • Director, Epidemiology, ACT Health • Clinical reps, CHS and Calvary • Chief Health Data Officer, ACT Health	Monthly to quarterly after 6 months
Community Advisory Committee (GPs, Consumer, External stakeholders)	This Advisory Committee will focus on affiliate providers and users that will not have direct access to Hyperspace. Epic offers a web portal called EpicCare Link that can offer the ability to place referral orders, review information and do some basic documentation. Members of this working group will need to have good connections to external	• Doctor, General Practitioner, Canberra Health Services (Chair) • Winnunga Nimmityjah Aboriginal Health and Community Services rep • GP Liaison Nurse, CPHB • Geriatrician and Director, GRACE Program, CPHB • Specialist, Geriatric Clinical Services, Canberra Health Services • Nurse, Palliative Care, Canberra Health Services • External Specialist/ VMO rep, Canberra Health Services • Manager, Clare Holland House, CPHB • Nurse, GRACE Program, CPHB	Monthly

Name	Description of Committee	Membership	Meeting Frequency
	providers, create user and security templates, work with marketing on branding of the web portal, and ensure logins and site coordinators are identified. They will oversee the pilot of DHR Link and changes required to this for further rollout.	• Clinical Support Nurse, GP Liaison, Canberra Health Services • Senior Manager, Outpatients Support, Canberra Health Services • Senior Patient Services Manager, CPHB • GPLU, CHS rep • GPLU, Calvary rep • NSW health rep/regional hospital representation	

Working Groups will be stood up as required to assist with prioritisation of optimisation requests and to provide advice on details of delivery of changes.

Appendix D – RACI Chart

RACI Matrix - Support for DHR and Related Systems			Digital Solutions Division		Digital, Data and Technology Services		Calvary Public Hospital Bruce ICT		Canberra Health Services				Data and Analytics Branch – ACT Health	
			DSD		DDTS		CPHB ICT		CHS - CIO		CHS - HTM		DAB	
Process	**Sub Process**	**Notes**												
Access Provisioning	ACT Government Network Access	Network account access provided by DSD for ACT Government accounts	C	I	A	R								
	Calvary Network Access	Network account access provided by Calvary through the LCM					A	R						
	Digital Health Record (DHR) Epic Access	Account profile creation for the Epic-DHR application, that sits outside of Level 1 functions with an imbedded DSD access provisioning team	A	R			C	I	C	I				
	Access to ACT Health Directorate legacy applications	For those applications managed and support by the Digital Solutions Division i.e. Agfa PACS, Provation, BIS (Clinical Portal)	A	R										
	Access to Calvary Public Hospital Bruce (CPHB) legacy applications	For those applications managed and support by CPHB					A	R						
	Access to Canberra Health Services (CHS) applications	For those applications managed and support by CHS i.e. Mainpac							A	R	A	R		
	Password Resets	The area providing account access will be responsible for ongoing management of password resets.	R, A, C &/or I		R, A, C &/or I		R, A, C &/or I		R, A, C &/or I		R, A, C &/or I			
Application Support	Health ICT Application support ranging from configuration and build and ongoing system administrator functions	For those Health applications managed by DSD being the DHR or related systems i.e. Epic, Agfa PACS.	A	R	I		C	I	C	I				
		For those specific applications managed and or supported by DDTS i.e. Mainpac , Proact.	I		A	R			C	I				
	Calvary ICT Application support ranging from configuration and build and ongoing system administrator functions	For those application managed by CPHB ICT that are considered related systems for the DHR	C	I			A	R						

	Epic Application hosting	DSD will be responsible and accountable for working with the Epic hosting provider NTT to ensure application availability	A	R									
Assets and Devices	Barcode Scanners	Build and deployment of these devices in accordance with the knowledge based articles developed by DSD	A	R			A	R	C	I			
		Level 1/On Site Support troubleshooting - noting that CPHB ICT Team will support the CPHB and DSD will support all other Health facilities across the Territory	A	R			A	R	I				
	Bedside Mobile Workstations (BMWs)	Ergotron Cart - Supply and ongoing management	A	R			I		I				
		Mini PC and Monitor - DSD will be consulted on the requirements from a technical perspective to meet the needs of the DHR	C	I	A	R	I		I				
	Clinical Work Devices	Build and deployment of these devices in accordance with the knowledge based articles developed by DSD	A	R			A	R	C	I			
		Level 1/On Site Support troubleshooting - noting that CPHB ICT Team will support the CPHB and DSD will support all other Health facilities across the Territory	A	R			A	R	I				
	ACT Government Computers & Monitors	Standard Operating System (SOE) is built and maintained by DDTS as the WoG provider	C	I	A	R	I		I				
	Computer on Wheels (COWS)	Ergotron Cart - Supply and ongoing management	A	R			I		I				
		Vital Signs support and maintenance	C	I			C	I	C	I	A	R	
		Mini PC and Monitor - DSD will be consulted on the requirements from a technical perspective to meet the needs of the DHR	C	I	A	R	I		I				
	Diagnostic Workstations	Medical Imaging Radiologist workstations will remain the responsibility of DSD given the contractual arrangements in place with the supplying vendor. CHS and CPHB will be informed regarding the status of DICOM conformance for accreditation purposes	A	R			I		I				
	Document Scanners	Supply and ongoing management	A	R			I		I				
	Printer - Desktop	Build and deployment of these devices in accordance with the knowledge based articles developed by DSD	A	R			A	R	C	I			

		Level 1/On Site Support troubleshooting - noting that CPHB ICT Team will support the CPHB and DSD will support all other Health facilities across the Territory	A	R			A	R	I						
	Printer - Pharmacy	Build and deployment of these devices in accordance with the knowledge based articles developed by DSD	A	R			A	R	C	I					
		Level 1/On Site Support troubleshooting - noting that CPHB ICT Team will support the CPHB and DSD will support all other Health facilities across the Territory	A	R			A	R	I						
	Printer - Wristband	Build and deployment of these devices in accordance with the knowledge based articles developed by DSD	A	R			A	R	C	I					
		Level 1/On Site Support troubleshooting - noting that CPHB ICT Team will support the CPHB and DSD will support all other Health facilities across the Territory	A	R			A	R	I						
	Printer - Zebra	Build and deployment of these devices in accordance with the knowledge based articles developed by DSD	A	R			A	R	C	I					
		Level 1/On Site Support troubleshooting - noting that CPHB ICT Team will support the CPHB and DSD will support all other Health facilities across the Territory	A	R			A	R	I						
	Speech Mics (Dictation)	Supply and ongoing management	A	R			I		I						
	Tracking Boards	Build and deployment of these devices in accordance with the knowledge based articles developed by DSD - DDTS involvement is required for Mini PC	A	R	C	I	A	R	C	I					
		Level 1/On Site Support troubleshooting - noting that CPHB ICT Team will support the CPHB and DSD will support all other Health facilities across the Territory	A	R			A	R	I						
	Room Display Tablets	Build and deployment of these devices in accordance with the knowledge based articles developed by DSD	A	R	C	I	A	R	C	I					
		Level 1/On Site Support troubleshooting - noting that CPHB ICT Team will support the CPHB and DSD will support all other Health facilities across the Territory	A	R			A	R	I						
Medical Devices	Axons & Neurons	Physical integration hardware to enable a connection from the medical device to Capsule Tech	A	R			C	I	C	I	C	I			
	Capsule Tech	Solution to integrate medical devices into the DHR and related systems	A	R			C	I	C	I	C	I			

	Medical Equipment Management	For those devices managed by and support by CHS with integration into the DHR and/or related systems	C	I	I			C	I	A	R								
		For those devices managed by and support by CPHB with integration into the DHR and/or related systems	C	I			A	R											
	Integration of Medical Equipment	For those devices that require integration into the DHR and/or related systems - Responsibility between CHS & CPHB will be applicable to the site who manages the equipment	C	I	I		A	R	C	I	A	R							
Ops Genie	Incident Management Notification	In the event of an incident DSD will be responsible for creating and updating Ops Genie alerts for the key stakeholders	A	R	I		I		I		I		I						
Procurement	Procurement relating to assets and devices to support the DHR and related systems	Procurement of end user devices i.e. document/barcode scanner, wristband/zebra/pharmacy printers	A	R	I		C	I	C	I	I								
First (1st) level Support	Digital Solutions Support (DSS)	Impact, usage case, site, triage against Health priorities, first level resolution, escalate to internal Health teams, transfer to DDTS Service Desk or third party support	A	R	I		I		I		I								
	Calvary ICT Service Desk	Impact, usage case, site, triage against Calvary ICT priorities, first level resolution, escalate to internal Calvary teams, transfer to LCM or third party support i.e. DSS or DDTS	I		I		A	R	I		I								
	DDTS Service Desk (L1)	Triage incoming requests and triage against WhoG priorities, escalate to DDTS Technical Teams	I		A	R	I		I		I								
	CHS HTM Front Line Support Team	On-site support for HTM imbedded support in Theatres, ICU ect	I		I		I		C	I	A	R							
Second (2nd) Level Support	Digital Solutions Division (L2)	Second point of contact to resolve health specific requests/issues	A	R	I		I		I		I								
	Calvary ICT Support Team (L2)	Second point of contact to resolve Calvary specific requests/issues	I		I		A	R	I		I								
	DDTS Service Desk	Triage against WhoG priorities, escalate to DDTS Technical Teams	I		A	R	I		I		I								
	CHS HTM Operational Support Team	Specialised support to resolve incidents/requests relating to Medical Equipment and related systems managed by CHS.	I		I		I		C	I	A	R							
Third (3rd) Level Support	Digital Solutions Division (L3)	For those incidents/requests within DSD realm of responsibility	A	R	I		I		I		I								
	Calvary ICT Support Team (L3)	For those incidents/requests within CAL realm of responsibility	I		I		A	R	I		I								
	DDTS Technical Teams	For those incidents/requests within DDTS realm of responsibility	I		A	R	I		I		I								
	CHS HTM - Vendor Support	For those incidents/requests within HTM realm of responsibility	I		I		I		C	I	A	R							

Monitoring & Reporting	Reporting Requirements on data provided from the DHR	Defining the reporting requirements including the definitions and methodologies. The directorate defining the reporting requirements will take responsibility and accountability as these will be divided on a case by case basis.	C	I			A	R	A	R			A	R
	Data Governance	Ensuring data governance is followed when managing data within the DHR and Related Systems	R				C	I	C	I			A	
	Presenting and providing data	Extract, Prep and Model Data, source report templates and publication of data from the DHR.	A	R			C	I	C	I			C	I
	Analytical modelling	Using model data to perform analytics on behalf on the territory	I				C	I	C	I			A	R
	Ad hoc requests	Any request for data that falls outside of the existing established reports will be coordinated through DAB	C	I			C	I	C	I			A	R
	Providing Data	DSD will be responsible for extracting and providing the data securely to the requesting directorate upon formal request	A	R			C	I	C	I			C	I
	Visualisation and presentation of data	DAB will be responsible for compiling the data into a presentable state with visualisation.	C	I			C	I	C	I			A	R
	Infrastructure Administration Reporting	DSD will be responsible and accountable for reporting on the infrastructure of where the DHR data is stored	A	R			C	I	C	I			C	I
	Release Clearance	The directorate requesting the data will be responsible for seeking the appropriate release clearance. Overall accountability will fall to DAB to ensure appropriate processes are in place and being adhered to	R				R		R				A	R
	Epic System Pulse Monitoring	DSS will be responsible and accountable for the overall management of the Epic system pulse for Health.	A	R	I		C	I	C	I	C	I		
Health/DSD Systems Business Continuity Planning (BCP)	Developing, maintaining, implementing and testing overall Business Continuity Planning (BCP) for the critical business operations.	Health ICT Applications - e.g. DHR and Related Systems	A	R	C	I	C	I	C	I	C	I		
CPHB ICT Business Continuity Planning (BCP)	Developing, maintaining, implementing and testing overall Business Continuity Planning (BCP) for the critical business operations.	CPHB ICT Applications and Biomedical Equipment	C	I			A	R						

CHS Business Functions Business Continuity Planning (BCP)	Developing, maintaining, implementing and testing overall Business Continuity Planning (BCP) for the critical business operations.	CHS ICT Applications and Biomedical Equipment	C	I	I			A	R	A	R	
DDTS ICT Business Continuity Planning (BCP)	Developing, maintaining, implementing and testing overall Business Continuity Planning (BCP) for the critical business operations.	Shared infrastructure - e.g. Networks, domains, authentication	C	I	A	R	C	I	C	I	I	
Disaster Recovery (DR)	Communication of DR event and regular communications within agreed timeframes / at set intervals, on progress and ETA for Service Restoration.	The directorate who manages the system will take accountability of communication during a DR event i.e. DSD will take accountability for DHR	R, A, C &/or I		R, A, C &/or I		C	I	C	I	C	I
	In-house Managed Systems - Developing, maintaining, implementing and testing overall Disaster Recovery Plans for the critical business systems		R, A, C &/or I		R, A, C &/or I		C	I	C	I	C	I
	In-house Managed Systems - Recovery of ICT systems, including Network, server / OS, middleware, databases and data.	The directorate who manages the system will take accountability, roles and responsibilities are divided amongst DDTS & DSD on a case by case basis	R, A, C &/or I		R, A, C &/or I		C	I	C	I	I	
	Cloud Based Systems - Developing, maintaining, implementing and testing overall Disaster Recovery Plans.	The directorate who manages the system will take accountability, roles and responsibilities are divided amongst DDTS & DSD on a case by case basis	R, A, C &/or I		R, A, C &/or I		C	I	C	I	I	
	Cloud Based Systems - Recovery of ICT systems, including Network, server / OS, middleware, databases and data.	ICT Core services (The directorate who manages the system is Accountable)	R, A, C &/or I		R, A, C &/or I		C	I	C	I	I	
		Health Business Applications	A	R	I		C	I	C	I	I	
	Performing Technical Verification Testing	The directorate who manages the system will take accountability, roles and responsibilities are divided amongst DDTS & DSD on a case by case basis	R, A, C &/or I		R, A, C &/or I		C	I	C	I	C	I
	Performing Business Verification Testing (BVT)	The directorate who manages the system will take accountability, roles and responsibilities are divided amongst DDTS & DSD on a case by case basis	R, A, C &/or I		R, A, C &/or I		C	I	C	I	C	I
Vendor	Vendor deliverables	The directorate who manages the contract with the vendor is accountable	R, A, C &/or I		R, A, C &/or I		R, A, C &/or I		R, A, C &/or I		R, A, C &/or I	

R	Responsible
A	Accountable
C	Consulted

I	Informed
R, A, C &/or I	Responsible, Accountable, Consulted, Informed and/or any combination of these, as in the circumstances for different changes / incidents.

Appendix E – Glossary

Term	Definition
ACT HD	ACT Health Directorate
CHS	Canberra Health Services who provide healthcare services to public patients within the Territory and surrounding regions
CHS CIO	Canberra Health Services, Chief Information Officer
CHS HTM	Canberra Health Services, Healthcare Technology Management
CPHB	Calvary Public Hospital Bruce who provide healthcare services to public patients within the Territory and surrounding regions
CPHB ICT	The team within CPHB who provide a wide range of ICT support for the CPHB
DDTS	Digital, Data and Technology Solutions who provide ICT support across the Whole of Government
DHR	Digital Health Record is an abbreviation of the application used across the health services
DSD	Digital Solutions Division, the Health ICT team within the ACT Health Directorate
DSS	Digital Solutions Support are the operational centre within DSD who provide the first point of contact to clients, tirage requests and undertake other Level 1 ITSM functions
Ecosystem	The ecosystem is any part of a function that is required to support and enable to DHR
Epic	The provisioning vendor of the DHR
EUD	End User Device is an asset or device which is used to support the functions of the DHR to enable modernised workflows and removes the need for paper and or whiteboards across the Health Services
ITIL	Information Technology Infrastructure Library is a framework of guiding practices that is widely adopted across the IT industry to deliver efficient IT support services
ITSM	IT Service Management defines the strategic end to end approach the business undertakes to provide IT services to its clients
Jira	Jira software provides a wide range of functions to support the workload and task assignment across both DSD and CPHB
LCM	Little Company of Mary are the governing board of CPHB
MainPac	An enterprise asset management tool which is utilised by CHS HTM
No Wrong Door	The no wrong door principle ensures that no matter what service provider the client/end user engages, they can be assisted, or the request can be passed onto the correct area on their behalf
NTT	The Nippon Telegraph and Telephone Corporation is the hosting solution for the DHR and several related systems
Related Systems	These systems are those that have an integration or touch point with the DHR and are required to support the end-to-end workflows of the DHR
ServiceNow	The application used by DDTS to support their internal workflows and task assignment
System Pulse	System Pulse is a dashboard provided by Epic to monitor the performance of the system and integrations
Tech Bar	DSS provide rostered onsite support across, CHS, UCH and CPBH
Warm Transfer	The process of transferring a clients request to another service provider and handing over any initial triage information to remove the need for the client to phone another support line and repeat their request

MEETING PAPER
DHR Program Board

Agenda item:	3.1
Topic:	**DHR Program Update**
Meeting date:	24 January 2023
Action required:	**For noting**
Cleared by:	Peter McNiven, A/g Chief Information Officer and Executive Group Manager, Digital Solutions Division
Presenter:	Sandra Cook, Executive Group Manager, DHR, Digital Solutions Division sandra.cook@act.gov.au or Ph 5124 9129

Purpose

To provide members with an update on the Digital Health Record (DHR) Program.

Background

This is a standing agenda item.

Issue

The DHR Program is currently finalising the Delivering the Capability Tranche. The 4-week Hypercare period finished on Friday 9 December 2022 and the system will be in the stabilisation period until 23 February 2023. From 24 February 2023 to 24 March 2023, the Program will move into the closure phase with planning for optimisation commencing and bedding in of the ongoing governance and support structures being completed.

The DHR Program is improved and is reporting an **amber** status. The DHR was implemented on Saturday 12 November 2022 and the focus for the last month has been on stabilisation of the system. The last Epic status report for December 2022 rated the DHR Implementation as 3/5 which was stable from the October 2022 report (please note there was no November 2022 report due to Go-Live).

The DHR Program is now focussing on responding to tickets and fixing issues as they arise. As of 12 January 2023, there were 3,858 tickets open with 513 of these waiting for customer advice that the resolution is working as expected.

The DHR Implementation Project has a stable status reporting as **amber** due to risks and issues. The team is focussing on issue resolution through the Top10@10 and the huddle structures. The two main areas with the highest ticket volumes and issues are in the Pathology workstream and the PAS workstream.

The DHR Technical Project is reporting **amber** due to risks and issues. Since going live there has been some issues with the stability of the AETHER integration engine. It has been agreed to move all integrations from AETHER to Rhapsody. Work has commenced on this and will continue through until March 2023.

The DHR Business Intelligence and Data Project is reporting **amber** due to schedule and risks and issues. A request to extend the BI and Data project to November 2023 is on the agenda for this DHR Program Board in January 2023.

The following documents are provided for the information of members:

- DHR Program Status Report (Attachment A)
- Project Status Report – DHR Implementation Project (Attachment B)
- Project Status Report – DHR Technical Project (Attachment C)
- Project Status Report – BI and Data (Attachment D)
- Communications Register (Attachment E)
- Program Risk Register (Attachment F)
- Epic Status Report for December 2022 (Attachment G)
- DDTS DHR Project Status Report (Attachment H)

Recommendation

That members **note** the program update, and related attachments.

ACT Government | ACT Health

Digital Health Record Program

Digital Solutions Division
PROGRAM STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period: 7 December 2022 to 6 January 2023

Program Governance

Program ID	PG0002
Approval Stage	Tranche 2 - Delivering the Capability
Executive Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Program Overview

The Digital Health Record (DHR) Program will deliver a single, contemporary, trusted, real-time, person-centred clinical record that can be accessed by all members of the treating team regardless of location.

Trending

Improving

Clinical Owner/s

David Peffer, Chief Executive Officer, Canberra Health Services

Ross Hawkins, ACT Regional CEO, Calvary Public Hospital Bruce

Program Performance Indicators

Overall Health Status	Schedule Status	Budget Health Status	Quality Health Status	Risks & Issues Health Status	Scope Health Status	Benefits Health Status
Yellow	Green	Green	Green	Yellow	Green	Yellow

Program Delivery Team

Approver	Sandra Cook
EBM, Future Capability	Justine Spina
Technical Project	Timothy Panoho
Implementation Project	Philippa Kirkpatrick
BI & Data Project	Sean Winefield

Program Baseline

Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
01/01/19	01/07/19	$130,787,000.00	$47,610,970.00
Start Date	Baseline Start Date	CapEx Budget	CapEx Variance
31/03/23	30/12/22	$77,752,000.00	$58,273,720.00
End Date	Baseline End Date	OpEx Budget	OpEx Variance

Program Status Commentary

Program Status

The program is reporting an amber status. The DHR system was successfully implemented on Saturday 12 November 2022 at 5.30am. The focus of the DHR Implementation Project, DHR Technical Project and the DHR BI and Data Project has been on managing support tickets and working through issues as they arise. As of 6 January 2023, there have been 21,872 jobs logged for assistance with 17,874 of those jobs resolved and 530 jobs awaiting confirmation from the reporters that the job is resolved. The stabilisation period will continue until the 24 February 2023. The ACT Health ongoing support team recruitment to manage the DHR ecosystem has been completed with job offers made and all positions filled. These resources will transition into their new ongoing roles by the 24 March 2023.
The Privacy Impact Assessment is now final and is published. Progress against recommendations will be managed and monitored by the DHR Program Office.

The EY Go-Live Readiness Assurance review has been presented to the Program Board. The next and final review will be performed in April 2023 and will focus on the Benefits Realisation/ Post Implementation Review for the Program.

Risks & Issues

Risks - There are currently 39 open risks. There are thirteen risks reporting a high rating

#1 & 7 Insufficient Budget
#20 Data Quality in the DHR is poor
#22 The C inical Record does not provide ready access to information
#24 Difficulty accessing historical data
#29 Clinical Engagement
#38 Slow decision making
#41 Health service resources unavailable
#46 DHR team unable to deliver tasks in alignment to schedule
#47 Cyber Attack
#49, #50 & #51 Technical Architecture risks.

Issues – there are 7 high issues still open the top one being
End User Devices are required to ensure access to the Epic solution for different roles in different ways and post Go-Live this is still a large challenge with reports of not enough devices being available for optimal workflows. There are still hangover issues with supplier delivery issues post pandemic so lead times for extra equipment may impact efficient workflows.

Budget

The figures in this report are still report to October 2022 as the DSD Finance Manager has resigned and a replacement has not commenced yet. As soon as this replacement starts, actual figures for November and December 2022 will be added to the February 2023 report. The below figures are predicated on the assumptions of offsets being achieved and next month's finance report will deep dive into the likelihood of these offsets being able to be actualised. The total budget for the DHR Program is now $328.803 Million over 8 years with the addition of funds to ACT Health Directorate from the Supplementary Business Case. This comprises of $114.932 Million Treasury Capital, $64.273 Million Treasury Operational and $122.622 Million in Offsets. A Supplementary Business Case has been approved in the 2022/23 Treasury Budget Cycle totalling $50.828 Mi lion ($26.070 Million Capital and $24.758 Million Operational). There is $20.348 Million allocated to the ACT Health Directorate and these figures have been added to the Program Budget ($15.855 Million Capital and $4.493 Mi lion Operational budget). The Actual figures to October 2022 are as follows - Capital $83.176 Million (Budget $84.702 Million) Opex $19.478 Million (Budget $22.689 Mi lion). There is $31.756 Million Capital remaining and $44.796 Million Opex remaining. At the end of October 2022, the total forecast over-expenditure for Capital over the 8 years is $3.583 Million and a forecast underspend of Operational expenditure of $37.593 Million. This is without recouping the $7.515 Million reallocation to the notifiable disease management system. The forecast underspend for the whole of life DHR Program at present is $2.212 Mil ion over the 8 years with including the BAU expenditure. Therefore, the budget will be reporting Green. Detailed quarterly reports will be provided to the Board in December 2022 (Jul-Sept 2022 quarter) and March 2023 (Oct 2022 to Jan 2023).

Quality

The final Quality and Assurance Strategy and Plan was approved by the Program Board on 18 May 2021.

EY has been selected as the company to provide external assurance activities outlined in the Quality & Assurance Strategy and Plan. Recommendations arising from the previous assurance review reports are being tracked and added to the Program Board papers monthly. The next review will be the Benefits realisation/ Post Implementation Review in April 2023.

Benefits

Abt Associates (in partnership with bdna) were the successful external consultancy to perform the Benefits Realisation Plan for the DHR.

The overarching headline Benefits Management Plan was approved by the DHR Program Board 8 April 2022 and will now be managed in the DHR Program Office to gather the baseline data prior to Go-Live of the Epic DHR solution and will work on cadence of gathering data post Go-Live. There are 23 baseline data metrics related to the 14 headline benefits identified. The metrics were approved by the DHR Program Board in October 2022 and baseline data will be provided in March 2023. Epic are flagging concern with the availability of base ine benefits data which has decreased the status of this area. The BI & Data team are working to deliver this data in the timeframes set.

Scope

Scope refinements are being managed through Change Request processes. None have been raised in this period.
There was a Change Freeze period from 21 December 2022 to 4 January 2023 for changes to the system.

Schedule

The DHR Program schedule has been reforecast after the agreement from the September 2021 Board to delay Go-Live from September 2022 to November 2022. The re-baselined schedule was achieved with Go-Live of the system occurring on 12 November 2022.

Project Summary Dashboard

DHR Technical Project

RAG Yellow **% Complete** 92%
Trending Dash

The project status is green as the solution is in production and operating. The focus of the technical project is now on the transition of interfaces from the AETHER integration engine to Rhapsody to combat the intermittent issues with the AETHER integration engine. This was agreed to through a formal paper circulated amongst key stakeholders in CHS, Calvary and ACT Health. This switchover is planned to be completed by March 2023.

DHR Implementation Project

RAG Yellow **% Complete** 98%
Trending Dash

The Digital Health Record (DHR) Implementation Project is reporting an overall green status and is improving.

Cutover processes were completed in a timely manner for Go-Live. Data Abstraction was completed and has provided data for 6 weeks of appointments scheduled. The application workstreams are now managing the tickets logged across the health services to stabilise the system prior to optimisation requests being reviewed and prioritised in February 2023.

DHR Business Intelligence & Data Project

RAG Red **% Complete** 75%
Trending Down

This project is reporting amber and trending downwards. A request to extend the BI and Data Project has been lodged with the DHR Program Board in the January 2023 meeting. The request is to extend the project until November 2023 and to enable it to be a separate project that will report into the peak ACT Health Digital Committee. Scope for reporting for Go-Live has been delivered but issues are being managed in ED data and other elements of National Reporting. The National Submission data is being careful analysed now prior to the first submission that will contain Epic and legacy system data combined.

Key Program Activities

Key Program Activities

At Risk	Task Name	Start Date	End Date	Status
–	Program authorised to commence	08/02/21	08/02/21	Complete
–	Contract with vendor signed	01/01/19	01/01/19	Complete
–	Completion of staffing and program team training	30/06/21	30/06/21	Complete
–	Completion of detailed program planning	30/06/21	30/06/21	Complete
–	Completion of system configuration base build	31/12/21	31/01/22	Complete
–	Completion of testing and content build	30/06/22	29/07/22	Complete
–	Completion of end user training	29/08/22	04/11/22	Complete
–	120 day Go-Live Readiness Assessment (GLRA)	07/07/22	07/07/22	Complete
–	90 day Go-Live Readiness Assessment (GLRA)	10/08/22	10/08/22	Complete
–	60 day Go-Live Readiness Assessment (GLRA)	12/09/22	12/09/22	Complete
–	30 day Go-Live Readiness Assessment (GLRA)	11/10/22	11/10/22	Complete
–	Execute Cutover	04/11/22	11/11/22	Complete
–	Go live	12/11/22	12/11/22	Complete

Financial Performance

Whole of Life Budget & Expenditure

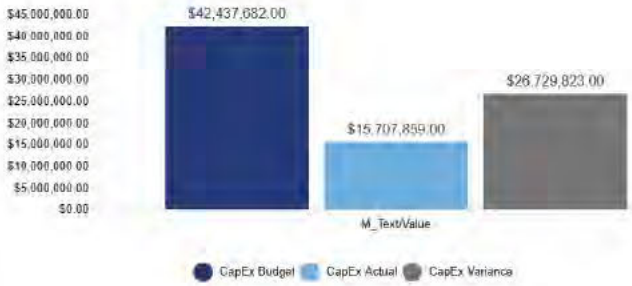
CapEx

Budget	$130,787,000.00
Actual	$83,176,030.00
Variance	$47,610,970.00

OpEx

Budget	$77,752,000.00
Actual	$19,478,280.00
Variance	$58,273,720.00

Current FY 2022/23



Program Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain					
Likely			3		
Possible			2	1	
Unlikely					
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

Issue Matrix

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High					
Moderate				1	
Low					
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

Program Risks

Title	Residual Rating	Description
Data quality in the Digital Health Record is poor	High	"Insufficient focus on the design of the data dictionary and structures. Data entry by end-users may not enter quality data into the fields. "
Difficulty accessing historical data	High	Dependencies to migrate existing data into Clinical Patient Folder and the Data Repository are not achieved.
Cyber attack penetrates the DHR system	High	Hacking of the system or through mismanagement of the data. Critical systems fail to have geographic redundancy and availability.

Program Issues

Description	Residual Rating	Action to Be Taken
User provisioning is a deliverable of the technical project and is delayed. If users are not ava lable in the system, the implementation team cannot progress testing as per the schedule. Also, if all providers are not added, this will create problems for letter addressing etc	High	This has significantly improved but w ll remain high until the providers can be tested, and the scope of provider creation is finalised. There are additional resources working on this and it is progressing well. A onboarding web form has been created and is going out to health services 12/08/2022 to validate data and ensure user logins are right during login labs that will occur directly after training sessions. Will close this action once login labs have occurred. 12/12/2022 Some ongoing issues with user templates are causing issues. Work is underway to clean up externa provider records that are linked to provider numbers that are not current. This has focussed first on GPs and will then move to focus on other external providers.

ACT Health

Digital Health Record Implementation Project

Digital Solutions Division
PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and co laboration

Reporting Period: 7 December 2022 to 6 January 2023

Project Overview

The Digital Health Record Implementation Project will deliver the configuration, testing, implementation, and training of all end users of the Digital Health Record.

Trending: Stable

Project Governance

Project ID	PJ0005
P3M ID	PROJ10112
Approval Stage	Deliver
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Delivery Team

Project Manager	Philippa Kirkpatrick
Approver	Sandra Cook

Project Performance Indicators

Overall Health Status	Schedule Status	Budget Health Status	Quality Health Status	Risks & Issues Health Status	Scope Health Status	Benefits Health Status

Project Baseline

Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
02/08/21 Actual Start Date	02/08/21 Baseline Start Date	$74,598,945.00 Baseline (Capex)	$23,497,640.00 Variance (Capex)
30/12/22 Actual End Date	30/12/22 Baseline End Date	$32,613,453.00 Baseline (Opex)	$27,375,821.00 Variance (Opex)

Project Status Commentary

Project Status

The Digital Health Record (DHR) Implementation Project is reporting an overall amber status.

The system is live and all planned areas are now using the DHR. Areas experiencing the greatest issues are the patient administration area (particularly in referral management) as well as pathology.

Schedule

The DHR went live according to schedule. The hypercare period is now finished. The team are focussed on resolution of issues from tickets. Early in 2023 the focus will move to focus on transition to BAU arrangements.

Scope

The DHR went live with all modules planned, other than applications on bring-your-own devices (Haiku, Canto and Limerick).

An optimisation register has been developed to capture requests for changes that are not go-live critical. An Optimisation Framework is under development that will guide the management of optimisation activities including the prioritisation of work on optimisation requests.

Budget

The budget figures for this report are the same as last month as the key Finance Resource in DSD left the organisation and a replacement has not started yet so actuals for November 2022 were not available at the time of reporting. This will be caught up next month. The project budget remains to be forecasting a budget surplus. This may be reallocated to the program if it is not required.

The capital forecast is a deficit of $641,000 due to overtime work by the team to achieve go-live according to schedule. The operational forecast is $24 million under budget. However this is the project budget which

Risks & Issues

Many risks were closed out with the implementation of the project as they related to achieving go-live on schedule, budget and with staff trained. There remains one high risk, about attracting and retaining the right staff. Recruitment for the business as usual team is underway. However, there remains a risk of turnover as some team members are returning to their previous roles or taking new positions.

There are 5 issues designated as high (decrease of 9 since the last report). Two of the high issues are with regard to referral management and external access to pathology reports. Updates on these are tracked regularly at the Top 10 meetings.

Quality

Quality and assurance activities are being managed at the program level and is reported in the program status report.

Benefits

The project benefits are being managed at the program level and is reported in the program status report.

Key Project Activities

Key Project Activities - Implementation

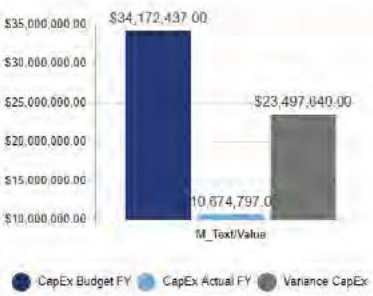
Task Name	Status	At Risk	Start Date	End Date
Super user training complete	Complete		29/08/22	09/09/22
Workflow dress rehearsal complete	Complete		01/10/22	04/11/22
End user training complete	Complete		13/09/22	04/11/22
Abstraction undertaken	Complete		03/10/22	14/11/22
Blood bank system ready for implementation	Complete		01/11/22	11/11/22
PAS conversion production loads complete	Complete		29/10/22	11/11/22
Cutover of inpatients complete	Complete		07/11/22	11/11/22
60 Day Go-Live Readiness Assessment (GLRA)	Complete		15/09/22	15/09/22
30 day Go-Live Readiness Assessment (GLRA)	Complete		13/10/22	13/10/22
First five production use of the DHR	Complete		12/11/22	12/11/22
Hypercare period complete	Complete		25/11/22	25/11/22

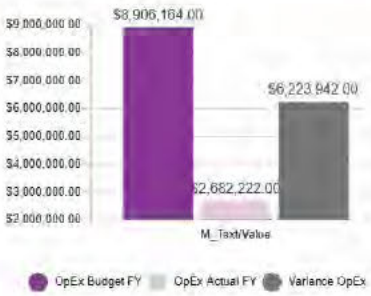
Financial Performance

Whole of Life Budget & Expenditure

CapEx	
Budget	$74,598,945.00
Actuals	$51,101,305.00
Variance	$23,497,640.00
OpEx	
Budget	$32,613,453.00
Actuals	$5,237,632.00
Variance	$27,375,821.00

Current FY 2022/23





Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain					
Likely		1	1	1	
Possible		1	5		
Unlikely		6	1		
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

Issue Matrix

Primary	2	3	4	5	6
`					
Critical					
High			1	2	
Moderate	1	1	4	2	
Low		1			
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

Project Risks

ID#	Title	Source	Residual Rating	Existing Risk Controls
DHRIMP52	Health services policies or procedures may not align with the configuration of the DHR.	Changes in workflows need to be reflected in changes in policy. The health services may not be resourced to undertake all required policy updates.	High	Health services leads are planning this work. A register of known policy changes has been developed.

Project Issues

ID#	Title	Description	Residual Rating	Action to Be Taken
DHRIMP-I23	Dependent projects	User provisioning is a deliverable of the technical project and is delayed. If users are not available in the system, the implementation team cannot progress testing as per the schedule. Also, if all providers are not added, this will create problems for letter addressing etc	High	Hakan Gultekin and Tim Panoho are leading this activity. Collection and analysis of data is progressing. Weekly reports on progress are provided to the Board. 16/3/2022 This is improving. It is now progressing and an initial upload of providers underway. 26/5/2022 Sonya Floyer has been engaged to support this work. 1/8/2022 Sonya to implement app to collect this data. 15/10/22 Data is being collected via a webform. However updated provider information will not be uploaded until late October. 9/12/2022 Work continues on the clean up of providers in the system. The greatest impact is now with external providers, including providers with records associated with inactive provider numbers. This is resulting in users selecting an inactive provider and results not being received.
DHRIMP-I24	People	Some staff have reported burnout or stress at rates that are not healthy.	High	This is a limited number of staff but has resulted in turnover. Managers are monitoring any staff where this has been reported, and for those that have remained with the team, there have been improvements. However, with high workloads and schedule delays, this issue may remain. Therapy dogs were organised. All staff were encouraged to take at least two weeks off over the Christmas period. 16/3/2022 Last week was meeting free week which was well received. Another time period when we will encourage leave is being identified (possibly last two weeks of July - one week per team member at their own choice) 26/5/2022 Additional boost request going in to support the team over go-live. 1/8/2022 Retention of some Boost over go-live has been approved. There is still some turnover in the team with two team members resigning in the past few weeks. Action is for ongoing monitoring by managers and escalation as required. 15/10/22 This continues and around 5 staff have left recently. Managers continue to suppor their teams and assist with prioritisation. The team is focussed on go-live cr tical activ ties. 9/12/2022 This continues although is reducing for some teams since go-live. Other teams with large ticket numbers are still feeling stress.
DHRIMP-I92	Workflow	CPF integration has critical defects	High	15/10/22 Monitor resolution of critical defects. CIO escalating with Infomedix frequently. 9/12/22 The DHR went live with CPF integration. Ongoing issues are reported with the ability to open document level links.
	Workflow	Difficulties with referral management	High	9/12/2022 Both education, engagement and configuration corrections are underway.
	Workflow	Pathology results not all being received by GPs	High	9/12/2022 Investigations are underway. Planning also underway to retrigger results.

ACT Health

Digital Health Record Technical Project

Digital Solutions Division
PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period: 7 December 2022 to 6 January 2023

Project Overview

The Project will deliver technology components to support the migration of ACT Health systems, DHR and Related Systems environments, interfaces, end user devices, medical devices, and foundational technology solutions.

Trending: Stable

Project Governance

Project ID	PJ0006
Approval Stage	Deliver
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Delivery Team

Project Manager	Tim Panoho
Approver	Sandra Cook

Project Performance Indicators

Overall Health Status	Schedule Status	Budget Health Status	Risks & Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status

Project Baseline

Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
11/05/21 Actual Start Date	01/08/21 Baseline Start Date	$18,715,578.00 Baseline (Capex)	$5,089,097.00 Capex
07/03/23 Actual End Date	30/12/22 Baseline End Date	$17,697,823.00 Baseline (Opex)	$12,337,013.00 Opex

Project Status Commentary

Project Status

The Digital Health Record Hypercare period concluded on Friday 9 December. Requests and issues being raised across the Health Services from end users are continuing to be managed at the application level, however we are beginning to transition to ongoing governance groups at an Advisory Committee level to assist with decision making.

The following are ongoing issues that the team are continuing to work through
- Migration to the NTT environment for a number of urgent systems that are failing is being completed as a priority. The team are following Change Control processes in performing these migrations.
- The paper to move all integrations to go through Rhapsody instead of AETHER has been agreed by the health service stakeholders at the Technical Steering Committee level. The plan is to complete these integration moves by end March 2023.
- Planning for the first system upgrade will commence the first week of February 2023. The February 2023 version of Epic will be implemented in production by the end May/ early June 2023.

Schedule

The DHR went live according to schedule. The hypercare period is now finished and the team are focussed on migrating urgent systems and will move to a focus on transition to BAU arrangements in 2023.

Scope

The scope of the technical team was to deliver all the infrastructure and application components for running the Epic application. This was delivered with processes now in place to support patching and special updates for ongoing future scheduled outages. The team delivered end user devices to all areas for CHS and Calvary and there is ongoing changes and improvements that will continue on through BA. The EUD team are now transitioning into DSS support. Medical devices are also continuing to support the biomedical services to ensure that there is ongoing monitoring and management of medical devices that have been delivered to BAU. The Security and User Provisioning team are managing the queues for support and maintaining end user access. There will be a project next year to improve the end to end provisioning of users to align with the CHS and Calvary onboarding projects. Interfaces are continuing with integration support with an outstanding action to migrate interfaces from the AETHER platform due to the lack of sufficient monitoring functionality.

Risks & Issues

Please refer to the risks and issues summary report below.

Benefits

Benefits are being managed at the program level and is reported in the DHR Program status report.

Quality

A Quality and Assurance plan are being managed at the program level and is reported in the DHR Program status report.

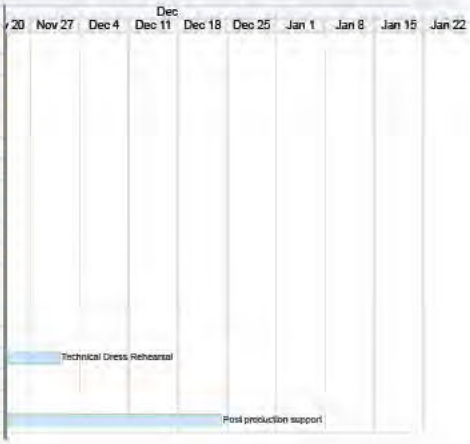
Budget

To address the Capital overspent on this project, we have requested an operational funding reprofile to capital that has been accepted and actioned by Finance. For this year, $8.415 million in DHR recurrent funding will be moved to DHR capital funding.

Key Project Activities

Key Project Activities - Technical

Health	Task Name	Start Date	End Date	Status	Milestones
	Interfaces PRD DHR Integrated related systems connected	31/08/22	31/08/22	In progress	
	September 2022 Upgrade	29/08/22	05/09/22	Complete	
	Imprivata PRD Completed	29/08/22	29/08/22	Complete	
	External Access Available Public facing	12/08/22	12/08/22	Complete	
	Security Assurance Pentest completed	26/08/22	26/08/22	Complete	
	PHI First Patient Load into PRD	09/09/22	09/09/22	Complete	
	PHI Kestral Data Load	12/09/22	12/09/22	Complete	
	Environment: Rhapsody PRD Environment ready	12/09/22	12/09/22	Complete	
	Active Directory Synch in place	20/08/22	20/08/22	Complete	
	PRD Downstream Systems Ready	25/07/22	30/09/22	Complete	
	Medical Devices All systems live in PRD.	14/10/22	14/10/22	Complete	
	Business Continuity Tested	0 days	07/09/22	Complete	
	Login Testing (Labs) Start PRD	14/10/22	14/10/22	Complete	
	Abstraction (FULL)	14/10/22	14/10/22	Complete	
	PAS Appointment / Scheduling Tasks	14/10/22	14/10/22	Complete	
	Technical Dress Rehearsal	01/08/22	30/11/22	In progress	
	Milestone Production Environment Completed	29/08/22	29/08/22	Complete	
	Go Live	12/11/22	12/11/22	Complete	
	Post production support	07/11/22	23/12/22	In progress	



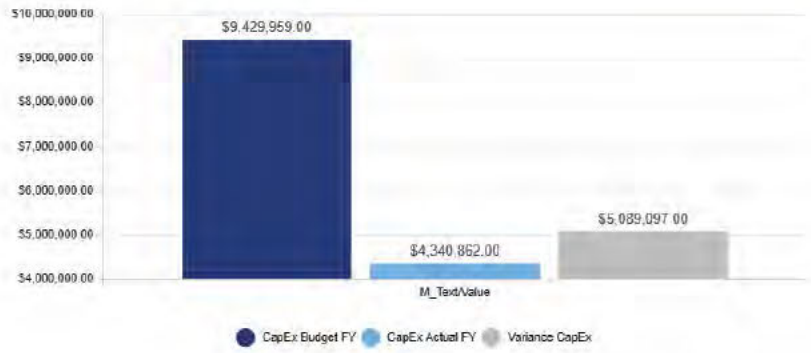
Financial Performance

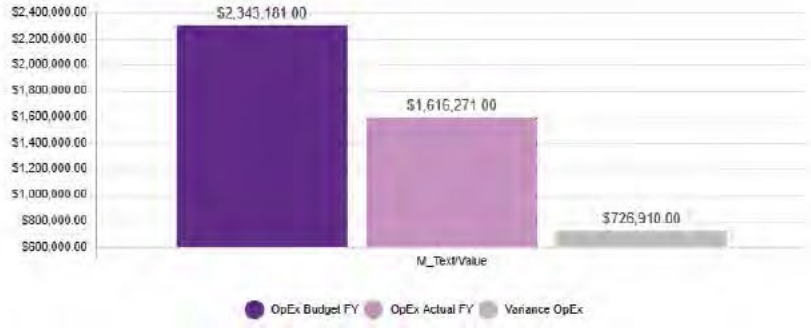
Whole of Life Budget & Expenditure

CapEx	
Budget	$18,715,578.00
Actuals	$13,626,481.00
Variance	$5,089,097.00

OpEx	
Budget	$17,697,823.00
Actuals	$5,360,810.00
Variance	$12,337,013.00

Current FY 2022/23





Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain					
Likely		2			
Possible			7		
Unlikely			1		
Rare	1		1		
	Insignificant	Minor	Moderate	Major	Catastrophic

Issue Matrix

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High					
Moderate					
Low					
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

Risks

Title	Description	Residual Rating	Action to Be Taken

Project Issues

Title	Description	Residual Rating	Action to Be Taken

ACT Health

Digital Health Record Business Intelligence and Data Project

Digital Solutions Division
PROJECT STATUS DASHBOARD

Digital Health Strategy Theme
- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period: 11 Dec 22- 13 Jan 2023

Project Overview

The DHR Business Intelligence and Data project brings together existing resources from across the health system business intelligence teams and engages expertise to deliver the technical and enabling capabilities, with the existing DHR project resources under a single project structure to ensure successful delivery of data and reporting capabilities.

Trending
Improving

Project Governance

Project ID	PJ0007
Approval Stage	Plan
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Delivery Team

Project Manager	Sean Winefield
Approver	Sandra Cook

Project Performance Indicators

Overall Health Status	Schedule Status	Budget Health Status	Risks & Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status

Project Baseline

Current Schedule	Baseline Schedule	Baseline Budget	Budget Variance
01/03/22 Actual Start Date	01/03/22 Baseline Start Date	$1,496,215.00 Capex	$1,172,769.00 Capex
23/04/23 Actual End Date	23/04/23 Baseline End Date	$1,161,948.00 Opex	-$152,134.00 Opex

Project Status Commentary

Project Status

- Report validations and remediation in Production are underway now that metrics are populating with real data, this is having a major impact on submissions
- Development of new reports continue to be prioritised based on operational need
- Data Capability (Badger) release 2 has been completed 23 Dec including core ED data
- Mid term data access and development approach agreed with Calvary – Hybrid approach required due to Calvary requirements differing from anticipated usage patterns from initial design options paper (AKA options 1/2/3)
- Calvary and CHS enabled access to PRD Clarity data daily snapshots via ACT Health data lake
- EPIC resources assisting in remediation of raw data validation scripts
- Data Analytics Branch provided with data access to validate data scripts
- 5 legacy systems decommissioned with data migrated to data capability legacy data hold
- There is a continuing focus on data mapping and validation against production data
- ED Real -time data delivery issues now impacting the consumer app team continues to work on both a resolution and a workaround to deliver the agreed methodology using 80 percentiles
- BI has kicked off the planned training sessions for end users in s ioer dicer and other reporting tools, the session will continue till early March

Schedule

- Complex transformations required to extract core activity data is placing all delivery dates at risk
- Test build of national submission elements is complete. Testing is finalised for elements that have been mapped.
- Review and validation of methodologies target completion Feb 2023
- Validation of all reports in Epic – Jan 2023 will not be complete
- Tables to support National Submissions - February 2023

Scope

Scoping ongoing deliverables

Quality

Quality and assurance is being managed at the program level and is reported in the program status report.

Risks & Issues

- Production data does not match anticipated outputs for reporting due to lack of documentation of workflows
- Roles and responsibilities are not defined across the three Health agencies and this is impacting the ability to improve governance processes
- Unplanned complex transformations required to extract core activity data to meet nation reporting requirements placing submissions at risk.

Budget

Budget is being management at the program level
The new project team is focused bringing the project out of critical and will refine the budget expenditure over the coming weeks to provide more detailed information by next month's status report.

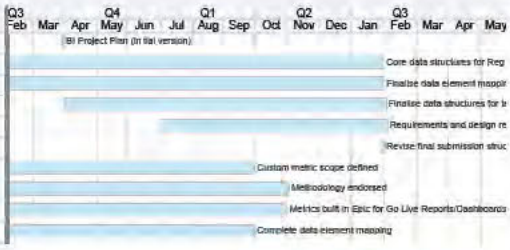
Benefits

Benefits are being managed at the program level and is reported in the program status report.

Key Project Milestones

Key Milestones Report - Digital Health Record Busi

At Risk	Health	Task Name	Start Date	Status
		BI Project Plan (initial version)	30/03/22	Complete
		Core data structures for Regulatory Submissions completed	01/01/22	In progress
		Finalise data element mapping	01/01/22	In progress
		Finalise data structures for testing	01/04/22	Not started
		Requirements and design refined for final submission structures	01/07/22	Not started
		Revise final submission structures	31/01/23	Not started
		Custom metric scope defined	01/01/22	Complete
		Methodology endorsed	01/01/22	Complete
		Metrics built in Epic for Go Live Reports/Dashboards	01/01/22	Complete
		Complete data element mapping	01/01/22	Complete



Financial Performance

Whole of Life Budget & Expenditure

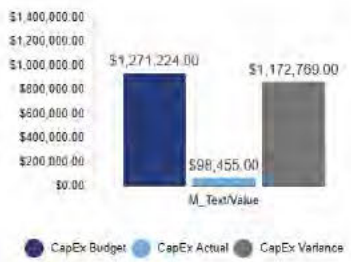
CapEx

Budget	$1,496,215.00
Actual	$323,446.00
Variance	$1,172,769.00

OpEx

Budget	$1,161,948.00
Actual	$1,314,082.00
Variance	-$152,134.00

Current FY 2022/23



Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain			4		
Likely		1	5	1	
Possible		1		9	
Unlikely		10	4	4	
Rare					
	Insignificant	**Minor**	**Moderate**	**Major**	**Catastrophic**

Issue Matrix

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High				1	
Moderate			4	1	
Low			3		
Planning					
	Insignificant	**Minor**	**Moderate**	**Major**	**Catastrophic**

Risks

Title	Residual Rating	Action to Be Taken
National Reporting	High	Testing of data elements required for submissions. Close collaboration and communication with submission team. There are well-established processes for resubmission of data.
Critical Data Elements	High	We are working with app team and executives on mitigations, which include addressing through training Meetings will be scheduled week starting 5 September to discuss mitigation.
Lim ted Resources	High	Keep app workstream managers in the loop Escalate to senior management and executives as required
Lack of organisational readiness for such a significant change.	High	Treatments include the health services recruiting additional staff to support the change management Robust end user training Data governance/literacy
Clients receive the wrong reports and use them incorrectly.	High	Efforts underway to identify users, job roles to ensure they are assigned to the appropriate user group and tiers Recruitment of additional staff to support change management Robust end user training Data governance/literacy
The Territory may have problems with national reporting and submissions during the transition period from existing systems to the Digital Health Record	High	Map data fields from the DHR into the ACT data repos tory. There are well-established processes for resubmission of data. Sending brief to Minister and letter to DG and funding bodies about potential impact to submission timeline.
Inability to meet national submission requirements.	High	Testing of data elements required for submission Close collaboration and communication with submission team There are well established processes for re-submission of data
Loss of historical data - Audit data in chronicles is truncated regularly and if Clarity ETLs miss data it may be impossible to retrieve.	High	Regularly review all the specifications. Keep abreast of any new reporting requirements and/or standards Identify all relevant stakeholders for the BID project Extensive consu tation regarding deliverable required by stakeholders Regular meetings with all stakeholders POTENTIAL increase log audit retention in Chronicles, however, will affect cost and performance
Data migration is incomplete - Data is notified for migration prior to Go-Live	High	DHR Data conversion team is assessing the Legacy Systems migration strategy DHR and Epic are developing a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) ration strategy DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe Testing process is planned and coordinated with key stakeholders
Data is lost, corrupted or mapped incorrectly through migration progress	High	Legacy data is currently being migrated from decommissioning systems. This data is landed in the new Data Health Enclave (PAUCLDRSQL207) server. Validation of data is dependent on the availability of an SME in the particular system area.
Accidental release of confidential data -	High	Training in data governance and best practices Build secure data handling network zones
Software as implemented does not meet our mandatory reporting needs	High	Working with vendor to identify mandatory reporting concepts to ensure inclusion prior to Go-Live
Data Access & Security	High	Draft key procedures required for Go-Live and training Communicating dependencies and timelines to DAB for required policies Clear approval process
Waiting Times for ACT Consumer App	High	Work with Epic on what solutions will meet requirements Escalate decision if required before the next GLRA
Lack of dedicated resourcing	High	
Strategy for reporting historical data	High	Currently assessing certain systems which will require reporting user interfaces. Systems like CHARM have been identified to require reporting for research, patient workflows, etc. That will require extraction from the data warehouse.
Difficulty accessing historical data	High	a) Monitoring progress of the data migration into the data repository. b) Training staff in the data repository team early so that their work aligns with the future state after implementation of the Digital Health Record. c) Monitor the implementation of document level context switching in CPF. d) DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information. e) DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance. f) DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe g) DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components h) Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic"
Loss of Legacy system metadata	High	Currently being assessed at a system by system basis. Some systems already have metadata available in their logs which have been extracted from the SQL database. Some documentation are already have been stored in Confluence and Objective. These are being documented at there System Handover Document to DSS.

Project Issues

Title	Residual Rating	Action to Be Taken
Recruitment and onboarding staff	High	Making sure recruitment paperwork is submitted in a timely manner Training is available and staff supported Training materials and documentation developed, including induction
Difficulty accessing historical data	High	DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information. DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance. DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic

Digital Health Record Program - Communications Register									
Date	Topic	Length of Engagement (ie. length of meeting) Note: approx to the nearest 15 minutes	Stakeholder Group Communicated To	Communications Method	Communicated By	Communicated With	Follow Up	Key Points	Comments/Work Notes
1/12/2022	Super User Briefing - 8:30am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR Super Users	N		
1/12/2022	Epic and ACT Health Touchbase	1 hour	CHS Executive	Virtual Meeting	ACT DHR	CHS Exectutives & EPIC	N		
1/12/2022	DHR Leadership Touchbase - 9am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
1/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
1/12/2022	DHR Endoscopy Go-Live Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR Go-Live daily meeting: Infection Control	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR Renal Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR Go-live Transcription Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR Nursing Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR Daily Cardiology Go-Live Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR WYCCHP Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR Pharmacy Go-Live Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR Research Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR Mental Health, Justice Health and Alcohol and Drug Services Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	DHR Patient Safety Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
1/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
2/12/2022	Super User Briefing - 8:30am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR Super Users	N		
2/12/2022	DHR Leadership Touchbase - 9am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
2/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
2/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
2/12/2022	DHR ICU Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
2/12/2022	DHR Go-Live Meeting/Huddle - Pathology Charging/Billing Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
2/12/2022	DHR Community Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
2/12/2022	DHR Daily HIM Daily Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
2/12/2022	DHR Daily Huddle - Pathology	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
2/12/2022	DHR Allied Health Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
2/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
2/12/2022	DHR Leadership Touchbase - 4pm Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
5/12/2022	Super User Briefing - 8:30am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR Super Users	N		
5/12/2022	DHR Leadership Touchbase - 9am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
5/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
5/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
5/12/2022	Go-live GPLU Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
5/12/2022	DHR Daily HIM Daily Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
5/12/2022	DHR Community Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
5/12/2022	Patient Administration Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
5/12/2022	DHR Go-Live Huddles: Medical Officer	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
5/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
5/12/2022	DHR Leadership Touchbase - 4pm Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
6/12/2022	Super User Briefing - 8:30am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR Super Users	N		
6/12/2022	Epic and ACT Health Touchbase	1 hour	CHS Executive	Virtual Meeting	ACT DHR	CHS Exectutives & EPIC	N		
6/12/2022	DHR Leadership Touchbase - 9am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
6/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	DHR Renal Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	DHR Daily Huddle - Blood Transfusion	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	DHR Nursing Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	DHR Daily Cardiology Go-Live Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	DHR WYCCHP Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	DHR Pharmacy Go-Live Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	DHR Research Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	DHR Mental Health, Justice Health and Alcohol and Drug Services Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	DHR Patient Safety Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
6/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
7/12/2022	Super User Briefing - 8:30am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR Super Users	N		
7/12/2022	DHR Leadership Touchbase - 9am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
7/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
7/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
7/12/2022	DHR ICU Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
7/12/2022	DHR Go-Live Meeting/Huddle - Pathology Charging/Billing Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
7/12/2022	DHR Community Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
7/12/2022	DHR Daily HIM Daily Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
7/12/2022	DHR Daily Huddle - Pathology	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
7/12/2022	DHR Allied Health Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
7/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		

7/12/2022	DHR Leadership Touchbase - 4pm Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
8/12/2022	Super User Briefing - 8:30am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR Super Users	N		
8/12/2022	Epic and ACT Health Touchbase	1 hour	CHS Executive	Virtual Meeting	ACT DHR	CHS Exectutives & EPIC	N		
8/12/2022	DHR Leadership Touchbase - 9am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
8/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
8/12/2022	DHR Endoscopy Go-Live Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR Go-Live daily meeting: Infection Control	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR Renal Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR Go-live Transcription Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR Nursing Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR Daily Cardiology Go-Live Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR WYCCHP Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR Pharmacy Go-Live Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR Research Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR Mental Health, Justice Health and Alcohol and Drug Services Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
8/12/2022	DHR Patient Safety Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
9/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
9/12/2022	DHR NSW Visit (Change Management, Implementation, etc)	6 hours	NSW Health	On site meeting	DHR	NSW Health staff	N		
9/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
9/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
9/12/2022	MET Narrator Workflow Demonstration	1 hour	End Users	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	Y	Add video demonstration to F1 and post video on Sharepoint for viewing	Complete
9/12/2022	DHR Leadership Touchbase - 4pm Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
9/12/2022	DHR ICU Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
10/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
11/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
12/12/2022	DHR All Staff Update	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
12/12/2022	Fluid Balance Workflow Demonstration	1 hour	End Users	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	Y	Add video demonstration to F1 and post video on Sharepoint for viewing	Complete
12/12/2022	DHR Daily HIM Daily Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
12/12/2022	DHR Community Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
12/12/2022	Patient Administration Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
12/12/2022	DHR Go-Live Huddles: Medical Officer	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
12/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
12/12/2022	DHR Go-Live Huddles: Medical Officer	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
12/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
13/12/2022	DHR Leadership Touchbase - 9am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
13/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
13/12/2022	DHR Endoscopy Go-Live Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR Go-Live daily meeting: Infection Control	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR Renal Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR Go-live Transcription Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR Nursing Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR Daily Cardiology Go-Live Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR WYCCHP Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR Pharmacy Go-Live Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR Research Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR Mental Health, Justice Health and Alcohol and Drug Services Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	DHR Patient Safety Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
13/12/2022	Rover Workflow Demonstration	1 hour	End Users	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	Y	Add video demonstration to F1 and post video on Sharepoint for viewing	Complete
13/12/2022	DHR Go-Live Meeting/Huddle - Beacon Charging/Billing Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
14/12/2022	DHR ICU Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
14/12/2022	DHR Consumer Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	Consumer reps	N		
14/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
14/12/2022	DHR Community Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
14/12/2022	DHR Daily HIM Daily Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
14/12/2022	DHR Daily Huddle - Patient Admin	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
14/12/2022	DHR Allied Health Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
15/12/2022	DHR Union Engagement Advisory Committee	1 hour	Union reps	Meeting	Sandra Cook, Rebecca Heland	Union reps	N		
15/12/2022	DHR Go-Live Meeting/Huddle - Anaesthesia Charging/Billing Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
15/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
15/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
15/12/2022	DHR Daily Cardiology Go-Live Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
15/12/2022	DHR WYCCHP Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
15/12/2022	DHR Patient Safety Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
15/12/2022	DHR Research Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
15/12/2022	DHR Nursing Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
16/12/2022	DHR Daily HIM Daily Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
16/12/2022	DHR Daily Huddle - Patient Admin	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
16/12/2022	DHR Allied Health Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
16/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		

16/12/2022	DHR Leadership Touchbase - 4pm Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
17/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
18/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
19/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
19/12/2022	DHR Community Huddle	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
19/12/2022	DHR Daily HIM Daily Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
19/12/2022	DHR Go-Live Huddles: Medical Officer	1 hour	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
19/12/2022	DHR Leadership Touchbase - 4pm Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
20/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
20/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
20/12/2022	Infection Control Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
20/12/2022	DHR Renal Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
20/12/2022	DHR Blood Transfusion Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
20/12/2022	DHR Go-Live Meeting/Huddle - Beacon Charging/Billing Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
21/12/2022	DHR Program Board Meeting - 21 December 2022	1 hour	Program Board Executive Members	Virtual Meeting	Sandra Cook & DHR Leadership Team	Board	N		
21/12/2022	DHR ICU Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
21/12/2022	DHR Daily HIM Daily Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
21/12/2022	DHR Daily Huddle - Patient Admin	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
21/12/2022	DHR Nursing Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
21/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
22/12/2022	Top10@10	1 hour	DHR, CHS & Calvary Executive	In Person Virtual Meeting	DHR Program	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
22/12/2022	Infection Control Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
22/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
22/12/2022	Epic and ACT Health Touchbase	1 hour	CHS Executive	Virtual Meeting	ACT DHR	CHS Exectutives & EPIC	N		
22/12/2022	DHR Leadership Touchbase - 9am Meeting	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
22/12/2022	DHR Research Huddle	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	DHR, CHS & Calvary Executive, SME's & External Stakeholders	N		
23/12/2022	Application Alignment Check	30 minutes	ACT DHR, ACTHD	Virtual Meeting	ACT DHR	ACT DHR	N		
SHUTDOWN 24/12/2022 to 3/01/2023 NO MEETINGS HELD AS CHANGE FREEZE IN PLACE									

Risk Ref	Risk Cat	The Risk:	Source	Impact / Outcome	Risk Owner	EY Report Link	Risk Controls Currently in Place	Cons	Likelihood	Risk Ratin	Control	Further Treat	Comments
1	Financial	Insufficient budget due to schedule delays	Epic's implementation based on a time and materials approach. The burn rate for the program team is very high. Task costs not estimated correctly.	If the Program does not progress according to schedule, the Territory may be liable for additional fees.	DG ACTHD	PHC - R11 TR- R1.2	Controls have been included in the contract to have payments based on milestones and processes for reporting and reforecasting resources. Governance applied to ensure accurate estimate of costs. Inclusion of delay costs for the 8 weeks in the budget.	4	3	High	Has Room for improvem	Yes	96% of Epic implementations are delivered within the budget using a time and materials approach.
7	Financial	Insufficient budget due to lack of contingency.	There is no contingency in the budget as the market analysis for the Digital Health Record and third party products identified costs slightly lower than the now expected costs.	Unplanned budgetary requirements.	DG ACTHD	PHC - R11 TR- R1.2	The budget and expenditure is reported monthly to the program board.	3	4	High	Adequate	No	A supplementary DHR Business Case has been submitted to Treasury to assist with the implementation as a mitigation for having no contingency.
20	Products and Services	Data quality in the Digital Health Record is poor	Insufficient focus on the design of the data dictionary and structures. Data entry by end-users may not enter quality data into the fields.	a) Disruption of clinical and business processes. b) Poor adoption and usage of the solution by clinicians. c) Increased clinical risk for patient care. d) Avoidable adverse events due to doctors not having access to an accurate and complete patient information. e) Reputational damage for the Territory and loss of the public's confidence. f) Benefits not realised	EBM, Future Capability	PHC - R5, R6	a) Epic has a well defined data dictionary. b) Intention to migrate a little data as possible with historical data being made available in the data repository. c) Patient safety program has been designed to review the system to identify data capture by end-users. d) The DHR BI and Data project has been established to provide expertise to DHR configuration of reports, submissions and dashboards.	3	4	High	Has Room for improvement	Yes	Training program is incorporating importance of data capture
22	People	The clinical record does not provide ready access to information.	The record is difficult to navigate or strict access controls restrict appropriate access to information. Users and providers are not provisioned with the apporpriate access.	a) Disruption of clinical and business processes. b) Poor adoption and usage of the solution by clinicians. c) Increased clinical risk for patient care.	CIO ACTHD	PHC - R4, R5, R23, R24 TR - R1.3, R3.1	a) Staff were invited to collaborative tenderer presentations structured around key clinical/workflow scenarios so that information capabilities and user experience can be explored by clinical representatives. b) Break the glass functionality will ensure access is available when required. c) Learnings from viewing the Singapore go-live are being taken into account in the development of the support strategy for user provisioning.	3	4	High	Has Room for improvement	Yes	User provisioning plans are being developed for managing this information and commissioning access to the system. Interface work and data conversion work is being tested and validated and end users will be involved in this.

Risk Ref	Risk Cat	The Risk:	Source	Impact / Outcome	Risk Owner	EY Report Link	Risk Controls Currently in Place	Cons	Likeli hood	Risk Ratin	Contr ol	Furth er Treat	Comments
24	People	Difficulty accessing historical data	Dependencies to migrate existing data into Clinical Patient Folder and the Data Repository are not achieved.	a) Clinicians are not able to access clinical information required to support delivery of care to patients. b) Increased clinical risk for patient care. c) Clinical and other research activities may be limited by availability of historical data.	EBM Future Capability	PHC - R23, R24 TR - R2.2, R3.2	a) Monitoring progress of the data migration into the data repository. b) Training staff in the data repository team early so that their work aligns with the future state after implementation of the Digital Health Record. c) Monitor the implementation of document level context switching in CPF. d) DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information. e) DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance. f) DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe g) DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components h) Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic	3	4	High	Adequate	No	Data Conversions Charter is complete and work is continuing in this space. The BI and Data Project also have Legacy Data as a work package and a number of existing systems have already been contracted to provide read only access.
29	Stakeholder Management	Lack of or insufficient clinical engagement in the development and implementation of the DHR	The Program may be delayed, or may not deliver a high quality outcome.	a) Increased resistance to, and poor adoption and usage of the Digital Health Record solution by clinicians. b) Continued dependence on existing paper based and legacy information systems to support care, resulting in ongoing fragmentation of patient information. c) Increased clinical risk for patient care. d) Intended benefits of project regarding patient outcomes, productivity improvement and increased stakeholder satisfaction are not realised.	CEO CHS, CPHB RM	PHC - F1, R1, R2, R3, R4, R5, R8	a) Change manager has been appointed to ensure sufficient staff engagement. b) Held workshops with clincal staff to design the requirements for the scenarios. c) Included clinical staff in the evaluation of the tender including through demonstrations and the functional evaluation team. d)Have communicated that the Digital Health Record program is positioned as a clinical and operational transformation project, not an ICT systems implementation project, and that that all communications to the organisation reinforce this. e) Over 400 SMEs identified and participating in governance groups. f) The DHR system will be able to monitor efficient use of the tool to assist end users to use it in the most effective way	4	3	High	Adequate	No	Governance groups are progressing with DHR Summits/ integrated testing with operations to demonstrate the processes to wider end users. Further communication and change activities will continue throughout the program until Go-Live. Clinical audits will continue to be performed by both health services and support for staff will be provided to ensure end users can engage and use the DHR effectively.
38	Financial	Schedule delays due to slower than required decision-making or revisiting decisions already made	The project will require a devolved decision-making framework to ensure decisions are made in a timely manner. If this does not occur due to stakeholder unavailability or inability to reach a decision, this will delay the project. Scope creep/changes	Financial risk due to schedule delays Configuration does not reflect the preferences of key stakeholders.	EGM DHR	PHC - R11, R25, R26	a) CHS Digital Committee and CPHB PCG are available for escalation, as are health services leads. b) Governance hierarchy and decision-making framework has been implemented. c) Teams escalate concerns at stand up for executive intervention. d) Deep dives and program meetings established to escalate to health services leads.	3	4	High	Adequate	No	Assisting with getting involved SMEs and executives undertanding their role and importance of decisions making is reiterated at each governance group. Issues are being escalated through the governance for decision when required.

Risk Ref	Risk Cat	The Risk:	Source	Impact / Outcome	Risk Owner	EY Report Link	Risk Controls Currently in Place	Cons	Likeli hood	Risk Ratin	Contr ol	Furth er Treat	Comments
41	Operational	Health services are unable to release staff for DHR requirements including training, certified trainers, superusers and data abstraction/conversion.	There is no funding for backfill of staff for training. High impact activties are scheduled for during the winter season. Staff for backfill may not be available due to the geography of the Territory.	Schedule delays as it is critical that staff are trained and supported during go-live.	CEO CHS, CPHB RM	PHC - F3, R1	There is backfill for certified trainers funded in the DHR program budget. A supplementary Business Case has also added funds to assist in the health services with activities in the lead up to implementation of the DHR. Health Services are also documenting service plans to describe the slow down of services to assist in releasing staff for the super user, training and data abstrction/ conversion tasks. The DHR Program is also looking to appoint short term contracts to students to assist with conversion/ abstraction activities. Alternate Training Plans are being developed in case resource release is challenging.	4	3	High	Inadequate	Yes	A supplementary DHR Business Case will be announced on the 2 August 2022 to assist with the health services being able to support the implementation.
46	Project	The team are unable to complete all tasks in accordance with the schedule.	Causes of task non-completion may include: - The scope of work is larger than originally anticipated and there are issues that arise that take longer to troubleshoot delaying delivery of tasks - Delays to decision-making - team member's performance is not as expected - delays due to external pressures such as COVID-19 - delays to dependencies including conversions, interfaces and user	The schedule is delayed, resulting in additional budget requirements.	EGM DHR	PHC - F2, R1 TR - R1.1	a) Back on track plan were implemented to motivate the team as well as to concentrate effort on tasks required to be completed for application testing. Work continues to be prioritised to ensure go-live critical activities are completed. b) Additional Epic resources have been engaged. c) Casuals have been recruited to assist the team.	4	3	High	Adequate	No	Continuous program meetings and review of schedule with back on track plans where required occur to keep the program on track. Additional Epic resources have been engaged where needed.
47	Security	Cyber attack penetrates the DHR system	Hacking of the system or through mismanagement of the data. Critical systems fail to have geographic redundancy and availability.	a) Breach and disclosure of public data. b) Reputational harm, loss of confidence in ACT Government. Possible damage to individuals/business. c) Government/healthcare functions compromised. d) Clinicians are not able to access clinical information required to support delivery of care to patients. e) Increased clinical risk for patient care. f) Breaches in security may result in the Territory being subject to legal action by impacted parties, which may result in financial and other non-financial penalties.	CIO ACTHD	TR - N/A as a separate rec. aligned with TR - R3.1 and R4.1	a) Terms of use, ICT security policy, disclaimers and disclosure statements. b) Intrusion prevention/malware protection of cloud instances. c) Contract termination clauses, including a termination for convenience clause. d) Requirement for hosting service provider staff to hold and maintain NV1. e) Requirement for IRAP accreditation and regular reviews. f) Encryption methods with strong key cipher management are implemented. Encrypt payloads (at rest and in transit) where required with rated encryption product. g) Maintain independent audit and certification of secure services. h) Provisions in contract relating to data breach and exploitation of operations. i) Provisions in contract to ensure secure disposal or reallocation of assets.	4	3	High	Adequate	No	Production build of the DHR system will progress over May and June. Cybersecurity assessments will be performed and contract clauses in place with the hosting provider.
49	Technology	Technical Architecture Documentation may be siloed and not sight clinical workflow requirements required to ensure a seamless clinical end user experience	Lack of architecture documentation and end user journey maps due to a lack of resourcing in the technical team	a) Seamless end user workflows are not met as the technical solution has not considered the workflow b) Documentation unavailable creating confusion for the technical team delivering the solution	EGM DHR	TR - R3.1	The technical team are appointing additional architecture resources to assist with this documentation. They have also added the requirement for end user journey maps to technical documentation to assist	4	4	High	Inadequate	Yes	Recruitment occuring over May. Technical documentation will be delivered throughout May to July 2022.

Risk Ref	Risk Cat	The Risk:	Source	Impact / Outcome	Risk Owner	EY Report Link	Risk Controls Currently in Place	Cons	Likelihood	Risk Ratin	Control	Further Treat	Comments
50	Technology	The DHR solution does not work in an efficient and effective way for end users at the time of Go-Live	Medical Grade End User Devices are not available in time for Go-Live, there are not enough devices for the workflow or the wrong devices are procured for areas making the workflow slower than anticipated.	a) Seamless end user workflows are not met as the technical solution has not considered the workflow	CIO ACTHD	TR - R2.4	The technical team are working with the health services, Epic and the DHR analyst team to determine the appropriate end user devices for the workflow required.	4	4	High	Inadequate	Yes	Technical Dress Rehearsal in July will be a chance to ensure devices are working appropriately. Other end user activities over August/ September such as shadow charting will assist with workflow. Looking to utilise the CSB Prototype builds to test workflow where possible.
51	Technology	The DHR system is unavailable for end users after Go-Live	Enterprise Infrastructure Capacity fails and the system is unable to be accessed	a) End Users are unable to continue to record information in the DHR and need to rely on Business Continuity processes	CIO ACTHD	TR - R4.1	The Technical Team are working with NTT and Epic to design a technical solution that bridges all three involved domains (ACTGOV, NTT and Calvary).	3	4	High	Inadequate	Yes	Technical documentation will be delivered throughout May to July 2022.

Digital Health Record Program | January 2023

Project Name:

PRJ0087491 Health Enclave-Network and Domain Interconnect / EpicDHR
PRJ0101043 System Migration
PRJ0111858 Health identity Governance
PRJ0134150 DHR Supporting Infrastructure

Directorate Business Objective:

The Digital Health Record (DHR) Program will deliver a single, contemporary, trusted, real-time, person-centred clinical record that can be accessed by all members of the treating team regardless of location. DDTS are supporting this program through several technical projects and additional ad-hoc requests.

Approved Budget	Actual Costs to Date	Variance
$1,893,000	$1,762,120	$130,880

Please note the following:

- The budget figure and actuals do NOT include the DHR Supporting Infrastructure project.
- DDTS Technical Teams are still in the process of reconciling the work completed with billings.

Although the DHR project was successfully implemented in November '22, there were a number of work packages that were deferred. Examples of these are:

- Migration of Health applications currently using 2008 Operating Systems eg BreastScreen
- Applications that were left with DDTS to manage due to the complexity of cutting over during implementation weekend.

PRJ0087491: Health Enclave-Network and Domain Interconnect/ EpicDHR

Status Explanation

Health Enclave-Network and Domain Interconnect - Establish the network connectivity between ACT Government (ACTGOV) network and the new Health Enclave operated by the contracted service provider for hosting the Digital Health Record (DHR). This has been delivered.
Epic DHR – Provision of support for implementation of new components of the DHR which in turn contributes to the delivery of patient centric care.

Commentary

Following successful implementation, the project team is transitioning to project closure activities as noted.

Current Activities

- Project billing to finalise all expenses.
- Complete documentation of implemented changes.
- Working with ACT Health to transition to BAU

Risks/Issues

RISK/ISSUE	UPDATE
Issue Description – Because of the compressed timeframes not all technical documentation was completed.	DDTS will map each system and interface to ensure that all required documentation is complete and available for technical reference.
Risk Description – resource availability.	ACT Health have released a number of resources since DHR implementation. There is a risk that remaining work will take longer or be difficult to complete due to lack of resources and subject matter experts.

PRJ0101043- System Migration

Status Explanation

All existing ACT Health IT systems and infrastructure that will be retained post go live of the Digital Health Record will need to be migrated and/or re-platformed into the new hosting environment. Health continue to prioritise these activities in line with other DHR work.

DDTS support each migration via

- Migration planning and co-orientation of DDTS teams with Health and NTT
- Assist in configuration of DDTS infrastructure to allow for testing prior to migration
- Assist in migration, updating configuration

Commentary

Health prioritised systems for migration over go-live weekend. There are more than 30 systems that require migration post implementation.

It is anticipated further work packages will be required to migrate the remaining systems as well decommission the old infrastructure.

Current Activities

- Work is underway to assist with remaining Health priorities; particularly in relation to migration away from Windows 2008 operating system and plan the new work packages.

PRJ0111858 Health identity Governance (PAUSED)

Status Explanation

Implementation of a role-based Identity Governance (IdG) Solution to replace the existing Health IAM Solution and to support the new Digital Health Record (DHR). The solution is to integrate with existing HR platforms for the purpose of account provisioning and lifecycle management.

Commentary

At Health's request, this project has been deprioritised to allow greater focus on to supporting Epic DHR.

PRJ0134150 DHR Supporting Infrastructure

Start Date	Target Completion Date	Proposed Budget	Actual Costs to Date	Variance
September 2022	November 2022	$600,000	$4,000	$596,000

Status Explanation

To support the commissioning of new DHR end user and medical devices, additional network infrastructure is required across all clinical buildings located at multiple health facilities.

Commentary

- Project implementation is completed for all major health sites:
  - Additional switches required for Calvary theatres and CHH were completed on 3rd Nov. This will provide enough Infrastructure capacity for all Calvary sites.
  - All structured cables for TCHB11 and B12 to support DHR devices roll out prior to go-live have been completed.
  - The third stage of network upgrade works for TCH B10 (Pathology) has been planned for post DHR go-live to relocate approximately another 100 structured cables into new racks
- Billing being finalised.

Embedded Team Support

Status Explanation

The ICT Health embedded team support many Health systems. As the technical resources for these systems, the embedded team is working closely with the project team. Further, the embedded team works closely with Health clients and has a unique understanding of their needs and processes. They have therefore been tasked with many ad hoc requests, over and above those identified in the Epic/DHR project to support ACT Health program of activities.

Commentary

Cutover to DHR was completed successfully by ICT embedded team technical resources on the cutover night.

Continuing work on system migrations and legacy data ongoing.

Current Activities

- BIS and Sectra PACS Upgrade/Migration to NTT project assistance:
  - Regular project meetings
  - Assistance in configuration and data migration

  - Have provided a copy of current Rhapsody configuration but the move by DSD to drop AETHER means they don't have a Rhapsody technical resource in their team that can understand and work on the configuration we have provided. The DDTS Rhapsody tech specialist declined to transfer over to DSD at level when this was offered in December 2022.
- Legacy Data ties into Windows 2008 remediation as many of the legacy systems are on 2008 servers. ICT Team are working with project resources and DSD to get this finalised as quickly as possible.

MEETING MINUTES

DHR Program Board

Tuesday 24 January 2023
1pm – 2pm
Via Webex

Members:

- Keith McNeil, Chief Clinical Information Officer, Queensland Health (Chair)
- Bettina Konti, A/g Director-General, ACT Health (Deputy Chair)
- Peter McNiven, A/g Chief Information Officer, Digital Solutions Division, ACT Health
- Ross Hawkins, Regional Chief Executive Officer, ACT, Calvary Public Hospital Bruce
- Darlene Cox, Executive Director, Health Care Consumers' Association
- Kate Paul, representative from Chief Allied Health Office, ACT Health (proxy for Helen Matthews)
- Rishi Dutta, A/g Chief Digital Officer, Chief Minister, Treasury and Economic Development Directorate
- Radovan Dragojlovic, Representative from Budget, Procurement, Infrastructure and Finance, Chief Minister, Treasury and Economic Development Directorate
- Rebecca Heland, Chief Nursing and Midwifery Information Officer, Digital Solutions Division, ACT Health
- Nasa Walton, Chief Information Officer, Canberra Health Services (proxy for Dave Peffer)

Attendees:

- Sandra Cook, Executive Group Manager, Digital Health Record Program, Digital Solutions Division, ACT Health (proxy for Peter O'Halloran)
- Justine Spina, Executive Branch Manager, Future Capability, Digital Solutions Division, ACT Health
- Dylan Atkinson – Executive Assistant to Executive Group Manager DHR (Secretariat)
- Mallory Heinzeroth, Asia Pacific Regional Representative, Epic

Apologies:

- Helen Matthews, A/g Chief Allied Health Officer, ACT Health
- Robin Haberecht, General Manager Calvary Public Hospital Bruce (CPHB)
- Peter O'Halloran, Chief Information Officer, Digital Solutions Division, ACT Health
- Dave Peffer, Chief Executive Officer, Canberra Health Services
- Rohan Essex, Chief Medical Information Officer, Digital Solutions Division, ACT Health

Item 1 INTRODUCTION

Item 1.1 Welcome (including Acknowledgement of Country), present, apologies and any conflicts of interest to declare

The meeting commenced at 1.02pm with the Chair welcoming members to the meeting and providing an Acknowledgement of Country. The apologies were noted as detailed above. No conflicts of interest were declared, and quorum was met.

Item 1.2 Minutes of the previous meeting

The minutes from the previous meeting held on 21 December 2022 were endorsed, noting no amendment requests were received.

Item 1.3 Actions arising and decisions log

Action updates provided as follows:

Action 119 – Report on lessons learned in relation to the BCP solution that outlines organisational roles and responsibilities be provided.
In Progress – Will be provided to the February 2023 Program Board meeting

Action 120 – The DHR team is to prepare and circulate an out-of-session paper to allow the Board to review and make decision by Close of Business 23 December 2022 on the Pathology PDF results change within Epic.
Complete – Paper circulated and agreement from the Board to proceed occurred 23/12/2022

Action 121 – Proposed Governance structure to be distributed to Dave, Rebecca and Ross for their feedback prior to coming back to the Board.
Complete – Paper circulated by Peter O'Halloran 30/12/2022. Draft added to support model document at Agenda Item 2.2.

Item 2 FOR DISCUSSION/ DECISION

Item 2.1 DHR BI and Data Project Extension Request

Justine Spina provided the following background to the paper:

- The DHR Program is scheduled to close formally on the 24 March 2023. This will include the closure of the DHR Implementation Project and the DHR Technical Project.
- The DHR BI and Data Project was stood up late in the DHR Program after it was recognised that a project management methodology would assist to deliver outcomes.
- The original PID for the BI and Data project had the project going to November 2023. It is proposed that this DHR BI and Data Project continues until 30 June 2024 to allow for 18 months post the Go-Live to have occurred and all reporting cycles to have been completed. More detail on deliverables have been added to the Project Initiation Document (PID) to describe the work package that need to be completed and the timeframes that are achievable for these work packages.
- This project will be a stand-alone project after the DHR Program is closed and the proposal is that it would report into the ACT Health Directorate

peak Digital Health Board – currently the Digital Committee. It was recommended that project governance would assist in the delivery of the outcomes still outstanding.

- Good relationships with the data teams at the health services have been developed.
- There are no budget implications with extending this project as the resources working on this are all Business As Usual (BAU) resources.
- The BI teams are working to deliver data from one system

Discussion on the paper occurred. Ross Hawkins stated that from his perspective, he thinks we should close the project at the same time as the other pieces of work and be clear on what has not been delivered and then plan out how that work will be delivered. It is good governance to do it this way.

There was discussion on why not all elements of data work were not further progressed. Sandra stated that in the middle of 2021 we recognised the data work was not clear and we needed to stand up a project to help deliver the outputs required. This was agreed by the Board due to the risks outlined at the time and members of the data team were brought into the DHR BI and Data project to lead and drive the requirements. Throughout the Program, there has been risks associated with data quality being poor, the record not providing ready access to information and difficulty accessing historical data. It was also noted during testing that until we had the volume of production data in the system (which would occur after Go-Live), we would not know whether the data was reporting information as expected.

Nasa stated that CHS did not support extending the project and recommended that the project close at the same time as the Program and clearly articulate the outstanding work still remaining and manage this through BAU processes.

DECISION:

Members noted the updated Project Initiation Document (PID) but did not agree to extend the DHR BI and Data Project. They requested that the DHR BI and Data Project formally close at the same time as the DHR Program on 24 March 2023 and that the outstanding deliverables are taken out of the PID into another document to be managed through BAU processes. The DHR BI and Data Project closure documents should clearly state the outstanding work effort still to be delivered with timeframes.

Item 2.2 **DRAFT DHR and Related Systems Support Model Document (including ongoing governance model and Optimisation prioritisation framework)**

Sandra provided the following background on this paper:

- The DHR Program is scheduled to close formally on the 24 March 2023.
- The attached document outlines the **draft** support model for the DHR and related systems, third party contract details, ongoing governance and an optimisation framework to assist in prioritising future work.
- This document was commenced through a Support Model working group that worked from mid to late 2022 and is now being presented to the board as a draft before endorsement is required prior to the closure of the DHR Program.
- The document incorporates information from Qld Health and Parkville on how they manage their EMR governance and systems.

- Sandra requests that the Support Model Working Group be stood back up to finalise this document over the next 4 weeks and that comments and feedback on this document from the Board would be appreciated prior to the 21 February 2023 Program Board meeting so endorsement could be sought at the 21 March 2023 Program Board meeting.

The chair opened for discussion. Bettina stated that it will be important that the model aligns with whole of government guidelines and processes. Sandra stated that there are DDTS representatives on the Support Model Working Group assisting with this. It was noted that the document was an important artifact and needed to be simple and easy to understand and find information in case support was required.

DECISIONS:

- The Board approved the recommencement of the Support Model Working Group for ad-hoc meetings over the next 4 weeks to finalise the document
- The Board members will provide feedback on the document by 21 February 2023.

Item 3 **FOR NOTING**

Item 3.1 **Program Update**

Sandra acknowledged that there have been some board members involved with the DHR daily through the Top10@10 meeting and that this report was designed to provide a summary for both those directly involved and those who have not been directly involved. She talked through the attached power point slide deck on the progress of the Program.

Sandra confirmed that the Program was currently in the stabilisation phase until 24 February 2023. From 25 February 2023 to 24 March 2023 the Program will go into the closure and planning for optimisation phase.

Progress was noted as follows:

- The ongoing team that will look after the DHR and related systems from a system administration/ analyst perspective have been appointed to their roles and will all formally transition into these roles by the 24 March 2023.

- Planning for the 6 monthly Epic upgrades is occurring. The first upgrade will be the February 2023 version of Epic which will be implemented on 29 May 2023. This first upgrade is planned to take 12-14 weeks to plan and execute, but as this will be a repeatable process, it is expected that each 6 monthly upgrade will take 8 weeks to plan and execute.

- It is important for the DHR Program Board to note that there was a technical decision made over the Christmas/ New Year period to migrate all third-party integration points from AETHER to Rhapsody. This is due to the issues experienced with messages failing and not having a good way to track these in AETHER. Both health services technical representatives agreed that this was the best course of action to improve the integration failures. This work is planned to be complete by end March 2023.

- The current Top 10 issues (of which there were 4 top issues) are as follows:
    - Pathology results delivery and result formatting,
    - Data issues with ED data, Elective Surgery Waitlist (ESWL),
    - Patient administration issues related to referral routing and merged patients and
    - Ongoing governance

Darlene asked about the pulse of the health service slide and wanted to know what support the red areas needed to improve. Sandra stated that those red areas were on the Top 10 meeting discussions and support was being provided to assist these areas and close out the issues. Malory stated that it was very normal to have red and amber areas up to 12 months post Go-Live as this is a large change and several problems were issues prior to the system being implemented.

It was noted that issues around providing validated data out of the system are likely to linger until at least the middle of the year.

DECISION: The Board noted the DHR program update.

Item 4 OTHER BUSINESS

The Treasury representative asked for more information on the finances of the DHR Program. Keith McNeil stated that we consider on a quarterly basis a Finance report and that would be coming at a subsequent meeting. Sandra offered to organise a briefing with Treasury representatives now that there has been turnover in the DHR Program attendance from Treasury.

ACTION: Sandra Cook to arrange a briefing on the DHR Program Budget and expenditure prior to end March 2023.

Meeting Closed 1.59pm

Next meeting will be held Tuesday 21 February 2023 between 1-2pm via Webex

DHR Program Board

24 January 2023

Digital Health Record

Program Status Update

Digital Health Record

Program Status Update

- Currently in the Stabilisation period:
  - This will go from 12 December 2022 to 24 February 2023
  - DHR teams are continuing to work on ticket closure
  - The ongoing ACT Health DHR team has been recruited to and announced. This team will formally start in their roles from 25 March 2023.
- From 24 February 2023 to 24 March 2023 – Program closure and planning for Optimisation requests will occur
- The DHR Program will formally close on Friday 24 March 2023
- The first Epic Upgrade planning starts on 6 February 23 and will go through until 29 May 23 where we will upgrade to the Epic February 23 version. These upgrades will happen every 6 months

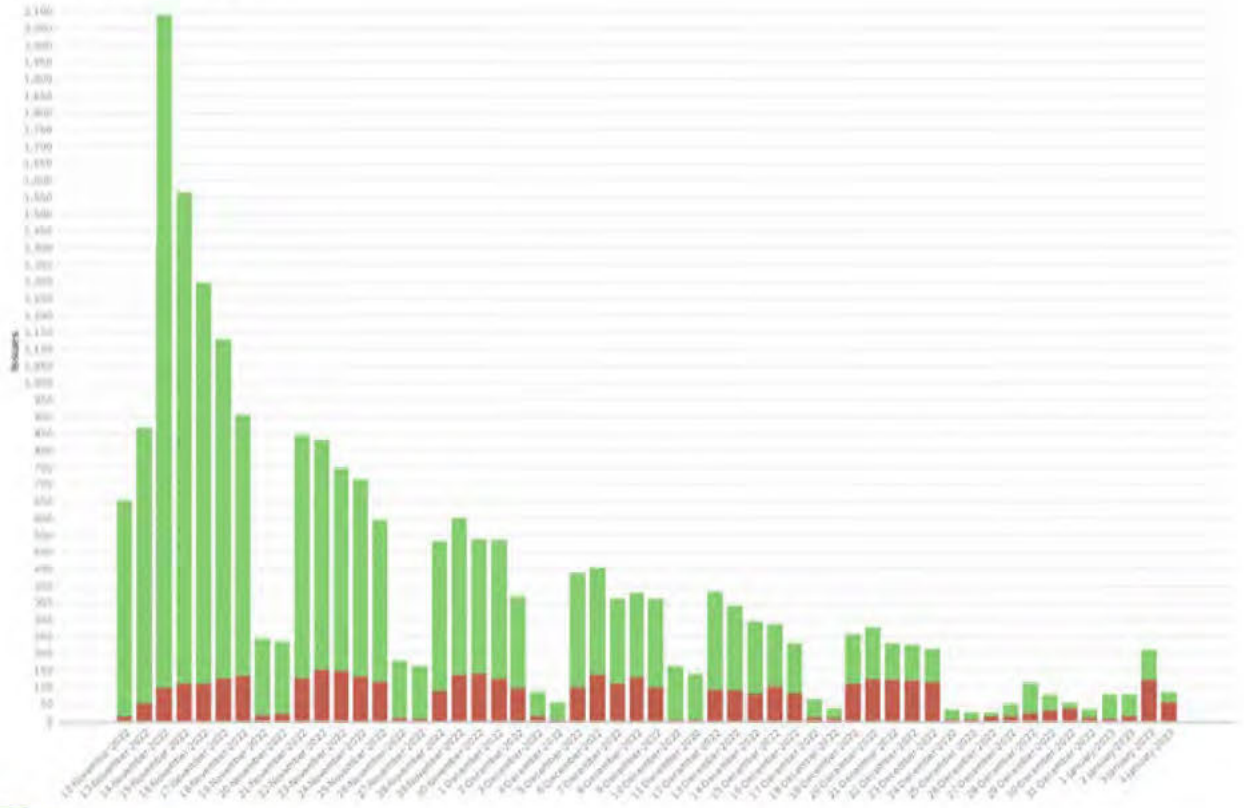
Shutdown period

- Over the Christmas Shutdown period –
  - The DSS Support line continued to operate 24 x 7
  - Each DHR team had an on-call roster scheduled to support the solution
  - A DSD Executive was rostered on call for any escalations required
  - Epic, NTT and Third-Party systems had contact lines 24 x 7 for any issues that need escalating during this time
  - There was a DHR Change Freeze from Thursday 22 December 2022 to Tuesday 3 January 2023. No planned changes progressed during this time except for exemptions for break/ fix changes required urgently.
  - There were no incidents related specifically to the DHR over the shutdown period.

Support Statistics and Numbers

Support Statistics and Numbers

- Trend of support tickets



Statistics on the impact of the DHR

Benefit	Figures from 12 December through to 23 January 2023
Medication Alerts and Action Taken	**347** medications were replaced after receiving a warning to check the dose **5,198** medications were updated after receiving a warning that the drug contained an active or inactive ingredient that the patient is allergic to **3,704** medications were removed after receiving a warning of a duplicate order **9,104** therapy orders were removed after receiving a warning of a duplicate therapy
Results released to patients	**94.83%** of results are released to MyDHR within 1 day **84,329** results have been sent directly to patients MyDHR account within 1 day of the test being resulted between 15 November 2022 and 23 January 2023
Engagement with MyDHR	Patients submitted **5,652** history questionnaires in MyDHR to allow clinicians to provide better care Patients submitted **23,272** general questionnaires in MyDHR to allow clinicians to provide better care. This also pre-populates information in the patient's charts **11,926** patients have consented to share their details with their GP
Beaker Draws Saved	**15,101** patient draws were saved by adding on to an existing lab order
Increased communication amongst staff	**190,340** messages were sent via secure chat since go-live
Effectiveness of Rover via BCMA	Nurses administered **192,847** medications on Rover with **29.9%** of all medications have been administered with Rover.

Top 10 Issues

Digital Health Record

Top 10 Issues

- Since Go-Live we have recorded 36 main top 10 issues
- These have been reported through the Top10@10 meeting
- The Top10@10 meeting has moved from a daily meeting to a twice weekly meeting
- 31 of these issues have been resolved
- Alongside the main issues we have tracked an monitored an additional 35 issues and 7 of those still remain on the list for discussion and monitoring
- Huddle structures are continuing
- Gathering the pulse of the health service through the huddles

Current Top 10 Issues

Issue	Description	Owner/ Responsible Exec	Status
Pathology Results to External Referrers	Multiple issues – • Large number of reports not sent due to errors in the interface for multiple reasons • Format of the Pathology reports and how they render in the different GP Practice Management Software (PMS) systems • Cumulative Reports solution in PDF and then atomic level data string to be completed	Sandra Cook	• Review of holistic reports in the system being reviewed. Over 13,500 reports retriggered • PMS licenses being procured for testing – retriggering updated tests to limited GPs to test format is better. • PDF proposal being progressed, longer term solution being investigated
Business Intelligence and Data	Multiple issues – • ED Data • Issues with Emergency Surgery Reporting • Theatre Data • Calvary Data Capability	Justine Spina	• ED methodology changes documented for approval • Solution in progress • Testing data improvements • Access for CPHB provisioned and data is now in Badger
PAS related issues	There are two issues being actioned in this space: • Merged patients – Initially 87 pairs of patient records were found to have been merged inappropriately. These have been unmerged and the process for chart correction is occurring. Around 22 pairs of new patient records have been sent to the Health Information for review and decision on if they need to be unmerged. • Referral routing work – Waiting for HealthLink to make changes to the Service Tree on 24/01/2023 to improve referral routing. It is expected up to 5 iterations of this Service Tree may be needed.	Sandra Cook	• Merged Patients - HIS continuing chart correction for initial 87 patients. HIS actioning other 22 patient records. This will be ongoing work in future – process known . • Referral routing work – First update will be done in HealthLink later today.
Governance	• Discussion still occurring on governance • It will be important to have Territory-wide governance over the broader DHR ecosystem (DHR and all other applications that support the health services)	Peter O'Halloran	• Draft document has been included in the Support Model pack discussed at Agenda Item 2.2 at today's meeting • Needs work – Support Model group to look at this – proposal to focus this on health service areas (e.g. ED, Critical Care, Surgery etc) and then fit into existing health service committees being worked through

Pulse of the health services (from 18/1)

Area	Status
Medical officers	↔
Nursing	↔
Allied Health	↔
Patient safety	↔
Infection Control	↔
Patient flow	Patient support services – green CPHB and UCH flow – green CHS flow - amber
Pharmacy	↔
Pathology	↔
Blood bank	↔
Medical imaging	↔
Radiation oncology	↔

Area	Status
HIM	↔
Patient admin	↔
Patient support services	↔
Patient experience	↔
Business Intelligence	↔
Billing and charging	Amb – amber Pathology - green
Research	↔
TWSS	↔
WIC	↔
ICU	↔

Area	Status
MHJHADS	↔
Community	↔
Cardiology	↔
Dental	↔
Outpatient Rehab	↔
Maternity	↓
Renal	↔
Emergency	↔
Oncology	Red for clinical Amber Pharm
Endoscopy	↔
Orthopaedics	↔
Anaesthesia	↔
Perioperative	↔
WYCCHP	↔
Ophthalmology	↔

Where to from here....

- Training for new intake of staff has started
- Smaller subset of Credentialled Trainers have been extended to assist with training and on the floor support in key areas needing support
- Commenced sizing the Optimisation requests
- Stand up governance to help prioritise Optimisation requests
- Transition the ACT Health DHR team that will be responsible for ongoing application support of the whole ecosystem
- Post Live Visits will be held with key stakeholders in February (6-10th) and March (7-9th) 2023