



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 12 February 2024 and rescoped on **Wednesday 14 February 2024**.

This application requested access to:

'All Ministerial Briefs, Advisory notes and summaries provided by ACT Health Directorate (ACTHD) or Canberra Health Services to the Minister for Health and/or the Minister for Mental Health/Population Health as well as any clinical incidents reports written concerning the 231 missing referrals to the DHR using the AETHER integration engine.'

I am an Information Officer appointed by the Director-General of 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 **Thursday 28 March 2024**.

I have identified three documents holding the information within scope of your access application.

Decisions

I have decided to grant full access to three documents. The document released to you is provided as [Attachment A](#) 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*.

Another document was located regarding this subject, QoN No. 50, which has been published on the Legislative Assembly website, can be accessed through [this link](#).

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 Your personal contact details will not be published.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


20 March 2024

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
	<i>'Under the FOI Act I would like to be supplied with all Ministerial Briefs, Advisory notes and summaries provided by ACT Health Directorate (ACTHD) or Canberra Health Services to the Minister for Health and/or the Minister for Mental Health/Population Health as well as any clinical incidents reports written concerning the 231 missing referrals to the DHR using the AETHER integration engine.'</i>	ACTHDFOI23-24.33

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 3	Caveat Brief – Digital Health Record (DHR) Referral issue	10 September 2023	Full Release		YES
2.	4	Email – RE: DUE 2/02/24 - Status on Overdue Items	1 February 2024	Full Release	Remainder of document out of scope	YES
3.	5 – 6	Media response – DHR referral issue	7 February 2024	Full Release		YES
Total Number of Documents						
3						

UNCLASSIFIED

To: Rachel Stephen-Smith MLA, Minister for Health**CC: Rebecca Cross, Director-General****Subject: Digital Health Record (DHR) Referral issue**

- On Thursday 31 August 2023, the DHR technical team were investigating an issue, escalated by the health service, that a referral was not in DHR. However, HealthLink had confirmed a referral successful notice to the General Practitioner (GP).
- During this investigation, a technical issue that meant this referral did not flow through to the DHR system for triaging was found. Further review showed a total of 231 referrals from 12 November 2022 to 20 June 2023 were affected by the same technical issue that impacted this patient referral.
- This technical issue was a problem in the AETHER integration engine that stopped the information from the referring clinician going through to the DHR. This was a previously known technical issue that was resolved on 20 June 2023. At the time, it was thought we had identified all referrals impacted by this technical issue.
- The reason why some referrals were not identified in the first technical issue review was that the AETHER system was reporting an internal error that was not visible to the technical team. Visibility to these internal errors is now available to the technical team.
- Additional manual scanning of the technical logs has been completed to ensure all referrals affected by this issue have been identified.
- The DHR team escalated the 231 missed referrals with the health service on Thursday 31 August. The health service reviewed this list to see whether referrals had been received in some other way and progressed or whether we needed to replay the original messages.
- Of the 231 referrals –
 - 20 referrals were for North Canberra Hospital (NCH) clinics with 13 of those referrals already in the DHR (seven referral messages needed to be replayed).
 - 211 referrals were for Canberra Health Services (CHS) clinics with 102 of those already in the DHR (109 referral messages need to be replayed).

- The review by the health services showed eight of the 109 CHS referrals and one of the seven referrals from NCH were deemed high risk referrals and needed immediate clinical review and triaging.
- Two referrals were for patients who have subsequently deceased or are on palliation care.
- The health service will follow clinical incident procedures if any deterioration in care is identified due to the delays in receiving the referrals within DHR.
- NCH referral messages were replayed on Friday 1 September 2023 and CHS referral messages were replayed on Tuesday 5 September 2023. This replaying of messages means the referral information has now gone into the appropriate clinical queue for triaging.
- Messaging to the clinic services for the eight high risk referrals has occurred to prioritise the referrals for urgent triage, review and action.
- Once the 109 referrals are triaged, patients will receive the standard messaging to advise the referral has been received and the appropriate triaging actions.
- The mitigation for future issues is to remove the AETHER integration engine from all integration points.
- Work is progressing to transfer integration points from AETHER to Rhapsody. The last four integration points existing on AETHER are as follows:
 - HealthLink/ Smartforms – this is the system that connects GP Practice Management Software systems to ACT Health Directorate (ACTHD) and is used for inbound referrals.
 - National Cancer Screening Register – this is an outbound messaging service from ACTHD to participate in the National Cancer Screening register.
 - HIPS Healthcare Information Provider Service (HIPS) – This is for facilitating integration with the My Health Record.
 - Go Fax – is the platform we use to send faxes from the Epic DHR system where the external provider has faxing as their preference for communications.
- It was planned to have these final four systems cutover from AETHER to Rhapsody by the end of August 2023, however, delays have occurred due to the availability of third-party resources. This is urgent work that is being escalated with the relevant parties to ensure the transition of the AETHER platform is complete without further delays.

Contact Officer: Holger Kaufmann, Chief Information Officer

Contact Number: 5124 9000

Date: 08 September 2023

Noted/Please Discuss

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Rachel Stephen Smith MLA

Minister for Health

Orubuloye, Chris (Health)

From: Sanchez, Patricia (Health) on behalf of ACT Health, CIO
Sent: Thursday, 1 February 2024 3:23 PM
To: Health Ministerial Liaison Officer
Subject: RE: DUE 2/02/24 - Status on Overdue Items
Attachments: RE: Request for updates on 4x DHR systems

Importance: High

Good afternoon team,

Apologies for the delay.

Please see update below on the final four systems the Minister has requested an update on. This has been reviewed and supported by A/g CIO Sandra Cook (please see email approval attached).

“In our previous update, we highlighted the ongoing efforts to streamline our operations and enhance system efficiency. The integration of our four key systems (Healthlink/ Smartforms, National Cancer Screening Register, HIPS and Go Fax) has been successfully moved from the AETHER integration engine to using Rhapsody on the 15 November 2023. This strategic decision was made to consolidate our operations and harness the benefits of a more robust and reliable platform. Since the transition to Rhapsody, the integrated systems have been running seamlessly without any of the integration issues we previously encountered with AETHER. This positive development underscores the effectiveness of our decision to leverage Rhapsody for our integration needs. The performance stability has contributed significantly to an improved overall operational environment.

The decommissioning process has been completed in early December. This move not only aligns with our broader optimisation strategy but also allows us to realise substantial monthly savings. Preliminary estimates suggest that we can anticipate monthly savings of 30,000 following the full decommissioning of the AETHER system.”

Kind regards,

Patricia Sanchez | Senior Administrative Officer

Ph: 02 5124 9949 | Email: patricia.sanchez@act.gov.au

Office of the Chief Information Officer | Digital Solutions Division | ACT Health Directorate

24/7 User Support: +61 2 5124 5000 | Email: Digital.Support@act.gov.au | [Online Assistance](#)

4 Bowes Street Phillip ACT 2606, Australia

www.health.act.gov.au/digital

Please note working days are Monday, Tuesday, Thursday & Friday.



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: Thies, Amanda (Health) <Amanda.Thies@act.gov.au> **On Behalf Of** Health Ministerial Liaison Officer
Sent: Wednesday, January 31, 2024 3:52 PM
To: ACT Health, CIO <ACTHealthCIO@act.gov.au>



Ministers:

Date:

Enquiry: DHR referral issue

Journalist: N/A (questions referred from the MO)

Media outlet: CT and ABC

Deadline: ASAP, 7 Feb

Media team action officer: Andrew Benson

ENQUIRY:

What caused the issue and has it been resolved?

Have all missed referrals now been managed?

What was the process of following up with referrals when the issue was identified?

Were any patients significantly impacted by this - there are claims two people have passed away during period of the missed referrals.

Are you confident this issue won't happen again?

Yes as we no longer use the AETHER integration engine.

Was there any money spent on a program that is no longer being used or defunct? How much did this issue cost government?

RESPONSE

What caused the issue and has it been resolved?

- A technical issue with the AETHER integration engine occasionally prevented information from a referring clinician going through to the Digital Health Record.
- Most of these instances were identified through the systems' internal error notifications but some were not initially visible to the technical team.
- Rectifications were made to provide visibility to these internal errors for the technical team and additional manual scanning of the technical logs was implemented to ensure all referrals could be actively identified.
- The AETHER system has since been replaced.

Have all missed referrals now been managed?

- Yes

What was the process of following up with referrals when the issue was identified?

- ACT Health provided the details of all the impacted referrals to Canberra Health Services. Each referral had a priority that was used to actively follow up, starting with the eight high-risk referrals to ensure urgent review and action. Canberra Health Services followed its normal clinical incident procedures if any deterioration in care was identified due to the delays in receiving the referrals within DHR.

Were any patients significantly impacted by this - there are claims two people have passed away during period of the missed referrals.

- Due to the triaging of the missed referrals most patients would not have been impacted at all by the delay in the referral being processed.

- While we cannot comment on specific patients, there are processes in place to manage urgent healthcare needs including direct contact by the referring clinician when the matter is time-critical or there has been a deterioration in a patient's condition.

Are you confident this issue won't happen again?

- Yes as we no longer use the AETHER integration engine.

Was there any money spent on a program that is no longer being used or defunct? How much did this issue cost government?

- Total expenditure for the AETHER project \$6.5m (ex-GST). AETHER was used for 504 days before its functionality was replaced using existing software.

ENDS

Line area action officer:

Cleared by

EGM:

Comms EBM:

DDG:

MO:
