Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details	
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Publication of Submissions
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Submission Guidance
You are encouraged to address the following question:
In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?
• Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;

Submissions Response Field
Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

One of the keys to a sustainable future for health is that of technology and innovation.

Nurses and midwives are uniquely positioned to lead within technology and innovation. The WA Health Nursing and Midwifery informatics group was established in December 2016 to provide expert advice and contribute to the delivery of associated strategic outcomes in the area of Nursing and Midwifery Informatics.

The WA Health Nursing and Midwifery informatics group would like the Sustainable Health Review (SHR) to consider the following points:

- Nurses and midwives are uniquely placed and are keen to partner across sectors and influence within the space informatics.

- All Health Service Providers (HSPs) should recognise and acknowledge the contribution that nurses and midwives can make within technology and innovation specifically within informatics.

- System Manager and HSPs should invest in and develop the capability within informatics through commitment to key nursing and midwifery leadership roles within informatics.

A national position statement was released between Health Informatics Society Australia (HISA) and the Australian College Nurses (ACN) in August 2017 which advocates for the instrumental role of nurses and midwives in digitally transforming healthcare to optimise the use of information and technology to enable better patient care. The role of nurses and midwives in the digital environment has the potential to deliver improvements in efficiency and patient outcomes as well as facilitate improved consumer and clinician experience.

The following statements have been endorsed by HISA and ACN and we ask the SHR groups to consider the following elements and recognise the value nurses and midwives have to offer within Information Communication Technology (ICT):

1. **Informatics education for nurses and midwives is essential:** Education in nursing and midwifery informatics is essential in all undergraduate and postgraduate nursing and midwifery programs. Moreover, the workplace must provide education in health informatics to all nursing and midwifery staff not only at induction but as part of continuous learning.

2. **Nurse/Midwife Informaticians to be engaged in strategy and investment decisions:** Nurse/Midwife informaticians must participate in national, state and local dialogue on digital healthcare to influence and direct future strategy and investment decisions in the interest of patient focused care and improved health outcomes.

3. **Informatics teams with strong nursing/midwifery presence:** Organisations, irrespective of size or setting, transitioning to digital health records to have an appropriately sized team responsible for informatics and nursing and midwifery engagement that can facilitate partnerships with other disciplines and function as strong advocates for consumers. The team will be primarily responsible for embedding change into clinical workflow as well as

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provide governance oversight. This is to safeguard effective adoption and optimisation of clinical information systems.

4. **Executive Nursing/Midwifery Informatics roles:** Digital health requires Chief Nursing/Midwifery Information Officers (CN/MIO) or equivalent Nurse/Midwife Executive Informatics role to lead the transformation required in the nursing and midwifery workforce.

5. **Clinical informaticians and specifically nurses/midwives are vital to information system governance:** Nurses and midwives as users of clinical information systems must be involved in all stages of decision-making from initial planning and procurement through to implementation and ongoing management of clinical information technologies.

6. **Nurse/Midwife informatics standards of practice upheld:** Nurse/Midwife Informaticians ensure professional standards and contemporary scope of practice requirements are incorporated and delivered within all clinical information systems. Nurses and midwives must meet ethical and professional standards of practice and promote a collaborative and inclusive role for patients when making healthcare decisions and when managing patient information.

7. **Nurse/Midwife informaticians champion data quality standards and interoperability:** Nurse/Midwife informaticians insist on the adoption of nationally agreed nursing/midwifery data standards, data quality standards and interoperability that allows the exchange of clinical information meaningfully across healthcare systems for improved data integration, information sharing, performance monitoring, data analytics, patient safety and quality.

Additionally the current models and structure of ICT could be further explored for example:

- Reconsider ICT structure for health to incorporate a model whereby some smaller scale development occurs in close physical proximity with clinicians. This will allow for rapid, agile development that is clinician lead and suited to the local organisational needs. There is currently a gap in ICT between what hospital based clinicians have access to, e.g. MS Excel to manage and track their patients, and what could be available to them.

- The ICT model could include a centralised service (System Manager) that would be responsible for large scale robust ICT projects and ICT strategy for the state with an underlying decentralised model (HSPs) which would report back to system manager level. Effective communication between the decentralised areas would be required to ensure duplication of effort is avoided, sharing of ideas is promoted and overall alignment of ICT activities with the state ICT strategy.

- Enable ICT innovation such as phone apps to address multiple small inefficiencies.

- An allocation of funding for ongoing enhancements to existing products needs to be considered in the budget. This will mitigate current inefficiencies where funding is required from multiple sources when enhancements are required. Small enhancements can reduce inefficiencies but it is inefficient to need to go through a Concept Approval Request process for small changes.

- Better utilisation of ICT to improve efficiency to reduce the pressure on Full Time Equivalent (FTE) increase.

- Health ICT projects to be led by qualified Clinical Informatician (not IT) to ensure that the solutions meet the end users (Clinicians) needs.