Canberra Health Services

Health Information Services Restructure

Consultation Paper

Heath Information Services Branch

Chief Financial Officer Division

Version 1.0

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1. Overview

The Health Information Services (HIS) team, within Canberra Health Services (CHS), is made up of 80.47 funded Full-time Equivalent (FTE) and belongs to the Chief Finance Officer (CFO) Division. The team is led by the Senior Director HIS (SOG A).

The team is responsible for the following activities:

- Provision of health records and personal health information for patient care, research, quality improvement, education, and medicolegal purposes
- Health records management of both paper-based and digital records
- Centralised Transcription Service
- Clinical Coding and casemix data generation
- Clinical Documentation Improvement (CDI) program
- Patient identifier management, including chart corrections.
- Health records forms management

Digital Health Record Changes

In November 2022, the ACT Public Health System implemented an electronic health record called the Digital Health Record (DHR). The DHR replaced previous electronic clinical systems and almost all paper-based clinical record keeping.

The implementation of the DHR significantly reduced the volume of clinical documentation which was received by HIS from 90,000 pages per week to 8,000 pages per week. This change has been profound and impacted all functions within HIS.

These changes have necessitated the need to undertake a formal review of the work areas, to re-assess the resourcing needs, position requirements and the team structure going into the future.

Following the implementation of the DHR, the team has experienced the following:

- Increased privacy and access complaints to investigate
- Increased coding activities
- Reduced scanning of paper-based clinical documentation
- Increased requests to manage decentralised inactive records

The team has also become responsible for the following new tasks:

- o Making chart corrections – which involves liaison with clinicians to provide guidance on how to make corrections and running system tools to move Contacts/Notes/Documents within the DHR to ensure the patient's record is accurate and complete.

- o Operating a CHS HelpDesk – which is a function in the DHR that allows users to report issues that need correcting within the DHR. Many of these involve chart corrections and updates to demographic information.

- o Managing error work queues (WQs) – Error WQs are a functionality in the DHR that allow data entry errors to be highlighted. There are WQs that HIS are responsible for managing. These are admission and discharge error queues and interface error queues (require patient matching).

o   Managing letter printing – HIS has become a central distribution point for patient correspondence. DHR users print documents for patients and other healthcare providers and HIS mail this correspondence as well as manage letters that are return to sender.

o   Managing MyDHR Proxy access – patients who choose to utilise the MyDHR can allocate people to have access to their MyDHR account. The consent form is sent to HIS and is assessed and the proxy access is enabled, or correspondence is returned to the patient with the reason access could not be granted.

o   Managing DHR Link access - DHR Link is a portal for GPs to access patient information. To grant this access the patient's written consent is required. The consent form is sent to HIS and is assessed and the DHR Link access is enabled, or correspondence is returned to the GP / patient with the reason access could not be granted.

Changes being proposed in this consultation are:

1.   Update and review of all position descriptions

2.   New HIS organisation chart that outlines new reporting lines and changes to teams and functions

3.   Change of operating hours of HIS (removal of the evening shift 4.2)

4.   Abolishment of a number of positions no longer required

5.   Creation of new positions that reflect the new functions and workload

6.   Changes to 3 team names to reflect changes in duties

7.   Change of location for one team from Canberra City to Mitchell

2. Purpose

The purpose of this consultative process is to outline the proposed structure changes that ensures Health Information Services (HIS) align with the changes to work volumes and positions that we have experienced since the implementation of the DHR.

The proposed changes will optimise HIS operational efficiencies; provide a team structure that supports career and professional development; and expand the role of HIS within the broader organisation.

The proposal aims to outline the new HIS structure, including relevant updates to positions and teams and result in a structure which supports innovation and growth.

The restructure will not result in any staff member losing their jobs, and each impacted staff member will be given the opportunity to be appointed to a position and/or have the opportunity to apply for positions at a higher level. This change process could require a change of location for some impacted staff members, depending on what team each staff member is appointed to or chooses to be appointed to.

3. Requirement for Change

The implementation of the DHR fundamentally changed almost every aspect of the team's work in HIS, transitioning the team of 84 people from mainly paper based operations to electronic. This profound change cannot be understated and has resulted in an urgent need for a complete overhaul of the HIS structure, staff positions and team numbers.

The proposed HIS restructure needs to be completed to ensure that HIS can continue meeting the needs of the organisation we service, that record quality and integrity is maintained to the high level we achieved pre-DHR implementation, that staff are compensated appropriately within the HIS organisational structure, team names and staff profile descriptions are reflective of the work HIS are now responsible for.

3.1. Implications of DHR implementation on HIS operations

(Reporting lines for each team can be seen in the organisational chart below)

Clinical Coding

The clinical coding team is responsible for the coding of all inpatient discharges for The Canberra Hospital, University Canberra Hospital and Mental Health Inpatients. Coding is completed by staff with specialist training using the International Classification of Diseases – 10 – Australian Modification (ICD-10-AM). There has been an increase in activity from 45,219 discharges (January to June 2022) to 50,239 discharges (January to June 2023). The team is comprised of 14.0 FTE.

The clinical coding team has 1.0 FTE ASO3 clinical coding support officer. The role of the clinical coding support officer is to follow-up and locate missing documentation and patient records to enable the coders to complete their work. The DHR has removed the requirement to locate paper-based records. The position for the clinical coding support officer is proposed to be abolished and the impacted staff member has already transitioned to an at level position within HIS.

Additionally, there is an organisation change to manage the activity and funding via Activity Based Funding (ABF). This places a focus on clinical coding and clinical document accuracy.

Clinical Documentation Improvement

The Clinical Documentation Improvement (CDI) team are responsible for the education and review of clinical document quality and accuracy. The team educate clinicians on the best terminology to use in documentation so that clinical coding is specific and accurate. This ensures the right level of funding is provided to the hospital. The DHR hasn't introduced any significant volume change to work but a higher profile for the team and the ability to audit and review clinical documentation for improvement. Additionally, there is an organisation change to manage the activity and funding via Activity Based Funding (ABF). This places a focus on clinical coding and clinical document accuracy. The team consists of 3.0 FTE at Registered Nurse Level 2.

Release of Information

Privacy and compliance are currently the responsibility of the Release of Information (ROI) team, and the team is responsible for providing health records that have been requested from patient, courts, third parties and other government agencies. There has been a change to the way requests for information are managed. The ROI team consist of 2.0 FTE at ASO4 level and 3.0 FTE at ASO3 level.

The other work that fits under the ROI team is the investigation of user access audits and complaints. The implementation of the DHR has increased the number of user access complaints regarding potential breaches from one to two a month to an average of two to three a week.

There is the also the added responsibility of HIS to manage proxy access and DHRLink access. This work is currently being completed by the registry team and will move to the compliance and privacy team.

Research and Quality

Research and quality position is responsible for managing requests for clinical records and data for research purposes and co-ordinating HIS quality plans. This position reports to the Director HIS. This position has been impacted by the complexity of report building in the DHR. Clinicians now need assistance in understanding where and what some of the data elements are now. The position is changing and a major review of the information and the way we audit needs to be completed. This position is currently 1.0 FTE at an ASO 6 level.

Registry

The registry team manage the review of the Patient Master Index (PMI). The PMI is where a patient's unique identifier is created and stored. It is critical to patient safety that a patient only has one identifier, so their entire health record is stored in one place for the clinicians to safely treat. The work for managing patient duplicates is more efficient in the DHR and has many benefits but increased the complexity of the process required to correct any patient record errors.

Clinical Forms Management

Clinical forms management position is responsible for the creation, review and editing of paper-based clinical forms. This position reports to the Admin Manager. This includes the management of document types and eForms in CPF. This position has had a significant change with the introduction of the DHR. There is a minor reduction of new forms that are being created from 38 (January to June 2022) to 33 (January to June 2023). The most significant change is in the volume of modifications of forms from 365 (January to June 2022) to 53 (January to June 2023). The implementation of the DHR has changed the management of clinical record forms from managing existing forms to ensuring there are business continuity forms and working with the DHR program to ensure standards are maintained within the digital setting. The clinical form's position is 1.0 FTE at an ASO 5 level.

Scanning

The scanning team are responsible for the management of the paper based clinical record forms that are received in HIS. This includes prepping the documents, scanning the documents, ensuring they

and indexed in the system and follow a quality assurance process to meet Territory Records Office requirements to enable the destruction of the paper documents. This team has had significant changes since the introduction of the DHR. The amount of document scanning has reduced significantly with DHR (The tables below show the reduction of scanning). This is in both the volume and the clinical requirement to have documents scanned for following day clinics and home visits. The focus has moved to bulk retrospective scanning. New functions we need to complete are the DHR inbasket requests, ensuring the letters printed are mailed out in appropriate timeframes and daily paper received is scanned into the patient record.

The TCH scanning team currently has 33.80 FTE with 31.80 FTE at the ASO 2/3 level and 2.0 FTE at the ASO 4 level (supervisors). There are two teams – one team is based at TCH and consists of a day team (Monday-Sunday including public holidays) and an evening team (Monday-Friday excluding public holidays). The second team is based in the city and consists of a day team (Monday-Friday excluding public holidays).

Note: These statistics are not the total scanning statistics as it excludes DHR scanning. DHR scanning statistics are not yet able to be reported. These statistics include active and back scanning performed in CPF.

TCH

Month	2022	2023	Difference	% of change
January	529,843	142,855	386,988	73
February	498,203	164,561	333,642	67
March	591,554	129,797	461,757	78
April	520,050	74,092	445,958	86
May	587,456	104,730	482,726	82
June	611,269	138,683	472,586	77

CRU

Month	2022	2023	Difference	% of change
January	38,056	34,765	6,356	9
February	51,773	45,090	8,243	13
March	43,465	50,853	9,297	-17
April	19,176	34,461	6,300	-80
May	41,537	44,436	8,124	-7
June	32,928	59,240	10,830	-80

Central Transcription Service

The central transcription team are responsible for transcribing of medical officers' dictation. The transcriptionists type the letters and ensure accuracy of their typing and once complete the letters go back the medical officers for final approval. The implementation of the DHR has reduced the amount of diction to be transcribed as the clinicians have access to smart templates (information from the DHR is populated straight into the letter template) and are typing their own text to enhance the clinical information populated into the template.

Inactive paper-based records

The management of inactive paper-based records doesn't have a specific team and is managed across several teams and positions. The TCH scanning team complete back scanning projects as does CRU. The research and quality manager completed the decentralised clinical record audit and the management team share the responsibility of advising the clinical units about paper-based clinical records storage, retention, and destruction.

The implementation of the DHR has resulted in a reduction in the active scanning workload for scanning staff but HIS has seen an increase in requests to manage decentralised inactive paper-based records.

The current organisation chart is below, and the functions described above are completed by the teams and positions in the HIS department.
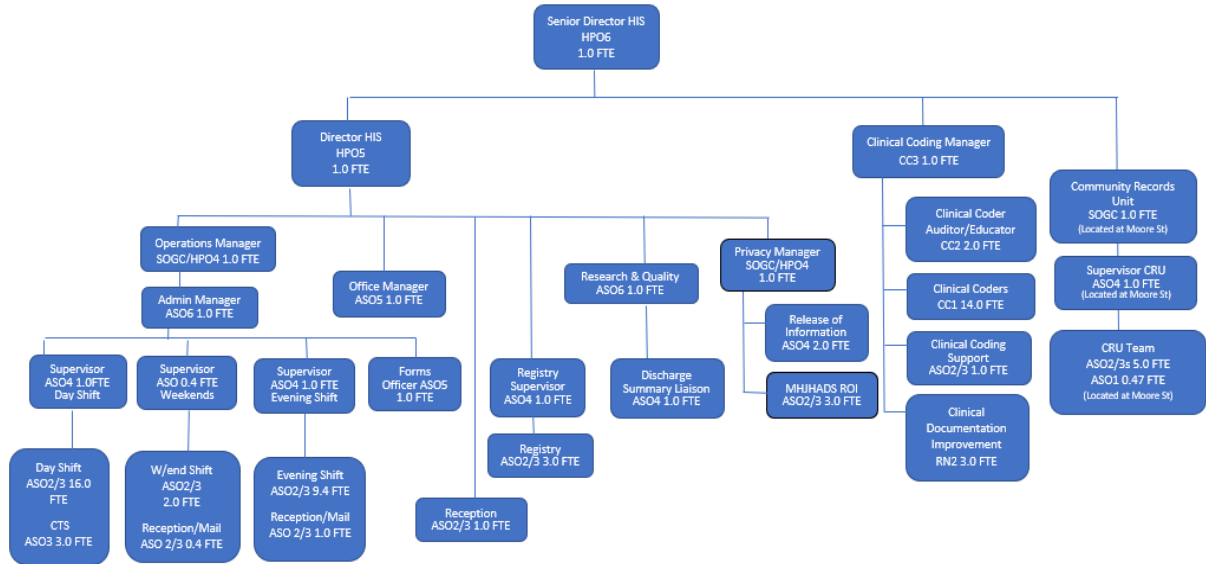
4. Proposed Changes and Rationale

4.1.   Future Structure

The proposed future structure is below and reflects the changes to teams and positions to meet HIS changed functions and the ability to provide services to CHS. Please note all position descriptions will be reviewed through-out this process to seek agreement.
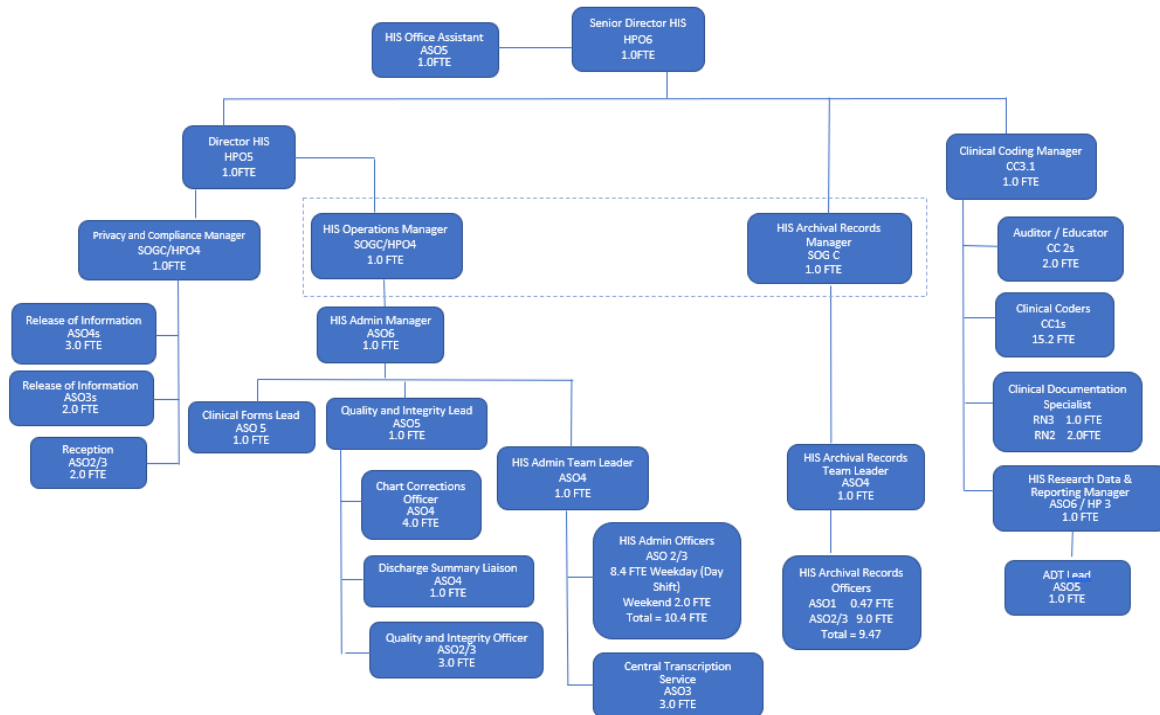
4.2.   Change of operational hours

Currently the department operates:

- 7:00am to 10:51pm Monday to Friday
- 8:30am to 4:51pm weekends and public holidays.

Traditionally HIS has had extended operating hours to manage the flow of paper-based clinical documentation and the need for overnight priority scanning for clinical care. Previously there were clinical services that required patients who had been discharged to have their records scanned overnight. This was required as the clinicians were either visiting the patients in their homes or seeing them in follow-up clinics. Now that clinicians directly enter inpatient notes into the DHR, overnight scanning is no longer required.

Due to the significant decrease in the volume of paper-based clinical documentation and the need for priority records to be scanned, there is no longer a need for an evening shift.

It is proposed that the evening shift positions will become part of the HIS Admin team and the HIS Archival team. There are benefits for staff in working the day shift, this includes the ability to have enhanced opportunities for training in the different positions within HIS and more access to team leader and managers for support and mentoring.

As part of this consultation, staff members will have the opportunity to discuss their needs and impacts both as an individual and as a group. This could include discussion of transitional payment arrangement and transition of rostered hours, etc.

The following hours of operation are being proposed:

- **7:00am – 5:51pm Monday to Friday (no evening shift)**
- **8:30am – 4:51pm Weekends (remains unchanged)**

4.3. Restructure of positions and teams

4.3.1. Scanning Team

The scanning team have had a significant change to the tasks and volume of work since DHR implementation. While scanning into CPF remains a small component of the tasks that are required, the volume and time needed to complete these tasks has reduced significantly. The documents that are mostly scanned now are ECGs, external pathology results, medical imaging reports and procedural reports. There is paper-based documentation that is created by the clinical teams where functionality wasn't built into the DHR, or paper-based clinical documentation completed in system downtime.

New tasks for the team which have resulted from DHR include:

- The need to do quality assurance (QA) of notes scanned at point of care (POC) – administrative staff in clinical areas are now able to scan clinical paper-based records into the DHR. HIS is responsible for ensuring quality and accuracy of the clinical record, creating the need to QA the scanning that has been completed at POC to meet Territory Records Office requirements.
- Back-scanning projects – due to the move to the DHR many clinical areas that kept paper-based clinical files are asking HIS to store and manage the files as they are no longer required. This has created the introduction of new back-scanning projects as well as cataloguing activities.
- Record management administrative tasks – this is management of the inbasket functionality within DHR. Staff members outside HIS can report issues with documents in the system. The HIS Admin team will be responsible for fixing the issues reported and escalating complex issues to the Team Leaders.

There are currently four Supervisor positions within the Scanning Team (including CRU Supervisor), however given the significant change and reduction in work, the HIS restructure proposes that the team moving forward will only need two Supervisor positions. Two Supervisory positions are currently vacant, and it is proposed that these two positions be abolished.

The change to the size and volume of work completed on the weekends doesn't support the need for a permanent weekend supervisor. It is proposed that handover from the HIS Admin Team Leader will occur on Fridays to the weekend staff ensuring that all staff are aware of the work that is to be completed. The

The changes being proposed include:

1. The introduction of two new team names and two new supervisor positions for those teams:
   a. **the HIS Administrative Team**: responsible for the scanning of recent clinical documentation (referred to as active scanning), QA, providing support to point of care scanning and pick up of documents from clinical areas. The new team will be a total of 11.4 FTE (including weekend staff and team leader). There will be proposed position description changes for the weekend team. This is a significant reduction of the current 26.0 FTE; and
   b. **the HIS Archival Records Team** responsible for destruction, cataloguing and back-scanning of paper-based clinical records. The new team will be a total of 10.47 FTE, this is an increase of 4.0 FTE (including the team leader).

As detailed further in section 5, these two new teams will be provided with new position descriptions. Each existing team member in both the scanning and CRU teams will have an opportunity to discuss and nominate which team they are interested in being part of.

Summary of proposed changes:

1. Two existing teams to be renamed to the HIS Administration team and the HIS Archival Records Team.
2. New position descriptions created for the HIS Administration Officers, Weekend HIS Admin Officers and HIS Archival Record Officer positions.
3. Two existing Supervisor positions to be renamed to Team Leaders. 1.0 FTE for the HIS Administration team (ASO4) and 1.0 FTE for the HIS Archival Records Team (ASO4).

4.3.2. Registry Team

The registry team currently manage duplicate patient identifiers and the associated corrections the clinical records. The implementation of the DHR has introduced the need for complex chart corrections that has not been needed in HIS previously. The registry team now performs different functions and requires different skill levels to manage patient identifiers and chart corrections. The proposal is to create a new team called the Quality and Integrity team to support the new function and introduced additional quality assurance over the clinical record to ensure the DHR is meeting legislative and policy requirements.

Summary of proposed changes:

1. Renaming the Registry team to **Quality and Integrity**
2. Renaming the title of Registry Officer positions to **Quality and Integrity officers**.
3. Creating 4.0 FTE chart correction positions

4. The Discharge Summary Liaison Officer (DSLO) reporting line to be moved from research and quality manager position to the Quality and Integrity team leader position to align tasks and create opportunities for staff to be cross trained in a variety of skills and allow them to backfill when needed.
5. Abolish the Registry supervisor position ASO4, with the substantive owner of the position being offered transfer at level to chart correction positions.
6. Creation of a new Quality and Integrity Team Lead position at ASO5.

4.3.3. Release of Information

The changes to the Release of Information team are minor and include:

o All position descriptions will be reviewed and updated
o The reception position, which previously reported to Director HIS, will report to the Privacy and Compliance Manager position

4.3.4. Community Based Record Unit

The Community-based Records Unit (CRU) is based at 1 Moore Street in the city and has traditionally managed community-based clinical records and inpatient records for University of Canberra Hospital (UCH). Similarly, to the scanning team based at The Canberra Hospital (TCH) there has been a decrease in the number of records received for scanning. The CRU team have taken a lead on the back-scanning of older records that require management.

The HIS restructure proposes changing the current CRU service to the Archival Records team. This team will be responsible for destruction, cataloguing and back-scanning of paper-based records. This team will need to have an increased size with new position descriptions.

It is also proposed that this team will operate from a new location in Mitchell. We are currently fitting out a purpose-built space for the consolidation and management of our paper-based records, including an office space for the Archival Records Team. The movement of the paper-based clinical records was required to accommodate facility changes occurring at TCH. The clinical records stored onsite needed to be moved to create office space on campus. The two existing warehouses did not have any capacity to store further records. The new Mitchell warehouse was leased to co-locate all paper-based records. This is a cost saving for CHS with the consolidation to one lease and enable HIS to manage the destruction, cataloguing and back scanning clinical records from one site.

Summary of proposed changes:

o All position descriptions will be reviewed and updated – consulted on with staff in the positions
o The Community Based Record Unit will be re-named to the Archival Records team
o Increase to the FTE of the Archival Record Team from 5.47 FTE to 9.47 FTE
o The current CRU Manager position will be renamed to Archival Records Manager
o The current CRU Supervisor position will be renamed to Archival Records Team Lead
o The Archival Records team will move from Moore Street in Canberra City, ACT to a new location in Mitchell, ACT.

4.3.5. Clinical Coding

The clinical coding team have experienced an increase to the volume of coding since the DHR implementation and while administrative and clinical staff have been learning to use the new system there have been admission errors created. Admission errors are caused by incorrect data being entered into the system. This impacts coding as admissions need to be corrected prior to being able to code or coding is completed and once the admission error is corrected the coding needs to be redone.

The proposed HIS restructure increase the FTE for the Clinical Coding team by 1.2 FTE. The increase is a reflection on the increased activity. However, there will no longer be a need for the coding support officer position, this position is currently vacant. The coding support officer is responsible for following up on paper-based records and performing simple maintenance tasks in CPF, including moving documents to ensure they could be found in the appropriate episodes. These duties are no longer required as the notes are all accessible in the DHR. The position is currently vacant.

Currently HIS has a Research and Quality Manager position that reports to the Director, HIS. This position has responsibilities that belong to both the clinical coding manager and the Director, HIS. The HIS restructure proposes that the Research and Quality Manager position will be abolished, and that two new positions are created, the **HIS Research Data and Reporting Manager** and **HIS Admission, Discharge and Transfer (ADT) Lead.** The substantive owner of the Research and Quality Manager role will be offered a transfer at level to the newly created HIS Research and Reporting Manager position.

The HIS Research Data and Reporting Manager will be responsible for data and reporting for research requests, manage the HIS ADT Lead and assist with admission error corrections. The HIS ADT Lead will be responsible for the correction of ADT errors and will work collaboratively with the chart corrections team to ensure the quality and integrity of the clinical record is maintained within the DHR. These two new positions will also assist with development and maintenance of ADT policy and procedure.

The Clinical Documentation Improvement (CDI) team have a role to play, in Activity Based Funding (ABF). This team's role is to assist with the education of medical officers and clinicians on ways to improve the accuracy of clinical documentation and diagnosis to support CHS with the transition to ABF and ensure that the organisation is funded appropriately. To reflect the increased responsibility of the team there will be an upgrade to one of the positions from an RN2 to a RN3. The RN3 will have the responsibility of engaging with senior clinicians and ensuring that the CDI team has a program of work to follow. The RN2 position that is proposed for upgrading is currently vacant.

Summary of changes:

1. All position descriptions will be reviewed and updated and consulted on with affected staff
2. The coding support officer position will be abolished, the position is currently vacant
3. New position HIS Research Data and Reporting Manager position, ASO6 to be created
4. New HIS ADT Lead position, ASO5 to be created

5.   One of the CDS RN2 positions will be upgraded to an RN3, position to be upgraded is vacant

4.3.6. Research and Quality

The Research and Quality Manager position will be abolished, and the duties will be shared between the proposed new positions Quality and Integrity Lead and HIS Research Data and Reporting Lead. The substantive position owner of the Research and Quality Manager position will be offered a transfer at level. The DSLO is the only direct report to this position, and the proposed reporting line is moving to the new Quality and Integrity Lead.

Summary of changes:

1.   The Research and Quality Manager position will be abolished, substantive owner will be offered position at level.
2.   The DSLO position will change from reporting to Research and Quality Manager to the new **Quality and Integrity Lead position**.

4.4.   Benefits of the future structure

The proposed new HIS structure will ensure that we provide services to the organisation and clinicians that align with Strategy and ensure we have the flexibility to change as the health landscape changes. The HIS restructure reduces services in the team where work volume has decreased and expands in the areas where we have new functions and responsibilities. The alignment within the restructure also means we can concentrate as a service on being proactive rather than reactive in the management of records.

Summary of benefits:

o   Five new positions will be created that existing HIS staff could apply for and have the ability to be trained in (professional development)
o   Significantly improved operational efficiencies
o   Records management will be proactive rather than reactive
o   Alignment with strategies and priorities of Canberra Health Services
  ▪   Support the introduction of Activity Based Funding
  ▪   Ensure that the clinical record meets best practice guidelines that allows the clinicians to deliver patient centred care

5. Affected staff members

The proposed restructure impacts many of our team and there will several support activities that will be completed to ensure that staff have opportunities to apply for the new positions, if they choose, or they feel confident in the position they have within the department. There will be no job losses from this re-structure as we are already operating with less staff than our funded FTE. There are an equal number of positions being created that staff, who are in positions being abolished, will be offered a transfer at level. Any position that is advertised, HIS staff will be able to apply for.

There will be a number of one-on-one meetings with staff where their positions are directly affected, to outline the process for each individual and their options. Team meetings will be held to discuss the impacts to the team and there will be presentations to the entire department about the process. These will be sent as meeting invites to your work email addresses.

The following headings outline the support activities that will be completed:

1. Change Management

HIS management has engaged the CHS Workforce Culture and Leadership team to design and implement a comprehensive education plan which will include workshops to upskill managers in their positions, team sessions to help staff navigate the change and be able to support each other through the transition. Additional information on these workshops and training opportunities will be communicated in coming weeks.

2. Applying for advertisements

If written applications and interviews are required for the recruitment process, education sessions on how to write responses and complete interviews will be provided to interested team members. This includes applications for promotional opportunities.

3. Support Services

CHS places the highest priority on employee health and wellbeing and offers several support options for you and any immediate family members, should this process become stressful for affected staff members.

The Employee Assistance Program (EAP), through Converge International, offers free, professional and confidential services to support staff members and their immediate family through both personal and work-related issues. To access support, staff are welcome to call 1300 687 327 (1300 OUR EAP). This number is staffed 24 hours a day, 365 days of the year. More information on the EAP and how to access services is available at the Employee Assistance Program (EAP) (sharepoint.com)

Additional support can be sought from the Workplace Resolution and Support Service by contacting CHS-HDWorkplaceResolution@act.gov.au or ph. 5124 3656.

6. Consultation and Implementation

The purpose of this paper is to provide a proposed restructure of HIS and commence the formal consultation period. This document outlines the proposed changes we are seeking feedback on to ensure that we have considered all views.

There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the proposal.

Feedback can be provided via email to kerri.mcgufficke@act.gov.au

Feedback is due by 10 May 2024

We are seeking responses to the following questions:

1. Do you have any concerns about the proposal, if so, what are they?

2. Do you have any other feedback you would like to be considered in relation to the HIS Restructure?

For any further information relating to the HIS Restructure, please contact:

- Your supervisor directly, or

- Kerri McGufficke at kerri.mcgufficke@act.gov.au

6.1. Implementation of the proposed future structure

The implementation of the proposed HIS structure will commence once the consultation period has concluded. The new positions will be progressed, and recruitment will occur for these positions.

Individual discussions will occur where staff members positions are being abolished or where the position description is being changed significantly.

The change to the Scanning Team and CRU teams will be completed by doing an expression of interest for the two new teams. If there is enough interest in each team, then staff will be transferred to the teams they have expressed an interest in. If we are unable to fill the teams with the expression of interest, we will need to do a formal merit-based recruitment process and appointment to the teams. There is a potential that staff will not be appointed to the team that they apply for.

6.1.1. Consultation Timeline

Consultation Timeline	
Date/Week	**Activity**
Commencing 4 April 2024	Individual staff conversations as required
12 April 2024	Consultation Paper Released (including Unions)
12 April 2024	Start of consultation period
Week commencing 15 April 2024	HIS Department Sessions - this will provide overview of the proposed restructure and consultation process
Week commencing 15 April 2024	HIS Team meetings - Each team will have a session to discuss changes
10 May 2024	Consultation feedback period ends
13 - 17 May 2024	Feedback collated
20 May 2024	Feedback provided
Week commencing 20 May 2024	HIS Department Sessions scheduled to provide overview of feedback and any changes to the proposal
27 May 2024	Implementation period commences

6.1.2. Summary of Staff Impacts

Position/Team	Current Reporting Lines	Changed Reporting Line	Other Changes	Comments
Senior Director, HIS	Nil	Nil	Position Description Reviewed	Proposed change to reporting line through Decision Support Unit Consultation
Director, HIS	Nil	Nil	Position Description Reviewed	Nil
Clinical Coding Manager	Nil	Nil	Position Description Reviewed	Nil
Clinical Coding Educator/Auditors	Nil	Nil	Position Description Reviewed	Nil
Clinical Coders	Nil	Nil	Position Description Reviewed	Nil
Clinical Documentation Specialists	Nil	Nil	Position Descriptions Reviewed 1 RN2 position is being upgraded to a RN3.2	There is no change to the amount of CDS RNs
Clinical Coding Support Officer	N/A	N/A	Position to be abolished	Position is currently vacant
CRU Manager	Nil	Nil	Position Description Reviewed Change of name to HIS Archival Records Manager Move of location from City to Mitchell	Nil
CRU Supervisor	Nil	Nil	Position Description Reviewed Change of name to HIS Archival Records Team Lead Move of location from City to Mitchell	Staff member in the position will be offered transfer at level
CRU Team	Nil	Nil	Position Description Reviewed Change of name to HIS Archival Records Officers Move of location from City to Mitchell	Current team members will be offered opportunity to provide preference of being in the HIS Admin Team or the HIS Archival Records Team
Office Manager	Director, HIS	Senior Director, HIS	Position Description Reviewed Change of name to HIS Office Assistant	Nil
Research and Quality Manager	N/A	N/A	Position to be abolished	Staff member in the position will be offered transfer at level to new position being created – HIS Research Data & Reporting Manager
Privacy and Compliance Manager	Nil	Nil	Position Description Reviewed	Nil
Discharge Summary Liaison Officer	Research and Quality Manager	Quality and Integrity	Position Description Reviewed	Nil

		Lead (New Position)		
Release of Information Officer	Nil	Nil	Position Description Reviewed 1 New position is proposed to be created	Nil
MHJHADS Release of Information Officer	Nil	Nil	Position Description Reviewed	Nil
Registry Supervisor	N/A	N/A	Position to be abolished	Staff member in the position will be offered transfer at level to new position being created – Chart Corrections Officer
Registry Team	Registry Supervisor	Quality and Integrity Lead (New Position)	Position Description Reviewed Change of Name to Quality and Integrity Officer	Nil
Forms Officer	Nil	Nil	Position Description Reviewed	Nil
Reception	Director, HIS	Privacy and Compliance Manager	Position Description Reviewed	Nil
Admin Manager	Nil	Nil	Position Description Reviewed	Nil
Scanning Day Supervisor	Nil	Nil	Position Description Reviewed Change of name to HIS Admin Team Lead	Staff member in the position will be offered transfer at level
Scanning Day Team	Nil	Nil	Position Description Reviewed Change of name to HIS Admin Officers	Current team members will be offered opportunity to provide preference of being in the HIS Admin Team or the HIS Archival Records Team
Central Transcription Service	Nil	Nil	Position Description Reviewed	Nil
Scanning Night Supervisor	N/A	N/A	Position to be abolished	Position is currently vacant
Scanning Night Team	Scanning Night Supervisor	HIS Admin Team Leader	Position Description Reviewed Change of name to HIS Admin Team Operational hours of department changing that will impact staff	Current team members will be offered opportunity to provide preference of being in the HIS Admin Team or the HIS Archival Records Team
Scanning Weekend Supervisor	N/A	N/A	Position to be abolished	Position is currently vacant
Scanning Weekend Team	Scanning Weekend Supervisor	HIS Admin Team Leader	Position Description Reviewed Change of name to HIS Admin Team	Current team members will be offered opportunity to provide preference of being in the HIS Admin Team or the HIS Archival Records Team

Quality and Integrity Lead (New Position)	N/A	HIS Admin manager	Position Description Created	Position will be advertised, and all HIS staff will have the opportunity to apply
HIS Research Data & Reporting Manager (New Position)	N/A	Clinical Coding Manager	Position Description Created	This position will be offered to Research and Quality Manager as this is at level. If not accepted position will be advertised and all staff will have the opportunity to apply
ADT Specialist (New Position)	N/A	HIS Research Data & Reporting Manager	Position Description Created	Position will be advertised, and all HIS staff will have the opportunity to apply
Chart Correction Officers (New Positions)	N/A	Quality and Integrity Lead	Position Description Created	Position will be advertised, and all HIS staff will have the opportunity to apply