

# Health Information Services (HIS) Royal North Shore Hospital (RNSH) Restructure Proposal

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## 1.1 The Need for Change

### 1.1.1 Description of Service

Health Information Services (HIS) aims to ensure patient and clinical information is of a high quality and available at the point of care, whilst minimising costs and protecting the confidentiality of patient data.

### 1.1.2 Background

Digital scanning of paper health care records (Document Imaging (DI)) was introduced to Royal North Shore Hospital (RNSH) in 2012. At the time of implementation, a review of HIS was completed, and outpatient and inpatient DI teams were created to support DI workflows. Over the years there has been a significant reduction in historical paper-based health care records due to the progression of digitising records, including introduction of new electronic medical record (eMR) modules that facilitate direct entry into the eMR. HIS now only provides a paper-based retrieval service to Maternity Services on a regular basis. These changes have resulted in a reduction in the DI workload.

The progressive increase in electronic health care records in Northern Sydney Local Health District (NSLHD) has resulted in the need for quality and auditing roles for eMR to ensure documentation is timely, accurate and complete. This includes broadening the scope of HIS roles to include documentation audits, active clinical engagement, and troubleshooting electronic record issues such as duplicate entries, incorrect/incomplete documentation, unsigned notes, printing/extraction of electronic records, and ensuring accurate and secure access to eMR.

The last review of RNSH HIS occurred in 2012, and since this time, as a result of the aforementioned changes, there have been significant changes to the way work is performed by the service. The service has therefore undertaken a review of the positions and hours of operation, to ensure they are congruent to current demands for electronic records and data management, DI, medico-legal, and the administration of eMR related activities. This review highlights the need for an organisational restructure to meet the current and future needs of health care record management at RNS and Community Health Centre (CHC).

## 1.2 Restructure Plan

### 1.2.1 Reason and purpose of the restructure

It is proposed that HIS operating hours be reduced from Monday to Sunday (6.30am-Midnight) to Monday to Friday (6.30am-7.00pm). Staff currently rostered after hours and on weekend shifts will be reallocated to shifts within the proposed operating hours. The following actions will be required as a result of this change:

- Requests for urgent release of information received after 7pm (currently received via phone/fax), will be transferred to the RNSH Emergency Department (ED), who are already providing this service from midnight to 6.30am Monday to Sunday. RNSH ED and Patient Services have been consulted and have consented to this proposed change.

- DI services will not operate after hours or on the weekend. The staff currently performing DI after hours will be reallocated to shifts within the proposed operating hours. Rostering on Mondays will reflect additional staff to process weekend DI work.
- The 24hr KPI for completion of ED DI will be amended to 72hrs. Paperwork produced in the ED over the weekend will be securely held in ED until HIS Couriers collect it on Monday mornings, to ensure availability for any patient readmissions
- Existing shift workers will be transitioned to non-shift workers in accordance with the closure of after-hours and weekend services due to a significant decrease in clinical information requests

Other proposed changes are:

- Amalgamation of the two DI teams, inpatient and outpatient, into one overarching HIS Data Administration team. This team will undertake DI and other data administrative tasks such as combining duplications and processing of ongoing care requests. There are no foreseen service impacts to this change, moreover, will result in an improvement of capability due to cross-skilling of staff and streamlining processing of patient information. It will also result in increased capacity and rostering flexibility within the service.
- Introduction of a Medico-legal Coordinator role, Health Manager, Level 1 (HM1), and additional Medico-legal clerks at Administration Officer, Level 3 (AO3). This will ensure appropriate management of complex and high-risk medico-legal requests in accordance with legislated requirements and timeframes. The model of service will evolve from its current state of continual backlogs to a patient-centric model with increased clinician and consumer engagement in the information release process, provision of training in medico-legal requirements, and improved case management.

The benefits of the proposed changes are:

- Enhance HIS' digital capabilities, thereby becoming less paper-based and providing an innovative solution to health care records management.
- Enable greater focus on quality and compliance across all areas of HIS
- Align organisational structure and position descriptions with consistent Award classifications, performance indicators, and duty requirements.
- Provide effective career progression pathways and succession planning across all positions, including supervisory and management levels, thus improving recruitment and retention opportunities in HIS
- Maintain appropriate staffing levels and effective management of resources to better reflect high and low activity periods, thus eliminating longstanding backlogs and the use of overtime and contractors
- Ensure optimal service delivery across HIS in accordance with service demands
- Remove Administration Officer, Level 2 (AO2) positions entirely from HIS. This will resolve long standing rostering issues between AO2 and AO3 positions for coverage of staff absences and provide opportunity for complex work duties such as auditing, record destruction, duplicate registration merging, and release of information, to be disseminated across the entire team.

### 1.2.2 Current and proposed FTE

| Award/Grade                     | CURRENT FTE | PROPOSED FTE | VARIANCE   |
|---------------------------------|-------------|--------------|------------|
| Administration Officer Level 2  | 16.4        | Nil          | 0          |
| Administrative Officer Level 3  | 15.5        | 31.9         | (16.4)     |
| Administrative Officer Level 4  | 1.0         | 2.0          | 1          |
| Administrative Officer Level 5  | 1.0         | 2.0          | 1          |
| Administrative Officer Level 6  | 1.0         | 2.0          | 1          |
| Health Manager Level 1 (HM1)    | 1.0         | 1.0          | 0          |
| Medical Records Manager Grade 5 | 1.0         | 2.0 (HSM2)   | 1          |
| Medical Records Manager Grade 8 | 1.0         | 1.0 (HSM3)   | 0          |
| <b>TOTAL FTE</b>                | <b>37.9</b> | <b>41.9</b>  | <b>4.0</b> |

### 1.2.3 Impact on staffing (FTE)

Refer attachment – *Affected Employees Positions Table (TAB A)*

### 1.2.4 Current and proposed organisational charts

Refer attachment – *Organisational Charts (TAB B (1) & (2))*

### 1.2.5 Current and proposed position descriptions

Refer attachment – *Position Descriptions (TAB C (1) & (2))*

### 1.2.6 Proposed method of filling positions in the new structure

Positions will be filled via an Expression of Interest (EOI) process, internal to RNSH HIS. New and vacant positions will be filled via a merit-based selection process in accordance with NSW Health Policy Directive, *Recruitment and Selection of Staff to the NSW Health Service (PD2017\_040) (TAB D)*.

## Stage 2 – Consultation

Consultation will occur in accordance with NSLHD procedure *Restructuring in Northern Sydney Local Health District (TAB E)* and in accordance with the relevant industrial awards

### 2.1 Notification to employees

All employees impacted by the proposed changes will be advised in writing of the proposed changes and are invited to provide feedback during a 2-week consultation period in accordance with NSLHD procedure *Restructuring in Northern Sydney Local Health District*.

### 2.2 Notification to Union/Industrial Bodies and other relevant parties

This restructure proposal document, along with the associated documents available in Tabs A – E, will be provided for consultation to the following stakeholders as detailed below:

- All staff within HIS RNSH
- NSW Health Services Union (HSU)

### 2.3 Feedback

Staff are invited to provide feedback by 5:00pm on Tuesday 26<sup>th</sup> July 2022. Feedback can be provided to Mr Adam Steggles, Senior HR Business Partner, via email: [Adam.steggles@health.nsw.gov.au](mailto:Adam.steggles@health.nsw.gov.au)

### Stage 3 – Implementation

It is anticipated that the proposed restructure will be implemented post consultation with the affected employees as outlined in **(TAB A)**.

### Stage 4 – Review and evaluation methodology and timeframes including success indicators;

The restructure will be reviewed 3 months following implementation to ensure that the efficiencies in place are maintained in accordance with service need.

#### 4.1 Final audit of overall plan by management accountant.

The plan has been reviewed by the Director of Finance & Corporate Services.

### Attachments

**TAB A** - Affected Employees Positions Table

**TAB B** (1) & (2) – Current and Proposed Organisational Charts

**TAB C** (1) & (2) – Current and Proposed Position Descriptions

**TAB D** - Recruitment and Selection of Staff to the NSW Health Service (PD2017\_040)

**TAB E** - Restructuring in Northern Sydney Local Health District (PR2014\_016)