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Sant'Anna**
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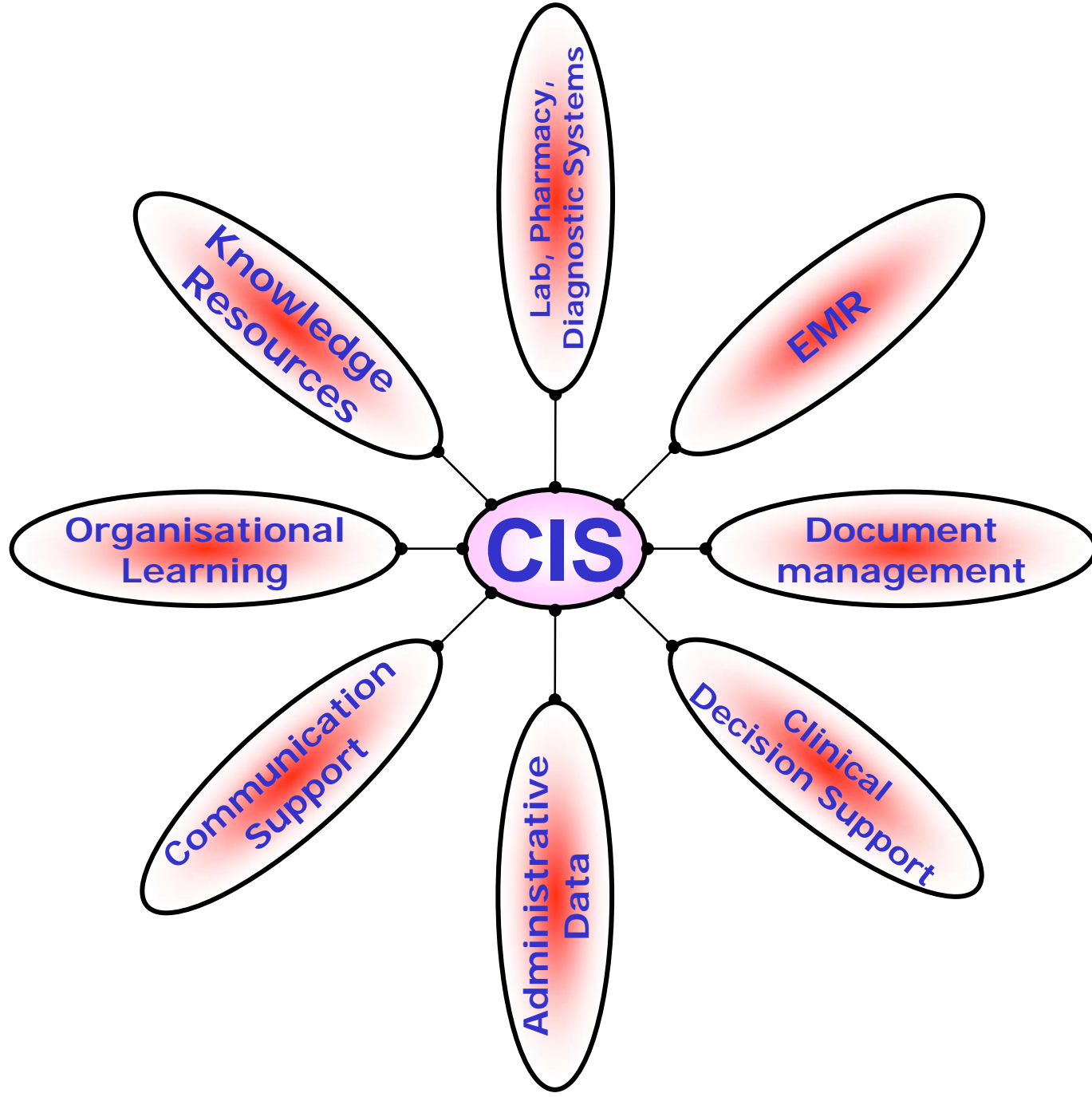
05.04.2006

Progress of e-Health in Australia: OACIS **(The Open Architecture Clinical Information System)**

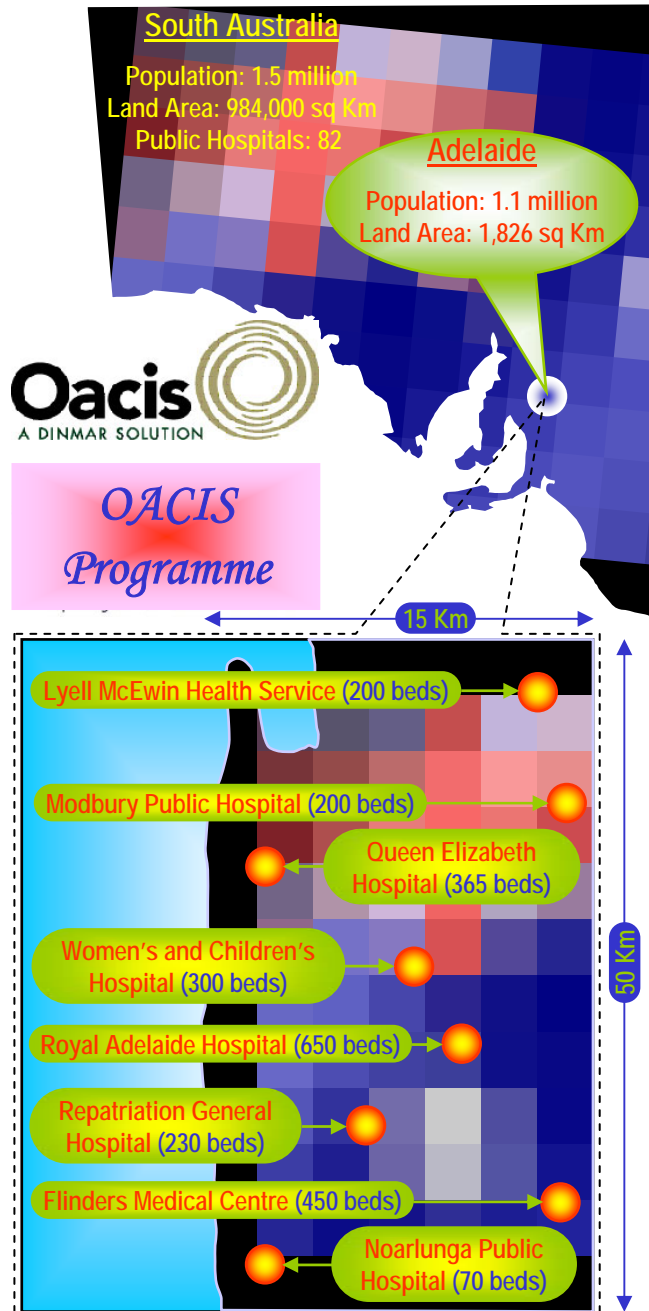
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Components of a CIS? (Kaiser Foundation Research Institute, 2003)



History of OACIS Programme



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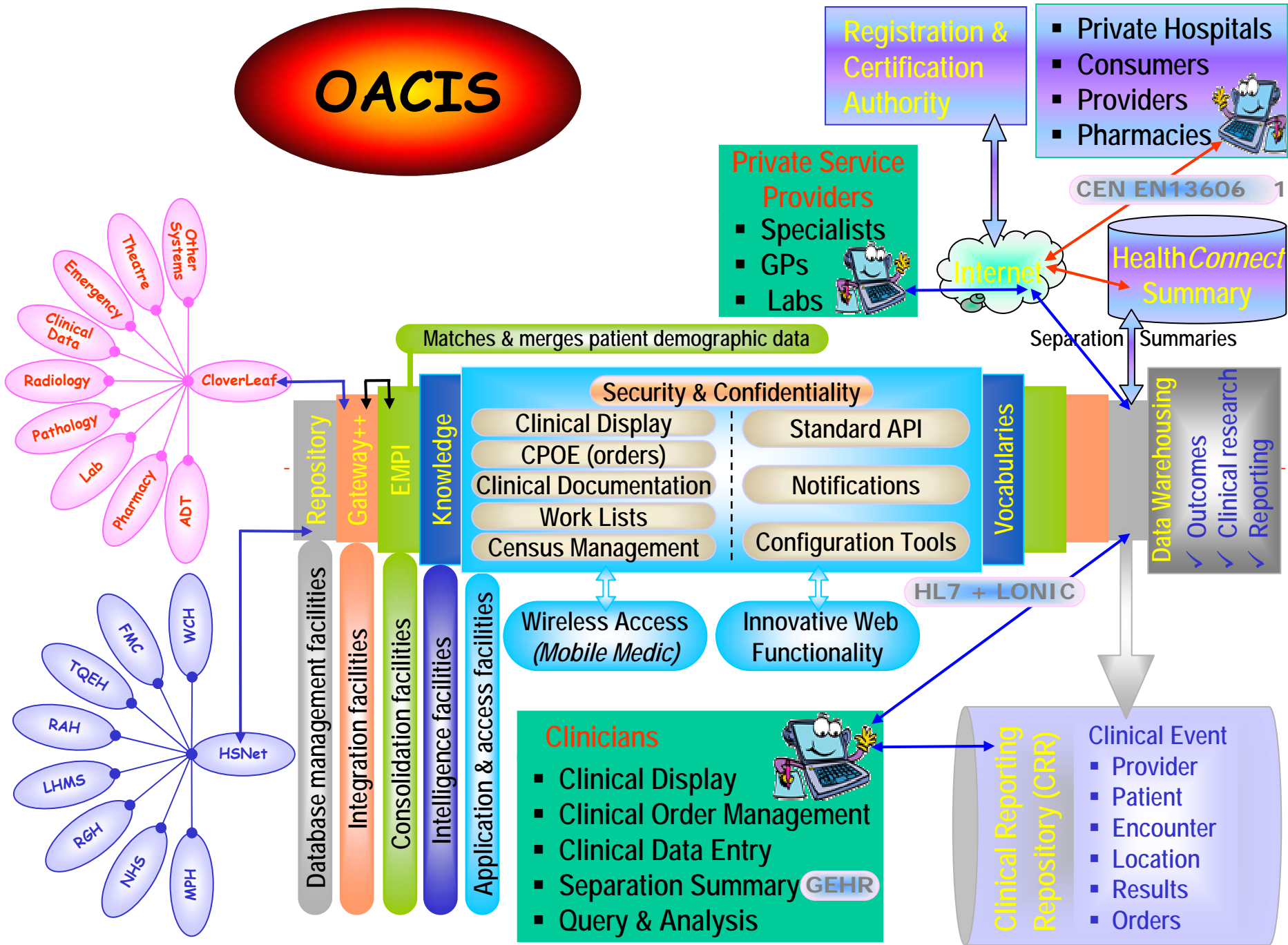
- 1990** DHS identifies the need to improve CIS, to enable **clinical best practices** and thereby improve **quality of care**.
- 1995** The **Renal Information System** at TQEH required replacement.

A world wide study was conducted looking at both clinical and technical requirements.

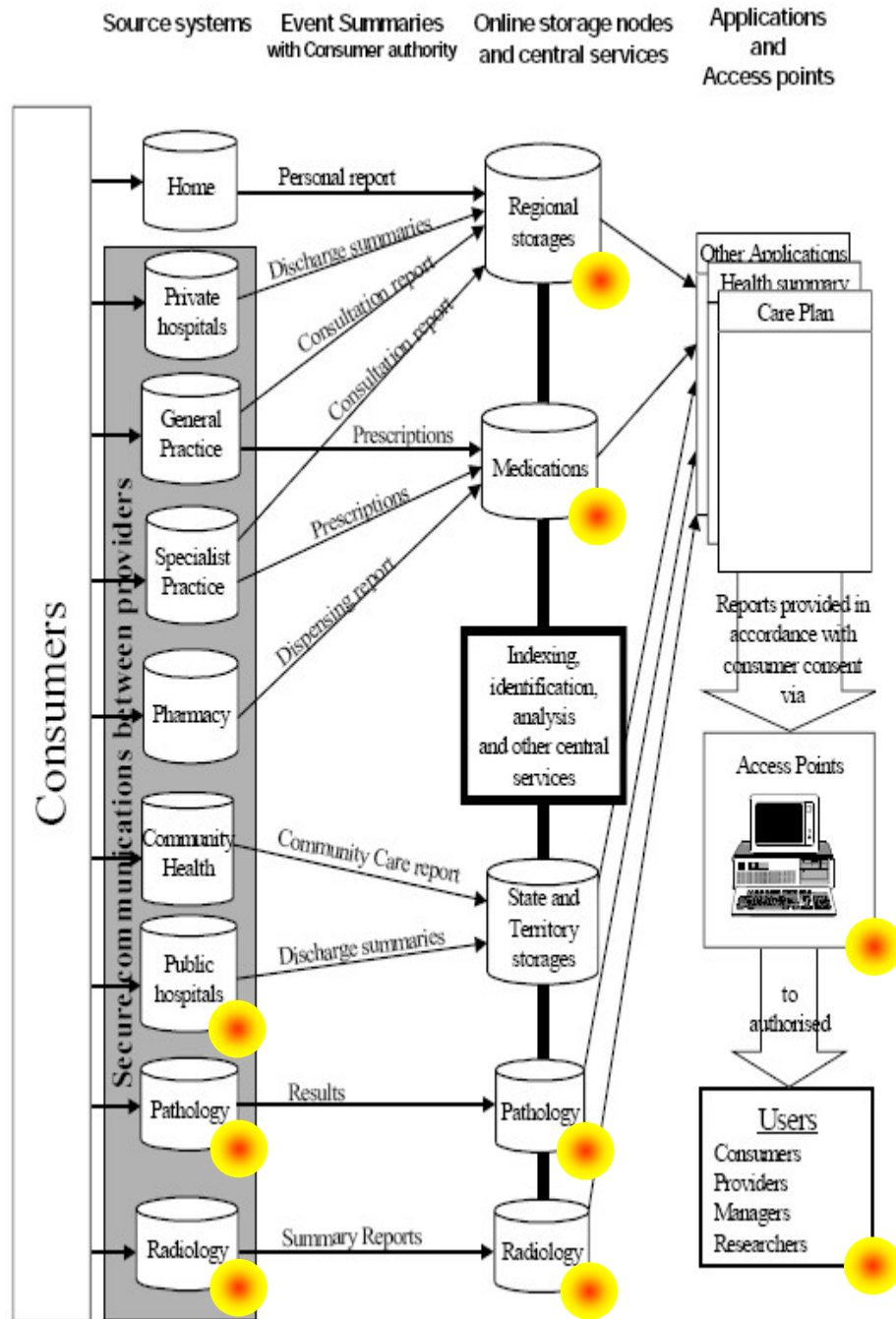
DHS selected **OACIS** out of west cost of the USA, now owned by **DINMAR in Canada**.
- 1997** Pilot implementation by the **Department of Health's ICT Services Projects Branch** in partnership with **Accenture** in the renal unit of **4 (TQEH, RAH, FMC, WCH)** of the **metropolitan public hospitals** to test and evaluate **benefits and outcomes** able to be achieved.
- 1999** **OACIS Enterprise Wide Steering Committee** established.
- 2001** Implementation of data conversion between **OACIS to GEHR** and **GEHR to OACIS**.

Extended implementation of OACIS across **8 (TQEH, RAH, FMC, WCH, LMHS, MPH, RGH, NHS)** **major metropolitan public hospitals**.
- 2004** **Participation of SA** in the implementation of first stage of **HealthConnect**.

OACIS



HealthConnect & Oacis Programme



DHS is represented on the HealthConnect Board

DHS and SADI (South Australian Division of General Practice Inc.) have jointly developed a state-wide GP Register

HealthConnect's Clinical Information Project:

- Developing a framework for defining **clinical information capture** (in the form of 'event summaries' and representation (lists, views and reports) in **shared EHRs**)
- The initial **health profile**, **GP consultation**, **hospital discharge summary**, **pathology**, and **imaging** event summaries were identified as immediate priorities

OACIS to GEHR and vice versa done by GPCG.

Stakeholder participation:

- Clinical Reporting Repository Committee with representation from DHS, hospitals, academia, GPs, **consumers** and legal

Use of **electronic signatures** for drug prescribing and also procurement

Ensuring Privacy/Confidentiality by adopting the **Code of Fair Information Practice**

The Department of Health of South Australia has adopted a **Code of Fair Information Practice** to ensure that all public hospitals and health units comply with a **set of Privacy Principles**.

Collection, storage & transfer, usage and **disclosure** of **personal health information** are regulated by principles.

Providing personal health information is **voluntary*** but staff have **obligation** to record details of service they provide.

Only **required information** is passed on to **staff** who are **involved in your care**.

Under some laws, such as the **Public and Environmental Health Act**, the **South Australian Health Commission Act** and the **Motor Vehicles Act**, doctors are required to report certain information.

Some authorities such as **HIC** is legally entitled to obtain certain information.

Except for some legal exceptions, under **Freedom of Information Act**, an individual can **access** his/her medical record to get a copy or to amend the same.

*OACIS
Programme*

HealthConnect

What?	Hospital based clinical information management for renal patients	National system of EHR to improve flow of information across the health sector
Focus	Better decision making in acute care	Providing valuable information for health sector
Propagators	Patient centric and provider/clinicians driven	Commonwealth and State and Territory governments driven
Scope	Limited to Adelaide metropolitan public hospitals + some GPs and Private units	Throughout Australia
Collection	Comprehensive encounter information from source systems	Brief event summaries from point of care
Storage	Held in central storage repository	Held at regional storage service close to point of care
Ownership/Funding	South Australian public health system	Jointly Australian, State and Territory governments
Architecture	Client-server under Intranet + Some have web access (separation summary)	Web based under secure network using PKI
openEHR	HL7 messaging + LOINC code sets	CEN EN 13606-1 (CEN archetypes or HL7 templates)
Consumer	<ul style="list-style-type: none"> • Consumer not registered • Implied consent model used for paper based records • Medical records are linked by matching patient demographic information • Access to information under Freedom of Information act 	<ul style="list-style-type: none"> • Voluntary participation, Unique ID after registration • Information storage/disclosure with individual's consent • Event summaries and medication details are linked by using consumer ID • Complete control and on-line access to information
Provider	<ul style="list-style-type: none"> • Unique logon ID for all providers involved in patient care • GP registry prepared by SADI • Providers to follow set of Information Privacy Principles based on Privacy Act 1988 • Only authorized providers will password authentication (based on role and site) can access information • Only required information connected with patient care is made available 	<ul style="list-style-type: none"> • Voluntary participation, Unique ID after registration • National provider directory being prepared at WA • Providers to follow 10 National Privacy Principles till National Health Privacy Code is introduced • With patient's consent , only authorized providers can access information • With patient's consent , only required information connected with patient care is made available