

2013

**THE LEGISLATIVE ASSEMBLY FOR
THE AUSTRALIAN CAPITAL TERRITORY**

**GOVERNMENT RESPONSE TO REPORT NUMBER 29 OF THE
STANDING COMMITTEE ON PUBLIC ACCOUNTS
OF THE 7TH ACT LEGISLATIVE ASSEMBLY**

**AUDITOR-GENERAL'S REPORT NO. 6 OF 2012
EMERGENCY DEPARTMENT PERFORMANCE INFORMATION**

**Presented by
Katy Gallagher MLA
Minister for Health**

1. Overview

On 5 April 2012, the Australian Institute of Health and Welfare (AIHW) notified the Health Directorate of some anomalies in Canberra Hospital Emergency Department data that had been provided to the AIHW as part of routine reporting (the Audit Report).

In response, between 9 April 2012 and 19 April 2012, the Health Directorate conducted a preliminary internal investigation into the data anomalies. This internal investigation outlined that a more detailed investigation was required.

Following the internal investigations, on 21 April 2012 a member of the Health Directorate executive met with the Director-General of the Health Directorate and admitted to making unauthorised changes to emergency department data.

On 27 April 2012, the Chief Minister requested the Auditor-General undertake a performance audit of the Health Directorate's data collection, reporting and integrity systems. On 1 May 2012, the ACT Legislative Assembly passed a resolution which requested the Auditor General inquire into data discrepancies in Emergency Department waiting times at the Canberra Hospital.

The final Auditor-General report contained 10 recommendations in relation to improvements to data integrity across the Directorate.

In July 2012, the Chief Minister provided a response to each of the Auditor General's recommendations to the Standing Committee on Public Accounts.

Amendments to Canberra Hospital emergency department records affected by unauthorised changes to waiting times and length of stays were completed in August 2012, with the AIHW validating the ACT amended data.

This submission to the Standing Committee on Public Accounts provides the Government Response to further recommendations from the Public Accounts Committee.

2. General Comments

The ACT Government welcomes the Standing Committee on Public Accounts, Review of Auditor General's Report No. 6 of 2012: Emergency Department Performance Information.

The report comprises of 16 recommendations in relation to data integrity. The Government has provided a response to each recommendation. In response to Recommendation 1, the Government did not agree to an expedited response to the Standing Committee as the timeframe was not achievable prior to the commencement of the caretaker conventions in the lead up to the Territory election in October 2012.

The 15 remaining recommendations have been either noted, agreed to, or agreed in part with an appropriate response provided. The ACT Government is committed to provide clear and accurate information in relation to health system performance.

Recent events relating to unauthorised changes being made to emergency department records at Canberra Hospital has heightened the awareness and need for investment in maintaining the security and confidence in our data assets, and in ensuring the information we provide to the public in terms of health system performance is timely and accurate.

There have been two audits to date. The Auditor-General's Report No. 6 of 2012: Emergency Department Performance Information; and the PricewaterhouseCoopers: Emergency Department Information System Data Integrity Summary Report.

Subsequent to the findings and recommendations provided by both formal audit reports, the Health Directorate has commenced subsequent work to improve the quality and security of data assets.

A Data Governance Review is currently underway. National health reform occurring across Australia since 2010 has placed a sharper focus on the collection and reporting of health data, from which conclusions can be drawn about progress of the reforms and performance of the health system. The occurrence of deliberate manipulation of Emergency Department performance data at Canberra Hospital has brought into question whether the governance of ACT Health Directorate optimally supports the delivery of robust data for local and national use.

A data integrity strategy is to be developed and will be informed by a review of all data collection, validation, analysis and reporting systems against best practice standards. This strategy will be complemented by a review of the organisational governance that addresses the management and monitoring of key performance indicators including reporting expectations, the resources available to deliver against those expectations, and the organisational structure and culture to support delivery and optimal use of available data.

A review has been established to determine if there are gaps in current governance arrangements and, if identified, what strategies could be put in place to improve these arrangements.

The review is expected to determine:

- Are the expectations placed on staff in relation to the collection and reporting of key health system performance indicators and quality and safety indicators reasonable and achievable?

- Are the Health Directorate's monitoring processes effective in monitoring progress against the organisation's targets?
- Does the organisational structure and culture support managers to deliver on performance expectations, and are adequate support structures in place?

This Government and the ACT Health Directorate have commenced the process of recruiting a Director of Data Integrity Officer to undertake a range of duties related to the integrity of data assets within the Health Directorate. This position will be responsible for:

- Data Integrity, including assessing and reporting on the integrity of Directorate data including processes associated with the collection, storage, validation and reporting of health system information as well as the application of performance measures, security in relation to the accessing of data and the adequacy of training and education process in relation information management;
- Reporting on and monitoring the governance arrangements in place for the collection, storage, validation and reporting of health system data;
- Conduct of regular audits of governance arrangements in place for the use of data within the Directorate and on the processes employed to ensure accuracy of our data;
- Assessment of systems in place to ensure applicable privacy regulations and policies are applied across the Directorate;
- Benchmarking Health Directorate data and information management processes with industry best practice and with national health data principles, and produce reports noting compliance or gaps between the Directorate's systems and process and industry standards;
- Liaison with national bodies and other health authorities in relation to systems and practices to improve data quality and standards; and
- Report bi-annually to the Health Directorate's Portfolio Information and Communication Technology Committee on progress against reported issues

The Government's response to the recommendations put forward by the Standing Committee clearly identifies this Government's commitment to ensuring the ongoing monitoring and improvement in our data assets across the Territory.

RECOMMENDATION 1

The Committee recommends that the Minister for Health give consideration to finalising the Government submission to the Standing Committee on Public Accounts in response to Auditor-General's Report No. 6 of 2012: Emergency Department Performance Information earlier than three months after the report being tabled.

Not agreed - There are a large number of recommendations in the Public Accounts Committee Report. The proposed timeframe for responding to the Public Accounts Committee recommendations was not achievable prior to the commencement of the caretaker conventions in the lead up to the Territory election in October 2012. This submission now addresses that response.

RECOMMENDATION 2

The Committee recommends that the Minister for Health make representations at the appropriate forums to progress the concept of a regular national audit by the Commonwealth Auditor-General of health performance and data integrity as it relates to Commonwealth agreements through the recently amended legislative provisions of the Commonwealth Auditor-General Act 1997.

Noted – The concept of data integrity on health performance monitoring is integral to ensuring consistent and accurate monitoring and assessment of performance across all jurisdictions. In light of issues that have arisen at Canberra Hospital emergency department, the Commonwealth will undoubtedly put in place processes to ensure accuracy of data. Issues relating to data integrity and reporting have been raised by the ACT at the recent Australian Health Ministers Council and work is underway on a National basis to improve the quality of information we report.

At a local level, the ACT Health Directorate is implementing strategies to improve data quality controls across the organisation. A Director of Data Integrity position is being established to oversee processes and methods for data collection, collation and reporting.

There is also a review underway to review the data governance structure across Health to ensure greater consistency and accountability for the data that is reported locally and to external agencies.

The ACT Health Directorate has gone to tender to undertake a data integrity audit. This audit is aimed at assessing Health data assets to tighten up controls on the entry and security of health related information.

On behalf of the Government, the Chief Minister has raised at a national level the issue of striving for nationally consistent measures for emergency department performance. It is the Government's aim to work with other jurisdictions to minimise the variable interpretation that currently exists around data definitions and reported data, ensuring that we obtain and report data that is comparable between States and Territories.

The Government will also be seeking agreement from other jurisdictions to implement more qualitative measures of the effectiveness of outcomes for patients treated in the nation's emergency departments.

RECOMMENDATION 3

The Committee recommends that the Government of the day review the security of information which identifies individual patients at the Canberra Hospital and report on the outcomes of this review to the ACT Legislative Assembly on the first sitting day of 2013.

Agreed in part– The Health Directorate is in the process of developing System Security Plans for all applications considered by the Health Directorate and Shared Services ICT to be either Government or Business Critical. This process is based on assurances in relation to the security of information which directly identifies patients. It is planned to have these security plans completed by June 2013. Two plans have been finalised to date, with another seven plans close to completion. These plans include all of the key applications that contain individual patient information.

The timeframe specified by the Committee was not achievable and therefore is not agreed.

RECOMMENDATION 4

The Committee recommends that the Health Directorate in conjunction with Shared Services ICT ensure that appropriate training on every IT related hospital system, with a particular focus on the Emergency Department Information System (EDIS), is provided to all staff at the Canberra Hospital and Calvary Public Hospital.

Agreed – Training for systems is managed by Shared Services ICT Health and training is provided for staff at the commencement of duties and where training requirements are subsequently identified (ie when staff transfer to areas requiring application use or have extended leave that may require a refresher eg Maternity leave).

New training packages have been developed for the EDIS which focus on the different roles of people within the emergency department (nurses, administrative staff, doctors). New systems area also being implemented which will require more formal training processes to be completed by all staff within the emergency department.

Comprehensive training in the major systems (such as the ACT Patient Administration System) is provided for Canberra Hospital, Calvary Public Hospital and community services staff. Training is provided for the equipment lending system for the service at Kambah. Training is provided in relation to access to the Clinical Portal on an as-needs basis and immediately for staff identifying the requirement, and is otherwise scheduled. Training is provided for the Mental Health Assessment Generation and Information Collection (MHAGIC) system. Access is provided on the completion of training provided by Shared Services ICT Health.

The other training and support model is managed through business units for all other application training and support. Specifically, emergency department training and system administration is managed locally by the each hospital service and training is provided to hospital staff by the ACT Health staff who manage the systems. Other IT related hospital systems are managed using a similar model to ED and training is addressed as needed and where appropriate scheduled for groups. A number of the IT related hospital systems may support specialist and limited user requirements to service a particular business need or functional requirement. Local business support models accommodate these requirements.

There is also work underway assessing the Data Governance across the Directorate. One key recommendation will be to conduct a full scale audit of all data assets across the Directorate. This process will enable visibility of all data systems and processes. The Directorate will be able to assess current data assets and develop appropriate training and protocols for the collection, collation and reporting of health system information. This process will be ongoing with regular auditing of data to provide further evidence of additional training requirements.

RECOMMENDATION 5

The Committee recommends that robust data validation processes be established for the Canberra Hospital and that the Government of the day report to the ACT Legislative Assembly on the first sitting day of 2013 on their implementation.

Agreed in part– Validation of data in the Health Directorate occurs at a number of points along the continuum from the point of data collection in the source system to end use of the data for reporting and analysis. The first tier of validation involves review by administrative staff and system administrators at the time of data entry into the Emergency Department Information System, usually on a daily basis. A second tier of data validation occurs at the time when data is extracted from source systems and sent to the Health Directorate for centralised processing.

This validation process occurs on a monthly basis whereby each record extracted from the source system is run through a series of validation checks against established criteria in order to assess the completeness, accuracy and quality of the data. These validations ensure that ACT data meets nationally mandated data specifications as well as additional validations developed within ACT Health based on analyses of data, such as cross-checking data sources with data extracts used for reporting purposes, and the auditing of data extracts back to source systems to ensure that no changes are made to data extracts.

Each month a report is produced on records that fail the validation criteria and then sent back to the originating hospital for investigation at the point of service to determine if the record is correct or requires updating in the source system. Records flagged for investigation will keep re-appearing on consecutive monthly reports until such time as the data is corrected in the source system or advice is received that the record is accurate.

These validation checks review all records for possible errors and validity, regardless of whether they have or have not met timeliness targets or other established benchmarks. They also include, where possible, validation checks that have been developed at the national level for checking the quality of Emergency Department data at the point when all State health authorities submit their data to national bodies.

Additional checks that are designed to monitor and identify any significant change in trends at a more aggregate level have also been implemented in the Health Directorate at the point of analysis and reporting of Emergency Department data. Prior to the issues with emergency department data in 2012, a number of audit checks were in place to ensure data accuracy. This included audits by the staff who are reviewed data following the completion of an emergency department record for any inconsistencies or inaccuracies. This process continues. However, in addition to these checks, additional, system-generated checks are undertaken which monitor any changes to data following the audit process as well as additional reports which have been developed to note any changes to results. These additional

processes will provide the mechanisms to highlight any changes to data that are not supported by evidence.

The Health Directorate is currently reviewing processes for data validation in other jurisdictions to ascertain if there are any areas for improvement based on experiences elsewhere.

The timeframe specified by the Committee was not achievable and therefore not agreed.

RECOMMENDATION 6

The Committee recommends that, consistent with the recommendation of the Auditor-General, the rapid sign-on system be implemented as soon as practicable and that the Government of the day report to the ACT Legislative Assembly at the earliest opportunity on its implementation.

Agreed – the ACT Government Health Directorate has been working with Shared Services ICT to develop and trial a pilot of the Rapid Sign-On technology to ensure that the human useability factors and technical feasibility are addressed to minimise the disruption to clinical workflow. The completion of this pilot will result in a recommendation and costs for consideration by the organisation to proceed to widespread implementation within the Health Directorate and its diverse applications.

The Pilot timeframe is expected to be completed by end of December 2013 with the resulting cost model and implementation plan to be considered by the Health Directorate. This pilot will draw upon a variety of business and technical resources to integrate a number of key components to ensure that the Rapid Sign-On solution is easy to use for our staff, secure, robust and reliable.

The implementation of the Rapid Sign-On Technology will focus in areas of highest need, such as the Emergency Department, with a progressive rollout that is likely to take a period of time before the entire organisation has the all of the benefits. This timeframe will become clear following the completion of the pilot study. This is largely as a result of the level of training and change management that will be needed for a successful integration of technology into existing clinical work practises without impacting upon patient care.

RECOMMENDATION 7

The Committee recommends that all ACT Government directorates and agencies should have effective practices and processes in place to review all reports of the Auditor-General, and to assess the relevance of the findings and recommendations to their agency, regardless of whether the agency was involved in a specific audit.

Agreed – The Director General of the ACT Government Health Directorate wrote to all ACT Government Directors-General. Directorates are reviewing their processes to ensure that this occurs.

RECOMMENDATION 8

The Committee recommends that all ACT Government Directorates and agencies should prioritise as a matter of urgency an assessment of the adequacy of controls over their respective IT systems and applications. This should include consideration of the controls that affect the reliability of all IT systems and applications (general controls) and controls that are specific to each application (application controls).

Agreed –On 4 July 2012, the Chief Minister wrote to all Ministerial colleagues, and subsequently, the Director General of the ACT Government Health Directorate wrote to all ACT Government Directorates to draw their attention to this issue. Responses note that systems are in place across the ACT to ensure control of access to and use of IT systems.

The Government's new Commerce and Works Directorate has responsibility for providing a secure ICT operating environment within which Directorates operate their business applications. Responsibility for specific applications and the internal controls necessary to address identified risks lie with the respective Directorate. Security advice to Directorates is provided by the SS ICT Security Team.

SS ICT has in place many of the controls required to maintain the security of applications (including but not limited to):

- Whole of Government security policies, standards and procedures;
- A dedicated security team with high levels of skill in all facets of ICT, Physical, Personnel and Information security, including forensics, web penetration assessment, security architecture, risk assessments and secure coding. Ready to assist directorates as required;
- A detailed security audit program across the ACT governments networks to minimise vulnerabilities;
- A Security Awareness training program available free of charge to all directorates;
- Assistance in the provision of security templates and advice to facilitate Directorates assessing risks and treatment strategies for their applications;
- Vulnerability assessment for both internally and externally facing applications;
- Server build standards;
- Robust and rigorous system and application change control processes;
- A robust and secure Internet Gateway and communications network;
- Good physical security controls around data centres;
- Internet content filtering and Anti-spam;
- Workstation end point protection to address malware;
- Device encryption for Laptops;
- Having encrypted "Thumb-drives" available for secure transport and storage of files;
- Server based anti malware protection;
- Network Access control;
- Backup and storage strategies tailored to directorate needs.

Shared Services ICT Security assists business system owners to conduct system level risk assessments and complete system level security plans specific to each Directorate in accordance with Auditor General report 2/2012, Recommendation 3e. This assistance identifies and manages vulnerabilities in relation to issues of confidentiality, integrity and availability of application systems.

RECOMMENDATION 9

The Committee recommends that the Government of the day detail to the ACT Legislative Assembly, at the earliest possible opportunity, how it will address and improve issues about achievements against throughput and triage targets as they relate to the Emergency Department at the Canberra Hospital.

Agreed- The detailed plan to address issues in relation to access to emergency departments and improving performance was tabled on the last sitting day in March 2013.

RECOMMENDATION 10

The Committee recommends that clear guidelines be established concerning internal communication between the ACT Health Directorate, the Canberra Hospital and Calvary Public Hospital.

Noted – There are a number of formal committee meetings that ensure visibility and clarity on issues affecting all facets of the Health Directorate and Calvary Public Hospital.

A monthly Finance and Performance meeting has been established to discuss matter relating to activity and financial pressures experienced by Calvary Public Hospital. Administrative officers from Health and Calvary attend the forum and where applicable, items discussed that are of concern can be further raised at regular Network Committee meetings for resolution.

The ACT Health Directorate and Calvary Health Care ACT have established a Network Agreement to clarify the relationship between the Health Directorate and Calvary Public Hospital. As part of this, a regular meeting between both entities occurs as well as a formal monthly meeting being established between both parties to discuss issues related to pressures and activity. This provides the basis for the relationship between entities and provides clear guidelines in relation to communication between parties.

RECOMMENDATION 11

The Committee recommends that clear guidelines be established concerning external communication regarding matters concerning the ACT Health Directorate, the Canberra Hospital and Calvary Public Hospital.

Agreed – The Health Directorate works with a range of national organisations and committees to ensure that our information is consistent with national guidelines and standards. This includes representation on Committees established by the Australian Institute of Health and Welfare, the National Health Performance Authority, sub-committees of the Australian Health Ministers' Advisory Council and meetings arranged by the COAG Reform Council in relation to health matters.

The Health Directorate will establish a communication plan to ensure that outcomes from these national meetings are communicated more effectively across the Directorate.

RECOMMENDATION 12

The Committee recommends that the Government of the day detail to the ACT Legislative Assembly, at the earliest possible opportunity, what action the Health Directorate has taken to assess whether a prevailing organisational culture at the Canberra Hospital contributed to the circumstances surrounding the alteration and misreporting of performance information.

Agreed – As a result of findings of data alteration at Canberra Hospital emergency department, the Health Directorate commissioned two audit reports, part of which involved the assessment of reasoning behind the need to tamper with this data. The outcome of these assessments can be found in the Audit Report conducted by PWC.

In addition, the Health Directorate conducted the 4th in a series of organization-wide Workplace Culture Surveys over the period 19 March – 11 April 2012. This followed surveys conducted in 2005, 2007 and 2009, each of which was used to identify, promote and track the outcomes of key development initiatives across the organisation, as well as specific activities within divisions/branches and work areas. The surveys are undertaken by an independent organisation which provides for benchmarking against similar services across the nation. The surveys cover a range of issues relating to staff management including responses to questions in relation to training and education, bullying and harassment, team dynamics, staff management and leadership.

The 2012 survey had a response rate of 55%, with 3161 staff completing the survey. This is the highest response rate the organisation has achieved and is statistically significantly above average compared with similar organisations nationally.

The overall culture has steadily improved and is above average compared with government public healthcare norms.

The “Employee Quality of Working Life” index (which is extracted from the general staff survey noted above) which considers a broad range of factors (including job satisfaction, workplace values, team norms, and management and leadership skills) has similarly shown significant improvements and places the Health Directorate 15% above government public healthcare norms.

Training, reporting and perceptions of how bullying and harassment complaints are managed showed some of the biggest improvements.

The detailed results and analysis of the 2012 Workplace Culture Survey are used to consider the priority areas of focus at both the organisation level and at division/branch/unit levels. Improving the workplace environment and responding to feedback from staff is a core responsibility of the ACT Government as an employer.

RECOMMENDATION 13

The Committee recommends that, given the Health Directorate's failure to protect the privacy of the Executive who admitted to altering data—prior to any civil, criminal or administrative proceedings—the Health Directorate should: (i) issue a public apology to the individual concerned; and (ii) take appropriate steps to acknowledge the individual's contributions to the operation and administration of the Canberra Hospital.

Noted – The naming of the Executive who admitted fault for altering emergency department data at Canberra Hospital was unfortunate. It was not the intention of the ACT Government Health Directorate, or the ACT Government to have this person's name revealed, although legal advice indicated that there was no reason to withhold the staff member's name.

This Executive had a longstanding career in Health including working as a Clinical Nurse Consultant, a Director of Nursing of Canberra Hospital Emergency Department, before commencing as Executive Director, Critical Care Division. It is unfortunate that the hard work and commitment of this individual over a long period has been overshadowed by more recent events.

RECOMMENDATION 14

The Committee recommends that the Commissioner for Public Administration, in consultation with ACT Government directorates and agencies, develop a whole-of-government policy for the management of private information relating to ACT Public Service employees and recipients of ACT Government services.

Agreed – The Director-General has written to the Commissioner for Public Administration and is awaiting a response on this matter.

RECOMMENDATION 15

The Committee recommends that the Government of the day should inform the ACT Legislative Assembly, at the earliest possible opportunity, if the emergency access targets under the National Partnership Agreement on Improving Public Hospital Services will not be reached by the Canberra Hospital for the 2012 calendar year.

Agreed – Public Hospitals across the ACT have been working hard to improve the Territory's performance against the National Emergency Access Targets. The initial infrastructure required to increase emergency department and inpatient capacity will not be completed until 2013, and there have been delays in implementing new processes to improve patient flows.

In the meantime, neither Canberra Hospital nor the ACT as a whole have reached the 64% target. (for the proportion of people with an emergency department length of stay of less than four hours) to achieve reward funding for the National Emergency Access Target in 2012. Current indications from the Commonwealth Department of Health and Ageing are that the ACT is not alone in this result.

The current Deputy Director General, Canberra Hospital and Health Services is reviewing the projects underway in order to establish a clear and coordinated approach across the entire hospital to reduce the barriers which create delays and result in system blockages.

In addition, the emergency department at Canberra Hospital has implemented some recent initiatives that will assist in improving performance in 2013, including:

- 'front loading' - a concept that enables treatment spaces to be available during peak hours of the day where patients can be assessed and treated by an ED doctor more rapidly;
- The expansion of the Canberra Hospital Discharge Lounge. This enables patients to leave the inpatient wards earlier, freeing up inpatient beds and allowing for increased access from the emergency department;
- Establishing criteria lead discharge to provide better access to inpatient beds by eliminating delays.

The National Health Performance Authority released the 2011-12 *MyHospitals* report on 14 December 2012. The report showed that both Canberra Hospital and Calvary Public Hospital were performing at or above the national average against other peer hospitals in terms of NEAT performance.

RECOMMENDATION 16

The Committee recommends that the 8th ACT Legislative Assembly Standing Committee on Public Accounts should give due consideration to conducting an inquiry into the process of future delivery of health care services across the Canberra Hospital and Calvary Public Hospital.

Noted – This is a matter for the Committee.