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CHIEF MINISTER

MINISTER FOR HEALTH
MINISTER FOR REGIONAL DEVELOPMENT
MINISTER FOR HIGHER EDUCATION

MEMBER FOR MOLONGLO

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ACT LA
COMMITTEE SUPPORT

Mr Brendan Smyth MLA
Chair
Standing Committee on Public Accounts
ACT Legislative Assembly
London Circuit
CANBERRA ACT 2606

Dear Mr Smyth

Thank you for your letter of 23 December 2014 about the Auditor-General's Report No 6 of 2012: Emergency Department Performance Information.

I am pleased to provide the Assembly's Standing Committee on Public Accounts with an updated version of the report mentioned above which can be found at Attachment 1.

Progress updates have been provided for each of the recommendations to reflect their status at the end of January 2014.

Yours sincerely

Katy Gallagher

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Minister for Health

-5 FEB 2014

ACT LEGISLATIVE ASSEMBLY

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CANBERRA

ACT Government
Health

Auditor-General's Report No.6 of 2012

Emergency Department Performance Information

PROGRESS REPORT No.2

on achievements against recommendations (including recommendations from the PricewaterhouseCoopers report on emergency department data integrity)

January 2014

Preamble

On 1 May 2012, the Legislative Assembly passed a resolution that requested the Auditor-General to:

> "inquire into data discrepancies in Emergency Department waiting times at the Canberra Hospital."

In response to the request, the Auditor-General agreed to conduct a performance audit into the matter.

The Auditor-General provided the Speaker of the ACT Legislative Assembly with her completed report, Auditor-General's Report No.6 of 2012, *Emergency Department Performance Information* (the Audit Report) in July 2012.

The Audit Report contains 10 recommendations in relation to improvements to the management of Emergency Department Information System (EDIS) and data integrity.

ACT Health also engaged PricewaterhouseCoopers (PwC) to undertake a technical audit of the integrity of the EDIS system at the same time as the Auditor-General conducted her review. Many of the recommendations from PwC mirror the recommendations of the Auditor-General. These are noted in the attached report (noting the PwC report recommendations which were consistent with the Audit Report). Three recommendations from PwC which are not directly related to Auditor-General recommendations are reported separately at the end of the document.

This report provides a progress report on achievements against the recommendations since the audit reports were completed.

Progress against recommendations is monitored by the ACT Critical Care Taskforce. Members of the taskforce include the Director-General ACT Health, Deputy Director-General Strategy and Corporate, Deputy Director-General Canberra Hospital and Health Services, and senior clinicians and managers from both the Canberra Hospital and Calvary Public Hospital.

Progress against recommendations

	Action	Desired Outcome	Performance Measure	Timing	Progress
Recommendation ONE	The Heath Directorate should review its performance indicators for publicly reporting the performance of Canberra's Hospital's emergency departments to include and give a greater emphasis to qualitative indicators relating to clinical care and patient outcomes.	A suite of nationally agreed performance indicators, including qualitative and quantitative measures, is incorporated into Health Directorate's public reports and informs improvements to clinical care.	Introduction of reporting of qualitative indicators, as developed and agreed by AHMAC.	Commence reporting within 6 months of endorsement of nationally agreed indicators.	A review of current national and international emergency department qualitative measures has been conducted. Consultation undertaken with other jurisdictions. A proposal was submitted to Australian Health Ministers' Advisory Council (AHMAC) in October 2012 requesting development of additional performance measures for emergency department care which focus on service quality and outcomes. AHMAC have agreed to undertake further work on this and funding has been sourced from AHMAC for a project officer to manage this process. The project officer will commence in February 2014 and is expected to finalise an AHMAC endorsed paper by the end of 2014.

	Action	Desired Outcome	Performance Measure	Timing	Progress
Rec TWO (&PwC Rec 1,10)	The Health Directorate and Calvary Public Hospital should develop essential EDIS governance documentation, including: a) An overarching governance statement that describes: i. the purpose and use of the system; ii. its business owner, system administrator and all roles and responsibilities associated with the system and its support (including third party stakeholders such as SSICT); iii. the security classification of the system and its data; iv. applicable policy and administrative guidance; v. record keeping obligations; vi. training requirements; and vii. what is monitored and audited to ensure compliance with policy and supporting documentation. b) Standard operating procedures for all roles and responsibilities associated with the system and its use; c) Training material that covers all dimensions of EDIS including user roles and responsibilities, processes described in standard operating procedures and specific policy that is applicable to the system; and d) A System Security Plan, which is informed by a risk assessment and risk management plan. 2) Changes to date and time fields should be recorded within the system, including the name and reasons for any changes.	The Health Directorate and Calvary Health Care ACT develop EDIS governance documentation and associated Standard Operating Procedures, training materials and System Security Plan.	Territory-wide governance documentation for EDIS is introduced.	Within 6 months of completion of EDIS upgrade at the Canberra Hospital ED.	A review, and gap analysis, of current governance documentation completed. Governance documentation completed for current system. Training documentation completed for nurses and administrative staff, with training material for doctors under development. New documentation will be developed for the new version of EDIS during testing phase. The new version of EDIS includes additional audit functionality which will include better capture of reasons for changes to data. New EDIS system has been delivered and testing is underway. Several issues were identified by ED staff for further consideration by the vendor. A training and orientation manual for EDIS has been developed and is being used by the administrators pending the EDIS upgrade. A system security plan has been developed and this is undergoing further improvements

Recommendation THREE	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Health Directorate should, in conjunction with SSICT, finalise the draft Business System Support Agreement between SSICT and the Health Directorate for EDIS.	Business System Support Agreement between SSICT and the Health Directorate for EDIS finalised.	Agreement in place.	Achieved.	Completed.

Rec FOUR (& PwC rec 6,7,9)	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Health Directorate and Calvary Public Hospital should: a) review the current distribution of access to EDIS throughout the hospital and remove any users who do not have a specific and documented requirement for access to the system; and b) develop policies, administrative procedures and system controls (if possible) that restrict the use of generic user accounts outside the ED work environment.	EDIS access restricted to approved users and generic access is removed from outside the ED environment.	A formal governance process for granting and monitoring EDIS access is implemented.	February 2013.	An audit of all access to EDIS has been completed and users without specific requirements have been removed. Generic access is no longer available outside of the ED clinical areas. Standard Operating Procedure completed for access to EDIS. All computers with EDIS loaded have been documented and this list is audited quarterly. Full removal of generic log-ons will be completed following implementation of rapid sign-on technology. Options for rapid sign-on currently being investigated. The Rapid Sign-On project trials were commenced in November 2013. The trials have now been conducted in five areas and 170 people have been trained to date.

	Action	Desired Outcome	Performance Measure	Timing	Progress
Rec FIVE (& PwC 8)	The Health Directorate and Calvary Public Hospital should: a) identify and document responsibilities for user access management and log monitoring or EDIS; and b) develop a process to monitor user activity within EDIS and how to report and escalate unusual activity to the appropriate authorities.	Ability to monitor and escalate unusual EDIS user activity.	Implementation of a process to monitor activity and an escalation plan to notify unusual activity.	Within 6 months of completion of EDIS upgrade at the Canberra Hospital ED.	An interim manual solution has been implemented with data audited weekly and data patterns monitored monthly. The new version of EDIS, which will be implemented by mid 2014, includes additional audit features. Manual solution has been amended with data audited daily pending the EDIS upgrade. The vendor contract has been received and is expected to be signed off for the EDIS upgrade in February 2014. Work is expected to start in mid February with an anticipated completion date of July 2014. New staff reporting structure proposed and HR processes completed. Escalation process for issues with EDIS data provides for advice to head office as well as emergency department management. Escalation of issues to ED, Performance Information and Director of Information Integrity. Audit tool developed by ACT Health to identify any irregularities in the data.

Recommendation SIX	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Health Directorate should: a) review the current EDIS upgrade project and link it with current Health Directorate Identity and Access Management and Rapid Sign-On initiatives that are currently underway, to allow staff to be individually accountable for their actions; and	Access to EDIS aligned with Identity and Access Management and Rapid Sign-On initiatives.	EDIS access is achievable via Identity and Access Management and Rapid Sign-On initiatives.	Within 6 months of implementation of Identity and Access Management and Rapid Sign-On initiatives.	New EDIS system has been delivered and testing is underway. Several issues were identified by ED Staff for further consideration by the vendor. The vendor contract has been received and is expected to be signed off for the EDIS upgrade in February 2014. Work is expected to start in mid February with an anticipated completion date of July 2014.
	b) review all available Emergency Department software to evaluate whether or not the current EDIS should be replaced with one that has strong confidentiality and integrity controls as well as appropriate process linkages.	Emergency department information software in use by the Health Directorate has the most robust security controls that are commercially available.	Review all commercially available emergency department software.	Achieved.	Ability to link new systems and processes to new rapid sign on systems will be completed following introduction of this new process. Mechanisms to provide for single sign-on under evaluation. Completed. The pending upgrade version of EDIS has robust security controls and user audit ability.

Recommendation SEVEN (& PwC 2,3)	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Health Directorate should develop policy and administrative guidance for EDIS data validation activities for the two Canberra hospitals. The policy and administrative guidance should identify and document: a) agreed ED actions which constitute "clock starting" and "clock stopping" moments for the purpose of EDIS timeliness records; and	Data validation processes are transparent and consistent across the Territory. Reportable data elements are well defined and agreed.	Implementation of an agreed 'Time to treatment in the Emergency Department' (clock-stopping) policy.	Achieved.	'Time to Treatment in the Emergency Department Policy' developed in collaboration with Calvary Health Care ACT and endorsed as an ACT-wide directive. Additional audit processes monitoring ED performance have been established and will be incorporated into the new data repository.
	b) protocols for data validation activities in the day(s) following a patient's presentation to the ED.		Implementation of agreed protocols for validation activities and data dictionary to guide reporting of performance and activity indicators.	In progress.	Data definitions have been developed, in consultation with Calvary Health Care, for ED performance and activity indicator data elements in order to achieve consistent reporting across the Territory. ED Definitions have been endorsed.

Recommendation EIGHT	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Health Directorate should implement additional review and assurance controls over the preparation and reporting of ED timeliness performance information. The review and assurance controls should address both the Canberra Hospital and Calvary Public Hospital performance information. The Health Directorate should consider whether the additional review and assurance controls should be applied to other performance information.	New processes established for collection, validation and reporting of ED and other data based on recommendations from the Auditor-General, the Data Governance Review and recommendations from the new Director of Data Integrity.	Annual audit report by new Director of Data Integrity at the end of June 2014.	New ED audit and data quality assurance processes in place by March 2013. This process to be implemented for all other data sets as they are added to the new data repository.	Interim audit process established pending outcome of review process. Testing of new data repository completed. Work on transitioning ED data into the repository will be completed by mid 2014. The new Director of Information Integrity will review both systems and performance reporting. Audit tool developed by ACT Health to identify any irregularities in the data. Currently data validation process to move from monthly to real time. This will encompass the identification of data entry issues, and provide notification directly to data entry staff to review and amend as issues occur. This is scheduled for completion in early 2014.

Recommendation NINE	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Director-General of the Health Directorate and the ACTPS Head of Service note the findings of this report with respect to the senior executive who has admitted to manipulating hospital records. Audit considers that the actions of the senior executive amounts to gross misconduct.	The Director-General of the Health Directorate and the ACTPS Head of Service note the findings of this report.	Noted.	Achieved.	Completed.

Recommendation TEN (& PwC 12)	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Health Directorate reinforce to Health Directorate employees, especially executive staff, the need to act with integrity with respect to the maintenance of health records and associated data.	All Health Directorate employees are aware of their obligations and act with integrity with respect to health records and associated data.	ACT Public Service Code of Conduct is incorporated into Health Directorate orientation and management training programs. All Health Directorate executive staff attend ACT Public Service Code of Conduct training.	Achieved.	Completed. Review of training programs completed. E-learning training on Ethics, Integrity and Fraud Control updated. Executive staff attended Whole of Government on Code of Conduct.

PwC Rec 4	Action	Desired Outcome	Performance Measure	Timing	Progress
	The computers used to enter EDIS data should log-out after a short period of time if no activity has occurred eg; 60 seconds. This should help prevent staff being locked-out of the system and unable to log-in using their own unique identifier.	This recommendation was not agreed. Instead, ACT Health is exploring rapid sign-in options that will enable quick access to the system for those officers with approval to do so.			See recommendation 4 on page 6 relating to "Rapid sign-on" technology.

PwC Rec 5	Action	Desired Outcome	Performance Measure	Timing	Progress
	The Directorate should investigate implementing functionality that locks EDIS for editing after the EDIS administrators have run their validation checks and error correction. This will have the effect that any changes required after this time with require and EDIS administrator to be involved.	Consideration of technical and operational requirements for this recommendation.	Determination of capacity and desirability of implementing this recommendation.	March 2013.	System does not have the capacity to lock records following final validation checks. However, the new version of EDIS will provide for automation of edit checks for all records where timeframes have been amended. Relates to Recommendation 6. The vendor contract has been received and is expected to be signed off for the ED upgrade in February 2014. Work is expected to start in mid February with an anticipated completion in July 2014. In the interim, validation checks and the new audit tool identify any data irregularities.

	Action	Desired Outcome	Performance Measure	Timing	Progress
PwC Rec 11	The Directorate should – where appropriate – amend publically reported data by adjusting the achievement of targets by removing the invalid changes identified in this report.	Complete the republication of ACT reports and provide amended data to relevant national bodies.	ACT reports republished and data provided to relevant national bodies.	Achieved.	Completed. ACT quarterly reports amended on the ACT Health website and national bodies informed. The Australian Institute of Health and Welfare has republished ACT data on its web versions of its national hospital statistics reports and has advised other bodies who report ACT data of the amendments.