

## Welcome

Welcome to Future Vision 17. The health sectors in both Australia and New Zealand continue to undergo significant transformational change. This is not only in respect of the models of service delivery (such as the significant investment in "e-health", as referred to in the perspective on health article), but also the associated implications for the utilisation of information technology, to improve health outcomes.

In this issue, we gain some interesting insights from key stakeholders in the Australian health sector, from the perspective of both service delivery in the community sector (Dan Romanis, CEO of the Royal District Nursing Service, Melbourne) and also the implications of international changes that are impacting on how organisations think about the identification and management of risk in the health setting (Peter O'Callaghan, Managing Director, Wyndarra Consulting, Australia).

In addition, we also profile an organisation in Canterbury New Zealand, The Laura Fergusson Trust, in terms of how they have utilised FileVision to materially improve services to their clients and the operational effectiveness of staff.

Enjoy this issue and as always, we welcome your feedback and comments.



Gavin Wright  
Chief Executive  
Fraame Solutions

## Simplicity, Intergration and Technology Golden Rules for Emergent Australian Healthcare Model

**Dan Romanis of RDNS  
Australia, looks at the  
future of community  
healthcare.**



Dan Romanis, CEO of the Royal District Nursing Service, Australia's largest provider of home nursing services, sees changes ahead for his country's healthcare. What's currently signalled by Government is increased simplicity in healthcare funding. While detail may yet be hazy, Dan looks forward to fundamental moves to place the patient firmly at the centre of the healthcare equation.

As leader of an organisation which provides of a plethora of home and community-based services, Dan sees huge benefits in any healthcare advances which cut funding complexities, duplication between providers, or confusion in the provision of care.

So what exactly might change in Australian healthcare?

Funding structures are likely to alter, Dan believes, after upcoming Federal and State elections in the next 18 months. New agreements between these respective governments are likely.

"For instance, the majority of the funding of acute care will probably be centralised to the Commonwealth Government. The funding of community-based care could also be significantly different," Dan says.

"One thing that's probably targeted to end is the health-cost shifting or blame game which happens now between Federal and State systems.

A single system of responsibility and accountability should have a money-saving result, as well as putting patient needs first. Eliminating overlaps and tensions between different funders and providers should result."

Dan sees Western governments facing similar challenges, the main one being ageing populations. People are living longer. Mostly they want to remain independent and in their own homes. Acute hospital care is limited and expensive to fund. Therefore it follows that a clinically-based community model of healthcare is the most logical, and will be subject to the most growth in coming decades. It's a demographic reality that top-quality, ethnicity-sensitive district nursing is, and will continue to be in great demand.

"There's now a real recognition at governmental level of the case for clinically-based home-care," Dan says. Add the fact - for Australia and New Zealand, for example, that there are few large-scale health providers and a raft of small providers, and the same clinical workforce issues.

"We all need to examine care in the community in its broader sense, rather than just see healthcare as related to hospitals and general practices. The service RDNS currently provides is a whole sphere of care - from aiding those who need a small amount of help to live at home, to professionally administering intravenous antibiotics.

More effectively utilising the skills of our nurses could well be a big part of the coming health reform. We need to keep stepping that out."

The RDNS is currently continuing its growth curve, extending its reach into New South Wales and Tasmania, as well as nurturing a new sister company in Auckland, New Zealand.

Dan maintains that his organisation is more interested in personalised care, and in finding ways of adding value to both the service and the funder, than about its size.

In fact, the work RDNS has been doing with the Auckland District Health Board over the past nine months demonstrates new, successful models of community care, Dan believes. Focus is on restoring clients' health to a level of independence, rather than maintaining the status quo. This benefits everyone, funder included. Whilst the RDNS New Zealand service in Auckland is largely focused on clinically-led home-based support, in Australia RDNS provides a full range of care from district nursing through



Dan Romanis

to home support. Some clients are aided to manage their diabetes or other medication regimes more rigorously; others see their leg ulcers dealt with so effectively that independent living becomes possible again.

Partnerships and integration of service delivery are also on Dan's agenda for moving community healthcare forward.

At the end of April this year his organisation partnered with the Australian arm of US company Healthways, in order to amalgamate strengths such as chronic disease management, and to integrate community care at a deeper level.

As a result of the collaboration, patient care at home will be able to encompass nursing, allied health, domiciliary care, care co-ordination, telephonic and web-based care support and tele-health monitoring.

Electronic health records and prescribing are powerful tools, Dan believes, in supporting such integrated healthcare models and continuums of care. Healthcare organisations need to be arguing the case for e-health's economic benefits before Government, he says.

Dan has seen "a diversity of individual Australian projects with an e-health flavour," and thinks there's now a federal will to see the isolated e-health dots on the map join up.

"I sense we are now at tipping point which will see a fairly rapid coming together of a variety of initiatives which have been in train for some time."

So nationally, a consolidation of e-health initiatives would streamline information-gathering for disparate health and social care providers. But Dan also sees an immediate need for national standards which spell out clear parameters and protocols over remote monitoring and information exchange.

"We have to wait and see how the national health debate develops. In the meantime we'll be pushing ahead with providing what the community needs, to standards of clinical excellence," Dan adds.

For more information visit: [www.rdns.com.au](http://www.rdns.com.au)

## What's Happening in New Zealand? Working Smarter



### The Laura Fergusson Trust, Canterbury decides FileVision is the solution.

The Laura Fergusson Trust's overall not-for-profit mission, to enhance the lives of more than 35 people with physical, sensory or neurological impairments, mean that a wide number of staffing specialists interact and work with clients on most days. Much paperwork would continually be generated. This needed to be correctly archived and accessible to other specialists.

However, the word 'paperwork' above is not figurative. Because the Trust residence in Ilam Christchurch didn't possess a server, documents truly were on paper. These would sometimes be held up on someone's desk, not reaching the correct destination in a timely manner. It caused more than the occasional search.



Sonia was professionally committed to making sure that clients were receiving the best possible outcomes for their lives. She wanted ongoing quality improvement and pondered over how accountability and success could be demonstrated to the Trust's stakeholders. She wanted to find an IT system that would help her organisation to answer the fundamental question: How well are we doing? How do we prove we are doing well??

The LF Trust Board Canterbury wanted some certainty also. Board members needed accurate data to use to plan strategic direction. They required an IT system which would aid in sound maintenance and financial management of the residence, as well as with ongoing and well informed strategic planning.

So it was a health IT system that was needed; one to encase and manage all documentation, relationships, work flow and financial records in a tailored, totally secure way.

For about a year Sonia studied the possibilities. She had conversations with five prospective providers, and selected Fraame's FileVision solution as a result of feeling immediately comfortable with not just the product's scope, but its user-friendliness and the coaching help on offer.

Ease of uptake by staff was probably Sonia's number one concern, when it came to implementing an IT system where there had previously been none.

"One day I counted our staffing nationalities and I got to 18. I certainly didn't want a system so user-complex that it created enormous disruption and stress, caused staff members to refuse training, or give up on it and leave us," Sonia said.

Fortunately she needn't have worried. No one did walk out on FileVision's uptake.

Because this IT solution was always going to be bespoke to fit exact requirements, all tiers of the Trust organisation are catered to systemically.

Most importantly for day-to-day operations of the LF residence, manual paperwork processes such as typing, archiving, and finding correct documents have been hugely reduced. Office administration time has substantially dropped, with typing volume reduced by 75 per cent to one day and archiving down to two hours weekly.

It's less than six months after FileVision's installation, and senior staff members have already made gains of one to two hours each day. This is a direct result of paperwork translated to online client documentation, and the ease with which correct versions of client records can be sourced, completed and secured electronically. The commencement of automatic workflows is a boon to management.

*"The great beauty of FileVision is that it has freed up staff time. I can now quickly and easily track down who's working on what, across all the various staffing teams. So the solution hasn't just made what we do more professional and better informed ..... it's made life easier too."*  
Sonia enthuses.

She estimates that FileVision is already delivering around 85 per cent of hoped-for results. Further technological capacity remains, both for organisational growth, and for when staff engage with additional FileVision features.

Staff now contribute to the ongoing development of FileVision capabilities. What has surprised Sonia is the ability of FileVision to respond to new organisational needs and how the staff are actively looking at ways to grow and refine the way they use FileVision.

#### **\*What the DAA Group auditor's report had to say about FileVision....**

*"The organisation (LFT) has made a significant investment in FileVision - an electronic patient and operational management system which is used to manage all aspects of day to day service, quality, analysis and reporting requirements....."*

*The service has customised its e-forms including an innovative risk management tool.....FileVision has also provided a fully traceable document control and management system.....The system is comprehensive, with excellent reporting and analysis functions which are increasingly being used for quality improvement activities."*

For more information visit: [www.lftcant.co.nz](http://www.lftcant.co.nz)

## **What's Happening in Australia? Wyndarra Consulting – Understanding risk and managing the bigger picture**

Wyndarra Consulting is a corporate risk management company, which provides clarity and background



infrastructure to companies needing to quantify their risk, and comply with the law. This focus is important, why?

The International Standard for Risk Management has a new emphasis. What has traditionally been seen as a tool for dealing with negative events or possibilities has now become a tool for the achievement of business objectives.

Principal of the Melbourne-based Wyndarra Consulting, Peter O'Callaghan explains:

"Risk usually has a negative connotation. It was associated with hazards, loss and negative impacts; something to be avoided. This new definition focuses equally on the upside and downside

elements of risk as the word 'uncertainty' includes opportunity. For example, an opportunity for acquiring a major contract is an 'uncertainty' but one which would have a positive impact on achieving the growth objective."



Peter O'Callaghan

Peter entered the risk management field in 1995, on becoming General Manager of risk and audits at the Australian Commonwealth Scientific and Research organisation. Well respected for his depth of RM expertise across numerous industries, his Wyndarra consultancy and automated, web-based tools are in demand by both public and private sector organisations.

Wyndarra expertise covers all facets of corporate governance, corporate risk assessment and audits, and like Fraame, concentrates on offering strategic, cost-effective solutions to management.

The consultancy pinpoints where both risks and opportunities to businesses, organisations and governmental bodies lie ... whether that be in the field of intellectual property, human resources, health and safety, financial or accounting, or risk associated with inadequate governance.

Often organisations are "frantic and decentralised," with gaps in reporting systems and no centralised records of compliance, Peter says.

"We help each business by examining its hazard issues on all fronts, and by teaching people how to manage their various risk categories in a quicker, smarter way. For instance, whilst the HR manager might know about existing human resource risk, and the chief accountant might understand the level of financial risk being taken, the two are often not cross-communicated. The sum of business risk, therefore, along with the sum of lurking untapped opportunity, remains an unknown. Such lack of cohesion allows crucial information to fall between the cracks."

Working with both small and large organisations, Wyndarra runs workshops which look at everything from examining the big picture of what a company is trying to achieve, to cutting the red tape of risk management reporting in industry.

Peter is upbeat about the prospect of partnering with Fraame Solutions.

"Partnerships work where there is a natural synergy, and where partnering businesses don't do the same thing. I think our companies are ideally placed to aid each other, using our different fields of expertise."

For more information visit: [www.wyndarra.com](http://www.wyndarra.com)

## A Perspective on Health

### The research has spoken. Time for E-acton

**Gavin Wright, Managing Director of Fraame Solutions and Chair of New Zealand's Health Information Technology Cluster examines how huge benefits will accrue from marching boldly into a connected, more informed future.**

Three years ago in the Australian Hospital and Healthcare magazine, I discussed the case for consumer empowerment over health via health e-records, available remotely anywhere. Why shouldn't one have access to one's own medical records online? Why not see what was being prescribed and by whom, last year, before taking a new health course of action? Titled 'Power to the People,' the story didn't advocate disempowering the clinician at all; but empowering the consumer, to glean more knowledge about his/her own health in a manner and timeframe that suited their own personal circumstances.

The discussion continues, and has moved on from a question of access, to one of whether client participation in health status outcomes also was the way forward. (Note that participation is not the same thing as leading a health-prescriptive decision.)

Now we are presented with the unequivocal answer in the form of substantive research from the European Commission.

Findings from more than a few studies on this were recently under the EU microscope. This body of work comes under the heading 'Electronic Health Record Impact Study,' which was concluded late last year.

Detailed case studies were made of 11 separate electronic health record and e-prescribing systems in use in Europe, the US and Israel. They were analysed both individually and in light of each other.

Findings were positive; exciting even. Deploying e-health record and prescribing solutions improved outcomes to consumers and clinicians across the board.

The delivered benefits from systemic e-health investments included better patient safety, more timely patient care, and more effective use of time on the part of health and clinical staff.

Quantitative outputs were found to improve too, but after considerable time. Considerably more, six years to a decade or more.

Researchers discovered that socio-economic benefits of establishing such electronic health infrastructure eventually exceed the costs of doing so. The more time allowed, the more substantial these gains and benefits become.

This is exactly one of those 'Rome wasn't built in a day' scenarios. Such e-health initiatives represent a large systemic change. As



such, they take time, funds and weighty investments to properly establish. Taking a long-term view of return on health provider investment is a must.

The study also flagged that information shouldn't be ring-fenced if e-health is to benefit all. It should be made widely available regardless of place and time, if the socio-economic benefits of better quality health-care are to be maximised. So we're not talking about establishing small, local, or closed ICT systems.

We need big-picture, systemic electronic infrastructure. This has to take a significant commitment at governmental and policy level.

We also need real endorsement of an interactive, wired future from the clinical and health-provider community. Without the latter, return on investment into e-health records diminish. For instance, it's one thing to be enabled to check your health status online. It's another to be able to discuss it in a way that's valued, by both the clinician and the patient.

So - we've established a commitment to the principles of e-health and have some research to demonstrate its positives and efficiencies. We have even made the first significant financial commitments at a "systemic" level, - but we must act boldly to accelerate this momentum and ensure active engagement from ALL the stakeholders (principally the consumer and the clinician/provider). Otherwise, how do we ensure we assist and motivate those "local" health providers who have already taken the first e-health steps? How do we avoid wasting momentum?

For details of the European Commission's recent EHR Impact findings, visit [www.ehr-impact.eu](http://www.ehr-impact.eu) or email [ehr-impact@empirica.com](mailto:ehr-impact@empirica.com)

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