

# CLINICALLY LED DIRECTION SETTING FOR HEALTH INFORMATION SYSTEMS

Leading information services initiatives within local areas of practice drives service transformation across the whole of the South Island health system

## // OUR CHALLENGE

- To move from a lead district health board (DHB) centric operational model to a regional model
- To define the model for competent, clinically led development of a shared electronic health record (EHR)

## // WHERE WE WERE

- Multiple regional programme steering groups
- Decisions made in siloes – limited consideration given to the impact of decisions on other programmes
- High level of bureaucracy
- Lack of transparency
- Bespoke programme development

## // WHAT WE NEEDED

- Regional not local decision making
- Strong clinical leadership
- Collective not programme specific decision-making
- Unified regional problem solving
- Effective use of clinical resources – fewer meetings, more time for patients

## // HOW WE RESPONDED

- Focused on programmes closest to 'business as usual' state
- Agreed to progress the merging of Health Connect South and HealthOne programme steering groups into one overall regional programme structure

## // KEY PRINCIPLES

- Clear separation of overall product and programme ownership
- Strong regional clinical leadership representation to provide robust, clinically driven decision-making to meet regional need

## // BENEFITS

- Supports the development of a shared EHR for the South Island population
- Applies continuous improvement principles to all levels of the EHR programme; operational and business decision-making

## LEADERSHIP

- Provide leadership and collaboration in the operation of a shared EHR.
- Provide high level oversight and advice on all aspects of the EHR programme; ensuring clear expectations and accountability.
- Monitor, advise and oversee regional implementation of the shared EHR into South Island DHBs and community providers.
- Be alert for opportunities and challenges in the joint leadership of the EHR programme and services.

## COLLECTIVE DECISION-MAKING

- Broker decisions and resolve disputes between DHBs involved in the EHR programme.
- Review, endorse and prioritise deliverables.
- Decision-making responsibilities for the combined direction through:
  - oversight of development and ongoing implementation
  - regular monitoring of cost allocation outcomes and funding issues
  - guidance on legislative issues, budget requests, policies, emergency submissions, and financial goals and objectives.

## 4 KEY STAGES

## ENGAGEMENT

- All South Island DHBs actively engage and participate in the establishment and successful operation of a shared EHR.
- Ensure accountability and collaboration.
- Provide alignment with business strategies.
- Reduce bureaucracy to avoid ending up with unwieldy and costly regional solutions.
- Disseminate information and ensure two way consultation and communication between groups.

## DESIRED OUTCOMES

- Provide overall programme direction through strong clinical leadership, effective regional engagement and alignment with overarching strategic direction.
- In the long-term take a whole of system approach to the regionally delivered programmes.
- Work closely with the other programme steering groups.
- To develop a shared EHR for the South Island population that primarily enables/supports the delivery of health services at point of care; and extends to enhance system connectivity and patient safety, and provide a knowledge base to support population health and planning.