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Dr Monica Trujillo
Executive General Manager
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Level 25, 56 Pitt Street
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Dear Dr Trujillo

Consultation - National Digital Health Strategy

Thank you for the opportunity to make comment as part of the National Digital Health Strategy consultation. The consultation has been broad ranging in scope and the Royal Australasian College of Surgeons (RACS) is supportive of the Commonwealth's ongoing efforts to make improvements across the spectrum of eHealth. RACS Fellows are actively engaged with eHealth developments as clinicians and educators and we have promoted the opportunity to provide feedback into this consultation amongst our Fellowship, Trainees and International Medical Graduates (IMGs). RACS recognises that there are complex challenges in delivering effective eHealth policy and solutions in Australia and was pleased to provide input into the initial National Digital Health Strategy Consultation Draft in April 2016. At that time RACS highlighted the following issues that were of specific concern:

- Surgeons are referred patients who have usually already had imaging (e.g. X-ray, CT scan, Ultrasound scans or MRI) and pathology undertaken by their general practitioner, but this information is difficult to access.
- Cross-enterprise Document Sharing for Imaging (XDS-I) is now the standard and needs to be embedded within eHealth.
- eHealth should provide a gateway to allow access to information collected by Imaging providers and managed by existing software..
- eHealth must be accessible through, and in conjunction with, third party software.
- It is critical that imaging reports uploaded to My Health Record include a link to the original images. Surgeons are trained in viewing imaging and are expected to have personally viewed images relating to their patients.

Core Health Data (My Health Record)

A core set of health data for every individual as envisioned for the *My Health Record* should be accessible to any healthcare practitioner engaged in that person's care. This data set includes a unique National Patient identifier and basic demographic data, familial risk factors, medical alerts/allergies, current medications, current diagnoses, previous operations. Privacy issues around access to this data should be explicitly addressed and monitored.

In principle, healthcare information provided electronically should be in synoptic or standardised data form rather than narrative. The process whereby healthcare providers can update the central database must be robust and

reliable, with provision for it to take place automatically from the practitioners' third-party patient management system, with a change log accessible to the patient and their healthcare providers.

Imaging

In the pre digital age, preoperative checklists confirmed that any radiology images that the surgeon needed were physically in the theatre. As Australia transitions to a system reliant solely on electronic imaging, timely access to imaging and patient records remains essential.

A lack of imaging availability between institutions (e.g. public and private hospitals) continues to pose challenges. It is essential that images are able to be downloaded onto the hospital Picture Archiving and Communication System (PACS) prior to surgery, to mitigate the risk of outside factors (eg internet outage) impacting on the safety of surgery. At present hospitals can be reluctant to download and store externally produced images if they are unable to confirm the quality or magnification ratio of the images. The National Digital Health Strategy provides an opportunity to develop solutions to these barriers to assist clinicians and streamline patient care.

Episode of Care Summaries

Patients who are discharged from hospital after an episode of care frequently seek or require further medical services from healthcare providers, including surgeons, in the community. Discharge summaries should be available electronically to those providers at all times.

Patient Safety

Providing high quality patient care must be the goal of the introduction of any new eHealth service. RACS has recently updated position statements concerning the live transmission of surgery and telementoring and teleassessment. At the core of these statements RACS advocates for patient safety always remaining the primary focus.

Live Transmission of Surgery - http://www.surgeons.org/media/297141/2016-08-17_pos_fes-pst-008_live_transmission_of_surgery.pdf

Telementoring and Teleassessment - http://www.surgeons.org/media/297173/2013-10-29_pos_fes-pst-012_telementoring_and_teleassessment_of_live_surgery.pdf

RACS appreciates the opportunity to comment on the current strategy and involvement in the wider consultation regarding eHealth. If you would like to discuss further please contact me on the details above.

Yours sincerely



Dr Catherine Ferguson
Chair, RACS Professional Development and Standards Board