

Professor Christine Kilpatrick
Chief Executive Officer
50 Flemington Road
Parkville Victoria 3052 Australia
TELEPHONE +61 3 9345 4708
FACSIMILE +61 3 9345 5050
EMAIL christine.kilpatrick@rch.org.au
www.rch.org.au



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PCEHR / HI Discussion Paper Feedback
Department of Health
MDP 1003
GPO Box 9848
CANBERRA ACT 2601

Dear Sir / Madam,

Thank you for the opportunity to provide feedback on the Legislation Discussion Paper regarding Electronic Health Records and Healthcare Identifiers.

The Royal Children's Hospital Melbourne will transition to a fully Electronic Medical Record (EMR) from 30 April 2016. The EMR will replace all paper-based records, revolutionising our clinical systems.

This technology will support us to deliver the safest possible care for patients, now and in the future. It will fundamentally change the way we work, streamlining our existing clinical systems into one, comprehensive system that can be accessed through mobile devices anywhere, anytime.

It will standardise our practice and processes, and reduce unnecessary variation, duplication and waste throughout the hospital. It will electronically capture and store more data about our work than ever before, supporting and driving research innovation throughout the hospital.

And, for the first time, the EMR will give patients and families access to parts of their medical record via a patient and family portal.

We have reviewed the legislation Discussion paper and provide the following feedback:

- We support the opt-out model of participation
- We support the proposal that the Chief Executive Medicare has the discretion not to upload or make available Medicare data – for example, in relation to children aged between 14 and 18 years.
- We request that the needs of adolescents are considered in the opt-out process. At what age might an adolescent, as distinct from their proxy (usually a parent), be able to opt-out or take control of what information in their record might be accessible and by who?
- We request that the consideration of financial support/incentives for primary care providers to participate in the PCEHR be extended to secondary care service providers including hospitals.



More detailed comments follow:

- Page 14. Individual consent and authorisation for uploading records to an individual's PCEHR. Whilst we respect the rights of individuals and the current process where individuals can request a healthcare provider to not upload a particular record, in practice this is onerous and impractical in a hospital setting and difficult to administer controls via both software and work practices.

As the PCEHR is extended to include new types of records including pathology, radiology results consideration needs to be given to how this can practically be implemented in large organisations especially in inpatient settings.

- (Page 20 – 3.4.9)
Support for the obligation for System Operator to provide system testing environments and appropriate volumes of test records.
- (Page 23)
Support the changes proposed with regard to AHPRA's role in making the healthcare identifiers more accessible to providers including the ability for hospitals to access these identifiers on behalf of their providers.

It is an onerous task in a hospital setting to keep provider records up to date as we are required to keep the AHPRA registration number, Prescriber numbers, Provider numbers and along with the HPI-I.

Should you require further information or wish to discuss the above further, please contact Ms Jackie McLeod, RCH EMR Project Director on (03) 9345 4698 or 0432 759 455. Email: jackie.mcleod@rch.org.au

Yours sincerely,



Christine Kilpatrick
Chief Executive Officer