AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS
ABN 82 055 042 852

Advancing anaesthesia,
improving patient care

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Mr Tim Kelsey
Chief Executive Officer
Australian Digital Health Agency
Level 25, 56 Pitt Street
Sydney NSW 2000

Email: yoursay@digitalhealth.gov.au

Dear Mr Kelsey,

Re: Consultation on National Digital Health Strategy

Thank you for the opportunity to provide comment on the public consultation document, Consultation on National Digital Health Strategy.

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), is committed to high standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As the education and training body responsible for the postgraduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of Asia, we believe in ongoing continuous improvement and strive to ensure our programs represent best practice and contribute to a high quality health system.

The medical specialty of anaesthesia is critical to the provision of safe, effective anaesthesia and perioperative care for patients. ANZCA is involved in anaesthesia mortality reviews, collecting patient outcome data, publishing information relevant to the safe practice of anaesthesia, preparing evidence based guidelines and improving of Pain Medicine is the first multidisciplinary medical academy in the world to be devoted to education, training and standards in pain medicine.

ANZCA has reviewed the consultation document and supports the implementation of a universal health record and the role it will play in improving the safety and quality of anaesthetic care in Australia. In line with this, ANZCA suggests the following information is taken into consideration in putting a universal health record into practice.

Ease of Use

ANZCA proposes that a universal health record should be easily available in public and private hospital practice, as well as in pre-operative clinics. It is also important that Specialist Colleges and their representatives are involved in the design of the health record to assist in ease of use at point of care and in the implementation to champion its introduction and use. Whilst visits to the GP are reported to be the most common interaction between the public and the health profession, there are many interactions during a hospital visit and the highest stakes are during procedures. Therefore, by implementing a universal health record the greatest safety and quality gains will be achieved during procedures.

ANZCA suggests that records should be updated contemporaneously by anaesthetists and surgeons involved in the episode of care. Anaesthetists are not usually the primary provider of care during the entire hospitalisation, but do however require the same access to the patient data as the primary provider.

ANZCA suggests that it would be useful to have the e-Health record available in a mobile-friendly form that would assist, for instance, with the discussion of anaesthetic interactions with the patient at the bedside. Many anaesthetists use a large screen mobile phone to look up information related to patient care, including information related to lesser known drugs or medical conditions that might have implications for anaesthesia, and this would be facilitated by the use of a universal health record.

Having a universal health record available in the operating theatre at the anaesthetic machine (point-of-care) would prevent the current situation whereby anaesthetists may be forced to leave the critical monitoring space at the anaesthetic machine to view the hospital's patient e-health record on a hospital computer screen located elsewhere in the room.

Integrity of Data

ANZCA proposes that a digital heath record needs to be useful, accurate, timely, accessible, relevant and in a format that is quickly and easily read. There needs to be a balance between retrieval speeds and the need for an effective indexing system and searching tool, that is, a system that is more sophisticated than the directory system of a computer hard drive or indeed many current eMHR systems. Logging into the system should be easy and adequate security systems should be included, without impeding access to the system.

ANZCA is aware that a commonly used eMHR system used in public hospitals requires multiple log-ins to the system. Accessing the hospital network is the first step, then the requirement to log in to the eMHR program and finally to access the patient record module. If the system shuts down, it can take more than 5 minutes to load a patient health record. Once in, the display shows a list of folders relating to the patient with each document being stored as a separate pdf. In some cases, it takes more than 30 mins to read a complex patient history which ANZCA recommends is far too long. The time allocated is normally 15 minutes for a standard consultation and 30 minutes for a complex consultation, which includes reading the patient's notes, confirming his or her history, doing an examination, explaining the anaesthetic options and deciding on an anaesthetic plan.

Therefore, if the digital health record is not accessible and readable in 5 minutes for most cases or in 10 minutes for complex cases, it will not be useful and may contribute to preventable errors.

The current systems appear to work best with specialist referrals, prescribing by GPs and pathology results; however, lack of trust that the system is up to date leads anaesthetists to take an additional history from each patient beyond the essential assessment.

ANZCA considers that current PCEHR (the NEHTA health record) or a My Health record (ADHA) systems fail on data quality issues because:

- no single person is responsible for accuracy and they are cumbersome to update
- they rely on other people to update the system and so there may be a delay between letters being written and appearing on the system
- no integration occurs with other e-Health systems used by GPs or by hospitals and so there is both a parallel data entry and look-up system
- they are not integrated into the hospital eMHR
- IT departments do not publicise the availability of the My Health record
- Use of My Health record within hospitals would require the hospital eMHR to be read alongside it not in place of it

Required patient data

ANZCA suggests that the following patient data considerations should be amongst those included in a universal health record:

- information about previous procedures being easily readable
- alerts to pharmacologic issues including drug allergy or intolerance
- procedural specialists alerts for to non-pharmacologic issues such as
  - presence of a pacemaker or other implantable device
  - patient involvement in a research trial precluding the use of some medications
  - presence of special diseases such as haemophilia, renal failure or post-polio syndrome that require making contact with a particular case manager
  - for anaesthetists in particular, alerts should include prior anaesthetic problems such as difficult airway or airway access issues (e.g. difficult intubation), personal or family history of malignant hyperthermia or severe non-allergic reactions to anaesthetic agents.
  - cognitive concerns or behavioural issues

Thank you for the opportunity to provide feedback. Should you require any further information, please contact Jo-anne Chapman, General Manager Policy via email jchapman@anzca.edu.au or telephone (03) 8517 5341.

Yours sincerely

Professor David A Scott
President