Southern Health Board Bord Sláinte An Deiscirt



Health eSHB



SEPTEMBER 2001

Introduction

Over the last number of years we have been working hard on our change programme. Our objective is to deliver a higher quality and more effective service to our public. We seek to ensure that the public are the focal point of everything we do. We also want to harness the talents and enthusiasm of our staff by establishing a culture whereby our staff are valued and respected.

Major organisational change programmes impact on core systems such as information technology and human resources. Indeed developing these systems in line with our vision provides a platform for ongoing change.

Our new Information and Communications Technology strategy *Health eSHB* is timely. It will enable us to continue our change programme. The strategy will be a major catalyst, an enabler of the change we must now embark upon. The ICT strategy is very much about addressing structural and cultural issues. It is not about IT – not about hardware and systems. We can no longer approach work as "that's the way we always did things around here." We must think differently, think corporately, think horizontally, think "outside the box."

We have now within our organisation, the very latest in IT and communication systems technologies. What we must ensure is that our organisation maximises the added value that these technologies can bring. This is what our ICT strategy is about. Implementing the strategy will result in a better delivery of services and a more challenging work environment for our staff.

The ICT strategy is very challenging but achievable. I believe we can move forward and revolutionise the delivery of services and management of our organisation. We have a great opportunity to make a real difference, a real change. Let us grasp the opportunity being presented by our ICT strategy.

In conclusion, I wish to thank our staff who contributed to the formulation of our ICT strategy Health eSHB through their participation in workshops and focus groups. In particular I want to thank Jack Somers, Declan O'Brien and Ursula O'Sullivan for their work in the development of this innovative and challenging strategy.

Seán Hurley

Chief Executive Officer September 2001

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Implementing this Strategy

Health eSHB

Inputs Outcomes Corporate Support **Development Plan** an adaptive Management and **Patients PIMs** innovative organisation using **Partners in Care** • **Patient** modern technologies •>> **GPs Staff Centric** to transform health Staff Personalisation Internet.Intranet/ Citizens **Extranet** eGovernment Seamless, Integrated Service Delivery

Health eSHB seeks to create an adaptive and innovative organisation by harnessing new and emerging technologies to support the Southern Health Board's Corporate Development Plan. Fundamentally the creation of this type of e-organisation is one where:

- **Consumers are empowered** in line with increasing levels of education, awareness and expectations. This will place pressure on healthcare providers to be more responsive and accountable.
- **Health processes are being standardised** leading to greater integration of services and more informed choices in relation to healthcare service delivery and policy decisions.
- E-Health initiatives are being pursued to develop new models of healthcare to provide the most appropriate access to services including the use of remote service delivery. The development of internet based services to develop information and knowledge management systems in conjunction with emerging technologies will provide significant new resources to healthcare professionals.
- Individual identification and record will increasingly become the basis and not the integrating factor in healthcare systems thereby switching the emphasis from the provider to the recipient. The development of the electronic patient record is providing a significant impetus in this arena. This change in focus is also supported by developments in Irish eGovernment initiatives (Reach, Oasis and Basis) which gives the emphasis to individuals and businesses at the centre of services as opposed to the traditional silo based service provider approach.
- Workforces are adapting to technology and and new modern day work practices. This places an onus on the organisation to provide staff with the technology and tools to enable them to deliver high quality services.
- Technology provides the environment in which issues of patient privacy and
 data security are analysed to ensure that policies, practices, and procedures
 for handling health information fully take into account the dimensions these
 systems entail and the prevailing legislative directives in this regard.

Benefits of Implementing this Strategy

Full implementation of this strategy will bring the following main benefits for the Southern Health Board.

- 1. Supporting the effective delivery of **patient-based services** in an integrated and consistent way across the region. IT can play a key role in standardising and monitoring delivery of these services. Some of these services may be provided direct to the patient using new technologies where this can ensure a more timely and efficient service to patients delivered in an appropriate setting.
- 2. The creation of a **responsive organisation** which provides information and access to services in a timely, accountable and citizen friendly manner. Health eSHB targets a new citizen centred care model, seamless services where the client will be an active partner and where the present organisational and information barriers are made invisible. Because seamless services also need seamless information access it is necessary to use the possibilities of information and communication technology to make this possible.
- 3. Optimising the **use of the resources** of the board (financial, staff and equipment) through effective planning, allocation and management. The vision should be to modernise currently manual processes and work practices and introduce modern approaches in service delivery, procurement, HR management and financial control. The focus will be on process driven change.
- 4. Ensuring that the workforce is technology literate, enabled and supported. This will require a substantial investment to bring the workforce to a level of understanding and familiarity with technology where they will expect, demand and be capable of utilising a technology-facilitated option first. Technology should form an integral part of their day-to-day jobs in particular where technology is effectively used to support the planning, management and review of work at all levels. In addition, supporting the workforce in their use of IT is particularly important, as without this emphasis, the value of existing and future ICT investment will be underrealised.
- 5. Promoting the ability to **target services effectively** by recording the health status of each individual person within the Cork and Kerry region. This electronic health record will be contributed, shared and used by a wide variety of health professionals.



- 6. Promoting **communication** within the organisation. An effective internal communications mechanism is essential for the development of any organisation. The ability to access and process information is fundamental. In a complex organisation this facility will support a range of initiatives from detailed specialist medical knowledge to information on internal services. In a way, ICT also provides a bridge for matching demand and supply of information. It helps a recipient in locating strategic information and at the same time, creates potential users for particular information. This process is central to the strategy.
- 7. There are three basic elements of **securing medical health data** confidentiality, integrity, and availability. *Health eSHB* will promote the responsible and beneficial use of personal health information while safeguarding confidentiality, and recommends both technical and organisational practices to protect electronic health information. Technology provides a means to easily access, collect, manage and distribute data as well as provides security mechanisms to protect health information through audit trails, encryption, strengthened authorisations and access controls. Technology exists to facilitate the application of and adherence to these principles.

Context of the SHB Corporate Development Plan

The Corporate Development Plan 2000-2003 sets out the priorities of the organisation for the coming years. The five main objectives are listed opposite. These have strongly influenced the development of this strategy. The five objectives of the SHB Corporate Development Plan and how they are supported by this strategy are:

- Creating a consumer focused organisation in this strategy we have focused on how ICTs can help re-orientate services to become more consumer facing and to provide staff with the information and systems which allow them to provide better customer services.
- Developing and shaping services in an integrated manner the strategic future for patient-based systems is the implementation of comprehensive and fully-integrated systems covering all points-of-care.
- Providing staff with the skills and supports to assist them in delivering a high
 quality of service to the consumer a strong objective of this strategy is to
 support staff development both in the use of technology and more
 generally across their full range of responsibilities. This will be achieved by
 investment in training, e-learning and systems which more comprehensively
 record the development requirements and the achievement of these.
- Developing the health promoting role of the SHB through targeted, effective
 and evidenced based programmes the strategy promotes this in many ways
 including further enhancement in the use of the internet and an electronic
 health record which allows services to be more easily targeted at specific care
 groups.
- Identifying, targeting and reducing inequalities in health status the electronic health record and the associated ability to report on and target groups based on the information it contains will be an important aspect of achieving this objective.
- The SHB has played a lead role in the development and use of ICTs in a healthcare setting. The challenge for the future will be to implement these ICTs effectively and drive the use of ICTs throughout the organisation.

Implications of Implementing this Strategy

The development of Health eSHB is fundamentally about significant organisational development which is:part people, part process and part technology change.



- The implementation of this strategy in an integrated way across the organisation will require multi-discipline project teams to address the diversity of the issues involved.
- Successful implementation of this strategy will only be achieved within the context of clear agreed Action Plans for the business area concerned. For this reason, an immediate "next step" for many areas within the strategy will be the development of these Action Plans.
- Cultural change will be a key enabler and also a key outcome of the successful implementation of this strategy.
- Investment will be required to implement the strategy however, more importantly new structures and organisational models are proposed in a later part of this strategy that will be essential to its successful implementation.
- This strategy must be "owned" by all business areas and not just IT specialists, as the scale of change and its implications are well beyond that which any IT department can take ownership for and implement.
- A significant "re-skilling" of staff within the SHB is required to bring the level of technology literacy to a level which will proactively drive the implementation of this strategy.
- This strategy will have implications for SHB partners-in-care for whom it provides an opportunity to move towards client-centred service delivery and to electronically optimise their working relationships with SHB.
- Continuous review of Health eSHB will be essential for successful
 implementation. The objectives and goals will be the basis for measuring
 progress towards the desired outcomes. Behind each of the deliverables are
 one or more projects with defined terms of reference, scope, agreed and
 measurable deliverables and milestones. Each business area will be required
 to report formally on progress towards achieving targets.

IT Strategy Goals



Over the next five years, the creation of an eSHB will require many projects, significant financial investment and an enormous input of time on the part of SHB's management and staff. This strategy challenges the organisation to respond by fundamentally reviewing organisation structures and modernising existing processes to take advantage of the benefit of ICTs. Through all this, however, we have ten key goals clearly in mind. These are listed in the following pages.

Facilitate the **integration of patient-based services** within the SHB and across the SHB area using the customer as the primary information driver.



Context

The delivery of seamless service to patients is a corporate objective of the SHB. At present the Board's systems generally reflect the non-integrated nature of services, e.g. different systems for services/specialities, different databases for different regions, etc. The *Health eSHB* strategy will ensure both that technical barriers to integration are removed and that IT acts as a catalyst for the integration of patient-based services.

- This strategy will seek to implement ICTs that support the standardisation and integration of current patient services. The strategy recognises that the primary focus of projects must be the achievement of this goal and not just the implementation of the technology itself. Therefore, it can be expected that significant implementation resources will be needed to focus on the redesign of patient services and processes in parallel with the implementation of new ICTs. Experience gained during the current pilot implementation in Community Services supports this view by identifying new information flows and requirements.
- As the customer is the common element between services s/he should be used as the primary information driver around whom patient-based services are built. Thus, the foundation of integrated patient services must be an integrated health record for each customer within the SHB region which supports health professionals at the point of care. This strategy will achieve a health record, shared across the SHB region, which uniquely identifies each customer using the Personal Public Service Number (PPSN) and links all current electronic data to this record.
- Health services around the world are focussing on how to implement standard care paths for many illnesses. Integrated ICTs can play a key role in enforcing and monitoring adherence to these. This strategy will ensure that ICTs are deployed which help achieve this outcome.

Facilitate the development of **new ways of delivering services** and information to customers, patients, staff and healthcare professionals in a self-service way from many locations by using information & communication technologies.





Context

ICTs are increasingly being utilised to enable the provision of more efficient and higher quality healthcare and to change from a service focus to a patient focus. This strategy focuses on harnessing ICTs to implement new models for healthcare delivery across three broad areas:

Strategic Activities

- Improve access to specialist medical expertise and the delivery of care in the
 most appropriate setting. Examples of this include wireless networks to
 support bedside services, high-quality imaging to support referrals to remote
 specialities.
- Improve communications between the disparate healthcare communities.
 Examples of this include technology to allow GPs and community-based nurses access to health records and systems that exist for hospital-based staff.
- Provide self-service or home-based services & information to patients via the
 Internet or other means. These may be administrative in nature, e.g.
 appointments, payments, etc or may include remote diagnosis devices which
 can be used in the treatment of some chronic conditions, alleviating the need
 to regularly visit hospitals or other services. National developments in this
 area will play an important part in driving progress.

The strategy will ensure that appropriate ICTs, which support the provision of services, are identified and introduced. As far as is appropriate this strategy ensures that customers and staff are empowered to access services and information via self-service means.

To **manage information as an asset** and support the ability of service managers at all levels to manage by information.



Context

All too often, managers tend to manage on a case-by-case basis with larger operational and policy decisions often being made based on inadequate or merely anecdotal information. For effective planning and decision making, SHB management and staff must have access to accurate and timely information. This strategy ensures that technology facilitates the collection, management and distribution of this information.

Better information will drive many positive clinical developments by improving the ability to target health inequalities, to plan at a service level and in general to transform the service from a reactive standpoint to become more proactive.

- Introduction and enforcement of **effective standards** for the integration, collection, access and quality of data are a prerequisite to managing by information. For this reason, we have proposed a role of Customer Records Manager to co-ordinate the capture of high-quality data throughout the organisation working through the various departments.
- The strategy proposes **that significant time is invested** to ensure that a new information management culture takes root and that this information is utilised consistently across the SHB. This will be the key responsibility of the proposed Information Manager Role.
- Comprehensive definition of current sources of information and how it can be combined and integrated should be undertaken. This information can then be sourced from one or more databases via reporting software deployed on the intranet.
- Appropriate balance of clinical and administrative information and knowledge. Existing systems are perceived to be more heavily weighted with administrative information. The current systems effectively produce information of waiting lists, however future focus may shift to exception reporting – such as maximum waiting times.
- Universal access to appropriate information and knowledge using web technology where possible.



- Focus on **quality and integrity** of information particularly focusing on the role that people play in this area. System enforced quality and integrity is relatively easy to implement but limited in nature whereas a cultural change is required to ensure that people play appropriate roles in terms of data quality and the whole knowledge management process.
- Re-orientating systems and processes around information and knowledge to
 ensure that information drives staff and management's actions. Ideally,
 information should be clearly actionable, and from a system perspective, it
 should be as simple as possible to initiate that action on being presented
 with the data.
- Management of the organisation will require significant training and support to enable them to transition to an information-enabled environment. For this reason, the strategy proposes a role of SHB Information Manager to define performance measures and promote their use within the organisation.

Manage the **creation of knowledge** by the SHB and provide the mechanism for dissemination of knowledge throughout the organisation.



Context

In common with many organisations, much of the knowledge created by the board's professionals and staff is not retained, managed or distributed within the organisation. This knowledge takes many forms ranging form clinical best practice and evidence based medicine to a history of the Board's interaction with individual patients. This strategy identifies mechanisms by which technology can assist in the management and dissemination of this *corporate knowledge*.

This strategy not only addresses clinical knowledge but the full range of the board's activities, both corporate and administrative. It ensures that external sources of knowledge are exploited to the full. The use of this knowledge will enable staff to make better-informed decisions, use best practices and use the combined experience of the Board to deliver higher quality services. A central goal of the *Health eSHB* is the creation and dissemination of knowledge in the organisation.

Strategic Activities - Intranet/Extranet

- **Formal processes** need to be developed in the area of knowledge and information management. In general, good information doesn't happen by accident but needs constant attention and work to ensure its standard.
- Information and knowledge should be **primarily intranet-based** with a lessening in importance of traditional paper and expert based sources.
- Information and knowledge creation should be as devolved as possible to
 subject experts who perform the role of editor in their subject area. However,
 an overall Knowledge Manager will be required to define standards in this
 area, promote the use of the intranet and manage its content on a day-to-day
 basis.
- The **extranet** can play a useful role in providing information (and ultimately transactions) to external parties. Examples of this can include the provision of press releases to the media or the provision of information to groups such as voluntary bodies outside the SHB.
- The promotion of a **publishing culture** within the health board whereby more staff within the organisation utilise the intranet for the promotion of their area of expertise is an important aspect of the strategy.



Strategic Activities – Internet

- Increasingly organisations are providing information and services directly to patients through the use of the internet. The SHB has already invested in publishing significant volumes of information on the internet. Specific areas of focus of this and future information includes:
 - Descriptions of Services in a user-orientated way
 - Entry points to electronic transactions
 - Information on publicly published performance measures
 - Information on health topic and health prevention (though this may be more appropriate to be provided nationally)
 - Corporate information (including recruitment and procurement)
- This strategy is set within an overall framework defined by Reach and other
 e-Government initiatives. An imperative for action has appeared on the
 landscape in the form of EU Benchmarking. In this, the EU has set out 12
 specific areas (including a number within the responsibility of the SHB)
 where member states will be benchmarked on the electronic provision of
 information (levels 1 and 2 of the benchmark) and transactions (levels 3
 and 4).
- The internet will increasingly become an effective tool for the advancement
 of general public health. Advances will shortly see the internet becoming
 available through television sets opening up a significant new audience.
 This will offer a powerful new communication tool to influence and educate
 the general public on health matters in general and the services of the SHB
 in particular.

To **optimise the use of resources** by implementing best practice processes and systems to efficiently plan, deploy and utilise the staff and physical assets of the Board.



Context:

Health eSHB will seek to implement new processes and enabling systems to optimise the use of resources within the Board. In particular, the strategy focuses on the use of ICTs to raise the level of planning and deployment throughout the organisation. This encompasses utilisation of staff, equipment, theatres, beds and many other resources that have a direct impact on the level of service to patients.

- The digital era is bringing technology approaches to issues which have the
 potential to radically transform resource utilisation. For example, the strategy
 proposes capitalising upon the current work in the area of e-Procurement to
 rapidly and radically transform the processes surrounding the procurement
 and utilisation of goods and services.
- The effectiveness of staff can be enhanced through the implementation of a
 progressive and competency-based approach to training and learning. This is
 facilitated by technological advances in the area of e-learning and human
 resource management. Systems can be used to define competencies,
 measure performance against them and proactively target training and
 learning to raise effectiveness.

To create an **effective organisation** which supports the vision of this strategy.



Context

An effective delivery organisation is required to implement the corporate objectives and the goals of this strategy. The major investment targeted by this strategy will be resources to implement all aspects of the strategy rather than "hard" costs such as hardware or software.

- The roles required to deliver on this strategy are detailed on the next two pages. However, some of the most important skills required to implement this strategy are not those of the technical variety but rather skills and experience to lead the organisation along a path of fundamental process, change and renewal.
- In addition, the primary vision of the strategy is to create an adaptive organisation supported by a technology literate, enabled and supported workforce. This will require substantial investment in ongoing support and training for all levels of user in the organisation.



ROLE RESPONSIBLE FOR

Organisation Development

- Overall efficiency and effectiveness of board-wide processes
- Redesign of new processes and procedures
- Sponsorship of projects and systems to improve efficiency
- Analysis skills and input to projects

IT Strategy & Design Authority

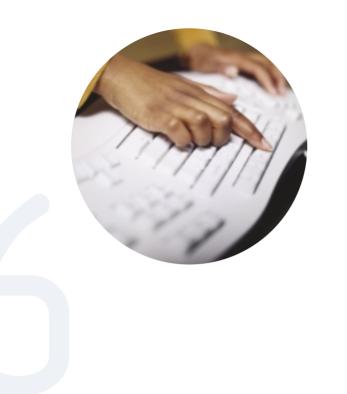
- Maintenance of the overall strategic IT view of systems
- Provision of direct technical input to projects to ensure adherence to data integration and other standards

Client Records Management

- Setting of standards for the effective and accurate collection of all core patient data
- Regular auditing of this information
- Intervention to organise the correction of incorrect records
- External liaison (e.g. with the patient or GP) in relation to issues with the patient record

Health Informatics

- Utilisation of clinical data for health purposes
- Identification of clinical performance indicators
- Development of care pathways



ROLE RESPONSIBLE FOR

Information Management

 Utilisation of corporate data for resource management purposes (e.g. financial, people and equipment)

• Identification of corporate performance indicators

• Promotion of these performance indicators throughout the organisation

Project Management

Management of all projects

Operations Support

 Comprehensive support for users (covering office automation, applications support and technical support)

Operation of all networks and communications

Systems Deployment

• Provision of technical resources to projects

User Training

• Identification of training needs for each staff member in the organisation

 Organisation and/or provision of this training

Project Sponsor

• Sponsorship of all major projects

• Provision of user resources to projects

IT Account Management

 Co-ordination of IT within a business unit or defined service area (but not the direct provision of IT service)

• Provision of IT expertise to management decisions in these units

 Marshalling of central IT resource to address IT issues with the unit

To achieve an **Electronic Health Record** within SHB.



Context

The stated long-term aim of most healthcare organisations across the world is the achievement of a comprehensive Electronic Health Record (EHR), whilst recognising the difficulty in achieving this. A complete health record is seen as a key requirement for effective medical risk management. A strategic goal of this strategy will be to implement a series of specific steps towards the achievement of an EHR within the SHB. These involve the linking of all patient-related data, currently held electronically, to a single patient identifier, which will be the national identifier, the PPSN.

- A comprehensive project to match current medical reference numbers and other numbers to the PPSN. Based on the experience of other health boards and agencies, this is likely to be a significant time-consuming task.
- Introduction of new patient registration processes to more accurately identify
 patients and link these patients back to the record of their previous
 interaction with the health board. This will be greatly assisted by the
 eminent issue of Public Services cards by the Department of Social,
 Community and Family Affairs which will incorporate the PPSN (Personal
 Public Service Number).
- Rationalisation of existing paper records to eliminate duplicate records.
- Definition and implementation of policies and procedures in relation to access to patient information, ownership and security. The technical requirements in relation to security may be informed by national work in this area in the context of Reach.
- Cultural and historical barriers in relation to patient information represent a huge barrier. The buy-in of healthcare professionals (including those external to the Board) must be achieved before a credible EHR can be achieved.
- Implementation of technology (e.g. middle-ware) to provide a more complete view of patient information which can operate in the absence of a single database.
- A Customer Records Management role is proposed to facilitate this process.

To eEnable Clinical Systems.



Context

The SHB's application strategy supports the strategic goal of integrated patient-based systems. The strategy centres on PIMS technology as the primary vehicle for customer identification within an overall national framework as defined by Reach. This has been implemented in the two major acute hospitals with a roll-out to community-based services in progress.

- Enhancement of *clinical information* within PIMS to redress the current emphasis on administrative information. The clinical and operational information currently captured in HIPE should be captured at source in PIMS.
- Broaden the functional reach of PIMS by implementing functionality such as social workers, theatre management and maternity functionality.
- Achieve operational and management benefits and act as a catalyst for the integration of services by rolling out *PIMS to all customer service areas* within the region.
- Achieve the benefits of integration within acute hospitals by integrating PIMS
 with LABS, PACS, Radiotherapy, Dental and Pharmacy. It is recognised that
 data standardisation and conversion will have to be achieved to reap the full
 benefit of this integration.
- Implement *a single instance of PIMS* across all locations in the board, with a single health record for each patient indexed using the PPSN. This will be important in order to achieve the strategic goal of integrated systems.
- Provide external access to PIMS for patient information, requests and lab results to GPs via either a standard browser or a standardised XML-based messaging format. Reach / ebroker model ...
- Mobile devices to access PIMS at point of service delivery should be used
 where possible for clinicians as part of the care process. This will become
 increasingly necessary as systems move more into the patient management
 area. Point-of-care data collection is an increasing trend in international
 healthcare.



• **Health Informatics** – central issues for the clinical professions within the SHB are to ensure that principles of best practice are applied effectively, that patterns of error are identified early and corrected and that problems are researched to improve outcomes in the future.

Health informatics provides the opportunity to improve clinical documentation, improve efficiency of services and increase appropriate access to clinical information.

Health Informatics can lead the development of integrated care pathways and the Electronic Health Record. This will provide data on individual clinician performance and audit of outcomes, which form the central tenets of local and national efforts in the area of quality assurance and risk avoidance.

Goal 9 *To eEnable Administrative Systems.*





Context

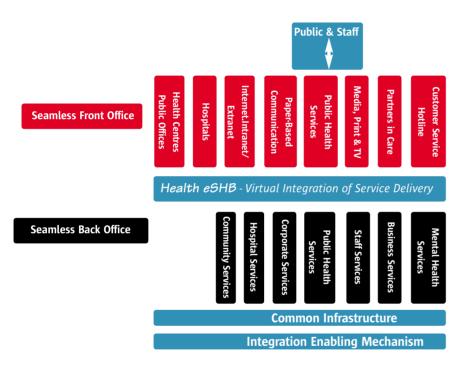
The strategy will continue to focus on the improvement of the administrative backbone systems in support of the ongoing drive of the organisation towards efficiency and effectiveness. Attention will be focused within a five-year timeframe on systems in the area of Finance and Human Resources as these are judged to be deficient in the context of the objectives of the Corporate Development Plan and the aspirations of these business areas. The implementation of systems in these areas, given the scale of the SHB, is a complex task.

- International experience identifies the efficiency benefit that arises from *integrated financial and purchasing systems* and the process re-design that is inherent in them. In particular, processes such as purchasing, expenses, timesheets, and stock control offer significant scope for improvement through the use of process-driven change in the SHB.
- There is a national and international drive towards the implementation of *e-procurement*. However, *e-procurement* presupposes an internal electronic procurement process. Therefore, this strategy focuses on implementing effective internal procurement both from a system and process perspective.
- Critical to the success of any organisation is its ability to know and interact
 with its staff. Central to achieving this, an HR solution will be required to
 support a new comprehensive Human Resource (HR) strategy for the SHB.
 The focus will be on providing managers across the organisation with
 effective information and support to enable them to perform their staffrelated tasks. The priority areas for an HR solution include scheduling, time
 and attendance, a staff directory and training solution. Experience elsewhere
 has shown that administrative burdens can be significantly reduced through
 the implementation of self-service functionality.
- The scale of the SHB mitigates against the provision of sufficient tutor-led training in all areas. However, recent advances in the area of *e-learning* have provided technology solutions which offer the potential to address this training deficit. This strategy proposes the widespread utilisation of this technology during the lifetime of this plan. E-Learning will be an important tool for achievement of our vision of a trained and enabled workforce.



- SHB has been striving to refocus on each patient as an individual and re-orientate services in this way. A key component in achieving this will be the deployment of a *customer relationship management* (CRM) system. This will serve a number of purposes including the tracking of each incident of interaction with customers, e.g. for medical card requests, etc. In addition, this tool can be utilised for surveying the customer population, effective management of complaints and the monitoring of response times.
- There is a heavy current workload for the SHB in the administration of various schemes. Application support for these must be enhanced and over time progressively e-enabled. Development of a Public Services Broker will provide a natural vehicle for their e-enablement.
- Mobile access to all administrative systems, using web technologies, to support mobile community-based staff and to provide for the increasing trend towards non-office based working.
- Continuing cost pressures and rising medical inflation will necessitate continuing emphasis on *resource management*. There is a continuing trend in healthcare organisations towards mechanisms such as service/speciality costing and the systems that support these.

To develop **enabling technology architecture** to achieve Health **e**SHB.



Context

The SHB has made a huge investment to date including 4,000 PCs, 500 notebooks and 25 major servers. The challenge is to move these into a technology architecture that will support the application and business goals. The board is committed to the development of net-centric services based primarily on the Microsoft family of products in the enterprise arena. Significant investment will be required to implement an appropriate enterprise infrastructure. A significant planning exercise will be required to develop the Board's overall enterprise architecture.

The strategy recommends that an enterprise architecture will be needed to create an e-organisation and support the goals of the strategy. The SHB has already established a number of the building blocks of this architecture these developments which can be built upon as facilities and services are deployed within the Board.

Central to the strategy is the development of net-centric systems and services providing customers and staff with the capability to interact directly with the Board's ICT systems. The development of the Board's intranet/extranet services will act as the catalyst for many of the new developments which will take place within the lifetime of the Health eSHB.

- Provision of an appropriate level of *IT service to all*. This may be a combination of desktop PCs, mobile PCs, other mobile devices or shared terminals.
- Provision of connectivity for all all staff (and external third parties such as GPs) will require access to some level of technology infrastructure of the Board from a multitude of locations, including workplace (both desk and bedside), home and whilst travelling.
- *E-mail and access to the intranet* for all staff this will require a significant expansion of the current coverage of these basic communications tools. However, it is a critical building block for the development of a fully electronic-enabled organisation.
- E-mail and appropriate access to the extranet for *external third parties* (such as GPs). This will enable these external parties to interact more easily with services of the health board.
- *Universal access to systems* to enable staff and external parties to perform tasks electronically in a self-service way.

Implementing this Strategy



Health eSHB sets out a challenging path for the SHB to follow. In order to achieve a successful implementation, there are a number of key steps which must be undertaken to ensure that the proper organisation and structures are in place to embark on this major change programme. We recommend that these are the immediate next steps for decision and implementation – to enable delivery of the full programme. These include:

- (1) Implementation of the new roles defined in this document. These are a key dependency to progress in the remaining areas.
- (2) Institute a formal Implementation Programme with responsibilities for definition of a programme plan and approach, monitoring of progress of achievement, ensuring consistency of the various work-streams and finally, integration between the various work-streams. Formal measurement of progress will be based on the continued development of Corporate Performance Indicators.
- (3) Set up groups in each functional / service area including Acute Services, Community Services, Mental Health and Intellectual Disability Services, Public Health Services, Corporate Services, Human Resources, Finance, Records Management, Training and Development, Consumer Relations, Communications and Materials Management. Each group would be tasked with producing an action plan for the implementation of Health eSHB. [The Programme function would co-ordinate these groups from a point of view of consistency and integration.]

These groups must be comprised of a full cross-section of people relevant to the area concerned, including the functional area and IT.

Health eSHB

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Southern Health Board Wilton Road, Cork

Southern Health Board

Bord Sláinte An Deiscirt

We have set up Discussion Fora on our website www.shb.ie where we welcome comments and suggestions about Health eSHB.

If you would like more information on how to participate in a forum or if you would prefer to contact us directly please e-mail healtheshb@shb.ie **Contact Details**

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