

South Australian Government Response to the Final Report EPAS Independent Review



**Government
of South Australia**

Introduction

In 2011 the South Australian Government commenced implementation of an integrated Electronic Medical Record (EMR) and Patient Administration System (PAS), which it called EPAS. It was to be delivered by 2014 at a cost of \$421.5m.

By 2018, 78 per cent of the funds for the original scope had been expended, with 28 per cent of public hospital occupied bed days implemented.

Following the high profile Coronial discussion, leading to broader public debate and change of government in March 2018, the rollout of SA Health's Enterprise Patient Administration Systems (EPAS) was paused to commission an independent review to inform decisions on the most appropriate way forward.

An independent expert panel was appointed to review the program.

The review has now concluded and the final report of the independent expert panel, including recommendations for a path forward, is available in a separate document. This document provides the Government's response to the final report and should be read in conjunction with the report, which provides the detail and context behind its recommendations.

The Government would like to acknowledge the work of the independent expert panel, the reference group supporting the panel, and all those members of staff and the public who gave their time and/or made submissions to the review.

Key findings of the review

The review finds that the EPAS program has been a failure and should be discontinued and replaced.

The review confirms that international experience is that EMR and PAS solutions in hospitals deliver considerable benefits in patient outcomes, safety and quality, efficiency and productivity, and staff satisfaction.

The review has determined that the EPAS Program should not continue as planned. The review recommends that SA Health completely overhaul the program, reconfigure the underlying information technology and commence a roll out at two exemplar sites before a final decision is made on whether to continue to use the Allscripts suite of products.

The review identifies issues in three key domains that have contributed to the failure of EPAS:

Software System

While the underlying Allscripts software system (Sunrise EMR and Allscripts PAS) is functional, the billing module in the PAS is not fit-for-purpose and should be replaced by a system that is built for Australian conditions.

Configuration of the System

While the original procurement process was robust, the assessment that the Allscripts product met 60 per cent of the State's needs 'out of the box' was incorrect and underestimated the time required to localise the product for the Australian market.

The configuration was centrally driven and lacked engagement with practising clinicians, particularly medical staff. The project needs to move beyond clinician engagement to giving clinician groups the authority over how the system is implemented.

Implementation of the System

Historically, the decision was made to implement the system without the assistance of expert organisations, including the Allscripts vendor, experienced in electronic workflow design and the change and adoption complexities associated with implementing EMRs.

The governance model is flawed, with tracking of and accountability for outcomes poorly understood and managed.

Current governance arrangements do not empower clinicians to be the key decision-makers or give accountability to Local Health Networks (LHNs).

The Review Panel has made 36 recommendations for a proposed way forward that involve:

- creating an SA Health Digital Strategy with a Digital Health Board;
- significant governance reforms that devolve responsibility for implementation and configuration to LHNs and clinicians;
- actions to improve the Sunrise EMR and Allscripts PAS software solutions and implementation – replacing billing module altogether;
- focussing on two exemplar sites to implement the Allscripts solution that applies the Review's proposed changed approach, and any future decisions to implement the Sunrise EMR and Allscripts PAS are contingent on user acceptance at the exemplar sites; and
- improving implementation approach and post go-live support, regardless of which solution is implemented.

Government Response

The report makes 36 recommendations. The Government has accepted or accepted in principle all recommendations.

The Government will transition from the EPAS Project to a new electronic medical record project, which will utilise two Allscript software programs, a patient administration program and an electronic medical record program.

Deployment to the exemplar sites will be the focus of immediate action for Government, with deployment to take place during 2019.

As per the review's recommendations, new governance structures, new organisation structures, and a revised implementation approach will be established. A Program Board, led by Mr Shane Solomon, the Independent Chair of the review will oversee the project. The

Program Board will work with the Department to determine the prioritisation of recommended enhancements relative to the Department's capacity to deliver them to the exemplar sites within 2019.

Local clinical leadership will assume responsibility for the project implementation and business change team during the reconfiguration and deployment. This is consistent with the Government's strategy to devolve decision making, accountability, and control to be as close as possible to where services are delivered.

There will be improvements in the way the system is configured to meet the needs of clinicians, with new governance arrangements putting control into the hands of clinicians.

The exemplar sites will also receive the most updated version of the software, which is three years ahead of software currently in use.

The report is comprehensive and its recommendations are extensive. Deployment to exemplar sites will be completed within the existing budget allocation. This enables immediate commencement while a detailed business case is completed.

Governance

The Government will action changes to governance structures as part of deployment to exemplar sites. It is also conscious that governance arrangements for other healthcare service areas are currently being redesigned to support establishing Local Health Network (LHN) Governing Boards to commence operating on 1 July 2019.

These governance changes represent a fundamental shift to transfer decision making, accountability, and control to LHNs.

Functional enhancements

A number of enhancements are proposed by the independent expert panel to commence immediately. The Program Board and the Department will need to assess its capacity to address these matters simultaneously with existing health system priorities and associated reform programs and specific timelines for all enhancements will be considered within the business case.

The Program Board and the Department will engage through the new governance structures to determine the prioritisation of recommended enhancements relative to its capacity to deliver them to the exemplar sites within 2019.

The reorganisation of the program and related structures will need to be managed carefully to minimise disruption and ensure success.

Engagement of the product vendor

The benefit of leveraging the global experience and expertise that the vendor of the technology underpinning the solution (Allscripts) can bring from successful projects in other jurisdictions internationally is recognised, and the historical lack of engagement

acknowledged. As recommended, Allscripts will be re-engaged in the implementation of the system, including in optimisation and governance.

Further enhancements and deployment beyond exemplar sites

As per the report's recommendation, future deployment beyond the exemplar sites will be tied to an evaluation of the success of deployment at these sites.

In parallel with deployment to exemplar sites and the evaluation thereof, the Department will update the business case to reflect the revised approach, costs and benefits by which the program will be monitored. This updated business case will include recommendations of whether the deployment should be continued beyond the exemplar sites or the Government should go back to market, and will include a clear timeline for implementation of any remaining recommendations.

The updated business case will be subject to approval by Government.

Response to recommendations

#	Recommendation	Government position
1	That SA Health develop a Digital Health Strategy which sets the future directions for enterprise hospital systems, interoperability with other systems (including community-based systems), telehealth, and consumer digital health innovations.	Accepted

#	Recommendation	Government position
2	<p>That in relation to the statewide EMR/PAS, SA Health’s Digital Health Strategy:</p> <ul style="list-style-type: none"> • re-commits to a single integrated South Australian wide system; • accepts that a ‘best-of-breed’ approach is desirable, conditional on successful interoperability; and • prioritises connecting with clinical partners in primary and community settings. 	Accepted

#	Recommendation	Government position
3	<p>That the term “EPAS” be replaced with the names of the two solutions: “Sunrise EMR” and “Allscripts PAS”.</p>	<p>Accepted</p> <p>The revised program will be called the electronic medical record project and the two IT components will go by their commercial names Sunrise EMR and Sunrise PAS.</p>

#	Recommendation	Government position
4	<p>That SA Health establish a new body ‘Digital Health SA’ to replace the existing eHealth Systems and EPAS Program areas, and that this be led by a new statewide Chief Digital Health Officer position. The new Digital Health SA should have at least two clinical informatics staff (doctors),</p>	Accepted

	with one being the Chief Medical Informatics Officer, who will lead the new part-time clinical informatics staff proposed in Recommendation 8.	
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#	Recommendation	Government position
5	That governance oversight of the new Digital Health SA body, including the Digital Health Strategy, be through a Digital Health Board chaired by the Chief Executive (CE) of SA Health and Wellbeing and comprising all metropolitan Local Health Network (LHN) Chairs or CEs, two regional LHN Chairs or CEs, the Chief Digital Health Officer, the Chair of the Sunrise EMR/Allscripts PAS Program Board, the Chair of the Clinical Advisory Council, and one independent expert.	Accepted in principle

#	Recommendation	Government position
6	That the governance of the Sunrise EMR/Allscripts PAS Program be through a reconstituted Program Board with an independent chair, the CEs of the CALHN (Central Adelaide Local Health Network), SALHN (Southern Adelaide Local Health Network) and South East LHN (South East Local Health Network), the Executive Director of Statewide Clinical Support Services, the SA Health Chief Medical Officer, the Chief Digital Health Officer, the Chair of the Clinical Advisory Council, and a senior executive from Allscripts.	Accepted The Chair of the Independent Review, Mr Shane Solomon has agreed to be the independent chair.

#	Recommendation	Government position
7	That the responsibility for the clinical design of the Sunrise EMR and Allscripts PAS be through a reconstituted Clinical Advisory Council, comprising the Chairs of the Clinical Specialty Groups and their clinical informatics representatives, and nominees from AMA(SA), SASMOA and ANMF (SA Branch).	Accepted

#	Recommendation	Government position
8	That Clinical Specialty Groups be created to standardise workflows, order sets and clinical documentation, and so determine the specifications for configuring the modules used in their clinical areas.	Accepted

#	Recommendation	Government position
9	That each of the Clinical Specialty Groups be supported by at least 0.2 FTE clinical informaticians.	Accepted

#	Recommendation	Government position
10	That the EMR/PAS business owner / senior responsible officer move from the Chief Information Officer role to the Chief Digital Health Officer.	Accepted

#	Recommendation	Government position
11	That SA Health establish a base set of benefit measures for the Sunrise EMR and Allscripts PAS program and that LHNs are then responsible for reporting against these measures on at least a quarterly basis.	Accepted

#	Recommendation	Government position
12	That Digital Health SA be responsible for regular monitoring and reporting of system performance, such as screen time responses and the end user experience of system availability.	Accepted

#	Recommendation	Government position
13	That the existing Sunrise EMR / Allscripts PAS 14.3 software version be upgraded to 17.3, with the progressive implementation of its new features (not 'like with like'), and that subsequently there be a regular upgrade path.	Accepted
#	Recommendation	Government position

14	That a Sunrise EMR Optimisation Taskforce be established with assistance from Allscripts, drawing on its international expertise, to fast track making the system more intuitive.	Accepted
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#	Recommendation	Government position
15	<p>That priority for the configuration and development of the software be:</p> <ul style="list-style-type: none"> • user interface optimisation; • pharmacy integration; • meeting the patient record requirements of the SA Coroner, SA Crown Solicitor, SA Police, courts, Freedom of Information requests, and other statutory bodies; • implementing the new Sunrise EMR mobile platform; • clinical reporting and analytics capability; • replacement of the record scanning solution; • replacement of the billing module in the Allscripts PAS; • configuring important modules, such as paediatrics and obstetrics; and • integration with CBIS (Community Based Information System) for mental health. 	<p>Accepted in principle</p> <p>The priority items for development are accepted.</p> <p>The timeframe for delivering each will need to be assessed along with the capacity to do this while deploying the solution to the exemplar sites. It is unlikely that all items could be implemented within exemplar sites during 2019.</p> <p>Through the new governance arrangements recommended by the review panel, the Project Board will oversee the implementation and manage the prioritisation of items for development.</p>

#	Recommendation	Government position
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16	That a new implementation approach be created to focus on implementing two exemplar sites, to demonstrate whether the Sunrise EMR and Allscripts PAS can be configured and implemented to meet user expectations using the devolved and clinically owned model.	Accepted
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#	Recommendation	Government position
17	That the two exemplar sites be the Royal Adelaide Hospital (RAH) and Mount Gambier and Districts Health Service (MGDHS), to be implemented by the first quarter of 2020.	<p>Accepted in principle</p> <p>Nomination of RAH and MGDHS as the two exemplar sites is accepted. As stated earlier in this response, the Government's preference is to complete the deployment of clinical functionality at the RAH in 2019.</p> <p>The report recommends that significant work commence immediately and there will be capacity constraints. The Project Board will oversee the implementation of the electronic medical record project across the sites.</p>
#	Recommendation	Government position
18	That this include devolving the implementation and business change team from the current EPAS Program (approximately 100 staff) to the two exemplar sites, reporting to the Executive Director of Medical Services (or equivalent) in each respective LHN.	Accepted

#	Recommendation	Government position
19	That any further implementation beyond the exemplar sites be dependent on achieving user acceptance. If user expectations are not met, go to market for a statewide enterprise EMR and/or PAS as required (different solutions for EMR and PAS are acceptable).	Accepted

#	Recommendation	Government position
20	That if user acceptance at the RAH and MGDHS is achieved, then continue the rollout at Flinders Medical Centre (FMC) in 2020 and/or implement the Allscripts PAS at regional LHNs.	<p>Accepted in principle</p> <p>The Government accepts that further rollout of the electronic medical record project beyond the exemplar sites is subject to successful rollout at the exemplar sites and a business case.</p>

#	Recommendation	Government position
21	That a new communication strategy be developed, particularly re-engaging frontline staff.	Accepted

#	Recommendation	Government position
22	That SA Health make significant improvements to the implementation	Accepted

	approach including increased vendor engagement, dedicated training time, increased post go-live support, device upgrades, deploying a mobile version and a staged approach	
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#	Recommendation	Government position
23	That the Allscripts vendor be re-engaged in the implementation of the system, including in optimisation and governance.	Accepted

#	Recommendation	Government position
24	That post go-live support be improved through dedicated staff at each of the hospitals that have implemented the Sunrise EMR and Allscripts PAS.	Accepted

#	Recommendation	Government position
25	That training resources be increased and customised, including dedicated training time using multi-modality delivery with flexible approaches.	Accepted

#	Recommendation	Government position
26	That SA Health work with clinicians to establish a set of specifications for computer devices, screens and mobile carts appropriate for Sunrise	Accepted

	EMR use in different clinical settings, drawing on benchmarks from other jurisdictions.	
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#	Recommendation	Government position
27	That SA Health replace devices in existing sites that do not meet these specifications and that future site implementations ensure that devices comply with these specifications.	Accepted

#	Recommendation	Government position
28	That SA Health resolve VDI (Virtual Desktop Infrastructure) support and look to broadly deploy VDI as the preferred platform for Sunrise EMR in mobile settings (workstations on wheels) and remote settings.	Accepted

#	Recommendation	Government position
29	That SA Health invest in single sign on capabilities, particularly in clinical areas where computer devices are regularly shared.	Accepted

#	Recommendation	Government position
30	That SA Health develop and offer a funded staff professional development program to build a clinical informatics workforce to improve	Accepted

	knowledge and build capacity.	
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#	Recommendation	Government position
31	<p>That SA Health invest in digital health beyond the current scope of the core statewide EMR and PAS solution, in particular:</p> <ul style="list-style-type: none"> • resolving the regional hospital's PAS, which is not currently in the funded business case; • investing in outdated systems in NALHN (Northern Adelaide Local Health Network) and WCHN (Women's and Children's Health Network) following an audit of which systems require upgrading or optimising; and • addressing key risks in existing data centre and network infrastructure. 	<p>Accepted in principle</p> <p>Investment beyond the approved scope of EPAS will be subject to individual business cases.</p>

#	Recommendation	Government position
32	That a new, consistent BAU model is adopted by restructuring the current EPAS Program team, separating implementation and BAU functions.	Accepted
#	Recommendation	Government position
33	That a permanent Sunrise Experience Centre be established at the RAH as a drop-in centre for staff, with additional Experience Centres	Accepted

	established at other LHNs in the future.	
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#	Recommendation	Government position
34	That an online Knowledge Hub be established to provide comprehensive, up to date and accessible EMR and PAS information to staff.	Accepted

#	Recommendation	Government position
35	That each hospital that has the Sunrise EMR implemented, have allocated super user resources to assist with optimisation and personalisation post go-live.	Accepted

#	Recommendation	Government position
36	That a Review Implementation Taskforce be established for a limited period to oversee the implementation of the Review recommendations, and that this report to the Chief Executive of SA Health and Wellbeing.	<p>Accepted in principle</p> <p>The structure of the review will be determined in-line with the exemplar site implementations.</p>