Dear [Name],

FREEDOM OF INFORMATION APPLICATION

I refer to your application pursuant to the Freedom of Information Act 1991 (FOI Act) requesting access to:

Any and all email directives, staff bulletins and/or other forms of communication to staff that mention ‘EPAS’, ‘PAS’, ‘Sunrise’ and/or ‘Allscripts’. Documents required from 18/03/2018 to date of receipt of this application (04/04/2019).

I advise that seven documents were discovered at the Southern Adelaide Local Health Network that fall within the scope of your application. I have determined that access to these documents be granted in full. Please find enclosed a copy of these documents.

I trust that the enclosed documents will be of assistance to you.

Yours sincerely,

Julie Hendrickx
Accredited Freedom of Information Officer

May 2019

Enc: 1. FOI Schedule & Copies
      2. Rights to Review and Appeal
Schedule of Documents

SOUTHERN ADELAIDE LOCAL HEALTH NETWORK

In accordance with the *Freedom of Information Act 1991* (SA)

<table>
<thead>
<tr>
<th>Document No.</th>
<th>Description of Document</th>
<th>Release Status</th>
<th>Exemption Clause</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13/8/2018 EPAS Independent Review Forum</td>
<td>Full</td>
<td>n/a</td>
</tr>
<tr>
<td>2</td>
<td>22/10/2018 Consultation Paper on the Independent Review of EPAS</td>
<td>Full</td>
<td>n/a</td>
</tr>
<tr>
<td>3</td>
<td>23/11/2018 EPAS BCP Education Sessions</td>
<td>Full</td>
<td>n/a</td>
</tr>
<tr>
<td>4</td>
<td>30/1/2019 EPAS 17.3 Upgrade Downtime preparations required</td>
<td>Full</td>
<td>n/a</td>
</tr>
<tr>
<td>5</td>
<td>27/2/2019 Sunrise EMR and PAS Upgrade</td>
<td>Full</td>
<td>n/a</td>
</tr>
<tr>
<td>6</td>
<td>Sunrise procedures for the end of Daylight: Saving – emailed on 04/04/2019</td>
<td>Full</td>
<td>n/a</td>
</tr>
<tr>
<td>7</td>
<td>Sunrise End of Daylight Saving - emailed on 04/04/2019</td>
<td>Full</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Please circulate this information to staff in your area who do not have access to email and display on appropriate notice boards. Thank you.

From the Chief Operating Officer
Southern Adelaide Local Health Network
To all Noarlunga Hospital Staff

13 August 2018

EPAS Independent Review Forum
Thursday 16 August 2018
Noarlunga Hospital Boardroom

All Noarlunga Hospital staff are invited to attend an EPAS Independent Review Forum, presented by Independent Review Panel Chair, Mr Shane Solomon and panel members Professor Chris Baggoley and Dr Malcolm Thatcher.

> Medical Forum
  For Medical Officers and Trainee Medical Doctors
  9:00am-10:00am

> Nursing/Admin/Allied Health Forum
  For Nurses, Midwives, Allied Health, Administration and Professional Support Staff
  10:30am-11:30am

This is a rolling series of forums the Panel is conducting across live EPAS sites to allow staff to provide input to the review. Topics to be discussed at the forum include:
  > Level of consultation and preparation regarding EPAS implementation
  > The impact of EPAS on traditional practices and workflows
  > Issues with the use of the Workstations on Wheels (WoWs) including availability
  > Positive and negative impacts on productivity, efficiency, staff workloads
  > Positive and negative impacts on patient outcomes
  > Quality and appropriateness of training prior to go-live
  > Quality and appropriateness of support post go-live
  > Suggestions for how to improve the system should it be retained.

Following the forums, the Panel members will hold discussions with Noarlunga Hospital executives and tour the hospital.

If you are unable to attend one of the above sessions, you can provide confidential feedback via email at EPASreview@sa.gov.au.

Further information about the Independent Review is available via the EPAS Independent Review – Terms of Reference.

There is no need to RSVP to this event, all staff are welcome.

David Morris
Chief Operating Officer
Consulation Paper on the Independent Review of EPAS

On 30 March 2018, the future implementation of the Enterprise Patient Administration system (EPAS) was paused pending an independent review to determine the best options for delivering a fully integrated electronic health record across the South Australian public health system.

An independent expert panel was appointed to conduct the review. To date they have met with multiple stakeholders and users of EPAS, analysed numerous documents and conducted international benchmarking of other EMR systems.

The Review Panel has summarised the issues it has heard and discovered in the EPAS Program, in a Consultation Paper on the Independent Review of South Australia's Enterprise Patient Administration System (EPAS).

The Review Panel is interested in hearing whether you think it has correctly identified the key issues, and whether there are other matters it should examine. The Consultation Paper also points to key strategic choices and the overall options being considered. The Review Panel is interested in whether there are other key strategic directions and options that should be considered. The Consultation Paper poses a series of questions which are of interest to the Review Panel, and may assist guide your response to the Paper.

Your input is welcome and will be fully considered by the Review Panel. Your response is sought before 9 November, so that the Review Panel can meet its requirement to report by 9 November 2018. These can be provided in the confidential email box: EPASreview@sa.gov.au

Further information is available on the SA Health EPAS Independent Review internet page.

David Morris
Chief Operating Officer
Southern Adelaide Local Health Network
Please circulate this information to staff in your area who do not have access to email and display on appropriate notice boards. Thank you

23 November 2018

EPAS BCP Education Sessions
Invitation for SALHN Managers and Key Clinical Staff

The Enterprise Patient Administration System (EPAS) is an integral part of the delivery of patient care across our Network. If the system is taken down for a scheduled upgrade and is unavailable, an interruption to care or essential services may result.

An EPAS Business Continuity Plan (BCP) provides action-orientated plans for wards and units to help continue delivering critical business functions during an EPAS planned or unplanned downtime.

To ensure SALHN is prepared for an EPAS downtime, a number of EPAS BCP Education Sessions have been scheduled for SALHN Managers and key clinical staff.

Staff responsible for ensuring our sites are ready for an EPAS downtime should attend one of the below 30 minute sessions and share this knowledge with general staff in their service area.

<table>
<thead>
<tr>
<th>Noarlunga Hospital</th>
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<tbody>
<tr>
<td><strong>Monday 3 December</strong></td>
</tr>
<tr>
<td>Session 1</td>
</tr>
<tr>
<td>1.30pm – 2pm</td>
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<tr>
<td>Session 2</td>
</tr>
<tr>
<td>2.30pm – 3pm</td>
</tr>
<tr>
<td><strong>Tuesday 4 December</strong></td>
</tr>
<tr>
<td>Session 1</td>
</tr>
<tr>
<td>1.30pm – 2pm</td>
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<tr>
<td>Session 2</td>
</tr>
<tr>
<td>2.30pm – 3pm</td>
</tr>
<tr>
<td><strong>Location:</strong> Nurse Admin Conference Room</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Flinders Medical Centre</th>
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</thead>
<tbody>
<tr>
<td><strong>Thursday 13 December</strong></td>
</tr>
<tr>
<td>Session 1</td>
</tr>
<tr>
<td>1.30pm – 2pm</td>
</tr>
<tr>
<td>Session 2</td>
</tr>
<tr>
<td>2.30pm – 3pm</td>
</tr>
<tr>
<td><strong>Friday 14 December</strong></td>
</tr>
<tr>
<td>Session 1</td>
</tr>
<tr>
<td>1.30pm – 2pm</td>
</tr>
<tr>
<td>Session 2</td>
</tr>
<tr>
<td>2.30pm – 3pm</td>
</tr>
<tr>
<td><strong>Location:</strong> Teal Room 1, L4 Rehabilitation and Palliative Care Building</td>
</tr>
</tbody>
</table>

For more information about EPAS Downtime processes, visit the EPAS Business Continuity Plan (BCP) intranet page.
30 January 2019

EPAS 17.3 Upgrade
Downtime preparations required

A major upgrade of EPAS will commence on the evening of **Tuesday 19 February 2019** and continue into the morning of Wednesday 20 February 2019.

To prepare for the downtime, all EPAS end users must familiarise themselves with the downtime procedure and **Business Continuity Plans (BCP)** and ensure that their EPAS Downtime Packs are accessible and adequately stocked with downtime forms. The **17.3 EPAS Downtime Planning Tool** is also available to assist preparations in your area.

Managers will need to roster additional staff accordingly for the periods during and immediately following the downtime to support the reconciliation process once the system is restored. Some members of the EPAS team will be present across SALHN before, during and after the upgrade to help staff with any issues they may encounter due to the upgrade or the downtime.

Detailed information about the 17.3 software version upgrade including 'Clinical' and 'Administrative' functionality changes, enhancements expected along with associated fact sheets and demonstration videos is accessible on the **EPAS 17.3 Software Version Upgrade Intranet page**.

The next EPAS BCP education sessions available for staff are:

**Noarlunga Hospital**

Wednesday 30 January

**Location:** Nurse Admin Conference Room

**Session 1** 14:30-15:00  
**Session 2** 15:30-16:00

**Flinders Medical Centre**

Thursday 7 February

**Session 1** 13:30-14:00  
**Session 2** 14:30-15:00

Friday 8 February

**Session 1** 13:30-14:00  
**Session 2** 14:30-15:00

**Location:** Teal Room 1, L4 Rehabilitation and Palliative Care Building

EPAS will send out more broadcast messages in the coming weeks prior to the upgrade.

If you have any further questions please contact Julie Sayer, PAS Administrator, Corporate Services SALHN at Julie.Sayer@sa.gov.au.

**Wayne Gadd**  
Chief Finance Officer  
Southern Adelaide Local Health Network
27 February 2019

Sunrise EMR and PAS Upgrade

Last week, the Enterprise Patient Administration System (EPAS) was taken offline to commence the upgrade of the system from version 14.3 to version 17.3. After a 10 hour downtime, we have commenced operations with the new Sunrise EMR and Sunrise PAS.

This represents a new beginning for electronic medical records in South Australia as the implementation of Sunrise version 17.3 takes us forward three years in technology and provides the platform for introducing new functionality that will further support our business practices.

The Sunrise EMR and PAS upgrade marks the completion of the first of many recommendations made by the Independent Review into the former EPAS solution.

The new project board is currently being formed and will meet for the first time in March. The Board will provide governance over electronic medical records for SA Health and will work closely with LHNs to ensure there is greater local stewardship over future implementation of the system.

Actions are also underway to constitute 11 new clinical specialty advisory committees that will advise on the future configuration of the Sunrise platform.

As work continues with phasing in the new naming protocol across online platforms, training materials and electronic applications, staff can continue to access updated user support materials via the SA Health Intranet.

I would like to thank all staff for their contribution toward the successful upgrade. I will provide further updates as we progress implementation plans.

Adjunct Professor Susan O’Neill
Chief Executive Officer
Southern Adelaide Local Health Network
Sunrise procedures for the end of Daylight Saving

When the clock turns back one hour

On Sunday 7 April 2019 at 03:00am Daylight Saving will come to an end and the clock will turn back one hour to 02:00am local standard time.

At the same time, the Sunrise clock will turn back by one hour and this will have an impact on information recorded in the following areas within the system:

1. Patient Administration
2. Flowsheets
3. eMAR
4. Nursing Midwifery Worklist

The documentation around the Daylight Savings period should be managed in the same way as it occurred prior to Sunrise implementation, with priority given to recording care provision accurately over this period.

To ensure that services continue to run smoothly before, during and after the Daylight Savings period, staff need to understand the following information that relates to their service area, and follow relevant procedures as set out below.

End of Daylight Savings procedures

1. Patient Administration
   - Do not discharge patients during the affected time change period (2am - 3am after the change).
   - During the time change period (2am - 3am after the change), the Emergency Department status board will show negative numbers for various time calculation columns – this is ok and will not affect reporting.

2. Flowsheets
   - Flowsheets will appear to have the same information documented twice for the hour between 2am and 3am.
   - Two time columns with the exact same time cannot be entered. If required, when documenting for the second hour, change the time for the second column to be 1 minute later, e.g. 02.01am.
   - Edit the text of the time columns for the hour before the time change to state 'Daylight Savings Time' and after the time change to state 'Standard Time'.
   - Patients receiving an IV infusion will appear to have had their infusion running for less time than initially prescribed. The Intake/Output flowsheet will continue to tally fluids for the 25 hour period (24 hours + 1 hour of 'transition').
Examples on how to manage Flowsheets

a. Documentation before the time change should be completed as usual:
   • Add a single time column for **02:00 hours**. 'Right click' in grey header for Date and Time column and select 'Edit Text'.

   ![Table with time change example]

   • When looking back, the headings will make it easier to understand which column is for which hour.

b. Documentation after the time change is to be completed as follows:
   • At 03:00 hours the clock turns **back one hour** and it becomes 02:00 hours again.
   • Add a single time column. The time cannot be entered as 02:00 as we have already created that time column before the time changed. It can be any time after. For example it can be **02:01 hours**. 'Right click' in grey header for Date and Time column and select 'Edit Text'.

   ![Table with time change example]

   This process is applicable to all flowsheets requiring documentation during this time.

3. Medications and the eMAR
   • The time medications are scheduled on the eMAR will not change (e.g. 8am medications will still be scheduled for 8am).
   • Use clinical judgement about when to administer a medication. Check to see that there is an appropriate amount of time between doses. **Very few medications will need to be rescheduled**.
   • This will only have a clinical impact on a few medications; these should be managed the same way they would be 'on paper'.
   • Continuous tasks (aqua coloured) need specific management.
**Examples on how to manage medications and the eMAR:**

a. Scheduled Medications

**Scenario 1:**
Medication is scheduled for 8am (08:00) – no change will be required.

**Scenario 2:**
Medication is due every 4 hours and was last given at midnight (00:00) – there will now be 5 hours between doses, so you will need to reschedule all instances for the task ‘earlier by 1 hour’.

**To reschedule a task:**
- Right-click on a task, select Reschedule > All Instances. The ‘Change Schedule’ window will appear as displayed below:

![Change Schedule - TEST. Pharmacy ONLY](image)

- **Reason is mandatory.** Can be entered via free text.
- **Reschedule all tasks from ‘now’ (e.g. 2am on 1 April) after the clock has changed.**
- **Adjust times ‘earlier’ by 1 hour.**
b. PRN Medications

**Scenario:**
Medication is ordered as every 2 hours PRN and was last given at 01:30am. There will now be 3 hours between doses (before the pink trough restarts at 03:30am). The task can be marked as done at 02:30am (post daylight savings ending) as this is 2 hours after the dose was administered, by 'right-clicking' inside the pink trough.

When you are documenting outside the ordered frequency, the following error message may appear. If so, simply click ok.

![Click Ok]

---

**c. Continuous Infusions**

**Documentation before the time change:**
- Documentation should be completed as usual. e.g. at 02:00 hours mark the task as done on the eMAR as usual.
- In the comments field, when marking as done, enter the following text 'Daylight Savings Time'. By doing this, when you 'hover' over the 02:00 task the following message will be displayed.

---

**Documentation after the time change is to be completed as follows:**
- When it is 03:00 hours, the time reverts back to 02:00. During this repeat 02:00 one hour time frame, document any rate changes or bolus doses in a clinical document, e.g. Nursing Progress Note.
- Identify this document by selecting the 'Document Info' tab and type 'Daylight Savings' in the Document Topic Box. The document is now called Nursing Progress Note – Daylight Savings.

*After creation of the Nursing Progress Note, document in the Interval History section with information as shown in the following example:*

Daylight Savings Infusion changes
- Aminophylline Continuous Infusion at 2mL/hr
- At 02:25 hours - Bolus dose 1mL given
- At 02:40 hours - Rate increased to 3mL/hr
- At 03:00 hours (Standard time) mark the task as done reflecting the current rate of the infusion.
• The information that had been entered in the Progress Note, Adult – Daylight Savings should be entered into the comments field of the task form for the 03:00 task. The detail from the comments field will appear when hovering over the 03:00 task.

4. Nursing Midwifery Worklist

The schedule may be affected for frequently due tasks. There will be a longer time than usual between tasks.

If required, reschedule, add a completed task or ‘discontinue and reorder’ the item to change the schedule.

Examples on how to manage the Nursing Midwifery Worklist

The Worklist Manager is a mechanism to indicate a task has been completed. The outcome of that task is documented elsewhere in the system, usually in Flowsheets which is where clinical information should be accessed. Very few tasks on the Worklist should need to be rescheduled as a result of the clock turning back one hour, however, if required follow the below procedures.

• The time tasks are scheduled on the Worklist will not change (e.g. 8am tasks will still be scheduled for 8am).

• Use clinical judgement as to whether a task should be rescheduled.

• If required, the Nursing Midwifery Worklist should be managed in the same way as the eMAR in relation to rescheduling of tasks.

• Right click on a task, select Reschedule > All Instances. The 'Change Schedule' window will appear as displayed below:

Reason entered can be typed in by free text Daylight Savings Time Adjustment. Adjust times = Earlier by 1 hour.

Continuous tasks (aqua coloured) may need specific management.
Documentation before the time change:

- Completed as usual, e.g. at 02:00 hours mark the task as done on the worklist as usual.
- In the comments field, when marking as done, enter the following text ‘Daylight Savings Time’. By doing this, when you ‘hover’ over the 02:00 time column the entered message will display.

Documentation after the time change:

Documentation that is required for the ‘repeat’ 02:00 hours, if critical, can be annotated in a Progress Note, Adult (adding Daylight Savings in the Document Topic box under the Document Info tab).

- Enter the information in the Interval History box. It then needs to be annotated in the ‘Comments’ box of the relevant 03:00 time column.
- If not critical, documentation required when the 02:00 hour timeframe repeats should just be made in the comments field of the 03:00 time column.

For further information

For further information about this update, please contact your Line Manager.

Additional information and support materials are available at Sunrise User Support.

For 24/7 support with the Sunrise applications, contact the CSSC below.

Clinical Solution Support Centre (CSSC)
SA Health - Government of South Australia
Phone: 1800 174 088
Email: health.cssc@sa.gov.au
Marval: Marval Self Service Web Portal
Intranet: Sunrise User Support
End of Daylight Saving
Sunday 7 April 2019 at 03:00am

On Sunday 7 April 2019 at 03:00am, Daylight Saving will come to an end and the clock will turn back one hour to 02:00am local standard time.

At the same time, the Sunrise EMR & PAS clock will turn back by one hour and this will have an impact on Patient Administration, Flowsheets, eMAR and the Nursing Midwifery Worklist.

During 01:00am and 03:00am EPLIS labels will not be generated when ‘add specimen’ is used, due to the EPLIS scheduled downtime. Staff should follow their normal workflow for ordering and collection of pathology (including use of ‘add specimen’), and label containers with patient demographic labels.

The documentation around the Daylight Saving period should be managed in the same way as it occurred prior to the Sunrise EMR & PAS implementation, with priority given to recording care provision accurately over this period.

To ensure that services continue to run smoothly before, during and after the Daylight Saving period, staff need to understand how this time change relates to their service area. Details are outlined in the quick reference guide Sunrise procedures for the end of Daylight Saving.

Clinical Solution Support Centre (CSSC)
SA Health - Government of South Australia
Phone: 1800 174 088
Email: health.cssc@sa.gov.au
Marval: Marval Self Service Web Portal
Intranet: Sunrise User Support

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