



**ACT**  
Government

**ACT Health**

## Lessons learned from an EMR implementation

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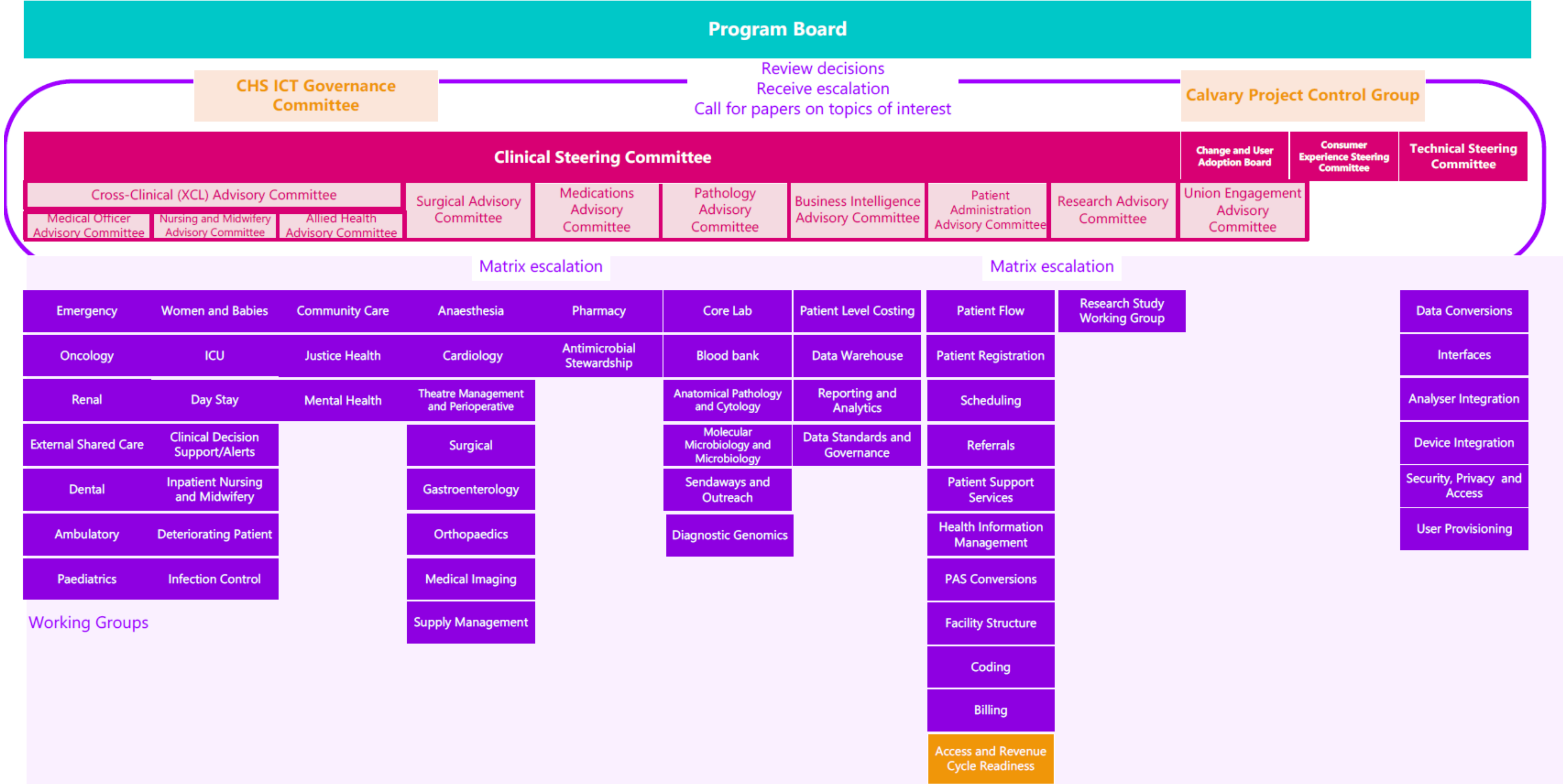
# A territory-wide Electronic Medical Record – the DHR

## Scope and Scale

- ❖ 4 hospitals (1200 beds), 3 mental health facilities, 2 prisons, 5 walk-in centres, 44 community health centres
- ❖ EMR all clinical areas, PAS, Pathology LIS, Radiology, Pharmacy, Dental, ED, Theatres
- ❖ GP portal, Patient App
  - ❖ Not PACS, blood bank, radiation oncology, pharmacy inventory, sterilising, meals, rostering/payroll
- ❖ Interface with 54 systems
- ❖ Decommission 42 systems ( 44/110 ). (Additional 144 “other”)



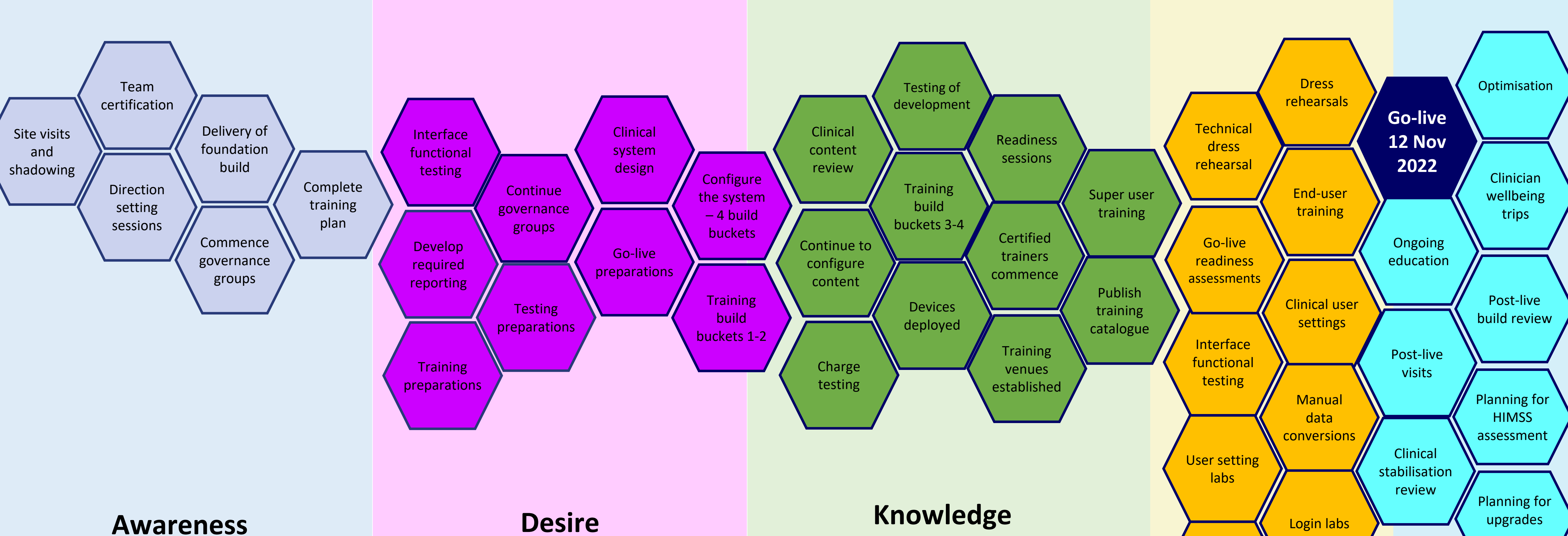
# DHR Governance Structure



# DHR Implementation Project – 21 + 6 months.



Phase 1: Direction setting and project team certification						Phase 2: Workflow adoption and configuration						Phase 3: Testing, content build and training preparation						Phase 4: End user training and go-live			Phase 5: Stabilisation and closure (March 2023)			
Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23



# Highlights

- ❖ Shared record
- ❖ Patient engagement\*
- ❖ Stable system
- ❖ Successful clinical areas
  - ❖ IP areas and justice health
  - ❖ Radiology and Pathology
  - ❖ ED
  - ❖ Psychiatry

# Ongoing Challenges

- ❖ Users and security
- ❖ Hardware (esp printing)
- ❖ General Outpatients
- ❖ Procedural areas
- ❖ External communication
- ❖ Interfaces

# Tickets since go-live. Total >42,000 Open >4000

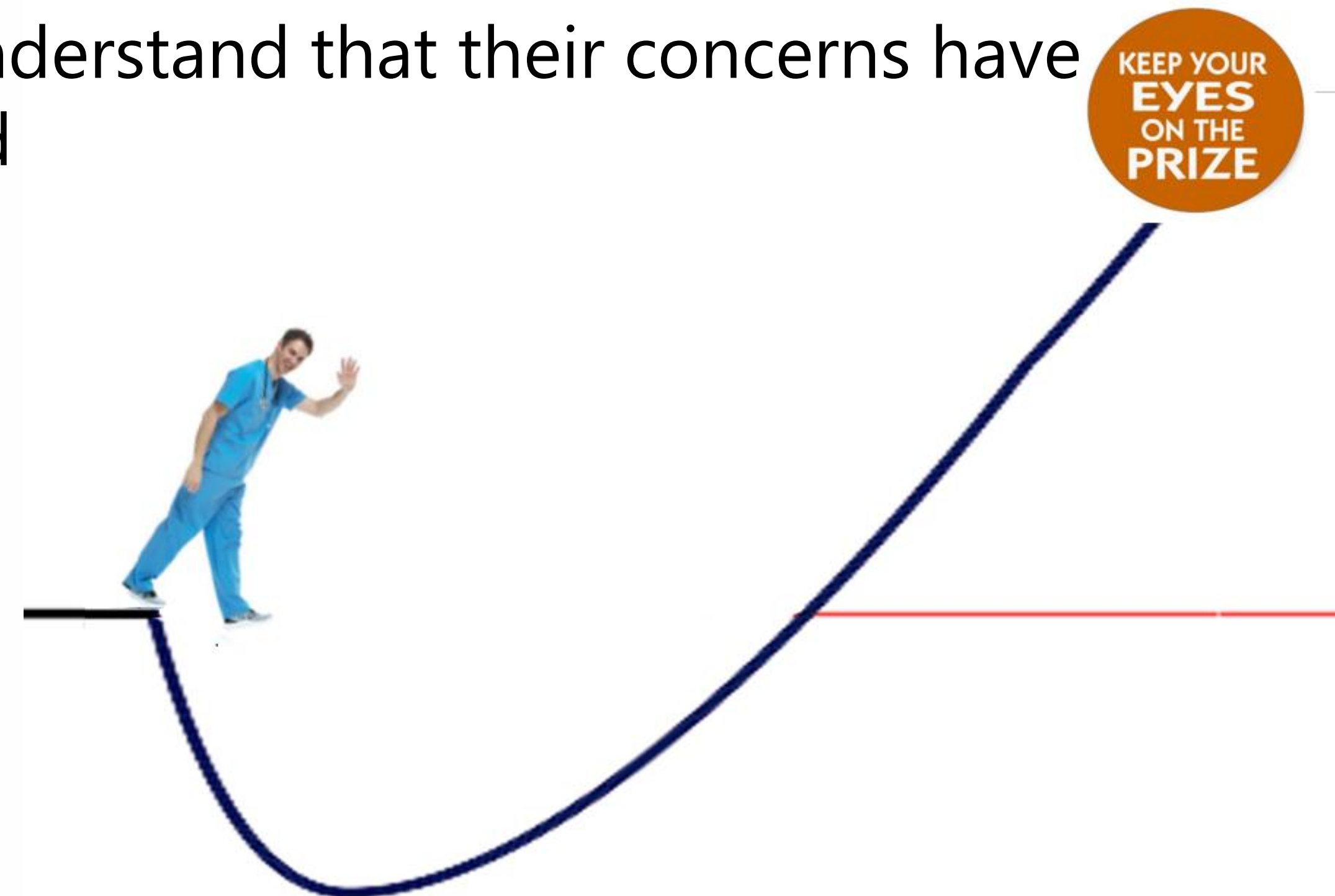
## What could we have done better?



# This is what a successful go-live looks like

(Dec 7, 2022)

- Lots of issues unearthed. Many still un-resolved
- Hundreds of tickets per day (was thousands)
- ***We are now hitting the harder to fix issues. These do take time.***
- Please support your teams. Help them to understand that their concerns have been heard and are being actively addressed
- Now is the hardest time. It will improve.



# Know the business!

## ❖ People

❖ role/specialty/department

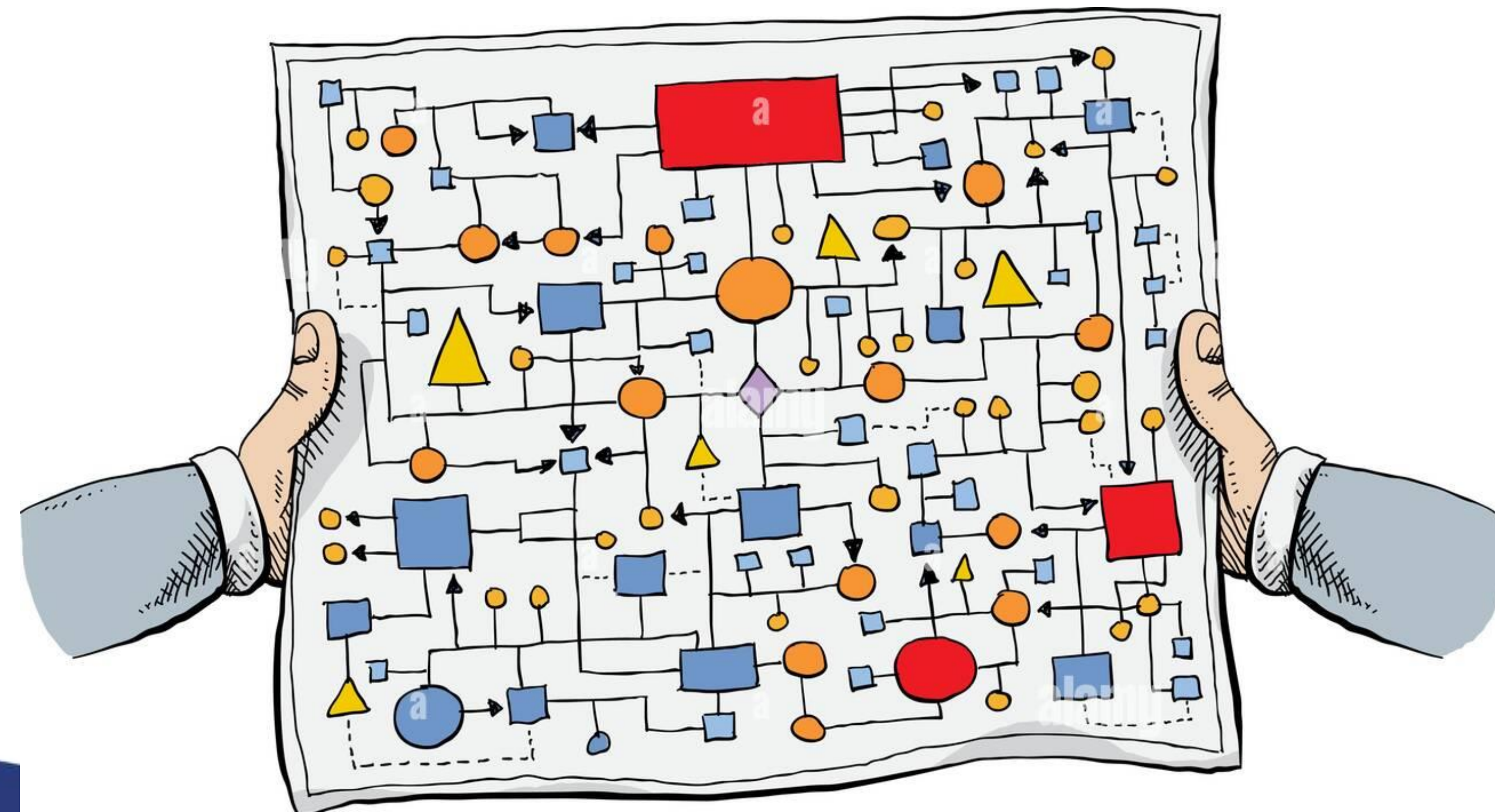
❖ External clinicians

## ❖ Process\*

❖ Referrals

❖ Patient movement

❖ Clinical workflow



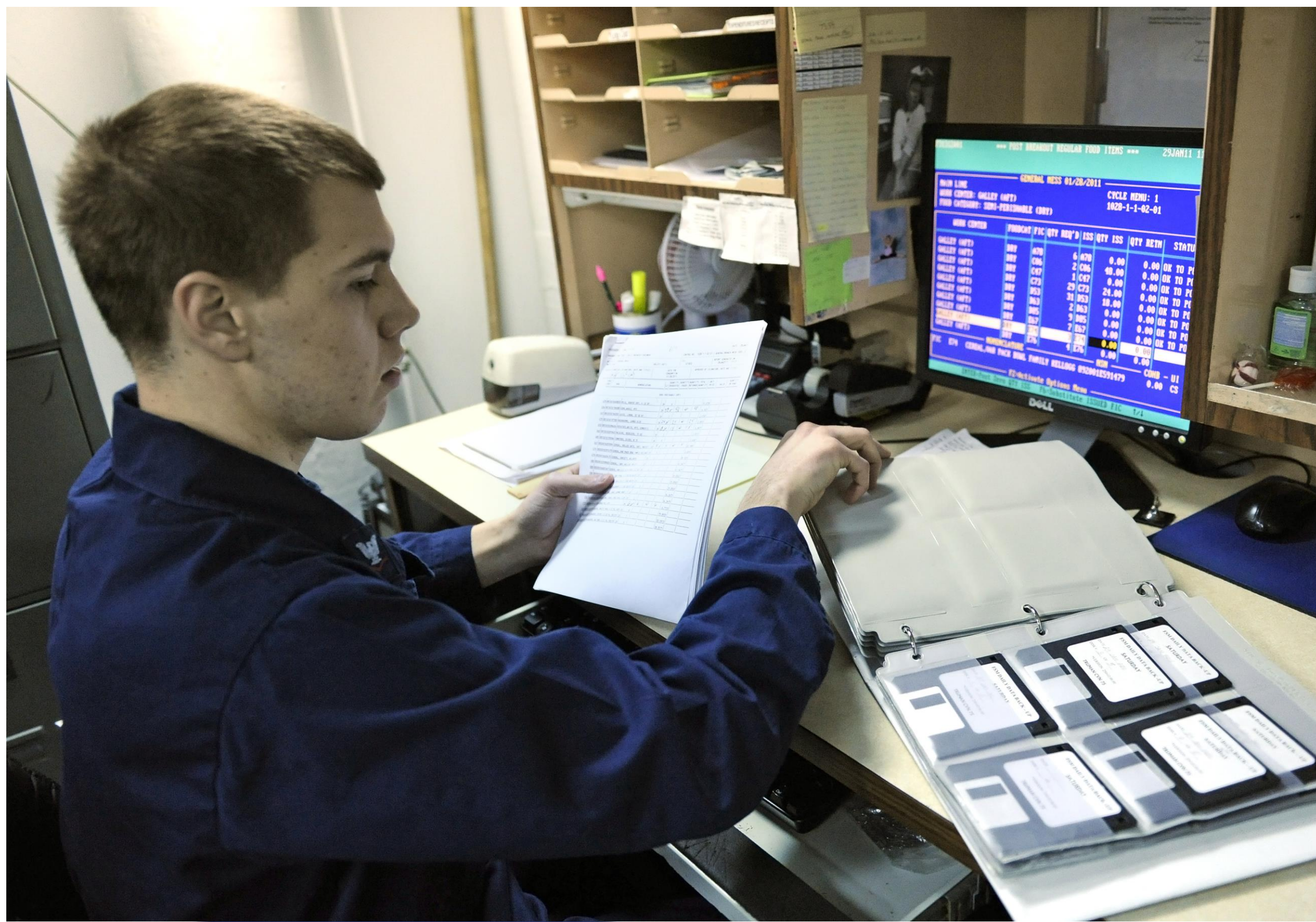
# Keep a Data focus throughout.

Legacy data

Clinical

Benefits realisation

New data opportunities



# Hardware and end-user devices

- ❖ Know what you have
- ❖ Define what you need
- ❖ Medical equipment
- ❖ End-user devices
- ❖ Mobile/BYOD strategy



# Hardware and end-user devices

🌟 Deploy early and Test, test, test!



# Find and keep the right clinical advisors and leaders

- ❖ Introducing an EMR is a clinical project, NOT an IT project
- ❖ It is something a hospital/health-system does, NOT something which is done to it.
- ❖ Clinical leadership, involvement, and engagement is vital (but bring the executive with you!)



# Timing is ... everything

- ❖ Consider new clinical staff starting
- ❖ Holiday challenges



# Training

- ❖ Train the minimum
- ❖ Offer Refresher training and provide reminder material
- ❖ Use peer trainers/champions
- ❖ Clearly identify and actively educate changes in workflow
- ❖ EMR-driven or
- ❖ New opportunities supported by the EMR



# Thank You



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