

Submission

No 96

INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

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Joint Select Committee on RNS Hospital

per Ms Beverly Duffy
Director
Parliament House
Macquarie St Sydney
NSW 2000

Dear Committee Members,

Thank you for the opportunity to make a late submission to the inquiry into The Royal North Shore Hospital. I am a Diagnostic Radiologist at RNS but I am speaking on behalf of the clinical staff as regards the parlous state of IT (Information Technology) at RNS and the Northern Sydney Area Health Service (AHS) generally. I have long been involved in medical informatics (the study and systems whereby medical information is generated, stored and distributed) and I know how important IT is to delivering health care in our community. I am hoping to explain in some part that IT at RNS is drastically under-resourced and this is already having an impact on patient care.

Over the past 5 years at least I and several of my clinical colleagues have been trying to facilitate and take part in the process of developing these resources at RNS. This quest has been largely unsuccessful, for a variety of reasons, but largely because the resourcing of Information Management and Technology (IM&T) in Northern Sydney has been neglected. In fact in most of the past several years the IT budget was cut to help balance the overall NSCCAHS budget.

from Northern Sydney IM&T Strategic Plan 2004-2008

“Recent levels of IM&T expenditure in NSH have been well below industry benchmarks. International benchmarks suggest that the average expenditure on IM&T within health care organisations is in excess of 4% of total budget or revenue....By contrast, the current level of direct funding to Information Services Division (ISD) in NSH is about 1.7%..... The consistent finding throughout the planning process has been that while initial budget allocations have been adequate to progress the strategic plan, these funds have later been reallocated to cover expenditure over-runs in other areas of service delivery.”

Although the current administration of the NSCCAHS and the current administration of IM&T at NSCCAHS are working hard to deal with these problems there is an almost unfixable deficit in investment. Many of the scarce resources are still being used simply for crisis management. The legacy of this neglect is now ever more clearly being seen, not only in the difficulties of extracting realistic data on clinical activity (and contributing to the mis-information of the costs of RNS patient care) but also making it ever more difficult for the hardworking clinicians to deliver the health care which their patients need.

For example, recently, again for a variety of reasons, the doctors, nurses and allied health workers at RNS have been told of another IT setback: Although the first phase of the electronic medical record (EMR) which is being rolled out to all the state Area Health Services (AHS) is finally being delivered to Northern Sydney when this much-delayed tool is delivered it will be “descoped” so that it does not include the very components which are likely to impact directly and positively towards health care. The ability to view the record electronically (Powerchart — the vendor’s name for the EMR) and the incorporation of the results of a patient’s pathology and imaging results (so-called “results reporting”) are being delayed yet again without any set promised date for delivery. The EMR and “results reporting” have been in place in almost all other AHS of the state since approximately 2000. What this means is that clinicians are still being hamstrung in caring for patients adequately at one of the main teaching hospitals of this state.

Investment in IT is not an optional cost in 2007 and the state of IM&T investment in infrastructure, systems and development cannot be neglected for any longer in NSCCAHS and RNS in particular. We clinicians have been imploring the administrators to help with this. Finally the NSCCAHS administration is trying to respond but now there has to be some additional resourcing to allow adequate, let alone optimal clinical activity at one of the major public hospitals in the NSW health system.

Yours sincerely,

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