

Quarterly Project Bulletin

HealthCollect and Victorian Health Information Repositories (VHIRS) Redevelopment Project

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DEPARTURES, HANDOVERS AND NEW PEOPLE

Outgoing

None

Incoming

Shelley Milligan, Change Manager returned from maternity leave in June.

ONGOING COMMUNICATION ACTIVITIES

A project bulletin will be released every quarter. Project Forums will be conducted biannually.

PROJECT FORUM

The second of the bi-annual Project Forums was held on **Tuesday 14th April 2009**.

The key topics of discussion were the HealthSMART Integration and the Patient Level Data Collection Reform. Presentations from the Forum are available on the HealthCollect QuickPlace.

The next Forum is scheduled for October 2009.

HEALTHSMART/HEALTHCOLLECT INTEGRATION

The key aim of the HealthSMART/HealthCollect integration is to streamline the transfer of data from HealthSMART based health services to DHS by acquiring data directly from the HealthSMART applications.

The key principles of the Integration are:

1. Distribution of information:
 - Standard code set values in accordance with DHS data collection specifications
 - Derived fields will be calculated by HealthCollect
 - HealthSMART will extract and transmit data required to satisfy Health Service reporting requirements directly to DHS
 - Transmission is predicated upon HealthSMART providing a facility for Health Services to review data and indicate the correctness of the data before transmission occurs
2. Distribution of health administrative and clinical data:
 - HL7 event messages and/or XML batches at an agreed frequency
3. Distribution of Financial systems data:
 - Batch extracts

The key impact of HealthSMART/HealthCollect Integration is to reduce the reporting burden for health services, and to provide them with an incentive to take up HealthSMART applications.

RECENT PROJECT PROGRESS			
Key Deliverables	What It Is & Why	Status	Analogy (Building a New House)
Reverse Mapping	Process where report objects are mapped back to source data. Done to ensure that current reports can be recreated in the new ODS / Data Warehouse.	Delivered	Examining your existing house to determine the materials used to build it.
Solution Outline	High level document that shows the core components of solution architecture. Undertaken as the initial step in the solution architecture process.	Delivered	Determining the number and types of rooms, hallways and entrances for the new house.
Solution Architecture	Document describing the structure of the systems framework put forward to address identified problems and requirements. Prepared as a guide and reference for detailed specification and build activity.	Delivered	Detailing the key specifications for the new house - materials, layout, size of rooms, etc.
Solution Design Stage	Key project stage where the overall project solution is prepared.	Delivered	Preparing the blue print for constructing the new house.
Planning for Stage 4 – Specification Phase 1	Specifying requirements for: <ul style="list-style-type: none"> • HealthSMART integration • Data acquisition framework • Data validation 	Delivered Delivered Delivered	Laying the foundations.
Patient Level Data Reform	Reforming key health data sets: <ul style="list-style-type: none"> • VAED (admitted episodes) • ESIS (elective surgery) • VEMD (emergency management) 	In Progress	Changing the fixtures and fittings.
Other Project Activities of Note: <ul style="list-style-type: none"> • A review of the RRHACS data repository has been undertaken. A second review will be conducted when the operational data store (ODS) design is complete. • A draft Security Model has been prepared. 			

INFORMATION SECURITY & PERSONAL INFORMATION

THE DHS PERSPECTIVE

Privacy & Personal Information

Now

The Department's policy on the use of VHIRS data is based on the following principles:

1. Wherever possible, de-identified data will be used. The objective is to ensure that data sets are anonymised in the sense that the identity of individual patients is not apparent, and cannot reasonably be ascertained, from the data set either on its own or in combination with any other information to which the user may have access.

2. Where the use of 'personal health information' (that is, information from which the identity of an individual could be reasonably ascertained) is necessary to achieve the desired purpose, this usage must be authorised under the *Health Records Act* or another law.

3. Every effort should be made to minimise the risk of identification even if the proposed use or disclosure complies with the *Health Records Act*.

Responsibility for the use and disclosure of data sets in VHIRS rests with the Director, Funding, Health & Information Policy (FHIP) in the Metropolitan Health & Aged Care Services (MH&ACS) Division.

No patient level data from these data sets may be provided to external users without the approval of one of the following three primary data custodians in the Health Information Section, FHIP Branch:

- Assistant Director, Health Information, or
- Manager, Health Information Provision, or
- Senior Information Policy Advisor.

Primary data custodians may also approve the internal use of patient level data by work areas within DHS other than the FHIP Branch. This often involves managers or team leaders, known as secondary data custodians, being provided with patient level data. Secondary data custodians are responsible for the managing the use of the patient level data within their work area. They may also approve the provision of aggregate data to external users subject to guidelines provided by the primary data custodians.

The Future

The stringent approach to Privacy & Personal Information will continue to apply after the HealthCollect/VHIRS redevelopment. However, the role of the secondary data custodians will change, because all DHS users will have direct access to VHIRS. Secondary data custodians will be required to recommend a list of individual users for approval to access the new VHIRS. They will continue to be responsible for ensuring adherence to VHIRS access policy within their work area.

Information Security Policy

All Victorian government agencies, including DHS, are required to comply with:

- the *Information Privacy Act 2000* and *Health Records Act 2001*,
- Whole of Victorian Government (WoVG) ICT Policies, including ICT security policies.

Consistent with this requirement, DHS is committed to the provision of appropriate levels of security and privacy across all of its information systems. In particular, information systems which create and use personally identifiable data or health records have mandatory security requirements, and these must be explicitly addressed.

All DHS management, (whether employees or contractors) and the management of all DHS partners (vendors, suppliers, outsourcing and NGO service providers, consultants, or any other external party who has responsibility for DHS information assets), must familiarise themselves with the DHS Information Security Policy and consistently comply with it in fulfilling their DHS-related responsibilities. This includes protecting information assets throughout their life cycle, from origination to disposal.

DHS's information security objectives are:

Integrity: To protect information against unauthorised alteration or destruction and prevent successful challenges to its authenticity.

Availability: To provide authorised users with timely and reliable access to information and ICT services.

Confidentiality: To uphold authorised restrictions on access to and disclosure of information, including safeguarding personal, health and proprietary information.

Compliance: To comply with all statutes, regulations, policies and contractual obligations requiring DHS information to be appropriately secured.

Assurance: To provide assurance to Parliament and the people of Victoria that information held by DHS is appropriately secured.

Further information on Security & Compliance Management can be found on KnowledgeNet.