

## Divisions of General Practice

# Information Management Maturity Framework (IMMF)

# Toolkit – Sample IM policies and standards

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# Information Management Maturity Framework (IMMF)

## Toolkit – Sample IM policies and standards

### Purpose

The purpose of the “Sample IM policies and standards” is to assist Divisions address the action tasks below.

Action Tasks	Capacity Gap	IMMF Element
Write a Divisional IM policies and standards document.	Unaware to Reactive	Management
Prepare a statement of three-year strategic goals in IM for the Division.	Unaware to Reactive	Management
Draft IM Policies and Standards to be used by all Divisional programs and services.	Reactive to Defined	Capabilities

One or more of these tasks should have been identified from the IMMF gap analysis and toolkit specification. Knowledge of the definition and principles of IM as they apply to Division staff, is a pre-requisite for the use of this tool.

Local Division IM policies and standards outcomes are a pre-requisite for access to more advanced tools such as:

- Guidelines for defining IM outcomes.
- IM planning templates linked to the Division’s annual and strategic business plans.
- Staff surveys of awareness and compliance with IM principles, policies and standards.

### Explanatory notes

The IMMF supports a uniform management framework for IM based on consistent principles, policies and standards. This allows Divisions to implement a uniform approach to IM whilst recognising their individual business programs and member services priorities.

The principles of IM are defined within the IMMF and provide a common national approach to IM in Divisions of General Practice. However, it is recognised that IM policies and standards must be customised to each Division’s unique situation and individual business opportunities and priorities.

The approach for Divisional IM policies is to provide general guidelines for review and discussion. Then provide sample policy statements aligned to the principles of IM. CEOs can use these samples to copy or customise into a local IM Policy.

The approach for IM standards is to first provide references to existing standards. The references provided are not exhaustive but present a list of externally defined standards which a Division may wish to use. The tool then defines practical IM standards for each of the Division’s programs and services. Each standard is described in terms such that CEOs can select relevant standards for local use and specify measurable performance criteria for the people, process, technology and culture within the Division.

### Instructional design

This tool consists of four parts:

Part 1 - IM policy guidelines.

Part 2 - Examples of Divisional IM policies aligned to the principles of IM.

Part 3 - Examples of external IM standards.

Part 4 - Example IM standards<sup>1</sup> aligned to Division business requirements.

<sup>1</sup> In this document, the term “standards” may encompass practical internal measures and performance indicators, supporting the achievement of external standards and legal requirements relevant to Divisions.  
Toolkit – Sample IM policies and standards



**Part 1 - IM policy guidelines**

Review the guidelines and determine the requirements and scope for a local IM Policy. Approved SBO staff are available to assist the review and to provide advice on how other Divisions have handled IM Policy requirements for resources, accountability, related policies and staff communications.

**Part 2 - Examples of Divisional IM policies aligned to the principles of IM**

Assess the relevance of each sample policy statement, selecting those that may be copied directly to a local IM Policy and those that may be customised for local use. CEOs should discuss their requirements with SBO staff and with staff at other Divisions that have demonstrated a “defined” or “managed” capacity for IM management.

The samples assist the CEO to publish a local IM policy. This policy can then be used internally as a reference for IM decision making, e.g. assisting to prioritise competing budgets and projects.

**Part 3 - Examples of external IM standards**

Review the proposed standards and determine the local relevance for each one. Additional standards not listed in this tool but referred to by other Divisions should also be considered for relevance. Qualified SBO staff may be available to assist the review and to provide advice on how other Divisions have implemented external IM standards.

Standards identified as relevant should be adopted throughout the Divisions programs and services and incorporated in processes and procedures manuals or similar documents.

**Part 4 - Examples IM standards aligned to Division business requirements.**

Assess the relevance of the performance standards against each of the Division’s business requirements, selecting those that may be copied directly and those that may be customised for local use. CEOs should discuss their requirements with SBO staff and with staff at other Divisions that have demonstrated a “defined” or “managed” capacity for IM management.

The samples assist the CEO to identify standards to be applied through the Division’s business programs and member services. Issue those selected for immediate implementation to all staff with measurable performance criteria linked to each one. These standards are then the basis for IM performance appraisal of staff

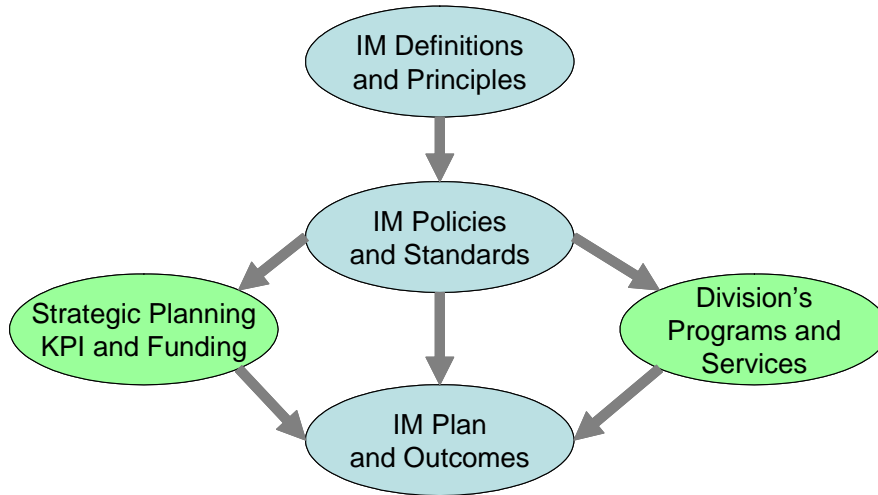
**Summary of outcomes and resources**

Workstreams	Outcomes	Resources
<p><b>New processes or procedures to be adopted</b></p>	<p>Local IM policy document            Statement of local IM standards            Defined performance criteria for each standard for all the Divisions programs and services.            Update to processes and procedures manual to reflect IM policy and standards.</p>	<p>Qualified SBO staff may be available to facilitate.</p>
<p><b>Culture and change management requirements</b></p>	<p>Staff awareness training for IM policy and standards            Implementation plan for new policy and standards.</p>	<p>Mentoring by CEOs of Divisions that have demonstrated a “defined” or “managed” capacity for IM management.</p>



## Part 1: IM policy guidelines

An IM policy is one element of the Division's IM system described below:



Divisions should document policies for IM based on their individual needs and priorities and ensure that those policies are implemented in all the Division's programs and services.

An IM policy is a statement of intentions based on the principles of IM. It sets out what the Division intends to do in response to each of the principles.

Each policy response to the principles of IM should be supported by an allocation of resources and a statement of accountability to assist staff to implement the policy. It may also be supported by reference to other policies, procedures or guidelines, planning and strategy statements, project plans or other documents that together make up the IM regime of the Division.

A policy statement on its own will not guarantee good IM. Critical to its success is endorsement and active and visible support by senior management as well as the allocation of the resources necessary for implementation. An effective policy statement will therefore identify a senior member of staff with lead responsibility for IM who is responsible for overseeing the policy implementation. Ideally, this responsibility will be attached to a designated position rather than an individual.

The policy statement should include reference to other policies relating to IM, for example, information technology, information security or privacy, but should not seek to duplicate them.

Support and endorsement of the policy by all employees should be encouraged at all times. Managers must be accountable for monitoring compliance with the policy.



## Part 2: Sample policy statements

The following section sets out a number of principles for IM. These principles can be used to specify current or new IM policies. Specific policy statements can be copied or customised from the samples to assist the CEO to publish a local IM policy.

### **PRINCIPLE 1: ACCESSIBILITY**

*Information is easily accessible across all the Division's programs and services, to those who need it, and are authorised to access it.*

#### Policy response

- 1.1 Division programs and services ensure that information systems are designed and implemented to easily locate and retrieve information, and to facilitate sharing the information within and between programs and services, with other members of the Divisions network and with government agencies, subject to legal constraints.
- 1.2 Division programs and services develop and implement standards and procedures for staff access to information records, including for routine disclosure of information. Managers must ensure that all employees understand these standards and procedures and have the skills to implement them.
- 1.3 Division programs and services develop the capability for the timely, accurate and relevant electronic delivery of information to Division executives and the board for reporting and planning requirements.

### **PRINCIPLE 2: USABILITY**

*Information meets the needs of the board and all levels of staff, member organisations, partners and other stakeholders, and is timely, relevant, accurate and convenient to use.*

#### Policy response

- 2.1 Division managers establish and apply quality control procedures to ensure the information they produce meets the demonstrated needs of all internal and external stakeholders, and is timely, relevant, accurate and convenient to use.
- 2.2 The Division establishes procedures to regularly review the value of information for their intended users, including the disposal of information that is no longer useful.
- 2.3 Division managers assess opportunities for leveraging the value of information through sharing of information and combining information from several programs and services to create new information products.
- 2.4 Division managers anticipate requirements to ensure that existing information is available to meet new business challenges.

### **PRINCIPLE 3: ACCOUNTABILITY**

*IM is not a simple extension of individual accountabilities for IT functions, rather it is an organisation wide accountability clearly defined at the Division level and at the level of each of the Division's programs and services.*

#### Policy response

- 3.1 The Division designates an "executive champion" responsible for IM within the Division.
- 3.2 Division program and service managers develop accountability structures related to IM practices.
- 3.3 Division managers implement assessment processes to evaluate progress in implementing the Principles of IM.



#### **PRINCIPLE 4: INTEGRATED APPROACH**

*Information is managed as an asset and is managed throughout a defined lifecycle regardless of the medium in which it is held.*

##### Policy response

- 4.1 All IM plans and practices are aligned to the life-cycle of information: creation, capture or collection; organisation; storage; access and use; and disposal (destruction or permanent retention).
- 4.2 Division program and service managers ensure that information, regardless of type or the medium in which it is stored, is classified as part of a records management system (managed under the same principles) and is organised and described to facilitate current and future business needs.
- 4.3 Division managers identify core competencies related to the IM requirements of their programs and services and provide skills development opportunities to ensure staff acquire these competencies.

#### **PRINCIPLE 5: PLANNED AND COORDINATED APPROACH**

*IM planning is coordinated with strategic and annual business and budget planning for all the Division's programs and services.*

##### Policy response

- 5.1 The Division integrates IM planning into the business and budget planning cycle, highlighting major IM activities in the annual business plan.
- 5.2 The Division's board and executive ensure that a coordinated approach is taken to IM, such that the expertise of all the Division's programs and services is brought together to support business units in the implementation of IM practices.
- 5.3 Division programs and services integrate information planning into succession plans to ensure the capture and maintenance of corporate knowledge.

#### **PRINCIPLE 6: OPTIMISE THE VALUE OF INFORMATION ASSETS**

*The cost/benefit of information assets is known and managed for both current and future business needs.*

##### Policy response

- 6.1 Division programs and services ensure that business continuity plans include the identification of vital records, disaster recovery procedures for information, and information aspects of business resumption plans.
- 6.2 All the Division's information and/or records are classified by **(select one)** functions/business activity, so that the cost for the collection and storage of information can be compared to the benefits of access and distribution.
- 6.3 Division programs and services are responsible for the continuous improvement of their IM outcomes as measured in the Division's maturity profile for the six elements of IM.



## Part 3: External IM standards

The following section sets out a number of external standards for IM which Divisions may wish to use. These standards may be used to form the foundation and core of a Division's IM policies and standards.

IM standards can be expressed as external requirements defined by bodies such as Standards Australia, the Quality Improvement Council, the Department of Health and Ageing, and the Australian General Practice Network, or they can be created as internal benchmarks for the activities prioritised as important within the Division.

The list below is not exhaustive but it provides a sample of some externally defined standards which the Division may wish to use.

### **Quality Improvement Council Core Standard for Health & Community Services Standard 1.5:**

- **Knowledge** (including research and the collection, storage and sharing of information) is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development.

### **AS ISO 15489 – Records Management Parts I and II**

AS ISO 15489 applies to the management of records, in all formats or media, created or received by any public or private organisation in the conduct of its activities, or any individual with a duty to create and maintain records.

### **Handbook for the Management of Health Information in Private Medical Practice**

This handbook was first published in November 2002 under the supervision of the General Practice Computing Group (GPCG). It was developed as a best practice guide to assist medical practitioners in complying with their legal and ethical obligations in relation to the privacy and confidentiality of personal health information.

### **Information Security Management**

#### ***Implementation guide for the health sector***

This handbook was prepared by Committee IT-014, Health Informatics. It was published on 10 March 2003.



## Part 4: Internal standards for IM

The following section provides a number of internal standards and associated practical, internal measures or performance indicators with which a Division may monitor the implementation and success of specific policy statements. The samples on this page and on pages 9 to 12 can be copied to assist the CEO to publish a local IM policy.

It is recommended that each Division define internal measures for IM. These measures will be most effective if they are practical and relevant to the Division's mission statement.

Measures can be defined from many points of reference. Data standards are required for use within the Division, including vocabulary, terminology, information content, information exchange, identifier, privacy and security standards, and others as appropriate. Whilst these standards are necessary they are out of scope for this tool as they are standards that are largely determined by external agencies.

The recommended approach in this document is to define organisational standards or practical IM standards for each of the Division's programs and services. Each standard is then described in terms of the people, process, technology and culture.

There is no need to copy and use every part of the sample standards provided. The CEO can specify their priority area/s based on what they want to standardise and measure for benchmarking and continuous improvement. Once identified these standards should become the basis and justification for the activities on which the Division's IM plan is based. That is, "Is the activity consistent with the standard for IM in each of the Division's business requirements?"

The following sample standards have been described below to provide some initial guidance for the CEO:

1. IM standard for providing support to general practice for the collection and utilisation of clinical data within practices.
2. IM standard to improve integration and continuity of care across health and community care services.
3. IM standard for the planning and evaluation of health services and measuring the effectiveness of health program delivery.
4. The standard for maintaining and improving the Division's capacity for IM.

Each standard is described in terms of the four pillars of IM, people, process, technology and culture.



## **IM standard for providing support to general practice for the collection and utilisation of clinical data within practices.**

### People

All relevant Division staff have practical experience of, or are aware of the workflows and processes for handling clinical data in general practices.

All relevant staff have demonstrated basic user knowledge in the current systems used within general practice for the collection and storage of clinical data, and are aware of the strengths and limitations of these systems.

All resource implications (internal and external) for data collection, data entry and data validation have been identified for each clinical data set.

### Process

Clinical data is classified into specific data sets supported by a business case to justify the collection and utilisation of the data within a general practice environment.

Each of the clinical data sets under consideration has a specific process designed for data collection, data entry and data validation within the general practice environment.

Coding standards are defined and applied uniformly by all general practices using each clinical data set.

### Technology

If the coding standard and analysis of data required by the business case cannot be directly supported by the existing information systems within the general practice, the Division supplies a data cleansing or data conversion tool to support the practice to achieve the benefits of the business case.

Systems solutions have been developed to enable benchmarking of clinical performance indicators between each general practice and the aggregation of data between general practices on a regional or national basis, incorporating appropriate security and privacy provisions.

### Culture

Division staff have a trusted relationship with GPs and their practice team. There is a mutual recognition of the value of clinical data to improve practice performance.

The Division is regarded as a subject expert in the collection, entry, validation and analysis of clinical data.

The Division routinely seeks feedback from GPs on the processes and systems used to utilise clinical data, and this feedback is respected and acted on.



## **IM standard to improve integration and continuity of care across health and community care services.**

### People

All relevant Division staff are aware of the range of community services available to patients and familiar with the processes for referral and delivery of services for patients.

Staff understand the concept of a clinical pathways and are able to describe standardised data sets for sharing between general practices and community care services.

### Process

Clinical pathways are defined to enable tracking of the continuity of patient care against best practice guidelines. Datasets and data collection requirements are aligned to these pathways.

A business case exists for the collection, data entry, validation and analysis of standardised datasets, collected for patients using specified clinical pathways.

Security and privacy protocols are developed for the communication and shared access of patient centric clinical pathway data.

### Technology

Standardised datasets are able to be transferred in a timely fashion between general practices and community care services.

Data collected for each clinical pathway is able to be aggregated for analysis to identify best practice and provide benchmark feedback for the participating general practices and community care services.

### Culture

The Division is able to facilitate regular forums for regional groupings of general practice and community care services to discuss and evaluate integrated care initiatives.

The Division and its staff are recognised as a catalyst for the delivery of better integrated care, supporting individual patient outcomes and cooperation between GPs and community care staff.



## **IM standard for the planning and evaluation of health services and measuring the effectiveness of health program delivery.**

### People

Division staff are familiar with the clinical and business drivers for change and continuous improvement within general practices.

Staff are able to educate GPs and their practice teams on the benefits of using aggregated patient data for the planning and evaluation of health services and the measurement of the effectiveness of health program delivery.

### Process

Data sets and KPIs are defined for the measurement of overall general practice performance, and for specified health programs.

Processes are defined for the collection, entry, validation and analysis of data sets collected for the measurement of overall general practice performance, and for specified health programs.

Security and privacy protocols are developed for the handling of aggregate patient data for the planning and evaluation of health services and the measurement of the effectiveness of health program delivery.

A business case is developed to educate GPs on the value of making patient data available for analysis of practice performance.

### Technology

Systems exist for the collection and data entry of patient data for practice performance data sets.

Standardised datasets for patient data are able to be transferred in a timely fashion between general practices and the Division.

Patient data is able to be aggregated for analysis against KPIs for general practice performance and to measure the delivery of health programs; to identify best practice and provide benchmark feedback for the participating general practices.

### Culture

Staff have a trusted relationship with GPs and their staff. There is a mutual recognition of the value of clinical data to improve practice performance.

The Division is regarded as a subject expert in the collection, entry, validation and analysis of clinical data.

The Division is regarded as a subject expert in IM, specifically in the area of compliance and quality assurance.

The Division routinely seeks feedback from GPs on the processes and systems used to utilise clinical data, and this feedback is respected and acted on.



## **Standard for maintaining and improving the Division's capacity for IM.**

### People

Accountability for IM is recognised throughout the Division. IM roles and responsibilities are defined in all managers' job descriptions.

IM competencies are defined for all staff and included in job descriptions and regular staff training.

All staff receive regular training and timely support on IM processes and systems in use within the Division.

### Process

The IMMF checklist (or similar tool) is used annually to benchmark the IM capacity of the Division.

The definition and principles of IM are embedded in the process and procedures for all the Division's programs and services.

An IM issues register is used to record and track resolution of issues.

Measurable IM outcomes are defined for all Division programs and services as part of an IM plan.

All of the Division's programs and services include processes for GP and practice team, training and support on the use of the relevant IM processes and systems.

### Technology

A common information lifecycle is integrated through all the Division's programs and services, and all specialist IM technology systems aligned to the stage of the information lifecycle.

A records management system exists to manage data against both functional and business activity classifications. Records/files are managed for all the Division's programs and services under a single system. Documents are reviewed and circulated to all appropriate staff within seven days.

Data validation standards exist to ensure that the Division's information assets are accurate, complete and current. These standards are applied to all the Division's programs and services.

### Culture

All staff are aware of the definitions and principles of IM, and the Division's data are valued as a strategic asset which can be used to improve business outcomes.

There is active support for IM initiatives from all staff and a reward/recognition structure exists for individuals and teams whose initiatives improve IM outcomes.

Staff and GP satisfaction surveys/interview/focus groups are held on a regular basis with the results feeding into an IM issues register.

## **End of Document**