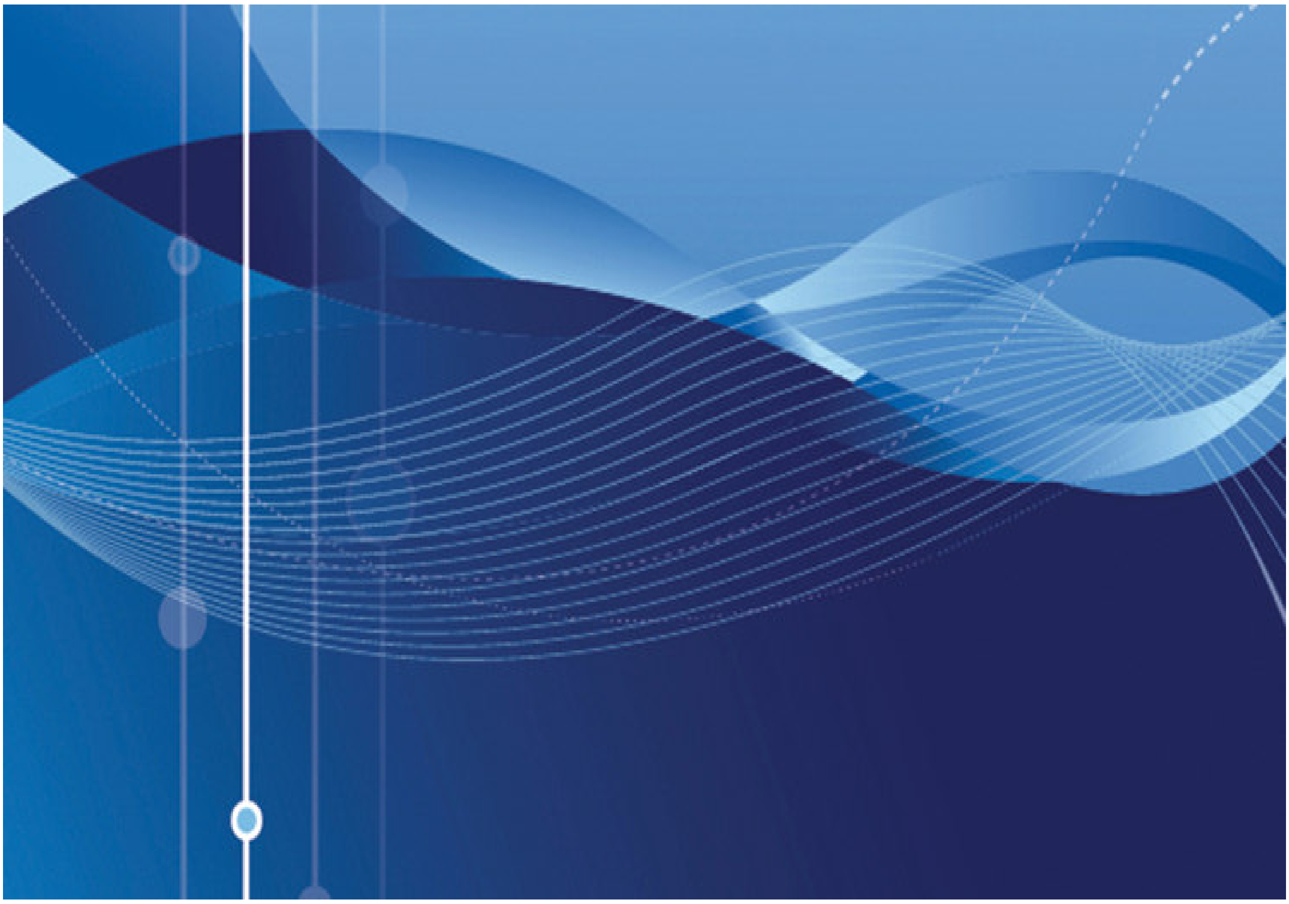

Divisions of General Practice

Information Management Maturity Framework (IMMF)

Toolkit – Checklists for incorporating the information lifecycle (ILC) into the Division's programs and services

Toolkit – Checklists for incorporating the information lifecycle (ILC) into the Division's programs and services

Purpose

The purpose of the "Checklists for incorporating the information lifecycle (ILC) into the Division's programs and services" is to assist Divisions address the action tasks below.

Action Tasks	Capacity Gap	IMMF Element
Integrate a standard ILC through all the Division's programs and services	Reactive to Defined	Capabilities
Integrate a standard ILC through all the Division's programs and services	Reactive to Defined	Records and ILC
Specify the gap between current specialist IM technology/tools against the requirement for tools to support all the stages of the ILC for all the Division's programs and services	Reactive to Defined	Records and ILC

This task should have been identified from the Information Management Maturity Framework (IMMF) gap analysis and toolkit specification.

This tool provides a checklist of tasks required to align the stages of the ILC to a Division's current and future programs and services. The action task of "Integrate a standard ILC through all Division's programs and services" covers two IMMF elements as it can be used to improve a Division's information maturity (IM) capability as well as to improve the Division's processes on managing records and information.

The IMMF tool "Training pack for the information lifecycle (ILC)" is a pre-requisite to this tool. The principles of the ILC must be understood prior to implementing this tool.

Knowledge of checklists for incorporating the ILC into the programs and services as it applies to Divisions is a pre-requisite for access to more advanced tools including:

- Staff surveys of awareness and compliance with the ILC.
- Inventory of IM technology requirements for each stage of the ILC.
- Guidelines and technology solutions for a Division shared file structure and records management system.
- Case studies and technology solutions for Division/GP relationship management programs.

Explanatory Notes

This tool aims to build on the previous tool "Training pack for the information lifecycle (ILC)" by moving from theoretical knowledge of the information lifecycle to practical implementation.

Incorporating the ILC into a Division's business will ensure consistency of information management processes and procedures across programs and services within a Division and across Divisions. By adopting the processes described in this tool, the information management culture within Division's will improve. The tool aims at standardising the way information is managed within Divisions and to be capable of identifying any capability and IM practice gaps.

Examples of how the checklist can be used by Division's are presented to provide guidance for a practical implementation.

The tool should be mentored by CEOs of Divisions that have demonstrated a capacity for implementing the ILC with assistance from State Based Organisations (SBOs) in facilitating the alignment process. Division CEOs should provide support for their staff in utilising this Toolkit as it will form the core information management principles within the Division.

A list of other references is documented at the end of this tool which provides useful information about the ILC.

Instructional Design

This tool consists of 3 Parts:

Part 1 – Overview of the ILC Checklist

Part 2 – Checklist for Incorporating the ILC into Division's Programs and Services

Part 3 – Discussion: Use of the ILC in Primary Healthcare

Part 1 – Overview of the ILC Checklist

The ILC checklist is a simple tool that can be used to ensure a Division has aligned the information requirements of its programs and services with the information lifecycle. This section provides an overview of the purpose and benefits of using the tool.

Part 2 – Checklist for Incorporating the ILC into a Division's Programs and Services

This section contains a checklist for aligning a Division's programs and services to the ILC. It defines the relevant tasks and describes the activities within the ILC that should be undertaken by Division's to improve their information management practices.

Examples on how a Division has aligned their programs and Services to the ILC are provided to give practical guidance for implementation.

Each of the items should be reviewed by the CEO and senior staff for relevance to the Division's programs and services and included within the Divisions procedures manual.

Senior staff should use this checklist as a guide to incorporate the ILC into the Division's programs and services.

Part 3 – Discussion: Use of the ILC in Primary Healthcare

This discussion will explain how other healthcare organisations have incorporated the ILC into their business practices and describe the benefits it has provided them.

Summary of outcomes and resources

Workstreams	Outcomes	Resources
New processes or procedures to be adopted	Specify the gap between current specialist IM technology / tools against the requirements for tools to support all the stages of the ILC for all of the Division's programs and services.	Self administered by CEO and senior Division staff.
New processes or procedures to be adopted	Processes and procedures for a standard ILC are fully documented and are applied consistently throughout the Division's programs and services.	Approved SBO staff are available to facilitate.
Culture and change management requirements	A common information lifecycle is integrated through all of the Division's programs and services.	Mentored by CEOs of Divisions that have demonstrated a capacity for implementing the ILC.

Part 1: Overview of the ILC Checklist

Purpose of the ILC Checklist

The purpose of implementing an ILC checklist is to apply policies to ensure the effective management of information throughout its useful life.

This tool will assist Division's to implement ILC policies, processes and procedures at a practical level, building on the knowledge gained from the pre-requisite tool "Training Pack for the information lifecycle (ILC)". The users of this tool will develop the capability to plan, collect, organise, disseminate, maintain and dispose of Division information at the appropriate time.

This tool will allow a Division to:

- provide practical guidance on developing processes and procedures;
- create standardised processes and procedures for managing Divisional information;
- improve Divisional IM capabilities;
- identify gaps between current specialist IM technologies/ tools against the ILC requirements for the Division; and
- improve IM culture within the Division.

How it is relevant to Divisions

For a Division to attain accreditation, it must implement an ILC framework to manage its information assets.

Divisions are responsible for a range of data and information in various formats and media. This Toolkit will assist Divisions in structuring their information management practices when dealing with this information and data.

Types of information a Division will manage:

- National Performance Indicators e.g. Immunisation Indicators, CPD indicators, Diabetes Indicators etc.;
- local programs and projects e.g. GP Continuing Professional Development attendance;
- paper surveys and forms;
- emails;
- documents such as reports and correspondence; and
- GP membership databases including details on practice characteristics e.g. does it have practice nurse?

Benefits of aligning Division programs and services to the ILC

- The Division will become more proactive and less reactive in managing their information. This is especially useful when program data needs to be reported by specific dates to maintain funding.
- Assist in managing outcomes for various programs e.g. managing chronic illnesses such as diabetes and asthma.
- Improve relationships with GP's (customers) by improving the management of their information. This implements the principle of "know your customer" and gives credibility to the Division through the practice not having to give the same information repeatedly.
- Improve professionalism of staff within a Division as they will have common procedures to work with.

Required Resources

Division CEOs must support a program to implement the ILC within their Division. Senior Division staff must ensure they have sufficient knowledge about the ILC to ensure its successful implementation and ongoing monitoring. Assistance from qualified SBO staff to facilitate use of the tool will be available.

Part 2: Checklist for Incorporating the ILC into Division's Programs and Services

Each stage of the ILC has a number of activities that can be addressed by a Division to assist them in aligning their programs and services with the ILC.

Task	Description
Planning	
Perform Needs Analysis	A needs analysis will define: • immediate requirement for the information; • how the information will be used (or anticipated to be used); and • how else the information may be needed in the future.
Develop Business Case	A business case should be developed to ensure the data collection requirements are aligned to the Division's business and program delivery plan. While there are many instances where a formal business case may be overkill, collecting any data should have a justification. Having clear reasons for collecting data does not just apply to formal data collections. The business case should include the following: • reasons for collecting the data; • alignment with the Division's business and program delivery plan; • governance – who is responsible for the data and various activities; • source of funding; • privacy and security – see the Privacy Office relevant to your State. • required resources; • costs (include initial and ongoing costs); and • how long the data should be retained.
Detailed Planning	This is one of the most important components of the ILC and will be used to implement the processes required to manage the required information through its lifetime. The plan should: • allocate resources; • develop and implement information collection and capture procedures; • develop and implement information organisation and storage procedures; • develop and implement information use and dissemination guidelines; • develop and implement information maintenance plans; and • develop information disposal procedures.
Collection and Capture	
Resources	Appropriate resources need to be identified and allocated to assist in the data collection activities. Activities requiring resources include: • correspondence activities; • data entry may be required if data is received on paper form; • data validation activities; • monitoring of data collection process (i.e. ensuring sites have submitted data); and • reporting on final data.

Collection constraints	All constraints should be identified that relate to the collection of the information and include: • document standards; • governance and accountability frameworks; • policies and procedures for the access and privacy of information; • security procedures; • cultural and/or ethical considerations; • authentication requirements; and • version controls.
Data collection timetable	Develop a timetable for the various collection activities. An example of collection activities includes: • letter sent indicating submission of data due by 31/1/2008; • data validation checks undertaken; • data with problems sent back to source for correction by 7/2/2008; • corrections due by 1/3/2008; • data closed off by 7/3/2008 (i.e. no more modifications); and • data submitted to Commonwealth by 15/3/2008.
Data collection	Data may be received in various formats for example paper, CD, email, spreadsheet or data file. This represents the physical collection of the information asset. Resources need to be allocated to handle the information as it may be collected in different formats from different sources.
Technology tools	Tools that may be used during this stage of the ILC include: • Paper based surveys, online survey tools, communications tools (such as *Skype*), online conferencing or meeting applications can all be used to collect and capture information. • Practice Management Systems e.g. Medical Director – may be a source system for data collection. • Data Extraction Tools e.g. Canning – may be used to extract data from the most commonly used GP desktop software. • E-mail, scheduling or project management software e.g. MS Outlook – for time management and appointments/notifications. For a more comprehensive review of technology tools see the Tool: “Inventory of IM technology requirements for each stage of the ILC”.
Organisation and storage	
Data classification	A classification scheme may need to be developed for capturing information into the Division’s records management system. The scheme should align with how the Division operates. This will ensure the information is grouped appropriately and readily retrieved. Classifications may be by: • program or service; or • business function for example, finance, human resource management or clinical data.

Data validation	When the data is received from the source it should be validated to ensure there are as few errors as possible. Data validation processes can be applied to the incoming data to produce compliance reports. It may be necessary to send these reports back to the source of the data to see if they can correct them and resend a cleaner set of data. See "Guidelines for data validation" tool for more information. Data validation processes are usually written in a programming language (it does not matter which language is used). Some examples of programming languages that are used to write validation processes include: • Excel Macros/VBA • MS Access/VBA • SAS
Data cleansing	Data may be received from various sources and needs to be collated into a single 'repository'. For example, Excel spreadsheets may be sent in by each GP who is participating in the data collection. There may be 20 or more files that need to be merged into a single source. Processes need to be put in place to assist with this task. One option may be to import each spreadsheet into an MS Access database appending the data to a common table. Some Divisions may have more advanced tools such as relational databases e.g. Microsoft SQL Server. This environment provides a secure way of storing data, a structured way of managing data and an accessible way to distribute data.
Documentation	Documentation should be developed for the information such as: • standards; • metadata and coding schemes; • physical storage policies (storage method - hard disk, CD, filing cabinet, availability (online or offline); and • security policies.
Ownership policies	It is important that there is a business owner for the information. The business owner will be the group or person responsible for dealing with all aspects of the information for its effective life. Policies need to be developed and placed in the Division's operations manual.
Access policies	It is important that all of the constraints are known for the specific information asset. This should include the process that needs to be followed to gain access to the information. This will ensure only authorised people have access to the information. Policies need to be developed and placed in the Division's operations manual.
Data storage (physical)	The data should be stored in an appropriate environment that ensures its integrity. Files stored on a server should be regularly backed up in case of server failure. Likewise, data stored in a database should be regularly backed up. This process will form part of the Business Continuity Plan. Considerations for storing records include: • How records are stored – their availability (online, offline). • Select the appropriate storage method – (hard disk drive, CD, filing cabinet, etc).
Securing data	The storage platforms where data resides should be secure. For example, files should be stored where there is password protection to the server and/or directories (via a logon). Database platforms such as SQL Server and Oracle can also provide secure password protection to the specific databases. Paper files or other media should be stored in a location that is secure, e.g. a lockable cabinet.

Technology tools	There are a number of spreadsheet or database tools that may already be in use by Divisions that will assist in aligning their business practices for the organisation and storage of information. It is important that source systems such as the ones mentioned here provide a facility to properly manage information as this data may be provided to Division's for key performance indicators and other reporting that attracts funding. • Practice Management Systems e.g. Medical Director – provides data classification, validation, cleansing and security. • Clinical Audit Tools e.g. Canning or PCS Clinical Audit Tool – provides data classification, validation, cleansing and security. • Customer Relationships Management (CRM) e.g. Divisions Information System (DIS) may provide a classification structure for information records. Other tools that may assist a Division with this stage of the ILC include: • Spreadsheet and Database Applications e.g. MS Excel and MS Access – affordable small organisation data storage (not very secure). • Content/document management systems – provide a framework to manage information assets. This may include filing, security, retrieval, retention, archiving and workflow features. – there are numerous solutions available from "open source" to "enterprise" level commercial packages. • The use of relational database management systems (RDBMS) such as MySQL, SQL Server and Oracle can provide security and access policies to be implemented. For a more comprehensive review of technology tools see the "Inventory of IM technology requirements for each stage of the ILC" tool.
Use and dissemination	
Define formats	The definitions for reports, data extracts and analysis templates need to be developed and agreed by all stakeholders.
Reporting timetable	A reporting timetable can be developed and made available to users of the information indicating the dates the data will be available for use. This is typically a recurring process. For example: • preliminary data available on 15th day of the month; and • final data available on 31st day of the month.
Reporting tools	It may be feasible to design some standard reports that provide relevant information to a large audience. These reports may be disseminated to users via various technologies such as email, posted on the Division's intranet or sent as a hard copy. The most important consideration when doing this is to ensure the security of the data. An electronic dataset (e.g. spreadsheet, MS Access database or text file) may also need to be distributed to other agencies such as for example, the Department of Health and Ageing. The same privacy and security policies should apply.
Feedback	It is important that once the information has been processed and reports have been produced, to review the content of the reports. There should be a mechanism to provide feedback about the data quality i.e. accuracy, completeness, consistency and timeliness. Feedback can also be provided on report definitions and presentation.

Technology tools	There are many tools available for analysis and dissemination of information. Most categories of IM applications are capable of reporting in one format or another. These may include: • databases e.g. Division Information System; • Clinical Audit Tools e.g. Canning or PCS Clinical Audit Tool which provide reporting functionality; • Office applications e.g. MS Excel and MS Access for reporting; • Report Generation Software such as Crystal Reports for mid-size organisations; • at the more enterprise level, tools like SAS and Business Objects for reporting; • use of email, list servers and Division's web site for information dissemination; and • document distribution via Word, Adobe Acrobat, PowerPoint or spreadsheet applications are all also widely used in Divisions. For a more comprehensive review of technology tools see the "Inventory of IM technology requirements for each stage of the ILC" tool.
Maintenance	
Store, protect and preserve information	Procedures should be developed to ensure that the information assets are safe from loss or corruption. These procedures will include: • checks to perform when upgrading software or hardware; • daily, weekly and monthly operational procedures (e.g. checking disk space, backup procedures, IT availability); and • performing audit on users who have access to the information to ensure their reasons are still valid. The procedures should be incorporated into the Division's operations manual.
Re-appraisal of business value	The focus of the business may change over time, so it is important to reassess the business value of the information being maintained. This may involve: • revising costs for continuing the program; • ensuring funding sources still exist; and • assessing whether the business still requires the program.
System upgrades	Consideration should be taken into account for any planned system upgrades that may affect the information assets. This is to ensure availability of the information is maintained. Careful planning needs to be undertaken when upgrading occurs to ensure compatibility will be maintained between versions of software and hardware. This applies to information storage systems (e.g. databases) as well as reporting tools.
Effective IT operations	A periodic review should ensure the IT systems are capable of maintaining current and future information assets. Enough space should be available in storage areas or on storage media to continue collecting data for the next period of time (may be months or years). This can be based on forecasts of the amount of data expected to be collected. Backups and restoring of data should be checked.
Disaster recovery	Business continuity plans should continue to include provision for the information assets.
Archiving	Datasets may need to be transferred to some form of archive if it is no longer accessed regularly. The data should still be accessible if required.

Technology tools	There are a large number of tools available that can assist a Division in aligning their programs and services to this stage of the ILC. They range from "open source" to "enterprise" level commercial products. Examples include: • Security systems for physical and electronic access protection and also to protect against software attacks that may destroy digital information. • Content/document management systems – provide functionality to apply archiving policies to information assets. May also include other operations procedures such as backup facility. • Some relational database management systems provide tools for maintaining database integrity and performing scheduled backups. Examples are MySQL Administrator, SQL Server Management Studio and Oracle Enterprise Manager. • Tools for managing/monitoring server resources include disk space, memory and CPU utilisation which are available to ensure maximum uptime of server is maintained. • Archiving and backup technology e.g. magnetic tape and CD/DVD. This may be onsite or offsite to incorporate into the disaster recovery plan. • ILC Management solutions (for large organisations), e.g. IBM Content Manager or Oracle Information Lifecycle Management Tool. For a more comprehensive review of technology tools see the "Inventory of IM technology requirements for each stage of the ILC" tool.
Disposal	
Decision to dispose	The decision to dispose of the data needs to be made by the appropriate governing body or their delegate.
Compliance with disposal guidelines and legislation	Disposal of data may be done in the following ways: • transfer the data to archives; • transfer the responsibility of the data to another organisation; or • destroy the data so that it cannot be reconstructed.
Disposal methods	Information may be kept in a variety of formats such as paper forms and electronic media (CD, hard disk drive etc). The disposal of this information/data should be carried out in accordance with Division policy and legal requirements. The requirements may differ between states so it is important to understand your requirements. This information may be found at the relevant State Records / Archives Office.
Technology tools	The proper disposal of information is an important part of the ILC. The following describes some technologies that can be used to assist in this action: • Content/document management systems – provide functionality to apply retention policies to information assets. • Information disposal software is available to securely dispose of digital information assets. This software can securely erase all data on hard drives, USB thumb drives and floppy drives. Examples are Lenovo Secure Data Disposal, Darik's Boot and Nuke. • Shredders are available that can destroy CD/DVD and floppy disks. For a more comprehensive review of technology tools see the "Inventory of IM technology requirements for each stage of the ILC".

Examples of incorporating the ILC into a Divisions Programs and Services

1. Managing Chronic Disease – Diabetes

The following example shows how one Division (GP Connections) has aligned the Diabetes National Priority Area to the ILC.

Task	Description
Planning	
Perform needs analysis	This area has been identified as a National Priority Area. Divisions will support general practices to provide optimal care and contribute to the achievement of the best possible health outcomes for patients with diabetes.
Develop business case	Agreement Plan for the Funding Period of the Annual Plan. Annual Plan approved by GP Connections Board and submitted to Department of Health and Ageing. Contracts signed by GP Connections Board and Funding Body (DoHA). Corporate Manager commences activities in accordance with GP Connections Annual Plan.
Detailed Planning	Development of plan for data collection system.
Collection and Capture	
Resources	Corporate Manager monitoring on 6 monthly basis.
Collection constraints	Governance framework adopted. Others defined by NPI.
Data collection timetable	Six-monthly review of activities and reporting on activity achievements and performance indicators to DoHA via CEO and Board.
Data collection	Data source: data from General Practices.
Technology tools	MS Outlook for appointment and time management. Medical Director/ Canning or PCS Clinical Audit Tool for source system data. Canning Data Extraction Tools for extracting data from source systems.
Organisation and storage	
Data classification	Program for National Performance Indicators – Diabetes.
Ownership policies	GP Connections Board is the governing body for the data collection.
Technology tools	Medical Director and other GP desktop software used by GP's. MS Excel used to compile data collection.
Use and dissemination	
Define formats	Defined by the Department of Health and Ageing.
Reporting timetable	Monthly Profit and Loss Statements. Six-monthly review of activities and reporting on activity achievements and performance indicators to DoHA via CEO and Board. Annual review of activities and reporting on activity achievements and performance indicators to DoHA via CEO and Board.

Feedback	Feedback on six-monthly report from the Department of Health and Ageing reviewed by CEO and Program Coordinator, changes are made where necessary. Feedback from GP's via focus groups/ forums, complaints and surveys. Annual review of activities and reporting on activity achievements and performance indicators. Feedback utilised in planning for the following year.
Technology tools	MS Excel and Crystal Reports for reporting Dissemination using email and CD.
Maintenance	
Re-appraisal of business value	Review whether there are any changes to implementation of initiative required. Review contracts.
Technology tools	Backup of data and reports on magnetic tape.
Disposal	
Decision to dispose	To be advised by GP Connection Board.
Compliance with disposal guidelines and legislation	Ensure complies with disposal guidelines.
Disposal methods	Select appropriate method.
Technology tools	MS Excel and Crystal Reports used to identify data that has exceeded its "use by" date

2. Mental Health – Reach Out and Recover (ROAR)

The following example shows how one Division (GP Connections) have aligned the Better Health Outcomes in Mental Health Program: Reach Out and Recover (ROAR) service to the ILC.

Task	Description
Planning	
Perform needs analysis	This area has been identified as a National Priority Area. Divisions will support general practices to provide education programs to assist them in treating mentally ill patients.
Develop business case	Agreement Plan for the Funding Period of the Annual Plan. Annual Plan approved by GP Connections Board and submitted to the department of Health and Ageing. Contracts signed by GP Connections Board and funding body (Department of Health and Ageing). Program co-ordinator negotiates Service Agreements with Allied Health Therapists and the central booking agency.
Detailed Planning	Development of plan for data collection system.
Collection and Capture	
Resources	Program Co-ordinator monitoring on six-monthly basis. GP Activity Advisor.
Collection constraints	Governance framework adopted with Project Reference Group comprised of GP Connections, Mental Health Program Advisory Group and ROAR Program Group.

Data collection timetable	Six-monthly review of activities and reporting on activity achievements and performance indicators to the Department of Health and Ageing via CEO and Board.
Technology tools	MS Outlook for appointment and time management. Medical Director or other desktop practice management systems for source data. Canning Data Extraction Tools for extracting data from source systems.
Organisation and storage	
Data classification	Program for Mental Health – Reach Out and Recover.
Ownership policies	GP Connections Board as the governing body for the data collection.
Technology tools	Medical Director and other GP desktop software used by GP's. MS Excel used to compile data collection.
Use and dissemination	
Define formats	Defined by the Department of Health and Ageing.
Reporting timetable	Monthly Profit and Loss Statements. Six-monthly review of activities and reporting on activity achievements and performance indicators to DoHA via CEO and Board. Annual review of activities and reporting on Access to Allied Psychological Services (ATAPS) project and Mental Health (under Managing Chronic Diseases) activity achievements and performance indicators to DoHA via CEO and Board.
Feedback	Feedback on six-monthly report from the Department of Health and Ageing reviewed by CEO and Program Coordinator, changes are made where necessary. Feedback from stakeholders - GP's and allied health professionals (AHP's). Feedback on Annual Report from the Department of Health and Ageing and reviewed by the Program Co-ordinator. Feedback utilised in planning for the following year.
Technology tools	MS Excel and Crystal Reports for reporting Dissemination using email and CD.
Maintenance	
Re-appraisal of business value	Review whether there are any changes to implementation of initiative required. Review contracts.
Technology tools	Backup of data and reports on magnetic tape.

Disposal	
Decision to dispose	To be advised by GP Connection Board.
Compliance with disposal guidelines and legislation	Ensure complies with disposal guidelines.
Disposal methods	Select appropriate method.
Technology tools	MS Excel and Crystal Reports used to identify data that has exceeded its "use by" date

Part 3: Discussion: Use of the Information Lifecycle in Primary Healthcare

The practice of managing information has become an increasingly important component of many organisations, including those from the healthcare sector. The reasons may be varied but there is a common theme, i.e. the need to have access to accurate, complete, consistent and timely information. Some of the reasons this is important in the healthcare sector include:

Clinical perspective:

- Clinicians must have accurate, complete, current and timely patient information.
- Better decision making for improved patient care.

Management perspective:

- Less time trying to find information.
- Provide better quality information for business decisions.
- Greater staff productivity.

This section will describe case studies of how healthcare organisations have improved their information management policies and procedures to improve the way their business operates. These organisations have utilised commercial tools to assist them in improving their information management practices. More information on tools can be found in the IMMF Toolkit "Inventory of 'off the shelf' IM technology aligned to stages of the information lifecycle (ILC)".

Case 1 – Gwinnett Medical Centre

Gwinnett Medical Centre is a not for profit healthcare network that provides a wide range of services and programs to both admitted and non-admitted patients located in the United States. Programs include health information and education to community clinics. Services range from diabetes education, pain management to cardiac services.

New Regulatory (Health Insurance Portability and Accountability Act) and business requirements meant that Gwinnett Medical Centre urgently needed to review their information management policies and practices. The regulatory requirements meant that patient information needed to be saved for set periods of time (sometimes for the lifetime of the patient). The organisation used a variety of technologies to store data. Up until this time the organisation, like most, simply stored information without regard to its management.

Gwinnett Medical Centre had three main goals when reviewing their information management processes and procedures. Firstly, it needed to be capable of managing patient information in accordance with the new Regulations. Secondly, doctors needed to quickly access relevant information. Thirdly, it was trying to improve the way it operated to save money.

The organisation implemented ILC management tools to improve the management of their data. The solutions enabled doctors to access accurate, complete, current and timely information when required and provided automated processes for physically managing its information (e.g. high availability, archive, backup) according to policies developed within the organisation. By implementing the policies and procedures, cost savings were made on information collection, retention, maintenance and destruction of information.

Case 2 – McCullough-Hyde Memorial Hospital

The McCullough-Hyde Memorial Hospital is a 60 bed hospital that provides a range of services including inpatient, outpatient and emergency.

The main problem the hospital faced was their patient information was scattered, unorganised and in some instances inaccessible. Records were stored as hard copies and storage space was also becoming a problem, with some records being stored offsite. This meant that doctors did not have quick access to accurate and up to date patient information. Staff were spending too much time and effort managing the patient records. The hospital used a new patient administration software application as the basis to improve their information management policies and procedures. The use of the software had a number of advantages that aligned with the ILC. These include:

- Patient information could be collected and stored over the lifetime of the patient.
- Business rules could be developed for data entry to improve data quality.
- Security policies for the information could be implemented.
- Access to the information would be readily available to appropriate people.
- Appropriate storage, backup and archiving could be implemented.
- Less physical storage space required.

The main benefits of implementing the software were:

- Improved staff productivity.
- Better access to information providing better care and outcomes to patients.
- Cost saving in physical storage space.

References

IMMF Glossary

IMMF Tool - Training pack for IM definition and principles

IMMF Tool - AS ISO 15489 Records Management

Australian General Practice Network – National Programs
Available at http://www.agpn.com.au/

McCullough-Hyde Memorial Hospital:
Available at http://www-01.ibm.com/software/success/cssdb.nsf/CS/JKIN-6PXP8H?OpenDocument&Site=dmmain&cty=en_us

Gwinnett Medical Centre:
Available at http://www.computerworld.com/hardwaretopics/storage/story/0,10801,87154,00.html

Office of the Privacy Commissioner:
Available at http://www.privacy.gov.au

State Records/Archives Offices:

New South Wales:	http://www.records.nsw.gov.au
Queensland:	http://www.archives.qld.gov.au
Victoria:	http://www.prov.vic.gov.au
South Australia:	http://www.archives.sa.gov.au
Western Australia:	http://www.sro.wa.gov.au
Tasmania:	http://www.archives.tas.gov.au

National Archives of Australia: http://www.naa.gov.au

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