

Dear Colleagues,

Thank you for the telephone conversation last week and the opportunity for NSW Health to provide feedback on the draft report. I sought some advice from our Local Health Districts and the summary feedback is as follows.

- Most of our hospitals use the HPOS and are utilising a PKI certificate to access it.
- A proposed move to PRODA is generally seeing as feasible and acceptable, subject to:
  - appropriate documentation
  - PRODA-based alternative to PKI site certificate being available well before the full transition of all PKI certification to PRODA
  - consideration of how PRODA-based access would be managed in a complex environment with multiple staff working in clinics, EDs, admission areas, managing scheduling and bookings for multiple providers - the current approach of an individual PRODA account which requires a specific Provider/Clinician might prove to be impractical in these environments
  - a further practical issue is with the use of casual staff in administrative roles - to obtain an account under PRODA, an individual needs to provide a birth certificate, driver's licence and other documents, which some staff may be reluctant to do in order to get access to PRODA
  - consideration of time delays if PRODA is going to require multiple logins/tokens/SMS codes - this will delay patient registration in the ED and clinics (albeit by a few minutes) - therefore, a streamlined process is suggested for hospitals and EDs
- The 'Batch Find' function does not seem to be used very much in public hospitals, although some have reported its use. Those who do use it have suggested that the proposed "Batch number limit" should consider the type and size of requesting organisation. There could be a different limit set based on the type of organisation, which should be configured as part of the initial establishment. For example, for Local Health District systems using the HPOS for validation and billing purposes, a higher threshold should be set.
- The "Provider Enquiries telephone line" does not seem to be used much by public hospitals and the proposed changes are not seeing as a significant issue. However, a suggestion was made that a unique code to identify practice might be introduced and be renewed at regular interval to allow caller to identify the organisation where the call is from.

I hope you find these comments useful. Thanks again for the opportunity to provide feedback.

Kind regards,

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