CRIME AND CORRUPTION COMMISSION

TRANSCRIPT OF INVESTIGATIVE HEARING

CONDUCTED AT LEVEL 2, NORTH TOWER, 515 ST PAULS TERRACE, FORTITUDE VALLEY WITH RESPECT TO

File No: CO-19-1209

OPERATION IMPALA
HEARING NO: 19/0006

DAY 4 - THURSDAY 14 NOVEMBER 2019
(DURATION: 0HRS 28MINS)

LEGEND

PO Presiding Officer – ALAN MACSPORRAN QC
CA Counsel Assisting – JULIE FOTHERINGHAM
HRO Hearing Room Orderly – KELLY ANDERSON
W Witness – DAMIAN GREEN
LR Legal Representative – PATRINA CLOHESSY for Queensland Health

HRO All rise. This hearing has resumed.

PO Thank you.

CA Good afternoon, Chair. I call Damien GREEN.

PO Mr GREEN would you prefer to take an oath or affirmation?

W Oath, please.

PO Oath, thank you.

HRO Take the Bible in your right hand and repeat after me. The evidence that I shall give.

W The evidence I shall give.

HRO In these proceedings.

W In these proceedings.

HRO Shall be the truth.

W Shall be the truth

HRO The whole truth.

W The whole truth.

HRO And nothing but the truth.

W And nothing but the truth.

HRO So help me God.

W So help me God.

HRO Thank you.

W Thank you.

PO Ms CLOHESSY, you appear for Mr GREEN do you?

LR Yes, thank you.

PO Thank you.

CA Good afternoon, Mr GREEN.

W You might just need to speak up with the noise I'm a bit deaf in this ear.

CA Okay. Can you hear me now?

W Yes, that's perfect. Thank you.

CA You've been given an attendance notice for today?

W Yes.

CA Yes. If Mr GREEN could be shown the attendance notice?

W Thank you.

CA I tender that document.

PO Exhibit 72.

ADMITTED AND MARKED EXHIBIT 72.

CA Mr GREEN you're the Chief Information Officer, the Chief Executive of the eHealth Queensland.

W Yes, my formal title is Chief Executive Officer eHealth Queensland.

CA Thank you. And you've been in that role newly appointed I believe, Dr WAKEFIELD said.

W Yes. 23rd of September. So I think I'm in my eighth week.

CA Yes. And you have been in the health industry for a number of years now.

W I've worked for Queensland Health for six and a half years prior to this position and consulted to public sector health organisations for a long period before then.

CA Yes. And your qualifications are from Monash University a Bachelor of Economics and a Bachelor of Arts.

W Correct.

CA And also you have an Australian Graduate School of Management change management qualification?

W Correct.

CA Yes. Could you describe what eHealth does with respect to supporting the Department of Health and also the Hospital and Health Services?

W Yes, certainly. So eHealth Queensland's purpose is to provide ICT service – enterprise ICT services to the Queensland Health system including the Department and the HHSs. So enterprise systems are systems that operate all across all HHSs and the Department. In addition to that, it supports HHSs in terms of both the creation of HHS and Department ICT policy – design and delivery of ICT solutions, the support of those solutions, or transitioning them to production and provides the support – customer support function.

CA Thank you. For the purpose of these hearings, Operation Impala, we are interested in the databases that hold the main databases, the holder of the public's confidential information, which we have identified as eMR/ieMR and the viewer. However, Dr WAKEFIELD talked about Hibiscus briefly this morning.

W Yes, there's a number of enterprise-wide applications. So ieMR is a clinical information system, one of several. There are other clinical information systems, including cancer applications for specialty applications. Radiology applications, they supported – some of those are supported by Health Support Queensland. Hibiscus is a patient administration system, so that will hold identified data in relevant to patient details and registration details, and that will typically interface with a solution like ieMR and then there's other solutions like Viewer, which is more a repository that takes information from ieMR and other solutions and provides them in a portal to different users.

CA So for the staff accessing the databases to obtain the patient information, which are the main ones?

W Well, it depends on the specialty of the clinician. But the key one that has been subject of these hearings is the integrated electronic Medical Record which is core clinical information solution that has been deployed in 14 hospitals. Those hospitals that don't have an – don't use the ieMR typically rely on a paper record.

CA Okay. And for the ieMR, for access to that database, is it password restricted?

W Could you repeat that, I'm sorry?

CA Is it password restricted.

W The ieMR?

CA Yes.

W Yes.

CA And are you aware of any supervision of staff by their line managers for insurance that there aren't any instances of password sharing?

W So ieMR has been introduced specifically so that the user must have a dedicated user name and login issue. One of the legacy issues in some Hospital and Health Services was a tendency to share logins for some legacy solutions. Like the emergency department information system, so the information system that many clinicians used to use at the front door of the hospital when they were triaging patients. Some hospitals had a practice of sharing passwords to enable ease of access to the IT system. One of the objectives of implementing the ieMR was to remove that type of practice from the hospital setting.

CA And for the purpose of the public hearings we are not discussing the Queensland Ambulance Service, just to let you know, as part of the responses from the Department of Health related to the Queensland Ambulance Service. But we need to limit the scope somewhat for this-

W Yes, eHealth Queensland typically provide support to the Department's divisions and the HHSs. The ambulance service relies on a different service provider for its ICT support.

CA Okay. And with the database, it is fully auditable; the ieMR?

W Yes. So the solution has been designed in such a way that user activity, or key strokes, in the solution are logged and, therefore, auditable.

CA And are there access controls?

W Yes.

CA Could you explain more about that?

W Yes, so the first access control is ensuring that any user or potential user has done mandatory training for the organisation, so around the basics of Code of Conduct and mandatory training and that's required on entry into Queensland Health. It is mandatory training. In addition to that orientation training that's usually completed on orientation, you'll do Code of Conduct, privacy awareness, cybersecurity awareness, so to be grounded in the basics of information security.

Then in relation to getting access to ieMR, based on your role type you will be required to do some training based on your role in the solution. And once a line manager is satisfied that the training has been done and the person is proficient then they get access to the solution. And that's a protocol that is in place that I've been briefed on on commencing in this role.

CA Yes. And are there access controls to determinable upon business role within-

W So access is defined by clinical role. One of the early considerations in design of the solution is how to grant that access, or design the role profiles in ieMR and based on the clinical context fairly broad role definitions have been defined relevant to the clinical position of the role.

CA And are those updated and checked to see the current role meets the access?

W I understand that's the case. And also at a local level, HHSs then have their own protocol for deciding what access required by different users. And that's necessary because the nature of the work will vary from facility to facility, the models of care are different, and therefore the nature of how clinicians in different facilities will use the facility will be quite different.

CA Are there any audits on a regular basis in relation to checking that the access fits the role?

W I'm not specifically aware of the answer to that question. The auditing process around user access and that it is appropriate occurs at the HHS level. The facility that eHealth Queensland supports HHSs is the provision of tools, which it is developing its maturity over time to support that process and grow the capability of the HHSs to undertake that.

CA And in the response from the Department for the questionnaire we sent out in September, which was due to be returned by 27th September, when did you commence?

W I started the 23rd.

CA You might have missed it or been part of that. But it said that the controls had been tightened up in the last four years. Are you aware of that?

W Yes. So as with the solution has been matured and got a better sense of how the solution is operating in the clinical workflow, the digital hospital program, which is the governing body of the ieMR has got a better idea of how the solution needed to be a deployed in a clinical context. So the user access definitions have been refined over time, and they will continue to be refined as the project matures.

CA And I believe access is removed after 90 days of inactivity?

W That's correct.

CA And is there any monitoring of, and any connection between the removal of access and the human resource area where they monitor separations and any people on extended leave, things like that?

W So the process that I'm aware that is in place, specifically that I've reviewed since taking on the position, is particularly in relation to the QAO

recommendation that – that provision of ensuring that access is removed after 90 days and, of course, is enacted on. eHealth Queensland, with its partners, have developed a mechanism so by – if a user account is not accessed within 90 days, then it is terminated. Prior to that actually occurring, because you do want to avoid a clinical incident-

CA Yes.

W -occurring where maybe there was some good reason why that has occurred. Emails are sent to the individual's line manager to confirm whether or not access is required, and if there is no response then it is removed.

CA And the Department of Health has an audit plan, I believe, a proactive audit plan in place?

W Are you talking specifically about the whole of division audit and risk plan? Or are you talking about an audit plan for ieMR.

CA Particularly ieMR. ieMR does the same surname-

W So there's a number of mechanisms by which you can audit within the ieMR. So one of the generic reports is one prepared by the Production Support Team, which I may refer to as DAS ieMR. They have configured a report working with the Health Information Managers of Hospital and Health Services to identify where individuals are accessing their own record or a record of a similar name. So that's one report.

There are other types of searches that you can use using that functionality, such as if you have a particular interest around who's been accessing a particular patient record, then you can search by MRN, you can search by the patient's surname. So that functionality is in the report. There's about, I think from memory, about 10 different types of searches that you can do. In addition, an HHS can log-

CA Sorry, just going back into that 10 types of search you can do. So you could set it up to – health information is sensitive across the board, but the particularly more sensitive patients, if you identified them, you could set that up to do audits particularly of that task?

W No, I was just probably – what I was about to say-

CA Okay.

W -is more relevant to the question that you were going to ask. So if you had a particular type of interest or criteria and it wasn't available in the more generic return, which will probably give you more bulk-type extract information, if you wanted a more specific search, or to define that, one of the things that you can do is work with the DAS ieMR to log a specialist report. The way that would

be done is the Health Information Manager or the assigned specialist, the nominated specialist in the Health Information Management Team would log a request with the DAS ieMR team to define our customised report and they would then provide that specific information based on that user request. But that requires configuration by the DAS ieMR to provide that report.

CA Configuration at eHealth's end if it is going out from eHealth – going out to the Hospital and Health Services?

W Yes. So if the report needs to be built, basically. If it needs to be built. Because we've built customised reports that you can pull, the HHS can pull, basic query types, but if you want something more specific, or you're looking for a – to answer a specific question and it is not available, that information is not available to you in a customised report, then you can log a request for a specific report, or inquiry to be built by the DAS ieMR team.

CA And currently at eHealth, are there any specific reports generated on a regular basis by way of a regular audit?

W The main one that I mentioned earlier, which is the first name, last name one.

CA Yes.

W And then you've got the inquiry tools that were built into the P2Sentinel application that we've recently deployed. I should probably just advise that the deploying of the P2Sentinel application to HHSs is actually a fairly recent event that Queensland Health has undertaken. The specific reason that we've undertaken that is because we were formally just pushing out a report which – it was a fairly bulky report, and one of the growing requests from HHS was to get a bit more control or ownership of that process and, hence, deploying the P2Sentinel solution to Health Information Managers at the frontline, if you like, in each HHS is a step towards improving that capability.

The next step for us is to, sort of, get a bit more specific on the types of audit reports that are actually used in HHSs so that they can begin to, I guess, think about what audits need to be undertaken in the context of people, that people work. And so the – we have set up a health information management working group, or sub-committee, which has the question of P2Sentinel on its terms of reference. That committee has got a working party which is working with my team, DAS ieMR, to begin to think about, well, what are these user cases, what are these potential scenarios that we need to audit? And then working with DAS ieMR, or providing us some recommendations to guide my team around how we can further configure P2Sentinel to provide that information.

CA And there has been the concern raised, which we talked about in quite a bit of detail with Dr WAKEFIELD, so did you have an opportunity to be present?

W I listened to a bit of it, but didn't get it all.

CA A bit of it. Okay, all right. Well, it went into quite a lot of detail, so we don't want to go into a lot of detail again.

W I gather it took quite some time.

CA Yes. But there was the – there is a concern that the reports that are generated on a monthly basis, I believe at least Gold Coast have weekly basis, are quite cumbersome to go through and time consuming. And they mention raw data being generated. Is it possible to refine those reports at all eHealth to save time at the other end?

W So I think this is part of this – developing this maturity. So what we've basically developed in our auditing capabilities are, from a compliance perspective, we've developed an auditing tool. And it's basically extracts, a broad extract of information.

Now the challenge or opportunity to – that is open for us is to start thinking about how we can do more proactive analytics over the information and to provide Health Information Managers more specific information to guide them in those searches or those inquiries or that auditing process so that they're not ending up with these big extracts of data and they've got something more refined to work with.

So that's the specific reason why we've got this health information management sub-committee working with us, and it is working party, to work through what are the potential lines of inquiry that they need so they can get a more easier-to-work-with volume of inquiries. So some things like, for instance, rather than a broad dump of information, you might want to narrow your inquiry down to have any domestic violence patients been – records been accessed? If so, who's been accessing them? Are there any flags in terms of those type of queries? So that, potentially, that type of analytical query could be run. Particularly where the clinician might be documenting, say, a problem or query of domestic violence at home, or something, we could define some reports like that.

So we're basically built – we started with getting the auditing tool in there, we've worked out that we need to give HHSs ability to access that information. Both different HHSs are finding their own rhythms, what's working for them doing the undertaking. I think I saw an email where Gold Coast had requested that report to be run on a daily basis, so it is almost done as a daily check by the HIM of the previous day's access, so that they're not running up these big volumes of reports. And we basically use the coming period to build that and refine that query.

CA In the response to questions that we've sought before now, flowing from the questionnaire, the Department said that your employee data analytics, which I believe is what you're talking about, and that they're in the extremely embryonic stage. Is that your understanding of where you're at now?

W Yes, well, I probably have the benefit previously of having been a CIO of a Hospital and Health Service. So dealing with analytics, we've implemented a clinical information system where all our clinicians are using it, but it is essentially being used as a system of record, a record of the care we provide. The opportunity that comes with a solution like the integrated medical record is to harness the information that is in it to support improved clinical decision-making, so to guide clinicians to make safer decisions and more effective decisions.

An example would be, which is probably a real example, the pharmacy department at Gold Coast Health have now identified that the information in the ieMR, provided through a dashboard report – configured a dashboard report in such a way as they can get a real-time picture of how medications are being prescribed all over the hospital. And so that dashboard that they've built gives them a real-time picture of where there might be a clinical risk in terms of that prescribing behaviour; for example, two medications that have been prescribed in the clinical setting to a patient which might conflict with each other or potentially cause harm to the patient.

So that process of building these dashboards and creating these user cases, that's what we mean by it is in its embryonic state. We're beginning to build that capability and beginning the journey of starting to share it across the ecosystem.

And probably that's my key vision, or one of the reasons I wanted this role, is to help ensure that eHealth Queensland is playing more of a role in supporting our Hospital and Health Services invest in those innovative-type works but also share and collaborate across the health system.

CA And what do you see for the future as it progresses? What sort of timeframe and what sort of end capabilities do you see the system having?

W Well, so some of that innovation, that's happening now. Probably the most exciting thing is that we've now developed the analytics or the basic platform, the data warehouse that sits behind the ieMR, so that we can begin to provide clinicians the tools to do that analytics. That build of the database has been completed. And all the information from Firstnet, which is an application with ieMR, SurgiNet, which is an application in ieMR, and the scheduling manager, which is in ieMR, that's all now in there and that's all now ready for the clinicians who provide the care to begin to define those user cases and build the analytics. What they need is the support at the back end to support the – provide them the skills on how to do that and how to build those queries. And that's a capability that eHealth Queensland can begin to provide.

CA Thank you. I don't have any other questions.

PO Thank you. Ms CLOHESSY?

LR I don't have any questions. Might the witness, please, be excused?

PO Thank you. Mr GREEN, thanks for coming. You're excused.

W Thank you.

END OF SESSION