

A photograph of an elderly couple is the background for the lower half of the page. The man, in the foreground, has white hair and is wearing a light blue t-shirt with a grey and white striped scarf. He is looking off to the right with a slight smile. A woman with short white hair and glasses is partially visible behind him, her hand resting on his shoulder. They appear to be looking out over a cityscape under a clear blue sky.

My Health Record Readiness Toolkit

Aged & Community Care Providers Association

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Introduction

My Health Record is an online summary of a person's key health information. For example, it may include information about allergies, medicines, immunisations, medical conditions, pathology test results and advance care planning documents.

Healthcare providers, including aged care providers, will be able to access the My Health Record of people they provide healthcare for, subject to meeting a number of requirements including privacy and security controls and provided the organisation is registered and relevant staff are authorised.

While there is no legal requirement for healthcare providers, including aged care providers, to access an aged care client's My Health Record, having access to key health information can assist providers by providing access to an aged care client's important health-related information in one place.

If aged care providers can access the My Health Records of their aged care clients, it would be good practice for aged care providers to view and download any information they don't already have regarding a new aged care client and after an aged care client has been seen by another healthcare provider including at a hospital.

No alerts are sent to healthcare providers, including aged care providers, when new information is added to an aged care client's My Health Record. My Health Record does not replace existing ways in which healthcare providers communicate necessary health information about an aged care client to aged care providers. For example, hospitals will continue to provide discharge summaries as they do now.

Why are aged care providers adopting My Health Record?

Aged care providers acknowledge the benefits of accessing and sharing health information and are embracing digital health technologies at a rapid rate.

My Health Record offers aged care providers an advantage in terms of having access to accurate and relevant health information about residents at their fingertips and in a timely manner. Such access will assist in improving decision making for clinical teams, quality of life outcomes for residents, and offer continuity of care coordination between aged and health care systems, and ultimately reduce potential medical and medication misadventures.

The My Health Record is a digital health enabler providing a secure online repository of an individual's health information summary. Every Australian has access to My Health Record, unless they have opted out or cancelled their My Health Record.

This My Health Record Readiness Toolkit (the Toolkit) offers information and guidance to residential aged care providers to help your organisation:

- plan My Health Record implementation.
- identify issues and gaps in capabilities
- assess readiness to adopt My Health Record in your model of care

Why a readiness toolkit?

This readiness toolkit is a guide for aged care providers on conducting a health check of the readiness of their business to adopt My Health Record. It offers assessment criteria of the business' operational capabilities of its people, processes and technology systems.

The Toolkit is intended to be a companion to the *My Health Record in Residential Aged Care Guidelines* and provides specific and detailed content on the concepts and uses of My Health Record for residential aged care providers.

How My Health Record benefits aged care

For frail elderly people living in Residential Aged Care Facilities, having access to quality and responsive healthcare, is a priority. When access to healthcare is inadequate (or fragmented), health outcomes are poorer and there are increased visits to hospital emergency departments (People in Residential Aged Care Facilities aged 65 years and above account for nearly 9% of hospital admissions, despite representing only 4% of this age group¹).

My Health Record offers significant potential to improve care coordination and health outcomes for older Australians who generally experience a higher prevalence of chronic and complex conditions and polypharmacy, and interact frequently with the health system².

Enabling digital transformation of aged care

The Australian Government and the Australian Digital Health Agency is working to overcome challenges faced by residential care providers to adopting My Health Record in their resident information systems.

The Australian Digital Health Agency is supporting providers to replace paper-based information and systems that are not interoperable or compatible with My Health Record. It is working to alleviate the impact of the training, cost and time demands on providers who are seeking to progress their digital health adoption journey.

In its response to the Aged Care Royal Commission Final Report, the government said it would support residential aged care facilities to adopt My Health Record. While we wait to hear how the government will support aged care providers, this Toolkit offers strategies and ideas to plan ahead and facilitate a well-prepared adoption of My Health Record.

The Toolkit helps providers assess and stocktake the resources, costs and effort required for a successful My Health Record implementation.

Guidelines for using My Health Record

This toolkit does not provide details of how My Health Record operates. Providers are encouraged to refer to the My Health Record in Residential Aged Care Guidelines (link).

¹ Reed, R.L. (2015), Models of GP services in aged care facilities AFP Vol.44, No.4, April 2015.

² Department of Health (2021), Australian Government response to the final report of the Royal Commission into Aged Care Quality and Safety, <https://www.health.gov.au/resources/publications/australian-government-response-to-the-final-report-of-the-royal-commission-into-aged-care-quality-and-safety>

Case Study - Dawn

Dawn was accepted into XYZ Aged Care Facility after a surgical operation to her back meant she could no longer go home. Dawn's comprehensive care plan was developed using health information accessible by XYZ Aged Care Facility under My Health Record.

The XYZ's clinical information system allowed authorised clinical staff with a Healthcare Provider Identifier – Individual (HPI-I) to access her hospital discharge summary, pathology reports, medications advised post-surgery and any current medications Dawn was taking.

This access to My Health Record enabled the XYZ clinical care team to immediately begin to plan her care as soon as she entered the facility. They could easily access all the documentation necessary to prepare a comprehensive care plan for Dawn promptly and easily.

The following were the benefits noticed by the XYZ about having ready access Dawn's My Health Record:

"We were made aware of any adverse drug events and Dawn's My Health Record allowed us to access and cross-check her medications list.

"We saw improvements in Dawn's experience of entry into residential aged care and her health outcomes, because we could immediately begin planning her care and support, even though she was somewhat confused and overwhelmed with her new living environment.

"The reduced time gathering needed to source information to manage her care risks was a huge benefit because it was all available under one online platform. We didn't have to ring around to multiple health practitioners.

"We avoided duplication of services, because we were able to build a comprehensive care plan that became the single centralised 'source of truth' about her current needs and we were able to better manage risks to her health and wellbeing.

"With My Health Record we have access to key health information in emergencies for all our residents – in this case it was again accessed when a GP visit to Dawn was decided upon due to her ongoing post-operative pain and swelling. The GP was also able to upload an Event Summary after his visit which described the clinical actions undertaken.

Can aged care providers access My Health Record?

Aged care providers can access the My Health Record of an aged care client if:

1. The aged care provider is registered with the Healthcare Identifiers (HI) Service and the My Health Record system.
2. The aged care provider has compliant software OR can access the web-based National Provider Portal.
3. The aged care provider has authorised staff, involved in the aged care client's healthcare, to access the aged care client's My Health Record.
4. The aged care provider has sufficient information to identify the aged care client.
5. The aged care client has not blocked the aged care provider from accessing their My Health Record.

Once registered, aged care providers can access My Health Records in one of two ways

1. Compliant software – compliant software enables registered aged care providers to upload, view and download information from an aged care client's My Health Record.
 - Ask your software provider if your software is compliant.

- Staff who are registered with the Healthcare Identifiers (HI) Service and who have been authorised by the aged care provider and received training can access the My Health Records of aged care clients.
 - Non-clinical staff, for example administration staff, who have been authorised by the aged care provider and received training can access the My Health Records of aged care clients.
2. National Provider Portal – enables registered aged care providers to view and download information from an aged care client’s My Health Record. Information cannot be uploaded through the National Provider Portal.
- Only staff who are registered with the Healthcare Identifiers (HI) Service and who have been authorised by the aged care provider and received training can access the My Health Records of aged care clients.

Access to an aged care client’s My Health Record will be shown in their access history log and, if they have set up automatic notifications, they will be notified via email or SMS the first time a healthcare provider accesses their My Health Record.

Assembling your Readiness Toolkit

This toolkit offers aged care providers an opportunity to undertake a self-assessment of their readiness to adopt My Health Record, and more clearly understand the cost, time and resources that need to be committed to the project in order to make plans that will achieve your digital health goals.

Establish Digital Health Goals

- To borrow a term from Simon Sinek, “start with the why”. Establishing the reason ‘why’ inspires others to action. Digital health is an umbrella term referring to a range of technologies that can be used to treat, collect and share a person’s health information. The objective of digital health is to improve the quality of outcomes for health and care services. Having goals points the direction on how to reach those outcomes. The best goals are SMART ones (specific, measurable, achievable, relevant, time-bound).
- The governing body of the organisation is responsible for establishing strategic direction, which should include identifying digital health goals, a digital strategy and a cost/benefit analysis of investing in digital health technologies, systems and processes.

Assess financial readiness and investment needed

The potentially high cost of My Health Record implementation, including uncertainty regarding its impact on workflow, productivity and post-implementation revenue, is a frequently cited barrier to My Health Record adoption. Nevertheless, My Health Record offers significant potential to improve care coordination and health outcomes for residential care recipients who have a higher prevalence of chronic and complex conditions and polypharmacy, and interact frequently with the health system.

Determining the level of investment required depends on how a provider chooses to implement My Health Record into their service, this can be low or high cost depending on the business strategy.

Direct and indirect cost considerations for My Health Record may include:

- Hiring a project manager
- Upgrades to software and supporting technology and information systems and devices
- Conducting a gap analysis of policies, procedures and resources
- Updating client and employee information materials
- Workforce training – delivery and resources required
- Workforce development and recruitment plan

Additional information:

Providers may wish to undertake a feasibility study of adopting My Health Record and source support from aged care consultants that specialise in technology, accounting and business management of aged care.

The government is offering grants and business support to providers. In 2019 the Commonwealth Government announced the provision of accounting and business advisory services to approved providers of residential and home care services to review and assess their organisation, provide advice, business management and financial strategies to support their operations.

PwC was commissioned to provide financial support services, see <https://www.pwc.com.au/health/aged-care-advisory.html>

Assess Technical Environment and Infrastructure

- Accessing the My Health Record system is done through any one of these ways:
- conformant clinical software – this enables your service to upload, view and download information from an individual's My Health Record if registered, and/or
- directly via the National Provider Portal – this does not require conformant clinical software, only registration

The conduct of a thorough technology assessment will ensure you have the right tools and systems to implement My Health Record. This will require an inventory of clinical information and other systems that are needed to access My Health Record.

Providers should contact their technology provider to assess whether their system(s) is conformant to the My Health Record system. If an organisation doesn't have access to software that connects to My Health Record authorised users can still view records through the National Provider Portal at <https://portal.ehealth.gov.au>.

A number of software clinical information systems used by residential aged care organisations support digital health functions, including My Health Record. There may be significant costs in adopting a conformant clinical information software system, and these should be considered in your project budget.

Other considerations are your Internet/broadband connection, computer devices and whether you have the in-house technical expertise to implement the technical changes required.

Additional information:

Refer to ACIITC My Health Record in Aged Care Guidelines Chapter 6 Connecting via the National Provider Portal and Connecting via Conformant software.

The list of conformant clinical information software systems available in the market are listed at: <https://www.myhealthrecord.gov.au/for-healthcare-professionals/conformant-clinical-software-products>

Define Roles and Responsibilities for Registration

- Embracing adoption of My Health Record is a project that is unique and complex, requiring whole of organisation awareness and commitment, from governing body to frontline workers, is essential.
- A Responsible Officer and Organisation Maintenance Officer are key organisational roles required for an organisation to interact with Healthcare Identifiers (HI) Service (registration system) and My Health Record system and are fully described in Section 6.2 of the *My Health Record in Residential Aged Care Guidelines*.

Identifying a Responsible Officer

The Responsible Officer can be a CEO or manager, who has authority to act on behalf of your organisation in dealing with the system operator of My Health Record. He/she also plays a key role in promoting, advocating and shaping the My Health Record implementation project. He/she oversees the implementation and launch of the project, and is accountable for ensuring commitment to the project is outlined in your strategic and business plans, the development of policies and processes, and your plan for continuous quality improvement. The Responsible Officer is a position required in order to apply to register the organisation for the My Health Record.

Identifying an Organisation Maintenance Officer

The Organisation Maintenance Officer is registered with the HI Service and acts on behalf of your organisation in its day-to-day administrative dealings with the HI Service (registration system) and the My Health Record system. You can have more than one Organisation Maintenance Officer if you wish. This role is administrative and can be assigned to someone such as the Facility Manager, or other senior staff who are familiar with your clinical and administrative systems. Alternatively, the Responsible Officer may take on this role as well.

Identifying Other Roles and Responsibilities

Providers need to determine which staff can access the My Health Record of residents based on their identified roles, which are identified in your My Health Record Security and Access Policy. Access can only be given to those providing healthcare who have an IHI registration.

Additional information:

My Health Record Guidance for Residential Aged Care Providers Section 5.2. Access and organisational structure.

Establishing a Project Charter

Although not essential, a Project Charter outlines an organisation's commitment to adopting My Health Record. It describes how My Health Record aligns with your organisation goals and strategic intent. A project charter or mandate is effectively an authority from the governing body to begin work on the My Health Record Implementation Project. The Project Charter can include a fair amount of detail of what the My Health Record project is about and it can save a lot of work that you otherwise would need to do to build commitment. For example, your Charter can outline your governing body's commitment to implementing outcomes of the Aged Care Royal Commission's Final Report, which indicated Residential Aged Care Facilities should adopt the My Health Record, with assistance from the Commonwealth Government by June 2023.

Additional information:

<https://www.knowledgehut.com/blog/project-management/importance-and-benefits-of-the-project-charter>

Assessing Leadership Readiness

Aged care organisations are experiencing numerous changes as they face significant reforms across the sector. Managers have an essential role in meeting the variations head-on to enhance conformity to the new environments. Organisational change is a constant process that significantly affects efficiency. Therefore, it is essential to pay attention to different change alerts from within and outside the organisation.

Resistance to change is a significant setback to an organisation's readiness to implement new ideas. Change brings uncertainty, and managers today require the aptitude, willingness and commitment to the human capital investment and clinical involvement required for My Health Record adoption.

Imbedding digital health in your model of care

"Digital health is an umbrella term referring to a range of technologies that can be used to treat patients and collect and share a person's health information, including mobile health and applications, electronic health records, telehealth and telemedicine, wearable devices, robotics and artificial intelligence," according to the Australian Institute of Health and Welfare.

Imbedding digital health in your model of care is a means to facilitate effective clinical care coordination and address issues of continuity of care between healthcare professionals, hospital and aged care facilities. Ultimately improve health and wellbeing outcomes for care recipients.

Development of a digital strategy for your organisation will support identifying digital health capabilities, innovations and enhancements and opportunities for digital growth.

Additional information:

Read about the Australian Government's National Digital Health Strategy and Framework for Action here <https://www.digitalhealth.gov.au/about-us/strategies-and-plans/national-digital-health-strategy-and-framework-for-action>

Conduct a gap analysis of policies and procedures

A review of organisational policies and procedures that will be impacted by My Health Record is required to ensure that operational systems and workflows are integrated with processes to view and access residents' My Health Record and ensure safe and quality care continuity. A gap analysis involves the following steps:

- **Identify My Health Record capabilities** essential to ensure your business compliance, performance and sustainability
- **Identify the current state of digital health** adoption within your policies, processes, and resources and the desired state
- **Determine where any gaps exist** between the two states. To do this, you will have to identify and map all of the missing pieces in your policies, processes and resources to your desired state.
- **Create specific goals** that are linked to your strategic planning or performance improvement
- **Develop and implement corrective action plans** between the current capabilities and future desired state.

Privacy and security legal requirements

All providers accessing My Health Record are required to have in place a My Health Record Security and Access Policy, and that include training as essential for authorised users.

Additional information:

The Office of the Australian Information Commissioner (OAIC) has developed a My Health Record Security and Access policy template for aged care which is available at <https://www.oaic.gov.au/privacy/guidance-and-advice/my-health-record/using-the-my-health-record-system#downloading-information-from-a-my-health-record>

Conducting a Training Needs Analysis and Developing a Training Plan

Education and training are important to enable the systems, policy, process and cultural changes required to adopt digitally enhanced safe and quality care, as well as ensuring the workforce understands the benefits My Health Record offers to residents, staff and visiting healthcare professionals.

It is a requirement of providers accessing My Health Record that they have a My Health Record Security and Access policy that includes training for authorised users.

Aged care clinical information system software providers that are conformant to My Health Record, will have specific training and resources available to support customers seeking to adopt My Health Record and should be included in negotiations with software providers.

Providers are encouraged to keep a record of training provided in order to monitor and evidence workforce competency.

Readiness assessment for change is a significant factor in the adoption and utilisation of My Health Record. It is a critical success factor in settings where the majority of the workforce is less likely to have advanced computer skills. Assessment can include:

- attitudes and willingness of clinical and administrative staff.
- conducting an inventory of skills and competencies needed to support My Health Record adoption.
- management and staff knowledge and understanding of My Health Record

Readiness assessment data helps with change management planning. Specifically, you use the information to prepare a change management strategy that fits both the change and your organisation's unique attributes.

How the assessments are completed depends on the make-up of your project team and the role internal or external management in the process.

Additional Information:

Online survey tools can be used to prepare questionnaires that will assess the readiness of your workforce and clinicians. You can read more about change management readiness assessments here <https://blog.prosci.com/when-should-you-use-a-change-management-readiness-assessment>

The Australian Digital Health Agency offers a wide range of on-demand and interactive training, for example:

Role	Content	Link to training resources
IT staff	<ul style="list-style-type: none"> ■ My Health Record – An Introduction ■ My Health Record in the National Provider Portal ■ Setting up security and access ■ Accessing My Health Record without clinical software – the National Provider Portal ■ My Health Record – practical demonstration in our clinical software 	https://www.digitalhealth.gov.au/healthcare-providers/training-and-support
Management	<ul style="list-style-type: none"> ■ My Health Record – An Introduction ■ Implementing My Health Record policies in your organisation ■ Registering the organisation ■ Management responsibilities ■ Security and access ■ Improving data quality 	
Authorised users (clinical and administration staff)	<ul style="list-style-type: none"> ■ My Health Record – An Introduction ■ How to register as an individual ■ My Health Record – Aged Care Case Study ■ How to use the system: upload clinical information, recording clinical events, emergency access ■ How to view a My Health Record and understanding clinical records ■ Security and access ■ Accessing My Health Record without clinical software – the National Provider Portal 	

Australian Digital Health Agency, My Health Record, offers a recommended Training Checklist and Declaration at <https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/my-health-record-checklists>

Adopting a Project Management Approach

My Health Record Implementation project cannot be executed as part of the usual day-to-day business, it will have its own plans and activities. Project organisation will help every part of your business to run more smoothly during implementation and avoid delays and ensure everyone knows their roles and accountabilities.

Project management serves to assign authority, tasks and responsibilities clearly, manage the co-operation, communication and co-ordination of all people involved in the project, ensure rapid response to changes in the general conditions or the project goals and objectives.

Adopting the rigour of a project management approach will drive successful change:

- Establishing goals
- Specifying what is out of scope.
- Assessing and assigning appropriate resources
- Identifying leaders within the organisation who need to be involved and gaining their commitment, along with assigning decision-making authority
- Creating a project plan that breaks down project activities into meaningful units of work and assigns responsibilities to individuals with a clear schedule actions and timeframes
- Reducing the complexity of tasks with clear direction
- Preparing, supporting and helping the workforce to adopt changes

Every organisation has unique characteristics. Ultimately, very different factors may contribute to the success of your project compared to other providers. These factors range from your organisation's leadership and culture, technical capabilities, policies and processes, roles and responsibilities and the interpersonal aspects.

A Project Management Framework involves:

- Initiation: This is where you define what the project actually is. You can outline your objectives in a project charter and identify any potential risks. Establish a project leader and assemble the project team.
- Planning: In this phase, you list all the project tasks in a detailed roadmap. Estimate how long each one will take, create deadlines, and add assignees.
- Execution: Put the plan into action. Teams commence work on project tasks and align their schedules to achieve key deliverables.
- Monitoring and controlling: Project managers oversee progress by tracking team performance, creating reports, and readjusting priorities if necessary.
- Closure: The final phase incorporates the results achieved when all project tasks are completed. A project manager will analyze these results and plan the next steps.
- Tools and templates: Project plans, project management reports, and risk logs are common tools and templates for managing projects.

Identifying and managing risks

There are a variety of risk identification tools and techniques offered within project management methodologies. However, you want to define risks is a business decision, but risks do need to be assessed and managed. Risks that may impact your project objectives will likely fall into these categories:

Cost and resources

Timeframe and schedule

Quality and compliance

Scope

Additional information:

<https://business.gov.au/risk-management/risk-assessment-and-planning/assess-and-manage-risk>

Resources to support implementation of a project management approach can be found at <https://www.apsc.gov.au/initiatives-and-programs/workforce-information/taskforce-toolkit/project-management/develop-workplan>

Registration explained – IHI, HPI-O, HPI-I

Only healthcare providers, including aged care providers, involved in the care of an aged care client and who are registered with the Healthcare Identifiers Service and the My Health Record system are allowed by law to access My Health Records of aged care clients.

What is an IHI (Individual health identifier)

The Individual Healthcare Identifier (IHI) is a unique 16-digit number created by Medicare and assigned to everyone registered with Medicare, as well as others who require medical assistance.

What is an IHI-O – Healthcare Provider Identifier

Registered Residential Aged Care Providers accessing My Health Record have a unique healthcare identifier called the Healthcare Provider Identifier – Organisation (HPI-O). To get an HPI-O, a provider needs to:

- provide healthcare related services
- employ at least one individual healthcare provider who has an HPI-I.

What is an HPI-I – Health Provider Identifier - Individual

Healthcare professionals accessing My Health Record have a Healthcare Provider Identifier – Individual.

How to access My Health Record

All access to My Health Record is recorded. More information on how to Register for the HI Service is available here: <https://www.servicesaustralia.gov.au/registering-your-healthcare-provider-organisation-to-use-healthcare-identifiers-hi-service?context=22876>

There are two ways for a healthcare provider to access My Health Record:

1. Through your clinical information software

Not all software is able to connect to My Health Record, and you will need to check with your clinical information software provider or view the list of conformant clinical information software systems listed at: <https://www.myhealthrecord.gov.au/for-healthcare-professionals/conformant-clinical-software-products>

2. Through the National Provider Portal

A web-based interface through which healthcare providers can access My Health Record. This is an option when My Health Record is not integrated in clinical software, which is often the case for specialists, allied health practitioners and medication review pharmacists. If not using conformant software, it will also be the case for clinicians such as Registered Nurses and Allied Health Practitioners employed at your facility.

Before you start

You cannot register unless you have evidence of authority to act on behalf of a business. This is usually the Responsible Officer. Examples of evidence documents are:

- Certificate of company registration from ASIC
- Notice by registrar of Australian Business Register
- Business bank statement
- Lease agreement or Rates Notice

Note:

- The applicant's name must be on the document.
- You will need to scan and upload the relevant documents.

Key registration steps for conformant software

Essentially, there are four key steps to register your organisation to access My Health Record.

1. Register for a PRODA account
2. Register your organisation with the Healthcare Identifiers Service using your PRODA account
3. Request a NASH certificate (not all software requires a NASH certificate, check with your software provider)
4. Configure your clinical software

Case Study: Ophelia

Ophelia is a 76-year-old female who resides at the ABC Aged Care facility and was admitted to hospital for a knee replacement. Ophelia was discharged when safe and medically stable and returned to the facility three days after the operation.

The facility was provided her medications list, with a recommendation for physiotherapy to ensure safe mobility. Ophelia was required to be reviewed in an outpatient clinic in two weeks and by her orthopedic surgeon in 6 weeks.

The hospital indicated Ophelia had a high risk of blood clots and was prescribed Rivaroxaban for 2 weeks. She was to bear weight as tolerated.

On return to the facility, her My Health Record was accessed and authorized ABC Registered Nurses were able to develop her comprehensive care plan after checking for any adverse drug or health events, viewing her Discharge Summary and cross checking her medications list. With authorised access, the facility's physiotherapist was also able to access the My Health Record and obtained information helpful to prepare Ophelia's rehabilitation plan.

In the days after she returned to ABC, Ophelia's leg continued to be red and swollen, and she indicated high pain levels. With suspected infection, the GP was called who reviewed and adjusted her medications and treatment plan, and ABC updated her care plan. The GP was able to access My Health Record and after visiting Ophelia to upload an Event Summary. The outpatient clinic was visited two weeks later and was able to access the GPs Event Summary in My Health Record.

Frequently Asked Questions

Can aged care providers add information to an aged care client's My Health Record?

Yes, if they have conformant clinical software. Only include summary information that will be useful for the aged care client's next healthcare provider and that is relevant and up-to-date.

How do staff working for an aged care provider become registered with the Healthcare Identifiers Service?

Healthcare providers such as GPs, allied health professionals and Nurses registered with the Australian Health Practitioner Regulation Agency (AHPRA) are automatically registered with the Healthcare Identifiers (HI) Service and assigned a HPI-I number. Health professionals who are employed in a profession not regulated by AHPRA need to apply for an HPI-I (e.g., speech pathologists).

How does an aged care provider identify the aged care client when accessing their My Health Record through the National Provider Portal?

When accessing a My Health Record through the National Provider Portal, authorised staff will need to enter, each time, four identifying pieces of information about the aged care client – their Individual Healthcare Identifier (IHI), Medicare number or Department of Veterans' Affairs number; their date of birth; their last name and their gender.

Who are authorised and nominated representatives?

An aged care client can allow others, such as a partner, child or carer to access their My Health Record by making them an authorised representative or a nominated representative.

Aged care staff should not be authorised representatives or nominated representatives on behalf of an aged care client, as these roles are more appropriately undertaken by a family member, friend or authorised advocate.

More information and help

1. My Health Record in aged care <https://www.myhealthrecord.gov.au/for-healthcare-professionals/aged-care>
2. Register your organisation <https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/register-your-organisation>
3. The Healthcare Identifiers Service – how to get your HPI-I <https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/register-your-organisation#steps-nbsp-to-obtain-a-healthcare-provider-identifier-individual-hpi-i->
4. My Health Record Online Training <https://training.digitalhealth.gov.au/login/index.php>
5. The Australian Digital Health Agency can organise education and training. To request education and training, please submit an online form <https://www.digitalhealth.gov.au/contact-us/education-and-training-request-form>

Readiness checklist

Criteria	Yes	No
Prioritisation		
Identification of the need for My Health Record has been documented and shared		
Organisation has appropriately prioritised My Health Record in its business planning		
Awareness		
Awareness of My Health Record exists across all staff in the organisation: board, executive, management and workforce		
Awareness of My Health Record is prevalent across residents and families		
Comfort in technology		
There is general comfort with technology amongst users of My Health Record		
There is general comfort with technology amongst all the workforce for the purpose of resident care		
All system users have been trained on how to register for My Health Record		
Trust on use of My Health Record		
The governing body trust new technology as a solution to identified problems and continuous improvement to resident care		
All staff trust new technology as a solution to identified problems and continuous improvement in resident care		
There are plans in place to increase staff's trust and confidence in the new technology		
Planning for My Health Record project		
An individual or team has taken responsibility for planning My Health Record implementation		
The My Health Record user groups among staff and other stakeholders are involved in planning		
There is an appropriate plan for implementation of the My Health Record initiative		
The implementation plan includes proper budgeting and identification of resources		
There is an appropriate plan for evaluation of the My Health Record initiative, including option for external evaluation		
Satisfaction and willingness		
The proposed system to adopt My Health Record is appropriate for the conditions within our organisation		
There is a willingness amongst staff to implement My Health Record for its intended purpose		
Integration readiness		
Integration of My Health Record with current services and systems has been considered in the planning process		
There is a plan in place to integrate My Health Record with our current services and system		
Technology readiness		
Speed and quality of ICT/Internet is acceptable		
Service support for ICT is available		
Hardware and software required is affordable and available		
Organisation has access to ICT helpdesk support		
Access to training is available for all system users		
Programs are in place for ongoing education and training		
Learning readiness		
Staff regularly use ICT/Internet to communicate		
Staff regularly use ICT/Internet to communicate with other health providers		
Staff keep clinical care information systems up to date on resident healthcare information		
Information about residents is regularly shared between our organisation and other institutions in planning and managing their care		
A referral system is available between our organisation and other healthcare institutions		
Policies and processes are in place to support use of e-health (e.g., my health record and telehealth)		



1300 222 721

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We are stronger together.