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WEB LINKS

HISAC

Health Information Strategy Action Committee: <http://www.hisac.govt.nz>

Health IT Cluster (HITC)

Link to website for the latest news <http://www.healthit.org.nz>

Ministry

Ministry of Health <http://www.moh.govt.nz>

HINZ

Health Informatics NZ <http://www.hinz.org.nz>

Welcome Editorial

Alan Hesketh, Deputy Director-General, Information Directorate, Ministry of Health



Alan Hesketh

Welcome again to *Health e-News*. After eight months with the Ministry I am beginning to understand the challenges and opportunities facing us in the Health System.

These opportunities were highlighted for me in the recent HINZ seminar on the electronic health record (EHR). We had the benefit of hearing from two American health care organisations that use a very centralised approach to the delivery of IT services.

These organisations have shown significant improvements in health outcomes and access by people to their own information. Understanding how these approaches fit to our devolved health system will help us identify how we can lift the contribution made by our information systems.

In the Directorate we are progressing with the recent organisational changes and are currently working to appointment the permanent senior leadership team. We have advertised the positions of group managers for Relationship Management, Information Strategy and Architecture and Programme Management office and hope to make appointments by late September.

The Auckland based DHBs are looking for more system functionality in the delivery of universal services for kids living in the DHB areas. The Ministry is participating in this project to a limited extent as we look to the possibility of using this application as a model for an alternate method of developing applications, within one or more DHBs, that are then available for use by other parts of the health system. It is clear that the objectives of KidsLink+ are common to all DHBs so we are aiming to build our understanding of how to develop and implement common solutions.

Privacy remains a key area of focus for us. The development of the network of people working in this important area is covered in this edition. Given the challenges that the likely developments of EHRs will bring, we need to address the associated privacy issues carefully and consistently.

Please provide us with your feedback on this issue, or ideas for articles, as we want to make sure that the content is relevant to you and is giving a clear picture of how information systems are developing across the health system.

Alan Hesketh

PRIMHD, the new integrated mental health collection, is launched

A collection to improve current data gaps and understanding of outcomes for patients using mental health services



Programme for the Integration of Mental Health Data

The launch of Programme for the Integration of Mental Health Data (PRIMHD), one of four priority projects described in the Implementation Plan of the *National Mental Health Information Strategy 2005-2010*, begins the development of a national dataset that will support a more detailed understanding of the outcomes for those who access mental health services.

The *National Mental Health Information Strategy* outlines the priorities that will guide the development of national mental health information from 2005 to 2010, and signals a shift in emphasis from information collection to local and national use of mental health information. This has significant sector change management components, as well as managing changes to the Ministry-held mental health information national collection.

The PRIMHD information system is in production and outcome and service activity data has been successfully loaded. Two DHBs (Waitemata and West Coast) had a 100% production processing result. The PRIMHD National Roll Out Team are continuing to work with the remaining DHBs and Stage One Non-Government Organisation (NGOs) with their compliance testing, whilst for other DHBs and NGOs (WISE Trust) their data is being successfully loaded into production.

The development of PRIMHD has included a high level of involvement from key stakeholders throughout the mental health sector. The success of PRIMHD so far is attributed to the following:

- leadership and buy-in at a senior management level
- clinician support
- role of the DHB PRIMHD Site Co-ordinators
- IT capability and capacity.

Future key directions for PRIMHD include investigating the ability to incorporate secure and real-time remote access to PRIMHD. This will be made available by utilising the capability and services offered through other Ministry projects, such as the Interconnectivity Project, which will include Portal Access for a web-based form – designed especially for the NGOs that currently supply information via a manual process. The development team is finishing off the User Interface for the PRIMHD Online Web Solution and this is expected to be delivered over the next couple of months.

The Ministry intends that the ongoing implementation of PRIMHD for NGOs will be in five stages that extend over a three year timeframe. The Programme is focused on collecting information about those service types where it is possible to report service activity for each consumer using a unique national health index number (NHI). The rationale for adopting this approach is that all national health collections rely on the reporting of the consumer NHI as an integral part of the anchoring framework under the Health Information Strategy for New Zealand (2005).

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SHARING NEWS AND VIEWS ACROSS THE SECTOR

PRIMHD, the new integrated mental health collection, is launched...cont

A collection to improve current data gaps and understanding of outcomes for patients using mental health services

Over time, where possible, the amount of duplicate reporting by NGOs will be eliminated, as the PRIMHD dataset will be used to inform contractual reporting, as well as reporting the utilisation of services for performance, service development and monitoring purposes.

The first sector wide reporting of available information using PRIMHD data is due in November 2008.

For any queries regarding PRIMHD, please contact Bevan Sloan, Business Manager, Population Health Directorate on bevan_sloan@moh.govt.nz.

Capability Review Report

Review successful in identifying knowledge needs

The Health Sector Reporting and Information Capability Review, the National System Development initiatives (NSD) benchmark research into information gaps in the health sector, is being utilised to inform its delivery programmes.

Steve Budd, Project Director for Health Statistics & Reporting (an NSD programme) says 'The findings of the Health Sector Reporting and Information Capability Review is now proving to be an invaluable resource for our delivery programmes.'

'We conducted the research to find out directly from information users and analysts what information gaps existed in the information and channels provided by the Ministry.'

'We needed to know what people thought of both the quality and the quantity of information that they were provided with, and as a result we now know what the sector wants and how the Ministry could better enable the secondary and tertiary health sector.'

The review was made up of three parts:

1. an on-line survey
2. face-to-face workshops in 12 regional areas
3. an on-line forum.

Capability Review Report...cont

Review successful in identifying knowledge needs

There was a huge up take by those in the sector. Of the 180 people approached, 130 took part in the on-line survey. They responded to questions around how they get their information and how they use it and took the opportunity to explain issues they encounter with Ministry systems and the improvements they think are necessary.

Steve Budd explains, 'The high level of participation has shown us how passionate people are about wanting to get good quality information.'

The workshops had over 110 participants who provided very useful information. This information has been distilled into improvement themes, which will be used to inform current and future projects. Significantly improved reporting functionality and access were major themes, and action on this is already underway in these areas.

Other themes included improvements to:

- help people find out what information is available
- include information about the meaning of data
- allow collaboration over best practice use of information
- standardise data terminology
- ensure cost-effective access.

'The review has provided us with a rich source of information about the way health information is used and how we can make sure that the information the Ministry provides is of a consistently good standard.'

This information has been used in the review of reporting and reflected in the new structure of the Information Directorate (see article page 6).



Steve Budd (left) with Lisa Chatterjee and Jacques Preiss

Project to Develop Kidslink

Kidslink to expand in Auckland

Kidslink is set to expand beyond its current function within the National Immunisation Register (NIR).

The Child Health Integrated Information System (CHIIS) project was set up to implement the changes to Kidslink and deliver the new Kidslink+ (an integrated child health information system) to metro-Auckland and possibly Northland.

Following discussions with the Ministry about the future of the Kidslink system currently contained within the NIR; a project was set up as part of the Auckland Regional Information Services Strategic Plan. The project, a joint initiative lead by Counties Manukau DHB (CMDHB) also includes Auckland DHB and Waitemata (DHB).

The main aim of the project is to improve delivery of specific well child programmes to priority individuals and populations of the participating DHBs. This will be achieved by identifying individual children and population groupings that are not accessing the range of free universal checks, screens and intervention programmes, and then working together to deliver these services, and to remove the barriers which prevent families from accessing them.

Previously planned regional enhancements of the Well Child and immunisation information system were unable to be included in the final architecture of the NIR. Child health is a priority for the three metro-Auckland DHBs, and as the Ministry does not have any current plans to make enhancements to the NIR outside of the immunisation programme, the Kidslink+ project was formed.

The development of Kidslink+ will allow for programmes to be added and changes to be implemented by the DHBs as and when required. The system will be designed to meet the requirements of metro-Auckland DHBs to support delivery of universal services to their child population.

The Kidslink+ project has proposed a solution that will support the delivery of a range of child health programmes to priority individuals and populations by means of access to a single copy of an eligible child's details on the system. This information will be accessed by all eligible primary care providers across the metro-Auckland DHB area as required – for such things as universal checks, screens and various interventions for individuals presenting to them for care.

The eligible providers will be able to both access and update the database regarding their enrolled or registered children, or those presenting for consultation. The system will also interface with other child health providers 'feeder' systems, DHB maternity systems, and with national systems provided by the Ministry's Information Directorate according to its proposed draft standards. Kidslink+ will work with Health Information Standards Organisation (HISO) regarding the adoption and further development of resulting standards as national standards.

Ministry's Information Directorate Restructure

A step towards strengthening leadership capability in the Sector's Health Information System

'The Ministry of Health's Information Directorate has a responsibility to provide leadership to improve the collaboration and co-operation in the strategy and management of the Health System's supporting information systems', says Alan Hesketh, Deputy Director-General, Information Directorate.

A review of the Information Directorate, which began in March, was undertaken to clarify the objectives and direction of the Directorate, and to ensure the structure was aligned to those objectives and direction. The review also looked at the Key Performance Indicators that were in place.

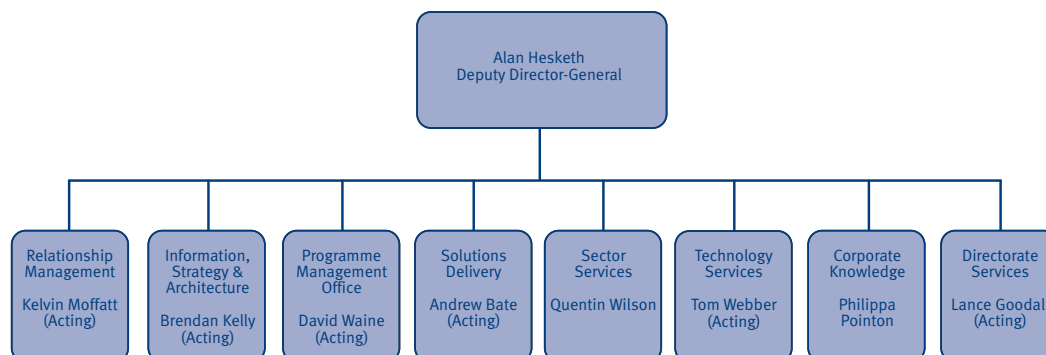
Alan explains, 'The review highlighted that organisational changes were required to ensure the Directorate was structured in a way that helped people to focus on key priorities, have clear accountabilities and the correct authorities to perform their tasks.'

The new structure took effect on 1 July 2008, and during the transition phase, the Directorate is reviewing and revising processes to successfully deliver the objectives of the Directorate.

Following feedback from the Ministry's external stakeholders the restructure includes the development of a dedicated Relationship Management Group. The Relationship Managers will work within the health system to recognise and assess the needs of the people using the Ministry's services in a strategic and planned way, and to ensure there is a clear single point of contact for all information systems related issues. Any queries regarding the Relationship Management Group should be directed to Kelvin Moffatt, Acting Group Manager, at kelvin_moffatt@moh.govt.nz.

During this transition phase, we will notify people who are affected by our changes of any new contacts and processes.

In the future, we are aiming to provide the clearer leadership expected of us in the management and development of the information systems, with measurable performance by the Directorate. The restructure will allow for more efficient, planned and coordinated interactions and services, with strategies put in place to recognise the health system's needs and priorities.



New organisational structure of the Information Directorate

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SHARING NEWS AND VIEWS ACROSS THE SECTOR

HINZ EHR Seminar – Electronic Health Record

Last month's seminar provided the opportunity for delegates to explore the subject with international and local experts

The one-day seminar was held on 8 July 2008 at the Clinical Education Centre, Auckland City Hospital. Around 130 delegates attended the seminar and ranged from GPs through to DHBs and Government.

Local speakers were joined by international guests, via video conference, to discuss the development and implementation of Electronic Health Records (EHR).

International Speakers:

Dr Andrew Wiesenthal, Associate Executive Director of Clinical Information Support for Kaiser Permanente – a non-profit corporation with 8.7 million members across the US, 159,000 employees and \$37 billion in annual revenues – talked about how the organisation had established an EHR system for their members. Kaiser Permanente now has 14 paperless hospitals with members having 24/7/365 access to their information. He stated there had been an 11 percent reduction in patient face-to-face visits with doctors due to increased use of email exchanges with patients. Kaiser Permanente had also found a dramatic satisfaction increase of members following the introduction of an After Visit Summary.

Dr Wiesenthal says over five million secure messages had been exchanged between doctors and patients. Kaiser Permanente had released more than 50 million laboratory results online, with over 20 million of those results accessed by their members.

Dr Wiesenthal insisted that any programme of work to establish an EHR must be lead by physicians, those that the doctors and nurses trust, and not left to the technophiles. He says, 'Data standards must be followed for both transmittal and storage of health data and don't devise a system yourself, it will take too long and cost too much and probably fail, choose an existing vendor system as one size will in most cases fit all.'

Dr Matt Handley, Associate Medical Director, Quality and Informatics for the Group Health Cooperative, another large US organisation, spoke about how EHR used to be organised around doctors offices, but are now organised around patients. He emphasised that the people who benefit the most from an EHR system are those patients who have the most difficulty attending a GP practice; simple patient cases stay home and only the more complex cases need to come in.

Dr Handley, who has spent time in New Zealand, says 'New Zealand does not integrate its primary and secondary care records. The country is big enough to do something powerful and still small enough to do it.'

Peter Sprivulis, Head of Benefits Realisation, National E-Health Transition Authority, talked about the need for good clinical engagement and the use of open standards. He also advised incentives would be required to encourage GPs to move to e-Health, rather than remain using conventional patient visits.

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HINZ EHR Seminar – Electronic Health Record...cont

Last month's seminar provided the opportunity for delegates to explore the subject with international and local experts

Local Speakers:

Dr Harry Pert, Rotorua GP, talked about how the key to developing any EHR solution was behavioural rather than technical change. He says GPs need to be more proactive in dealing with long-term conditions and that information should be collected once, but be able to be used many times.

Dr Andrew Holmes, Outcomes Performance Systems Manager for the Ministry of Health talked about how the medical profession needs to support New Zealanders throughout their life journey. He focussed on the Long Term System Framework around person-centred eHealth and the six uses of data: supporting self-care; supporting clinical intervention; clinical governance; administration (in all parts of health); strategy and policy development; and research.

Other local speakers included Gabe Rijpma, Health Industry Director for Microsoft Asia Pacific and Susan Turner, CEO of Harbour Health.

Slides from the EHR seminar are available at the HINZ Website at www.slideshare.net/tag/hinzehr.

There is a follow up EHR Seminar being held on 30 September, called Linking Systems to Strategy, details of which are also available at the HINZ Website at www.hinz.org.nz/content/view/179/85/

Remember the
HINZ Annual Conference
Rotorua,

15-17 October.

More details at:

www.hinz.org.nz/content/view/177/1/

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SHARING NEWS AND VIEWS ACROSS THE SECTOR

Innovative Personal Health Care Record Pilot Proves Successful

Gore Health develops unique shared care plan

'My Personal Health Record' (PHR), a personal health management system, developed in Gore in 2007/2008, was showcased at the Rural Health Symposium in Christchurch, held in early June.

Based on an American model, a group of patients aged 24-82 put a New Zealand spin on the programme over a period of eight months.



The project was funded by a Rural Innovations Fund grant and delivered by Gore Health Limited, explains former Gore Health Chief Executive Ralph LaSalle, 'We worked directly with a group of 30 patients to develop and implement a New Zealand-specific personal health care record and it proved a stunning local success. It could prove as a blueprint for a national patient-centred health system.'

The PHR project was undertaken to deliver both feasibility and testing reports on the use of the programme for the self-management of chronic conditions in a rural New Zealand environment. 'We worked directly with patients to develop and implement a New Zealand specific programme. The programme is equally as useful for patients who just want to take a more active role in their own health.'

The programme has been successful in meeting its targets and developing the web-based tool for use in a New Zealand health environment. Mr LaSalle says the programme should be rolled out to a wider audience and then nationally as a tool to deliver health system outcomes.

'It is a new, simple way to put the patient in control of their health by giving them the means to create a care team and share information about their health and well-being. It also eliminates many of the privacy concerns surrounding health information because the patient owns the information and they give access directly to those people who they want to share the information with.'

During the Rural Health Symposium many further applications were recognised within rural areas where the programme can be used to span great distances between patients and health providers. The programme was also noted in the 18 June issue of NZ Doctor.

Ralph La Salle has recently taken the position of CEO, New Zealand Services with St John of God Healthcare in Christchurch, where he will continue further development and roll-out of the programme.

Key outcomes of the project are that it:

- empowered the users of the tool (patients with chronic diseases) to self manage their conditions
- created a model/platform for greater collaboration between care providers that is easy to use and provides them with the knowledge of the patient's wants and desires
- removes almost all privacy concerns as the patient is the one who controls information.

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Innovative Personal Health Care Record Pilot Proves Successful...cont

Gore Health develops unique shared care plan

Q & A with Ralph LaSalle

What made you think Gore needed such a project?

Gore is a great place to test out such projects given the relative closeness of our medical community. The initial vision was inspired by a patient who came to us here at the hospital on 16 different meds, after spending time in a different hospital. He was here for about 10 days and then released - over the next nine days he saw about seven different doctors and each changed his medications without knowing what the other doctors had done. My advice to him was to carry a manila folder and each time he went to a doctor to get a piece of paper on what the doctor did, and then show it to the next doctor. He was the one with the most info about his condition and he was best placed to help the NZ health system succeed.

Is the programme finished? Where to now for the project?

The website is developed and ready for operation - the Rural Innovations portion of the funding expired in April and we are now looking to spread the innovation on a national scale. We found it not only applicable for chronic conditions but for anyone who wants to share health information with their care team. With the Personal Health Record as a base, we can hook health information into ambulances and transform the programme for use as a pregnancy journal as well as a Well Child record.

To contact Ralph La Salle for further information about the programme or for a demonstration, please email him at ralph.lasalle@sjog.org.nz or phone at 027 2856323.

Health e-News Feedback

If you have any comments or article ideas for the next issue, please contact the editor:
health_e-news@moh.govt.nz

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SHARING NEWS AND VIEWS ACROSS THE SECTOR

District Health Board's Privacy Officers Group

Chair of the DHB Privacy Officers Group, Canterbury District Health



Julia Fomison

Chair of the DHB Privacy Officers Group, Julia Fomison talks of the value of the group in terms of support for those working in privacy in the health sector.

'The group is available to anybody working in the DHBs with an interest in privacy – medical people, those working within patient affairs, lawyers, those on the board – it's a wonderful group of people.'

'The sharing of ideas and networking is the primary focus for the group. It has become a wonderful resource for everyone – not only do we meet quarterly but we also have a network where we can access each other by email.'

The group helps those officers who may have felt isolated feel more integrated, says Julia. 'The group has been especially necessary in some of the smaller DHBs where there are only one or two privacy officers – it means they have the added support.'

'It's a good way to prevent DHBs becoming isolated in terms of privacy issues. We have links with a lot of organisations – the most important is with the Ministry's Information Directorate who fund the Group, but also with the Office of the Privacy Commissioner.'

'Our meetings are a practical opportunity to talk face-to-face with one another about what is going on and a way to disseminate the 12 principles of the Privacy Act. We are currently discussing changes in the privacy world around the release of patient information; how do we release that information and how do we share it when so many agencies in primary care need to be involved in that process? And then, how is information released to agencies and people outside health who may need to access it?'

'We are beginning to look at how to protect that information and that's quite hard. Sharing information electronically is a HUGE challenge. To help inform our work around this, and other privacy issues, we invite guest speakers from agencies such as ACC, the Ministry of Health, the Ministry of Social Development, NZ Human Rights Commission and the New Zealand Medical Council. The greatest advantage of the group is that we are able to share information so we are able to get a consistency of approach across the DHBs. We are also able to share research and information and development opportunities.'

'It has meant we have set up good networks and working relationships. Right now one of our next challenges, working with the Privacy Commission, is developing educational training packages about privacy which includes a DVD and online training packages.'

For more information about the Privacy Officer's Group, please contact Julia at julia.fomison@cdhb.govt.nz.

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Chief Information Officer Group Update

This issue we hear from...Alan Grainer, Chief Information Officer, Waikato DHB



Alan Grainer

In what he finds a challenging and rewarding environment, Alan Grainer works for the Waikato District Health Board as the Chief Information Officer. 'It's the most rewarding work I have done. I think there is more complexity in the health sector than any other sector. Change is constant. After three and a half years here I find myself thinking "okay I've got that figured out", and then a new wave of change will hit that area again. There are frequent policy changes and the needs of the sector change.'

Mr Grainer has over 25 years experience in information technology and business management, spanning both private and public sectors. He led major change projects such as Driver Licensing implementation for the Land Transport Safety Authority and the Children and Young Persons and their Families Act system for the then Department of Social Welfare.

While in his current role, Mr Grainer has worked on national initiatives such as the Health Workforce Information Programme, PRIMHD (Project for the Integration of Mental Health Data) and the Public Records Act.

At Waikato DHB, he has led the deployment of a new patient management system, among several new developments. Waikato still has a number of legacy systems (ie older systems), Mr Grainer says, 'These systems need to be replaced but as anyone who has had to upgrade a system knows – it is now not just a case of replacing it with newer technology. The world has moved on since then! No, now we want to get our programme of work aligned to business priorities and changing models of care, then prioritised technically and approved by all stakeholders before choosing and installing a new system.'

'Over time I have developed two themes that inform my work: one of those is health care systems integration. For instance, we at Waikato, are working collaboratively with Bay of Plenty (BOP) DHB on the new radiology sharing programme – Pictures Archiving and Communication System (PACS); as demonstrated by our work with BOP DHB. I am a keen supporter of working collaboratively and sharing systems where it can save time, and improve the cost-effectiveness of services. There is huge scope for this in the health sector. It is also a local approach. Right now we are looking at upgrading our laboratory system as part of a service renewal. We are establishing a business case for it and we will be working with provider organisations in the district (eg, PHOs) to see how we can create the best laboratory system for our lab workers, clinicians, external providers and receivers.'

Mr Grainer is keen on integrating health information and making it accessible. 'I am enjoying working with the Ministry at this time on this. I think projects like PRIMHD (see article page 2) reflect the new management and a desire for results. Alan Hesketh is providing leadership around the prioritisation of



Chief Information Officer Group Update...cont

This issue we hear from...Alan Grainer, Chief Information Officer, Waikato DHB

demand and project delivery – this is a big step forward. Demand in health is never ending and I can see the Ministry actually saying, “Yes, we can do that,” and “No, that will have to wait as that is not top priority right now”. I think this is a good direction to head in. It makes us more business like in our practices.’

Mr Grainer has also worked on the Health Workforce Information Programme (HWIP), which is part of the DHBNZ programme of work. ‘It is pretty exciting in a “back office” kind of way. HWIP is now generating pretty accurate and systematic data about the DHB workforce, and is looking to tackle NGOs soon. It is also doing predictive work on workforce need: what types of specialties, and what types of workers we will need to be employing in the future. There is real value being generated in this programme.’

Day in a Life: of an NIR Administrator

A look at Katrina Lyle’s varied and challenging position

A Day in the Life of a National Immunisation Register (NIR) Coordinator is indeed a challenge. Especially in a DHB area with one of the lowest – but improving! – immunisation rates in the country. Katrina Lyle has been the NIR Coordinator at Lakes DHB for the past four years. She explains, ‘My role is perhaps not typical of other NIR coordinators, it has definitely grown along with the NIR.’

‘A couple of times a week I look at all the new babies that have been born in our area and take note of these on a database. The statistical information is then used to report against the DHB’s immunisation targets. It is also used to advise local Well Child Providers of all newborns and also to provide statistical information to other staff within the DHB.’

‘During the day I deal with many queries about the NIR; this may include parents that ring in to change their baby’s details. Practices may phone or fax to obtain what we call a “status query” report, which provides them with details of a child’s current immunisation status – what vaccines they’ve had, are due for, or are overdue.’

‘There has been a lot more work on the NIR with the upgrade on 1 June, which included the removal of the MeNZB™ injection and the inclusion of the Prevenar® – which is the new pneumococcal vaccine.’

Day in a Life: of an NIR Administrator...cont

A look at Katrina Lyle's varied and challenging position

Another of Katrina's roles is to meet with the Lakes Immunisation Stakeholder Group; this includes the Maternity and Childrens' units from Rotorua Hospital, local Well Child Providers, local PHOs, Outreach Nurses, etc. She says, 'By meeting on a regular basis any challenges are ironed out early on, and different stakeholders know who to contact when they have a query as we have a very good network of stakeholders.'



Katrina Lyle, NIR Register Administrator (left) with Maree Macpherson, Register Assistant (right)

Katrina coordinates communication between primary care practices and Lakes DHB and also uses regular contact with the Ministry of Health's NIR team to talk about any issues or errors which need to be fixed, she says, 'For example if a vaccine in a practice's Practice Management System creates an error, or the NIR does not understand it, I then need to talk to or email the helpdesk.'

'I enjoy my work because it is so varied – what I have talked about here is really only the tip of the iceberg! With the NIR no two issues are ever the same. I enjoy working with the health care providers in our region to improve our coverage. It is a challenge because we do have low coverage, but with improved communication with the practices, which is part of my job, and lots of hard work from our providers, we are continuing to improve on this rate.'

Upcoming Events



- 3rd National Asian Health and Wellbeing Conference – Centre for Asian Health Research and Evaluation**
 8–9 September 2008, Auckland
 For full details – www.fmhs.auckland.ac.nz/oph/centres/cahre/
- NZ College of Midwives (NZCOM) Conference**
 12–14 September 2008, Auckland
 For full details – www.midwife.org.nz
- NZ Dental Association (NZDA) Conference**
 10–13 September 2008, Rotorua
 For full details – www.conference.co.nz/index.cfm/NZDA2008/Registration
- NZ Hospital Pharmacists' Association (NZHPA) Conference**
 19–21 September 2008, Auckland
 For full details – www.conferenceteam.co.nz/nzhp/
- Inaugural IT Service Management Summit**
 22–23 September 2008, Auckland
 For full details – www.brightstar.co.nz/nz/inaugural-it-service-management-summit.html
- HIMAA National Symposium 2008**
 25–26 September 2008, Canberra
 For full details – www.himaa.org.au/2008/default.htm
- NZ Emergency Department Conference**
 26–27 September 2008, Taupo
 For full details – jamesc@waikatodhb.govt.nz
- HINZ EHR Seminar**
 30 September 2008, Auckland
 For full details – www.hinz.org.nz/content/view/179/85/
- HINZ Annual Conference**
 15–17 October 2008, Rotorua
 For full details – www.hinz.org.nz/content/view/177/1/
- Practice Managers and Administrators Association of NZ (PMAANZ) Conference**
 16–19 October 2008, Auckland
 For full details – www.pmaan.org.nz/DNN/Portals/0/download/PMAANZ%20Brochure%202008.pdf

FEEDBACK ON THE NEWSLETTER

If you have any comments or article ideas for the next newsletter, please contact Amy Lockyer by email: amy_lockyer@moh.govt.nz
 Many thanks to all those people who have contributed to this newsletter.

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