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WEB LINKS

Strategy Advisory Committee

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

Health IT Cluster

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



Welcome to the first issue of *Health e-News* for 2009. I hope you all had a safe and restful break. We started the year, not quite as planned, with an unwelcome infection of the ‘Downadup’ or ‘Conficker’ worm in our internal computer network. While the clean-up process is behind us, we are in the process of reviewing our policies and processes with the aim of avoiding any similar incidents in the future. We will share some of these lessons in a later issue.

Alan Hesketh

This year, with our eyes back firmly on the ball, we continue working to develop the foundations for a person-centred health system. As promised, we have some news from the Information Strategy and Architecture team about the Health Information Strategy for New Zealand (HISNZ) refresh (see page 3).

The five core themes that underpin the strategy refresh are:

- developing a shared vision
- establishing common decision-making for shared projects
- capturing appropriate innovations
- simplifying the delivery of implementations to speed adoption
- establishing the principles for safe sharing of health information.

With such a large number of stakeholders in the New Zealand health system, a clear ‘end-goal’, which we all work towards, is essential if we are to have an equitable nationwide eHealth approach. Key to achieving this shared vision is the process of common decision-making and the further development of health information standards in New Zealand.

The transition of the Health Information Standards Organisation (HISO) into the Information Directorate team (see page 4) that is also responsible for the release of SNOMED, will help with the development of health information standards for the health system.

The development of common approaches to eHealth must be carefully balanced to capture useful innovations. With the need for standards, processes and structure in the health system, successfully implementing new innovations can be a challenge. The refreshed strategy will have to address this by simplifying the uptake and roll-out of innovative ideas and technology.

Whether or not a single electronic health record is our end goal – we are yet to see the evidence base to support this – establishing the principles for the safe sharing of information between people using the health system and providers continues to be an imperative.

Welcome Editorial . . . *cont*

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

The Ministry is in full support of the seven DHBs that have established the Health Management System Collaborative. The Collaborative is currently exploring the market for integrated health management software – an approach that will improve people’s experience and safety, while reducing redundancy and saving dollars. The governance of this change, including appropriate representation from affected stakeholders will be key to its success.

Finally, the Information Directorate now has a full Senior Leadership Team in place, with the last of the new team members, David Miller, Denis Black and Karen Fisher, joining us in January. *Health e-News* is running a series of profiles of Leadership Team members over the next few issues, see page 14.

As always, *Health e-News* wants to highlight your stories – your successes and learnings. Please email any article ideas or contributions to health_e-news@moh.govt.nz.

Alan



HINZ
Health Information New Zealand

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at www.hinz.org.nz

**THIS SCIENTIFIC
PROGRAMME CARRIES
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Wednesday 30th September - Friday 2nd October 2009
Rotorua Convention Centre

Refresh of Health Information Strategy Under Way

Dr Zoran Bolevich, Group Manager Information Strategy and Architecture provides an update on progress



Zoran Bolevich

The original Health Information Strategy for New Zealand (HISNZ), published in 2005, is being refreshed to bring it in line with emerging trends and changes in the health system. A Ministry-based planning workshop was held on 4 February 2009 and wider health system stakeholder engagement will follow.

The refresh of the current strategy is a complex process, influenced by a new government and a large number of stakeholders. Our initial efforts are focused on defining a common vision and direction for health information management and technology in New Zealand.

The Minister of Health's recent call for re-orientation of the health system in a way that fosters quality, is patient-centred and provider-friendly gives us an excellent framework for thinking about the kind of information infrastructure that will be required to support such a re-orientation.

Once a clear vision for the refreshed strategy has been established, we will be able to identify 'gaps' in the current system, and determine mechanisms to fill these gaps. A closer look at the 'national health information architecture' will help with this effort and will provide a clearer view of how different processes, systems, connections and health information standards could work together as one, producing the best possible result for New Zealand. Once agreed, the common vision, direction and information architecture will give us an ability to better target our ICT investments across the health system and to encourage adoption of common systems and processes.

Our approach to the refresh process is to work alongside and align with regional planning efforts, with the aim of streamlining procedures and reducing duplication of local, regional and national projects.

The refresh of the strategy will involve a high level of clinical leadership, with particular involvement of existing clinical groups such as DHB chief medical officers, directors of nursing, the Primary Care Information Management Group and others. These groups have the practical, end-user knowledge of what works, what doesn't, and what is needed.

The strategy has given us a good platform to build on and its refresh, in certain areas, will simply look at ways to speed up the implementation of the existing 'action zones', while in other areas, we may need to revise some of the assumptions made at the time and bring them in line with emerging trends and changes in the health system.

This kind of approach views the Health Information Strategy less as a document and more as an ongoing process and a joint resource that all health system stakeholders are able to contribute to and draw on.

Because this is an ongoing process, I will provide regular updates on its progress.

For more information on the HISNZ refresh, please contact Zoran Bolevich, zoran_bolevich@moh.govt.nz.

HISO Moves into the Ministry

Stakeholder collaboration continues through the stakeholder governance group

With the re-establishment and restructure of the Health Information Strategy Advisory Committee (HISAC) late last year, the subcommittee Health Information Standards Organisation (HISO) has transferred to the Ministry.

The activities of HISO are now the responsibility of the Health System Interoperability and Standards (HSIS) team in the Information Strategy and Architecture Group of the Information Directorate.

Key health system stakeholders will continue to have influence over the governance of standards development through a new HISO Stakeholder Governance Group. Members will be selected from key health system stakeholder groups, which will be approached for nominations in March.

The Governance Group will provide direction on the standards to be developed by HISO, and will then validate and endorse the standards once completed.

The aim of this restructure is to ensure that HISO continues to be the health information standards governance body of New Zealand.

This move has been welcomed by Zoran Bolevich, Group Manager of the Information Strategy and Architecture Group.

‘The Ministry, and in particular the Information Directorate, are committed to the delivery and implementation of health information standards in New Zealand,’ he says.

‘By integrating the work of the previous HISO team into the Information Directorate’s HSIS team, we are able to develop a more cohesive set of standards, and raise the importance of health information standards across the health system.’

To reflect the changes to HISO, it has been renamed the Health Information Standards Office (HISO).

‘The new standards, with the direction of the governance team, will involve a strong element of clinical leadership,’ says Zoran.

For more information on HISO, please contact Zoran Bolevich, zoran_bolevich@moh.govt.nz.

Key Directions Grants Available

Call for applications open

'Key Directions for the Information Environment' (Key Directions) grants are now available to support projects that contribute to development of data sets and standards for primary health care information.

The Key Directions programme includes three related strands of work. One is to develop a core data set for primary health care and the standards associated with that data set. The second strand deals with development of standards for using electronic clinical decision support tools. The third strand deals with standards for transferring clinical notes between doctors and other health professionals.

The grants process is designed to support the Key Directions Programme by:

- supporting and strengthening health system-wide relationships around standards development and building of data sets for primary health care
- assisting development of standards by supporting existing projects in the local community
- supporting local standards-based developments that have the potential to be used nationally.

Any organisation or group currently working on an initiative that contributes to the Key Directions Programme is eligible to apply for a grant.

A simple written application is all that is required. Applications can be made at any time and each application is considered on its own merits.

'This is not a competitive process,' says Neil Gyde, Key Directions Grants Project Manager.

'We are happy to talk with people right from the early stages of their application. We want to make it easy for people to work together to help us develop standards around health information.'

For more information on Key Directions Grants, please contact Neil Gyde, (04) 816 3670, neil_gyde@moh.govt.nz.

More information, including the application cover sheet, can be found at: www.moh.govt.nz/keydirectionsgrants.

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

Public Offices Prepare for Public Records Act Compliance Audit

Audit preparation triggers improvements in recordkeeping

Recordkeeping and data storage may seem like a dry subject, but awareness of this important business process is being raised as all public offices work towards their first compulsory Public Records Act (PRA) 2005 compliance audit in 2010.

The Ministry of Health and DHBs are welcoming the changes introduced by the PRA, and are embracing the opportunity to audit and improve business practices.

Alan Grainer, Waikato DHB CIO, says DHBs are finding the move to compliance with the PRA challenging, but see it as a chance to redevelop good business practices rather than a compliance issue.

‘There are benefits to be gained outside simple compliance,’ he says.

‘It is an opportunity to redevelop good recordkeeping practices that have been lost in the transition to electronic data storage. The changes are also an opportunity to highlight the importance of good business practices and start adapting the business culture and organisational mindset around good recordkeeping.’

The PRA establishes a recordkeeping framework, focuses on supporting good recordkeeping in government, and applies to all public offices, including all government departments, crown research institutes, state enterprises and tertiary institutions. The Act requires government organisations to create and maintain records and to dispose of them in accordance with the authority of the Chief Archivist. These records must also be accessible over time.

To ensure compliance with the PRA, all public offices will be audited in 2010. The audits will be completed using an audit tool based on the major requirements of the PRA and the requirements of the mandatory standards:

- Storage Standard
- Create and Maintain Standard
- Electronic Recordkeeping Metadata Standard.

Managing the compliance process for the Information Directorate is Philippa Pointon, Manager, Corporate Knowledge Services, Information Directorate.

‘The Audit is an opportunity to have an independent “snapshot” of our data storage processes to see how we are progressing and where we can improve,’ says Philippa.

‘It has motivated the Ministry to improve business practices and audit past data storage processes,’ she says.

‘Education on the changes raises awareness that data storage is not just an IT solution. The process starts with an individual, and their use of the supporting mechanisms.

‘Records are kept for a reason, if stored and maintained correctly, they are a valuable tool.’

Public Offices Prepare for Public Records Act Compliance Audit . . . *cont*

Audit preparation triggers improvements in recordkeeping

The PRA requires public offices to gain the Chief Archivist's authorisation before disposing of public records. The Chief Archivist and DHBs have worked together to create a General Disposal Agreement (GDA), which sets out a disposable schedule for specific DHB records.

Alan Grainer says working with the Chief Archivist to develop the GDA has provided DHBs with direction to develop processes for future record disposal, but has also allowed them to dispose of a lot of stored records.

'Prior to the GDA, the guidelines for what needed to be kept and for how long were quite broad, and some organisations had held on to a lot of records unnecessarily.

'Between creating new file classification systems, disposing of old records, working towards compliance and redeveloping good business practices, we have a lot to get through, but the changes will be positive.'

ProCare – Predict

A look at ProCare's Cardiovascular Disease Screening System, by Kylie Ormrod, ProCare



ProCare is an Auckland-based general practitioner service with 500 general practitioners and 400 practice nurses working in 186 practice teams, with over 650,000 registered patients.

ProCare's cardiovascular disease (CVD) risk screening tool – Predict – has helped 175 general practices screen more than 50,000 patients in the past three years.

The electronic decision support tool enables ProCare practices to better assess patients' CVD risks based on such factors as age, gender, weight, blood pressure, smoking and diabetic status. Predict then identifies, through tailored guidelines, what can be done to manage and minimise each patient's risk of CVD, the leading cause of mortality in New Zealand.

Predict is a unique New Zealand CVD screening and management programme because it allows New Zealand-specific cardiovascular risk tables to be developed to better diagnose and manage CVD risk for future generations of New Zealanders.

ProCare has implemented Predict throughout the 175 ProCare practices, which treat 650,000 enrolled patients in the greater Auckland area. The 50,000 patients screened represent 20 percent of the 250,000 patients identified as eligible for CVD risk assessments in this population.

Predict was developed through a collaborative project involving ProCare, software company Enigma, Auckland University's School of Population Health, the National Heart Foundation and Counties Manukau DHB. The tool has been thoroughly evaluated (from clinical, health inequalities and technology usability perspectives), with several studies published.

ProCare – Predict . . . *cont*

A look at ProCare's Cardiovascular Disease Screening System, by Kylie Ormrod, ProCare

Predict operates in real time and is fully integrated with MedTech, Next Generation and 'My Practice' practice management systems. It can also be accessed online by practices using other practice management systems.

Recent enhancements have improved workflow efficiencies (such as invoicing through the Predict platform) and integration with chronic disease management (eg, the ability to complete and claim Diabetes Get Checked and Care Plus reviews).

Predict's other benefits include robust population health reporting for each practice, from population level to individual patient level, as well as assisting practices to prioritise patients and better manage workloads. This flexibility enables practices to use one of three approaches to CVD screening and management: GP-led, nurse-led or a team approach to CVD.

Other factors contributing to Predict's success in ProCare practices are:

- a help desk support advisor
- clinical facilitators to provide ongoing training onsite with the practice teams to develop familiarity and confidence with the tool
- additional incentives for achievement of eligible population targets.

ProCare practices will soon be able to see the lifetime CVD risk for patients, forecasting their changing risk as they age and comparing them to the ideal profile for their age and gender. This feature – called 'Your Heart Forecast' – is currently being tested and is expected to be available soon. Your Heart Forecast aims to achieve earlier engagement for patients with low and moderate risks (when lifestyle changes can still make a substantial difference), along with demonstrating that risk can be substantially reduced in older people. This tool helps to demonstrate the risk reduction achieved by stopping smoking and reducing blood pressure and cholesterol. It also shows the increased risk if a patient develops diabetes.

ProCare's innovative work in disease management has earned both international and national accolades, including:

- Best International Chronic Disease Management Programme at 2007 Calgary health care conference
- Finalist in the 2008 ComputerWorld Awards for Excellence in use of ICT in Health.

For further information on ProCare's approach to CVD risk assessment and management please contact: Kylie Ormrod on (09) 375 7819 or kylie.ormrod@procare.co.nz

For further information on Predict CVD/diabetes please contact David Thompson at Enigma on (09) 912 9106 or david.thompson@enigma.co.nz

For further information on the University of Auckland's research or the Heart Forecast tool please contact Dr Sue Wells on (09) 373 7599 ext 82463 or s.wells@auckland.ac.nz

Message in a Bottle – a Perspective from Scotland

By Heather Strachan, eHealth Clinical Leader, The Scottish Government



Heather is an eHealth Clinical Leader in the Scottish Government. Her role is to ensure clinical engagement of nurses, midwives and allied health professionals in the National eHealth Programme and provide strategic and clinical advice to the programme.

Heather Strachan

My trip to New Zealand to present at the Health Informatics New Zealand (HINZ) 7th Annual Conference was a time for reflection. Not least because I had the time (it took me 40 hours to get over to you) but also because in preparing and presenting my talk I needed to reflect on Scotland's eHealth agenda and how it relates to the conference theme and New Zealand's eHealth agenda. Not knowing

as much about the latter as the former, my reflections continued throughout the conference and following my visit.

What struck me most were the similarities between Scotland and New Zealand. This of course extends not just to eHealth. Your environment is a lot like Scotland's; population size, green countryside and sheep! Your culture too; welcoming, good humoured and you know how to have fun (the fancy dress gala dinner an example!). But then everyone I met had a Scottish granny, so it must be in your genes!

More relevant are the similar challenges we are facing in delivering health services and how we are tackling them. Limited resources and increasing demand, the need to deliver best quality in the most efficient and safe manner, tackled through, for example, shifting the balance of care to the community, providing seamless care across people's life journey and more patient/client involvement in their health care. Our views and approaches to how eHealth can enable us to meet these challenges are also similar. We are both taking pragmatic approaches, building on current successes, progressively, using standards as a foundation.

The HINZ conference theme is at the heart of Scotland's eHealth strategy for which the vision 'is to exploit the power of electronic information to help ensure that patients get the right care, involving the right clinicians, at the right time, to deliver the right outcomes' (www.eHealth.scot.nhs.uk).

Both countries recognise the importance of government working closely with its health service chief information officers, the IT industry and ensuring clinical leadership and engagement of all clinicians.

The engagement of nurses, midwives and allied health professionals in Scotland and related projects was the theme of my presentation at HINZ. As 72 percent of the clinical workforce in Scotland, they are significant collectors, sharers and users of information. Therefore their engagement and education is fundamental to the success of our eHealth programmes. This will ensure that eHealth tools are designed to support their communication activities, clinical decision-making and better knowledge management that will help address the challenges of delivering health care now and in the future.

Message in a Bottle – a Perspective from Scotland . . . cont

By Heather Strachan, eHealth Clinical Leader, The Scottish Government

The establishment of the Health Information Strategy Advisory Committee to provide independent, strategic advice to New Zealand's Minister of Health and the health sector, with its wide clinical representations is an important demonstration of New Zealand's commitment to clinical engagement.

Here in Scotland we are lucky to have a unified National Health Service; however, it is still not simple to deliver the major change required by the National eHealth Programme. While the Government funds a number of key national systems, not all of the 14 Health Boards' eHealth programmes are at the same stage of development. We are not proposing a big 'rip and replace' programme, our architectural vision is based on a 'portal' technology and intra-operability standards, thus allowing a flexible approach. Also key is to encourage innovation and Scotland is supporting Health Boards with innovative projects that can demonstrate benefits of eHealth and, if successful, be shared across Scotland.

I was impressed that New Zealand, too, is encouraging innovation particularly in the key area of patient access to their records and health information. This will be key to delivering New Zealand's vision of patient centred eHealth and addressing the challenges facing health care delivery.

It is reassuring to know we are thinking along the same lines and we can share how we are tackling things, wrongly or rightly, the lessons learnt and benefits. I was delighted that HINZ agreed to contribute to an electronic portal, *Using Information – Improving Healthcare*, which enables sharing of international and national good practice in information use. The portal provides short vignettes (stories) of how information has been used to improve clinical care or services via text, sound bites or video, and provides links to resources and people connected with these examples, www.usinginfo.org. So have a look and share your reflections through the portal.

So my message in a (whisky) bottle is take time to reflect and share those reflections. Here in Scotland we are delighted to share our experiences and learn from yours in New Zealand.

Project Update: Pharmacy Online Claiming

Auckland roll-out progressing

Currently 202 pharmacies in Auckland Metro area are claiming online. We expect all 318 Auckland Metro pharmacies to be online by 1 July 2009. The online claiming service is being rolled out to pharmacies every fortnight, with the aim of achieving this July deadline, which has been set by their DHBs.

If you are a pharmacist and would like to register to use our online claiming system, please contact the Ministry on 0800 243 666.

CIO Update

In this issue we talk to . . . Grant Taylor, Otago Southland DHBs' Regional CIO



Grant Taylor

Taking on the challenge of managing IT across two DHBs may sound like a daunting task, but it was the complexity of the position that attracted Otago Southland DHBs' Regional CIO Grant Taylor.

In May 2007, the CIO positions at both Southland and Otago DHBs were vacant, and Grant accepted the challenge of taking on both roles.

With a background in IT management at companies including Gen-i, Fletcher Forests and PGG Wrightsons, Grant was attracted to the complexity of health IT.

'The IT industry in itself is exciting, but the extra challenge of adding the extremely complex health element was what attracted me to the position,' he says.

Grant now manages a team that is working to regionalise the two DHBs' core systems.

'It's still early days but we are in quite a unique position in that we are able to develop co-operation between two DHBs, reducing bureaucracy, reducing the number of different packages used and streamlining systems and processes.'

The regionalisation of the Otago and Southland DHBs has included a lengthy audit of the many systems and consultation with the health care teams to develop the convergence strategy.

'We have a "Master Plan" to eventually integrate as many of the 20 core systems across both DHBs as we can – as if we were one.

'We have completed the regional imaging services restructure, and are the only region in New Zealand with an imaging systems team managed by IT.

'Our regional oncology service was established in 2008, with the Emergency Department system currently being worked on.'

Otago DHB is currently replacing their Oracare Patient Management System (PMS) with iPM from iSoft.

The change in PMS brings with it some challenges. The iSoft package does not allow for as many key reporting functions as is required by the DHB. Grant and his team are currently working with the Ministry to look at implementing a Business Intelligence project to provide a solution.

The Business Intelligence project is an Enterprise solution that reports across multiple systems, services, management levels and DHBs. It will allow the gathered information to be used to report to senior management to assist in planning for the DHBs.

CIO Update . . . cont

In this issue we talk to . . . Grant Taylor, Otago Southland DHBs' Regional CIO

'The importance of information does not stop after it is gathered. This information is a valuable tool that can be utilised to model and report on trends, event impacts and future population health.

'A Business Intelligence project will allow information to be collected and utilised in a way that has real long-term benefits for the DHBs.'

The ultimate goal of the Otago/Southland 'Master Plan' is the development of a single Electronic Health Record (EHR).

'We have been actively creating partnerships with Primary Care Organisations in the region to develop link agreements, with the aim of one day moving towards patients having a single EHR.

'Working with HealthLink, we have set up the Health Views Clinical Viewer in the region, and now have over 115 GP clinics with access to their patient records in the DHB systems, all funded by our DHBs.'

GPs now have access to the same information that is seen in the hospitals. The Health Views Clinical Viewer allows access to medical imaging, lab results and consultation notes.

'While this is a DHB-led initiative, the ultimate goal is a partnership between care providers in the region.'

Day in the Life

Health e-News caught up with Rick Rainey, ARMHIT Project Manager



Rick Rainey is an ICT consultant currently working as the Northern Districts Support Agency Project Manager for the Auckland Regional Mental Health Information Technology (ARMHIT) Project.

The ARMHIT Project is a joint undertaking by the mental health services of Auckland, Counties Manakau and Waitemata DHBs. In his role, Rick works alongside the three DHB Project Managers and the vendor team to provide vendor management, programme management and stakeholder representation to the project.

Rick Rainey

'We are essentially working to adapt a patient management system to allow over 3000 clinicians secure access to patients' mental health records from across three DHBs.

'The objective is to deliver an integrated and shared clinical information system for the mental health services across the region, that allows clinicians full access to their patients records, with full medical management functionality,' says Rick.

Day in the Life . . . cont

Health e-News caught up with Rick Rainey, ARMHIT Project Manager

‘The adoption of a single clinical record allows for planned and co-ordinated delivery of patient services, patient care plans, a consistent reporting framework and the appropriate access to key clinical data when required.’

The current phase, due for completion early 2009, will provide a common shared mental health services platform for the three DHBs, hosted at Auckland DHB.

Working to ensure the project fits with current guidelines is a major part of Rick’s role.

‘A key element of the project planning was adherence to privacy legislation. We have created very strict privacy and access guidelines, with different access levels showing different amounts of patient information.’

Rick and his team have ensured the project scope and vision is consistent with both the Ministry of Health requirements and regional strategic plans and intent.

‘The complexity of the project is that it spans multiple years, involves clinicians and IT teams from three DHBs, and requires significant modification to third party applications.’

‘Vendor management is certainly a key part of the role. Changing complex requirements, coupled with significant modifications to the application can create challenges.’

‘Significant effort was put into establishing a change control environment that allowed for both parties to manage the change whilst maintaining clear ownership.’

‘We now enjoy improved quality of releases and effective communication and management of the overall project SDLC methodology. The vendor consultancy group is now seen as an integral member of the team.’

The ARMHIT project is being designed with a wider application in mind. Developed to be able to stand independently of the Auckland regional DHB structure, the goal is for the system to be able to be adapted and adopted by other DHBs, and in other countries.

‘This project is now in the planning and initiation stage for leveraging the ARMHIT platform into providing integrated patient care out into the wider sector including non-governmental organisations, primary care and, indeed, even the patient and their whānau.’

‘We aim to make the final solution a scalable reference platform that can be considered for use in other areas and possibly other services.’

Information Directorate Senior Leadership Team Profile

David Waine, Group Manager Project Management Office



Following the Information Directorate restructure in July last year, Dave Waine is now confirmed as Group Manager, Programme Management Office.

Dave first started with the Ministry in July 2007 as the National System Development Programme's (NSDP) Delivery Integration Manager, eventually moving to the role of Acting Manager, NSDP.

David Waine The Information Directorate's Project Management Office (PMO) is focused on delivering quality projects on time, on budget and to scope for all Ministry change activities that fall within the PMO's area of influence. To support this delivery, and to provide quality information on those projects to the relevant stakeholders, the PMO is currently working on defining and implementing a project management methodology based on OGC's Prince2.

Working with a project-based team is a challenging position, but Dave sees the role as an opportunity to make a positive difference.

'There is an opportunity to play a key role in bringing about positive change. The projects we deliver contribute to many different areas of health and deliver change to a broad range of areas including payment systems, information registries and IT infrastructure.'

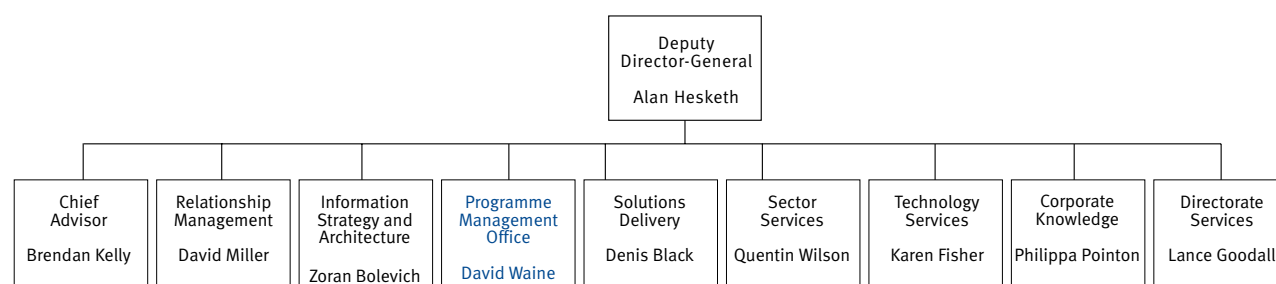
Dave sees stakeholder engagement as a key element in the development of the health system. 'The ultimate goal is to deliver the right projects with the right outcomes. Engaging the right stakeholders, early in the process is the key to being able to deliver successful change.'

Dave, from the UK, completed a degree in Industrial Economics at Nottingham University before moving into various project management roles, including a position with pharmaceutical manufacturer Smith + Nephew and automotive manufacturer Nissan. Following a move to an international programme management company, Robbins Gioia, Dave was set to head to Canada with the company in 1999, but took on a 'one-year' contract in New Zealand instead.

Staying here for 10 years may not have been planned, but Dave and his family now see New Zealand as home.

Other Information Directorate Group Managers will be introduced in future issues.

Organisational structure of the Information Directorate showing group managers



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HOME



PREVIOUS



NEXT

SHARING NEWS AND VIEWS ACROSS THE SECTOR

Upcoming Events



- **Biometrics Institute New Zealand Workshops**
19 March 2009
Wellington
For full details:
www.biometricsinstitute.org
- **Biometrics Institute New Zealand Conference**
20 March 2009
Wellington
For full details:
www.biometricsinstitute.org
- **AusCERT Asia Pacific Information Security Conference 2009**
17–22 May 2009
Australia
For full details:
<http://conference.auscert.org.au/conf2009>
- **GOVIS**
User-centred Government – More than meets the eye
20–22 May 2009
Wellington
For full details: www.govis.org.nz
- **Health Informatics Conference (HIC 09)**
Frontiers of Health Informatics – Redefining Healthcare
19–21 August 2009
Canberra
For full details: www.hisa.org.au
- **HINZ Annual Conference**
1–2 October 2009
Rotorua
Abstract submissions close 29 May 09
For full details: www.hinz.org.nz

Publications

The following publication has an update available online:

Mental Health: Service use in New Zealand 2005/06 provisional data

www.moh.govt.nz/moh.nsf/pagesns/566?Open

FEEDBACK ON THE NEWSLETTER

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