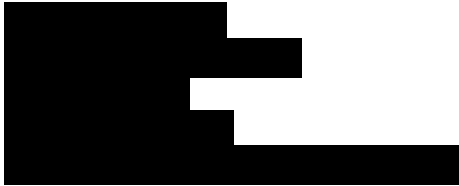


Our reference: **ACTHDFOI22-23.59**



Dear ,

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Tuesday 27 June 2023**.

This application requested access to:

*'Copies of correspondence about and announcements sent to ACT Health staff about the DHR outage on Sunday 2 April 2023.*

*In particular, I seek copies of emails, intranet posts and other forms of advice sent to clinicians and administrators before 2 April 2023 about the planned outage.*

*I also seek copies of all correspondence sent to staff following the outage.'*

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Tuesday 8 August 2023**.

I have identified four documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

#### **Decisions**

I have decided to grant full access to four documents. The documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*.

#### **Charges**

Processing charges are not applicable to this request.

#### **Disclosure Log**

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will

be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

#### **Ombudsman review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

#### **ACT Civil and Administrative Tribunal (ACAT) review**

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

#### **Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely,



Holger Kaufmann  
**Chief Information Officer**  
ACT Health Directorate


21 July 2023

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<p><i>'Copies of correspondence about and announcements sent to ACT Health staff about the DHR outage on Sunday 2 April 2023.</i></p> <p><i>In particular, I seek copies of emails, intranet posts and other forms of advice sent to clinicians and administrators before 2 April 2023 about the planned outage.</i></p> <p><i>I also seek copies of all correspondence sent to staff following the outage.'</i></p>	<b>ACTHDFOI22-23.59</b>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 3	Email and attachment – DSD Service Notification - Scheduled Outage of Digital Health Record - 2 April 2023	30 March 2023	Full Release		YES
2.	4 – 15	Email and attachment – DSD Service Notification - Scheduled Outage of Digital Health Record Tonight - 2 April 2023	1 April 2023	Full Release		YES
3.	16	Email – FW: DSD Service Notification - Daylight Savings Outage Extension	2 April 2023	Full Release		YES

4.	17	Email – DSD Service Notification - Scheduled Outage of Digital Health Record Complete	2 April 2023	Full Release		YES
<b>Total Number of Documents</b>						
<b>4</b>						

**From:** Loughton, Glenn (Health)  
**Sent:** Thursday, 30 March 2023 15:15  
**To:** ##All Staff, ACT Health Directorate; ##All Staff, Canberra Health Services; Help Desk (Calvary ICT Bruce) (Calvary)1  
**Subject:** DSD Service Notification - Scheduled Outage of Digital Health Record - 2 April 2023  
**Attachments:** DSD SU Information.docx

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**Digital Solutions Division**  
Service Notification



# Scheduled Outage to Digital Health Record

## 2 April 2023

### What is happening?

There will be a scheduled **1 hour** outage of the Digital Health Record (DHR) to complete a special update on **2 April 2023**.

### When will this occur?

This outage has been scheduled from 3:00am AEDT/2:00am AEST Sunday 2 April 2023 until 3:00am AEST Sunday 2 April 2023.

Please note, that this outage coincides with Daylight Savings time rollback where the hour of 2:00am – 3:00am is repeated. This outage will occur for the **second** of these hours. A pop up message will appear close to the time of the outage.

### What do I need to do?

A read only version of DHR can be accessed via Citrix "Read Only Hyperspace" during the outage window.

Once the outage is completed you will receive a notification that Hyperspace is now available for use. Shortly after receiving the notification Read Only Hyperspace will be unavailable while it is updated.

Downstream systems will not be able to receive orders during this time. Follow Business Continuity Procedures for urgent pathology and imaging orders.

### Where do I get help?

You may seek further advice 24/7 from Digital Solutions Support by calling 5124 5000, or sending an email to [Digital.Support@act.gov.au](mailto:Digital.Support@act.gov.au)

Ryan Mavin, Executive Branch Manager – Technology Operations, Digital Solutions Division  
24/7 User Support: 02 5124 5000  
<http://digitalsupport>      [Digital.Support@act.gov.au](mailto:Digital.Support@act.gov.au)



**Read Only  
Hyperspace**

# DHR April Special Update Release Notes

---

## Release Information

DHR will be updated each month to ensure the system remains current and all critical fixes are resolved in acceptable timeframes. The special updates require a system downtime, system pause (short interruption less than 5 minutes) or have no impact to DHR availability depending on the changes being applied.

## What new functions and fixes are being delivered with the April Special update?

- Mon-Baby link is storyboard updated to ask the user to select the correct encounters.
- Modules such as Cupid and Endoscopy will notice a minor change in study review. The change being implemented has changed the system focus to now be placed on first selectable field within the result text section. This aligns with past study review behaviour.
- Result Text section in Study Review the keyboard shortcuts have been updated. Physicians now have more tools and flexibility when documenting studies. Tab and shift+tab keyboard shortcuts now navigate the cursor within the result text section making it possible to insert tab characters, navigate cells in a table, indent a bullet.
- Bed planners can now filter the bed board by beds in rooms using the new filters bed by room option in user preferences.
- Pharmacy will receive a new look for verify orders. Pharmacists can now customise their color scheme to match their hyperspace theme.

**From:** Loughton, Glenn (Health)  
**Sent:** Saturday, 1 April 2023 09:24  
**To:** ##All Staff, ACT Health Directorate; ##All Staff, Canberra Health Services; Help Desk (Calvary ICT Bruce) (Calvary)1  
**Subject:** DSD Service Notification - Scheduled Outage of Digital Health Record Tonight - 2 April 2023  
**Attachments:** ACT Health Inpatient DST Tipsheetv1.0.pdf

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**Digital Solutions Division**  
Service Notification



# Scheduled Outage to Digital Health Record

## 2 April 2023

### What is happening?

There will be a scheduled **1 hour** outage of the Digital Health Record (DHR) to complete a special update **tonight**.

### When will this occur?

This outage has been scheduled from 3:00am AEDT/2:00am AEST Sunday 2 April 2023 until 3:00am AEST Sunday 2 April 2023.

Please note, that this outage coincides with Daylight Savings time rollback where the hour of 2:00am – 3:00am is repeated. This outage will occur for the **second** of these hours. A pop up message will appear close to the time of the outage.

### What do I need to do?

A read only version of DHR can be accessed via Citrix "Read Only Hyperspace" during the outage window.

Once the outage is completed you will receive a notification that Hyperspace is now available for use. Shortly after receiving the Notification, Read Only Hyperspace will be unavailable while it is updated.

Downstream systems will not be able to receive orders during this time. Follow Business Continuity Procedures for urgent pathology and imaging orders.



Additional information is provided in the attached tip sheet.

### Where do I get help?

You may seek further advice 24/7 from Digital Solutions Support by calling 5124 5000, or sending an email to [Digital.Support@act.gov.au](mailto:Digital.Support@act.gov.au)

Ryan Mavin, Executive Branch Manager – Technology Operations, Digital Solutions Division  
24/7 User Support: 02 5124 5000  
<http://digitalsupport>      [Digital.Support@act.gov.au](mailto:Digital.Support@act.gov.au)



**Read Only  
Hyperspace**

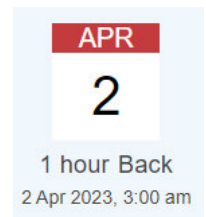
# Daylight Saving Time Ending

2 April, 3am

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# Daylight Saving Time Ends

On Sunday 2<sup>nd</sup> April 2023, 03:00am Daylight Savings ends and clocks are turned backward 1 hour to Sunday 2<sup>nd</sup> April 2023, 02:00am local standard time instead.



## Inpatient Areas

### Things to consider on Sunday 2nd May at 2:00 am

#### Integrated Devices – Including Ventilators

There will be interruptions with integrated devices (turned off). Manually document device data during the SECOND 2:00 AM hour and add the comment, “Recorded during second 2AM hour.” The first round of 2:00 AM observations will cross over fine!

**Please remember to take and record a set of patient observations BEFORE 2 AM.**

#### Infusions

Take into account the extra hour when documenting volume totals.

**Manually change** the volume to the correct volume.

A warning will appear if you try to file a medication volume for which the start and end instants fall within the DST event.

#### Medications

Medication schedules will not automatically adjust. You may need to manually adjust the next scheduled dose of medication.

#### Flowsheets – Including Rover Documentation

##### First 2:00 AM hour:

- Document as usual.

##### Second 2:00 AM hour:

- If the documentation is for the same time for the second 2:00 AM hour, adjust the “Time taken” field or flowsheet column by one minute.
- Also add the comment, “Recorded during second 2AM hour.”

##### Please note!

Last filed flowsheet values might not be the actual last value recorded for the patient. Review the documentation and check the comments for correct documentation.

## Notes

You can create a new note in the Notes activity if you need to record in chronological order the actual times of flowsheet documentation during the two 1:00AM hours

## Best Practice Advisories

Best Practice Advisories may not function correctly. Check notes, comments and flowsheet data for correct information and to take appropriate actions.

## Shift End Times

Adjust your end of shift time to reflect the actual amount of time worked.

## Tasks and Events that appear on the Brain

There will be two consecutive 2:00 A.M. hours represented on the timeline. The two 2:00 A.M. hour columns act as a single unit, and any tasks and events scheduled between 2:00 A.M. and 3:00 A.M. appear there.

## Time Zone Mismatching

If you document flowsheet data from the Brain or flowsheet navigator sections, the Time Mismatch warning will appear. Refer to the Flowsheets activity to review all your flowsheet data.

# Inpatient Maternity Areas

---

## Things to consider on Sunday 2nd May at 2:00 am

### Labour Length

Labour lengths in the Delivery Summary and Obstetric History will be inaccurate. You will need to manually calculate and update recorded labour lengths.

Other **automatically calculated times will be inaccurate** in your documentation and will need to be **manually updated** – for example **Time since rupture of membranes** etc....

### Case Tracking Events/C-Sections

Account for the extra hour when documenting case tracking events for patients whose C-sections take place during the Daylight Saving Time event.

#### **To make sure events are kept accurate:**

Change case tracking event times so that the amount of time between events is accurate, even if this results in the actual event times themselves being inaccurate.

Add a note that specifies the actual times the case tracking events occurred for the patient. This ensures that the actual times the events occurred are documented in the patient's chart.

### Viewing Labour and Delivery events in reports may appear out of order

If your patient has events documented from either of the 2:00AM hours – you may see a yellow banner appear to warn you that events might be appearing out of order due to Daylight Saving Time. Watch out for this when reviewing reports that include this banner.

# Emergency Department Areas

## Things to consider on Sunday 2nd May at 2:00 am

### ED Alert Timers

For ED alerts that are triggered before or during the first 2:00 AM hour, ED alert timers (which appear in patient tracking activities) will show incorrect times after the second 2:00 AM hour:

For alerts triggered before the first 2:00 AM hour, timers show times that are one hour shorter than they should be. For alerts triggered during the first 2:00 AM hour, timers show negative times until the time at which the alert was initially triggered is reached. After that, times are one hour shorter than they should be.

Of note, if a narrator alert is triggered during the first 2:00 AM hour, the alert disappears from the narrator when the second 2:00 AM hour begins. The alert then reappears at the time at which it was initially triggered. For example, if a user triggers an ED alert at the first instance of 2:30 A.M., the alert disappears from the narrator when the second 2:00 AM hour begins. At the second 2:30 A.M., the alert appears again as if it had just been triggered.

### Patient Event Status might appear incorrectly

During the second 2:00 AM hour, **patients might appear with incorrect ED patient statuses**. This situation occurs for patients who had an event that caused a status change during the first 2:00 AM hour. When the second 2:00 AM hour begins, the system incorrectly reverts the patient's status until the event time is reached again. If a patient has an incorrect patient status, he can also be **incorrectly filtered from status-based Track Board** views that he should appear on.

- Manually note patients' correct statuses as of the first 2:59 A.M., either on paper or within Epic
- Watch for incorrectly reverted patient statuses (user may take a screen shot at first 2:59 to refer back to).
- Users can use the All Patients Track Board view to help them keep track of all patients that are currently in the ED during this time

After 3:00 A.M., users should manually update any remaining incorrect patient statuses

### Viewing patients in Timeline and Narrator Reports

If your patient has events documented from either of the 2:00AM hours – you may see a yellow banner appear to warn you that events might be appearing out of order due to Daylight Saving Time. Watch out for this when reviewing reports that include this banner.

### Document Resuscitation events, Traumas, Strokes, and STEMIs on Paper

After documenting on Downtime forms, ensure to back document in the narrator after the downtime.

## Shift End Times

Adjust your end of shift time whilst signing out to reflect the actual amount of time worked.

## Avoiding ADT (Admission, Discharge, Transfer) Confirmation Errors

Users will likely encounter confirmation errors while performing ADT workflows during the second 2:00 AM hour.

At the beginning of the first 2:00 AM hour, move all patients to an off-the-floor care area.

Place bed holds on occupied beds and use comments to show which patient is in that bed currently.

If necessary, use Event Management to modify ADT event times as confirmation errors arise.

At 3:00 A.M. or later, move patients to the correct beds or care areas.

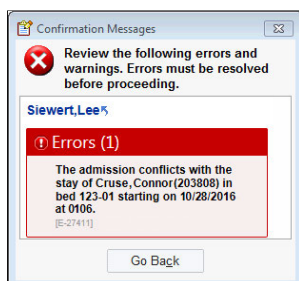
# Patient Movement during Daylight Saving Ending

## Common DST-Related Confirmation Errors

When clocks are set back during the DST event, a patient's existing ADT events can appear to have occurred in the future. For example, if a patient was admitted at the first instance of 2:15 A.M., that admission appears to have occurred fifteen minutes into the future when the second 2:00 A.M. hour begins. Because the system is designed to prevent users from documenting certain ADT events out of order (such as admissions and discharges) or as overlapping (such as two patients being roomed in the same bed), your users will likely encounter confirmation errors while performing ADT workflows during the second 2:00 A.M. hour.

While these are the most common errors you might see, you might also encounter errors that are not described in this document, including problems using Event Management on affected encounters. In general, it's best that your users minimise ADT activity during the two hours of the DST event.

### Common Error 1: DHR does not allow you to admit or transfer a patient into a currently open bed during the second 2:00 A.M. hour because the bed was occupied at that time during the first 2:00 A.M. hour.




**Scenario:** A patient was transferred out of this bed at the first 2:30 A.M. Then, DST ended and the clock turned back to 2:00 A.M. Now, even though the bed is unoccupied, the system prevents you from moving any other patient to the bed until after the second 2:30 A.M.

**Workaround:** Admit or transfer your patient into another unoccupied hospital bed within the destination ward and note your patient's true bed either on paper or within Hyperspace. Then, after the second 2:30 A.M., transfer your patient to their true bed within Hyperspace.

### Common Error 2: DHR does not allow you to transfer or discharge a patient because DHR thinks your patient's stay overlaps with another patient's stay.



**Validation Messages**

 Error: The patient's stay in bed 130-02 conflicts with the current stay of Limke, Tim (204485) starting on 10/28/2016 at 0120.

**Scenario:** If patient A occupies a bed from 2:20 A.M. to 2:45 A.M. during the first 2:00 A.M. hour, you are allowed to admit patient B to the same bed when the second 2:00 A.M. hour begins.

If patient B stays in the bed past the second 2:20 A.M., his stay appears to overlap with patient A's stay. When you attempt to transfer or discharge patient B from the bed, you are warned that the stays now overlap, and you can't complete the transfer or discharge.

**Workaround:** Before you attempt to complete patient B's actual transfer or discharge, first transfer him into another unoccupied hospital bed within the same ward. Enter a transfer time of one minute after patient B's initial admission or transfer time, so that the transfer time doesn't correspond with patient A's stay. For example, assuming you admitted patient B at 2:00 A.M., you would transfer him into another unoccupied hospital bed within the same unit and enter a transfer time of 2:01 A.M. Then, you can complete patient B's actual transfer or discharge as normal.

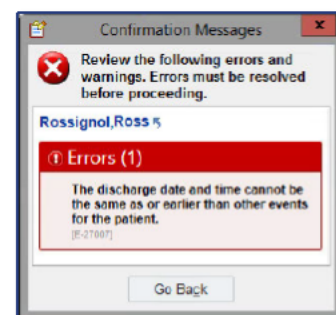
**Common Error 3: DHR does not allow you to admit or transfer a patient into a currently open bed during the second 2:00 A.M. hour because the bed was occupied at that time during the first 2:00 A.M. hour.**

**Validation Messages**

 Error: A transfer event cannot occur before the encounter is admitted.

**Scenario:** A patient is admitted to your department at 2:37 A.M. during the first 2:00 A.M. hour. At 2:15 A.M. during the second 2:00 A.M. hour, you attempt to transfer or discharge the patient. Because the system does not allow transfer or discharge events to occur before the time of the patient's admission (2:15 A.M. is before 2:37 A.M.), you receive an error and can't complete the transfer or discharge.

**Workaround:** There is no way to transfer or discharge the patient until after her admission time is reached during the second 2:00 A.M. hour. If you need to room another patient in this patient's bed, we suggest placing the second patient into another unoccupied hospital bed within Hyperspace until after 2:00 A.M., while noting the patient's true bed either on paper or within Hyperspace. Then, after 3:00 A.M., complete the first patient's actual transfer or discharge as normal. We suggest completing the transfer or discharge at an equivalent time during the 3:00 A.M. hour (so if the patient was discharged at the second 2:15 A.M., complete her discharge within Hyperspace at 3:15 A.M.). Then, transfer the second patient into the now open bed.



# Procedural Areas (Theatres, Cardiology, Radiology)

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## Update Case Tracking Times Manually

In order to maintain accurate procedure time averages, nurses/allied health must account for the extra hour when documenting case tracking events for patients whose cases take place.

To keep Patients' records as accurate as possible, clinicians should:

- Change case tracking event times (including medication administrations) so that the amount of time between events is accurate, even if this results in the actual event times themselves being inaccurate. Updating event times in this way ensures that the patient is charged correctly and that surgeons have the appropriate amount of time added to their procedure averages.

**Example:** A case end that occurs in the second fall back hour would be 02:30 by real time. However, to maintain case duration accuracies, the case end should be documented as 03:30 as if the time change did not occur.

- Add a nursing note that specifies the actual times at which case tracking events occurred for the patient. This ensures that the actual times at which events occurred are documented in the patient's chart.

**Only adjust case timing events if the time change occurs during the case/procedure itself. If patient arrives to procedural area after the time switch, document the accurate time.**

## Cardiac Cath Lab (STEMI)

---

### Document STEMI on Paper During DST

Due to the fast-paced nature of STEMI, Epic recommends that users do not document these events in the intraprocedural narrator during the fall DST event. Instead, to ensure accurate documentation, users should document events on paper. If users document these events in narrators, information can appear out of order in the Narrator Event Log, as discussed in the previous section.

- After documenting on Downtime forms, ensure to back document into the online specialty narrator after the DST event.

## Theatre Areas

---

### Document on Paper During DST Events

To maintain the integrity of patients' legal medical record, DHR recommends that Anaesthesia/OpTime users document on paper during the DST events. If users document within Anaesthesia/OpTime, patients' charts could contain inaccuracies because of the time change. Examples of these inaccuracies include:

- Incorrect calculated totals for continuous medications that are administered during DST events.
- Calculated totals are either smaller or larger than actual totals.
- Incorrect times for device data. Device data times are automatically validated and can't be corrected after the system receives them.
- Incorrect times for Anaesthesia Start and Anaesthesia Stop events. This inaccuracy affects calculated case length and leads to inaccurate billing.

**Note:** Users who are back entering charging information need to account for the timing/other charges issues noted in Managing DST in Inpatient Areas and Managing DST in Procedural Areas sections.

**To provide feedback on this tip sheet please email [ACTH.DHRTraining@act.gov.au](mailto:ACTH.DHRTraining@act.gov.au)**

**Should you print this tip sheet please be aware that you may miss updates to this document.**

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**From:** Loughton, Glenn (Health)  
**Sent:** Sunday, 2 April 2023 03:47  
**To:** ##All Staff, ACT Health Directorate; ##All Staff, Canberra Health Services; Help Desk (Calvary ICT Bruce) (Calvary)1  
**Subject:** FW: DSD Service Notification - Daylight Savings Outage Extension

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**Digital Solutions Division**  
Service Notification

**Connecting Your Care**

# DHR – Extended Outage

## 02 April 2023

### What is happening?

An extension to the outage of DHR is required for the technical teams to complete the maintenance. Read Only Hyperspace should continued to be used until further notice.

### What do I need to do?

If you have any urgent medications, blood requests or imaging requests please phone through. Urgent blood results and imaging results will need to phoned through to the requesting team.

### Where do I get help?

You may seek further advice 24/7 from Digital Solutions Support by calling 5124 5000, or sending an email to [Digital.Support@act.gov.au](mailto:Digital.Support@act.gov.au)

Ryan Mavin, Executive Branch Manager – Technology Operations, Digital Solutions Division

24/7 User Support: 02 5124 5000

<http://digitalsupport>      [Digital.Support@act.gov.au](mailto:Digital.Support@act.gov.au)



**ACT**  
Government

**ACT Health**

**From:** Loughton, Glenn (Health)  
**Sent:** Sunday, 2 April 2023 04:49  
**To:** ##All Staff, ACT Health Directorate; ##All Staff, Canberra Health Services; Help Desk (Calvary ICT Bruce) (Calvary)1  
**Subject:** DSD Service Notification - Scheduled Outage of Digital Health Record Complete

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**Digital Solutions Division**  
Service Notification



# Scheduled Outage to Digital Health Record - Complete

2 April 2023

## What is happening?

The Digital Health Record (DHR) special update has been completed

## What do I need to do?

Log out of "Read Only Hyperspace" and start using "PRD Hyperspace".

"Read Only Hyperspace" will soon become unavailable and the Session will end.



## Where do I get help?

You may seek further advice 24/7 from Digital Solutions Support by calling 5124 5000, or sending an email to [Digital.Support@act.gov.au](mailto:Digital.Support@act.gov.au)

Ryan Mavin, Executive Branch Manager – Technology Operations, Digital Solutions Division  
24/7 User Support: 02 5124 5000  
<http://digitalsupport>      [Digital.Support@act.gov.au](mailto:Digital.Support@act.gov.au)



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**ACT Health**