



WA Health Information Management Strategy 2017–2021



VISION

The vision for WA Health is to deliver a safe, high quality, and sustainable health system for all Western Australians.¹

Our vision for health information management² is to have a system that:

- **is led by the partnership of consumers, carers, health practitioners and administrators;**
 - **is transparent and efficient;**
 - **protects confidentiality;**
- **delivers across the continuum of care; and**
- **meets the diverse needs of consumers, carers, the community and the broader health ecosystem.**

This vision relates to data and information that ranges from a patient level single episode or consumable through to longitudinal episodes of care, aggregated public health data and general consolidated information about health care services, performance and population health.

¹ WA Health Strategic Intent 2015-2020

² Information management refers to the cycle of organisational activity involving the creation or capture of information, the custodianship and distribution of that information to those who need it, and the ultimate disposition through archiving or deletion.

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Foreword

Complete, current and accurate information is essential for any healthcare organisation to achieve its goals.³ Information is used on a daily basis to treat patients, employ staff, plan services, monitor performance and undertake vital clinical research. Managed well, information becomes the foundation for improving the safety and quality of our care, the efficiency and effectiveness of what we do and the development of new and innovative treatments.

To achieve these benefits for the WA community information must be managed in a way that makes it freely available while protecting patient privacy and confidentiality. The health care system of the future needs to have information readily available where it is needed, to support multiple uses from a single source and to be accurate, timely and reliable. Information technology is a rapidly evolving field and our information management systems must adapt just as quickly to meet the challenges and capitalise on the opportunities that this evolution represents.

The *WA Health Information Management Strategy 2017-2021* represents a step forward in our own evolution. It provides a foundation for future health information management, building on current successes and preparing for the challenges that lie ahead. It is grounded in the context in which WA Health operates, which includes the arrangements we have with private providers and other jurisdictions, other government information management strategies, and our legal and regulatory obligations. It will allow us to help build and participate fully in key strategies of the WA Government, such as the:

- GovNext-ICT Program which will transform Government from being an owner and operator of ICT to being a consumer of storage and network services;
- recommendations arising from the whole of Government Data Linkage Review which will provide Government with the information necessary to meet the growing demand for data linkage and its aim to enhance the next generation of data linkage for WA.

Most importantly, the *WA Health Information Management Strategy 2017-2021* recognises that WA Health is part of a complex healthcare system and patients access services from a range of providers both within and external to the public system.

The vision for health information management outlined in the *WA Health Information Management Strategy 2017-2021* builds on all these aspirations and will be the foundation for our digital future.



Dr D J Russell-Weisz

DIRECTOR GENERAL

November 2016

³ *Information Governance Principles for Healthcare, 2014, American Health Information Management Association.*

Executive Summary

Purpose

The intent of this document is to provide:

- a clear vision and direction for the future of health information management in the WA Health system;
- a strategy for progression towards the vision;
- deliverables to mark progress along the way; and
- indicators that can be used to measure success.

Vision

Our vision for health information management⁴ is to have a system that:

- is led by the partnership of consumers, carers, health practitioners and administrators;
- is transparent and efficient;
- protects confidentiality;
- delivers across the continuum of care; and
- meets the diverse needs of consumers, carers, the community and the broader health ecosystem.

Priority Areas

To reach our vision of effective health information management we will focus our efforts in six priority areas over the next five years:

1. **Governance.** We will establish and embed governance around information management so that we are assured our decisions are made in an appropriate, transparent, efficient, balanced and effective way.
2. **Workforce.** We will aim to ensure our workforce has sufficient capacity and capability and is working within the right culture so that we can collect, manage and administer our information appropriately and sustainably.
3. **Policies and Standards.** We will put policies and standards in place to ensure we have quality data and information that is collected, stored, protected and disposed of in a manner that can meet the most number of needs as efficiently as possible while meeting our legal and regulatory requirements.
4. **Consumers, Carers and the Community.** We will define and meet the information needs of consumers, carers and the community so that they can participate in their own health care and the design of future information management.
5. **Current and Future Requirements.** We will define our current and future information requirements so that our health information communication and technology (ICT) systems can deliver the information needed by the WA health system, in the form that is needed, both now and into the future.
6. **Investment.** We will aim to ensure our investment in information management is sufficient to meet our needs.

⁴ Information management refers to the cycle of organisational activity involving the creation or capture information, the custodianship and distribution of that information to those who need it, and the ultimate disposition through archiving or deletion.

Introduction

About this document

What is this document intending to do, what does it contain, and who is it aimed at?

The intent of this document is to provide:

- a clear vision and direction for the future of health information management in the WA Health system;
- a strategy for progression towards the vision;
- deliverables to mark progress along the way; and
- indicators that can be used to measure success.

The document is aimed at everyone involved with health information in the WA health system. This includes clinical and non-clinical staff, consumers, carers, researchers, educators and the broader WA community.

The scope of this document is for all information captured, created or otherwise used by the WA health system. It includes all clinical information, corporate information, public health, population health, linked and aggregated information. It does not address information and communications technology (ICT), specific applications or programs.

Information management and ICT

What is information management, how is it different to ICT and why is it important?

Information management is defined as the cycle of organisational activity involving the creation or capture of information, custodianship and distribution of that information to those who need it, and its ultimate disposition through archiving or deletion. ICT systems are an enabler of information management in that they are the means for collecting, distributing, analysing, storing and disposing of electronic information.

Good information management ensures that information is:

- accurate, timely, and available where needed;
- managed efficiently and sustainably;
- secure; and
- useful.

Information is used at every point in the health care cycle, from direct patient care to planning services, administering the organisation, finding new treatments and preparing new students for the health workplace. The increasing adoption of technology and rising expectations around access to accurate, real-time information has created a desire for a better system of health information management.

How does this strategy fit with the WA Health Information and Communications Technology (ICT) Strategy 2015-2018?

The *WA Health Information Management Strategy 2017-2021* is one of the key deliverables of the *WA Health ICT Strategy 2015-2018, Priority Area 2: Information Sharing and Management*. The two strategies are complementary in that the provision of good

information is dependent upon defining what is required and using those requirements to guide ICT decisions and purchases.

In a practical sense the two strategies, health information management and ICT, are foundational documents that aim to stabilise the current environment. *The WA Health Information Management Strategy 2017-2021* focuses primarily on defining information needs, policies and characteristics; whereas the *WA Health ICT Strategy 2015-2018* focusses on the systems that provide and deliver that information.

It is anticipated that future iterations will combine these into a single digital strategy.

What about the Chief Clinical Information Officer, what does that position do and how is it different to the Chief Information Officer?

WA Health intends to establish the inaugural Chief Clinical Information Officer (CCIO) position in 2017 in recognition of the importance of leadership in clinical information management to achieving WA Health's vision. In general, the CCIO is responsible for leading strategies to ensure clinical adoption and use of technology and the appropriate collection, use and management of clinical information. This is predominately the focus of the *WA Health Information Management Strategy 2017-2021*.

The Chief Information Officer (CIO), on the other hand, is typically responsible for the information and communications technology (ICT) that supports the goals of the organisation. For WA Health this includes implementing executive decisions around the purchase, creation, deployment, use and decommissioning of ICT and the strategic planning associated with those systems. This is predominately the focus of the *WA Health ICT Strategy 2015-2018*.

What about applications and programs?

There are a number of applications and programs that need to be implemented consistently across the WA health system for a variety of reasons.

Determining which applications and programs require consistency and how this should be achieved represents the intersection between information management and ICT governance. To guide these discussions a terminology is proposed around categorising programs and applications in terms of breadth and independence. These are:

- **Core:** applications or programs that require consistency of information, access and user interface. Core applications need to be managed centrally, support standardised business processes and shared data, and therefore are likely to be restricted to one or two options.
- **Central:** applications or programs that require information or data to be integrated but not necessarily with the same user interface or shared storage. Central applications will need to be compatible but could be managed locally or centrally.
- **Diverse:** applications or programs that can be unique to a locality although consistent with core and central data specifications. Diverse applications will be managed locally.

The case for change

What issues does the WA Health Information Management Strategy seek to address?

Information management has been variably implemented across the WA Health system and as a result the information that is produced does not meet all current needs. In addition, the process of information management has grown organically and is duplicative, expensive and slow. Other triggers for this strategy include:

- inequity in information access across the WA health system resulting from fragmented and mismatched ICT systems which often do not communicate or integrate;
- rapid technological changes which outstrip the current strategic and policy levers required to integrate the resulting information and manage the risks;
- the need to ensure clinical and business information requirements drive ICT planning and purchasing;
- wider government initiatives and strategies;
- growing frustrations about the difficulties in accessing information which could inform research and improve health outcomes; and
- increasing consumer, carer, staff and community expectations around what can and should be provided.

What are the risks if WA Health does not address these issues?

If WA Health does not address these issues it risks not providing the best value for public funds, reducing the quality of clinical care and patient safety, and alienating good staff. Legacy systems will soak up funding for fixes and maintenance; and new technologies will continue to be deferred. Advances in clinical care will be delayed; and opportunities to improve clinical, financial or system performance will be missed as the information required to assess performance is unavailable or out of date. Staff used to high speed and new technologies outside of work may become discouraged by the slow pace of change and seek alternative employment. In addition, the WA community will lose confidence in the ability of their health system to prevent, promote and protect their health.

Benefits

What benefits do we expect to see from improving health information management?

The benefits that we expect to see from improving health information management come from having better information and making better use of the information that we have.

We will have access to accurate, real-time patient information at the point of decision making; resulting in increased efficiency. The threshold between hospital and community care will disappear, thus facilitating the continuum of care to minimise harm and improve patient outcomes. Services will be targeted more selectively and consumer or carer education about their treatment will be more effective. Innovation will be boosted with faster and increased access to information.

Successful implementation of this strategy will result in:

- better clinical outcomes and less harm;
- more informed and timely decision making, including for ICT programs and applications;

- increased transparency in performance and decision making, which in turn will lead to increased efficiency and better value;
- increased efficiency, which in turn can release resources for re-investment into quality health care;
- increased opportunity for innovation;
- increased confidence in the quality, reliability and timeliness of our information;
- increased confidence in our health care system; and thus
- better health for all Western Australians.

Challenges

What will make effective and efficient health information management difficult to achieve?

There are a number of issues facing WA Health that will make it difficult to transition to our vision of health information management. These will need to be addressed before and during implementation using a sound risk management approach:

- the changing operational environment associated with the *Health Services Act 2016* and the establishment of each health service as a separate Board-governed statutory authority;
- the large number of disparate information systems, which are often incompatible or require significant resourcing to become interoperable;
- the number and complexity of diverse clinical and non-clinical business needs and issues to be addressed;
- difficulties and sensitivities in changing working practices and processes for staff, particularly those more familiar with non-electronic information practices;
- a rapidly developing technological environment; and
- limited resources for deployment.

Context

WA Health is in the midst of significant organisational change. Transitioning to full implementation of the *Health Services Act 2016* requires significant reconfiguration of processes, services and staff. Along with the devolution of accountability there will be an increased requirement for transparency and performance monitoring – requiring accurate, real-time data.

WA Health, like many government agencies, is also experiencing significant fiscal constraints and is increasingly looking to improve efficiency and effectiveness while continuing to deliver health services at the level and quality the community rightly expects.

Overarching these changes are several strategies and planning documents, all of which aim to improve WA health services for the community:

- Better Health, Better Care, Better Value: WA Health Reform Program 2015-2020
- Clinical Services Framework 2014-2024
- WA Aboriginal Health and Wellbeing Framework 2015-2030
- WA Disability Health Framework 2015-2025
- WA Health Aboriginal Workforce Strategy 2014-2024
- WA Health Information and Communications Technology (ICT) Strategy 2015-2018
- WA Health Promotion Strategic Framework 2012-2016
- WA Health Strategic Intent 2015-2020
- WA Health Workforce Strategy 2016-2020
- WA Patient Transport Strategy 2015-2018
- Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025
- Western Australian Strategic Plan for Safety and Quality in Health Care 2013-2017

The *WA Health Information Management Strategy* aims to support and assist in the delivery of these strategies by facilitating the provision of accurate, timely and validated information. The *WA Health Information Management Strategy* is also one of the key deliverables of the second priority area of the *WA Health ICT Strategy 2015-2018* and aligns with several of the enablers of the *WA Health Strategic Intent 2015-2020* as follows:



1. **Workforce.** The WA Health workforce will have a framework, strategy and education and training plan in relation to information management (refer to Priority Area 2 - Workforce).



2. **Accountability.** Accountability and responsibilities for information management will be clearly defined (refer to Priority Area 1 - Governance).



3. **Financial Management.** Information requirements for business intelligence, including financial and procurement requirements, will be clearly defined (refer to Priority Area 5 – Current and Future Requirements); and an investment strategy for information management will be developed, allowing for sound financial budgeting and resource allocations around information management (refer to Priority Area 6 - Investment).



4. **Partnerships.** Information requirements for consumers, the WA community and external providers will be defined and increasingly see patients and health professionals both within and external to WA Health working in partnership (refer to Priority Area 4 – Consumers, Carers and the Community).



6. **ICT.** As mentioned, the *WA Health Information Management Strategy 2017-2021* meets the second priority area in the *WA Health ICT Strategy 2015-2018*. The Information Management Strategy will also help determine future ICT requirements (refer to Priority Area 5 – Current and Future Requirements).



7. **Research and Innovation.** Information will be made more accessible for researchers, thus contributing to the creation of world-class research (refer to Priority Area 3 – Policies and Standards and Priority Area 5 – Current and Future Requirements).

Priority Areas and Deliverables

To reach our vision of effective health information management we will focus our efforts in six priority areas over the next five years. Each priority area has listed deliverables that we will complete so that we can track progress towards our vision over time.

| Priority Area 1: GOVERNANCE | Priority Area 1 Deliverables |
|--|--|
| We will establish and embed governance around information management so that we are assured our decisions are made in an appropriate, transparent, efficient, balanced and effective way. | <ul style="list-style-type: none">1.1 An information management governance structure and decision making process across WA Health, including mechanisms to engage consumers and carers.1.2 A process for linking information requirements to ICT decision making in an ongoing manner and commencement of implementation.1.3 Key Performance Indicators to measure the effectiveness of information management processes. |
| Priority Area 2: WORKFORCE | Priority Area 2 Deliverables |
| We will ensure our workforce has sufficient capacity and capability and is working within the right culture so that we can collect, manage and administer our information appropriately and sustainably. | <ul style="list-style-type: none">2.1 A framework for the health information management specialist roles, skills and capabilities needed by the WA Health system based on the national framework.⁵2.2 A strategy for the attraction, employment and retention of health information management specialists in accordance with the endorsed framework; and commencement of implementation.2.3 A culture change strategy that will align WA health staff behaviours with the health information management vision and values; and commencement of implementation.2.4 A change management guideline for the introduction of new ICT systems to the WA Health workforce.2.5 Ongoing induction, training and education programs in information management for WA Health staff and commencement of implementation of these programs. (Note the programs are to be aimed at two distinct staff groups: the health information management specialist workforce and the non-health information management specialist workforce). |

⁵ See Health Workforce Australia (2013), Health Information Management Workforce Report.

| Priority Area 3: POLICIES AND STANDARDS | Priority Area 3 Deliverables |
|--|---|
| <p>We will put policies and standards in place to ensure we have quality data and information that is collected, stored, protected and disposed of in a manner that can meet the most number of needs as efficiently as possible while meeting our legal and regulatory requirements.</p> | <ul style="list-style-type: none"> 3.1 A WA Health Information Asset Register. 3.2 Policies, procedures and/or other mechanisms to ensure we meet legal and regulatory requirements around information management. 3.3 Policies, procedures and/or other mechanisms to protect data security (including patient confidentiality) while balancing information sharing requirements. 3.4 Policies, procedures and/or other mechanisms for monitoring, improving and maintaining data quality (including data entry). 3.5 Policies, procedures and/or other mechanisms for efficient and effective information lifecycle management. 3.6 Policies, procedures and/or other mechanisms in relation to WA Health information intellectual property. 3.7 Policies, procedures and/or other mechanisms for efficient and effective enhancement of WA Health Information Assets by creation of links through Health's Data Linkage system, and systematic geocoding of these assets through the Data Linkage system. 3.8 Policies, procedures and/or other mechanisms to integrate consumer, carer and community sourced information (e.g. exercise, sleep or dietary habits). 3.9 Policies, procedures and/or other mechanisms to collate, analyse and respond to consumer, carer, community and WA Health staff feedback around their interaction with health information. 3.10 A combined education, training and communication strategy on the access, use and management of WA Health information for health professionals, administrators, planners, researchers, educators and external providers; and commencement of implementation. |

| Priority Area 4: CONSUMERS, CARERS AND THE COMMUNITY | Priority Area 4 Deliverables |
|--|---|
| We will define and meet the information needs of <u>consumers, carers and the community</u> so that they can participate in their own health care and the design of future information management. | 4.1 A process for linking consumer, carer and community requirements and feedback with ICT decision making & commencement of implementation 4.2 Recommendations for consumer, carer and community requirements around information management; including what data is collected, how it is collected, how and when consumers, carers and the community can access it, how they can correct it (if required). 4.3 A communication strategy on the use and management of WA Health information for consumers, carers and the community; and commencement of implementation. 4.4 A strategy to encourage and educate WA Health staff around the use of consumer, carer and community sourced information (e.g. exercise, sleep or dietary habits); and commencement of implementation. |
| Priority Area 5: CURRENT AND FUTURE REQUIREMENTS | Priority Area 5 Deliverables |
| (Consumer, carer and the community needs are addressed in priority area 4). Recommendations and requirements will be based on the articulated diverse needs of consumers, carers, the WA community, and the broader health ecosystem (health professionals, | 5.1 Recommendations for an Electronic Medication Management System (EMMS). 5.2 Recommendations for an Electronic Health Record (EHR) / Electronic Medical Record (EMR) (refer to glossary for definitions). 5.3 Recommendations for systems to support business intelligence, performance monitoring, planning (including clinical), infrastructure, research and education. 5.4 Recommendations for corporate information to support clinical managers. 5.5 Recommendations for data warehousing and analytics. |

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| <p>administrators, planners, researchers and external providers). Articulating requirements and recommendations for future planning will be done in conjunction with these groups.</p> <p>Once these requirements have been articulated they will be used to guide ICT planning and purchasing, including prioritisation of resources.</p> | <ul style="list-style-type: none"> 5.6 Recommendations for WA Health's Data Linkage system and use of Geographical Information System (GIS) tools. 5.7 Transition plan to address current needs and gaps in data and information across the WA Health system; and commencement of implementation. 5.8 A process for ongoing horizon scanning⁶ that is integrated with the information management governance structure; and commencement of implementation. |
| <p>Priority Area 6: INVESTMENT</p> <p>We will ensure our investment in information management is sufficient to meet our needs.</p> | <p>Priority Area 6 Deliverables</p> <ul style="list-style-type: none"> 6.1 An investment strategy for current and future WA Health information and information management including staff, education and training, ICT assets and resourcing for the procurement, contract management and vendor performance management; and commencement of implementation. |

⁶ Horizon scanning refers to the process of systematically examining potential threats and opportunities with the aim of detecting early signs of potentially important developments. It has an emphasis on technology and its effects on current issues.

Success Indicators

The following indicators will be used to monitor and measure the success of the *WA Health Information Management Strategy 2017-2021*:

- All deliverables completed.
- A 10% improvement in satisfaction levels with timeliness of access, ease of access, accuracy of data/information provided, and knowledge/awareness of relevant information management processes for consumers, carers, health professionals, external providers, administrators, planners, policy makers, researchers, educators, and ICT governance bodies. Baseline to be measured in 2017.
- > 90% compliance rates with policies and standards developed as part of this strategy.

Additional performance measures, including benchmarking, around effectiveness will be developed during the first year of implementation under the auspices of the new governance arrangements. This will be one of their first milestones.

Next Steps

Information Management Two Year Plan

The Information Management Two Year Plan describes the deliverables to be achieved over the next two years (covering 2017 and 2018).

It identifies the foundation deliverables that need to be delivered first, to lay the groundwork necessary for the completion of all subsequent deliverables and to enable us to fulfil our Information Management vision.

Annual Implementation Plans

This strategy will be supported by annual implementation plans which will include milestones and accountabilities, transition plans and prioritisations of work that needs to be done. The annual implementation plans will also delineate the responsibilities between executive sponsorship (stewardship) versus implementation and execution (custodianship) of the deliverables of the strategy.

Prioritisation of competing interests, for example between operational requirements, business intelligence, performance monitoring, planning (including clinical), infrastructure, research and education will be determined by the governance arrangements established in year 1 of the implementation. It will be the responsibility of those determining the new governance arrangements to establish appropriate processes and matrices for these decisions to be made in a way that maximises the benefits for all.

Mechanisms for engaging consumers, carers and the community in the information management governance arrangements will be determined as part of the assessment and design of the new governance arrangements.

Glossary

| | |
|---------------------------------|---|
| Administrator | Individual involved in running the organisation. This includes planning, performance monitoring, allocating and dispensing funds, report writing and other administrative tasks at a site, hospital, health service or across the WA health system. |
| Analytics | The analysis of data, typically large sets of business data, by the use of mathematics, statistics and computer software. |
| Application | Computer software or program used for a particular type of job or problem. |
| Carer | An individual providing care and support to family members or friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue; or who are frail aged without payment apart from a pension, benefit or allowance. |
| Community | May refer to a geographical grouping or community with shared interests. In reference to the “WA community” it refers to the geographical group of the WA population. |
| Consumer | Those who use, or are potential users, of health services. |
| Data | Raw material, facts that have to be processed for meaning. |
| Data Linkage | A technique for creating links within and between data sources for information that is thought to relate to the same person, place, family or event. |
| Electronic Health Record (EHR) | Longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. ⁷ |
| Electronic Medical Record (EMR) | Digital version of the paper record or charts for a patient in a particular healthcare setting or clinical specialty. ⁸ |
| External Providers | Organisation or individual providing healthcare to members of the WA community not employed by a Health Service Provider. |

⁷ HIMMS Definition of EHR <http://www.himms.org/library/ehr/>; accessed 18 April 2016

⁸ Independent Review of New Zealand’s Electronic Health Records Strategy, 2015, Deloitte.

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| GIS (Geographical Information System) | A system designed to capture, store, manipulate, analyse, manage, and present all types of spatial or geographical data. |
| Health Ecosystem | The network or interconnected system of people involved in health care both within and external to WA Health. This includes health professionals, administrators, planners, researchers, educators, general practitioners, private providers and consultants. |
| Health Information | <p>(a) information, or an opinion, that is also personal information, about:</p> <ul style="list-style-type: none"> (i) the health (at any time) of an individual; or (ii) a disability (at any time) of an individual; or (iii) an individual's expressed wishes about the future provision of health services to the individual; or (iv) a health service provided, or to be provided, to an individual; or <p>(b) other personal information collected to provide, or in providing, a health service.</p> <p>Refer to clause 213 of the <i>Health Services Act 2016</i>.</p> |
| Health Information Management | Information management applied to health information. |
| Health Information Management Specialist | An individual specialising in the collection, storage, analysis and distribution of health information, e.g. health information manager. |
| Health Information Specialist | An individual specialising in the production, use or analysis of health information, e.g. epidemiologist, data analyst, coder, costing expert. |
| Health Service Provider | A health service provider established under section 32 of the <i>Health Services Act 2016</i> and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service CAHS (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), the Quadriplegic Centre, and Health Support Services (HSS). |
| Horizon Scanning | The process of systematically examining potential threats and opportunities with the aim of detecting early signs of potentially important developments. It has an emphasis on technology and its effects on current issues. |

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| Information | Processed data (data that has been processed so it has meaning). |
| Information Asset | A body of information defined and managed as a single unit so it can be understood, shared, protected and used effectively. ⁹ |
| Information Management | The means by which an organisation plans, identifies, creates, receives, collects, organises, governs, secures, uses, controls, disseminates, exchanges, maintains, preserves and disposes of its information; as well as any means through which the organisation ensures that the value of that information is identified and exploited to its fullest extent. |
| ICT (Information Communication Technology) | Refers to the technology and systems used to manage digital data collection, storage, processing, transmission and destruction. |
| Spatial Data | Data or information that identifies the geographic location of features and boundaries on Earth, either natural or constructed features; such as oceans, lakes, buildings or cities. Spatial data is often accessed, manipulated or analysed through Geographic Information Systems (GIS). Also known as geospatial data or geographic information. |
| Staff (as in “WA health staff”) | An employee in the WA health system. |
| WA health system | The system comprised by the Department of Health, health service providers (NMHS, SMHS, CAHS, WACHS, EMHS, the Quadriplegic Centre and HSS); and to the extent that contracted health entities provide health services to the State, the contracted health entities. |

⁹ Information Management Advice 39 Developing an Information Asset Register, 2013, Tasmanian Archive & Heritage Office, <https://www.informationstrategy.tas.gov.au/Records-Management-Principles/Document%20Library%20%20Tools/Advice%2039%20Developing%20an%20Information%20Asset%20Register.pdf>, accessed 21 April 2016.

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