

Health Service Directive

Directive # QH-HSD-015:2014
Effective Date: 20/02/2020
Review Date: 20/02/2021

Enterprise Architecture

Context

Queensland Health is increasingly using digital capabilities to improve patient safety and service quality, and efficiency through the health system. The sector is also seeing increasing digital disruption through the Internet of things and a convergence between what was traditionally biomedical and more conventional technologies. Patient involvement is also increasingly occurring via digital mediums with increased demand for appropriate access to data for secondary use.

Purpose

This Health Service Directive reflects the changing nature of technology and its role in healthcare delivery and administration. Such a directive is essential in order to maintain the integrity of the Queensland Health information ecosystem in a time of increased local demand and rapid innovation to support patient centric integrated digitally enabled services.

Scope

This directive applies to all Hospital and Health Services (HHS).

Principles

The following principles provide broad direction to ensure the health system, as it increasingly goes digital, has solutions that support care regardless of the care setting or organisational boundary:

- **Patient centricity:** Patients do not distinguish between care settings, organisational or jurisdictional boundaries. To the extent permitted by law neither should Queensland Health. All architectures, digital capabilities and underpinning technologies must therefore:
 - Allow patients to be better connected and engaged in their care.
 - Support a patient's longitudinal record being able to be accessed, viewed, updated, and shared wherever the patient is located (i.e. regardless of care setting, organisation or specific application that may contain their information).
- **Consider the needs of the health system not just a specific business / clinical need:** The digital health ecosystem is a complex set of integrated services, applications and technologies. Given the dependence on technology for business continuity, the impact of implementing new, or changed solutions

or decommissioning existing solutions must be assessed and tested to a level commensurate with Queensland Health's risk appetite.

- **Queensland Health's health system is federated:** Multiple care providers and care settings mean the architecture, and any specific digital investments must focus not just on individual needs, but also on the collaboration between providers and organisations. This is to be achieved by appropriate solution design, information sharing, architectural, investment and information governance and the interoperability of health systems and technologies.
- **Sharing of information is essential, and collaboration on technologies is encouraged:** To the extent permitted by Statute, HHSs have discretion in terms of what applications they use/buy, but must not jeopardise the performance of the health system as a whole and should look to leverage existing investment to minimise cost and complexity where possible.
- **Information as a health system asset.** This principle recognises the need to share information appropriately, increase access, manage its quality and subject it to appropriate governance, and lifecycle management processes. Interconnected organisations and intelligent enterprises need access to data for enhanced delivery. Timely and accurate information regardless of source is also essential for population health management, integrated care, and for appropriate secondary use.
- **Managing technology diversity.** Collaboration is actively encouraged to minimise the diversity of solutions. This balances the need for best of breed solutions for a particular clinical or corporate practice with the need to minimise complex integration and the cost of having multiple technologies all of which need to be managed. ICT-as-a-service and/or cloud offerings should also be considered as an alternative to purchasing assets or maintaining systems in-house.
- **Pragmatic and co-designed.** Architectures both at the enterprise and solution level are sustainable, with clear recognition of what today's business and technology environment looks like, whilst keeping abreast of emergent and future trends. Investments should be built such that the ICT environment can quickly respond to changes in health delivery needs and/or can cope with advances in technology. Solutions should be proposed and co-designed using appropriate stakeholder engagement and participatory governance.
- **Appropriate sourcing and sharing of data:** Solutions should recognise, and use correctly, with appropriate curated duplication, the authorised data and/or functionality within the appropriate context.
- **Privacy, Confidentiality and Security:** The increased ability to share data in a more connected, digital world will be balanced by (authorised and appropriate) measures to restrict access to and use of patient information. Subject to these limitations Queensland Health will to the extent possible share information and enable big data.



Outcomes

Hospital and Health Services included in the scope of this directive shall by implementing this directive:

- Make investments that support Queensland Health's vision of promoting wellbeing, delivering healthcare, connecting healthcare and pursuing innovation, not just for their HHS but the health system as a whole.
- Focus on information to ensure the right information is given to the right person at the right time.
- Have ICT solutions that enable and preserve the integrity of a federated health system through the sharing of information while providing the flexibility required to meet HHS-specific business and information needs.
- Balance diversity associated with local investment in ICT services against cost, risk and availability of statewide ICT services.
- Have governance expectations and requirements that are clearly defined; setting HHS initiatives up for success.

Mandatory requirements

- To assist with whole-of-government compliance, HHSs shall conduct a self-assessment against this HSD and submit their compliance statement to the Department of Health by the end of each financial year.
- Hospital and Health Services will provide, on request, accurate and comprehensive information to eHealth Queensland, in order for Queensland Health to meet the mandated reporting requirements defined in the Queensland Government Enterprise Architecture Information Standard 2 (ICT Resources Strategic Planning). This includes at-risk system reporting, unsupported technology reporting and the annual current state ICT Profile report.
- HHSs shall ensure that use of and investment in ICT and Information Management are aligned to the Queensland Health Enterprise Architecture and the Queensland Government Enterprise Architectures.
- Hospital and Health Services shall comply with the Queensland Health Enterprise Architecture, with a particular focus on Schedule 1 of the Enterprise Architecture Health Service Directive, unless a formal dispensation is approved.
- To seek an Enterprise Architecture dispensation to this directive, HHSs shall submit a request and rationale to the Design Authority for consideration and where necessary referred to the Architecture Standards Committee. Refer to the *Enterprise Architecture Dispensation Standard* for additional information.
- For dispensations in relation to information management HHSs shall submit a request and rationale to the Information Management Strategic Governance Committee (IMSGC).



- Hospital and Health Services shall comply with the published mandated architectural standards, roadmaps and supporting artefacts for enterprise wide digital capabilities.
- All mandated Enterprise Architecture standards shall undergo consultation with all HHSs prior to formal submission to the ASC and relevant sub-committees. Refer to Appendix 1: The Queensland Health Enterprise Architecture Committee Governance pathways.

Related or governing legislation, policy and agreements

- *Financial Accountability Act 2009*
- *Financial and Performance Management Standard 2009*
- *Hospital and Health Boards Act 2011*
- *Information Privacy Act 2009*
- *Support Services Agreement for the provision of Enterprise ICT Services*
- *Public Records Act 2002*
- *Queensland Government Enterprise Architecture Framework 2.0*
- DIGITAL 1st: Advancing our digITal future. The Queensland Government digital strategy for 2017–2021
- *Right to Information Act 2009*

Supporting documents

- Queensland Health Data Quality Framework
- Department of Health Enterprise Architecture Framework Policy
- Enterprise Architecture Dispensation Standard
- Digital Health Strategic Vision for Queensland 2026
- eHealth Investment Strategy 2015
- My Health, Queensland's future: Advancing health 2026
- My Health Record system participation standard
- Queensland Health Interoperability Mandated Principles
- Queensland Health Interoperability Standards Catalogue
- eHealth Investment Governance Framework 2016
- Queensland Health Information Security Policy
- Department of Health Information Security Standard and User Responsibilities
- Information Management Framework
- Data and application custodianship roles and responsibilities
- Department of Health Investment Management Framework



Business area contact

Digital Architecture Services, eHealth Queensland

Review

This Health Service Directive will be reviewed at least every three years.

Date of last review: 7 May 2014

Supersedes: Queensland Health-HSD-015:2014

Approval and Implementation

Directive Custodian

Chief Executive Officer, eHealth Queensland

Approval by Chief Executive

Director-General, Department of Health

Approval date:

Issued under section 47 of the *Hospital and Health Boards Act 2011*

Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
Application	A software system deployed by the organisation which has part of the organisation's business process embedded within it, for example, SAP.	Adapted from Queensland Government Chief Information Office (QGCIO) Glossary
Dispensation	For the purpose of this directive, the term 'dispensation' means the endorsed exception from compliance with the mandatory requirements and Schedule One of this Health Service Directive.	Adapted from QGCIO Glossary
Enterprise ICT Services	A functional capability provided by eHealth Queensland to its customers across Queensland Health. This capability is normally provided using one or many technologies, processes and activities.	
Enterprise Architecture	The practice of applying a comprehensive and rigorous method for describing a current and future structure and behaviour for an organisation's processes, information, applications, technology and human resources, so that they align with the organisation's strategic direction.	QGCIO Glossary
External service provider	An entity (i.e. an individual or an organisation outside of the Department of Health and HHSs) providing digital health services (i.e. labour or services) under an agreement between the Chief Executive (Department) or a Service (HHS) and the entity.	Adapted from the Hospital and Health Boards Act 2011



Internet of things	The Internet of things is the network of physical devices, vehicles, home appliances and other items embedded with electronics, software, sensors, actuators, and network connectivity which enables these objects to connect and exchange data.	
Mandated (applications, services or requirements)	<p>Mandated: the application/service must be used. Where there are multiple applications/services listed as mandated options one of the applications/services must be used. The mandated option must be used when:</p> <ul style="list-style-type: none"> - Implementing a new product/service - Replacing an existing product/service - Major enhancements are required for an existing product/service <p>Meets Requirements: Where a usage/service states meets requirements, then an alternative may be selected by the HHS, as long as it meets the stated requirements.</p> <p>A dispensation is required to not use a mandated application/service or to implement an application/service that does not meet the stated requirements.</p>	
Queensland Health	The Department of Health and the 16 Hospital and Health Services (HHSs), making up the public healthcare system, is known as Queensland Health. https://www.health.qld.gov.au/system-governance/health-system/default.asp	
Support Services Agreement	The Support Services Agreement is a written agreement that sets out agreed services and related performance levels and reports that the eHealth Queensland will be required to deliver to the HHSs.	Adapted from QGCIO Glossary
Services	Services in Schedule 1 may refer to specific application software solutions or to Enterprise ICT services (<i>in italics</i>)	
Technologies	Technologies support the application portfolio of the business, including software technologies, hardware, and network support.	QGCIO Glossary

Schedule 1: Business, Information, Application and Technology Architecture

1. The section below describes business functions and current requirements for:
 - sharing information between organisations and care settings
 - implementing a new application, technology or service
 - replacing an existing application, technology or service
 - major enhancements to an existing application, technology or service and/or

- acceptable continued use of legacy applications and technologies; but not endorsed for new implementations (as indicated by 'Legacy only').
- 2. Where there are multiple applications, technologies or services mandated for a function; one of the listed applications, technologies or services shall be used.
- 3. Any deviations from what is listed will require either a rectification plan or a formal dispensation to be submitted to the Design Authority for consideration and where necessary to the Architecture and Standards Committee.
- 4. Where an applicable position states 'Preferred' applications or services, they are encouraged to be used, although they are not mandated. However 'Preferred' applications should be the first option considered by HHSs. HHSs should carefully evaluate the full implications before implementing an alternate application and document why the preferred application is not suitable. In all cases the implemented application must meet the necessary information sharing requirements and these requirements reflected in any design documentation for appropriate review in line with Queensland Health's eHealth Investment Governance Framework. These requirements reflect the balance between increasing local utility based on varied populations and supporting services and the benefits of standardisation with a mobile workforce and use of common contracts/supporting agencies.
- 5. HHSs must ensure that they are able to meet the data provisioning requirements stated in Schedule 4 of their latest HHS Service Agreement.
- 6. Security Architecture is addressed in specific QGEA policies and standards.

Business Architecture

Queensland Government Enterprise Architecture artefacts:

- Queensland Government Enterprise Architecture framework 2.0
- Use of ICT services, facilities and devices policy – IS38
- Software asset management policy
- Records governance policy

Legislation:

- *My Health Record Acts 2012*
- *My Health Records Rule 2016*
- *Healthcare Identifiers Act 2010*

Queensland Health supporting documents

- Memorandum of Understanding Information Security
- Service Agreement for Data Reporting Requirements (Schedule 4)

Usage	Product/Service Name
Clinical Reference Data	Mandated: Clinical Data Set Specifications
Information Management	Mandated: Health Informatics and advisory service

Usage	Product/Service Name
Legislative compliance – <i>Mental Health Act 2016</i>	Mandated: Consumer Integrated Mental Health Application (CIMHA)

Information Technology Services

Usage	Service Name
First level technical support	Mandated: Digital Service Centre
Licence Management (Microsoft and Adobe Licence)	Mandated: Software Management Service - Managed SAM Service

My Health Record System

Usage	Requirement
My Health Record	Mandated: Each HHS will sign a participation agreement as a network organisation with the My Health Record Operator—the Commonwealth as represented by the Secretary of the Department of Health and Ageing in accordance with the My Health Record (Participation Agreements) Rules 2012. The Department of Health shall act as the seed organisation on behalf of each HHS for pre-registration, registration and maintenance activities involving the My Health Record System as required.

Information Architecture

In Queensland, the *Public Records Act 2002* (Qld) provides that the State owns the public records (including Data) of Queensland Health. Public records include records made for use by, or a purpose of, a public authority or records received or kept by a public authority. Both the department and the HHSs are public authorities.

While ownership of public records vests in the State, the Department and HHSs are separately responsible for the management, safe keeping and preservation of all records in their possession.

Terminology

There are a number of terminologies including endorsed data sets and code sets used across Queensland Health to support business requirements. The aim is to use a standardised terminology wherever applicable.

- As the preferred national terminology for Australia, the use of SNOMED CT-AU including Australian Medicines Terminology (AMT) should be applied where there is a reference set suitable to meet requirements. Reference sets are available to licence holders from the Australian Digital Health Agency (ADHA).
- Use of national terminology products from the Australian Digital Health Agency requires Queensland Health to hold the following licenses:
 - SNOMED CT Affiliate License Agreement
 - Australian National Terminology License Agreement

The above agreements are entered into by the CE eHealth Queensland on behalf of Queensland Health (including the Department of Health and Hospital and Health Services).

- Queensland Health endorsed data sets and code sets are also used to meet business requirements. These data sets and code sets shall be sourced from and validated against the authoritative sources such as the Corporate Reference Data System (CRDS) or the Queensland Health Data Dictionary (QH DD).

Usage	Terminology
Clinical Terminology	Mandated: Systematised Nomenclature of Medicine Clinical Terms – Australian Release (SNOMED CT – AU)
Medicines Terminology	Mandated: Systematised Nomenclature of Medicine Clinical Terms – Australian Release (SNOMED CT – AU) (Australian Medicines Terminology (AMT) incorporated into SNOMED CT-AU November 2015)
Pathology Observations	Mandated: Logical Observation Identifiers Names and Codes (LOINC)
Dietetics	Mandated: International Dietetics and Nutrition Terminology (IDNT)
Corporate Reference Data	Mandated: The Corporate Reference Data System (CRDS) Queensland Health Data Dictionary (QHDD)

Clinical Classification

Usage	Classification Scheme
Clinical Coding and Admitted Patient Separations	Mandated: International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Codefinder
Admitted Patient Episodes	Mandated: Australian Refined Diagnosis Related Groups (AR-DRGs) Australian National Sub-acute and non-acute patient (AN-SNAP)
Emergency Patient Episodes	Mandated: Urgency Related Group (URG) and Urgency Disposition Group (UDG)
Outpatient Patient Episodes	Mandated: Tier 2 non-admitted care services

eHealth Information Services

The following eHealth Information Services / application software services are to be used.

Information Requirement	Service Name
Delivered Clinical Products and Services	Mandated: Clinical Data Repository (CDR) Services
External Provider Identity Management	Mandated: STS Address Book, GP Connect
Individual Healthcare Identifier (IHI)	Preferred: Queensland Health preferred Individual Healthcare Identifier Management Service (QHIHIMS)

Information Requirement	Service Name
Internal Provider Identity Management	Mandated: Provider Matching Service (PMS)
Pathology Results	Mandated: AUSLAB
Patient Consent for Medical information access	Mandated: Consent Service
Patient Demographics	Mandated: Patient Demographics Service (CD, ePADT and PADR)
Patient Encounters	Mandated: Patient Encounter Service (ePADT)
Patient/Client Identity Management	Mandated: Client Directory (CD) Service
Shared Electronic Medical Records	Mandated: Clinical Data Repository (CDR) Service
Unstructured Clinical Documents	Mandated: Document Service (DS)

Client Directory Number

Usage	Requirement
Client Directory Number	Mandated: The Client Directory Number shall not be used as a primary identifier within any information system.

Application Architecture

Enterprise Resource Planning

Usage	Application/Service Name
Enterprise Asset Management	Mandated: S/4HANA
Financial Management	Mandated: S/4HANA
Human Capital Management	Mandated: myHR (SAP HR)
Occupational Health and Safety Management	Mandated: Hazardous Chemicals: ChemAlert
Occupational Health and Safety Management	Incident management Preferred applications: - RiskMan - IMS.Net (Legacy only) OR Meets requirements: Provides minimum set of data elements to Department of Health as per HHS Service Agreement - Schedule 4 and within the approved Information Management and associate architecture e.g. receiving system, method of transport, and implementable object.

Usage	Application/Service Name
Payroll	Mandated: <i>myHR</i> (SAP HR)
Rostering	Mandated: <i>myHR</i> (Infor WFM)

Health Service Delivery

Usage	Application/Service Name
Blood and Human Tissue Management	Mandated: <ul style="list-style-type: none"> - Inventory Management: BloodNet - Requests and authorisation for access to funded immunoglobulin products: BloodStar - Organ and tissue donation for transplantation: Electronic Donor Record
Clinical Incident Management	Preferred: <ul style="list-style-type: none"> - RiskMan - Patient Related Incident Management System (PRIME CI) (Legacy only) OR Meets requirements: Provides minimum set of data elements to Department of Health as per HHS Service Agreement - Schedule 4 and within the approved Information Management and associate architecture e.g. receiving system, method of transport, and implementable object.
Clinical Service Billing	Preferred: <ul style="list-style-type: none"> - Transition II - Medicare Online Claiming (ECLIPSE) - Medirecords OR Provides the same data.
Acute Care Setting Management	Preferred: <ul style="list-style-type: none"> - Intensive Care: ICU Metavision - Anaesthetic: Cerner SurgiNet or Automated Anaesthetic Record Keeping (AARK) - Operating Room: Cerner SurgiNet or Operating Room Management Information System (ORMIS) - Emergency: Cerner FirstNet or Emergency Department Information System (EDIS) - Endoscopy Services: ESISS - Other Acute Clinical Settings (for ieMR sites): Cerner Millennium OR Meets requirements: Provides the same data to CDR as above applications *Note: at the time of this review, ieMR does not yet provide data to CDR

Usage	Application/Service Name
Community & Primary Care Setting Management	Mandated: - Aged Care: My Aged Care Assessor Portal
Community & Primary Care Setting Management	Preferred: - Medical Director - Best Practice - Communicare OR Meets requirements: Application is Practice Incentives Program (PIP) compliant (https://epipregister.digitalhealth.gov.au/product-register/registers)
Consumer Feedback	Preferred: - RiskMan or - PRIME CF (Legacy only) OR Meets requirements: Provides minimum set of data elements to Department of Health as per HHS Service Agreement - Schedule 4 and within the approved Information Management and associate architecture e.g. receiving system, method of transport, and implementable object.
Discharge	Preferred: Enterprise Discharge Summary (EDS)
Electronic Health Records - Viewing of longitudinal electronic	Mandated: The Viewer
Electronic Health Records- General Electronic Medical Record	Meets requirements: Queensland Health 2017, Electronic Medical Record (EMR) Systems Connectivity Standards
Infection Control and Assessment	Mandated: - Healthcare Associated Infection: (Multiprac) - Staff immunisations: Staff Protect Application (SPA) - Notifiable Conditions: Notifiable Conditions System (NOCS)
Medical Imaging - Radiology administration and scheduling	Preferred: - RIS: Queensland Radiology Information System (QRIS), Cerner RadNet - PACS: Agfa Picture Archive Communications System (PACS) OR - Provides the same data to CDR as above applications and meets the requirements for the sharing of system reporting.
Medical Imaging - BreastScreen	Mandated: - Registry: Breast Screen Queensland Registry (BSQR); and - PACS: Sectra PACS
Medication Management	Mandated: - Drugs of dependency : Monitoring of Drugs of Dependency System (MODDS)

Usage	Application/Service Name
Medication Management	Preferred applications: <ul style="list-style-type: none"> - Dispensing and inventory management: i.Pharmacy - Medication liaison: Enterprise-wide Liaison Medication System (eLMS) - Oncology: CHARM , MOSAIQ - For ieMR sites: Cerner Millennium OR Meets requirements: <ol style="list-style-type: none"> 1. Complies with the Medication Data Standards http://qheps.health.qld.gov.au/clinical_info_mgt/html/medication_dss.htm 2. Provides medication data to the CDR* *Note: at the time of this review, ieMR does not yet provide data to CDR
Mental Health, Alcohol and Other Drug Services	Mandated: <ul style="list-style-type: none"> - Alcohol, Tobacco and Other Drugs (ATODS-IS); and - Mental Health: Consumer Integrated Mental Health Application (CIMHA)
Oral health	Preferred: Information System for Oral Health (ISOH) OR Meets requirements

Generic Service Delivery

Usage	Application/Service Name
Health Protection Licences, Approvals and Permits	Mandated: Monitoring, Applications, Permits and Licensing Events (MAPLE)
Intranet	Preferred: Queensland Health QHEPS

Information Security Architecture

Queensland Government Enterprise Architecture:

- Information security classification framework (QGISCF)
- Queensland Government authentication framework (QGAF)
- Information security policy (IS18:2018)
- Information Security Annual Return

Communications and Operations Management

Usage	Application/Service Name
Information Exchange	Mandated: Secure Information Transfer Service

Technology Architecture

Queensland Government Enterprise Architecture:

- ICT cabling infrastructure policy

Mandated

- Queensland Health ICT Cabling Standard

Integration

Usage	Application/Service Name
Integration with Department of Health managed applications	Mandated: Department of Health enterprise integration platform

End user utility

Usage	Application/Service Name
Email	Mandated: Department of Health email service
Workstation SOE & Device Support	Mandated: SOE associated with the workstation management service
Video Conferencing	Mandated: Telehealth video conferencing service

Management and Control Software

Usage	Application/Service Name
Identity and Credential Management Software	Mandated: ICT User Network Access Management Service, External Access Service
Intrusion and Prevention Detection Software	Mandated: ICT User Network Access Management Service, External Access Service
Network Security Software	Mandated: ICT User Network Access Management Service and External Access Service
Public Key Infrastructure Software	Mandated: Queensland Health PKI Service
Remote Access Software	Mandated: External Access Service
Telecommunications and Network Device Management Software	Mandated: ICT User Network Access Management Service, Smart Devices (Phones & iPads) Service
VPN Software	Mandated: ICT User Network Access Management Service and External Access Service
Vulnerability Management	Mandated: Vulnerability Management Service

Physical and Virtual Devices

Usage	Application/Service Name
Bandwidth Provision	Mandated: ICT Network Infrastructure Service
Caching and Proxy Services	Mandated:

Usage	Application/Service Name
	ICT Network Infrastructure Service
Desktop Telephones	Mandated: Telephony Service
Desktop Terminals	Mandated: SOE associated with the workstation management service
Intrusion Detection and Prevention Devices	Mandated: ICT Network Infrastructure Service
Wide Area Network (WAN) Devices	Mandated: ICT Network Infrastructure Service
Multi-Function Devices	Mandated: ICT Network Infrastructure Service
Network File Storage	Mandated: ICT Network Infrastructure Service
Network Name and Address Devices	Mandated: ICT Network Infrastructure Service
Network Performance and Optimisation Devices	Mandated: ICT Network Infrastructure Service
Network Security Devices	Mandated: ICT Network Infrastructure Service
Printer Server Devices	Mandated: Speciality Device Connectivity Service
Printers and printer device connectivity	Preferred: Printer Support service OR Printing and Imaging as a Service support
Remote Access Services	Mandated: External Access Service
Voice Network Devices	Mandated: Telephony Service
VPN Services	Mandated: External Access Service
Wireless Access	Mandated: ICT Network Infrastructure Service

System Software

Usage	Application/Service Name
Caching and Proxy Software	Mandated: ICT User Network Access Management Service
Network Name and Address Software	Mandated: ICT User Network Access Management Service
Network Time Service	Mandated: ICT User Network Access Management Service

Version Control

Version	Date	Prepared by	Comments
1.0	01/07/2013	ICT Policy	Published with PCeHR updates
2.0	01/05/2014	ICT Policy & SAO	Formal review conducted. Principles and Outcomes updated to reflect feedback. Mandated Applications and Services reviewed and updated.
3.0	05/04/2018	Digital Policy	Formal review undertaken with HHSs. The revised HSD has undergone a significant rewrite. The new HSD shifts the focus from an application centric approach to an information centric approach. Principles, Outcomes and Mandatory Requirements have all been updated. Endorsed ASC February 2018 Approved Director-General
4.0	20/02/2020	Digital Policy	Minor review undertaken with agreement from HHSs Replacement of FAMMIS with S4HANA Replacement of PractiX (Legacy) Addition of myHR and MediRecords Updates to QGEA documents, supporting documents and definition of mandated Endorsed ASC January 2020 Approved Director-General



Appendix 1 Queensland Health Enterprise Architecture Committee Governance pathways

Committee	Responsibility
Architecture and Standards Committee (ASC)	<p>Accountable for:</p> <ul style="list-style-type: none"> • Approving co-designed architecture and security strategies, ICT policies and standards, roadmaps and guidelines. • Approving architecture and security standards. • Approving Enterprise Architecture Dispensation requests for Queensland Health where: <ul style="list-style-type: none"> ○ the total investment value is >\$500,000 or ○ impacts more than one HHS or ○ are high risk or high complexity. • Reviewing and endorsing all Queensland Health Architectures including segment and program architectures.
Information Management Strategic Governance Committee (IMSGC)	<p>Accountable for:</p> <ul style="list-style-type: none"> • Approving the enterprise wide data model, data definitions, reference data sets, terminology and data supply requirements (i.e. collections) developed for Queensland Health following endorsement from the relevant IMSGC working group. • Approval of information management strategies, roadmaps, policy, standards and guidelines that enable the safe, efficient and effective healthcare • Approval of strategic information management initiatives. • Approving information management practices and associated material. • Approving Information Management dispensation requests for Queensland Health. • Approving appropriate definition, publication and alignment of key state-wide information management deliverables such as an enterprise data dictionary, enterprise data model and requirements. • Approving the appointment of Data and Application custodians. <p>Exclusions:</p> <p>The decision making rights of the IMSGC exclude where:</p> <ul style="list-style-type: none"> • It meets the criteria for ASC consideration (e.g. security policy, architectural standards, strategic documents etc.). • HHS information management for their own purposes. • Management of information is consistent with approved policies, standards and guidelines.
Information Security Committee (ISC)	<p>Accountable for:</p> <p>Endorsing information security strategies, policies and standards, roadmaps and guidelines.</p>
Design Authority (DA)	<p>Accountable for:</p>



	<ul style="list-style-type: none">• Approving, rejecting or requesting changes to digital health initiative architectures at various stages in the solution's lifecycle. <p>The authority of the DA includes solution architectures where:</p> <ul style="list-style-type: none">• the initiative impacts more than one HHS and/or• the initiative requires the use of enterprise systems or services. <p>Exclusions</p> <p>The decision making rights of the DA exclude solution architectures where:</p> <ul style="list-style-type: none">• it meets the criteria for ASC consideration (refer to ASC for criteria)• the initiative impacts one HHS (including data) only• initiative does not require the use of enterprise systems or services• it is a business as usual solution change request (not significant change) or is for access to solution data only.
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For more information on the roles and responsibilities of the committees refer to the individual Terms of Reference.

