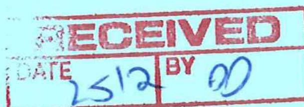
Queensland Health

MINISTERIAL BRIEFING NOTE



25 FEB 2019 C-ECTF-19/2348

DOH RTI 5169

Gold Coast HHS

SUBJECT: Consultation with Union partners and Clinical Records workforce regarding impacts on scope of works post the implementation of the integrated electronic Medical Record (ieMR)

☐ Approved ☐ Not approved ☑ Noted ☐ Further information required (see comments)	Signed........................ Date 6 / 3 / 19 Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services Comments:

ACTION REQUIRED BY 22 February 2019 due to the requirement to provide Union partners and affected staff with Phase 1 Workforce Consultation documentation.

RECOMMENDATION

It is recommended the Minister:

- **Note** the attached Phase 1: Gold Coast Hospital and Health Service Clinical Record Service Workforce Consultation documentation (Attachments 1 and 2).

ISSUES

1. The Gold Coast Hospital and Health Service (GCHHS) is planning to implement the integrated electronic Medical Record (ieMR) across four staged go-lives commencing 25 February 2019 for Enterprise Scheduling Management (ESM) and from 1 April 2019 for the advanced ieMR modules.
2. The ieMR will largely replace paper-based and manual workflows
3. The implementation of ieMR at GCHHS will result in a significant reduction in the volume of clinical documentation requiring processing by the Clinical Records Service with the April go-lives.
4. A Workforce Working Group was established in October 2018 to manage the workforce change component led by the Human Resource Management department.
5. Overall 67.47 FTE are affected by the change. 36.5 FTE will transition to equivalent positions in a central Clinical Records Service. 30.97 FTE will transition to administrative roles to support new digital workflows in clinical services associated with supporting the ieMR.
6. Unions have been engaged with the project since September 2018. Unions continue to attend monthly forums to get updates on the program progress.

BACKGROUND

7. The current structure of the Clinical Records Service supports the existing paper-based workflows by scanning clinical documentation to the Electronic Medical Record (EMR) in use at GCHHS.
8. GCHHS is on track to deliver ieMR with advanced functionality to all sites by 1 April 2019.
9. Workforce Working Groups were initiated to review the impacts of ieMR and identified role opportunities for all affected Clinical Record Service positions.

RESULTS OF CONSULTATION

10. Consultation has occurred with the local GCHHS ieMR project team, other live ieMR sites and the GCHHS Human Resource Management team.
11. Workforce consultation is due to commence with Union partners and all affected staff on 25 February 2019.

RESOURCE/FINANCIAL IMPLICATIONS

12. All affected staff will be provided with comparable positions and up-skill opportunities that support the digital strategy.
13. This change will have no financial implications.

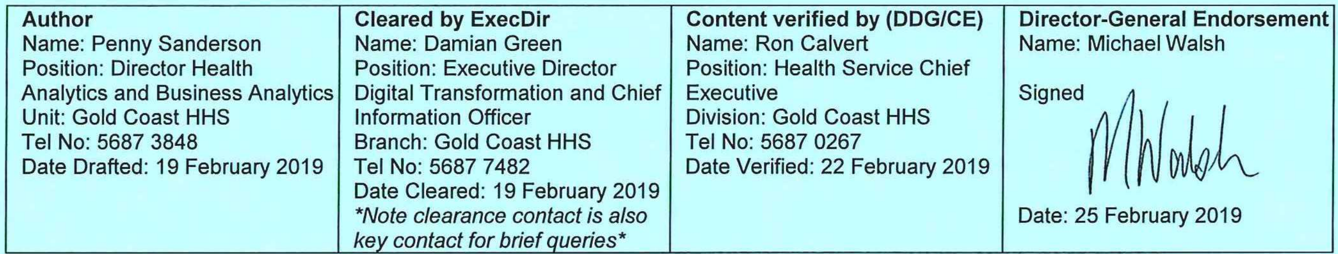
SENSITIVITIES/RISKS

14. Media attention highlighting ieMR impact to administration roles at GCHHS is possible. However, the proposed workforce consultation has a guaranteed employment outcome for all affected staff.

ATTACHMENTS

15. Attachment 1. Phase 1: Workforce Consultation document
    Attachment 2: Affected positions spreadsheet

RTI RELEASE



Author	**Cleared by ExecDir**	**Content verified by (DDG/CE)**	**Director-General Endorsement**
Name: Penny Sanderson Position: Director Health Analytics and Business Analytics Unit: Gold Coast HHS Tel No: 5687 3848 Date Drafted: 19 February 2019	Name: Damian Green Position: Executive Director Digital Transformation and Chief Information Officer Branch: Gold Coast HHS Tel No: 5687 7482 Date Cleared: 19 February 2019 **Note clearance contact is also key contact for brief queries**	Name: Ron Calvert Position: Health Service Chief Executive Division: Gold Coast HHS Tel No: 5687 0267 Date Verified: 22 February 2019	Name: Michael Walsh Signed Date: 25 February 2019

RTI RELEASE

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☐ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed…………………………… Date……./……./……. Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services Comments:

ACTION REQUIRED BY Thursday 21 February 2019 due to the requirement to provide Union partners and affected staff with Phase 1 Workforce Consultation documentation.

RECOMMENDATION
It is recommended the Minister
- **Note** the attached Phase 1: Gold Coast Hospital and Health Service Clinical Record Service Workforce Consultation documentation.

ISSUES
1. The Gold Coast Hospital and Health Service (GCHHS) is planning to implement the integrated electronic Medical Record (ieMR) across four staged go-lives commencing 25 February 2019 for Enterprise Scheduling Management (ESM) and from 1 April 2019 for the advanced ieMR modules.
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    Attachment 2: Affected positions spreadsheet

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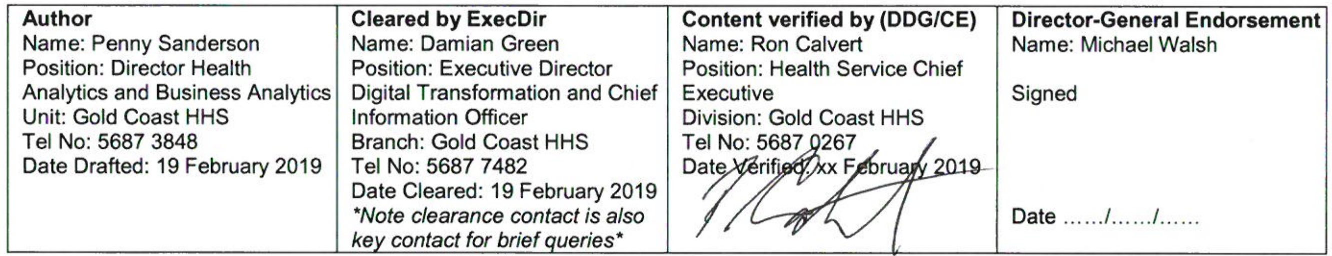

Author	**Cleared by ExecDir**	**Content verified by (DDG/CE)**	**Director-General Endorsement**
Name: Penny Sanderson Position: Director Health Analytics and Business Analytics Unit: Gold Coast HHS Tel No: 5687 3848 Date Drafted: 19 February 2019	Name: Damian Green Position: Executive Director Digital Transformation and Chief Information Officer Branch: Gold Coast HHS Tel No: 5687 7482 Date Cleared: 19 February 2019 **Note clearance contact is also key contact for brief queries**	Name: Ron Calvert Position: Health Service Chief Executive Division: Gold Coast HHS Tel No: 5687 0267 ~~Date Verified: xx February 2019~~	Name: Michael Walsh Signed Date ……/……/……

RTI RELEASE

Attach 1

Workforce Design and Consultation

Phase 1: Workforce Consultation

Topic for Consultation: Clinical Records Service

Date: 18 February 2019

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1. Purpose

This 'Phase 1: Workforce Consultation' paper outlines a concept to undertake workforce consultation and seek feedback from staff at Gold Coast Health (GCH) in relation to an identified opportunity for service improvement.

The purpose of the concept paper is to consult with and to seek feedback from staff and union representatives on a proposed service improvement initiative to the Clinical Records Service (CRS) for the Health Informatics and Business Analytics Directorate.

The proposed change will be approached in line with the GCHHS commitment to job security, union and staff consultation obligations as outlined in the Queensland Government's Employment Security Policy and relevant industrial instruments.

2. Background

The Digital Healthcare Program (DHP) Business Case to implement the 'Advanced' ieMR with device integration was approved by the GCHHS Board on 20 June 2017, and in 2019 ieMR will be implemented across all GCHHS sites including Gold Coast University Hospital (GCUH), Robina Hospital, Health Precincts and Community sites. Due to the change complexity for this program workflows and business processes will be transformed and extensive change will be experienced making data and information more accessible and visible.

An aim of ieMR implementation is to support standardised workflows which will require a behavioural shift across GCH as paper based, manual workflows will (largely) be replaced by system enabled workflows. The CRS currently supports the current paper based workflows by scanning clinical documentation to the EMR. The introduction of ieMR will significantly reduce the volume of scanning.

3. Current Service Model

The CRS operates across both GCUH and Robina campuses. Table 1.0 below provides details of current CRS rosters operating providing 24/7 service delivery at GCUH and 06:00 – 22:00 Monday-Sunday cover at Robina.

Table 1.0 CRS Current Roster Details

Shift Title	Shift Coverage	Budgeted FTE
GCUH/Robina: Continuous Shift	06:00 – 14:30 14:30 – 23:00 23:00 – 06:00 Monday - Sunday	11
GCUH: AM / PM Roster *Including non-continuous shift roster*	06:00 – 14:30 14:30 – 23:00 Monday - Sunday	43.61
Robina: AM / PM Roster *Including non-continuous shift roster*	06:00 – 14:30 13:30 – 22:00 Monday - Sunday	13.63
Robina Supervisors	06:00 – 14:30 12:00 – 20:30 Monday - Friday	2
GCUH Supervisors	06:00 – 14:30 12:00 – 20:30 Monday - Friday	2

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Currently aligned to the CRS is a Community Scanning project team comprising 4 FTE. These project positions are due to end at 30 June 2019.

The CRS also operates its own casual pool to assist at peak times and to fill roster shortfalls.

The CRS performs a five-step scanning process including preparation, scan, quality control, validation and quality assurance. The CRS prioritise, receipt, track and create patient medical records electronically and facilitate the collection and delivery of historical charts. Along with this CRS staff perform general duties relating to the maintenance and care of electronic medical records and patient administration systems. The CRS also has dedicated resources to administer the release of information in accordance with relevant legislation, policy and statutory requirements.

In addition to the tasks outlined above, the night shift staff also perform two additional tasks: Urgent (hospital-to-hospital) release of information and after-hours admissions, transfers and discharges. These staff complete these tasks while performing the scanning tasks for what is currently considered priority documentation.

4. Opportunity Identified

The implementation of ieMR will significantly impact the workforce across the entire HHS. As a large number of workflows will be impacted across the delivery of health services, Digital Transformation Services (DTS) will approach workforce change by applying the following principles:

- In an environment of significant growth in demand and finite resourcing, we must ensure our current and future service delivery is safe, sustainable and affordable.
- We have exceptional staff, whose trust, engagement and wellbeing is a priority as they are also responsible for providing exceptional care to our community.
- We must develop the skills of our workforce to support the achievement of the digital strategy.
- We have a significant opportunity to plan and support changes with our staff, and in consultation with our Union partners, to position us more sustainably and affordably for the future.
- It is imperative that we review the performance and design of some key functions, and as part of this, the alignment of our workforce to meet future organisational priorities.
- We will empower and support our staff to identify, shape and deliver the change that is required and take regular pulse checks of culture through the change, so that we look after our staff well.
- We will identify and transition staff where possible to comparable roles in operational areas impacted by workforce change.
- We are committed to job security for permanent staff, and to working with all our staff, to optimize employment outcomes within a financially responsible framework.
- We are committed to engaging with our staff and our Union partners throughout the delivery of proposed changes and respecting and meeting our industrial obligations.

For the CRS, ieMR will result in a significant reduction in the volume of clinical documentation requiring processing by the CRS. The introduction of advanced ieMR offers digital solutions for maternity, theatre, anesthetics, care delivery, medications management and clinical trials and research. Along with this advanced ieMR includes device integration for ECGs. The ability to direct enter documentation will limit the requirement for the volume of scanning that CRS currently performs. Specifically, there will be reduced requirement to scan documentation including correspondence/referrals, private pathology/radiology, external documents, allied health assessments, advanced care planning documents, ICU and mental health documentation.

Along with the decrease in scanning volumes, the complexity of the clinical documentation requiring processing will be simplified. This is due to the introduction of 'flipping' encounters, meaning each patient episode will have one encounter number. Currently the CRS staff spend additional time during the preparation stage relabeling documentation based on encounters. The ieMR implementation will

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also remove the requirement to enter subject lines for scanning resulting in a more efficient processing time for clinical documents.

Where required, a five-step scanning process will continue to be followed to manage the reduced volume of documentation that will be required when ieMR is introduced. Both the changes associated with the significant reduction in the volume of paper that will need to be scanned, as well as the streamlined documentation collection and processing procedures that will be introduced to support clinical areas, the changes will offer the opportunity to introduce improved quality assurance measures to support the scanning process.

Table 2.0 below displays the average pages scanned per bed for GCUH and Robina Hospitals in comparison to other HHS sites who have already implemented ieMR for the period 1 July 2018 – 31 August 2018. Based on the data provided by the other HHS sites post ieMR this table indicates the forecasted reduction in scanning of between 56% to 79%.

Table 2: Scanned pages per bed

Hospital	CHQ	LoBeau/Red	Mackay	PAH/QEII	GCUH	ROBH
Average	16.8	9.0	7.2	4.2	20.6	20.3

Note: The increased volumes at CHQ was a result of significant configuration changes needed for paediatric power forms/workflows. This has since reduced.

Based on the forecasted reduction in scanning volumes, Table 3.0 below outlines the reduction in scanning volumes at both GCUH and Robina sites.

Table 3: Forecasted Reduction in Scanning Volumes

Site	Current Av. Monthly	30% Reduction	50% Reduction	70% Reduction
GCUH	531,563	372,093	265,781	159,468
Robina	153,657	107,560	76,828	46,097

The significant decrease in the volume and complexity of clinical documentation that will require processing provides the opportunity to develop a CRS structure and operating model that will enable and support the delivery of a clinical record service both now and into the future that will ensure:

- Workflows and processes ensure efficient and effective management of clinical documentation to reflect the move from paper based to digital workflows.
- Greater focus on implementing quality assurances measures to ensure clinical records are made, managed and preserved for as long as they are required for business, legislative, accountability and cultural purposes.
- Clinical records management systems and practices are regularly monitored, audited and evaluated for accountability, compliance and continuous improvement.
- Resourcing levels are set at the appropriate levels to support the new workflows and processes.
- The operating model reflects service demand.

5. Proposed Service Model

The proposed CRS service model will address the impact of reduced scanning volumes and identify opportunities within HIBA, as well as the wider HHS, that promote the development of shared skills, behaviour and attributes. These opportunities are focused on increasing the service's contribution to improving care processes, increasing quality of care and improving operational efficiency.

It is proposed that the CRS move to a centralised scanning model operating from GCUH. A centralised scanning hub has been adopted by other ieMR hospitals such as Princess Alexandra who perform all scanning for QEII. The five-step scanning process requires separate persons to complete each task to ensure compliance with the Australian Standard 2828.2 Health Records:

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Digitized (Scanned) health record system requirements. Due to the significant reduction in documentation that will be scanned, it is proposed the existing CRS functions located at Robina and GCUH hospitals will be consolidated into one service supporting all GCHHS facilities. This facility will be located at GCUH and will operate a satellite service at Robina hospital in order to collect and courier documentation.

GCHHS CRS workflows would include the five steps of the scanning process, the receipt, tracking and creation of patient medical records electronically as well as facilitating the collection and delivery of historical charts. The dedicated resources who administer the release of information would be based at GCUH. This centralised scanning approach will include the implementation of quality assurances measures to meet destruction requirements. Furthermore, centralised scanning will result in more effective key performance indicators as GCUH and Robina documentation will be processed within the same timeframes and meeting the same level of quality. CRS staff will provide maintenance to patient administration systems and action data discrepancies as needed.

The Robina satellite service would include the collection of clinical documentation to be couriered and processed at GCUH as well as the management of historical hard copy charts. This role will be rotated through CRS staff based from GCUH.

Currently there are four Clinical Records Supervisors. Due to the shifting focus to quality it has been identified that two of the existing four Clinical Records Supervisors will be matched to Quality Advisor roles. These roles will be responsible for actioning errors within the ieMR and KOFAX, overseeing the quality assurance step and running reports on productivity and quality within a digital environment.

Table 4.0 below outlines the proposed CRS operating hours and roster shifts for a centralised service.

Table 4: Clinical Records Service Centralised Service Operating Hours / Roster

Shift Title	Shift Coverage	Budgeted FTE
GCUH	06:00 – 14:30 14:30 – 23:00 Monday – Friday Limited weekend service	31.5
Robina *Rostered to ensured rotation of tasks*	06:00 – 14:30 Monday - Friday	1
Supervisors	06:00 – 14:30 12:00 – 20:30 Monday - Friday	2
Quality Advisors	Business Hours Monday – Friday	2

The introduction of FirstNet requires a change in workflow from emergency to inpatient. When a clinical decision to admit has occurred, the administration staff in Emergency Department must admit and transfer the patient to receiving inpatient ward. This task had often occurred utilising the after-hours service in Clinical Records. Therefore, this significantly reduces the after-hours requirement within Clinical Records.

Due to the cessation of the overnight shift, the afterhours admission and urgent release of information tasks (23:00 – 06:00) would be transferred to the Emergency Department for completion. The Clinical Records Service will continue to process release of information requests from 06:00 to 23:00, however urgent hospital-to-hospital requests between 23:00 to 06:00 are to be processed via the Emergency Department. DTS would also transition the 11 FTE and budget to the Emergency Department to support the transfer of these additional tasks. This transition opportunity is to a comparable role, operating within a continuous shift roster, mitigating the impact to affected staff other than working location and reporting lines.

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The need for priority scanning overnight will be removed as critical documentation will be direct entered to ieMR (medications, anaesthetics and observations). The ieMR Scanning Business Rules have been designed to ensure advanced care documentation is processed within eight hours of collection, ensuring no after-hours need to scan this documentation. This change also serves to standardise working practices with the new CRS as Robina Hospital ceased the overnight shift and has operated against these business rules since July 2016.

The introduction of the proposed service operating hours will ensure a greater level of quality in processing of clinical documentation with adequate supervisor coverage to correct any processing errors as they occur.

Transferrable roles have been identified within Health Informatics & Business analytics that support the digital strategy and reinforce the importance of data quality. Other opportunities have been identified in work areas impacted by ieMR, these include; Booking and Referral Centre, Outpatients, Endoscopy, Surgical and Emergency Department.

See Table 5 for the full list of role opportunities. A combination of closed-merit and direct matches will occur for the role opportunities outlined in Table 5. For further information refer to *Attachment 1: Affected Positions Spreadsheet.*

Table 5: Identified Role Opportunities

Position		Level	FTE	Location
Referrals Officer	Bookings and Referral Centre	AO3	2	GCUH
Admin Officer – ESM*	Outpatients	AO3	3.97	GCUH/ROB
Admin Officer	Endoscopy Services	AO3	1	GCUH
Admin - Operation Bookings	Perioperative Services	AO3	2	GCUH
Admin - Surgical Admissions	Perioperative Services	AO3	1	GCUH
Admin Support Officer	Clinical Informatics	AO3	1	GCUH
Data Administrators	Emergency Department	AO3	4	ROB/GCUH
Admin (Admissions/Ext/Transfers)*	Emergency Department	AO3	11	ROB/GCUH
Non-Clinical Records Support	Non-Clinical Records	AO3	1	GCUH
Data Quality Support	Health Information Data Quality	AO3	3	GCUH
Governance Officer	Health Informatics & Business Analytics	AO4	1	GCUH
Quality Advisors*	Clinical Records Service	AO4	2	GCUH
Clinical Records Officer	Clinical Records Service	AO3	32.5	GCUH/ROB
ESM Go-Live Support (Temp)	Digital Healthcare Project	AO3	2.5	GCUH/ROB
Admin Officer – Technical (Temp)	Digital Healthcare Project	AO3	1	GCUH/ROB

(*) Roles will be matched to staff on same pay level and roster conditions.

Further to this, additional opportunities may be identified through the consultation process.

6. Potential Benefits

The introduction of ieMR will enable the HHS to deliver safer health service through innovative use of information technologies. The defined benefits realised this service improvement are:

- Delivering an effective and efficient quality of service within the Clinical Records Service.
- Ensuring suitable resourcing is achieved in impacted areas of the HHS to provide a better outcome for patients.
- The development of skills to advance the workforce and provide world class services.

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These benefits will be presented for consideration by union(s) and staff during consultation.

7. Proposed Affected Positions

GCH is committed to meeting its obligations under the Queensland Government's Employment Security Policy. The opportunity identified for service improvement in this workforce consultation paper will not result in any job losses.

Depending on feedback received during consultation, the scope of the affected positions may change. Refer to *Attachment 1: Affected Positions Spreadsheet.* The spreadsheet lists those positions which may be affected by this concept. These positions will be included in the consultation process.

8. Workforce Consultation Plan

The workforce consultation process will be undertaken in accordance with *Table 2: Workforce Consultation Plan (below)*. This process will entail consultation with relevant union representatives and staff on the concept identified for service improvement, where required the process may be repetitious.

Support available for staff will include:

- Individual discussion with the affected employees providing clarity about the impact of the changes as soon as is possible during the process;
- Consultation will be conducted with staff and relevant unions on ways to minimise the effects of the change;
- Support and assistance through the process from the relevant directorate line management with human resource services support to line managers if required.
- Employee Assistance Program including face-to-face counselling are available to all staff.

9. Engaging and supporting staff

All staff will be given an opportunity to participate in the consultation. As part of the consultation process, staff forums/workshops will take place with impacted staff. These staff will be encouraged and supported by their managers, and will be allowed sufficient time and resources to actively participate in the consultation process.

Engagement with participating unions will be encouraged throughout the consultation process, and union representatives will be invited to attend all staff forums, allowing them to support their members effectively. A list of affected staff will be provided to the unions. Staff who do not wish their name to be provided to the union for the purpose of consultation must submit their objection via email to Penny Sanderson Penny.Sanderson@health.qld.gov.au by 6 March 2019.

During consultation and information sessions, as part of the implementation, attendance lists will be provided to unions. The names of staff who have submitted their written objection will not be included on these attendance lists.

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Table 6: Workforce Consultation Plan

Consultation Step	Communication Tool	Responsible	Date
1. Initial union consultation	Letter to union to introduce identified opportunity and documentation.	G Brown	19/02/2019
2. Initial staff consultation	Letter to Staff to introduce identified opportunity and documentation providing dates for meeting with union. Staff meeting to discuss the identified opportunity and proposed consultation plan.	KJ Litherland	20/02/2019
3. Communication to staff unable to attend meetings (eg leave, including maternity leave) and commencement of consultation.	Letter to individual staff members with appropriate documentation, including support services available during consultation.	KJ Litherland	20/02/2019
4. Consultation period (minimum of 2 weeks).	Staff forums/workshops/survey monkey and feedback sessions to be held over minimum of 2 weeks period.	KJ Litherland, G Brown, P Sanderson	20/02/2019
5. Consultation period concludes and feedback considered by delegate. **What that means** Management team will: Gather information, consider implications and industrial requirements, and decide on proposed preferred model.	Email to staff and unions advising that the initial consultation has closed and that feedback is being considered.	KJ Litherland, G Brown, P Sanderson	06/03/2019
6. Proposed Business Case for Change developed for approval.	Phase 2: Proposed Business Case for Change, incorporating proposed implementation plan, developed and submitted for delegate approval. Where appropriate the proposed Business Case for Change will be submitted to the Gold Coast Health Consultative Forum (GCHCF), as part of the consultation process.	KJ Litherland, G Brown, P Sanderson	12/03/2019
7. Second consultation period begins, if required, on proposed service model (minimum of 2 weeks)	Staff forum to be held by senior manager/project lead and proposed model presented to staff for feedback over a minimum of a 2 week period. HRS support may be available on request.	KJ Litherland, G Brown, P Sanderson	12/03/2019

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Consultation Step	Communication Tool	Responsible	Date
8. Second Consultation period concludes all feedback considered.	Email to staff and unions advising that service model consultation has closed, includes details of new service model.	KJ Litherland, G Brown, P Sanderson	26/03/2019

10. Providing Feedback

Stakeholders are invited to provide feedback by **6 March 2019** about the change process. Feedback may be provided to Penny Sanderson, Health Informatics & Business Analytics email: GCESOCIO@health.qld.gov.au.

11. Attachments

The following attachments are included for consideration as part of our consultation process:

- Attachment 1: Affected positions spreadsheet

Endorsements

The following officer has **endorsed** this document for approval:

Name:	Grant Brown		
Position:	Senior Director, Human Resource Services,		
Signature:		**Date:**	

Approvals

The following officer has **approved** the Phase 1: Workforce Consultation paper

Name:	Damian Green		
Position:	Executive Director & Chief Information Officer, Digital Transformation Services		
Signature:		**Date:**	

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Workforce Consultation Paper Contact Details

Owner:	Penny Sanderson
Contact details:	Penny.Sanderson@health.qld.gov.au
Division/Unit:	Health Informatics & Business Analytics
Document status:	

Version history

Version	**Date**	**Changed by**	**Description**
1	23/1/2019	Penny Sanderson, Director, Health Informatics & Business Analytics	Initial draft
2	18/02/2019	Penny Sanderson, Director, Health Informatics & Business Analytics	Final draft

Proceed to Phase 2: Business Case for Change

Note: A redacted version of this completed document may be made available for publication on the Workforce Consultation web page on the intranet.

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Affected Positions spreadsheet: **Clinical Records Service, Gold Coast Health**

ABOLISHED / RELOCATED POSITIONS

Position Title	Position Number	Organisational Unit	Work Location	Classification	FTE	Comments
Clinical Records Officer - ROB	32029654	Clinical Records Service (HIBA)	Robina/GCUH	AO3	12.21	
Clinical Records Officer - Cont Shift	32013923	Clinical Records Service (HIBA)	Robina/GCUH	AO3	11	
Clinical Records Officer - GCUH	32029653	Clinical Records Service (HIBA)	Robina/GCUH	AO3	40.26	
Supervisor Robina	32018467	Clinical Records Service (HIBA)	Robina	AO4	2	
Supervsor GCUH	32015159	Clinical Records Service (HIBA)	GCUH	AO4	2	

DIRECT MATCH (See Table 5)

Original Role	Position Number	Organisational Unit	Work Location	Classification	New Role	Classification	Comments
Clinical Records Officer - Cont Shift	32013923	Clinical Records Service (HIBA)	Robina/GCUH	AO3	ED Admin Officer	AO3 X 11	Continuous Shift (7 GCUH/4 ROBINA)

LIMITED POOL SUITABILITY ASSESSMENT

Position Title	Position Number	Organisational Unit	Work Location	Classification	Existing or New Position	Applicant Pool		Comments
Quality Advisors	Unknown	Clinical Records Service	GCUH	AO4 X 2	New Role	4.0	Existing	Current CRS Supervisors for applicant pool
Shift Supervisors	Unknown	Clinical Records Service	GCUH	AO4 X 2		4.0	Existing	Current CRS Supervisors for applicant pool

CLOSED MERIT (See Table 5)

Position Title	Position Number	Organisational Unit	Work Location	Classification	Recruitment Strategy	New Position	Comments
Referrals Officer	Unknown	Bookings and Referral Centre (IACS)	GCUH	AO3 X 2	Closed Merit	Existing	
Admin Officer - ESM	Unknown	Outpatient Services (IACS)	GCUH/ROBINA	AO3 X 3.97	Direct Match	Existing	Direct match
Admin Officer	Unknown	Endoscopy Services (SAPS)	GCUH	AO3 X 1	Closed Merit	Existing	
Admin - Operation Bookings	Unknown	Perioperative Services (SAPS)	GCUH	AO3 X 2	Closed Merit	Existing	
Admin - Surgical Admissions	Unknown	Perioperative Services (SAPS)	GCUH	AO3 X 1	Closed Merit	Existing	
Admin Support Officer	Unknown	Clinical Informatics (CI)	GCUH	AO3 X 1	Closed Merit	New	Additional resource for clinical informatics
Data Administrators	Unknown	Emergency Department (IACS)	ROB/GCUH	AO3 X 4	Closed Merit	New	1 X ROBINA 3 X GCUH
Non-Clinical Records Support	Unknown	Non-Clinical Records (HIBA)	GCUH	AO3 X 1	Closed Merit	New	Additional resources for non-clinical
Data Quality Support	Unknown	Health Information Data Quality (HIBA)	GCUH	AO3 X 3	Closed Merit	New	Increase needed for Data Quality
Clinical Records Officers	Unknown	Clinical Records Service (HIBA)	GCUH/ROB	AO3 X 32.5	Closed Merit		Positions required for Clinical Records post go-live
Governance Officer	Unknown	Health Informatics & Business Analytics (HIBA)	GCUH	AO4 X 1	Closed Merit	New	New position, policy & comms

TRANSFER OF BUSINESS

Position Title	Position Number	Organisational Unit	Work Location	Classification	Receiving Area	Comments

Direct Matching (At Level)

Direct match may be used when an employee is being matched to a role of their current employment status and classification within the work unit/branch/division. Direct matched roles often have similar skills or functions and may be more specialised. Eg. Generalist HR role matched to Conduct and Performance. Direct matching requires the provision of an evaluated job description of the intended matched role along with any developmental or training requirements to undertake the matched role.

Transfer at Level

Employee is transferred to a suitable role of the same status and classification level at another work unit or location. (Requires consideration of employee's circumstances).

Limited Applicant Pool Suitability Assessment (At Level)

Where the number and/or nature of ongoing roles change, the unit may adopt a limited applicant pool suitability assessment process to appoint employees to the new structure.
This often occurs where there are:

- mismatched numbers of staff to positions; or
- the role has changed such that it requires different skills; or
- employees may be considered for a suitable role within the revised structure.

New roles may require additional training and support for the employee. Any developmental or training requirements to undertake the new roles should also be outlined.

Voluntary Redundancy Offer

Alternate placement options including transfer, redeployment, secondment or priority transfer within health or other public service roles must **be explored prior** to redundancy packages being offered. (Dir 04/18 Cl. 10.1)
In the event the employee declines the VR offer, that employee will then be required to participate in the priority transfer process as per clause 11.4 of Directive No. 17/16.

Priority Transfers

Where management is unable to facilitate the placement of the employee into a suitable alternative role, the employee is to be registered for a priority transfer. A priority transfer employee will be required to actively participate in the placement process including retraining or development to secure a [#transfer/ or consensual redeployment] opportunities.

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