Richard Royle
Panel Chair – Review of PCEHR

pcehrreview@pcehrreview.gov.au

Dear Mr Royle

Re: Personally Controlled Electronic Health Record (PCEHR)

Thank you for inviting Australian College of Nursing (ACN) to submit a response in support of a review of the PCEHR. ACN is a key national professional organization representing nurses in all clinical settings across Australia and we have consulted with our members about the uptake and use of the PCEHR.

ACN members acknowledge the benefits of the PCEHR and its potential to be a convenient method for patients and health professionals to share information and communicate efficiently. However, members have identified a number of barriers to the adoption of the PCEHR which have contributed to low levels of use not only by health care professionals, but also patients.

Members identified the following barriers to the adoption and usage of the PCEHR and further made recommendations in relation to these barriers:

1. **Privacy and security**: The biggest issue resonating amongst ACN members is serious concern over the privacy and security of information uploaded to the PCEHR using cloud technology. Health care professionals and patients both question the security of the PCEHR against misuse of the information recorded.

   In order to ensure confidence in the security of the information held within the PCEHR it is recommended that information be readily available on how the system is used and monitored, how it is protected in terms of secure online networks and how legislation regulates use and misuse of information.

2. **Lack of promotion**: Members perceive the PCEHR as not well promoted amongst patients and heath care professionals. Many ACN members advised that they were unaware of the benefits of adopting the PCEHR. If healthcare professionals do not recognize the benefits of the PCEHR, there will be little incentive for enrolling patients to use the program.

   Greater education and marketing of the PCEHR which includes evidence of the PCEHR's positive impact on delivery of care could increase its level of use.

3. **Enrolling patients into the PCEHR is time consuming**: The time required to enroll patients was perceived as a strong disincentive to promoting the PCEHR. The PCEHR is perceived as not user friendly and thus difficult to justify in addition to already established medical record systems.

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Supplying clinical settings with a dedicated person with expertise in the PCEHR to enroll patients and to educate healthcare professionals and patients was a frequently suggested solution.

Further, ACN members believe that the overall utility of the PCEHR could be improved if the PCEHR included nursing care plans. Nurse informaticians may make a valuable contribution to any trouble shooting of the PCEHR by identifying workflows that require reengineering. ACN suggests that the increased involvement of nurses in the review, planning, implementation, monitoring and evaluation of the PCEHR would have a positive impact on the uptake and use of PCEHRs and welcomes continued involvement in any future work undertaken.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely

Adjunct Professor Debra Thoms FACN (DLF)
Chief Executive Officer

22 November 2013