

# Health Information Services (HIS), Ryde and Macquarie Hospital Restructure Proposal

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## Stage 1 – Scope, Plan and Approval

### 1.1 The Need for Change

#### 1.1.1 Description of Service

Health Information Services (HIS) Ryde and Macquarie provides healthcare record management services for the following:

HIS Ryde:

- Ryde Hospital
- Community Mental Health -Ryde team
- Community Child Youth Mental Health Services (CYMHS) – Top Ryde
- ACAT -Ryde
- Ryde Older Person for Mental Health Services
- NSLHD North Shore Ryde MH Service -Ryde Acute team
- NSLHD North Shore Ryde MH Service -Assertive Outreach
- Mental Health - Early Intervention Service
- MH Access Line - Older Persons Mental Health Service

HIS Macquarie:

- Macquarie Hospital
- Got IT
- Intellectual Disability Mental Health
- NSLHD Eating Disorders
- Northern Sydney Home Nursing Service (NSHNS) - RYDE team
- NSHNS - Hillview team
- NSHNS – Chronic Complex Care - Macquarie
- Assistive Technology and Seating Services (AT&S)
- Coral Tree Family Services
- NSLHD Older People’s Mental Health Services
- Mental Health Telephone Access Line – Macquarie Hospital
- Gladesville Hospital - Historical Records
- Centre for Bone & Joint Disease - Historical Records

HIS aims to ensure patient and clinical information is of a high quality and available at the point of care, whilst minimising costs and protecting the confidentiality of patient data.

#### 1.2.1 Background

In October 2021, Health Information Services (HIS) Macquarie was realigned from Macquarie Hospital to NSLHD HIS (MCQ/21/4023). In November 2021, HIS Ryde and HIS

Macquarie were aligned under the same management team, while continuing to operate under separate cost centres and at different physical locations.

HIS Ryde is affiliated with Ryde Hospital, located in Eastwood. Due to the redevelopment of the Ryde Hospital campus, the Ryde HIS office was temporarily relocated to Building 6 at the Macquarie Hospital site in North Ryde in June 2024. This arrangement is expected to remain in place until the redevelopment is completed, currently projected for 2027.

HIS Macquarie is based in Building 27 at the Macquarie Hospital campus in North Ryde. In addition to supporting Macquarie Hospital and services affiliated with Mental Health, Drug and Alcohol, Macquarie HIS also provides services to various other co-located services within the campus.

At Ryde, Digitisation Officers are required to provide support for medico-legal functions, which includes the release of records for ongoing care requests and the management of documentation pertaining to deceased patients. In addition, the Medico-Legal and Data Officer at Macquarie HIS has been assigned responsibility for the management of ABF data corrections, as well as comprehensive data quality support for Macquarie Hospital. This includes the management of patient admission, discharge, and transfer data for mental health patients.

Furthermore, Medico-Legal and Data Officers are required to utilise a range of systems, including *3M ChartRelease* and various applications supporting dental health and radiology. These responsibilities necessitate the development of advanced skill sets and a high degree of technical proficiency.

All HIS Ryde and Macquarie staff are trained to operate seamlessly across both sites and to provide coverage across roles as needed. This arrangement necessitates not only greater capability and versatility among staff, however also improved efficiency in processing patient information, coupled with increased capacity and carefully coordinated rostering.

### **Ryde and Macquarie HIS Document Imaging (DI) team**

The digitisation of paper healthcare records through Document Imaging (DI) was implemented at Ryde Hospital between July and October 2013, and May 2022 at Macquarie Hospital. In addition, historical scanning projects were implemented at both sites in 2022, with contracts ending at Ryde in December 2025 (NSHD/25/8039) and Macquarie (MCQ/21/2415) 30 June 2025.

Since its introduction, the role of the DI team has expanded beyond scanning paper records to include the digitisation and upload of digital records, such as clinical photographs and patient identification documents, into the electronic medical record (eMR). Additionally, healthcare documents in PDF format are now uploaded to the eDocument portal, allowing HIS staff to integrate these records into the eMR.

The DI team is also responsible for the culling of healthcare records that have surpassed their retention period or meet destruction requirements.

### *Ryde DI team:*

The Ryde DI team consists of 3.8 permanent AO2 FTE positions, established after Ryde Hospital implemented DI in October 2013. The DI workload peaked in 2017, with an average of 51,058 images per month for forward scanning. Since then, the volume has gradually declined due to the progressive adoption of electronic health records across NSLHD. By 2024, the average workload decreased to 29,001 images per month, primarily due to reduced activities relating to the Ryde Hospital Redevelopment.

In 2022 HIS Ryde established a historical scanning project to digitise historical records; mitigating issues with physical space at the time and preparing for future storage capacity as part of the redevelopment (NSHN/21/57682). This team comprises 4 temporary AO2 FTE. In April 2025, over 73% of the historical records in scope for the project had been scanned.

In addition to these responsibilities, the Ryde Digitisation Team has been tasked with scanning historical records from Community Mental Health Services, as well as records transferred from the Chest Clinic and Cardiology Clinic.

The team is also responsible for all healthcare record culling activities for the services covered by Ryde. Currently, there is a significant backlog of culling duties, including those records related to deceased patients and the Chest and Cardiology Clinic. The transfer of these clinics from private management back to public management has contributed to this increased workload. It is also noted that since the removal of the disposal alert by State Records, following the completion of the Royal Commissions, NSLHD HIS will be required to commence destruction of all eligible healthcare records.

### *Macquarie DI team:*

All digitisation tasks for Macquarie Hospital are currently managed by the District Document Imaging Project Team. The team is staffed with 5 AO2 FTEs (3 temporary and 2 permanent) dedicated to scanning and 1 AO6 FTE, who functions as both Supervisor and Auditor.

The team is responsible for processing current and historical healthcare records for Macquarie Hospital and all services co-located on the Macquarie Hospital site. Since the commencement of the historical scanning project in May 2022, the team has been processing approximately 53,000 pages per month.

In addition to scanning, the team also plays a key role in culling healthcare records. This includes not only Macquarie Hospital records, however, also records stored in satellite locations on the Macquarie Hospital site, such as Coral Tree, AT&S, and NSHN.

As outlined in the business case for the Macquarie Hospital Scanning Project (MCQ/21/2415), at the conclusion of the project, 2 AO2 FTEs and 1 AO6 FTE will remain within HIS Macquarie to continue digitisation activities.

## **Ryde and Macquarie HIS Medico-Legal and Combine Team**

The Medico-Legal and Combine (ML&C) team at HIS Ryde consists of 1.8 AO3 FTE, and the HIS Macquarie team consists of 1 AO3 FTE. The ML&C teams are responsible for releasing health information and combining duplicate MRNs. In addition to these tasks, the HIS Macquarie Medico-Legal team is also required to prepare documentation for the Mental Health Review Tribunal, twice per week, and responsible for managing PAS data quality, including the amendment of Activity Based Funding (ABF) data errors and the correction of admission and discharge data errors.

The medico-legal workload has undergone a significant increase and transformation, and it is projected that this will increase with implementation of the single digital patient record (SDPR). A key aspect of this change is that ongoing care requests are no longer sustainable to be processed by AO2s due to shifts in processes. New procedures, including electronic transfer of information via *Kiteworks*, registering requests in the 3M database, and establishing a medico-legal group email, now require specific medico-legal knowledge for effective triaging of requests. Additionally, the MHDA consumer photo upload commenced in December 2021, and the PDF upload of medico-legal correspondence directly to eMR by medico-legal staff began in November 2023. All of these tasks have been integrated into the responsibilities of the ML&C team.

The contributing factors for the increase in workload and complexity include:

- Registering all requests in the *3M ChartRelease* database
- Releasing health information to external parties via secure electronic platforms, such as *Kiteworks*
- Applying changes to legislation and the NSW Health Privacy Manual for Health Information, including requirements of review and redactions prior to release
- Using Power Billing & Revenue Collection (PBRC) to generate and manage invoices
- Managing deceased paperwork
- Managing preparatory data quality activities for SDPR

### *Ryde HIS Medical legal team:*

At HIS Ryde, the increase in medico-legal requests has meant that the team has been unable to manage the volume of duplicate MRNs. In response to this increased workload, additional hours have been required of the part-time Medical-Legal & Combines Clerk to perform the combine of duplicate MRNs, and assistance sought from other HIS departments. In addition, historically HIS Ryde has managed the deceased paperwork process. This has been temporarily transferred to the Ryde Hospital Administration team, however HIS still provide daily support, and will recommence management of this task when the new Ryde Hospital opens

### *Macquarie HIS Medical legal team:*

The Macquarie team has also experienced a workload increase, similar to that noted for Ryde. Specific elements that have contributed to the increased workload at Macquarie include:

- Mental Health records are considerably larger due to patients' extended length of stay. Reviewing these records is increasingly time-consuming and resource intensive.
- The team prepares documentation for the Mental Health Review Tribunal, which holds hearings twice a week at Macquarie Hospital.
- Processing Gladesville Hospital medico-legal cases takes much longer, as the records cannot be scanned and instead are photocopied
- Government initiatives, such as the NDIS, have increased the demand for healthcare records
- The need to manage medico-legal cases for co-located services has been added to the responsibilities of the team.

It is noted that the progression of digitising records, including the introduction of electronic medical record (eMR) modules facilitating direct entry into the eMR, has reduced the amount of paper health care records, resulting in a reduction in the DI workload. There has been however, a notable increase in the need to manage electronic transfer of PDF files.

The progressive increase in electronic health care records in NSLHD has also resulted in the need for data quality and auditing roles for eMR to ensure documentation is timely, accurate and complete. This includes broadening the scope of HIS roles to include documentation audits, active clinical engagement, and troubleshooting electronic record issues such as duplicate entries, incorrect/incomplete documentation, unsigned notes, extraction of electronic records, and ensuring accurate and secure access to eMR.

The last review of HIS Ryde and Macquarie occurred in preparation of the commencement of the HIS Document Imaging Project in 2013. Since this time, as a result of the aforementioned changes, there have been significant changes to the way in which work is performed by the service. The service has therefore undertaken a review of the positions, to ensure they are congruent to current and future demands for electronic records and data management, DI, medico-legal, and the administration of eMR related activities, particularly with SDPR and the opening of the new Ryde Hospital. This review highlights the need for an organisational restructure to meet the current and future needs of health care record management at HIS Ryde and Macquarie.

## 1.2 Restructure Plan

### 1.2.1 Reason and purpose of the restructure

Ryde and Macquarie HIS manage digitisation of healthcare records, both historical and forward DI, collection and delivery of records, eMR data quality, ongoing care requests,

and management of medico-legal requests and deceased paperwork. The digitisation workload at Ryde has decreased since the hospital transitioned to electronic records, however there is a large backlog in culling, especially for deceased records and historical records as well as all satellites records that fall under the jurisdiction of HIS Ryde and Macquarie.

The medico-legal teams are facing increasing workloads due to growing volumes of requests, rising compliance requirements, and complex case preparation. Responsibilities include document release, privacy compliance, invoicing, deceased paperwork, and data quality management.

The Ryde Hospital redevelopment and proposed increases in hospital activity is also another important factor that has been considered as part of this review the new Ryde Hospital will feature significant upgrades in various areas. Alongside increased services and activity, the HIS workload is also expected to rise, including functions such as digitisation, medico-legal requests, and data quality activities. The Ryde Hospital Redevelopment Summary below, based on the [NSLHD Clinical Services Plan 2024-2029](#) document, indicates the proposed services and capacity of the same.

### Ryde Hospital Redevelopment Summary

Department/Unit	Current Capacity	New Capacity	Increase (%)
Adult Acute Inpatient Beds	130	190	46.15%
Emergency Department (ED)	19	36	89.47%
Intensive Care Unit (ICU)	6	11	83.33%
Operating Rooms	3	5	66.67%
Endoscopy/Procedure Rooms	0	2	New
Medical/Surgical Overnight Beds	108	168	55.56%
Paediatric Short Stay Unit	0	5	New
Ambulatory Care/Outpatients <sup>①</sup>	0	35	New
Medical Day Unit <sup>②</sup>	0	11	New
Medical Imaging Facilities	Existing	Expanded	-
Clinical/Non-Clinical Support	Existing	Upgraded	-
Education, Training, Research		New	New

<sup>①</sup>Ambulatory care accommodates women's health services including ante- and post-natal clinics, and paediatric consultation.

<sup>②</sup>Medical Day Unit accommodate diagnostic services and day treatments/therapies (e.g., transfusion, infusion therapies, etc), and minor procedures (catheter changes, wound care, etc).

It is also confirmed that SDPR will be implemented in NSLHD in 2026. Data quality preparatory activities have increased since early 2025, and training, education and compliance activities are also expected to increase after the system goes live.

As a result of the aforementioned changes, both current and anticipated, there is a significant need to change how work is performed by the service. Consequently, the service has undertaken a review of the positions to ensure the restructure reflects the current workload demands and future needs. This includes considerations for digitisation and data management, medico-legal functions, and the administration of eMR-related activities. This review highlights the necessity of an organisational restructure to meet the current and future needs of healthcare record management at HIS Ryde and Macquarie. The review and analysis have identified several service gaps and resource needs:

- **PAS and ABF Data Quality Management:** MHDA and Macquarie have not established a position to address eMR data quality issues or manage ABF data collections. This includes tasks such as data correction and related training (e.g., admission, discharge, ABF funding, and patient transfers). As a result, these data quality responsibilities are consistently assigned to the HIS Macquarie team, which currently lacks a designated position to handle these tasks. A Data Scoping Review conducted by HIS identified gaps in the management of the ABF data collections, including data entry, correction, and reporting, and training regarding the same. It is also noted that a standardised approach for the management of ABF data streams across NSLHD does not currently exist.
- **Documentation Quality and Analysis:** Ryde and Macquarie HIS provide services to multiple areas, however clinical documentation audits have only been initiated for a few major services, leaving significant gaps in review of documentation quality. There is also a need to enhance and standardize the analysis of clinical documentation audits, unsigned PowerNotes, PowerForms, and completed discharge referrals.
- **Duplicate MRN Management:** HIS Ryde does not have sufficient resources to process the duplicate MRN list provided by eHealth and the Digital Health UPI team. At present, only urgent duplicate requests and patient data requests can be processed, leaving a backlog of routine tasks.
- **Medico-Legal workload:** The volume of medico-legal requests is increasing for both Macquarie and Ryde sites, with a particularly rapid rise at Macquarie. At the same time, compliance requirements have grown in accordance with this increase, adding further complexity and workload to the medico-legal process. Due to the temporary relocation of Ryde HIS, the responsibility for deceased patient documentation has been transferred to the Ryde Hospital Administration team, however, HIS is expected to resume this responsibility once the Ryde redevelopment is complete. Additionally, the redevelopment is anticipated to result in a significant increase in medico-legal workload across both sites.

- **Resources for the Culling of Satellite, Historical, and Deceased Patient Records:** Under the requirements of GDA17 (General Disposal Authority for Administrative Records), both Ryde and Macquarie have accumulated significant volumes of satellite records, historical records, and deceased patient records that have met the required retention periods and are now eligible for secure destruction. The backlog has grown due to a memorandum previously in place that limited culling activities, which has only recently been lifted. Despite this, both sites continue to lack sufficient resources to manage the culling workload in a timely manner, posing operational challenges and potential compliance risks.
- **Redevelopment:** Due to the Ryde redevelopment, certain activities have been reduced or transferred to other sites, leading to a temporary decrease in workloads, particularly in document imaging. On completion of the redevelopment, however, the new Ryde Hospital will significantly expand its patient service capacity. This expansion is expected to result in a marked increase in workload across all aspects of the HIS department.

In addition to the previously identified gaps, it is evident that the processes within the HIS for managing healthcare records are undergoing significant evolution. Initially, the document imaging project focused primarily on digitising paper healthcare records, however, this scope has since broadened to encompass the upload of digitisation of PDF and photographic documentation into eMR. The increasing demand for PDF uploads of clinical forms necessitates that DI Officers further develop their skills and competencies, as the process transitions from traditional paper-based scanning to electronic uploads.

Accordingly, it is proposed that the HIS Clerk (AO2) positions be regraded and retitled as Digitisation Officer (AO3) to accurately reflect the enhanced skills and responsibilities associated with these roles. It is also recommended that the Medico-Legal and Data Officer positions be regraded and retitled to Medico-Legal & Data Quality Officer (AO4), to acknowledge the expanded scope of duties and the increased expertise required to effectively perform these functions. To address the increasing workload demands, it is also proposed to establish an additional Medico-Legal & Data Quality Officer (AO4) position (1 FTE).

The following risks are noted if organisational change does not occur:

- Backlogs in document imaging audit and destruction of paper records will continue
- Compliance risks associated with delays in processing medico-legal requests, potentially resulting in the inability to meet required deadlines.
- Ryde and Macquarie will continue to be unable to properly manage data requirements
- Difficulties in recruiting to vacant positions due to the award classification and level of skill required to fulfil document imaging and medico-legal positions
- Reduced staff retention if there is no career pathway

- Grading inconsistent with other sites, leading to the aforementioned issues in recruitment and retention
- Inability of staff to accept future projects if their skillset is not recognised nor remunerated appropriately

In summary, the proposed changes as a result of the aforementioned service review are:

- Change of titles of positions:
  - HIS Clerk to Digitisation (*DI*) Officer
  - Medico-Legal & Combines Clerk to *Medico-Legal & Data Quality Officer*
- Change of gradings:
  - DI Officer (previously HIS Clerk) from AO2 to AO3
  - Medico-Legal & Data Quality Officer (previously ML&C Clerk) from AO3 to AO4
- Change to FTE:
  - Add 1.0 Medico-Legal & Data Quality Officer (AO4) position
- Change of reporting line:
  - All Digitisation Officer and Medico-Legal & Data Quality Officer positions to report to the Operations Manager
- Merge MQE HIS cost centre (265180) with Ryde HIS cost centre (260118) and rename it to *Ryd & Macq Health and Information Services GEN*

It is noted that the grading of all positions is congruent to the approved RNSH HIS Restructure NSHD/22/92977 and approved HIS Beaches Restructure NSHD/23/117104, the HIS Hornsby Restructure NSHD/25/5480.

It is noted that the below changes related to Ryde and Macquarie HIS are included in the NSLHD HIS Management Restructure NSHD/25/12530.

- Deletion of 1 FTE AO2 HIS Clerk position
- Amalgamation of Document Imaging Supervisor and Auditor Macquarie (AO6) with HIS Supervisor, Ryde (AO6) to form *Data Quality Analyst, Ryde and Macquarie (AO6)*. This position will:
  - Report to the HIS Manager, Ryde and Macquarie
  - Focus on all types of auditing, noting HIS work is changing to focus on data quality and auditing

Improve role clarity amongst the team It is noted that there will not be any change to the Manager and Operations Manager grading, nor any change to operating hours. The hours will remain as Monday to Friday 0830 – 1700 at HIS Ryde and Macquarie.

The benefits of the proposed changes are:

- Enhance HIS’ digital capabilities, thereby becoming less paper-based and providing an innovative solution to health care records management.
- Enable greater focus on quality and compliance across all areas of HIS
- Align organisational structure and position descriptions with other HIS sites, with consistent Award classifications, performance indicators, and duty requirements.
- Provide effective career progression pathways and succession planning across all positions, including supervisory and management levels, thus improving recruitment and retention opportunities in HIS
- Maintain appropriate staffing levels and effective management of resources to better reflect high and low activity periods, including preparing the service for the proposed increase in activity following the opening of the new hospital

## 1.2.2 Current and proposed FTE

Award/Grade	CURRENT FTE	PROPOSED FTE	VARIANCE
Administration Officer Level 2	5.8	0.00	(5.8)
Administrative Officer Level 3	2.8	4.8	2
Administrative Officer Level 4	0.00	3.8	3.8
Administrative Officer Level 6	2.00	1	(1)
Health Service Manager Level 1 (HSM1)	1.00	1.00	0
Health Service Manager Level 2 (HSM2)	1.00	1.00	0
<b>TOTAL FTE</b>	<b>12.6</b>	<b>11.6</b>	<b>(1)</b>

## 1.2.3 Financial impact

Award/Grade	Current FTE	Current \$	Proposed FTE	Proposed \$	Variance
Administration Officer Level 2	5.8	383787	0	0	-383787
Administrative Officer Level 3	2.8	197312	4.8	354913	157600
Administrative Officer Level 4	0	0	3.8	280973	280973
Administrative Officer Level 6	2	164480	1	82240	-82240
Health Service Manager Level 1 (HSM1)	1	112331	1	112331	0
Health Service Manager Level 2 (HSM2)	1	129624	1	129624	0
<b>TOTAL</b>	<b>12.6</b>	<b>\$987,535</b>	<b>11.6</b>	<b>\$960,081</b>	<b>-\$27,455</b>

## 1.2.4 Impact on staffing (FTE)

Refer attachment – *Affected Employees & Positions Table 2024(TAB B)*.

## 1.2.5 Current and proposed organisational charts

Refer attachment – *Organisational Charts (TAB C (1) & (2))*

## 1.2.6 Current and proposed position descriptions

Refer attachment – *Position Descriptions (TAB D (1) & (2))*

## 1.2.7 Proposed method of filling positions in the new structure

Positions within 5% increase will be direct appoints and positions greater than 5% will be filled via merit-based selection as indicated in *Affected Employees & Positions Table*

2024 (TAB B), and in accordance with NSW Health Policy Directive, *Recruitment and Selection of Staff to the NSW Health Service (PD2017\_040)* (TAB E).

## Stage 2 – Consultation

Consultation will occur in accordance with NSLHD procedure *Restructuring in Northern Sydney Local Health District (2014\_016)* (TAB F) and in accordance with the relevant industrial awards. *All employees will be provided ongoing assistance where required throughout the consultation period from HIS and Human Resources, along with access to the Employee Assistance Program (EAP).*

### 2.1 Notification to employees

All employees impacted by the proposed changes will be advised in writing of the proposed changes and are invited to provide feedback during a 2-week consultation period in accordance with NSLHD procedure *Restructuring in Northern Sydney Local Health District*.

### 2.2 Notification to Union/Industrial Bodies and other relevant parties

This restructure proposal document, along with the associated documents available in Tabs A – F, will be provided for consultation to the following stakeholders as detailed below:

- All staff within HIS Ryde and Macquarie
- NSW Health Services Union (HSU)

### 2.3 Feedback

Staff are invited to provide feedback to Adam Steggles, Senior Human Resources Business Partner at [Adam.Steggles@health.nsw.gov.au](mailto:Adam.Steggles@health.nsw.gov.au).

## Stage 3 – Implementation

It is anticipated that the proposed restructure will be implemented post consultation with the affected employees as outlined in (TAB B).

## Stage 4 – Review and Evaluation

The restructure will be reviewed 3 months following implementation to ensure that the efficiencies in place are maintained in accordance with service need.

The HR Business Partner, in consultation with Employee Services Unit (ESU), will complete a final evaluation of the restructure plan to ensure all positions are established in accordance with the new organisational structure.

## Attachments

TAB A – HIS Ryde and Macquarie Restructure Proposal 2025

**TAB B** - Affected Employees & Positions Table 2025

**TAB C** (1) & (2) - Current and Proposed Organisational Charts

**TAB D** (1) & (2) - Current and Proposed Position Descriptions

**TAB E** - Recruitment and Selection of Staff to the NSW Health Service (PD2017\_040)

**TAB F** - Restructuring in Northern Sydney Local Health District (PR2014\_016)