

Consultation – NBMLHD Health Information & Record Services (HIRS)

20 May 2026

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Acknowledgement of Country

The Nepean Blue Mountains Local Health District acknowledges the traditional custodians of the lands and waterways within its boundaries including the Darug, the Gundungurra and the Wiradjuri people. We acknowledge and pay respects to Elders past and present. We extend that respect to our local Aboriginal community and staff. We celebrate their strength and enduring connection to culture.

Artwork: 'We All Share the Same Water' by Leanne Watson, Shay Tobin and Leanne Tobin



Agenda

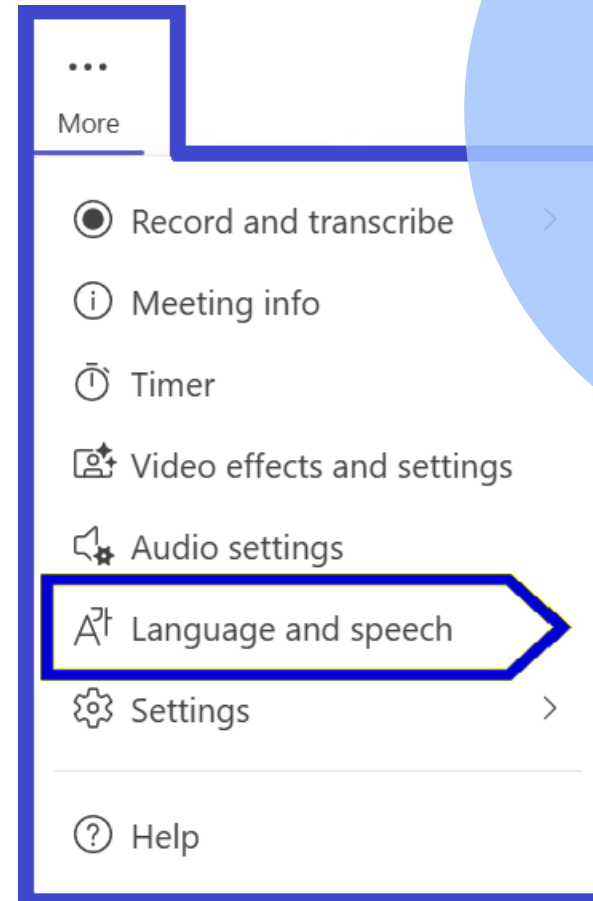


Topic	Presenter	Time
00. Welcome & overview of consultation session	Lynne Paine	5 minutes
01. The strategic landscape – drivers of change	Lynne Paine	5 minutes
02. Why are we changing– the case for change	Lynne Paine	5 minutes
03. What is changing – proposed changes	Lynne Paine	5 minutes
04. Next steps – decisions, enabling activities and timeline	Lynne Paine	5 minutes
05. Questions – have your say	Lynne/ Shilpa	15 minutes
06. More information & support – where to find out more & get support	Lynne Paine	5 minutes

Housekeeping

Accessibility, opportunities for feedback and Q&A

- Please hold your questions until the end. We will prompt you when we reach the Q&A part of this session.
- For those of you who are online, feel free to post any questions or comments into the MS Teams meeting chat before or during the Q&A.
- We may not have time to address all questions during this session, but you are encouraged to submit any feedback or questions through the online feedback form which will be open throughout the two-week consultation period. You can do this anonymously.
- You will also be able to ask questions or provide feedback via the consultation feedback email (inbox)



Accessibility

If you are online, you may wish to turn on live captions and subtitles, select **More > Language and speech** in your video controls

 Show live captions

 Turn on RTT for this call

The strategic landscape

Drivers of change

01

Why are we here today?

The strategic drivers of change

The current decentralised model for health records management, clinical coding, medicolegal/release of information, and UPI functions served the LHD when majority of health care records were paper based and physically stored at individual sites, however, presents challenges as the inconsistent structures' limits strategic oversight, governance, standardisation, amplifies inequity of resources, lack of career pathway, and the ability to maintain best practice and compliance District wide.

As the transition from paper-heavy environments to an LHD-wide eMR and hybrid state continues, the NBMLHD faces growing pressures regarding hybrid health records management, clinical coding quality and throughput, medicolegal/ release of information compliance, privacy protection, workforce retention and specialist recruitment.

By centralising governance and professional direction, the NBMLHD establishes a sustainable, compliant foundation that aligns with successful models already adopted across the State.

The proposed realignment centralises and strengthens district-level oversight, governance, professional support and direction for health information and service management, medicolegal/release of information and clinical coding to support current and planned strategic transformative initiatives to ensure long term sustainability.

Why are we changing?

The case for change

02

Why centralise?

Refocus on priorities

Standardisation & strategic oversight

- Uniform HIM, clinical coding and medicolegal practices and audit processes
- Modernising our workforce set up in line with best practices and other LHDs

Workforce Efficiency & Flexibilities

- Better specialist support for medicolegal/ROI
- Central pool for clinical coding allows redistribution based on workload & strategic priorities
- Better resource coverage due to central coordination of leave/training

Quality & Compliance

- Improved standardisation & quality of health records management
- Improved visibility of medicolegal/ROI compliance
- Improved coding accuracy, timeliness, and data integrity
- Centralised QA, education, and audit processes

Staff Training and Retention

- Clear career pathways and access to structured training
- Enhanced peer support and knowledge sharing

Provides solid foundation for strategic & transformative initiatives - having the right workforce structure is key to the roll out and success of Medical Record Digitisation/Scanning, Computer Assisted Coding & Single Digital Patient Record

What is changing

Proposed changes

03

What is changing?

High level summary of current state, proposed state and associated benefits

BENEFITS

- Workforce flexibility and improved ability to distribute coding resources based on workload and strategic priorities.
- Enhanced support and stronger professional oversight and peer-support networks for specialist staff.
- Process efficiency and streamlined uniform audit processes and medicolegal practices across the NBMLHD.
- Creates career pathways and clearer development opportunities and structured training within a larger, centralised team.
- Management structure that enable HIRS Managers to prioritise local operational delivery and strengthen privacy compliance.
- Scalable future-readiness and a solid foundation for local and state initiatives.

CURRENT

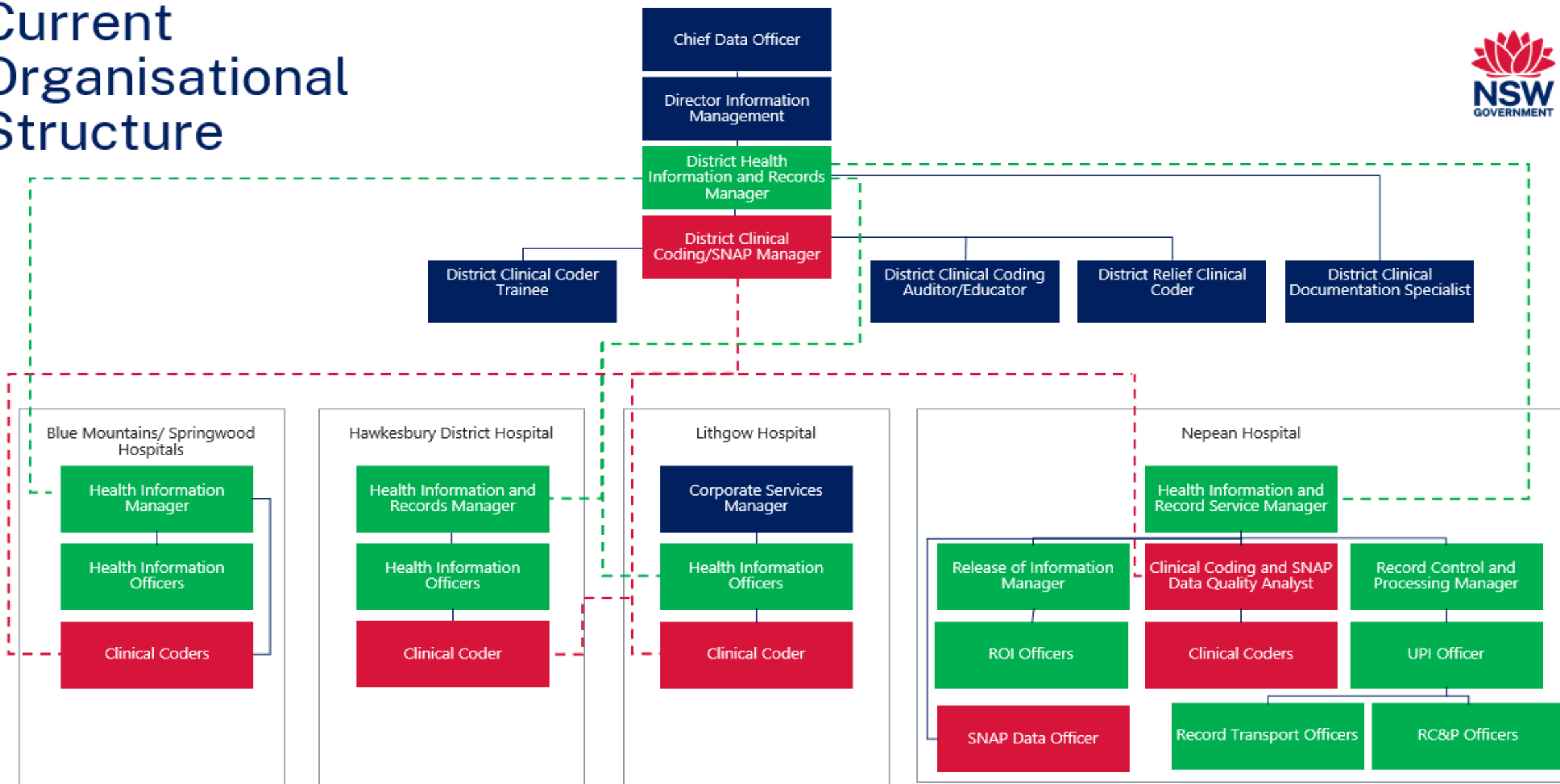
- Facility specific reporting: HIRS staff report to local Facility Business or Corporate Managers, creating siloed leadership.
- Inconsistent Governance: Strategic oversight is limited by “professional dotted lines” rather than direct accountability.
- Fragmented Resources: Staffing and expertise are isolated within individual hospitals, making it difficult to cover leave or manage workload surges
- Variable Processes: Inconsistent practices across facilities for HIRM, clinical coding, UPI duplicate management and medicolegal/ROI.
- Reactive Digital Transition: Site by site approach to the eMR and hybrid record state, leading to varied quality of data/ information.

PROPOSED

- Unified District Reporting: Facility HIRS Manager positions reporting to the District Health Information and Records Manager. Facility clinical coding related positions reporting to the District Clinical Coding and SNAP Manager. Nepean Hospital facility UPI position reporting to District Senior Analyst Data Quality (Client & ISP) in line with other UPI positions.
- Strong Strategic oversight: Establishes clear governance and professional direction to drive best-practice compliance district wide.
- Agile resource pooling: Enables centralised management and strategic oversight.
- Standardised Operations: uniform audit process, medicolegal practices, and UPI management across Nepean, Hawkesbury, Blue Mountains & Springwood, and Lithgow & Portland.



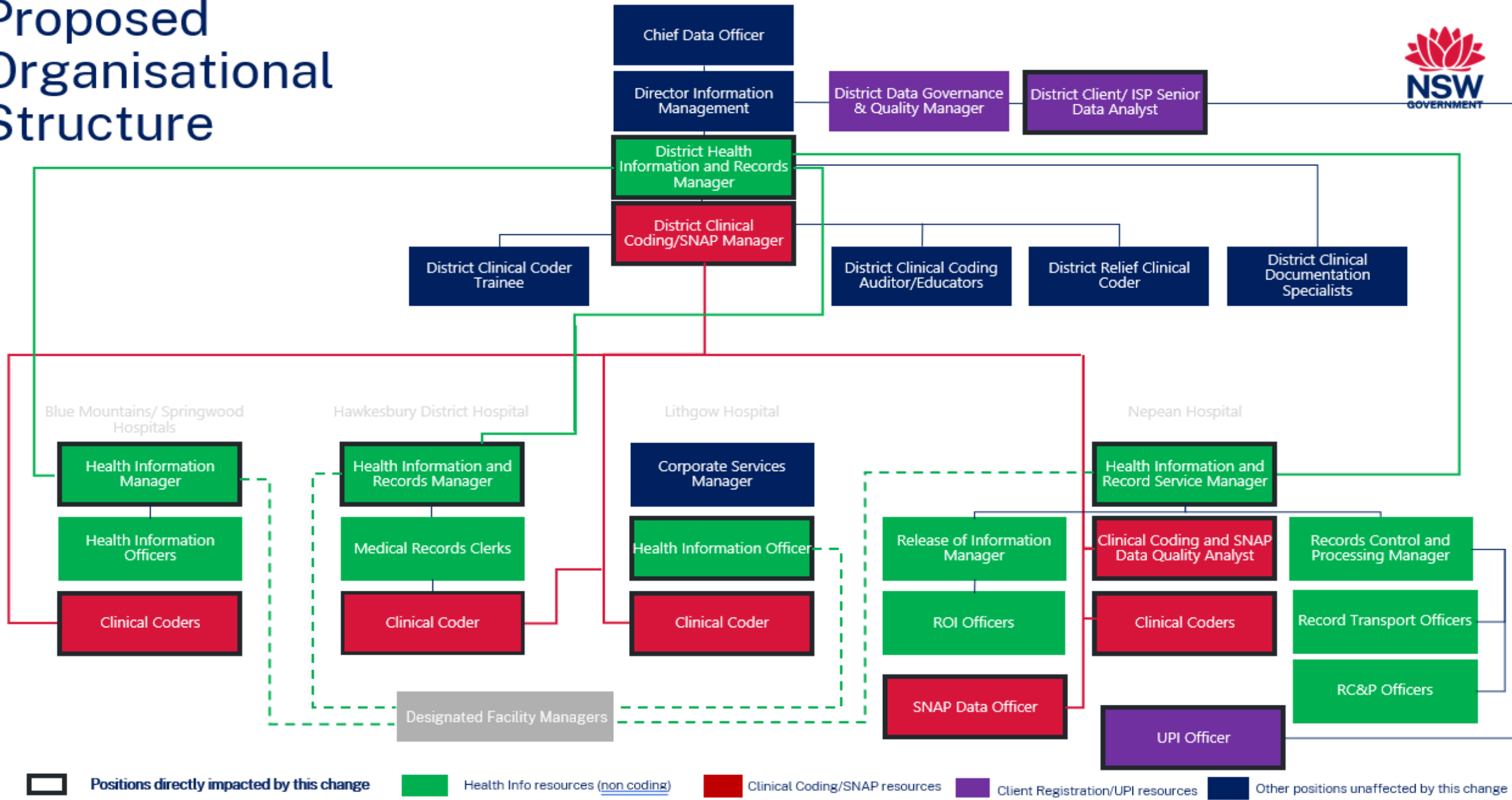
Current Organisational Structure



Focus of the change – red and green lines (both solid and dashed)

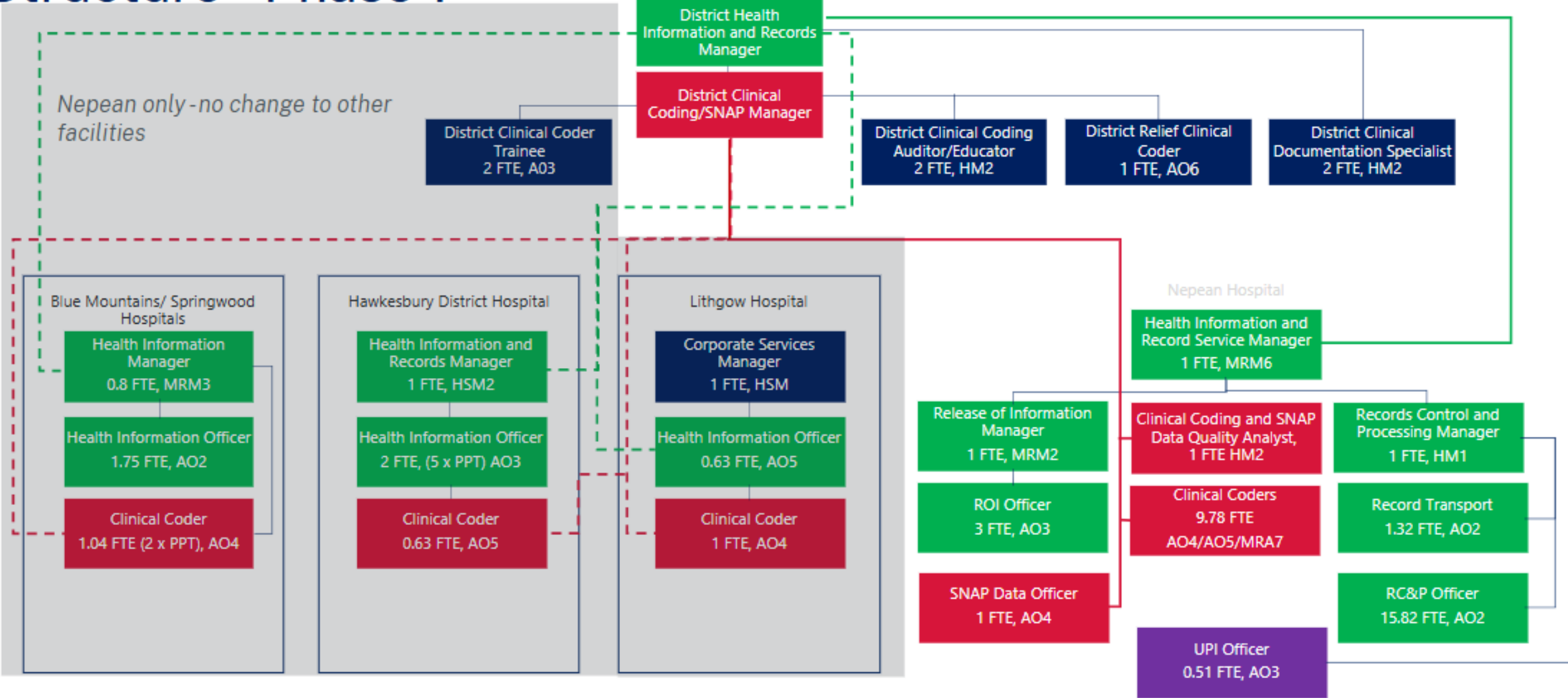
■ Health Info resources (non coding)
 ■ Clinical Coding/SNAP resources
 ■ Other positions unaffected by this change

Proposed Organisational Structure



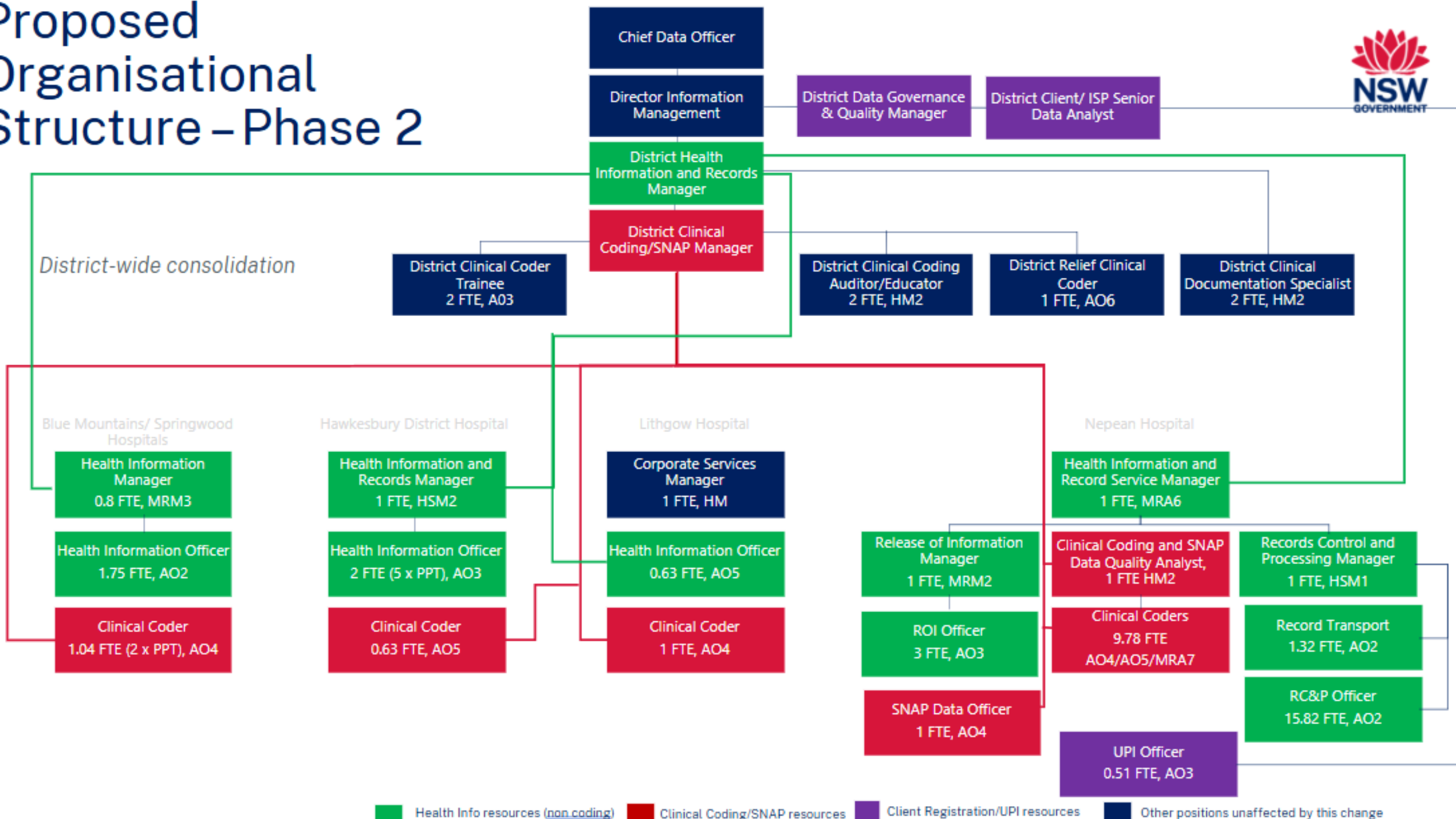
Positions directly impacted by this change
 Health Info resources (non coding)
 Clinical Coding/SNAP resources
 Client Registration/UPI resources
 Other positions unaffected by this change

Proposed Organisational Structure – Phase 1



■ Health Info resources (non coding)
 ■ Clinical Coding/SNAP resources
 ■ Client Registration/UPI resources
 ■ Other positions unaffected by this change

Proposed Organisational Structure – Phase 2



Next steps

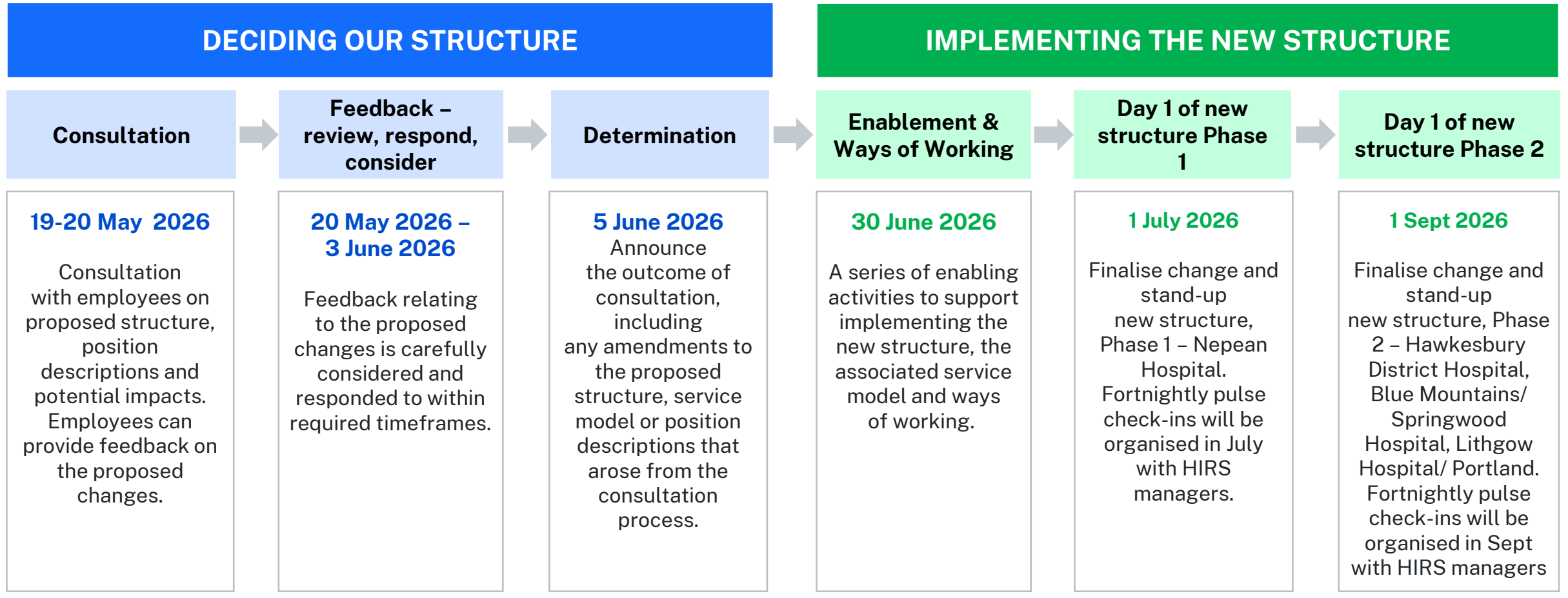
Decisions, enabling activities and timeline

04

Next steps to deliver this proposed change



Decisions, enabling activities and timeline



Questions?

Time to have your say

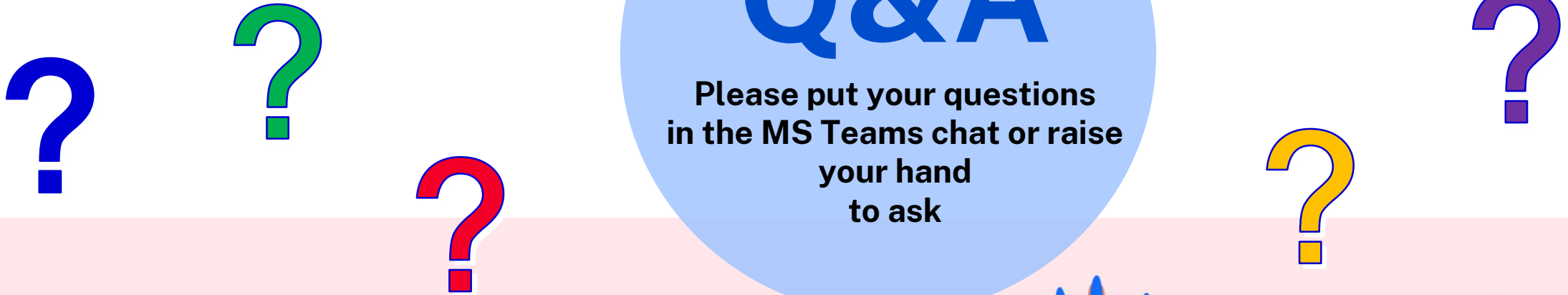
05

Questions?

Time to have your say

Q&A

Please put your questions
in the MS Teams chat or raise
your hand
to ask



Time to have your say

Let us know what you think. Your feedback can be anonymous.

The 2 ways YOU can provide **FEEDBACK** & **ASK QUESTIONS** until 5PM, 3 June 2026

1. **Scan the QR CODE** to submit your feedback and questions via the Feedback Form. You can do this anonymously via the online form!
2. **Email** your feedback, comments and questions using this [LINK](#).



- All comments, feedback and questions will be considered as part of the determination process, regardless of whether you choose to submit this anonymously or provide your contact details.
- You may submit feedback more than once.
- Anonymous feedback will be addressed via regular Q&A or FAQ updates at the following [link](#) on NBMLHD intranet under 'Latest Updates', or by your leader directly as part of the outcome.

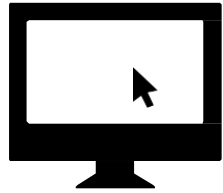
More information & support

Where to find out more and get support

06

More information and support

Where to find out more and get support



PORTAL PAGE

Go to this [LINK](#) on the intranet from 12PM 20 May 2026 for:

- Latest updates
- Consultation pack
- Organisational charts
- FAQs



FEEDBACK FORM

If you have questions or feedback about the changes proposed, employees should provide feedback using the [ONLINE FEEDBACK FORM](#) or via the feedback inbox using this [LINK](#)



THE WELLBEING HUB

For support and wellbeing resources click on this [LINK](#)



EMPLOYEE ASSISTANCE PROGRAM

Access EAP resources can be found at the following [LINK](#).

Access EAP is also available 24/7 on
1800 818 728

For more information about this consultation session, to have your say about proposed changes, and to seek support please scan the QR Code or go to the links provided above.

