

Topic 1: How can new technologies, including AI, change the way our people systems work to give us the workforce we need to transform our health systems?

Discussion outputs from DIGITAL HEALTH LEADERSHIP SUMMIT, March 2021

This topic was discussed by groups in Auckland, Wellington and Christchurch. The outputs were consolidated by the facilitator.

Employees are generally underserved when we talk about digital transformation in health, with the focus firmly on patients and clinical delivery. The realisation we need to equally transform the way we manage, deploy and pay our people to deliver on the desired health care outcomes created some interesting discussion. We have collated these under four key themes:

- 1. Single employee record, owned by the employee (not the organisation)**
 - a. Unique employee identifier enables one record to follow the employee across all entities they work for – public and private
 - b. Requires national standardisation of employee data
 - c. Employee data should be managed using similar protocols to patient data, particularly around health-related information e.g., vaccinations
 - d. Employees need to be able to enter, manage and update their own data remotely
 - e. Managed access to all the workforce management, training and HR systems – interoperability framework on a national basis across all of health sector
- 2. “Whole self” employee records – capturing more than just operational data**
 - a. Includes all training, certification and qualifications
 - b. Adds more personal data across cultural and religious beliefs, family commitments, additional skills and accomplishments etc
 - c. Work preferences and limitations
- 3. Need to mine the data we already have, to accurately predict short and long-term need**
 - a. Ability to efficiently deploy staff across a range of entities, instead of just one, to better serve short falls – this can be down the road or filling short term / locum opportunities in destinations across New Zealand
 - b. “Uberisation” of the workforce, extending the ability to use virtual, remote, staff including those in rural or offshore locations to cover tasks that can be completed remotely – freeing up staff on the ground. This can include offshore nurses / doctors being added to NZ night shifts during their local day time
- 4. Better change management, including skills training, is a priority**
 - a. Identified need for co-design with clinicians and other users including admin, orderlies and cleaners, to ensure any people system is intuitive and easy to use

- b. Time needs to be made available for ongoing training on all systems and tools – currently no provision to learn new functionality as it is introduced
- c. Being a digital native does not automatically make you digitally literate; we need to imbed these skills when training students. Realisation a gap will always exist and need to be closed as new technologies and ways of using existing technology are introduced.
- d. Greater compliance built into systems including alerts for required updates and automated workflows to help staff navigate through various requirements. This also potentially removes the need for managers to sign off on all timesheets – focusing only on those the system raises an alert on for exceptions.