

Improved access, productivity and UX with identity and access management (IDAM)

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Background TOTO and SSO

Tap On Tap Off (TOTO) and Single Sign On (SSO) are technologies that enable the healthcare workforce to securely, rapidly access systems they need to deliver care with improved user experience.

The Westmead Emergency Department handles 75,000 encounters per annum, with over 200 patients per day so system access needs to be secure and instant. In order to validate improved efficiency, a pilot was created to test new technology and access to understand if the ED would be more efficient. The pilot may be of relevance to others implementing IDAM solutions in hospitals where security of access and optimising workforce efficiency is critical.

Introduction

As Health Services adopt digital technology, health workforce productivity is commonly impaired. This phenomenon causes unwelcome disruption to workflows which impacts adversely on patient care outcomes and experiences. This is most acutely felt in the ED where the team needs to work nimbly, with rapid access to the right data to inform timely decision making in order to triage, diagnose, treat, refer, admit and discharge patients before their condition deteriorates.

Objectives

The workforce in the ED are known to share log in details for speed of system access. The pilot objective is to provide an alternative means for the workforce to quickly log on and off so they do not breach the hospital security policy while ensuring that clinicians are able to log in efficiently and focus on patient care.

Methods

The IDAM pilot consisted of two project stages

i) Implementation of the Pilot IDAM platform (technology delivery) over a 2 month period with supply of hardware and software, installation, configuration, integration of technology and the provisioning of training sessions for the Help Desk to handle enquiries.

ii) Management of the Pilot (use of the TOTO tech by the ED staff) for 10 months. Ensuring that the program delivered all the intended benefits and that any service disruptions were detected and remediated at pilot stage before the technology was deployed at enterprise level.

Identity and Access Management Process Steps

ED workforce process steps

1. Role based access is verified against employment credentials and swipe card ID badge is enabled for Imprivata OneSign SSO and TOTO.
2. All ED workforce allocated a swipe card ID badge.
3. Tapping the ID badge on a shared workstation switches from the current user to the new user without shutting down applications enabling workforce to walk away and walk back without delays logging off and back on again.
4. After a brief time out period, the user interface is automatically locked to prevent inadvertent or malicious access

The solution: fast, secure, frictionless SSO

- Systems accessible with a simple badge tap or fingerprint scan
- Fast user-switching enabling SSO on shared workstations
- Fewer click results in happier providers with more time to care for patients

Participants

Three parties collaborated on implementing the IDAM technical solution designed to improve Access, Productivity and UX at Westmead Hospital.

1. Western Sydney LHD
2. Fujitsu
3. Imprivata

Results

The ED pilot is underway in 2023, with interim insights. On average a clinician logs into eMR 60 times per shift with username and password. Review of current data indicated this takes an average 34 seconds per login and equates to over 1 million hours of login time for the clinical workforce at WSLHD per annum.

Physical installation of 150 card readers and IDAM technology went smoothly with minimal disruption to services.

Culturally and behaviourally, persuading busy clinicians to adopt a new way of working takes time. Initially there was temporary hesitancy but now all the clinicians have accepted the change and find the technology fast and easy to use.

Log in time decreased freeing up time for more clinical work. Data will be analysed to report exactly how much time was cumulatively saved across all users and workstations over the pilot period. Further identity confirmation and witnessing functionality could be deployed to increase the scope of the pilot and increase the benefits case.

Conclusion

The three parties collaborated closely to ensure that the Emergency Department workflow was not disrupted and that patient care was always prioritised. Following the conclusion of the pilot, the 1 million hours benefits case will be shared broadly to encourage wider adoption and improved accessibility.

References

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