HAC 2016 ABSTRACT for Oral Presentations

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Project title

Make Chatting Secure with HA Chat - Phase One Pilot Trial

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Introduction

This is the era of mobility, especially in Hong Kong. Statistics indicate that every Hong Kong citizen owns almost 2 smartphones or tablet, while 96% of people in Hong Kong use their smartphone to go online every day. It won't surprise anyone with the fact that some frontline colleagues are using public commercial app to communicate with each other, even for sending sensitive work-related information. The Information Technology and Health Informatics (IT&HI) Division procured an instant messaging software from the market and targeted to provide HA staff members a convenient yet secure communication tool for day-to-day work purpose.

Objectives

The EIM software, namely HA Chat, aimed to provide HA with an in-house secure communication tool which is accessible from anywhere and at anytime, with huge potential to connect to other HA IT systems in the future. This phase 1 pilot trial aims to examine the technicality and to validate the clinical applicability of the tool for staff of HA in different clinical settings and scenarios.

Methodology

The HA IT&HI Division started the market research for the right software and conducted comprehensive technical evaluations from the start of 2015. 1,000 user licenses were acquired in Phase-1 for small-scale pilot trial. If the technicality and applicability is proven, HA IT&HI will progress to Phase-2 for corporate-wide rollout in the future. In that connection, formal procurement process for Phase-1 was performed in the forth quarter of 2015 while the system was ready to use in December 2015 after system setup. 800 (out of 1,000) licenses were reserved for cluster users on a first-come-first-served basis, while priority was given to clinical teams in order to collect genuine feedbacks on clinical applicability. The HA Chat project team had attended many management and end-user meetings, from top-level to front-line, to share and promulgate the tool to the prospective real users. Real-time feedback and post-pilot user survey would be arranged for the collection of user opinions.

Result

HA Chat provided a convenient yet secure mean of communication to HA staff members. Users can login with HA user-ID, access from anywhere in Hong Kong or overseas with Internet (Wifi) or mobile (3G/4G) network, on any smart-devices (smartphone, tablet, computer). All the messages are encrypted and kept in computer servers inside HA premises. Risk of information leakage has been reduced to minimum level. Interests came from all clusters and the HA Chat had been rolled out to 2 clusters as at February 2016. With official support and effective management, the HA Chat will set out a new horizon of application of advanced technology for better healthcare outcome. The evaluation of effectiveness and efficacy is the

target of next phase and will become topic of future papers.			