Te Whatu Ora
Health New Zealand

AIR FAQ Hui NIR Admin and District Immunisation Coordinators

15.09.23

AIR | Agenda

1. **AIR Readiness**

2. **AIR Role Mapping**

3. **AIR Training Plan**

Questions that relate to this session:

When do we get trained?

How are we getting ready?

How do we support providers to transition?

How do we onboard a hospital?

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AIR Cutover | What does cutover really mean?

Cutover is a milestone when we will shift away from using the CIR and NIR and the AIR MVP will be implemented as the sole immunisation register in Aotearoa

- **Cutover' refers to the AIR milestone of migrating the data from NIR and CIR and shifting all users over to use the AIR.**

Impacts to the CIR:

- COVID-19 immunisations will be recorded either via the AIR Vaccinator portal or in Practice/Patient Management Systems (PMS).
- Payment for COVID-19 vaccines administered will continue to be claimed via a record being entered into the AIR.
- Note there is currently no change to the way payments for other funded vaccines are claimed.

The outcome of cutover is that:

- ✓ All systems, including PMS', that currently connect to NIR will be reconnected to AIR (we are working with software vendors to enable this)

- ✓ All vaccinations for all age groups will be able to be recorded in the AIR

- ✓ New reporting tools will be enabled for both analytical and operational reports

MVP = Minimum Viable Product (MVP) is a version of AIR & Whaihua with essential features that enable the transition.
AIR & Whaihua will continue to develop past MVP

AIR Cutover | Key Changes

Below are the high-level key changes to be aware of as we cutover from NIR/CIR to AIR

IMMUNISATION RECORDING — AIR will be used to record all vaccinations replacing CIR and NIR using either the vaccinator portal or an integrated system.

OPTING OFF — All vaccines will be recorded in the AIR to provide timely and accurate understanding of population immunity to mitigate risks to public health and provide complete and accurate data accessible to NZ Health providers to ensure safe and effective consumer care.

REPORTING — New tools will be introduced to support reporting with a refined reporting catalogue.

NEWBORN ENROLMENT — Newborn pre- enrolment will be managed through an independent application, called Whaihua.

PLANNED EVENTS — Planned events will replace the NIR tasks. They are the list of anticipated immunisation events reflective of the National Immunisation Schedule. They will show what a consumer is expected to have and when.

OUTREACH — Introduction of a new application to support Outreach activity, called Whaihua.

DEVOLVED ONBOARDING — To use the AIR Vaccinator Portal each site must have a 'facility manager' who can verify the identity and approve access to use AIR on their site.
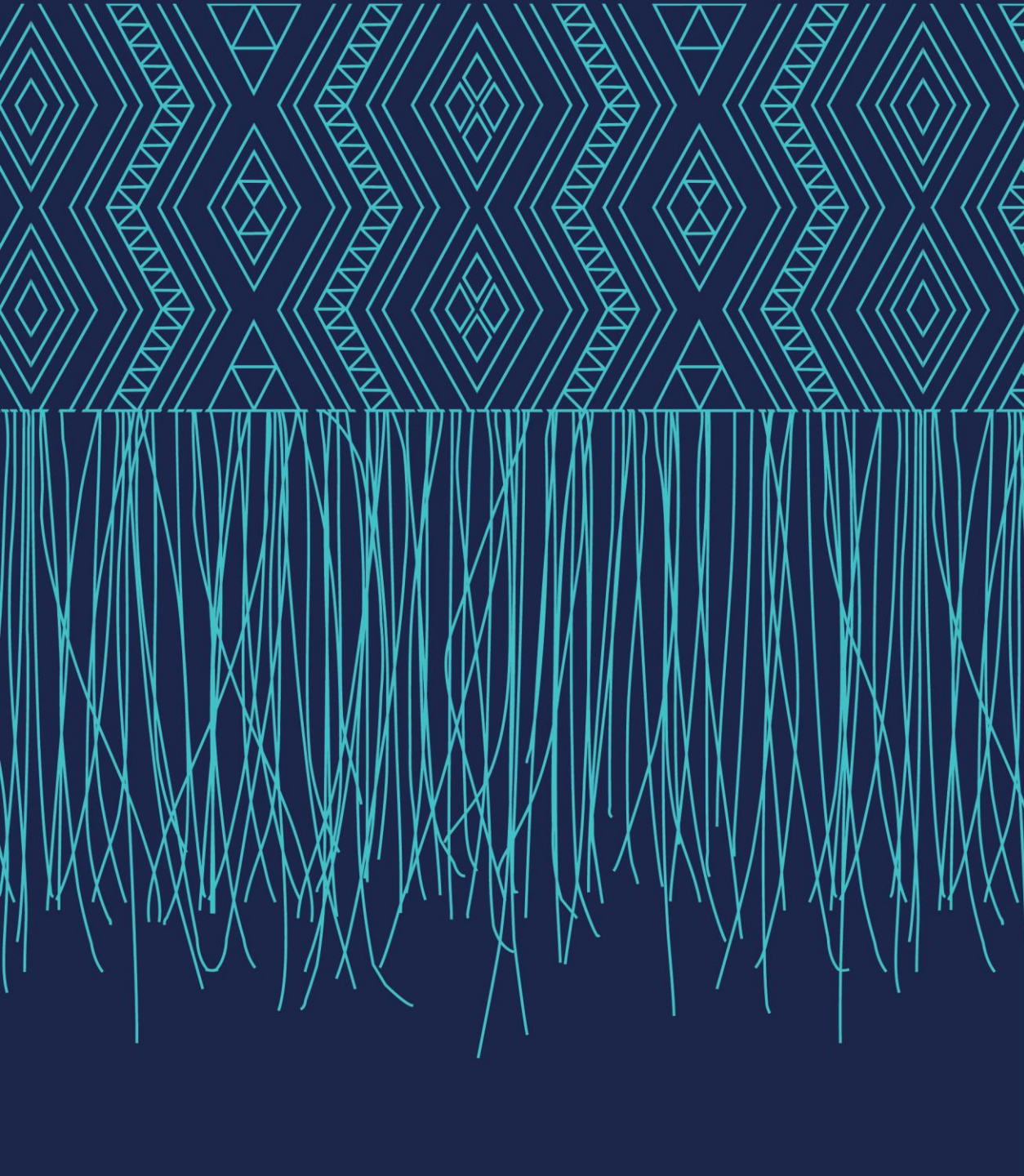
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AIR Cutover | What do we need to do to get ready?

Below is an outline of the high areas that need to be in place for us to transition.

MVP DEVELOPMENT & TESTING TO BE COMPLETED	
COVID-19 OPERATING GUIDE	RECONNECTING OF INTERGRATED SYSTEMS
NEW SOP	CONSUMER COLLATERAL
FORMS (consent, system)	IMMUNISATION HANDBOOK
BUSINESS CONTINUNITY	WCTO BOOK
ROLE MAPPING	WEBSITES
TRAINING	EMAILS
ONBOARDNG	OPTING OFF TRANSITION PLAN

AIR READINESS

AIR
Readiness

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AIR Readiness | Te Whatu Ora Regions and PHO Readiness

Integration is crucial to enabling primary care to connect to the AIR system.

DISTRICTS AND PHOS

Te Whatu Ora district immunisation teams and PHOs, including Māori PHOs, are a key change enabler for the AIR program as their reach extends to a high number of providers. As such have ongoing meetings with PHOs and districts to enable them to support their providers through the change journey

TRANSITION

We are working with Te Whatu Ora districts and PHOs to ensure that we have provisions for:

- All providers
- Outreach
- Newborn enrolment
- Reporting
- Planned events
- Systems which enable Immunisation

CHANGE READINESS SUMMARIES

AIR Readiness | PHO Readiness

We have been working directly with the PHOs to prepare them to transition, they have each had a meeting with the AIR team and have been sent a summary of the changes and asked to return to us confirmation of their user base.

PHO Checks

PHOs are asked to check and confirm:
- NIR users
- Practices that are connected to or not to NIR
- Any ongoing data sharing agreements
- Qlik report

Goal is to understand and ensure all existing activities are moved over.

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Preparing for change | Example PHO

NIR USERS

12 **Total NIR users**
These are the total number of NIR users that will be transitioned onto AIR prior to cutover

⚠ There is a detailed list of NIR users in the attached excel sheet, **please review this list** to ensure the users are correct

PROVIDER PMS CONNECTIONS

56 **Total GP providers**
These are the total number of GP providers under your practice

51 **Providers with existing connection to NIR**
These practices will be connected to AIR at cutover and will be able to load immunisation data onto their PMS which will flow onto the AIR

5 **Providers with no connection to NIR**
These providers will not be connected immediately to AIR. However, the integration team will work with the PMS vendors, if providers use a PMS, to establish new connections to AIR following cutover.

⚠ There is a detailed list of provider connections in the attached excel sheet, **please review this list** to ensure the list is correct

DATA SHARING ARRANGEMENTS

Below are the data sharing arrangements that you have in place with Te Whatu Ora that will continue following cutover;
- **Weekly EFT pipeline – flu, menB, pertussis, tdap**
- **Weekly Overdue Child Report**

QLIK REPORTING

2 **NHI level access on Qlik**
These are the users that have NHI identifiable level access on Qlik

3 **Non-NHI level access on Qlik**
These are the users that have non-NHI level access on Qlik

⚠ There is a detailed list of Qlik users in the attached excel sheet, **please review this list** to ensure the users are correct

RESOURCES

Support
- To contact the AIR team please email air.engagement@health.govt.nz, call 0800 855 066 Mon to Sat (press 2 & 1) or look at GP section for AIR online

Updates
- Look out for Te Whatu Ora's Panui newsletter weekly or visit our website: The Aotearoa Immunisation Register (AIR) – Te Whatu Ora - Health New Zealand

SUMMARY OF CHANGE IMPACTS

People (internal) Ⓜ
PHO team members are impacted by planned events and reporting. This will involve a change in ways of working across these areas this would largely impact immunisation co-ordinators, digital and data teams, NIR admins (that reside in PHO).

People (external) Ⓜ
The changes to general practitioners with a PMS will be low and they will continue to use their PMS for immunisation entry. There will be new AIR collateral available to support teams to talk about the recording of publicly funded vaccinations to AIR.

Processes Ⓗ
There will be changes to a number of processes including reporting, recording COVID-19 and recording publicly funded immunisations. This will also impact consumer interaction with immunisation services for these areas.

Technology Ⓗ
The NIR and CIR will be replaced by AIR. Operational and analytical reporting is accessed through new reporting tools, namely PowerBI and a revised version of Qlik. This will require system access, onboarding and training.

Data & Reporting Ⓗ
Changes to the data structure and store will impact reporting, additionally a refined catalogue of reports will be available.

NEXT STEPS FOR YOU

Please review the content in this pack and the attached excel sheet to confirm that the information is correct or inform us of any changes

AIR Readiness | Te Whatu Ora?

Te Whatu Ora represents both central and district level readiness. Together we will work in partnership to prepare.

➤ It is important that everyone works together, and we have clear understanding of what each team is doing, to move together. To enable this, we have prepared a list of activities that outline what the central AIR team is doing versus what the district teams need to do.

➤ We will have central communications team to ensure consistent messaging that will go through national channels to providers, and the districts will be asked to support with connecting those messages to local providers.

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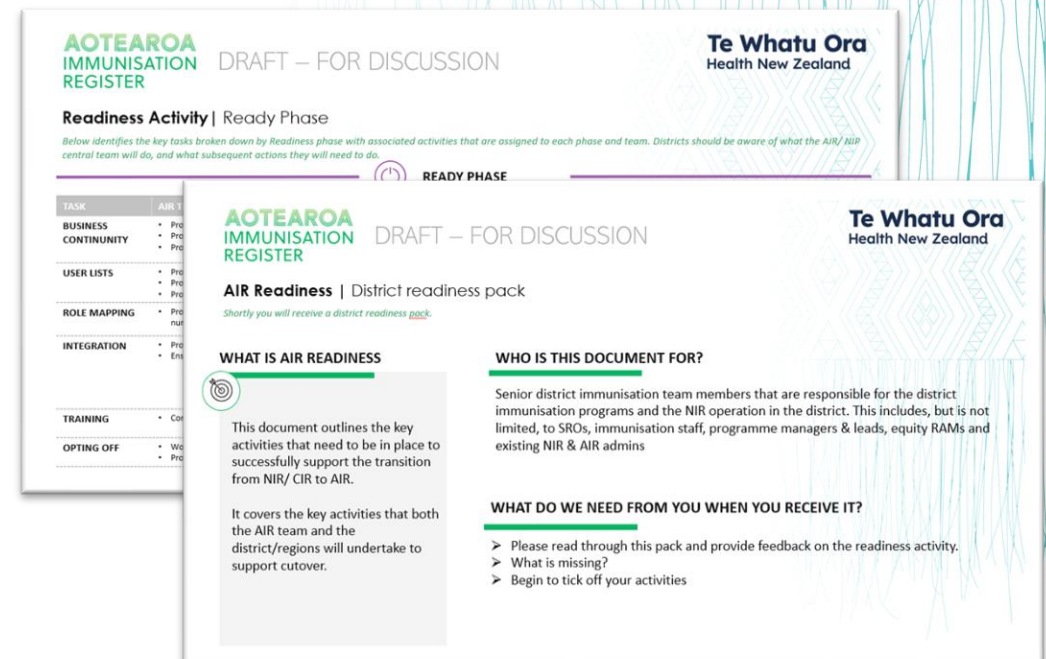
AIR | Readiness Phases

To prepare for cutover activities are identified and broken down into the phases 'Ready, Set and Go'

READINESS PHASES

'READY'

8 WEEKS PRIOR TO CUTOVER

'SET'

6 WEEKS PRIOR TO CUTOVER

'GO'

2 WEEKS PRIOR TO CUTOVER

CUTOVER

CUTOVER - NOVEMBER

POST CUTOVER

ONGOING
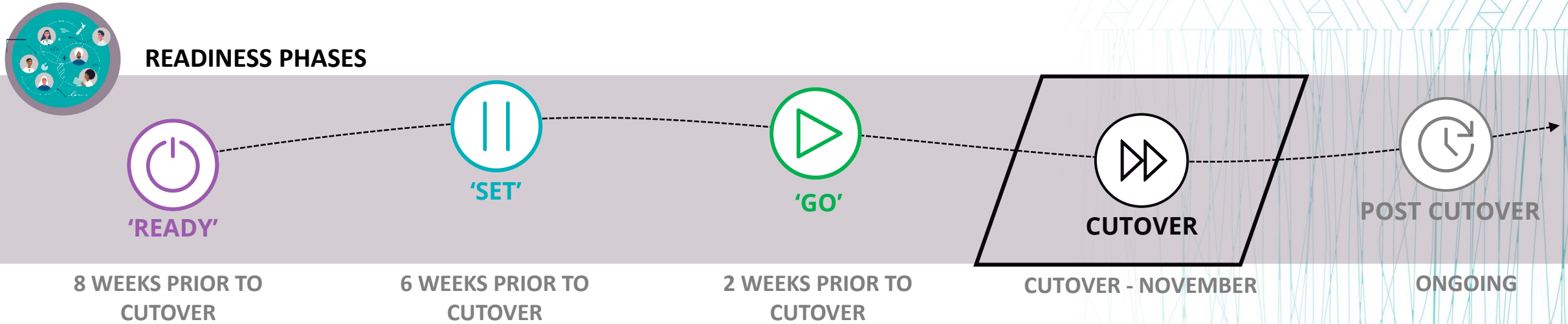
Throughout each readiness phase the AIR Change and Engagement team will be working with you on various change activity to support you and your district to cutover and beyond

Readiness Activity | Ready Phase

Below identifies the key tasks broken down by 'Readiness' phase with associated activities that are assigned to each phase and team. Te Whatu Ora districts should be aware of what the AIR/ NIP central team will do, and what subsequent actions they will need to do.

READY PHASE

TASK	AIR TEAM ACTIVITY	TASK	DISTRICT TEAM ACTIVITY
BUSINESS CONTINUNITY	• Provide district readiness activity summary • Provide district readiness template • Provide central business continuity plan	**BUSINESS CONTINUNITY**	❑ Review district readiness activity summary ❑ Prepare a regional business continuity plan ❑ Appoint district lead to take responsibility for change activity
USER LISTS	• Provide list of Qlik users and NIR users associated with district • Provide list of independent GP providers • Provide CIR site list	**USER LISTS**	❑ Review and confirm Qlik users and NIR users associated with district ❑ Confirm list of independent GP providers within district ❑ Identify any district lead CIR based sites and support with onboarding to AIR
ROLE MAPPING	• Provide role mapping matrix to districts and collect information on numbers for each application	**ROLE MAPPING**	❑ Complete role mapping for staff to understand which applications they require
INTEGRATION	• Provide baseline of number of existing providers for integration • Ensure plan is in place to; • Reconnect existing PMS vendors at cutover • Continue GP notifications • Allow existing PMS vendors can record, message and receive payment for COVID-19	**INTEGRATION**	❑ Refer any providers using a PMS needing support to the AIR change & engagement team
TRAINING	• Complete a training needs analysis	**TRAINING**	❑ Identify staff who require respective training using role mapping
OPTING OFF	• Work with vendors to provision for this in their system • Provide clear comms messaging and collateral about opting off	**OPTING OFF**	❑ Any local forms are removed, and new central forms adopted ❑ Ensure teams are aware of opt off process, messaging and rationale

Readiness Activity | Set phase

Below identifies the key tasks broken down by 'Readiness' phase with associated activities that are assigned to each phase and team. Te Whatu Ora districts should be aware of what the AIR/NIP central team will do, and what subsequent actions they will need to do.

SET PHASE

TASK	AIR TEAM ACTIVITY	TASK	DISTRICT TEAM ACTIVITY

SYSTEMS OPERATIONS	• Develop business rules and create business collateral for;
	  • AIR register management system
	  • AIR vaccinator portal
	  • Reporting system
	  • Newborn pre-enrolment service
	  • Outreach
		SYSTEMS OPERATIONS	❑ Update existing material and ensure communications are distributed to relevant networks, programs or external teams for:
			  ❑ AIR register management system
			  ❑ AIR vaccinator portal
			  ❑ PowerBI (Reporting)
			  ❑ Newborn pre-enrolment service
			  ❑ Outreach

TRAINING	• Develop quickstep guides, knowledge articles, Videos / e-Learn	**TRAINING**	❑ Provide staff with access or links to training ❑ Ensure time allowance for team to complete training

ONBOARDING	• Provide onboarding pathway for vaccinator portal (for sites using a PMS which is not connected to the NIR currently)	**ONBOARDING**	❑ Disseminate onboarding pathway for non-PMS sites based on previous user lists
			  ❑ Independent sites
			  ❑ CIR sites
			  ❑ District lead sites
			  ❑ Other

UPDATE WEBSITES	• Te Whatu Ora • Ministry of Health • IMAC	**UPDATE WEBSITES**	❑ Remove reference to NIR / CIR from district run websites and re-point to Te Whatu Ora central website ❑ Other websites that may mention NIR or CIR to be disestablished and re-directed
UPDATE OTHER COLLATERAL (Mentioning CIR or NIR)	• Imms handbook • WCTO books • AIR forms • Consent forms • AIR information pamphlet	**UPDATE OTHER COLLATERAL** (Mentioning CIR or NIR)	❑ Replace Imms handbook, campaign posters, consumer pamphlets / letters with AIR versions ❑ Prompt provider groups to update all comms collateral ❑ Replace existing NIR or CIR forms with AIR forms ❑ Update/disestablish any emails or inbox addresses that include NIR or CIR

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Readiness Activity | Go phase

Below identifies the key tasks broken down by 'Readiness' phase with associated activities that are assigned to each phase and team. Te Whatu Ora districts should be aware of what the AIR/ NIP central team will do, and what subsequent actions they will need to do.

▶ **GO PHASE**

TASK	AIR TEAM ACTIVITY	TASK	DISTRICT TEAM ACTIVITY
TRAINING	• Provide ongoing access to training assets • Provide training to relevant groups (live)	**TRAINING**	❑ Confirm (internally) that all staff complete training
ONBOARDING	• Share onboarding pathway for respective systems; • PowerBI (Reporting) • AIR admin system • Vaccinator portal • Whaihua • Share support information for onboarding issues	**ONBOARDING**	❑ Provide staff with time allowance to onboard ❑ Complete staff onboarding to appropriate system based on role mapping ❑ Ensure devices allow user access to system and have system whitelisted ❑ Ensure other providers within your district have completed onboarding
SUPPORT DESK	• Develop business rules • Provide contact information for different support systems • Provide ongoing support for onboarding, training and other issues which may arise for users	**SUPPORT DESK**	❑ Update support desk details and functions ❑ Update any collateral with support information ❑ Direct support queries to central ticketing system

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DRAFT – FOR DISCUSSION

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Timeline | Combined Activity

The readiness phases with corresponding combined district and AIR team activity for each phase.

'READY'

'SET'

'GO'

CUTOVER

8 WEEKS PRIOR TO CUTOVER

6 WEEKS PRIOR TO CUTOVER

2 WEEKS PRIOR TO CUTOVER

CUTOVER - NOVEMBER

COMBINED ACTIVITY

BUSINESS CONTINUITY

USER LISTS

ROLE MAPPING

OPTING OFF

INTEGRATION

TRAINING

SYSTEMS OPERATIONS

ONBOARDING

UPDATE WEBSITES AND COLLATERAL
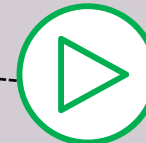
SUPPORT DESK
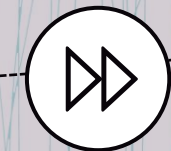
- *NIR and CIR turned off and superseded by the AIR*

AIR READINESS | What happens next?

The readiness phases with corresponding combined district and AIR team activity for each phase.

What happened next?

- Te Whatu Ora SROs will have the district readiness and role mapping exercises presented to them

- Te Whatu Ora SROs will be asked to appoint a designated district lead

- Each Te Whatu Ora district will receive the readiness and role mapping pack and then they will need to;

1. Complete role mapping using the attached excel sheet and return this to AIR.engagement@health.govt.nz

2. Ensure the SRO signs it off

3. Return it to AIR.engagement@health.govt.nz by **Monday 2nd October 2023**

4. Prepare their action plan for their district readiness activities

Role Mapping

ROLE MAPPING | Why is this important?

The AIR ecosystem has several new applications that perform different functions and therefore have a different user profile.

Reasons we need to get this correct:

- Each application has a security and privacy scope that needs to be strictly adhered to

- We need to ensure consumers have confidence that their health information is only being accessed for the purpose it was collected for and by those who are engaged in delivering health services to them

- Applications are purposely designed to support specific functions and will continuously evolve = right application, to perform a role.

- Some applications have higher licensing costs than others. It is wasteful to have users using systems that they don't need to… this is not a good investment of limited resources

To prepare for the change we need to identify users, and invite them to training, so that they are ready for 'go live'

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AIR | Future State

*Below outlines a **revised** view of the AIR future state within the ecosystem of technology that supports the national immunisation service and public health responses.*

NEWBORN ENROLLMENT SERVICE & OUTREACH

ENROLLED PATIENT SERVICE PROVIDER e.g General Practice

NEWBORN ENROLMENT SERVICE

WHAIHUA

Whaihua is the management layer that supports the newborn enrolment service and outreach, with both services being able to interact with ImmSoT for their respective functions

IMMUNISATIONS SERVICE

INTERGRATION SUITE
(OPPORTUNITY TO BUILD YOUR OWN CHANNEL & COEXISTANCE)

IMMSOT

REPORTING

CONSUMER CHANNEL

AIR VACCINATOR PORTAL
(OFFLINE ENABLED, AND WORKFLOW)

AIR ADMIN SYSTEM

* *Illustrative diagram*

AIR ECO-SYSTEM | Mapping roles to applications overview

NIR supported many functions within one application, AIR is an expanded eco-system of applications that support users within the health workforce to deliver immunisation services, support newborn pre-enrolment and manage cases that are referred to outreach. The purpose of this document is to ensure users navigate to the right application to perform their role.

IMMUNISATIONS SERVICE

NEWBORN ENROLMENT SERVICE & OUTREACH

PAST
Many functions in one application

NIR

Recording / Editing Vaccination records	Viewing immunisation history
Manage data quality of NIR	Managing consumer status
Onboarding users to NIR	Reporting
Recording referral to outreach	Newborn pre-enrolment nomination
	Notes

INTEGRATED APPLICATIONS

Newborn nomination follow up

Outreach case Mgmt

FUTURE
The functions are performed by multiple applications within the AIR eco-system

AIR ECO-SYSTEM

AIR Vaccinator Portal

AIR Admin System

Recording / Edit vaccination records

View vaccination history

Act as a Facility Manager for a site(s)

Manage data quality of AIR

Managing consumer status

Verify AIR Vaccinator portal users

INTEGRATED APPLICATIONS

Power BI

Qlik

Operational Reporting

Analytical Reporting

WHAIHUA

Outreach

Create outreach case

Assign outreach case to a provider

Connect with consumers

Record Outcomes

Newborn pre-Enrolment Service

Enter pre-enrolment details from manual form

Follow up pre-enrolment nominations when declined / or no answer

ROLE MAPPING | What do you use the different applications for?

Each application is designed to support distinct operations performed by various roles. It is important to understand what each application does to refer users to.

IMMUNISATIONS SERVICE

OUTREACH & NEWBORN ENROLMENT SERVICE

APPLICATIONS

AIR
The system behind recording and managing immunisation information in a single register. AIR has two applications.

REPORTING
Applications that are available to support different levels of reporting activities. Reporting has two applications.

WHAIHUA

The application that is used to manage consumers through newborn pre-enrolment activities as well as track and trace activities for overdue vaccinations. It has two permission sets.

AIR Vaccinator Portal	**AIR Admin System**	**Power BI**	**Qlik**	**NbES**	**OIS**

FUNCTION

A direct channel used to capture immunisation outcomes for __an individual__

- View vaccination history
- Record vaccination event
- Check consumer vaccination status*
- As the Facility Manager of a site(s) approve users to use AIR at your site(s)

* available EOY 2024

Used to manage the AIR on behalf of Te Whatu Ora

- Manage AIR Data Quality
- Refer consumers to OIS / create a case
- Remove consumers from being overdue
- Record overseas vaccination event
- Record a vaccination event
- Verify users to use the 'Vaccinator Portal'
- View Operational Reporting via embedded Power BI

*The application used for operational reporting (identifiable data) accessed directly **or** via the AIR Admin System*

- Immunisation Status Report
- Population Identification Report
- Vaccine Volume Report
- Duplicate Dose Report

The application that will be used for analytical reporting (non-identifiable)

- Replacement of the Immunisation Application for aggregated reporting

The application will enable Newborn enrolment activities

- Entering information for an enrolment, including guarding and WCTO and LMC if received
- Follow-up/ re-request declined nominated provider

The application will enable the administration of an overdue case

- See consumers that are overdue for imms and referred to OIS
- Update person details while managing OIS
- Allocate a case to a provider
- Log engagements/ notes
- Close a case

ROLE MAPPING | What are the options?

Users (depending on the functions of their role) may need access to one or multiple applications, that each have their own permission sets (or role types). Below outlines the most likely combinations. It would be highly unlikely that users would need access to all applications.

Whaihua

| 3 | NbES | | 3 | OIS |

The AIR Admin System

5

4

6

2

The AIR Vaccinator Portal

1

ROLE TYPES:
- *Vaccinator*
- *Vaccinating Health Worker*
- *Vaccination Recorder*
- *Imms Status Viewer*

Reporting
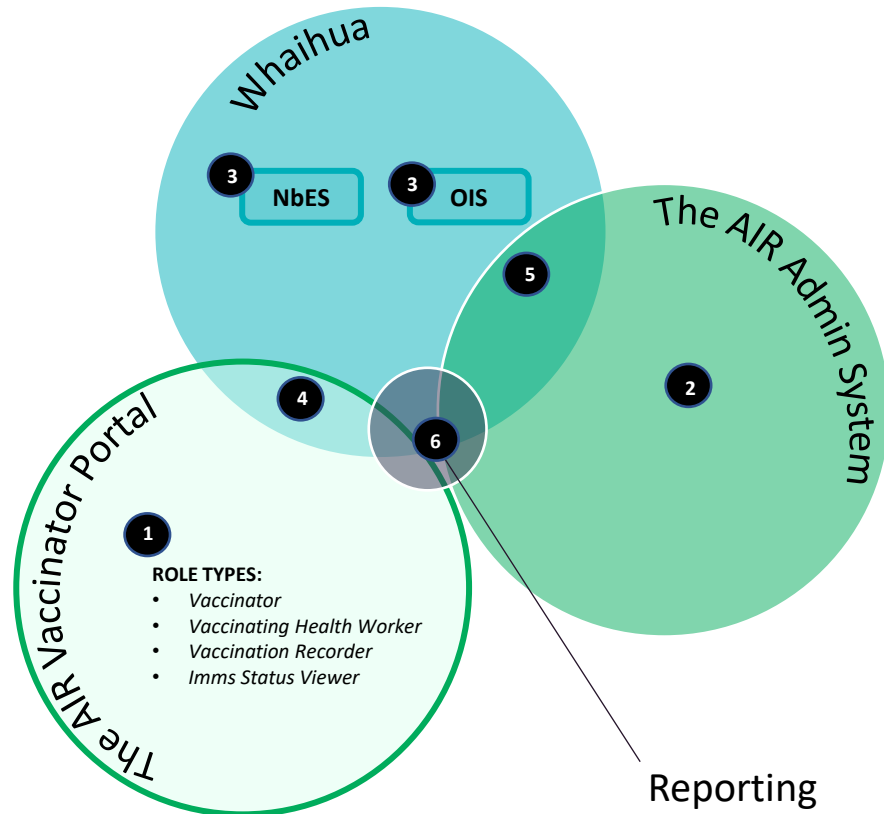
#	Possible application combinations		
1	AIR Vaccinator Portal		
2	AIR Admin System*	Health UI	
3	NbES	or	OIS
4	AIR Vaccinator Portal	OIS	
5	AIR Admin System*	NbES	and/ or OIS
6**	Qlik	and/ or	Power BI

* By default, AIR Admin System users have access to Power BI application
**Noting the need to access operational reporting (Power BI) and/or analytical reporting (Qlik) independent of applications

ROLE MAPPING | What will be in the Role Mapping pack?

The role mapping pack introduces what the applications are for and then introduces the ask. It includes detailed slides to support the role mapping exercise.
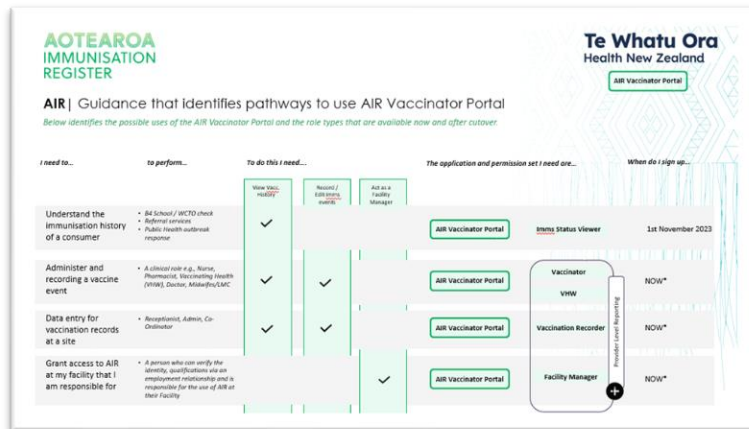
Maps that describe what the applications do and designed to be used for. To enable users to identify what they need.
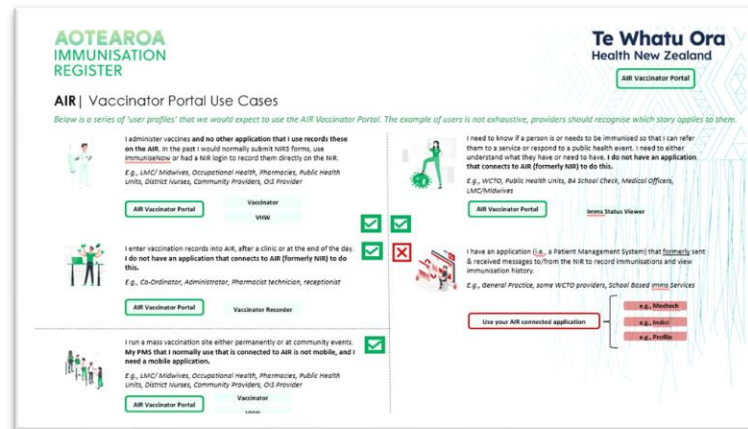
Examples of contexts that describe who should be using what

Guidance on how to set up AIR for a Te Whatu Ora district i.e. this will include dedicated immunisation services and hospitals

+ A current list of users of the NIR and CIR for the districts to verify and assign application(s) to

ROLE MAPPING | What exactly is the role mapping ask?

Below details what is being required to complete role mapping, and then what happens next

- Review user lists and assign required application(s)

- Return the user lists to us

- The AIR central team then will support users to sign up to AIR Admin System, Whaihua and Reporting

- The AIR central team will then assign people into training streams and invite people to training

- You will be able to support your providers to know what their AIR onboarding pathway is i.e., Vaccinator Portal etc

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AIR | What do need to do?

Below outlines the ask, the governance structure, and where to get help.

NEXT STEPS FOR YOU

Please review the content in this pack and the attached excel sheet to;

1. Complete role mapping using the attached excel sheet and return this to AIR.engagement@health.govt.nz

2. Ensure your SRO signs it off

3. Return by **Monday 2ⁿᵈ October 2023**

Sign Off
- Each district will need their Immunisation SRO to sign off their list of user requirements that meet privacy and security standards.

Need help?
- The AIR team will run a daily drop-in session (from 3:30pm-4pm) to support districts to complete role mapping. Join these sessions if you need help or have a question.

[Click here to join the meeting]

What happens next?
- The AIR team will engage with you if we have questions or concerns. We are managing licensing costs; where your district has exceeded this or gone beyond the current state, we will need you to reconsider your role assignments.
- The AIR team will commence onboarding your Whaihua, AIR Admin System and Reporting users and assigning them into training streams
- You can commence supporting your teams to adopt the AIR Vaccinator Portal

Training plan

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AIR TRAINING | Admin User Journey

This roadmap identifies the pilot roll out for MVP of the AIR Admin System, Whaihua and NbES

This journey covers three separate systems that perform different functions in the AIR Eco-System, each with a different user group

AIR Admin System:
- Managing consumer status and planned events
- Resolving data quality errors
- Onboarding the vaccinator portal users
- Accessing operational reporting using PowerBI

Reporting
- Accessing and using operational reporting using Power BI app

Whaihua OIS
- Case creation and referral
- Recording interactions
- Closing cases

NbES & Whaihua (NbES)
- Processing newborn pre-enrolments
- Manually loading newborn pre-enrolments
- Following up no-responses, or declines from pre-enrolment messages
- Viewing status of pre-enrolment for each baby

AIR ADMIN SERIES

A preview into the tools as to what they look and feel like and how the workflows operate prior to 'hands on tools'

AIR ADMIN ONBOARDING

From 11th October 2023 onboarding commences to systems

TRAINING

Aligns to right person, right system

GO LIVE

November

POST GO LIVE SUPPORT

Heighted support till e/o 2023

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AIR TRAINING | Learner Groups

The below learner groups were identified as users impacted by the 'cutover' Adoption and Implementation. The following slides detail the summary of the training needs and delivery methods.

AIR Admin

- Digital Capability
- Overview of system connectivity
- Business rules
- Events and Schedules
- Data quality
- Reporting
- Record management

NbES

- New enrolments
- Entry
- Corrections and updates

Whanganui Support Center

- Digital Capability
- Overview of system connectivity
- Business rules
- Data quality
- Reporting
- Record management
- Troubleshooting
- User call scenarios

Whaihua (OIS)

- Overview
- Privacy overview
- Consumer records
- Updates and entry
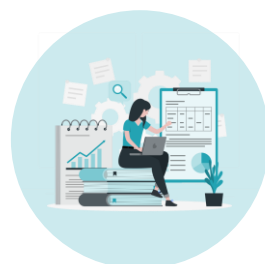
Reporting Users

- Power BI interface
- Report types
- Authorised use
- Customising output/ Export

Users of Vaccinator Portal

- Privacy
- Vaccination records
- Vaccination history
- Consumer Profiles
- Provider reports

This training already is in place and being used

AIR TRAINING| AIR Admin Series – a precursor to training

In lieu of having hands on tools prior to the release candidate we will run a series that will commence moving abstract concepts to actual using business workflows and frames. This will increase familiarity with the product prior to training.

TARGET AUDIENCE:

AIR Admin

- Target Audience (NIR Admin) as focus is on AIR Admin System

SCREEN SHOTS / DEMOS:
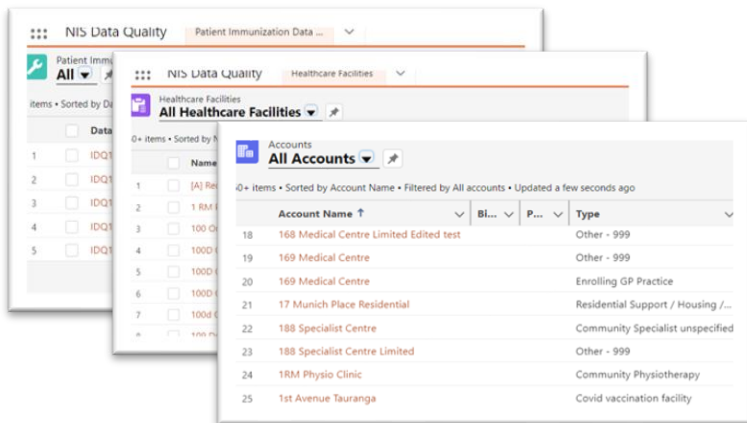
SCHEDULE:

AIR ADMIN SERIES				
Stream	Session 1	Session 2	Session 3	Session 4
AIR Admin Sys	• Onboarding Users to ISD • Navigate / Search Users	• View Imms History • View Vax Detail • Record Vax • Operational Reporting Power BI - ISM		• DQ • Edit Vax • Planned Events
NbES			• NbES (Demo)	
Whaihua (OIS)			• Whaihua OIS (Demo)	
Reporting		• Reporting Operational & Analytical		
Other	15th – Readiness Go Live Plan			

AIR Admin

- Target Audience (NIR Admin) as focus is on AIR Admin System

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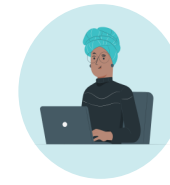
AIR TRAINING | AIR Admin Training Approaches

Training the NIR Admin to become AIR Admin will be the core focus of the November cutover, we estimate 80 learners nationwide. We have developed three proposed approaches to training. We have included in the proposal feedback from learners, and observations of the gap in digital literacy and previous experience with the advance cohort that supported with the onboarding of Pharmacy in November 2022.

Option 1:
'Mass' Central lead Training (Online or F2F)
Not recommended

Description:
- One day full team F2F session is provided to each district or alternatively online facilitated sessions
- Follow on support sessions facilitated online

Benefits / Risks:
- Timeframe between release candidate and go live is not sufficient for F2F training option for each district
- Results in low learning retention rates *(as observed in the past)*
- Not sufficient to close the digital literacy gap
- High cost and resource intensive F2F, highly cost efficient and less resource intensive if online

Option 2:
Combination using a 'AIRsquad'
Recommended

Description:
- One day F2F or online session attended by one appointed training champion from each district, who form the 'AIRsquad'
- Remainder learners progressed through a centrally facilitated online learning curriculum in small groups, with additional support provided by the localised 'AIRsquad'
- AIRsquad team members are equipped with change leadership and coaching skills to upskill and as programme incentive

Benefits/Risks:
- Creates a local, sustainable care channel with higher learner retention *(as observed in the past)*
- Guarantees consistent capability and base capability
- Provides a requested F2F component to all
- The AIRsquad in each region, also progress through the smaller sessions to reinforce own learning and support others
- Achievable in training window
- Medium cost and resource intensive

Option 3:
Train the trainer only
Not recommended

Description:
- One day F2F or online session attended by one appointed training champion from each district
- Training is then provided by the local trained champion to their region, they are supported by the A&I team

Benefits/Risks:
- Risks inconsistency of learning across the teams
- Timeframe between release candidate and go live not sufficient to return to district and train
- No oversight of team readiness and capability
- Significant digital literacy uplift poses a risk
- The local experts may need additional training in facilitation and support skills
- Reinforces district mentality
- High cost and resource intensive

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AIR Squad | Who is the right fit and what is expected of them?

The AIR Squad are our champions in each region bringing local support to coach others on our new tools and processes. This is the profile of the type of person that would perform the AIRSquad function
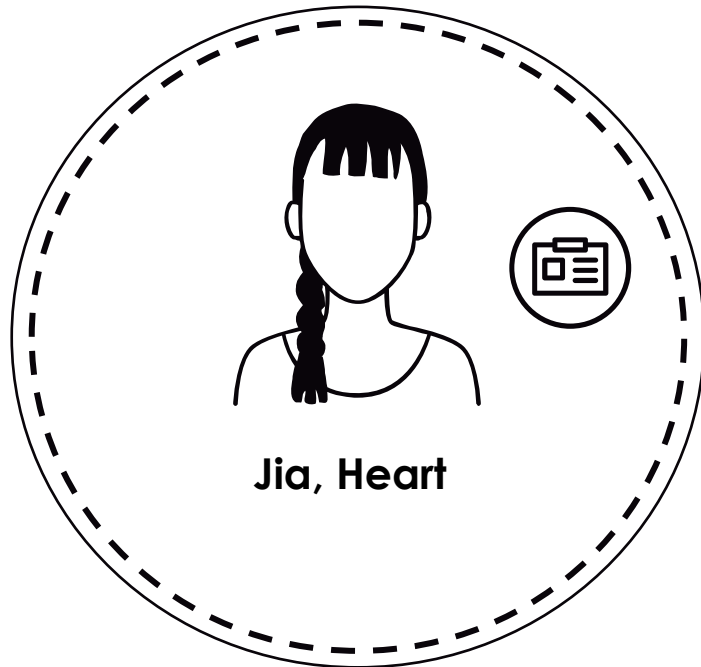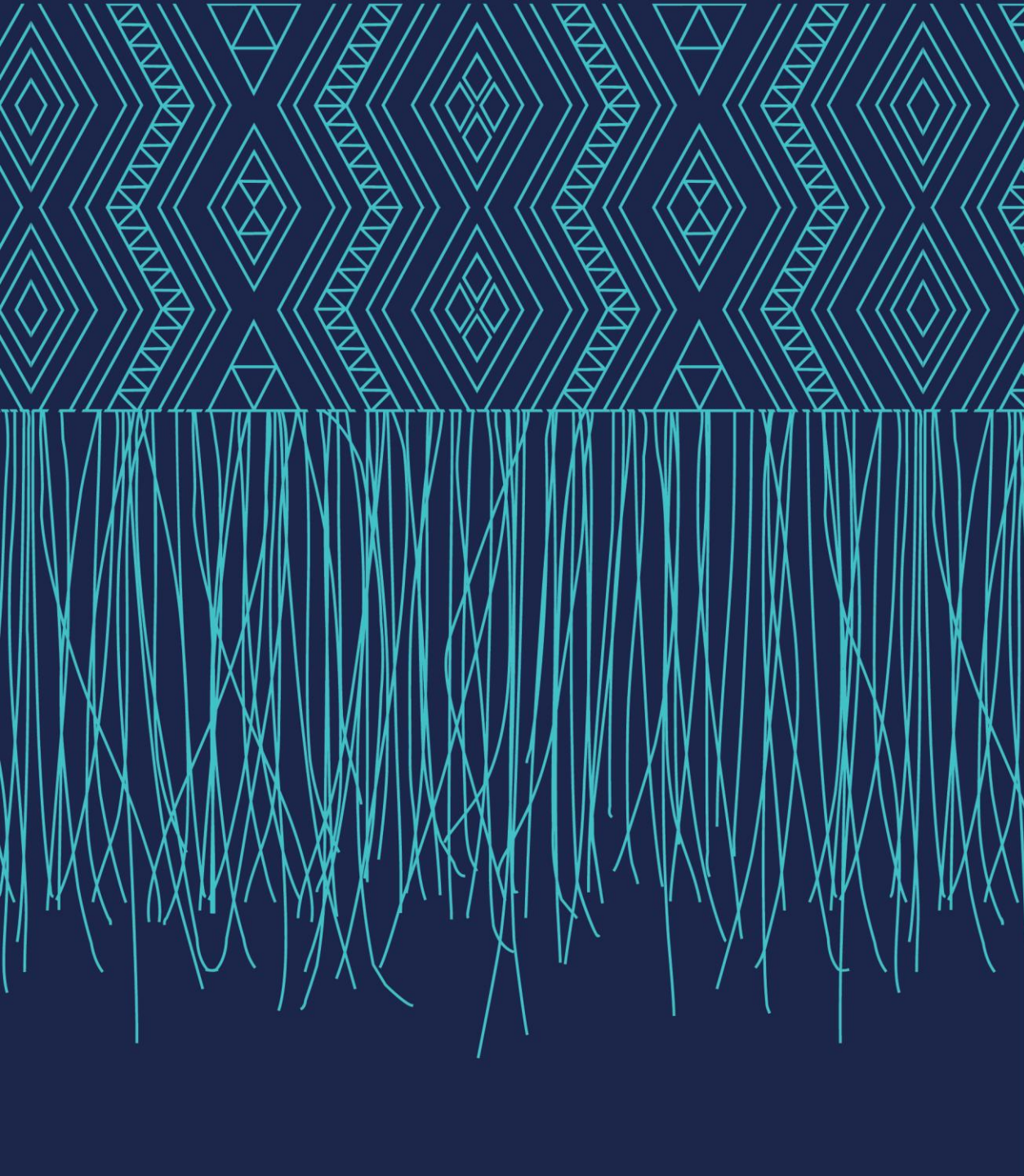
Jia, Heart

The AIR Squad are our champions in each region bringing local support to coach others on our new tools and processes

APTITUDES AND EXPECTATIONS:

✓ An advocate for change

✓ Digitally capable, the kind of person naturally asked to help with "IT stuff" by the team

✓ Can describe the Te Whatu Ora IT and operational support processes and how to navigate them

✓ Approachable, caring and helpful. Coaching kaimahi is a natural part of their day

✓ A problem definer and solver. They ask the right questions to get the best resolution

✓ Can describe how to find operational and clinical answers

✓ Fast learner, is able to pick up new technology systems quickly

KEY RESPONSIBILITIES:

• Acts as first point of contact after go-live for education on how to use the system/processes
• Coach end-users and assists with training activities after go-live
• Deep understanding of applications end to end processes, roles and responsibilities
• Encourage new ways of working

AIR | TRAINING TIMELINES

Our admin team have the greatest change moving from a decade's old tool to a modern, iterative cloud platform. They are accountable for the quality of data nationwide.

Core changes:
- Increased digital literacy requirement
- New tool changing BAU activity
- Process change to standardisation
- Data model changes
- Reporting

Core delivery topic streams:
- Admin Portal, event management
- Admin Portal, data quality & data management
- Power BI, AIR Admin Report Set
- Vaccinator portal user experience
- Whaihua, (streams TBC)
- NbES and troubleshooting

Task	Sept				Oct				Nov		
Develop framework	▓	▓	▓	▓							
Secure facilities		▓									
Recruit AIR Squad		▓									
Schedule all sessions and invitations		▓									
AIR Admin Series Sessions			▓	▓	▓	▓	▓	▓	▓		
Develop F2F session plan					▓	▓					
Develop content/assets					▓	▓	▓	▓			
Deliver AIR Squad F2F sessions							▓	▓			
Supported workshops/ specialty webinars									▓	▓	▓

Wrap Up

AIR |Areas that are being finalised

Just a couple of key areas left to crest

- Ward based vaccinators access to AIR i.e., Hospitals

- Integration with School Based Vaccination System (software)

AOTEAROA IMMUNISATION REGISTER

Te Whatu Ora Health New Zealand

AIR | Key takeaways

Key takeaways from the session are outlined below.

Questions answered in this session:

When do we get trained?

How are we getting ready?

How do we support providers to transition?

How do we onboard a hospital?

We are currently in the '*ready*' phase as we move towards cutover. Te Whatu Ora district readiness assessments and role mapping will occur shortly.

PHO readiness is in progress.

Te Whatu Ora district readiness and rolemapping is integral to funneling people into the right training and will also support onboarding for certain groups.

Training will occur two weeks prior to cutover and through cutover. Once we have confirmed the cutover date, we will send out save the dates for training sessions.