Digital Strategy

2024 and Beyond

SOUTH WEST HOSPITAL AND HEALTH SERVICE

Building better health in the bush

Queensland Government

Foreword

Our rural and remote HHS has developed an ambitious and transformative multi-year digital strategy which will assist in delivering responsive and connected person-centred care. This journey has already commenced; however, this plan will ensure that we continue to put streamlined and more advanced digital technology in place, whilst ensuring that our people are confidently trained and supported in using electronic systems.

This strategy sets out a bold vision that will continue to evolve and change as we leverage digital enablers and partnering opportunities, to collaboratively provide the care our rural people need and deserve, as we embed sustainable and digitally enabled care.

Whilst the challenges are many, the opportunities for providing collaborative, compassionate and connected care are greater. As a long-term resident of South West Queensland, I look forward to observing the impact of these digital strategies in building better health in the bush, and ensuring that the Health Service continues to deliver safe, effective and responsible health services that the people of South West Queensland trust and value.

Karen Tully
Chair, South West Hospital and Health Board

South West Hospital and Health Service Digital Strategy 2024 and Beyond
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Acknowledgement of Country

We pay respect to the First Nations people of the land on which all our services are located – their spirits, their ancestors, and their Elders, past and present – for their resilience, determination, cultural knowledge and wisdom.

We recognise it takes the strength and courage of current and future generations, both First Nations and Non-Indigenous people, to work together for equality, recognition and holistic health advancement for First Nations people.

We reflect on the past and give hope for the future. We genuinely aspire to represent, advocate for and promote the needs of all First Nations people of South West Queensland.

We commit to walk together on our shared journey to health equity and create healthy communities in South West Queensland. South West Hospital and Health Service deeply respects and recognises the 18 traditional and cultural custodians of the lands on which we work. We recognise that First Nations people within their respective communities each have their own unique languages, beliefs, cultural practices, traditions and diversity.

South West traditional owners

Augathella – Bidjara (Bid-jara)

Bollon – Kooma (Coo-ma)

Charleville – Bidjara (Bid-jara)

Cunnamulla – Kunja (Koun-yah) with other interests

Dirranbandi – Kooma (Coo-ma)

Eromanga – Boonthamurra (Boon-tha-murra)

Injune – Kongabula (Kong-ga-bull-a)

Mitchell – Gunggari (Gon-gari)

Morven – Bidjara (Bid-jara)

Mungindi – Kamilaroi (Car-milla-roy)

Quilpie – Mardigan (Mar-d-gan)

Roma – Mandandanji (Mand-an-dand-gee)

St George – Kooma (Coo-ma) with **Kamilaroi, Mandandanji, Bigambul and Gungarri interests**

Surat – Mandandanji (Mand-an-dand-gee)

Thargomindah – Kullila (Coo-lee-lar)

Wallumbilla – Mandandanji (Mand-an-dand-gee)

Vision

To enable the health of our communities through individualised person-centred care leveraging digital technologies.

Purpose

To maximise digital technology to enable the best care possible and deliver a uniquely personal health and wellbeing experience through a safe, effective, sustainable digital environment.

Our digital Opportunities

Our Communities

One individual health record

- Follows the person wherever they receive care
- Contributed to by all care providers anywhere in collaboration
- Integrated across different care settings

Our Services

Person led digital design

- Digital solutions align with positive care experiences
- Enable person ownership of their health and wellbeing through digital systems
- Support person led care provision driving positive measurable outcomes
- Transparent equal access to care services

Our Resources

Embracing digital to deliver personal care

- Support person led care through digital technologies
- Safe, secure, resilient, responsive, reliable technologies
- Leverage data to drive informed decision making and optimal performance
- Innovate to improve the personal care experience
- Replace legacy systems and aged infrastructure to support care anywhere

This digital strategy maps out how the focus of the Health Service aligns our digital technologies with the care and wellbeing our communities need. I'm very pleased to embed it into how we deliver care now and into the future.

Health Service Chief Executive, Dr Anthony Brown

I'm excited that this strategy aims to drive the future of care delivery leveraging technology and that together can aim to provide a healthcare experience in the South West closer to home.

Chief Information Officer, Rural and Remote, Helen Murray

Our digital Challenges

Community Expectations

- Our community expects modern, responsive, accessible digitally empowered care aligned with the rapid evolution of consumer technologies
- We are challenged with keeping pace
- Segments of the community prefer technology light approach.

Policy

- Historical policy has struggled to align with the needs of rural and remote people
- This affects the ability to fully implement policy requirements that do not consider the care needs of remote communities
- Evolving policy position of integrated records as a critical element of safe care provision.

Financial

- Escalating costs to support digital technologies and increasing demands upon remote infrastructure
- This affects our ability to leverage new technology for improved clinical service delivery
- Cost to implement technology beyond economic means.

Infrastructure

- Connectivity infrastructure in remote areas is aged, brittle and repairs are delayed
- This limits our ability to keep pace with digital innovation
- Some communities have no technology and therefore must travel to access services
- Reliance on digital technologies varies.

Cyber Security

- Cybersecurity risks are increasing but our skills and capabilities can't keep pace
- We struggle to remain in step with the rapidly evolving ICT security environment to respond quickly, manage wisely and be watchful.

Service Partners

- Our digital services partners have a small local presence, sharing same digital challenges and we rely on partners at distance
- This impacts support to implement projects, maintain our digital infrastructure and align with our digital goals
- Fragmented organisational approach to digital systems.

Workforce

- Our workforce has various digital skills and capability
- This means embracing new ways using technology can be different across our services
- Ability to provide quality and safe care not supported by integrated digital care records.

Our digital **Principles**

The best outcome for people and their wellbeing is at the heart of our digital future	• People are the focus of our digital vision that recognises the country our communities live in and that technology is critical to support our people in managing their own wellbeing • Recognising that not all community members are able to engage using a digital approach • Identifying creative ways to leverage technology to deliver optimal care experiences for all who receive our services.
We are trusted to deliver the best digital experience for our people	• Digital technology is critical to delivery of care on country and needs to be reliable, resilient, responsive, standards-based, safe and secure • Decision making is backed by the best data available to ensure care is aligned with a persons care needs • Performance is visible, measured and supported by digital systems.
Partnership and collaboration are critical to delivering value through investment in digital	• Services delivered leveraging technologies will be co-designed • Care on country and cultural safety will be a key consideration in developing and delivering new services leveraging digital technologies.
Digital technologies will have a place to incubate and thrive	• People expect that we will embrace the benefits of digital advancement and keep pace with change • We endeavour to be courageous, innovative and keep pace with digital innovation to benefit our people • Being brave when technology doesn't meet our needs and willing to pivot to the next generation of technology directions.
Investment in digital technologies delivers value for our people	• Investment in digital capabilities will always focus on the best outcomes for the people we care for and those who are caring for them • Where possible we will uplift existing technologies to get the best value from current investment but also introduce new technologies to advance new ideas and capabilities.

Digital **Maturity**

Responsive **and Ready**

Our goal is to continue to be responsive to external factors that influence our community, care and capabilities.

Climate change, cyber threat, disaster preparedness and managing our digital capability in flood, fire, dust, heat from the resiliency of the network through to the desktop of a clinician.

Supporting connected critical services leveraging technologies such as satellite, radio, fibre optic and mobile technologies.

Our digital maturity will evolve and change as we embrace new technology

Core
Digital Enablers

We expect that the fundamentals are present

- connectivity
- cybersecurity
- identity
- authentication
- access
- protection
- productivity
- hardware
- support

Foundation
Digital Enablers

We will grow to support and enhance our digital capabilities

- patient administration
- financial management
- integrated information accessibility
- external information sharing
- secure messaging
- telehealth
- data exchange
- resiliency
- building management systems
- engineering systems

Advanced
Digital Health

Over time our organisation will increase its digital enablement

- digital primary care
- general practice
- digital hospital
- digital aged care
- electronic referral
- clinical dashboards
- patient portals
- wellbeing apps
- voice activated technologies
- integrated biomedical systems

Visionary
Digital Health

Our digital technologies support, activate and enable personal care

- integrated health care
- system wide information visibility
- virtual healthcare
- in-home and remote monitoring
- video specialist services
- eprescribing
- person led care planning
- individual health records
- longitudinal health records

> “I feel that my clinicians know me, my shared history and my treatment. Time is not wasted trying to piece together past history.”

Our Enablers

Our Digital Strategy aligns with and is enabled by our own local strategies and those of partners, State and Commonwealth Governments

Local

- South West HHS Strategic Plan 2022–2026

Partners

- Western QLD PHN Strategic Plan 2020–25
- Royal Flying Doctor Service QLD Strategic Plan 2018–22

State

- My health, Queensland's future: Advancing health 2026
- Enterprise Architecture Vision 2026
- Digital Strategy for Rural and Remote Healthcare – 10 year plan
- Digital Health Strategic Vision for Queensland 2026
- Digital Health 2031 – A digital vision for Queensland's Health System
- Telehealth Strategy 2021–2026
- Virtual Healthcare Strategy 2021
- Queensland Health Rural and Remote Health & Wellbeing Strategy 2022-2027 Handbook

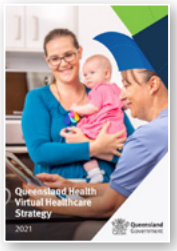
Commonwealth

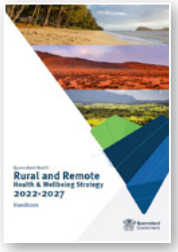
- 2021 Regional Telecommuncication Review
- Australia's National Digital Health Strategy
- Consensus Statement: Rural and Remote Multidisciplinary Health Teams
- Australia's Primary Health Care 10 Year Plan 2022–32
- National Aged Care Data Strategy
- The National Rural and Remote Nursing Generalist Framework 2023–27
- Department of Health and Aged Care Data Strategy 2022–25

Local

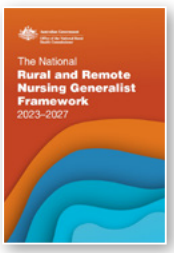
State

Partners





Commonwealth



Digital strategy for **Rural and Remote**

The Rural and Remote Digital Health Committee have endorsed four (4) key priorities.

Our strategies will align with these priorities and also align with our local needs.

Each of these pathways are identified against the actions listed in the Detailed Strategies tables that follow.

Pathway to **business continuity**

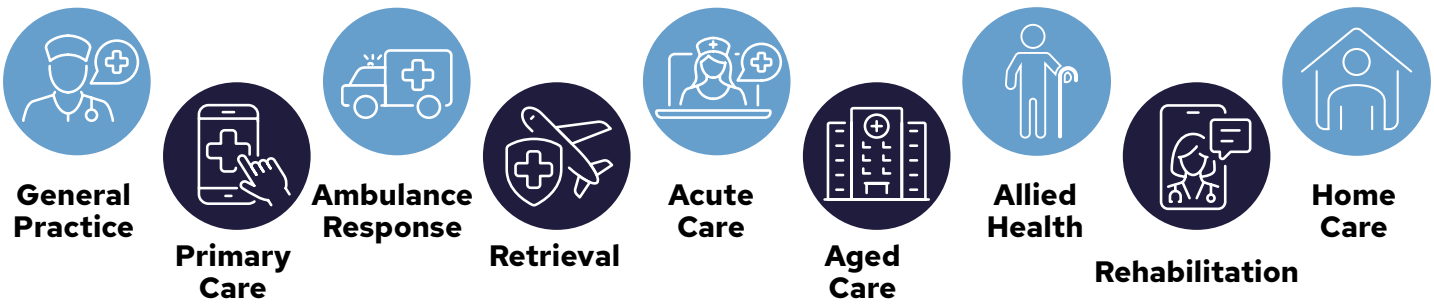
Pathway to a **common system**

Pathway to **shared information**

Pathway to **cohesive data**

Our digital **Strategies**

Our digital strategies will align the care and wellbeing our people need



My Care "one person, one record, one experience"

Our Current Challenges

We are guided by the healthcare journey of our patients and the challenges faced that digital technologies may resolve.
An example of a **patient journey** and the challenges digital technology may resolve.

GENERAL PRACTICE / PRIMARY CARE		AMBULANCE RESPONSE / RETRIEVAL		ACUTE CARE / AGED CARE		REHABILTATION / ALLIED HEALTH		HOME CARE / GENERAL PRACTICE	
My GP cares for me at both the General Practice and Hospital	**When I attend the local Community Clinic, I see an RFDS Doctor**	**I had a serious accident and called 000 and was taken to the Community Clinic**	**Once stabilised, I was flown in an RFDS plane to Roma Hospital**	**The ED staff reviewed my condition with a Metro team**	**When my condition deteriorated, I was transferred to a Metro Hospital**	**I got home and went to rehab at the hospital and on telehealth**	**Allied Health comes to the Community Clinic to support my recovery**	**I needed additional support in my home**	**I am recovered and going to my GP and Community Clinic for follow up**
✔ Full medical history across multiple General Practice and Community Clinics in South West are all available in the one Best Practice ✔ The Medical staff work at the Hospital and the General Practice ✔ The clinical team know me well, where I come from, my country, my mob and my health and wellbeing needs ✖ Can be difficult to see both acute and general practice systems in both locations where patients are seen ✖ Information visibility done by printing out information between buildings i.e., Hospital and On Campus HHS operated General ✖ Systems used in remote general practice not streamlined	✔ Community Clinics are staffed by HHS clinical staff except Thargomindah which is supported by RFDS medical staff ✖ RFDS and other care partners have limited visibility of information in QH systems including pathology, radiology, The Viewer ✖ RFDS teams are unable to use the QH network, workstations or systems impacting patient and flight safety ✖ Staff can't see Morven, Wallumbilla and Bollon patients in The Viewer ✖ Limits in sending pathology across the HHS due to lack of courier service	✔ Some South West Hospitals and Community Clinics support the 000 ambulance response ✔ 000 ambulance is often driven by a community volunteer with a nurse from the Community Clinic / Hospital ✔ 000 button on the facility for the general public calls through to 000 which is then assigned to a Community Clinic / Hospital based ambulance ✔ To support assessment, retrieval and stabilisation by RFDS / Retrieval Services Queensland, dual ceiling mounted telehealth cameras are in ED or equivalent room ✖ Although a QAS process, the HHS does not have access to QAS tough books, systems or the outputs ✖ Disaster Management system lacks integration impacting smooth coordination of events across HHS boundaries	✔ Roma Hospital has a fully operational ED with dual camera ceiling mounted telehealth cameras ✔ Visibility of care provided by the Hospital ED / Clinic based ambulance is recorded in EDIS and shared with The Viewer ✔ The ambulatory care area has telehealth capability in every consult and treatment room ✔ Roma Hospital has fully digitised radiology system including Dental ✔ Aboriginal and Torres Strait Islander Liaison / Health Worker knows that the patient is here and keeps them in the loop of what is happening ✖ Handover on the tarmac is paper-based	✔ Roma Hospital engages with metropolitan specialists to support case conferencing and timely clinical decision-making ✔ The Operating Theatres have telehealth integrated Operating Room System and a digitised sterilising system ✔ Patient Flow Manager is used to support quality clinical handover and discharge planning ✔ Metro team have access to information on Auslab, QRIS, EDIS and The Viewer ✔ An Engineering Network System is in place to monitor the building ✔ Charleville and St George Hospitals have similar capabilities except integrated operating room and fully telehealth enabled consult / treatment rooms ✔ May go direct to Metro rather than via Hospital	✔ Transfer is coordinated by Retrieval Services Qld who can see Auslab, QRIS, EDIS and The Viewer ✔ Electronic records used in Residential Aged Care Facilities ✖ Handover on the tarmac is paper-based at both ends and limited to photocopied information ✖ Receiving facility is unable to see history in Best Practice or paper-based record; but are able to see information in Auslab, QRIS, EDIS and The Viewer ✖ Minimal information is shared with the South West Medical team, Community Clinic or General Practitioner regarding the patient's treatment or progress ✖ Discharge planning is poorly coordinated between the Metro Hospital and South West clinicians with some EDS data ✖ Lack of visibility of Metro information impacting accurate clinical coding ✖ Disparity between Metro and South West clinicians' digital skills	✔ Tele-handover supports some multidisciplinary Connected Care and Step Down care ✔ Tele-rehab services are offered in home, in Community Clinics and at Hospital ✔ Supportive wellbeing activities including group exercise is provided on videocall ✔ Telehealth prevents travelling long distances for follow up and reviews if physical assessment not required and include Metro clinicians ✔ Mental health support provided by the HHS and care partners e.g., RFDS ✖ Challenging to see which services are available when and where to support referral ✖ South West clinicians unable to see Read-only ieMR to track progress ✖ Duplication of investigations between Metro and South West	✔ Access My Healthcare / My Community Directory to support referral to local clinics rather than travel ✔ We survey our participants to hear about their experience ✖ Poor visibility of confirmed appointments and managing Failure to Attend ✖ Difficult to coordinate care with external programs and have visibility of progress ✖ More visiting Allied Health time needed in Community Clinics to meet community demand especially in remote areas ✖ The Viewer missing key information to support Connected Care	✔ Care extended to home through blend of Hospital and community-based clinics ✔ 13HEALTH supporting community to avoid presentation to a health facility ✔ South West has leveraged virtual technologies to manage in home care ✔ Hospital in the Home and supported through remote monitoring, telehealth and HBCIS ✔ Information from the care received at Hospital is slow to arrive at my local Aboriginal Medical Service (AMS) ✔ I receive care from allied health, mental health and other services in my home ✖ 13HEALTH summaries do not feed to any HHS system ✖ My record seems disjointed between paper and digital and is not in one place	✔ Ability to see general practice and primary care data in one platform to predict and prevent chronic disease is coming via Primary Health Network ✖ Difficult for the GP or Community Clinic to put together what happened at the Metro Hospital ✖ Piece together history in Metro area based on what is in The Viewer rather than sent into General Practice system ✖ Rehab and follow up care often initiated by the patient not the health system ✖ Patients would like to see their journey in My Health Record including summaries from General Practice, Primary Care, Acute Care, Residential Aged Care and Allied Health
ϟ Unable to see any Best Practice information in The Viewer or My Health Record ϟ HBCIS URN and Demographics are not shared with Best Practice	ϟ Partner systems like RFDS's Medical Director do not share notes or summaries with Best Practice resulting in re-keying of data ϟ Community Clinics are often staffed by a sole practitioner 24 x 7 ϟ Loss of telephony, mobile and network can be critical to safe care	ϟ Loss of 000 button can be life threatening ϟ Most facilities do not have satellite back up for network or telephony	ϟ Clinicians use many systems and struggle to keep all usernames and passwords together and private so systems can be accessed quickly ϟ Often a generic username and password is used as a work around	ϟ South West hospitals are fully paper-based resulting in fragmented information visibility	ϟ Monitoring deteriorating patient is done manually and paper-based	ϟ Our patients who return from Metro Hospitals often aren't sure how to access rehabilitation services or additional supports	ϟ Greater integration between Nurse Navigation, Health Pathways, Access My Healthcare and other clinicians providing services to the patient ϟ Some clinical staff travel long distances in remote areas on their own	ϟ Unable to electronically record contemporaneous clinical notes supporting HITH	ϟ Patient / care collaboration portal to support health outcomes, patient journey and ongoing wellbeing goals in one location visible by all care partners
OPPORTUNITIES *Data sharing / visibility between Best Practice and The Viewer* *Improve remote general practice workflow*	**OPPORTUNITIES** *Improved data visibility with care partners* *Improved ICT outage response / resolution*	**OPPORTUNITIES** *Improved ICT resiliency* *Uplift ICT incident response* *Satellite 000 buttons on Community Clinics*	**OPPORTUNITIES** *Visibility across multiple systems* *Password vault* *Greater visibility of ASTI when in hospital*	**OPPORTUNITIES** *HHS-wide electronic medical record*	**OPPORTUNITIES** *Improved information visibility between Metro and South West* *Notification of patient discharges from Metro*	**OPPORTUNITIES** *Inter Hospital transition* *Improved visibility of service availability*	**OPPORTUNITIES** *Staff safety technology* *Advanced telehealth* *Nurse Navigation information in The Viewer*	**OPPORTUNITIES** *13HEALTH to The Viewer* *Electronic progress notes accessible in home* *Improved information sharing with AMSs*	**OPPORTUNITIES** *Acute care data in Primary Sense* *Sharing with My Health Record* *Care Collaboration Portal*

✔ Positive point ✖ Challenging point ϟ Critical point

General Practice + Primary Care

OPPORTUNITY

Improve remote general practice workflow and systems used in remote general practice not streamlined

- Smooth visibility of information between primary, secondary, tertiary care settings
- Can be difficult to see both acute and general practice systems in both locations where patients are seen
- Information visibility done by printing out information between buildings i.e., Hospital and On Campus HHS operated General Practice
- Data sharing/visibility between Best Practice and The Viewer and My Health Record
- HBCIS URN and Demographics are not in Best Practice
- Partner systems like RFDS's Medical Director do not share notes or summaries with Best Practice resulting in re-keying of data
- Ability to send information to care partners electronically from BP e.g., CWAATSICH
- RFDS and other care partners have limited visibility of information in QH systems including pathology, radiology, The Viewer and are unable to use the QH network, workstations or systems impacting patient and flight safety
- Staff can't see Morven, Wallumbilla and Bollon patients in The Viewer
- Improve ability to filter views of information in The Viewer.

Improve physical safety and logistics for critical clinical care services

- Primary Health Centres are often staffed by a sole practitioner 24 x 7 therefore, loss of telephony, mobile and network can be critical to safe care
- Limits in sending pathology specimens across the HHS due to lack of courier service.

	Strategies	Rural and Remote Strategy Priorities
1	Best Practice installed and accessed on computers in Emergency Departments	
2	Print from acute care systems in General Practice e.g., Pathology	
3	Implement patient experience improvements in General Practice e.g., booking app	
4	Launch Viewer in context from Best Practice	
5	Feed demographics from HBCIS to Best Practice	
6	Feed data from Best Practice to The Viewer	
7	Feed data from Best Practice to My Health Record	
8	Bi-directional data feed between Best Practice and RFDS	
9	Bi-directional data feed between Best Practice and CWAATSICH	
10	Enable RFDS to access QH network and systems	
11	Implement Morven, Wallumbilla and Bollon in Client Directory / The Viewer	
12	Investigate feasibility of drone transport for pathology, consumables, medications or other supplies	
13	Ability to enter progress notes in Best Practice to support HITH, Virtual Care and Non-Admitted Patient episodes	
14	Feed of 13HEALTH Summaries to The Viewer	
15	SMS follow up for ED presentations	
16	Consent for stepdown care, notification of patients ready to step down	
17	Implement connectivity resiliency in sites with clinic-based ambulance or sole practitioner	
18	Implement Best Practice Product Roadmap	
19	Extend implementation of Data and Application Custodianship for primary care systems	
20	Integrate nurse navigation and health pathways into Best Practice	
21	Feed data into business intelligence platform from Best Practice	
22	Leverage learnings from pandemic to extend use of wearables for remote monitoring	
23	Extend consumer apps used during the pandemic to further aid health and wellbeing	

Ambulance Response + Retrieval

OPPORTUNITY

Improved technology to support clinic based ambulance response

- eARF system for nurses who do ambulance call outs
- eARF feed to The Viewer
- QAS tough books or equivalent.

000 technology resilience through

- 000 buttons on PHCs to use satellite
- Satellite to support WAN and voice outage
- ICT Incidence response to recognise remote PHC requirements.

Disaster Management system lacks integration impacting smooth coordination of events across HHS boundaries

- Alignment of ICT Notification process across western HHSs
- Alignment of ICT DRP/BCP protocols across western HHSs
- Consistency in Code Yellow procedures for ICT outages
- Handover on the tarmac is paper-based.

Clinicians use many systems and struggle to keep all usernames and passwords together and private so systems can be accessed quickly.

	Strategies	Rural and Remote Strategy Priorities
24	eARF system for clinic / hospital based ambulance call outs	
25	eARF feed to The Viewer	
26	eARF feed to Best Practice	
27	QAS tough books or equivalent	
28	000 buttons on PHCs to use satellite	
29	Satellite to support WAN outage	
30	Satellite to support voice outage	
31	ICT Incidents prioritisation for clinic based ambulance, sole practitioner, isolated locations	
32	Electronic handover system for tarmac based handover	
33	Alignment of ICT Notification process across western HHSs	
34	Alignment of ICT DRP/BCP protocols across western HHSs	
35	Consistency in Code Yellow procedures for ICT outages	
36	Password vault to support staff with multiple usernames and passwords	
37	Real-time vitals monitoring of RSQ e.g., sharing vital signs to support clinical handover	
38	Track plane vs patient to have visibility of ETA i.e., QAS, RFDS	
39	Staff skills mix knowledgebase to support managing skills and competencies on shift	
40	Multi-trauma management system i.e., journey board, triage, decrease runners	

Acute Care + Aged Care

OPPORTUNITY

HHS-wide electronic medical record

- South West hospitals are fully paper-based resulting in fragmented information visibility
- Monitoring deteriorating patient is done manually and paper-based
- Handover on the tarmac is paper-based at both ends and limited to photocopied information.

Improved information visibility between Metro and South West

- Notification of patient discharges from Metro
- Discharge planning is poorly coordinated between the Metro Hospital and South West clinicians with some EDS data
- Minimal information is shared with the South West Medical team, Primary Health Centre or General Practitioner regarding the patient's treatment or progress
- Lack of visibility of Metro information impacting accurate clinical coding.

Receiving facility is unable to see history in Best Practice or paper-based record; but are able to see information in Auslab, QRIS, EDIS and The Viewer.

Disparity between Metro and South West digital clinical skills.

	Strategies	Rural and Remote Strategy Priorities
41	Implementation of a HHS wide electronic medical record that includes e-prescribing/ administration, monitoring the deteriorating patient, progress notes and care planning	
42	EMR useable on a tablet off site e.g., hangar, tarmac	
43	Ability to share key records from the EMR with partners and recipient facility	
44	Discharge notifications to Best Practice (prior to the Discharge Summary)	
45	Coordinated care between Metro and HHS's including notifications, coordinate patient journey	
46	General Practices access to View only ieMR (via Best Practice)	
47	HIMs access to ieMR	
48	Digital skill uplift education program	
49	Extend virtual care and tele-specialist care e.g., remote diagnostic glasses	
50	Ability to send and receive information with partner organisations e.g., Discharge letter from EDIS	
51	Ability to launch The Viewer from EDIS in patient context	
52	Leverage improved digital systems for provision of non-admitted care	
53	Ability to see discharge planning in Best Practice from PFM	
54	Implement electronic hospital elective form	
55	Ability to launch LeeCare from Best Practice	
56	Implement digital aged care record in Multi Purpose Health Services (LeeCare)	
57	Review hosting for LeeCare	
58	Implement Medications Module for LeeCare	
59	Feed LeeCare data to The Viewer	
60	Feed LeeCare data to My Health Record	
61	Launch Best Practice from LeeCare	
62	Feed LeeCare data into business intelligence platform	
63	Implement internet connectivity for Residents	
64	Extend implementation of Data and Application Custodianship for acute care systems	
65	Explore technologies to assist aged care e.g., robots	
66	Improve management of inpatient dietary requirements e.g., Patient Flow Manager	

Rehabilitation + Allied Health

OPPORTUNITY

- Leverage technology to improve staff safety technology
- Embrace opportunities to utilise Advanced telehealth
- Nurse Navigation information in The Viewer
- Technology to streamline Inter Hospital transition
- Improved visibility of service availability.

Corporate + Other Non-Clinical

OPPORTUNITY

Improve operations and efficiency of the organisation to support improved safe, compliant and contemporary care delivery.

Provide a workplace of choice for South West employees.

	Strategies	Rural and Remote Strategy Priorities
67	Promotion of clinical use of The Viewer	
68	Extend use of Best Practice for Allied Health	
69	Extend electronic service directory and visibility of services e.g., My Community Directory	
70	Feed Allied Health specialty systems to The Viewer	
71	Feed for Nurse Navigators information to The Viewer	
72	Improve ability to send and receive information with partner organisations	
73	Implement digital dispensary	
74	Improve booking accessibility and visibility through leveraging existing systems e.g., Best Practice	
75	Feed Rehab / Allied Health data into business intelligence platforms	

	Strategies	Rural and Remote Strategy Priorities
76	Determine measures required for safe staff travel e.g., person ePIRBs, mobile phone boosters on HHS vehicles, Sat phones in vehicles	
77	Leverage smart technology to improve efficiencies e.g., smart recruitment	
78	Leverage business intelligence platforms to improve operating the organisation	
79	Feed non-clinical data into business intelligence platforms	
80	Implement mobile signal boosters to reduce in-building mobile blackspots	
81	Develop digital asset lifecycle plan	
82	Establish digital incident response, digital disaster recovery, digital business continuity plans	
83	Continue to implement the Information Security Management System	
84	Continue to implement the requirements of Health Service Directives, Digital Policy Framework and Health Information Framework	
85	Establish partners WiFi network e.g., RFDS	
86	Uplift Data and Application Custodianship for HHS operated systems on a risk basis	
87	Establish a product roadmap for all HHS operated systems on a risk basis	
88	Uplift support models for essential systems e.g., engineering system, duress, nurse call	
89	Increase bandwidth of all sites	
90	Implement network resiliency at all sites e.g., 4G backup routers, satellite links	
91	Implement digital faxing solution	
92	Remain in-step with technology advances for connectivity	
93	Single launch page for applications on QHEPS	

Our Timeline

The digital journey in the South West

Horizon 1

Uplifting the foundations

Within 2 years

Visionary

- Investigate feasibility of drone transport for pathology, consumables, medications or other supplies

Advanced

- Launch The Viewer in context from Best Practice
- Ability to enter progress notes in Best Practice to support HITH, Virtual Care and Non-Admitted Patient episodes
- Implement Best Practice Product Roadmap
- Feed data into business intelligence platform from Best Practice
- Implement Medications Module for LeeCare
- Extend use of Best Practice for Allied Health
- Leverage smart technology to improve efficiencies e.g., smart recruitment
- Leverage business intelligence platforms to improve operating the organisation

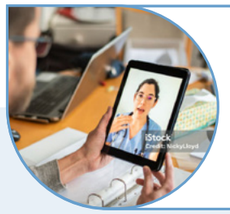
Foundation

- Enable RFDS to access QH network and systems
- Implement connectivity resiliency in sites with clinic-based ambulance or sole practitioner
- 000 buttons on PHCs to use satellite
- Ability to send and receive information with partner organisations e.g., Discharge letter from EDIS
- Implement internet connectivity for Residents
- Extend electronic service directory and visibility of services e.g., My Community Directory
- Feed non-clinical data into business intelligence platforms
- Establish digital incident response, digital disaster recovery, digital business continuity plans

Core

- Feed data from Best Practice to My Health Record
- Best Practice installed and accessed on computers in Emergency Departments
- Print from acute care systems in General Practice
- Bi-directional data feed between Best Practice and RFDS
- Implement Morven, Wallumbilla and Bollon in Client Directory / The Viewer
- Extend implementation of Data and Application Custodianship for acute care systems
- Satellite to support WAN outage
- Satellite to support voice outage
- Promotion of clinical use of The Viewer
- Determine measures required for safe staff travel e.g., person ePIRBs, mobile phone boosters on HHS vehicles, Sat phones in vehicles
- Increase bandwidth of all sites
- Implement network resiliency at all sites e.g., 4G backup routers, satellite links
- Implement digital faxing solution

Horizon 2



Embedding digital into practice

Within 5 years

Visionary

- Real-time vitals monitoring of RSQ e.g., sharing vital signs to support clinical handover
- Extend virtual care and tele-specialist care e.g., remote diagnostic glasses

Advanced

- Consent for stepdown care, notification of patients ready to step down
- Integrate nurse navigation and health pathways into Best Practice
- Discharge notifications to Best Practice (prior to the Discharge Summary)
- Ability to see discharge planning in Best Practice from PFM
- Improve ability to send and receive information with partner organisations
- Implement digital dispensary
- Leverage improved digital systems for provision of non-admitted care
- Ability to launch The Viewer from EDIS in patient context
- Implement patient experience improvements in General Practice e.g., booking app
- Leverage learnings from pandemic to extend use of wearables for remote monitoring
- Extend consumer apps used during the pandemic to further aid health and wellbeing

Foundation

- eARF system for clinic / hospital based ambulance call outs
- QAS tough books or equivalent
- Alignment of ICT DRP/BCP protocols across western HHSs
- Consistency in Code Yellow procedures for ICT outages
- HIMs access to ieMR
- Implement electronic hospital elective form
- Implement digital aged care record in Multi Purpose Health Services (LeeCare)
- Review hosting for LeeCare
- Improve booking accessibility and visibility through leveraging existing systems e.g., Best Practice
- Implement mobile signal boosters to reduce in-building mobile blackspots
- Single launch page for applications on QHEPS

Core

- Feed demographics from HBCIS to Best Practice
- Feed data from Best Practice to The Viewer
- Bi-directional data feed between Best Practice and CWAATSICH
- Feed of 13HEALTH Summaries to The Viewer
- SMS follow up for ED presentations
- ICT Incidents prioritisation for clinic based ambulance, sole practitioner, isolated locations
- Alignment of ICT Notification process across western HHSs
- Digital skill uplift education program
- Establish partners WiFi network e.g., RFDS
- Uplift support models for essential systems e.g., engineering system, duress, nurse call
- Remain in-step with technology advances for connectivity

Horizon 3

Sustainable digital optimisation

Within 10 years

Visionary

- Track plane vs patient to have visibility of ETA i.e., QAS, RFDS
- Multi-trauma management system i.e., journey board, triage, decrease runners
- Implementation of a HHS wide electronic medical record that includes e-prescribing/administration, monitoring the deteriorating patient, progress notes and care planning
- EMR useable on a tablet off site e.g., hangar, tarmac
- Ability to share key records from the EMR with partners and recipient facility
- Explore technologies to assist aged care e.g., robots

Advanced

- Improve management of inpatient dietary requirements e.g., Patient Flow Manager
- eARF feed to Best Practice
- Staff skills mix knowledgebase to support managing skills and competencies on shift
- Coordinated care between Metro and SW HHS's including notifications, coordinate patient journey
- General Practices access to View only ieMR (via Best Practice)
- Ability to launch LeeCare from Best Practice
- Feed LeeCare data to The Viewer
- Feed LeeCare data to My Health Record
- Launch Best Practice from LeeCare
- Feed Allied Health specialty systems to The Viewer
- Feed for Nurse Navigators information to The Viewer
- Feed Rehab / Allied Health data into business intelligence platforms

Foundation

- eARF feed to The Viewer
- Electronic handover system for tarmac based handover
- Feed LeeCare data into business intelligence platform
- Develop digital asset lifecycle plan
- Continue to implement the requirements of Health Service Directives, Digital Policy Framework and Health Information Framework

Core

- Extend implementation of Data and Application Custodianship for primary care systems
- Password vault to support staff with multiple usernames and passwords
- Continue to implement the Information Security Management System
- Uplift Data and Application Custodianship for HHS operated systems on a risk basis
- Establish a product roadmap for all HHS operated systems on a risk basis
- Remain in-step with technology advances for connectivity

GLOSSARY

13HEALTH	Health Contact Centre
AMS	Aboriginal Medical Service
ATSI	Aboriginal and Torres Strait Islander
AUSLAB	Pathology system
CIO	Chief Information Officer
CWAATSICH	Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health
DRP/BCP	Disaster Recovery Plan / Business Continuity Plan
eARF	Electronic Ambulance Response Form
ED	Emergency Department
EDS	Electronic Discharge Summary
EDIS	Emergency Department Information System
EMR	Electronic Medical Record
ETA	Estimated Time of Arrival
HBCIS	Hospital Based Corporate Information System (patient administration system)
HHS	Hospital and Health Service
HITH	Hospital In The Home
ICT	Information and Communications Technology
ieMR	integrated electronic Medical Record
Metro	Metropolitan
PHN	Primary Health Network
QAS	Queensland Ambulance Service
QH	Queensland Health
QHEPS	Queensland Health Enterprise Publishing System
QLD	Queensland
QRIS	Queensland Radiology Information System
RFDS	Royal Flying Doctor Service – Queensland Division
RSQ	Retrieval Services Queensland
URN	Unit Record Number (medical record identifier)
WAN	Wide Area Network