Acknowledgements

In developing this strategy, The Checkley Group reviewed Northern NSW (NNSW) strategic plans and consulted with key stakeholders throughout the Local Health District (LHD), including doctors, nurses, allied health clinicians, clinical support staff, corporate services staff and administrators. Issues of clinical governance, existing capabilities and risks relating to the use and sharing of information were explored. Interviews were conducted with eHealth and NNSW LHD executives, members of the NNSW LHD Board and representatives of North Coast Primary Health Network and community and patient representatives. To enable broad input, a survey was developed which received almost 200 responses.
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Twenty-first-century healthcare is complex, with patient journeys traversing many services and settings. At times the system of care, and the gaps in information, can be confusing or frustrating to patients, their carers and even the clinicians involved.

Northern NSW Local Health District aims to provide excellent patient-centred care to our community. One of the ways that we can support this aim is to empower our patients, clinicians and staff with the information that they need, when and where they need it. Paper and fax machines can’t do this alone.

We are moving towards the vision of a digitally enabled and integrated health system, delivering patient-centred health experiences and quality health outcomes. eHealth technology can not only help reduce uncertainty and risk associated with complicated clinical care; it can enable changes to the models of care, bringing the care closer to home.

In recent years we’ve made large investments in our eHealth infrastructure and systems. Our hospitals and community health centres now have the core of a shared electronic medical record.

This strategy sets our NNSW LHD eHealth vision, principles and priorities for the next five years. These priorities were determined through consultation with our community, clinicians, staff, and partners, including North Coast Primary Health Network, Gold Coast University Hospital, and eHealth NSW.

We would particularly like to acknowledge the support of eHealth NSW and The Checkley Group in the development of our eHealth Strategy.

We aim to be recognised as the leading rural health service in Australia. Optimising and building upon our eHealth services is essential to us achieving this. We look forward to working with our patients, carers, clinicians, staff and partners in implementing this strategy.

Mr Wayne Jones
Chief Executive, Northern NSW Local Health District

Dr Brian Pezzutti
Chair of the Board, Northern NSW Local Health District
Northern NSW LHD (‘the LHD’) faces many similar issues to those faced in a metropolitan LHD – servicing an ageing population with ever-increasing demand for high-quality care, within allocated financial resources. Our LHD must efficiently offer services across the region, managing eight hospitals, four multi-purpose centres and 20 community facilities, including two Level 5 hospitals at Lismore and Tweed. The Tweed Emergency Department manages nearly 52,000 encounters per annum – the equivalent of a large Sydney hospital such as St Vincent’s or Prince of Wales.

However, the LHD faces the additional challenge of delivering eHealth services over a broad geographical region that has areas of poor mobile and internet connectivity.

The region attracts a large number of tourists, and people seeking tree-change/sea-change and alternative lifestyles. The region’s population is expected to increase by more than 8.2 per cent over the next 10 years¹, and the attractiveness of the area for retirees results in a higher-than-state-average number of elderly, with associated chronic disease profiles. Currently 19.4 per cent of the population are aged over 65 years, and this is expected to increase to more than 24 per cent over the next five years (with significant numbers aged over 85 years)¹.

This high level of chronic disease requires sharing of information across multiple care teams in acute and community settings. The high mobility of the population and inflows from other areas means a shared longitudinal record (such as My Health Record) will offer great benefits across the region.

In addition, the area has significant cross-border flows with Queensland. Some 30 per cent of encounters at the Tweed Emergency Department come from clients normally residing in Queensland. Our referral patterns for specialist tertiary services (such as cardiothoracic, complex neo-natal, neurology etc.) are not to Sydney, but to the large Queensland hospitals – both public (Gold Coast University Hospital, Royal Brisbane Hospital and Lady Cilento Hospital) and private (John Flynn). The LHD locally hosts outpatient clinics for patients seeing Queensland Health specialists, and guarantees a bed for patients returning after a procedure or tertiary admission in Queensland.

As such, the ability to exchange patient information with partners and Queensland specialists is critical for provision of safe and efficient tertiary services.

19.4% of the population are aged over 65 years, and this is expected to increase to more than 24% over the next five years.

The Region’s population is expected to increase by more than 8.2% over the next 10 years.

The Tweed Emergency Department manages nearly 52,000 encounters per annum, the equivalent of a large Sydney hospital such as St Vincent’s or Prince of Wales.
2 Our Current eHealth Environment

Northern NSW LHD has benefited from significant investment in eHealth over recent years.

The LHD has completed the roll-out of a core electronic medical record (eMR) across all facilities – acute and community – providing access for all clinicians to a single consistent source of information about the patient’s treatment and encounters with any LHD facility or service from the Tweed in the north to Grafton in the south. Many major corporate systems such as email and rostering have also been upgraded. This investment in core systems has been underpinned by investment in a clinical-grade network, ensuring that all major facilities now have duplicated, high-speed network connections capable of supporting mission-critical systems, such as the eMR. Major sites also have electronic access to radiology results and images and most have wireless networks.

Implementation of the eMR has been a major undertaking over many years, and although it now provides access to a range of critical information (including allergies, diagnoses, pathology and radiology test results) the journey is not yet complete. Over the next five years, implementation of electronic medication management and other functionality as outlined in this strategy, will add further value for both clinicians and patients.

Much of the capital investment required to support such initiatives has been funded as part of statewide initiatives led by eHealth NSW and the District will continue to align with these statewide strategies and directions, which have resulted in significant benefit for the District. The LHD has also benefited from the State’s infrastructure program, which has seen large investment in the redevelopment and upgrade of the physical environment and eHealth infrastructure at a number of facilities. Recent announcement of $534 million for the new Tweed Valley Hospital provides further opportunity to align the eHealth investment planned for that facility with this strategy.

The rapid growth in the number of devices connected to the eHealth network, sophistication of systems, and increasing reliance of LHD clinicians, staff and partners to an ‘always available’ eHealth environment, means that the LHD must also continue to invest to ensure that the organisation is capable of appropriately managing information in this new, electronic environment.

From the clinicians’ perspective, the amount of change in the eHealth environment over recent years has been significant and many feel they lack the skills and training to use these systems to their full potential. Anecdotally, many feel that the project has finished before all work is complete and the system is fully embedded. There are also some areas of ongoing frustration, where technology such as Wi-Fi, does not work as expected, or where internet or mobile connectivity is poor.

Overall the LHD now has good foundations in place, but systems are not yet fully optimised and significant opportunities exist to further enhance capabilities and drive further value from investments.
Over the next five years, implementation of **electronic medication management** and other functionality as outlined in this strategy, will **add further value** for both clinicians and patients.
The future described by local clinicians, staff and partners is one where high-quality care can be delivered within digitally enabled hospitals and facilities — but where the physical walls of those facilities become less important, and a mobile workforce is able to deliver ‘Safe Care Anywhere’, in collaboration with other care partners.

Achieving this future state will take many years — perhaps longer than the timeframe for this strategy — but it is important to keep the goal in mind throughout the journey. Key future directions are that:

• The LHD will continue the move to an electronic medical record where the patient record is legible, electronically available and data is automatically transferred from monitors and biomedical equipment into the record. Note, the goal for stakeholders is not about removing paper (per se), but elimination of the hybrid record, so that clinicians have access to information about a patient in one place, anywhere at any time. Key to this vision is an eMR which supports all aspects of inpatient, outpatient and community care (including medications management appropriate to those environments).

• Information will be used to better support clinical and business decision-making.

• Information will be easily shared with care partners, supporting provision of integrated care and including future support for eReferrals and shared care planning.

• Over time, the LHD will move to a model which enables provision of ‘Safe Care Anywhere’:
  ○ with clinicians able to provide initial care locally, advised by a specialist locally, in Queensland or elsewhere
  ○ community workers and hospital-in-the-home staff able to take the tools of their trade with them in a car, to the patient’s home, or wherever they are needed
  ○ and for the patient being cared for at home, to be able to quickly access assistance and support if they need it.
4 Our eHealth Vision, Principles and Focus Areas

Northern NSW LHD has benefited from statewide investment in eHealth and will continue to work closely with eHealth NSW, HealthShare NSW and Health Infrastructure. The eHealth Strategy for NSW Health 2016-2026 provides our overall vision and a set of underpinning principles to guide investment.

**eHealth Vision:**
A digitally enabled and integrated health system, delivering patient centred health experiences and quality health outcomes:

- **Keeping people healthy**
- **Providing world-class clinical care**
- **Delivering truly integrated care**

**Underpinning principles**
Eleven principles underpin all eHealth programs and initiatives

- **Person-centred Approach**
  Ensuring that investments in eHealth support an integrated health system to deliver patient centred health experiences.

- **Clinician Engagement**
  Supporting the creation of ICT systems that are fit for purpose and align to clinical processes. Allow clinicians to take a more active role in achieving outcomes and operational efficiencies.

- **Robust Governance and Investment Management**
  Supporting consistent service for patients and allowing all stakeholders to coordinate and plan effectively at local and state levels.

- **Strategic Commissioning and Procurement**
  Driving efficiencies in the funding, procurement and management of external provider arrangements to achieve a more adaptive approach to vendor management.

- **Delivery Through Partnerships**
  Forging strong partnerships – considerate of strategic priorities, cost, resources, value for money, service need and technology – to implement innovative models of care and enabling technologies.

- **Usable and Safe Systems**
  Driving quality and safety in the design and development of ICT systems through strategies that measure safety concerns at the intersection of health ICT and patient safety.

- **Safeguarding Security and Privacy**
  Protecting patients, clinicians and staff information as we shift from paper-based systems to ‘paper-lite’ digital systems.

- **Effective Change Management**
  Enabling the sustainable and seamless transition of eHealth programs to business as usual, including embedding digital literacy.

- **Standards Based Environment**
  Adopting health information standards to facilitate and streamline the interoperability of ICT systems, reducing integration costs while improving the overall quality of delivered components.

- **Fostering Innovation and Research**
  Proactively anticipating stakeholder needs to better predict and meet future expectations and trends.

- **Flexibility and Openness To Change**
  Embedding a culture of innovation driven by leaders in emerging technologies, change management and service provision who promote a universal approach to the redesign of healthcare.

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The statewide strategy also identifies a number of focus areas for technology investment.

These focus areas form the basis of a high-level eHealth architecture for Northern NSW, and the diagram below shows the foundational elements of this architecture, and the key components required to support the future directions for digital health.

More detail of the systems and technologies which sit within each of these focus areas is provided in Appendix 1.

This model has also been used to assess the current state of NNSW LHD digital health capabilities and to map priorities for future investment (which are shown via colour coding in Appendix 1).

This analysis shows that NNSW LHD has made good progress in recent years, and has put in place strong foundations for future growth. However, some significant gaps can also be identified, and the principles and priorities outlined in this strategy will help to guide future investment decisions.
5 Our Approach and Priorities for eHealth in NNSW LHD

Optimise
Our first goal is to optimise use of our existing systems and information by:

• Consolidating recent gains, finishing what we’ve started and fixing points of key frustration for clinicians and staff.
• Doing what we do well — and ensuring that we are making best use of our existing systems.
• Optimising our use of the information we collect — by using it to inform our decisions.

The aim is to continually refine and improve what we do, and drive value from our existing investments.

Build
At the same time, we will continue to build and invest in our future by implementing systems which align to our strategy and deliver local value.

Digital Future
We will begin with the end in mind, trialing new “digital health” models of service delivery and working with clinicians, staff and partners to innovate and jointly envisage what our future will look like.

Delivered in Collaboration
We will establish mechanisms to ensure that our clinicians and staff, our partners in care delivery and our patients, carers and community are involved in designing our future.

The following sections outline in further detail the key strategies. It is important to note that funding for these initiatives is not confirmed. The final decision to invest will be subject to business case development and approval.
5.1 Optimise

5.1.1 Optimise use of the eMR

Establish an ongoing program for workflow optimisation and clinical redesign.

The aim is to increase our focus on reaping the benefits from existing investment in the eMR and delivering our commitments in the NNSW LHD Service Agreement.

- Revisit clinical areas to assess further training needs and to refine, improve and embed clinical workflows (e.g. internal referrals) and to improve or extend clinical documentation.
- Upskill selected support staff in business process redesign.
- Provide some key system users with advanced eMR training, so that they can become local champions.

Link this eMR optimisation program to other LHD imperatives such as ‘Leading Better Value Care’ and Clinical Governance initiatives already underway across the LHD:

- Targeting areas which impact Accreditation and Service Level Agreements (e.g. Hospital Acquired Conditions and Patient Falls).
- Better utilising the clinical decision support capabilities of Cerner - (e.g. for rapid response calls and escalation processes) with a focus on reducing clinical risks. Implement and then monitor/manage to ensure new processes are embedded.
- Drive value by working with the Clinical Governance Unit to develop pathways and alerts within the eMR; and to develop dashboards to proactively monitor sentinel events.

Extend roll-out of existing eMR functionality to all sites where value can be demonstrated. This will include consideration of:

- Appointment scheduling – implementation at all relevant sites.
- Development of additional clinical documents for Community and Outpatients.

Establish a Clinical Advisory Group to lead change and to provide a conduit for clinical input:

- Exploring opportunities for improvement and addressing cross-enterprise issues such as the use of evidence for clinical decision support and clinical pathways.
- Prioritising clinical feedback and requirement for new investment.

Improve consistency of ‘where’ and ‘how’ information is recorded in the eMR, including mechanisms for implementing unique patient identification.

5.1.2 Optimise use of information to support clinical and business decision-making

Ensure appropriate management of information including broader use and updating of corporate records management systems (such as TRIM).

Develop a local strategy for analytics, business intelligence and clinical decision support.

This will include a review of best practice and be informed by work already occurring in other LHDs and jurisdictions using similar technologies. It will also include consideration of future workforce capability requirements, organisational roles and responsibilities required for optimal use of health information – including for clinical audit and quality reporting.

In partnership with eHealth NSW and other interested LHDs, NNSW LHD will contribute to development of an exemplar state-based build for analytics. The approach will be to:

- Utilise existing tools and licenses for core products such as HIE, EDWARD and QLIK.
- Leverage work and investment already made in other areas of the State to develop practical reports and real-time dashboards.
• Work collaboratively with eHealth NSW and other LHDs to make best use of available expertise in the area, in order to rapidly develop a set of ‘best practice’ dashboards and reports. This may include developing reports to support accreditation, Service Level Agreement targets, and potentially statewide benchmarks.

The aim is to fully leverage information already available in the eMR and other available systems to enable the LHD to derive greater value from their clinical and corporate data collections. This will be achieved by putting information into a format which can support clinical and business decision-making in real-time.

The LHD will provide tools and dashboards which support local unit managers to monitor and assess their activity, conduct audits and to support accreditation – including the ability to drill down to individual clinic and clinician level.

5.1.3 Optimise sharing of information with care partners

The ability to consistently share clinical information collected within the LHD with other care providers and city specialists is recognised as critical for safe care delivery within the region. The Integrated Care program has successfully piloted a number of new initiatives and further roll-out of successful Integrated Care initiatives will be supported.

Cross-border patient flows present a particular challenge for the region, and opportunities for greater sharing of information with Queensland Health (QH) will be explored. All the major public hospitals in Queensland now use the same underpinning eMR software as NNSW LHD (i.e. Cerner Millennium), and so sharing of the full record between Cerner eMR systems, may be feasible. QH also has an enterprise-wide discharge summary system. Alternatives which could also be explored include view-only access to the Queensland iEMR or the QH Viewer.

In the longer term, as Australia’s National Digital Health Strategy is implemented, the My Health Record will provide a vehicle to share key radiology and pathology results, and other critical summary information. Stakeholders are talking positively about the pending roll-out of the My Health Record and are optimistic about the potential for it to address some of their key needs.

The LHD will continue to support the uptake and use of the My Health Record and other initiatives related to the national digital health agenda.

5.1.4 Grow organisational capacity and capability for digital health

Investment in eHealth has grown rapidly in recent years, with significant new applications and exponential increase in the number of network-enabled devices – but there has not always been corresponding growth in the resources available to support these systems.

It is essential to ensure that investment in organisational capacity and capability continues after initial project implementation with sufficient resources applied to equitably support ongoing management and user training across the LHD. In addition, it is also important to:

• Review staffing levels, regional support and local capabilities required to support the emerging digitally enabled environment.
• Review the requirements for technical eHealth support, clinical applications support and training, cybersecurity, management of health information and health informatics.
• Examine which skills are required locally – considering both facility and LHD - level requirements – and which may be better sourced from eHealth NSW or other third parties.

4 Note: The skills required to support the Cerner EMR in a small rural LHD are identical to those required in a large metro LHD – but there is a smaller pool of skilled staff to draw upon. Opportunities to form partnerships and leverage work in other LHDs will therefore be investigated and encouraged.
• Review the capacity required and sourcing models – as there may be alternative ways to source specialist skills which are only required on an ad hoc or on-demand basis.

Based on the outcomes of this review, we plan to develop a Workforce Plan and adjust recurrent funding and resourcing to realistic and sustainable levels – and at the same time, implement realistic KPIs.

5.1.5 Fix issues which lead to significant discontent and user frustration

• Improve 4G network access on Tweed campus and/or ability to access reliable Wi-Fi.
• Increase support for developing new and changed documents and for setting up new clinics in the EMR.
• Review requirements and update policies relating to BYOD and internet access.
• Ensure ongoing governance mechanisms are in place to capture and address user feedback for statewide systems, particularly new implementations (e.g. Rostering and VMO Payment).

5.1.6 Extend the use of existing systems and seek to minimise variation

Remove duplicate and hybrid solutions over time, and as the opportunity arises. For example, duress systems – both old and new still exist at campuses where redevelopment has recently occurred. This requires monitoring and maintenance of two systems.

Investigate the broader deployment or extended use of existing eHealth infrastructure and systems to deliver further value from existing investments. For example, Real Time Location Services (RTLS) Wi-Fi infrastructure is now in place, and through moderate additional investment could now be used for asset tracking, wandering patient alerts and many other purposes.

5.2 Build

5.2.1 Continue to invest in our EMR and Core Clinical Systems

Electronic medication management:
• Electronic medication management (eMeds) will be implemented for inpatients at all major hospitals across the LHD.

Outpatients:
• An eMR will be implemented in specialist outpatient clinics – including electronic clinical documents and outpatient prescribing.
• The eMR solution needs to be integrated with a billing solution that can automatically link to billing systems for Medicare and PBS reimbursement.

Integration of biomedical devices:

Beginning with strategic investment in the integration of biomedical devices (i.e. automated digital capture and integration into the eMR for display).

• Priorities include:
  ○ ECG – for both inpatient and outpatient settings.
  ○ Digital photos (ideally using mechanisms for secure upload from personal devices)

• Consideration will be given to:
  ○ Aligning the integration of devices to Outpatient eMR strategies, where the approach may proceed specialty by specialty over a period of time.
  ○ Ensuring that specifications for future procurement of biomedical devices are compatible with requirements for integration to the eMR.
Scanning:

• Outcomes of the current scanning trial at Tweed will be reviewed and a long-term strategy developed for scanning remnants of the paper record, with particular consideration given to any requirements which may emerge from future hospital redevelopment programs.
• The ultimate goal is to eliminate the need for a hybrid record – through minimal scanning (of relevant remnant paper documents only).
• This goal may be achieved progressively, as it will be determined by the amount of information which can be captured electronically in a particular setting. Options will be reassessed as the implementation of eMeds and Clinical Documentation progress.

Specialist and Clinical Support areas:

• Digital Imaging - RIS/PACS – progress lifecycle replacement.
• Intensive Care – progress implementation of Electronic Record for Intensive Care (eRIC) as part of statewide implementation.
• Oral Health – progress implementation of Titanium as part of statewide implementation.
• Other high-priority areas include:
  ○ Anaesthetics.
  ○ Cardiac Cath Lab.

Off-line capability for Community Health and Outpatient Care (CHOC):

• Given the poor mobile network coverage in many areas, options for off-line access to key data in Community Health and Outpatient Care (CHOC) will be explored to improve the utility of the solution for staff.

5.2.2 Implement statewide systems which deliver local value:

• Incident Management — progress implementation of IIMS+ as part of the statewide implementation.
• Statewide email:
  ○ Finalise implementation of statewide email services.
• Continue to support and implement other funded corporate programs which currently include:
  ○ Enterprise Data Warehouse – EDWARD.
  ○ Asset Management System.
  ○ Enhancements to the Outpatient billing and reimbursement systems.

5.2.3 Invest in infrastructure to support improved workflow and business imperatives

• Moving towards a system which reduces the requirement for users to remember multiple passwords or to use valuable time logging-on and logging-off when moving between locations (Single sign-on/and follow-me desktop).
• Investing in systems which support the reliable use of video-conferencing for new business initiatives and daily workflows. This may include video-conference bridging services, reliable connections between dedicated VC and desktop technologies, and video-conferencing hub services (such as connection support and clinician scheduling).
5.3 Digital Future

5.3.1 Moving towards digital hospitals

In June 2017, the NSW Government announced funding of up to $534 million for a new hospital in the Tweed region.\(^5\)

This provides a unique opportunity for NNSW LHD to not only design a contemporary digital hospital for the Tweed, but to further leverage this investment to achieve benefits more broadly across the LHD by adopting common technologies, investing in shared infrastructure and trialing models of care which may have applicability elsewhere in the region.

**Design future hospitals with our digital health future vision in mind:**

Designing a digital hospital is a complex endeavour. It provides an opportunity to look holistically at work practices and design new models of care which will influence the design of the physical environment (i.e. building design), the virtual environment (i.e. eHealth design) and most importantly the clinical environment and workflows (i.e. business process design).

Standards Australia recently released a Digital Hospitals Handbook\(^6\) which states:

“... these are neither technology nor construction programs. Rather business transformation initiatives, which rely on all relevant disciplines (business, information management, technology and construction) working in partnership to deliver the outcomes”.

Key strategies to ensure successful outcomes for the future redevelopment programs include:

- **Developing a digital hospital strategy** to ensure that the opportunities from this investment are maximised, and align with the directions in this strategy.
- **Ensuring eHealth planning commences at the same time as construction planning** - both are dependent on understanding patient flows and models of care.
- **Positioning new hospitals to be digital from the outset:**
  - Develop a strategy to reduce reliance on the hybrid and paper record over the next five years.
  - Review asset management procedures and systems. A full audit of assets is often required in preparation for decanting to a new facility, and early work to improve asset management, will pay dividends at the time of moving.
  - Engage the NNSW LHD eHealth service early, set agreed standards and review procurement options, to avoid costly mistakes where eHealth equipment purchased is not compatible with local systems and standards.
  - Agree standards for biomedical equipment which are compatible with the Cerner eMR – and seek to automate the upload of data from these devices into the eMR.
- **Considering technologies that support workflows within the new physical facility, but also enable new models for provision of ‘Safe Care Anywhere’** – for example nurse call with central monitoring can support both inpatients and hospital-in-the-home patients.

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5.3.2 Working towards a future where care is truly integrated and patient-centred

The ability to consistently share information from hospital, community, GP and specialists across the LHD is recognised as critical for the region. There are many initiatives already underway (such as those led by the Integrated Care program and implementation of My Health Record) which will continue to be supported and optimised. However, there are other areas of emerging demand which are likely to gain momentum and require further investment over the next five years.

**eReferrals and Shared Care Planning:**

There is strong interest across the LHD in eReferrals and shared care planning. The further investment required is expected to be largely driven by statewide programs such as eHealth NSW and Integrated Care — and the LHD does not want to be left with legacy technology. Therefore, it is prudent to await the outcomes of trials both within the LHD and elsewhere, and for further clarity around strategic direction from these statewide programs, before investing more heavily.

The LHD will continue to investigate local requirements, and contribute to the work of state and national programs in this area. Within the five-year time horizon of this strategy the LHD will have sufficient information to develop a business case for investment.

5.3.3 Develop a culture and framework which supports innovation

- Establishing a small ‘innovation program’ which harvests local ideas and enables innovative practices to be explored.
- Apps are likely to become more prevalent in coming years. In collaboration with eHealth NSW, develop a framework/policy enabling the use of appropriate clinical apps.

5.3.4 Explore models of ‘Safe Care Anywhere’

- We will identify and develop two or more exemplar projects which will demonstrate the opportunities for delivery of ‘Safe Care Anywhere’ and explore the challenges of this future vision.
- Projects chosen will be based on their level of clinical sponsorship and buy-in, their ability to deliver value, their sustainability and ability to scale across the LHD.
- ‘Safe Care Anywhere’ will require the development of new policies and protocols. The exemplar projects will provide an opportunity to explore issues as they arise, so that the policies developed are practical.
- Although largely supported by the existing eHealth foundations and architecture, ‘Safe Care Anywhere’ may require some additional investments in mobile monitoring devices or other support services (such as a Telehealth services directory). The exemplar projects will also provide an opportunity to explore and further define the business requirements in a real-world environment.
6 NNSW LHD eHealth Strategy At A Glance

**OPTIMISE**
- Optimise use of the eMR
- Optimise use of information to support clinical and business decision-making
- Optimise sharing of information with care partners
- Grow organisational capacity and capability for digital health
- Fix issues that cause discontent and user frustration
- Extend the use of existing systems and seek to minimise variation

**BUILD**
- Continue to invest in our eMR and core clinical systems statewide
- Implement State-wide systems which deliver local value
- Invest in infrastructure to support improved workflow and business imperatives

**DIGITAL FUTURE**
- Moving towards digital hospitals
- Work towards a future where care is truly integrated and patient-centred
- Develop a culture and framework which supports innovation
- Explore models for ‘Safe Care Anywhere’

**OUR CLINICIANS AND STAFF**

**OUR PARTNERS IN CARE DELIVERY**

**OUR CLIENTS & COMMUNITY**