NT Health
Virtual Care Strategy
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Purpose of the Virtual Care Strategy
What does ‘Virtual Care’ mean?

Virtual care is a broad term that refers to digitally enabled healthcare delivery that supports Territorians to receive the right care, at the right place, at the right time. The statement below has guided the development of this Virtual Care Strategy (“the Strategy”).

Virtual care enhances existing models of care across the care continuum, through a broad range of technology enablers and supporting systems. Virtual care can help meet the needs of Territorians by optimising access and quality of consumer care.

There are a breadth of virtual care technology enablers that may be applied to care models. These include telehealth, remote monitoring devices and mobile applications.

Virtual care models bring people, processes and technology together to ensure healthcare delivery is safe, responsive and kind.

Virtual care technologies can support consumers, families, communities, and clinicians through greater access to care and support services.

Virtual care can improve Territorians’ access to and quality of care by delivering care which does not discriminate based on location. It also provides Territorians with a choice on how they want to receive care.
The Northern Territory has been an early adopter of virtual care, and use has accelerated in response to COVID-19

The Northern Territory (NT) has a long history with virtual care, having been an early adopter of telehealth and other technology enablers of remote care. During COVID-19, the use of virtual care accelerated even further. One influencing factor for this focus on virtual care is the NT’s significant challenges to accessibility and delivery of healthcare due to its vast geographical spread, small population, seasonal weather restrictions and limited number of urban centres.

This Strategy will guide how virtual care will be used by NT Health to compliment, elevate and extend traditional healthcare delivery models to cater for and increase accessibility for all Territorians no matter where they live, work and play in the NT.

The NT’s population also has the lowest health outcomes in Australia, high levels of social disadvantage and many live with the burden of chronic disease. These circumstances are critical when considering the benefits and risks associated with the NT’s virtual care journey.

The NT’s young Aboriginal population is growing, while its non-Aboriginal population is ageing and often transient

- 17.5% of Australia’s land mass is covered by the NT
- ~1% of Australia’s population
- ~40% of the NT’s population live in remote or very remote areas
- 245,353 people live in the NT
- >200 languages are spoken across the NT
- 30% of the NT’s population are Aboriginal people
- There are 94.0 GPs per 100,000 population in the NT (compared to 125.4 in Queensland) (2019)
- The NT has the highest premature death rate across the national population
- The NT is witnessing an increasing prevalence of chronic conditions

The Northern Territory has been an early adopter of virtual care, and use has accelerated in response to COVID-19.
Continuing the expansion of virtual care in the NT will create benefits for people and communities

Healthcare and the way it is delivered continuously evolves as new evidence and techniques become available. The rate of evolution has increased in the last few years by transformative technology and most recently, in response to the COVID-19 pandemic.

A range of virtual care technologies are already in use in Australia and will continue to build momentum. This Strategy provides the NT with a valuable opportunity to define its virtual care journey to be safe, reflective, responsive and relevant to the NT and its unique characteristics. Taking advantage of this opportunity will also serve the interests of Territorians and their health in some of the following ways:

Virtual care models can better enable people to engage in preventative care and self-management
This will be critical as the incidence of chronic disease, complications and co-morbidities continues to rise in Australia.

Virtual care can create pathways to increase cultural security within healthcare by making it possible for remote consumers to stay on country to receive health services, as well as enabling broader engagement from family groups regarding care decisions.

Virtual care can address barriers to accessing health care and reduce disparities in health status and access to services for vulnerable populations and rural and remote communities.

Virtual care can enhance convenience for consumers by enabling care closer to home, while lowering the burden of cost and time associated with accessing care in traditional ways.
This Strategy aligns with key health system strategies and plans to ensure a consistent strategic direction

It is critical that the Strategy aligns with other strategies and frameworks in the NT. There are four key directional documents below with which the Virtual Care Strategy aligns. Other relevant strategies are included at the bottom of the page.

1. Northern Territory Health Strategic Plan 2018-2022
   - **Vision:** To be a world leader in the delivery of remote health, through collaboration, excellence and innovation
   - **Alignment to the Virtual Care Strategy:** Virtual care helps deliver on the Strategic Plan’s purpose of being a world leader in remote care

2. Northern Territory Health Aboriginal Cultural Security Framework
   - **Vision:** Setting appropriate standards for cultural security in health care, and demonstrating the benefits to be gained through the delivery of culturally secure services
   - **Alignment to Virtual Care Strategy:** Virtual care can help to provide more culturally sensitive health care, and will be guided by the principles put forward in this framework

   - **Vision:** Working together to improve health service delivery for all Territorians, no matter where they live
   - **Alignment to Virtual Care Strategy:** This Strategy defines the digital capabilities required to deliver on the purpose and vision of NT Health

4. Clinical Service Planning
   - **Vision:** Refresh and improve integrated clinical services including care delivery, education and research
   - **Alignment to Virtual Care Strategy:** Clinical service planning will be an input to design how virtual care technologies will enhance existing care and service models

Other strategies and local initiatives to be considered

This list has been identified as further directional documents that should be aligned with as the virtual care journey continues:
- Core Clinical Systems Renewal Program (CCSRP)
- Northern Territory Mental Health Strategic Plan 2019 to 2025
- Northern Territory Health Workforce Strategy 2019 - 2022
- Northern Territory PHN 2018-23 Strategic Plan
- Northern Territory Government Digital Territory Strategy
- Northern Territory Cancer Care Strategy 2018-2022
- Northern Territory Rehabilitation Strategy 2017 to 2021
- Northern Territory Renal Services Strategy 2017 to 2022
- National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care
- Close the Gap (2020)
- Everyone Together Aboriginal Affair Strategy 2019–2029
- Northern Territory 10 year infrastructure plan 2019-2028
Virtual Care
Strategic Framework
Virtual Care Strategy for the Northern Territory

Guiding Principles

Create value for Territorians

Maximise engagement

Further embed cultural security

Create a great user experience

Improve coordination across healthcare sector

Support and upskill the workforce

The NT is a world leader in delivering the right care, in the right place, at the right time

VISION

STRATEGIC PRIORITIES

Design virtual care models and procedures

Care models and supporting procedures will integrate people, process and technology aspects to create clarity on how virtual care should be delivered

Improve equity

A defined equity action plan will make sure that virtual care improves the access and effectiveness of healthcare for all Territorians

Prepare Territorians for change

Dedicated resources and communication channels will support consumers, health workers and the community adopt new ways of delivering and receiving care

Manage the transition

Identifying and implementing required organisational change will enable the intended outcomes of the Strategy

Measure progress

A clear plan for measuring and monitoring progress will support realisation of benefits and continuous improvement of virtual care in the NT

Invest in appropriate technology

Investment in safe, easy to use and innovative technology and infrastructure is required to fully enable virtual care in the NT, particularly in remote areas
Vision

The strategic vision for the Strategy has been co-developed with multiple stakeholder groups to represent the NT’s goals and aspirations.

**World leader** means we will be recognised and acknowledged as a best-example in this field

The NT is a world leader in delivering the right care, in the right place, at the right time

**Right time** means proactive, preventative, prompt care, driven by the consumer

**Right place** means care in the location that is convenient for the consumer while remaining safe and appropriate for the care team

**Right care** means using the right clinical pathway and care team that will result in the highest quality outcome for each individual
Guiding principles

The following guiding principles will be used to inform decision making about how virtual care is designed and implemented in the NT. These have been defined with broad input from multiple stakeholder groups across the health sector and community.

Further embed cultural security
Virtual care will respect and support cultural safety and individual needs of all Territorians

Create value for Territorians
Virtual care will create value for individuals, families and communities

Improve coordination across healthcare sector
Virtual care will drive improved coordination across different care settings, organisations and care teams

Maximise engagement
Use and expansion of virtual care will be guided by active engagement with the community and health system

Support and upskill the workforce
The clinical and non-clinical workforce will be given support, resourcing and guidance

Create a great user experience
Virtual care technologies will be safe, secure and optimise the user experience
Strategic Priorities

These six strategic priorities outline the initial focus areas for activity to bring the Strategy to life in the NT.

Design virtual care models and procedures

This priority area focuses on articulating how virtual care technologies will complement fundamental care models, and the supporting policies and procedures that will be required to deliver these. A co-design approach, which includes clinical collaboration, will be taken to design care models that integrate people, process and technology aspects to create clarity on how virtual care should be delivered.

Key actions:
1. Design integrated care models for prioritised virtual care use cases and pathways
2. Identify how virtual care models will need to be tailored for urban, remote and very remote areas
3. Define policies and procedures to establish how and when virtual care will be effectively delivered

Intended outcomes:
- Agreed virtual care journey maps and care models
- Clear virtual care policies and procedures documented and stored in a central repository

Improve equity

This priority area focuses on improving the access and effectiveness of healthcare for all Territorians by understanding the potential impacts to access and outcomes that virtual care may have on vulnerable populations. Appropriate measures can be defined and monitored to avoid the worsening of existing disparities.

Key actions:
1. Establish meaningful and relevant ongoing engagement to ensure virtual care aligns with all domains of cultural security
2. Define and respond to risks and opportunities for increased equity of care access and health outcomes
3. Collaborate with Aboriginal community representatives to define virtual care equity measures and monitoring approach within an equity action plan

Intended outcomes:
- Agreed virtual care equity measures
- Improved care access for vulnerable groups
- Clear engagement channels for relevant stakeholder groups
Virtual Care Strategic Framework

Strategic Priorities

Prepare Territorians for change

This priority area focuses on developing the resources and communication channels that will support consumers, health workers and the community to adopt new ways of delivering and receiving care. A considered approach to preparing for, managing and reinforcing change will result in better outcomes for all.

Key actions:
1. Develop and implement a change management strategy that supports the health sector and community
2. Improve the readiness of the NT to adopt virtual care through the development of educational materials and communications

Intended outcomes:
- Understanding of the impact of change
- Improved change readiness for clinicians and the community
- Clear plans in place to support implementation

Manage the transition

This priority area focuses on identifying and implementing the organisational change required to enable the intended outcomes of the Strategy. Any required organisational and structural changes or additions will be identified through engagement across the business, and prepared for and implemented with consideration of broader impacts.

Key actions:
1. Develop a clear governance structure for virtual care that includes cross-sector leadership
2. Identify and plan for any consequential, organisational change
3. Understand commercial impacts including resourcing requirements
4. Develop relevant strategic business cases
5. Identify existing initiatives and ensure alignment and integration

Intended outcomes:
- Established governance structure in place
- Appropriate resourcing arrangements in place
- Understanding of funding required
- Agreed reinvestment plan
Virtual Care Strategic Framework

Strategic Priorities

Measure progress

This priority area focuses on establishing a clear plan for measuring progress toward desired outcomes of the Strategy. This includes determining methods to effectively track progress, understanding the data collection requirements that will support this, and putting in place ongoing monitoring, review and continuous improvement processes.

Key actions:
1. Collaboratively identify and monitor goals and KPIs
2. Develop a performance management strategy that outlines requirements for data collection, analysis, governance and reporting
3. Define continuous improvement mechanisms

Intended outcomes:
- Shared accountability for achieving outcomes
- Active monitoring of progress based on clear indicators, including consumer-reported measures
- Integration of virtual care performance measures into standard reporting

Invest in appropriate technology

This priority area focuses on the required technology and infrastructure investment to fully enable virtual care models in the NT. Tools that are safe and easy to use, and processes that enable access and support are critical for success. An innovation mindset can help the NT accelerate virtual care goals. Achieving better connectivity in the NT’s remote areas is another key consideration.

Key actions:
1. Define immediate and long term investment plan for infrastructure, tools and devices
2. Put in place the required help desk capability and infrastructure
3. Update technology and IT processes as needed to support virtual care

Intended outcomes:
- Clarity on tools that are acceptable and available
- Agreed technology investment plan
- Prioritised uplift of technology in the areas that need it most
Delivering on the Virtual Care Strategic Framework
Delivering on the Virtual Care Strategy requires a strong understanding of expected benefits and outcomes

Key benefits desired by stakeholders were identified during the consultation process for development of the Strategy.

### Expected benefits

<table>
<thead>
<tr>
<th>Consumers and care givers</th>
<th>Clinicians and staff</th>
<th>Health agencies and partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved access to health care and more choices available along the consumer journey</td>
<td>Improved coordination of healthcare</td>
<td>Increased support from specialists for rural health services</td>
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<tr>
<td>Less travel time to get to appointments and greater choice and convenience</td>
<td>Improved decision-making through better access to training, collaboration and supervision</td>
<td>Integrated care models across the sector will result in better care outcomes</td>
</tr>
<tr>
<td>Overall better health outcomes for Territorians</td>
<td>Strengthen the communications between the specialist and primary health care providers</td>
<td>Enhanced interoperability between systems and records</td>
</tr>
</tbody>
</table>

### Possible outcomes of virtual care

Virtual care has further potential to increase reinvestment opportunities within the system to enhance health services, by reducing expenses on interactions that would otherwise occur in person. The following outcomes have been identified through analysis of consumer and staff travel expense data provided by NT Health for the year to May 2020.

It should be noted that the potential outcomes of virtual care are not limited to those listed below, however further analysis is required to better understand the scope and scale of these outcomes.

#### Travel cost savings

Initial estimates suggest that increased uptake of virtual care could generate over $6.3M in travel cost savings annually.

NT Government currently incurs more than $21 million annually in health-related travel costs. Recent research suggests that:

- 20% of all emergency room visits could potentially be avoided via virtual urgent care offerings
- 24% of healthcare office visits and outpatient volume could be delivered virtually
- Up to 35% of regular home health attendant services could be virtualized

#### Reduced cancellation costs

Cancellation costs represent a significant cost to NT Health. It is estimated to cost Government around $950,000 in terms of travel costs related to cancelled consultations. The Strategy is expected to assist in the reduction of the rate of cancellations and provide further cost savings, by making care more accessible, and removing the significant barrier of transport.

#### Increased coverage and accessibility to care

During COVID-19 restrictions, the NT saw a significant increase in the use of telehealth services across regions, with early adopters of integrated telecare health models better positioned to continue and expand the use of telehealth while also reporting greater outcomes. However, further analysis would be required to understand the feasibility and potential coverage that could be provided.

*Source: EY Economic Modelling*
For virtual care to deliver the outlined benefits, it must be managed through a defined governance structure

The potential governance structure outlined below demonstrates how accountability and transparency could be embedded. However, for it to be effective it must address both 'hard' and 'soft' foundations.

The ongoing governance structure will need to be formally endorsed as part of program establishment activities. Please note that the below structure represents communication lines and not necessarily reporting lines.

**GOVERNANCE FOUNDATIONS - HARD FACTORS**
- Defined roles and responsibilities
- Actions sequencing
- Communication and coordination
- Mobilisation and alerting
- Interdependency mapping
- Business impact assessment
- Strategic decision making

**GOVERNANCE FOUNDATIONS - SOFT FACTORS**
- Shared language
- Teaming
- Culture cohesion
- Integrated thinking
- Shared vision
- Consistent understanding
- Resilience mind-set

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### Proposed Virtual Care Program Governance Structure

Committee that provides whole of NT Health System Leadership

NT-wide Steering Committee responsible for Virtual Care

Executive Sponsor responsible for Virtual Care

Program Director and PMO support responsible for Virtual Care

**Virtual Care Sponsors**
- Aboriginal Health Sponsor
- Admin Sponsor
- Allied Health and Pharmacy Sponsor
- Medical Sponsor
- Nursing Sponsor

**Virtual Care Priority Area Leads**
- Design virtual care models and procedures
- Improve equity
- Prepare Territorians for change
- Manage the transition
- Measure progress
- Invest in appropriate technology

**Virtual Care Project Team** (product owners, business analysts, policy advisors, clinical advisors)

Other critical existing committees (i.e. Digital Health)

DCDD involvement as key stakeholder
To set the implementation up for success, there are a number of factors that are critically important

Throughout the development of the Strategy, some key factors were identified as being critical to the success of virtual care in the NT. These success factors are summarised below and will need to be prioritised throughout implementation.

**Models of design and delivery**
It is important to consider leading models of design and delivery given the live and dynamic nature of the Strategy. This may include considering:
- Design thinking — a design process that encourages collaboration, innovation and agility while putting the user at the centre of the process.
- An iterative implementation approach (such as Agile) — including a well-defined prioritisation method and will enable adaptability in the program.

**Agreed terminology**
A clear and agreed upon term for 'virtual care' going forward, established in collaboration with the sector, needs to be established to foster buy-in and a shared understanding in the NT.

**Learning mentality and capability building**
An iterative approach which encourages testing, learning and adapting should be adopted throughout the program to support innovation and develop the best outcome for the NT. Furthermore, insights should be used to drive knowledge transfer and continuous improvement.

**Technical integration**
There are a number of technology programs being developed and implemented across the NT. It is critical that work within this program integrates with existing initiatives to maximise return on investments.

**Governance and accountability**
A clear and well-defined governance structure will preserve and strengthen stakeholder confidence, provide a platform for good decision-making, enforce clear roles and responsibilities oriented for progress and oversee the overall success of the virtual care program (see page 17 for further information on governance).

**Resourcing**
The implementation of the virtual care program requires dedicated resources with sufficient capacity and relevant skills. This important consideration will dictate the pace of change that is achieved in program development and in implementing changes on the ground.

**Program management**
Effective program management will be necessary to ensure people and teams are focused and collaborating across workstreams to achieve the shared strategic vision.

**Sector engagement and collaboration**
Clear and consistent communication, both internally and externally, to all stakeholders will help to manage effective implementation.

**Digital maturity**
The digital maturity of the NT Health system needs to be of such that it is capable to embark on virtual care implementation. Any areas that require a capability uplift need to be identified early so that investment can be prioritised to address these areas and enable progression of the Virtual Care program.
Appendix
# Reference List


2. ‘Total Population, 1% population, Remote population through Northern Territory Economy accessed via https://nteconomy.nt.gov.au/population

3. 'Aboriginal population' through Northern Territory Economy accessed via https://nteconomy.nt.gov.au/population#aboriginal


9. EY Economic Modelling (September 2020)


11. EY Design Thinking Methodology

12. EY Business Transformation and Innovation

13. EY Change Experience Approach

14. KPI development steps were informed through 'Guidance on Developing Key Performance Indicators and Minimum Data Sets to Monitor Healthcare Quality', through Health Information and Quality Authority, February 2013, accessed via https://www.hiqa.ie/sites/default/files/2017-01/KPI-Guidance-Version1.1-2013.pdf and 'How Indicators are Selected to Measure Ontario's Health System Performance', through Health Quality Ontario, accessed via https://www.hqontario.ca/System-Performance/Measuring-System-Performance/How-Indicators-are-Selected
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The following table details the stakeholders engaged throughout the development of this Strategy across both meetings and workshops.

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<td>TEHS</td>
<td>Nicole Robert</td>
<td>A/Clinical Nurse Manager, Cancer Care Coordination</td>
</tr>
<tr>
<td>TEHS</td>
<td>Prasha Sooful</td>
<td>Allied Health Clinical Educator</td>
</tr>
<tr>
<td>TEHS</td>
<td>Roaslind Webby</td>
<td>Medical Officer, Primary Health Care Outreach Medical Services</td>
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<tr>
<td>TEHS</td>
<td>Shernell Luckie</td>
<td>A/Safety and Quality Manager</td>
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<tr>
<td>TEHS</td>
<td>Stuart Mobsby</td>
<td>Nurse Practitioner, Indigenous Australians' Health Programme</td>
</tr>
<tr>
<td>TEHS</td>
<td>Tamsin Cockayne</td>
<td>Rural Medical Practitioner</td>
</tr>
<tr>
<td>TEHS</td>
<td>Thaila Hewitt</td>
<td>Speech Pathologist</td>
</tr>
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# Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>CCSRP</td>
<td>Core Clinical Systems Renewal Plan</td>
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<tr>
<td>COVID-19</td>
<td>Coronavirus Disease</td>
</tr>
<tr>
<td>CRROC</td>
<td>Covid-19 Review Response Committee</td>
</tr>
<tr>
<td>DCDD</td>
<td>Department of Corporate and Digital Development</td>
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<tr>
<td>DoH ‘The Department’</td>
<td>Department of Health</td>
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<tr>
<td>EY</td>
<td>Ernst &amp; Young</td>
</tr>
<tr>
<td>FTE</td>
<td>Full-Time Equivalent</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>HITH</td>
<td>Hospital in the Home</td>
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<tr>
<td>ICT</td>
<td>Information &amp; Communications Technology</td>
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<tr>
<td>IMS</td>
<td>Integrated Master Schedule</td>
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<tr>
<td>IN</td>
<td>Initiatives</td>
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<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicators</td>
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<tr>
<td>NT</td>
<td>Northern Territory</td>
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<tr>
<td>NTG</td>
<td>Northern Territory Government</td>
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<tr>
<td>OCPE</td>
<td>Office of the Commissioner for Public Employment</td>
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<tr>
<td>PATS</td>
<td>Patient Assistance Transport Scheme</td>
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<tr>
<td>PGC</td>
<td>Policy Guideline Centre</td>
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<tr>
<td>PMO</td>
<td>Project Management Office</td>
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<tr>
<td>PREM</td>
<td>Patient Reported Experience Measures</td>
</tr>
<tr>
<td>PROM</td>
<td>Patient Reported Outcome Measures</td>
</tr>
<tr>
<td>RACI</td>
<td>Responsible, Accountable, Consulted, Informed</td>
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<tr>
<td>SMART</td>
<td>Specific, measurable, attainable, relevant and time-bound</td>
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<tr>
<td>Tele-ED</td>
<td>Tele-Emergency Department</td>
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<tr>
<td>VC</td>
<td>Virtual Care</td>
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<tr>
<td>VR/AR</td>
<td>Virtual Reality/ Augmented Reality</td>
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<tr>
<td>WS</td>
<td>Workstream</td>
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