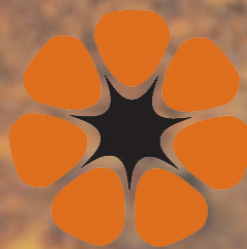


NT Health Virtual Care Strategy



**NORTHERN
TERRITORY**
GOVERNMENT

Contents



1 Purpose of the Virtual Care Strategy



2 Virtual Care Strategic Framework



3 Delivering on the Virtual Care Strategy



4 Appendix



1 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 can support care delivery across the entire consumer journey, including prevention and wellness, home care, primary care and hospital care.

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

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 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

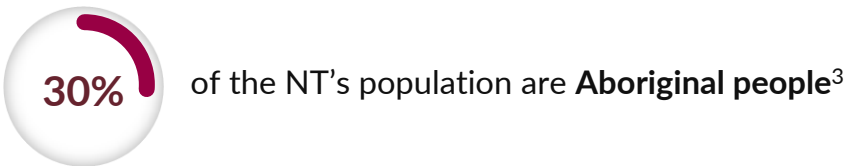
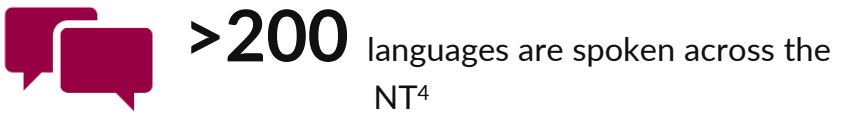
The Northern Territory (NT) has a long history with virtual care, having been an early adopter of telehealth and other technology enablers of remote care. During COVID-19, the use of virtual care accelerated even further. One influencing factor for this focus on virtual care is the NT’s significant challenges 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.⁴ 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 transient⁴



The NT has the **highest premature death rate** across the national population⁴



The NT is witnessing an **increasing prevalence of chronic conditions**⁴



There are **94.0 GPs per 100,000 population** in the NT (compared to 125.4 in Queensland) (2019)⁵

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 Australia⁶

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 communities⁷



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 ways⁸

This Strategy aligns with key health system strategies and plans to ensure a consistent strategic direction

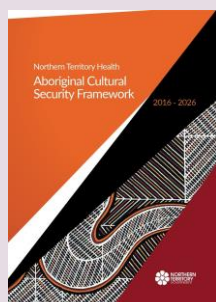
It is critical that the Strategy aligns with other strategies and frameworks in the NT. There are four key directional documents below with which the Virtual Care Strategy aligns. Other relevant strategies are included at the bottom of the page.

1 Northern Territory Health Strategic Plan 2018-2022



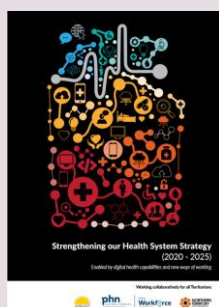
- **Vision:** To be a world leader in the delivery of remote health, through collaboration, excellence and innovation
- **Alignment to the Virtual Care Strategy:** Virtual care helps deliver on the Strategic Plan's purpose of being a world leader in remote care

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

3 Strengthening Our Health System Strategy 2020 – 2025



- **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

TEHS Clinical Service Planning

CAHS 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:

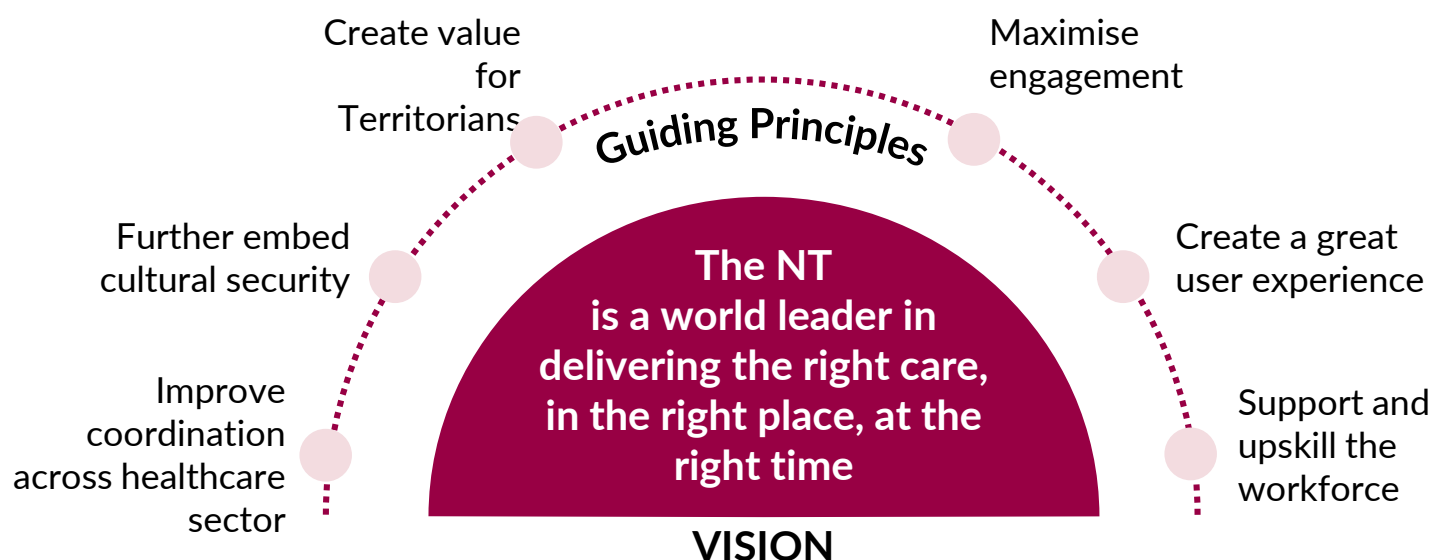
- Core Clinical Systems Renewal Program (CCSRP)
- Northern Territory Mental Health Strategic Plan 2019 to 2025
- Northern Territory Health Workforce Strategy 2019 - 2022
- Northern Territory PHN 2018-23 Strategic Plan
- Northern Territory Government Digital Territory Strategy
- Northern Territory Cancer 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

A close-up photograph of two children's faces. The child in the foreground is a young girl with light brown skin, smiling and looking upwards and to the right. She is wearing a blue collared shirt. Behind her, slightly out of focus, is another child with dark skin and dark hair, looking directly at the camera with a serious expression. The background is a soft, out-of-focus brown.

2 Virtual Care Strategic Framework



Virtual Care Strategy for the Northern Territory



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

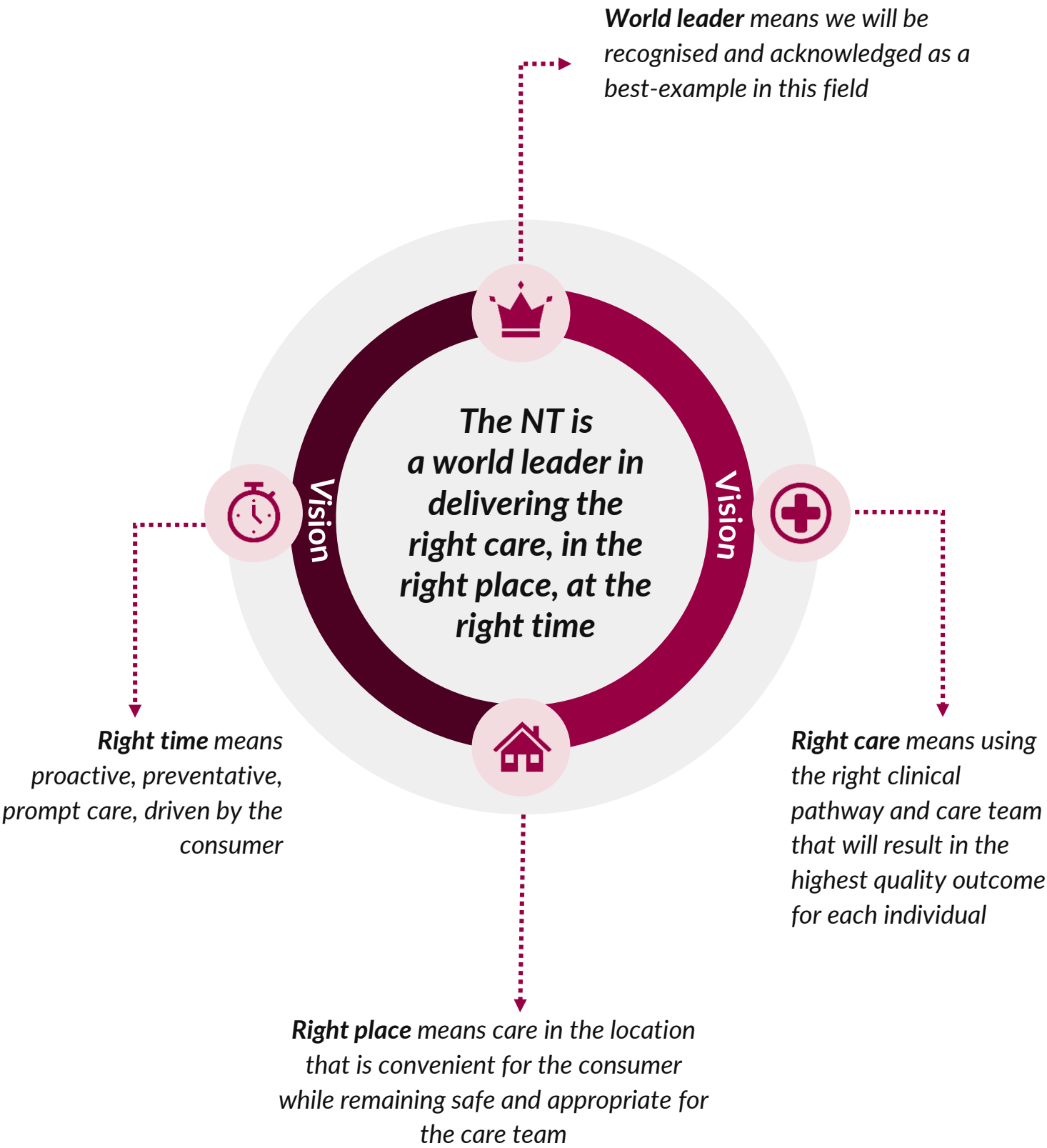
A clear plan for measuring and monitoring progress will support realisation of benefits and continuous improvement of virtual care in the NT

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

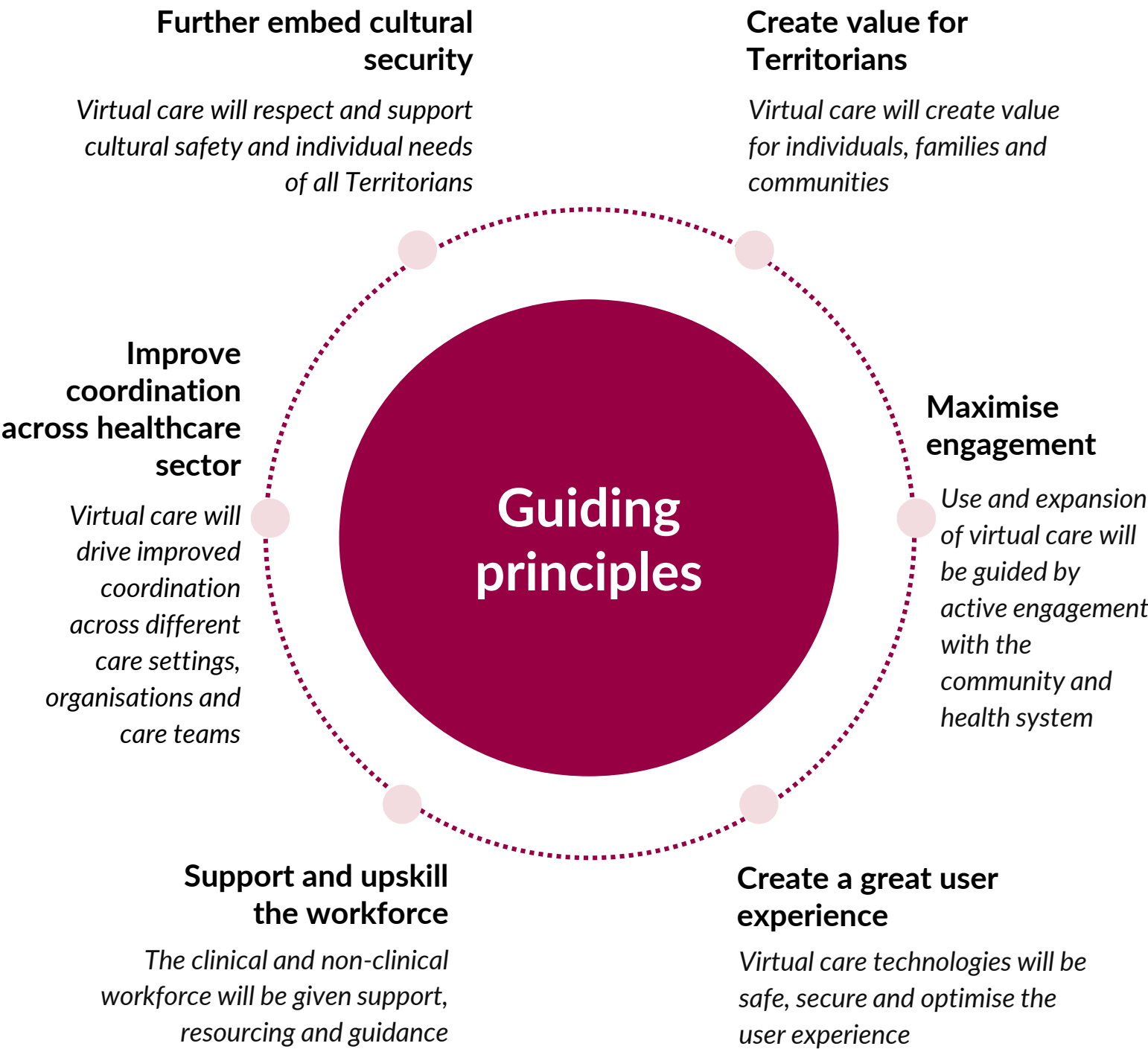
Vision

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



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.



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 focusses 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 focusses 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

Strategic Priorities

Prepare Territorians for change

This priority area focusses 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 focusses 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

Strategic Priorities

Measure progress

This priority area focusses 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 focusses 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

A close-up photograph of two hands, one light-skinned and one dark-skinned, holding a small, thin, yellow object. The background is a soft-focus image of dried, brown and yellow grass or straw. The text '3 Delivering on the Virtual Care Strategic Framework' is overlaid in white, with a horizontal line underlining the word 'Framework'.

3 Delivering on the Virtual Care Strategic Framework

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

Possible outcomes of virtual care⁹

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.

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

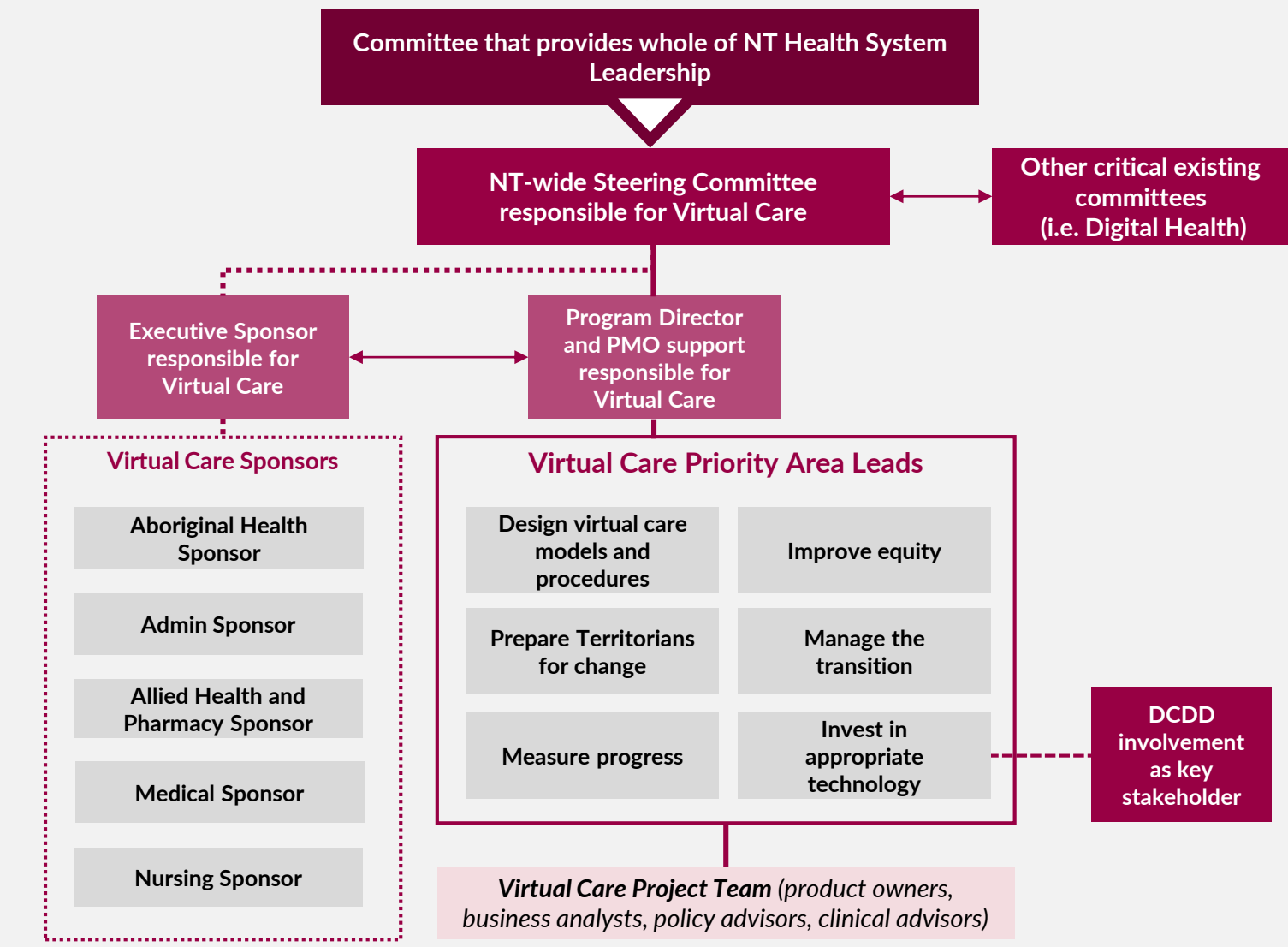
Integrated thinking

Shared vision

Consistent understanding

Resilience mind-set

Proposed Virtual Care Program Governance Structure



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	<p>It is important to consider leading models of design and delivery given the live and dynamic nature of the Strategy. This may include considering:</p> <ul style="list-style-type: none">• 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	<p>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.</p>
Learning mentality and capability building	<p>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.</p>
Technical integration	<p>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.</p>
Governance and accountability	<p>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).</p>
Resourcing	<p>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.</p>
Program management	<p>Effective program management will be necessary to ensure people and teams are focused and collaborating across workstreams to achieve the shared strategic vision.</p>
Sector engagement and collaboration	<p>Clear and consistent communication, both internally and externally, to all stakeholders will help to manage effective implementation.</p>
Digital maturity	<p>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.</p>



4 Appendix

Reference List

1. 'Land Mass' through Australian Government, 2020. Area of Australia - States and Territories. Geoscience Australia. accessed via <https://www.ga.gov.au/scientific-topics/national-location-information/dimensions/area-of-australia-states-and-territories>
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>
4. '22% nationally, Lowest health outcomes, 200 languages, Young population, Premature death rate, Chronic disease' through Page 4, 6 and 7 of Northern Territory Health Strategic Plan 2018 -2022 accessed via <https://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/2729/3/Northern%20Territory%20Health%20Strategic%20Plan.pdf>
5. 'General Practitioners' through Health of the Nation 2020 report accessed via <https://www.racgp.org.au/health-of-the-nation/health-of-the-nation>
6. 'Increase in Chronic Diseases' through Australian Institute of Health and Welfare accessed via <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview>
7. 'Improving Virtual Care Access' through Australia's National Digital Health Strategy accessed via https://conversation.digitalhealth.gov.au/sites/default/files/adha-strategy-doc-2ndaug_0_1.pdf
8. 'Convenience' through Alberta Health Services. 2020, May 11. COVID-19 Scientific Advisory Group Rapid Evidence Report accessed via <http://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-virtual-vs-in-person-care-rapid-review.pdf>
9. EY Economic Modelling (September 2020)
10. 'A growing body of evidence suggests that patient engagement and positive experiences of care result in personal, social and economic benefit' and 'culturally sound and reflect the values of the user community' through the following sources. Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. BMJ Open 2013;3; Sara N Bleich, Emre Özaltinb & Christopher JL Murray. How does satisfaction with the health-care system relate to patient experience? Bulletin World Health Organization 2009;87:271–278; Lars Edgren. Health consumer diversity and its implications. Journal of Systems Science and Systems Engineering volume 15, pages34–47(2006)
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>

Contributors

The following table details the stakeholders engaged throughout the development of this Strategy across both meetings and workshops.

Organisation	Stakeholder	Role
AMSANT	Nicolle Marchant	Digital Health Advisor
AMSANT	Pam Zervas	Advisor
CAHS	Karen Flegg	Director of Medical Services, Primary Health Care
DCDD	Adam Parker	Director ICT Infrastructure and Asset Management Services
DCDD	Alex Goldney	Network and Video Conferencing Manager
DCDD	Anthony Chan	Senior Telehealth System Administrator
DCDD	Auki Henry	ICT Operations Delivery Manager
DCDD	Giselle Smith	Telehealth System Support
DCDD	Greg Moo	Senior Director Digital Design
DCDD	Jeremy Howley	Director Data Reporting Services
DCDD	Joshua Gooding	Director ICT Enterprise Architecture
DCDD	Toni Blair	Senior Director, Business Connections
DCDD	William Finteln	ICT Architect
DoH	April Young	Program Administrator
DoH	Catherine Stoddart	Chief Executive
DoH	Cecelia Gore	Senior Director Mental Health, Alcohol and Other Drugs
DoH	David Braines-Mead	Deputy Chief Executive Officer, Finance Support Services
DoH	Heather Malcolm	Chief Allied Health Adviser
DoH	Iris Raye	Chief Aboriginal Health Practitioner
DoH	Jaqui Hughes	Renal Physician
DoH	Jeff Robson	Chief Clinical Information Officer
DoH	Jo Norton	Deputy Chief Executive, Health Policy and Strategy
DoH	Mairead Kelly	Principal Policy Advisor
DoH	Salli Cohen	Executive Director Health Policy and Strategy
DoH	Tarrant Moore	Executive Director Funding
Health Advisory Committee	Bilawara Lee	Member
Health Advisory Committee	Jill Huck	Member
Health Advisory Committee	June Walley	Member
Health Advisory Committee	Lynette Bynes	Member
Health Advisory Committee	Sarah Brown	Member

Contributors

The following table details the stakeholders engaged throughout the development of this Strategy across both meetings and workshops.

Organisation	Stakeholder	Role
TEHS	Alison Welsh	A/Professional Practice Nurse, Prison Health
TEHS	Amanda O'Keefe	Speech Pathologist
TEHS	Angela Brannelly	General Manager, Katherine Region
TEHS	Bianca Middleton	Consultant Paediatrician
TEHS	Breanna Ryan	Occupational Therapist
TEHS	Carol Mackrow	Clinical Nurse Manager, RDH Hospital in the Home
TEHS	Cherie Whitbread	Clinical Nurse Manager - RDH Diabetes Mellitus Unit
TEHS	Christine Connors	General Manager, Darwin Region and Strategic Primary Health Care
TEHS	Clee Tonkin	Physiotherapist
TEHS	Deborah McCaw	Paediatric Clinic Coordinator
TEHS	Fayth Christie	Intern
TEHS	Femy Koratty	Resident Medical Officer, Infectious Diseases
TEHS	Karen Stringer	Medical Advisor to Executive Director Medical Service
TEHS	Charles Pain	Executive Director Medical Services and Executive Director Clinical Governance and Health Systems Improvement
TEHS	Edith Bodnar Waugh	Specialist Anaesthetist
TEHS	Femi Ogeleye	Consultant Psychiatrist
TEHS	Greer Weaver	Rural Medical Practitioner
TEHS	Heike Saalmueller	Clinical Support Officer
TEHS	Jaimee Dutton	Team Leader, Community Allied Health
TEHS	Josie Curr	Director of Ambulatory Care
TEHS	Katie Roberts	Clinical Nurse Manager Alan Walker Cancer Centre
TEHS	Kelum Priyadarshana	Nephrologist
TEHS	Leanda Duncan	Patient and Travel Manager
TEHS	Linda Lukitsch	Director ICT Governance
TEHS	Lisa Scarff	A/Team Manager Forensic Mental Health
TEHS	Lorraine Horseman	Allied Health Manager, PRH Rehabilitation Service Operations
TEHS	Mahiban Thomas	Executive Director Integrated Surgical Services

Contributors

The following table details the stakeholders engaged throughout the development of this Strategy across both meetings and workshops.

Organisation	Stakeholder	Role
TEHS	Matthew Maddison	Clinical Nurse Consultant, Chronic Disease Coordination Unit
TEHS	Melissa Mulholland	A/Renal Quality and Research Nurse
TEHS	Michelle McKay	Chief Operating Officer
TEHS	Mish Hill	Executive Director Nursing and Midwifery
TEHS	Nicole Robert	A/Clinical Nurse Manager, Cancer Care Coordination
TEHS	Prasha Sooful	Allied Health Clinical Educator
TEHS	Roaslind Webby	Medical Officer, Primary Health Care Outreach Medical Services
TEHS	Shernell Luckie	A/Safety and Quality Manager
TEHS	Stuart Mobsby	Nurse Practitioner, Indigenous Australians' Health Programme
TEHS	Tamsin Cockayne	Rural Medical Practitioner
TEHS	Thaila Hewitt	Speech Pathologist

Glossary of Terms

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