Information Technology and Information Management

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Remote area Aboriginal medical services such as Nganampa Health Council operate in the most challenging information technology (IT) environment in the country. We have limited telecommunication and technical support options, need access to our systems 24 hours a day, share data across multiple locations and deal with highly confidential patient information.

Despite these challenges, the IT systems continue to be robust, stable and inexpensive to maintain. Nganampa Health Council has followed the model developed by the AMSNet project that sees the main patient information database housed in a professional data centre in Sydney. IT equipment at remote sites is kept simple and manageable. This model has proven to be effective. Despite having nine local area networks and close to 100 computers, IT support costs are low. This support is outsourced to Phil Craig with the majority of the support provided offsite.

Even with this stability, introducing new systems is challenging. We have however made progress in some key areas. A new video conferencing facility has been installed at Umuwa and is available for patient consults. If this proves to be successful, we will look to expand this technology to other workplaces. A new intranet site has been developed and will be launched shortly.

The Health Council has placed a high emphasis on managing health information and as a result we believe that the clinical information system is as successful as any in remote Australia. Whereas the costs associated with hardware and technology are generally recognised by Government, the costs associated with managing the actual health information are not. The aim is to record every patient contact accurately and in a timely manner to ensure our patient records have integrity. We employ the equivalent of two full time staff to assist with this.

Their tasks include:

- Training new staff. Every new staff member including short-term clinical locum staff receives approximately four hours of initial training and follow-up support on the clinical information system.
- Auditing patient records to ensure they have integrity and to monitor staff performance.

- Reviewing new versions of software prior to upgrade to ascertain the impact on operations.
- Managing incoming correspondence including following up discharge notices not received.
- Managing patient demographic information.

As patient health information will increasingly be shared with other health service providers, this task will become more important as health practitioners without a detailed knowledge of the patient will be increasingly relying on the information that will be provided in shared health records.

The success of future systems will in part depend on the quality of communication systems. For this reason, we have been following the introduction of the National Broadband Network closely. It appears that the APY Lands will benefit little from this and potentially services could worsen. Despite fibre optic cable being available, the APY Lands will, we believe, only receive satellite services. This will not benefit the Health Council. A risk for future developments is that we will be unable to participate in e-health developments that will be considered standard in the rest of the country due to inferior communication technology.