

media release

Territory showcases eHealth success story

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The Northern Territory is leading the country in linking up the health system through the electronic transfer, storage and sharing of vital patient health information.

Health administrators from around the country are visiting Katherine to view first-hand the roll-out of the Shared Electronic Health Record (SEHR) in the Territory.

The Shared Electronic Health Record stores patient summaries electronically in a secure repository providing fast access to multiple participating providers therefore eliminating the need for paper records to be mailed or faxed and multiple telephone calls between health providers.

Chief Information Officer of the NT Department of Health and Community Services said electronic health records are transforming the way patient's information is accessed across the health system.

"Instant access to accurate health information can mean the difference between life and death for patients, particularly in an Emergency situation, like medical evacuations and emergency department presentations.

"The electronic transfer of health records is a much quicker, streamlined process and a huge leap forward in improving continuity of care for a highly mobile population, particularly for Indigenous Territorians," said Mr Moo.

Implementation Director, John Fletcher said the SEHR has been embraced by the Territory's health sector and health consumers, with a 90 per cent sign-up rate among consumers targeted so far, because it truly does break down the barriers for accessing vital health care information.

"Over 45 health sites, including all hospitals, almost 900 health professionals and 13000 patients across the Territory are now linked up to the eHealthNT SEHR, and three major Darwin urban private GP practices will soon come on-line, " said Mr Fletcher.

The Territory is leading the country in rolling out the SEHR despite the enormous challenges in the NT, like:

- Service delivery to communities in some of the remotest areas in Australia.
- Tyranny of distance and access difficulties due to climate.
- Cultural and language barriers.
- Lack of remote ICT communications infrastructure.
- Use and coverage of clinical primary care systems to record all clinical consultations.
- Change management, training and high turn over of staff.

The project was first trialed in Katherine with a focus on Indigenous consumers as research had shown communication barriers between different sectors providing care to Indigenous Territorians was resulting in hospital re-admissions, duplication of services, self-discharges and potential risk to their health.

The roll-out has continued to target Indigenous Territorians given their poor health status as they comprise:

- 40% of all hospital separations
- 40% of all Aged high level care places
- 50% of disability services clients

Media contact: Sonia Peters 0401 119 550