Australian College of Rural
and Remote Medicine

ACRRM

Practice Standard

for Digitally Connected Rural and Remote Communities

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1. Advisory Committee:

   Dr Christopher Pearce PhD, MFM, MBBS, FRACGP, FACRRM, FACHI, FAIDH, General Practitioner specialising in anaesthetics and emergency

   Dr Helen Almond PhD, RN RSCN MSc NP PGCertMgt, Melbourne VIC, Specialist General Practice Nurse | Researcher Lecturer | Post Graduate University

   Dr John Kelly MBBS, MPH, FACRRM, FRACGP, DRANZCOG (adv), General Practitioner

   Dr Ewen McPhee MBBS (Hons), FACRRM, FRACGP, DRANZCOG (Adv), General Practitioner

   Dr Amandeep Hansra BMed (Hons), FRACGP FACHI ACCAM MPH&TM Global EMBA GAICD CHIA, General Practitioner

   Dr Shane Jackson BPharm, PhD, Hobart TAS, Community Pharmacist | Immediate past National President, Pharmaceutical Society of Australia

   Thomas McMillan BPhysio MMuscPhysio APAM, FACP, MAICD, Mackay QLD, Musculoskeletal Physiotherapist| Director | Lecturer

   Scott Ponting Director, Communities of Excellence – Strategic Programs and Work Plan Delivery, Australian Digital Health Agency

   Jane Connolly Program Coordinator Digital Health, ACRRM

   David Murtagh Project Officer Digital Health, ACRRM

   Dr. Alan Taylor PhD, CEng MIET, RPEng (IT&T). eDevelopment Solutions

2. ACRRM Digital Health Committee Members
3. ACRRM Rural and Remote Digital Innovation Group
4. Australian Digital Health Agency provided funding for the creation of the standard and guideline.

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Statement of vision for digitally connected healthcare in rural and remote communities

Healthcare supported by digital technologies can be a cornerstone of delivering excellence in health to people in rural and remote communities. Rural communities may be closely connected socially, but may not be well connected by digital technologies or make extensive use of these technologies in maintaining their health and well-being.

Using digital technologies, healthcare professionals and community organisations in these areas can address many of the challenges of geographic isolation while providing the essential in-person, locally-informed, continuity and coordination that is fundamental to quality healthcare. To address these possibilities, Australia's National Digital Health Strategy 2023–2028 details a vision for achieving a digitally mature health system that provides safe, high quality, effective health services for all Australians.

Use of digital technologies to support health and well-being of those living in a community may:

- Improve access to services without the need to travel.
- Provide healthcare professionals with the right information in the right place and at the right time.
- Reduce the costs of health services and costs of accessing these services for the patient and their family.
- Improve communication and collaboration between healthcare professionals and the community.
- Remove duplication in healthcare provision or information sharing.
- Support continuity of care for the community across the spectrum of health services.
- Improve responsiveness of healthcare by using monitoring technologies to support timely interventions
- Improve access to health information, education and support to facilitate improved self-care.

The use of digital technologies may improve the quality of health services by:

- Helping to avoid harm from significant/detrimental health events, avoidable complications and unnecessary hospital admissions.
- Reducing the time taken for diagnosis, treatment and management of health conditions.
- Reducing duplication of diagnostic tests including pathology and diagnostic imaging.
- Improving referral decisions and efficiencies leading to shorter waiting lists and time taken for treatment.
- Reducing adverse drug events especially for those living with complex and chronic conditions, disabilities and in aged care settings.
- Improving end-of-life care to reduce avoidable hospitalisations and shorten stays in hospital.
- Improving the efficiency of transition between different places of care.
- Reducing transcription errors from paper-based medical information.
- Improving digital and health literacy.

Purpose and Scope of the Standard for Digitally Connected Rural and Remote Communities

Digital technologies may be used to support healthcare activities through the use of diagnostic, information and communications systems. Digital technologies may be used to support in-person healthcare activities where care is provided by a healthcare professional or healthcare team at a single location, or when care is provided across more than one location and telehealth services are used to support healthcare services at a distance.

The purpose of these standards is to describe best practices for the integration of digital technologies in clinical delivery and practice management within the context of rural and remote healthcare provision. The standards provide advice to assist communities to implement and evaluate the use of digital technologies to support healthcare in rural and remote communities. They will help communities to create a digital health environment which meets community needs.

The intended audience for these standards includes healthcare professionals and non-clinical staff of healthcare organisations who play a key role in the daily flow of care and coordination; and people working in other sectors of the community who interact with the healthcare systems such as social care and education. The standards can also be used by organisations that service the needs of communities such as local, state and federal government and private enterprise.

These standards are intended as a guide to assist the community in ensuring they receive and are able to advocate for, quality healthcare services and better access to timely healthcare services, noting that technology alone cannot solve all the causes of poor access to healthcare – such as lower workforce numbers in rural locations. Efficient healthcare requires the right doctors with the right skills in the right locations.

> **"I'm a GP and owner of a general Practice. I have not been able to get appts for my patients and am struggling.**
>
> **We have 2 dermatologists who are fully subscribed for a population of 100,000. I've sent patients to Hobart 2.5 hours away and still finding it hard to get general dermatology appointments. We have 2 skin cancer clinics both fully subscribed also"**

The standards also give guidance on the appropriateness of using digital technologies in the provision of healthcare services to ensure quality and safety is a fundamental part of rural and remote healthcare environments. When people consent to services that use digital technologies, they need to understand the limitations to their use of the technology to deliver healthcare. Any limitations (compared to in-person consultations) introduced by using the technology should be understood and managed through risk-based approaches (McConnel, F. B., Pashen, D., & McLean, R. 2007).

> **"We don't have anything similar at all at our disposal (ACRRM Tele-Derm). Within a couple of days, you can have a result. A super contrast in that regard. You get the ability to diagnose and treat patients locally rather than refer them to a dermatologist."**
>
> *ACRRM Registrar Dr Joshua Dally*
> ACRRM Tele-Derm

Application of these Standards

This ACRRM standard provides guidance and recommendations for communities seeking to apply the use of digital technologies in healthcare. This standard is not intended to be used for auditing, certification, regulatory, or contractual purposes. This community standard supplements professional standards and organisational standards and is a novel approach to looking at healthcare needs and technology solutions from a community perspective.

The Australian Digital health Agency National Digital Health Strategy 2023-2028 recognises that *"digital – and social – inclusion relies on improving digital infrastructure to ensure reliable and high-speed mobile and internet connectivity across rural and remote regions, and making health services accessible across personal and shared devices"*.

ICT Infrastructure is just one aspect of digital inclusion. Knowing who is generating healthcare information in your community, where it is stored, how it is accessed, how it is used, how it is interpreted, how it is shared, how it is maintained securely and is privacy applied are also part of the integration requirements of healthcare information. Integrating health information systems helps provide services to patients and their familiies, leads to continuous workflow and integrated information flow and enables improved decision making. Integrated health information systems are widely considered to provide higher performance in terms of quality and safety.

The design and implementation of digitally enabled healthcare services should take into account the varying needs of a specific organisation, its particular objectives, context, structure, operations, processes, functions, projects, products, services, or assets and specific practices employed. This standard provides generic requirements that can be adapted as required for application across very different organisations and services.

This standard should be used to supplement existing national and international standards and guidelines for safety, and quality, in the health sector. In particular, the use of other standards and guidelines, when applicable is encouraged including the Standards Australia AS ISO 13131:2022 – Health informatics – Telehealth services – Quality planning guidelines and the ACRRM Telehealth Framework and Guidelines for Telehealth Services. In addition to these standards, legislation, quality and safety practices that may be applicable, whether or not specific to healthcare, should be taken into account when implementing this standard.

This standard is intended to assist the development of healthy, digitally connected, rural and remote communities and is based on the principles of care (Australian Commission on Safety and Quality in Health Care, 2024); together with best practices for the development of new or modified services, provision of technology infrastructure; and management of health information.

The guideline for implementing this standard is provided separately. ACRRM envisions this standard to be a living document that changes and improves in the same way digital health technologies and applications improve over time.

Terms and definitions

For the purposes of this document the following terms and definitions apply.

community
group of people with an arrangement of responsibilities, activities and relationships (ISO/ 37101:2016, 3.3)

digital technologies
technologies that generate, store, process and communicate information represented in an electronic form as two or more distinct physical values. NOTE: The vast majority of information and communications systems (including the telephone system) use digital technologies

digital literacy
Digital literacy is the ability to access, manage, understand, integrate, communicate, evaluate and create information safely and appropriately through digital technologies. It includes competences that are variously referred to as computer literacy, ICT literacy, information literacy and media literacy. (UNESCO Institute for Statistics, 2018)

digital health
The field of knowledge and practice associated with the development and use of digital technologies to improve health. (World Health Organization, 2020)
NOTE: In a review of definitions of digital health Fatehi et al (2020) found that "that digital health is about the proper use of technology for improving the health and wellbeing of people at individual and population levels, as well as enhancing the care of patients through intelligent processing of clinical and genetic data".

healthcare organisation
healthcare provider having an organisation role. (ISO 13940:2015, 5.2.3.1)
EXAMPLE A care team, a group practice, a hospital department, a hospital care unit, a self-employed healthcare professional, a service providing healthcare advice.

healthcare professional
person having a healthcare professional entitlement recognised in a given jurisdiction. (ISO 13940:2015, 5.2.3.3.1)

organisation
persons or groups of people that has its own functions with responsibilities, authorities and relationships to achieve its objectives. (ISO 9000:2015, 3.2.1 modified)
NOTE: An organisation may in some cases be a single healthcare professional.

healthcare
care activities, services, or supplies related to the health of an individual. (ISO 13940:2015, 3.1.1 modified)

telehealth service
healthcare activity supported at a distance by information and communication technology service(s). (ISO 13131:2021)

The Standard

1. Responsibilities of healthcare professionals

Informing communities about digital technologies

When using digital technologies to support healthcare, effective communication practices should be developed to give clear messages and information about the way in which these technologies may support a person's diagnosis and ongoing treatment.

> For example, information that is shared digitally between one healthcare professional and another and across different organisations can improve the timeliness, safety and quality of treatment.

Seeking consent for use of digital technologies

Healthcare professionals should ensure people are aware of their treatment options; fully understand the use of digital technologies in their treatment, follow up and condition management; and have the option to remove their consent at any point.

> For example, confirmation of consent may be required when changes are made to the way in which healthcare is delivered, if consent has not been given in the past or if the technologies used to support healthcare are modified. It may also be necessary to provide culturally appropriate choices for the way in which healthcare is provided for which community members can confirm their consent.

Verification of identity when using digital technologies

Healthcare organisations should have processes in place to validate peoples' identity prior to in-person, phone and video-based consultations.

> For example, simple introductory procedures and questions can be used to confirm the identity of a patient to the healthcare professional and the identity of the healthcare professional to the patient.

Knowledge of local health services and digital technologies

Healthcare professionals should have sufficient knowledge of the local community characteristics, organisational capabilities, available digital technologies and understand any risks in the use of technologies on the safety or quality of health services.

> For example, healthcare professionals can identify appropriate digital technologies that match the community needs and incorporate them into their clinical practice. This could include electronic prescriptions and online authority prescriptions, electronic referrals, My Health Record, provider location services such as Healthdirect, state based shared health record solutions, messaging services, advisory services such as teledermatology, telephone and video consultations and HealthPathways.

Relationship between in-person and technology supported care

Healthcare professionals should ensure that those in rural and remote areas are receiving the appropriate combination of technology supported care and in-person care, needed to maintain continuity of care, safety and quality.

> For example, the use of vital signs monitoring services, video or phone consultations and in-person consultations can support effective and safe treatment or self-care but a physical examination may add critical information to inform diagnosis and treatment.

Ensuring culturally safe and appropriate care

Healthcare professionals should ensure people in rural and remote areas receive digitally enabled healthcare that is appropriate to their needs, preferences and cultural expectations.

> For example, the needs and expectations of care for anyone living or working in different community contexts (e.g. a person who lives in town or an outstation worker) may differ and healthcare professionals should develop care plans, and provide services that are most effective for people from each community.

Maintaining professional healthcare records

Healthcare professionals should ensure medical record software is able to provide and record structured healthcare information.

> For example, maintaining electronic health records and sharing electronic health information through systems such as the national My Health Record system and listing of services in the National Health Service Directory is fundamental to the healthcare professional mandate for providing quality team based care, and improving the healthcare journey. Structured health records with data captured and coded in appropriate fields can support referral, discharge and shared care arrangements.

Managing adverse clinical and technical events

Healthcare professionals should record and notify the occurrence of technical and clinical events associated with digital technologies that may jeopardise the safety, quality or continuity of care.

> For example, errors detected in medical records with the wrong medication, strength or dose should be recorded and reported.

2. Assessment of community context for provision of health services

Management of the physical environment

Healthcare professionals and healthcare organisations should consider the impact of the local physical environment on the community when developing, implementing and maintaining healthcare services supported by digital technologies.

> For example, when working in a clinic, working from home or travelling on the road, providing consultations and other services; the available Internet connectivity and alternative connectivity options, heat, humidity, severe weather events (cyclones, fires, floods, dust), remoteness and other environmental factors can influence the continuity of care.

Management of the business environment

Healthcare organisations in rural and remote Australia should consider the specific challenges to the viability of a healthcare business in areas of low population densities when implementing healthcare services supported by digital technologies.

> For example, community members may have differing levels of ability to pay out of pocket expenses and funding sources for health services operating in rural and remote Australia may be different to those available in metropolitan areas.

Management of logistical environment

Healthcare organisations in rural and remote Australia should take account of delivery times, available technical support and costs associated with provision of services, transport of people and equipment.

> For example, availability of technical support, installation and configuration services may be limited in isolated areas.

Assessing the use of digital technologies in the community

Healthcare professionals should assess the use of digital technologies within communities, the extent to which a particular sector of the community may be excluded from accessing digital health services and the reasons for this, including their location, identity, culture, language, age, income, housing or disability.

> For example, assessing the whole community's capacity to use and maintain digital technologies (digital inclusion) can provide a guide to the communities' priorities for developing services based on these technologies. The degree of digital inclusion, can be related to the social inclusion and the wellbeing of individuals and communities. Community members may have differing levels of access to technology, some may have smart phones, others may not. Some may have easy and consistent access to electricity and some may not.

3. Responsibilities of healthcare organisations

Improving the knowledge and skills of healthcare professionals

Healthcare organisations should ensure that regular capability and competency assessments, training and quality improvement programs support healthcare professionals to gain sufficient knowledge to deliver effective healthcare services using digital technologies and mentor the community in their use.

> For example, healthcare professionals' knowledge and skills in the use of digital technologies can be encouraged and supported by continuous professional development programs.

Confirming clinical performance and effectiveness

Healthcare organisations should analyse population health information and health records to enable rural and remote health services to be targeted at appropriate sections of the community.

> For example, measures of performance for management of a specific condition within a community may enable a quality improvement strategy to be devised that can be supported using digital technologies. During the COVID pandemic population data helped confirm vaccination rates and areas of the community who needed additional support.
>
> Note that people's health information is principally owned by individuals and that healthcare organisations need to understand their responsibility as data custodians when using healthcare data for secondary purposes.

Evaluating the use of digital technologies

Healthcare organisations should develop or adopt contextually sensitive evaluation frameworks, data collection and analytical methods for evaluating health interventions using digital technologies in services, clinical workflows and clinical practice

> For example, the Model for Assessment of Telemedicine applications (MAST) recommends evaluation of the health problem and characteristics of the intervention, safety, clinical effectiveness, patient perspectives, economic aspects, organisational aspects, socio-cultural, ethical and legal aspects. (Kidholm et al., 2012)

Maintenance of health information

Healthcare organisations should conduct regular audits of the quality of the information held in medical software.

> For example, regular data quality audits can review demographic information; the quality of clinical notes; an audit of pathology and other diagnostic reports may reveal undiagnosed conditions; check for outstanding recalls, reminders and immunisations; and confirm diagnosis and treatment plans have been coded.

Security of health information

Healthcare organisations should reduce the risk of cybersecurity events by having a thorough understanding of potential threats and risks within the technology environment and developing relevant policies and procedures to assist staff in managing these risks.

> For example, mitigation of cybersecurity risks can be achieved through the use of standards-based encryption during the transfer of data; virus management tools; authorisation and identity management; regular scheduled software updates; system tests and ongoing education of community members in best practices to secure health information.

Service management of digital technologies

Healthcare organisations should have processes and agreements for maintenance of digital technologies that ensure their quality and safety, service continuity, timely delivery deployment, management and support.

> For example, in rural and remote locations the availability of technology support may be limited and pre-emptive maintenance plans may avoid unexpected system failures.

4. Healthcare governance and leadership

Organisational strategies

Healthcare organisations should have documented strategies that outline how they will develop, use and evaluate the use of digital technologies in healthcare in cooperation with local government and community representatives.

> For example, strategies which have high level sponsorship from management, government and community leadership can assist in engagement with the community in the co-design of programs and healthcare interventions.

Providing clinical leadership

Healthcare organisations should encourage local healthcare professionals to take on leadership roles within the community to encourage the safe use of digital technologies by healthcare services.

> For example, community projects can be guided by clinical evidence-based on peer reviewed research provided by clinical leaders.

Support for the use of digital technologies

Healthcare organisations should ensure that the use of digital technologies in healthcare are fully supported by the organisations service level agreements.

> For example, contracts and service level agreements for digital technologies can be established and monitored on a regular basis and key performance indicators can be included in ongoing evaluation of these services.

Designing digital health services

Healthcare organisations should consult with local communities to identify their particular needs to improve their health, well-being and continuity of care when planning and designing healthcare services using digital technologies and include communities in their design, implementation, and evaluation.

> For instance, important considerations for rural and remote communities when accessing health services may be the geographic location and demographics of the community; the ability of people and their carers to travel, family, work and cultural needs.

Usability of digital health services

Healthcare organisations should ensure that digital health services are usable and effective for all community members and provide members with a choice of alternative in-person services.

> For example, not everyone may wish to or can use an online appointment system so telephone and email appointment channels should continue be available

Providing sustainable services

Healthcare organisations should consult within rural or remote communities to confirm adequate, sustainable resources and funding is available for healthcare services supported by digital technologies.

> For example the sustainability of services for organisations and members of the community is influenced by staffing costs, funding arrangements, reimbursements, Medicare Benefit Schedule items and the ability for community members to pay for services, equipment, software and internet access.

5. Healthcare service planning for safety and quality

Management of service quality

Healthcare organisations should have a quality management system in place to define and monitor the required quality characteristics, objectives and procedures for services using digital health technologies.

> For example, quality plans formulated by the healthcare professional, the healthcare organisation and the community can define responsibilities for implementing, monitoring and reviewing the use of digital technologies and the data they store and share.

Management of service risks

Healthcare organisations should establish clinical governance frameworks to identify, assess and manage risks in the context of services available to rural and remote communities during the planning, implementation, operation, monitoring and evaluation of health services using digital technologies.

> For example, healthcare organisations can apply the Australian College of Rural and Remote Medicine position statement on defining safe and quality procedural and advanced care in rural and remote locations. (Australian College of Rural and Remote Medicine, 2022)

Providing services based on evidence

Healthcare organisations should design health services using digital technologies based on the best available evidence for their effectiveness and efficacy in rural and remote contexts.

> For example, healthcare organisations can develop the capacity to collect the best available evidence for a particular intervention, and where that is not available undertake monitoring and evaluation of services to provide that evidence. Community members can also be encouraged to contribute their personal experiences and points of view to evaluations of health services.

Integrating care using digital health services

Healthcare organisations should consult with local health providers and communities to determine how digital health services can support the provision of integrated care between different health disciplines whether provided as an in-person or virtual service.

> For example, digital technologies can facilitate coordination of care for people with complex and chronic conditions across general practice, allied health and hospitals.

Ensuring continuity of care

When providing healthcare using digital technologies, healthcare organisations should support the maintenance of strong team relationships between healthcare professionals and community members grounded in the principle of ensuring continuity of care.

> For example, digital technologies can facilitate coordination of person centred care and advice to community members by multiple care providers working as part of a team.

6. Engaging with communities

Engaging the community

Healthcare organisations should collaborate with community members, and community organisations when developing, operating and evaluating services using digital technologies.

> For example, community members can collaborate with healthcare organisations in designing how they access services and which digital technology platforms (e.g. mobile phone apps, browser based websites, wearables, etc) are used.

Partnering to encourage use of digital health services

Healthcare organisations should pro-actively partner with national, state and local initiatives that aim to encourage and support use of digital technologies in communities.

> For example there are national, state programs and local delivering programs to improve the digital inclusion of indigenous people, older people and other groups who may be marginalised from participation in digital services.

Consider digital health literacy across the community

Healthcare organisations should collaborate with community organisations to develop actions that will improve the digital health literacy of community members when they engage with health services for appointments, giving consent, understanding care procedures, transitions in care and medication management.

> For example, drop-in sessions in community hubs or libraries should include advice and training on how to use digital health applications such as appointment systems, telehealth services and My Health Record.

Community infrastructure for access to digital health services

Healthcare and community organisations should provide and support access to digital health services in clinics, hospitals, community health centres and hubs, public spaces and libraries through partnerships and agreements with network providers and councils.

> For example, publicly accessible Wi-Fi services should be easy to use in clinics, hospitals, mobile clinics and libraries.

Extending access to digital health services

Healthcare organisations should extend community access to digital health services for community members who do not have their own internet access, computer or portable device through mobile clinics or by taking a computer or portable device to the location where the community member resides.

> For example, not everyone resides in housing that has access to the internet. Health workers should be equipped with portable devices which can be taken to where a person is residing or sleeping so that digital health services can be accessed by that person with the support of a health worker.

Mentoring community use of digital health services

Healthcare organisations should encourage staff to act as mentors for community members wishing to use digital health services

> For example, a nurse or receptionist should be trained not just in the use of appointment booking systems or My Health Record, but also equipped with the skills to help community members use or access these applications.

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