



Grampians Rural Health Alliance



Grampians Rural Health Alliance

ICT Strategy 2010 – 2015

Part A

Foreward:

This Strategic Plan is the result of numerous consultations and discussions across the Grampians Rural Health Alliance, conducted both formally through structured interviews and workshops and through individual consultations with stakeholders. The strategy development assisted the region to define a vision for the Alliance that aligns with local, State and National priorities and strategies. The Strategy reflects our understanding of how best we will achieve our vision over the next five years and beyond.

A plan such as this defines our goals and the pathways to achieving them. It is a document that will be used by management and staff at all levels when preparing their action plans, setting their priorities, and evaluating their performance.

A Strategic Plan is not set in stone, and even within its five year life, annually its detail will be subject to constant review and adjusted to reflect changes in health care policy, opportunities, technology and financial realities.

This is your plan, and it is hoped that its goals will also be your goals.



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Document Change Control

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Introduction:

The Grampians region health services face many challenges in the near term and the health sector as a whole in Australia is positioned to commence a massive reform program over the next 5 years as a number of key driving factors converge. It is essential that health and community service organisations in the Grampians region understand these driving factors and position themselves so that they can both leverage and align their strategies and investments for both business and ICT strategic plans. This ICT Strategy for the Grampians Rural Health Alliance (GRHA) puts forward the case for continued investment in ICT that builds on a strong foundation of ICT investment in the region and in each public health service, matching local health service strategies, whilst aligning with the emerging service and funding models proposed at the State and National levels.

Executive Summary

This ICT Strategy has been formulated in times of significant reform in the health sector. It has been formulated to contribute to solutions to address many of the key drivers influencing healthcare service delivery in the Grampians region.

Rural Victoria and the Grampians region are facing a number of challenges in the provision of healthcare services including:

- Acute and sub-acute services, both bed based and ambulatory, are becoming increasingly difficult to access.
- As the average age of the population goes up, people rely more on health services to offset health and wellbeing decline.
- Changing health trends associated with such things as ageing population and greater prevalence of chronic health conditions such as diabetes and cancer; leading to more complex needs;
- Changing nature of consumer demand and expectation for example choice, access to services and response time;
- Shift in the model of care whereby different models of care are emerging:
 - Enhanced primary care
 - Home based care
 - Increased need for self-monitoring;
- Providing an integrated model of care including linkages between different providers of care, integrated/electronic records, state-wide linkages, common infrastructure and integrated solutions; and
- Sustaining existing services and equity given the increasing cost of remote care – transport costs, multiple locations etc;
- Attracting and retaining the right skills and sustaining skill levels through training/up-skilling; and the Need for improved productivity in the provision of services given funding constraints and increased workload.

The development of the Strategy has involved review and analysis of the current state of Grampians health service ICT, Victorian health ICT, review of the broader national and international ICT and health ICT landscapes and a structured approach to stakeholder engagement. Various business strategy sessions and interviews were conducted over a four month period toward the end of 2009 involving all of the membership of the Grampians Rural Health Alliance. The outcome of these sessions provided the basis for the creation of this ICT Strategy and focused the key stakeholders on new and innovative service delivery of health and ICT services.

The ICT Strategy has also taken into account the National e-health agenda and proposes early engagement and preparation for the initiatives outlined in the National e-health Strategy.

Although e-health has risen to the top of the health reform agenda in recent months in Australia, the challenges facing a health provider in developing a business and ICT strategic plan in the current changing environment remain significant. Organisations in the Grampians region, including GRHA, must continue to provide existing services as well as position for the future.

In order to develop a comprehensive ICT strategic roadmap, several positioning ICT strategies have been adopted as underpinning principles:

- *Document and make a strategic assessment on the complete business systems and technical architecture.*
- *Limit longer term network/communication investments.*
- *Minimise large financial investments until the national health reform agenda is clear.*
- *Short term solutions to meet NHHRC targets especially eReferral and telehealth.*

When the initiatives in this ICT Strategy and Plan are implemented, through GRHA, health services in the region will:

- *have the technologies in place to deliver clinically appropriate health outcomes*
- *be better able to address increasing consumer demand and expectation of service delivery*
- *have ICT initiatives funded through annual prioritisation within legislative and budget constraints*
- *be able to respond quickly to emerging health trends driving shifts in models of service delivery*
- *be positioned for upcoming health reform*
- *be assisted to attract and retain the right skills in order to achieve each health services' objectives*
- *have equal to or better access to ICT than their metropolitan counterparts to enable equality of access to scarce healthcare resources*
- *operate with clear governance in line with legislative requirements and best governance principles*
- *pursue integration of services through leverage of capabilities across the region and engaging in strong partnerships*
- *leverage existing and emerging capabilities within GRHA and the regional health services to provide an integrated model of care*

Achieving these defined outcomes will require a high level of collaboration between GRHA members, its partners and its funders. The success of this ICT Strategy will also be dependent on strong leadership both in GRHA and within member agencies, in particular clinical leadership, to realize the planned benefits. The plans within the strategy will be regularly reviewed to ensure the continued relevance of the strategy to emerging and contemporary health service delivery.

Strategic Planning approach:

The development of the Strategy has involved review and analysis of the current state of Grampians health service ICT, Victorian health ICT, review of the broader national and international ICT and health ICT landscapes and a structured approach to stakeholder engagement. Various business strategy sessions and interviews were conducted over a four month period toward the end of 2009 involving all of the membership of the Grampians Rural Health Alliance.

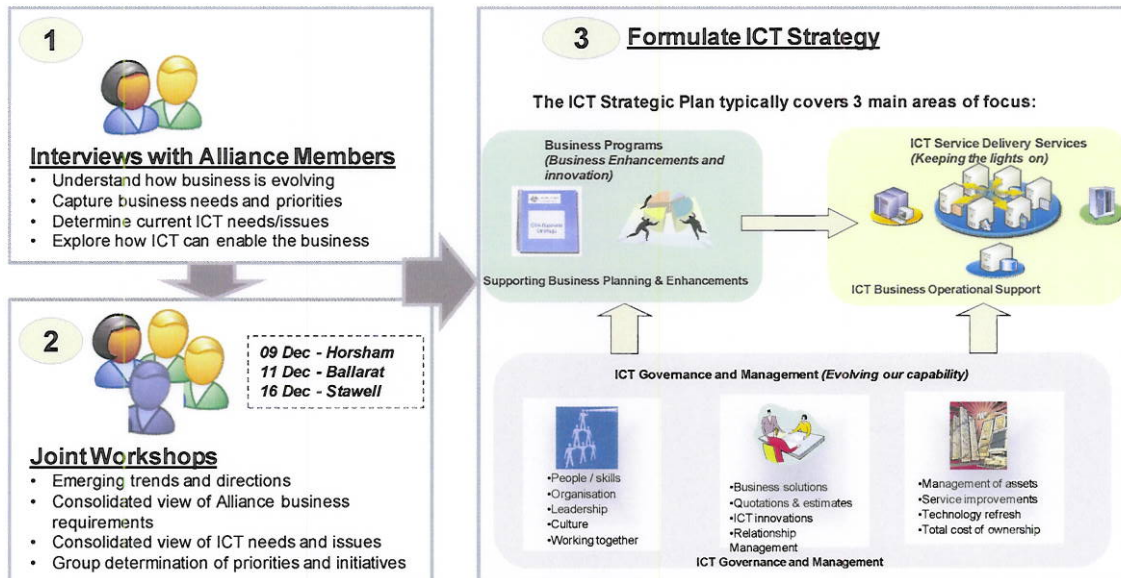
The outcome of these sessions provided the basis for the creation of this ICT Strategy and focused the key stakeholders on new and innovative service delivery of health and ICT services.

The interview phase engaged with senior leaders of health services in the region and provided background information that was then used as preparation to the more structured workshops held in December 2009.

The interviews identified some current and future issues and drivers affecting the provision of health services in the region, and the workshops further expanded on these drivers detailing a consistent series of drivers throughout the region. These drivers, combined with identified gaps in service, have now been utilised to identify future ICT service provision that addresses these drivers and gaps and develops a consistent ICT strategy for the region. By detailing the business drivers, both where the organisations are currently, and where they want to be positioned in the future, allowed for further analysis of how well the current underlying ICT services and infrastructure meet the business drivers and what will need to be in place to support the changing environment to address identified future business drivers.

This structured approach is detailed in figure 1 and represents the process by which the strategy was formulated and the breakdown of the plan into three logical areas: Business Programs, ICT Service Delivery and ICT Governance and Management.

Figure 1. Structured approach for GRHA Strategy development



For the purpose of this Strategy ICT is considered to encompass all dimensions of:

- Information Technology
- Communications technologies (voice, video, data)
- Applications
- Integration
- Management of data, information and knowledge

National Health Context

Australia currently has one of the world's leading healthcare systems. It is, however, facing a significant set of challenges, including:

- the increased prevalence of chronic disease;
- discrepancies in health outcomes between advantaged and disadvantaged Australians;
- an increasing and ageing population;
- increasing demand for more costly and complex procedures; and
- a shortage of skilled health sector workers.

These challenges are already testing the limits of the financial, physical and human resources of the Australian health system and current trends are unsustainable. Doing more of the same is no longer enough to respond to these challenges – new infrastructure is required that enables our existing systems to redefine business and work practice, consumer participation and models of care.

A 21st century health care system requires a 21st century healthcare information infrastructure to support work practices that leverage existing human capital (of consumers, service providers and communities) and transform the nature of healthcare to achieve better health outcomes for all Australians.

Other service industries have undertaken sustained investment in information technology (IT) infrastructure, which has allowed them to develop consumer-centric, integrated information management systems. These have enabled new ways of working and significantly enhanced collaboration with consumers and business partners, which has improved consumer satisfaction and business outcomes. Australia should aspire to achieve these benefits in health.

It is widely recognised that Australia's health system has a limited ability to effectively share patient information. This is partly a result of the structure of Australia's health care system – with health care providers across federal, state and local governments, the non-government sector and the private sector. This complex array of healthcare providers has contributed to a siloed health system that lacks effective ways to exchange information on a patient's health. Information is largely stored on files that are locked in different services or departments, resulting in critical information either not being available or being frequently recreated. A lack of access to information affects the delivery of healthcare, results in duplication of expensive laboratory and radiology tests and contributes to the occurrence of treatment errors.

Australia has been progressively building its capacity to deliver a national electronic health record service over the last ten years. Starting with the National Electronic Health Records Taskforce, work progressed initially through the HealthConnect and MediConnect programs and then through the Council of Australian Governments (COAG) investment in the National E-Health Transition Authority (NEHTA).

While there has been significant investment in consultation and research there have been little beneficial changes in the delivery of health at the consumer level while the cost of health increases and health providers struggle with limited funding that don't allow them to leverage new technology advancements and limits them to siloed solutions.

The National Health and Hospitals Reform Commission (NHHRC) in its report June 2009 highlight a system under growing pressure and fragmentation. The report identifies actions that can be taken by Governments to reform the health system under three reform goals.

1. Tackling major access and equity issues that affect health outcomes for people now;
2. Redesigning our health system so that it is better positioned to respond to emerging challenges; and
3. Creating an agile and self-improving health system for long-term sustainability.

The NHHRC report made 123 recommendations. The following are significant considerations for health service providers developing business and IT strategic plans:

- The Commonwealth Government takes responsibility for, and accelerates the development of a national policy and open technical standards framework for e-health, and that they secure national agreement to this framework for e-health by 2011-12. These standards should include key requirements such as interoperability, compliance and security. The standards should be developed with the participation and commitment of state governments, the IT vendor industry, health professionals, and consumers, and should guide the long-term convergence of local systems into an integrated but evolving national health information system.
- Commonwealth Government legislate to ensure the privacy of a person's electronic health data, while enabling secure access to the data by the person's authorised health providersⁱ.
- The National Broadband and telecommunications Network (NBN) is essential to allow the secure transfer of health information, whether voice, data or images (including videoconferencing), to the point of care. This will be particularly important in remote and rural Australia and will make possible the use of emerging technologies such as home monitoring and the use of data to enhance self-care, as well as providing access to health information and advice portals.
- By 2010, the following electronic capability should be establishedⁱⁱ:
 - unique personal identifiers for health care by 1 July 2010; unique health professional identifiers (HPI-i), beginning with all nationally registered health professionals, by 1 July 2010;
 - a system for verifying the authenticity of patients and professionals for this purpose – a national authentication service and directory for health (N) – by 1 July 2010;
 - unique health professional organisation (facility and health service) identifiers (HPI-o) by 1 July 2010.

- By 2012, every Australian should be able to:
 - have a personal electronic health record that will at all times be owned and controlled by that person;
 - approve designated health care providers and carers to have authorised access to some or all of their personal electronic health record; and
 - choose their personal electronic health record provider.
- By 2012, health providers:
 - hospitals must be able to accept and send key data, such as referral and discharge information ('clinical information transfer'), by 1 July 2012;
 - pathology providers and diagnostic imaging providers must be able to provide key data, such as reports of investigations and supplementary information, by 1 July 2012;
- By 2013:
 - other health service providers – including general practitioners, medical and non-medical specialists, pharmacists and other health and aged care providers – must be able to transmit key data, such as referral and discharge information ('clinical information transfer'), prescribed and dispensed medications and synopses of diagnosis and treatment, by 1 January 2013;
 - all health care providers must be able to accept and send data from other health care providers by 2013.

The acceptance of these recommendations is undergoing public debate on the National Health Reform agenda. It is clear that it is only a matter of time before these recommendations are accepted; however, the timing may be delayed if the budget for funding of these initiatives is held up by the National Health debate on funding and responsibilities.

The Commonwealth Government has made provision for the budgeting and commencement of a number of initiatives (subject to the national health reform debate) that address many of the NHHRC recommendations through the following:

1. Individual Electronic Health Record (IEHR) for Australia.

The IEHR is a secure, private electronic record of an individual's key health history and care information. The record would provide a consolidated and summarised record of an individual's health information for consumers to access and for use as a mechanism for improving care coordination between care provider teams. \$467 Million has been allocated over two years 2010-2012 to develop and implement the IEHR for Australia.

A personally controlled electronic health record will have two key elements:

- a health summary view including conditions, medications, allergies, and vaccinations; and
- an indexed summary of specific healthcare events.

The budget allocation will create the IEHR and contain at least:

- Summaries of patients' health information – including medications and immunisations and medical test results;
- Secure access for patients and health care providers to their e-Health records via the internet regardless of their physical location;
- Rigorous governance and oversight to maintain privacy; and
- Health care providers with the national standards, planning and core national infrastructure required to use the national e-Health records system.

2. Activity Based Funding (ABF) National Framework.

Through the National Partnership Agreement on Hospital and Health Workforce Reform (the National Partnership Agreement) the Commonwealth and the States and Territories will implement a March 2008 COAG commitment to move to a more nationally consistent approach to activity based funding for public hospitals – but one which also reflects the Community Services obligations required for the maintenance of small and regional.

3. Health Workforce Australia (HWA).

HWA has been established by the Commonwealth, State and Territory governments to operate across the health and education sectors in order to achieve national solutions around health workforce training, planning and policy development.

Victorian Health Context

Population growth within Victoria has been at 1.5 per cent per annum over the last two years, which is the highest level of growth in twenty years, and is placing increasing demands on the health system.

- Acute and sub-acute services, both bed based and ambulatory, are becoming increasingly difficult to access.
- As the average age of the population goes up, people rely more on health services to offset health and wellbeing decline. The ageing population also means that there is a higher incidence of chronic diseases, placing greater demands on the Victorian health system.

As larger proportions of the clinical workforce retire over the next five to ten years, significant shortages will be experienced across general health service providers as well as across specialised areas. In 2006 the national nursing workforce experienced a shortage of 10-12,000 nurses. It is predicted that by 2013 there will be a shortage of between 800 and 1,300 General Practitioners (GP's) across the country.

Rural Health Context

According to analysis by the Department of Primary Industries, ⁱⁱⁱrural Victoria is being transformed. ^{iv}Many of the factors influencing the population profile in rural areas in recent years include environmental challenges such as drought, decline in farming families, reduction of community infrastructure and higher unemployment. There is strong population growth in areas on the metropolitan-rural fringe and in most regional centres and their surrounding areas. Much of the growth is in areas with significant 'rural amenity' particularly coastal and riverine locations.

There is population decline and ageing in the more traditional farming or production areas in the western part of the state and in a number of the smaller towns outside of the periphery of regional centres.

Rural Victoria is facing a number of challenges in the provision of healthcare services:

- Emerging health trends associated with such things as ageing population and greater prevalence of chronic health conditions such as diabetes and cancer; leading to more complex needs;
- Changing nature of consumer demand and expectation for example choice, access to services and response time;
- Shift in the model of care whereby different models of care are emerging:
 - Enhanced primary care
 - Home based care
 - Increased need for self-monitoring;
- Sustaining existing services and equity given the increasing cost of remote care – transport costs, multiple locations etc;
- Attracting and retaining the right skills and sustaining skill levels through training/up-skilling;
- Providing an integrated model of care including linkages between different providers of care, integrated/electronic records, state-wide linkages, common infrastructure and integrated solutions; and
- Need for improved productivity in the provision of services given funding constraints and increased workload.

Victorian ICT Policy Context

As the Premier of Victoria has observed (Next Steps in Australian Health Reform, June 2008):

“Health care should be seamless from the patient’s perspective, regardless of the number of health care professionals involved. Better links between primary and community health care providers and the acute sector are needed in order to improve the quality of care provided to patients, as well as the overall efficiency and effectiveness of the health care system. The reform that could have the greatest impact on integration of care is the development of better e-health infrastructure. Patient health records that can be shared between health professionals and settings on a voluntary basis, with appropriate privacy safeguards for patients, have the potential to transform the health care received by Australians. Critically, ehealth initiatives also put greater information in the hands of the consumer, allowing them to make better decisions about their care needs and the services they receive.”

Although this has been a vision of the Victorian government and of the Commonwealth government, Victorian health ICT has been dominated by the Victorian Department of Health (DoH) HealthSMART program - a \$323M technology enabled change program operating across the public health sector that commenced in^v 2003. This program was heavily focused on Metropolitan and acute health by replacing legacy Patient Management and Finance and Supply Systems and incorporated an acute hospital-centric clinical care information system. HealthSMART covered only a small component of the typical business systems portfolio of a health provider missing major functionality associated with care in hospitals, primary care, aged care and allied health.

While HealthSMART was eventually mandated by DoH, most health providers have passively resisted this mandate and have only implemented HealthSMART products and services if there was a compelling event. At this point in time, no health provider has implemented all HealthSMART products.

A key benefit of HealthSMART was that it would “future proof” subscribers to their services, from any changes related to the National Health Identifier services (provider and consumer). This benefit is yet to be demonstrated or articulated given the NHHRC targets for electronic health integration and the large number of systems operated by health services throughout Victoria that are not within HealthSMART.

Some software applications that have been mandated are considered not well suited to some local needs. Some services are paying for functionality they do not feel they need, or in other cases the mandated system does not provide the functionality required. This situation can be addressed by acquiring applications which can be flexibly configured without impacting interoperability and maintenance costs, or may require a more flexible approach to application selection where there is some choice of application, provided it conforms to statewide specified interoperability and human computer interface standards.

The time and effort required to find information with current document/record management and clinical information archiving systems is excessive and can result in vital information relating to patient care not being considered in clinical decision-making, or repeating of tests and investigations as it is quicker than trying to find the information. Document scanning is being implemented in some Victorian health services as a partial interim response to this problem.

In April 2010, the Department of Health released the Victorian health sector information, communication and technology (ICT) vision and framework, 2009 – 2013. The consultation with the sector as input to the document occurred in 2008 and has not changed a great deal since that time. The main themes that have been picked up and emphasized in the Victorian vision statements include tight involvement with the National e-health strategy through implementation of the National Health and Provider Identifier services, Medicines and Terminology services and interoperability efforts. The document identifies priority areas for investment, however a plan for funding and implementing these has not been provided.

Regional Context:

The Grampians region, like most regional areas experience a loss of young adults as they leave for both educational and employment opportunities, but they receive a net gain of older adults and retirees. Population changes across the Grampians region highlight the migration from the dry land farming areas of the Wimmera in the West of the region in to regional centres including Horsham and Ballarat. In addition, there is an increase of migration from metropolitan areas of Melbourne to the peri-urban areas of Bacchus Marsh and Ballan in the east of the region, most probably due to the more affordable housing costs together with the ability to commute for employment. Although the population growth in total continues to increase, the changes in the population profile highlights an ageing population in the region consistent with the ageing of the population across the rural regions of Victoria.

Population ageing will be the single most important factor influencing demand in the Grampians region. The demographic profile highlights the increasing proportion of adults aged over 65 supporting the expected increase in demand for health services; particularly services that support and maintain the health of the frail elderly in the community. Projections for the resident population in the Grampians region for the period 2007-2021* highlights the continued decline of population numbers in the 0-24 year age groups and the continued increase in the age groups 60+ in the region.

Grampians region ICT Policy Context

The overall health policy context for health services in the Grampians region are broadly articulated in the policy directions for rural health in the “Rural Directions for a better state of Health”*.

Generally ICT policy for regional health in Victoria is contained within the state government direction and policy “Rural Public Health Care Agencies’ Alliances Policy June 2008 Circular 17/2008” and through the HealthSMART program and HealthSMART Participation policy. Through HealthSMART, the Rural Health ICT Alliances were faced with a limited selection of products that were not scalable to their smaller populations and diversity of services and lacked integration with current systems operating in areas outside of acute health.

However, the Grampians region has implemented three systems through the HealthSMART program covering aspects of Acute and Sub-Acute Patient Management, Finance and Supply Management and Human Resource Management.

Forward Outlook Policy Context

The Grampians region and the broader Victorian Health Sector is now facing a number of uncertainties due to the following:

- The emerging National Health Reform agenda and the impacts to Victoria as well as other states;
- The funding for HealthSMART comes to an end in June 2010 and the ongoing funding arrangement for supporting the implemented health providers is unclear as are any commitments to “future proofing”;
- The creation of a new Department of Health with four main divisions: Hospital and Health Service Performance; Wellbeing, Integrated Care and Aged; Mental Health, Drugs and Regions; Strategy, Policy and Finance.
- The Victorian health information communication technology vision and framework 2009-2013 sets a vision for guiding investment in health ICT in Victoria, however it has no accompanying funding nor implementation plan to guide health service ICT spending.

Positioning the ICT Strategic Road Map

The challenges facing a health provider in developing a business and ICT strategic plan in the current changing environment are significant. The organisation must continue to provide existing services as well as position for the future.

The recommended positioning ICT strategies are:

- **Document and make a strategic assessment on the complete business systems and technical architecture.** Consider any rationalisation of systems and remove duplication. By having a well documented and consistent applications and technical architecture, the impacts of implementing any national health agendas will be easier to determine. Rationalisation of duplicate systems should provide some benefits to offset costs.
- **Limit longer term network/communication investments.** A key benefit of the proposed NBN implementation is cheaper and increased communications capability for the health sector to support electronic health, telehealth and eReferral. It is expected that there will be substantial reduction in costs in this area for the health sector.
- **Minimise large financial investments until the national health reform agenda is clear.** It may well be more important to Victorian health providers to initially align more with the Commonwealth health approach than that of the State.
- **Short term solutions to meet NHHRC targets especially eReferral and telehealth.** While the NHHRC has established a number of significant targets for electronic health, it is likely that these targets may slip. Nevertheless, health provider organisations should be prepared to modify existing systems to meet these requirements and have clear understanding of what the costs are likely to be so they can quickly position for any funding that may become available.

Emerging trends and directions:

There are several trends in ICT currently that may be attractive to GRHA. These strategic trends that should be considered are:

- Externally hosting solutions offsite known as “cloud computing”
- Single signon – using RFID locality automated signon, access card, thin client
- PC Tablets – multifunction supporting smart forms, handwriting recognition, Voice recognition, wireless communications, location sensing
- Hotel services in hospitals / bedside multimedia devices
- Electronic document management including enterprise image archiving
- Hospital at home (HAH) support capability
- Video Conferencing – virtual consultation (for people at home or in remote areas (this is called the Intern System being piloted today)

GRHA Organisational Profile:

The Grampians Rural Health Alliance (GRHA) was recently formed as a Joint Venture and one of five alliances of Victorian rural health agencies that are responsible for the delivery of core Information and Communications Technology (ICT) services, the Victorian Department of Health HealthSMART strategy and health Information and Communications Technology (ICT) strategic planning and development. The Alliance is governed by a Joint Venture Agreement formed under the state government direction and policy (Rural Public Health Care Agencies' Alliances Policy June 2008 Circular 17/2008). Ballarat Health Services, as the lead member of the Alliance, acts as the legal entity of the Grampians Rural Health Alliance.

The Grampians Rural Health Alliance covers the Victorian Department of Health Grampians Region of Western Victoria. It covers the area from the North West of Melbourne to the South Australian border in the west, and to Lake Bolac in the south. The Grampians Region covers an area of 47,980 square kilometres and includes eleven local government areas with a population of over 220,000 people; these are the Shires of Golden Plains, Yarriambiack, Pyrenees, Northern Grampians, West Wimmera, Moorabool, Hindmarsh and Hepburn, the Rural Cities of Horsham and Ararat, and the City of Ballarat.

The Grampians Rural Health Alliance is made up of 12 hospital-based health services, five bush nursing centres and two stand-alone community health centres. Many of the health care organisations in the Grampians region have multiple campuses.

The Alliance has developed a major communications network for the health sector in the Grampians region of Western Victoria. The services provided by this network include internet access, data connectivity, shared ICT services, IP Telephony and room and mobile based video conferencing. The Grampians Rural Health Alliance network provides broadband information and communications technology services for the benefit of the health and community services sectors within the Grampians Region.

The Alliance has delivered broadband connectivity to 40 rural and remote towns. Connection has occurred at all Health Service campuses in the region with in excess of 110 organisation sites in total. Wireless computing access is available in all health services throughout the Alliance. The Grampians Rural Health Alliance Executive Committee is the strategic and coordinating body which oversees Member activities of the Alliance in accordance with the Joint Venture Agreement.