

Sydney Local Health District Virtual Hospital Strategic Plan 2025–2030

A Centre of Excellence in Virtual Care



**Sydney Local Health District
Head Office**

Street address:
Level 11, KGV Building
Missenden Road
Camperdown NSW 2050

Postal address:
Post Office Box M30
Missenden Road NSW 2050

Phone: (02) 9515 9600
Fax: (02) 9515 9610

Sydney Local Health District contact email:
SLHD-ESU@health.nsw.gov.au

Sydney Local Health District Board contact email:
SLHD-Board@health.nsw.gov.au

slhd.nsw.gov.au

Contents

Acknowledgementof Country	5
Foreword	6
Our core values	7
Our foundational principles	8
A Centre of Excellence in virtual healthcare	10
Process of planning	12
Our catchment	13
Our services	16
Our service activity	18
Patient experience of care	19
Our workforce	20
Focus areas	21
1 Our services	22
2 Our communities, partnerships and environment	26
3 Our patients, families, carers and consumers	30
4 Our staff and education	32
5 Our research, innovation and commercialisation	36
6 Our facilities and digital health infrastructure	40
7 Our sustainable future	42
Appendix A Sydney Local Health District Virtual Hospital service descriptions	46
Appendix B The planning framework	50
Appendix C Relationship with other policies and plans	51



Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges *Gadigal*, *Wangal* and *Bediagal* as the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the great *Eora Nation*. Always was and always will be *Aboriginal Land*.

We want to build strong systems to have the healthiest Aboriginal community in Australia.

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and in collaboration with the Metropolitan Local Aboriginal Land Council, Sydney Local Health District is committed to achieving equality to improve self-determination and lifestyle choices for our Aboriginal community.

Ngurang Dali Mana Burudi – A Place to Get Better

Ngurang Dali Mana Burudi — a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals and organisations working in partnership.

Our story

Sydney Local Health District's Aboriginal Health story was created by the District's Aboriginal Health staff.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The *Gadigal*, *Wangal* and *Bediagal* are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty nine clans of the great *Eora Nation*. The centre circle represents a pathway from the meeting place for Aboriginal people to gain better access to healthcare.

The Goanna or Wirriga
One of Australia's largest lizards, the goanna is found in the bush surrounding Sydney.

The Whale or Gawura
From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the Gadigal people.

The Eel or Burra
Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

Source: Sydney Language Dictionary



Artwork

Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.

Foreword



Miranda Shaw
General Manager

Sydney Local Health District Virtual Hospital (**Sydney Virtual**) was formerly known as RPA Virtual Hospital and was the first virtual hospital in Australia. The hospital was established in early 2020 to support the capacity challenges forecast for the District and to improve the patient experience of healthcare.

Sydney Virtual has transformed hospital care by demonstrating the breadth and acuity of care that can be delivered safely in the community with the right governance and infrastructure. As an accredited hospital facility Sydney Virtual complies with all relevant national standards. Patient experience data has been collected routinely over the last five years and a high rate of patient satisfaction consistently reported.

Of significance, the design of Sydney Virtual includes two key service arms, a multi-disciplinary Virtual Care Centre and in-person community nursing and allied health services. A shared objective across all services is to deliver acute and sub-acute out of hospital care to patients in their homes.

A broad range of virtual care models are now embedded. Core services include remote monitoring for acute respiratory infections and acute diverticulitis, virtual urgent care, virtual fracture and low back pain, virtual rehabilitation, virtual trauma, wound care and long Covid.

Sydney District Nursing has a long and impressive history, marking 125 years in 2025, and makes a critical contribution to hospital patient flow, an improved patient experience and leading out of hospital care in the areas of complex wound care and palliative care.

2022 saw the introduction of a chronic disease specific, allied health palliative care service, complementing the work of Sydney District Nursing. In the same year, the Respiratory Chronic Care Nursing Service joined Sydney Virtual.

New funding in 2024 saw the introduction of the virtualADULTS urgent care service, delivered by Sydney Virtual across metropolitan Sydney local health districts, the Illawarra-Shoalhaven and Central Coast. This area has a combined population of 5,982,222. Referrals are received from Healthdirect Australia and NSW Ambulance via the NSW Health Patient Flow Portal.

Our facility infrastructure supports care delivered in the home (virtual and in-person), care delivered in ambulatory care clinics and an increasing number of hybrid models.

Sydney Virtual employs multiple modalities to deliver virtual care. These include synchronous (real time) and asynchronous (store and forward) communication as well as remote monitoring technologies.

A clinical decision support platform (known as Miya Precision) combines data from wearable devices, such as pulse oximeters, thermometers and blood pressure cuffs, with data in the patient's electronic medical record and includes built in parameters and alerts.

Video consultations are delivered using the Healthdirect video call system.

There is a shared electronic medical record across the facility and all District hospitals which is available to our clinicians at point-of-care, including in the patient's home.

A Digital Patient Navigator supports patients to set-up and troubleshoot technology, develops patient facing resources and facilitates sourcing and delivery of smart devices and wearable devices. A wearable devices delivery team delivers and collects devices to and from patients.

Local healthcare interpreters are booked where available, if not the National Telephone Interpreter Service is used. Patient material and patient experience surveys are translated into the most common community languages.

Australia's first virtual hospital

The CSIRO Australia report, *Beyond Tomorrow*¹, commissioned by NSW Health identifies six health megatrends that are anticipated to impact the healthcare workforce to 2040.

The first of these is defined as 'Limitless Care', noting virtual and other digital models of care expand opportunities to improve access to care and provide alternative ways of managing chronic conditions and lower urgency health needs outside of traditional hospitals, including for historically underserved and disadvantaged populations.

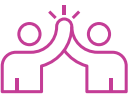
The associated trends most relevant to the direction of Sydney Virtual are:

- Virtual care is accelerating and continually expanding, making healthcare more accessible and convenient
- Clinical scopes of practice are broadening to better meet demand
- Uptake of remote monitoring systems is increasing
- Alternatives are emerging for managing low-urgency care outside hospitals
- Demand for aged care services delivered in the home is set to increase as the population ages

We have considered these trends when developing the strategies and actions outlined in this plan, positioning Sydney Virtual and Sydney LHD to continue to be flexible and ready to respond to the challenges of tomorrow.

¹ Naughtin C, Evans D, Packer K, Schleiger E, Burns S, Niven P and Hansen D (2024) *Beyond tomorrow: Health megatrends anticipated to impact NSW and the healthcare workforce to 2040*. CSIRO, Australia.

Our core values



Collaboration
We are committed to working collaboratively with communities, patients and families to achieve the best possible outcomes.



Openness
A commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our communities, patients and families and all people who work in the health system to provide feedback that will help us provide better services.



Respect
We have respect for the diverse knowledge, customs and life experiences of our communities, patients and families. We are committed to providing health services that acknowledge and respect the feelings, wishes and rights of our communities, patients and families.



Empowerment
In providing equitable and high quality health care services we aim to ensure our patients are enabled to participate in and make well informed, confident decisions about their care and treatment.

Our foundational principles

Sydney Virtual is guided by foundational principles in the planning, delivery and evaluation of care.

These foundational principles are underpinned by specific measures to assess whether these principles are being upheld and to monitor progress towards achieving them. For example, clinical and patient reported outcomes data, patient experience data and economic evaluation of value.

- 1

Safe, high-quality care demonstrated through ongoing accreditation.
- 2

Commitment to innovation, the use of technology and the advancement of virtual model of care development that supports accessible and inclusive healthcare delivery.
- 3

Equitable access to care, delivered at a convenient time and in a convenient location - care where you are.



- 4

High-value care demonstrated through outcomes that matter to patients and an efficient use of resources.
- 5

Kind, compassionate and culturally safe care that focuses on active listening, patient involvement in decision making, respect and dignity, support to remain at home and independent, as well as support for palliative patients to die in their preferred place of death.



- 7

A transdisciplinary approach to collaborative care.
- 8

Working in partnership across SLHD, NSW Health, NSW Ambulance, other government agencies, non-government organisations and primary care to collectively achieve better health outcomes.

- 6

Tailored programs that address physical, social, emotional and mental health care needs.



A Centre of Excellence in virtual healthcare

Sydney Local Health District Virtual Hospital is a Centre of Excellence in virtual healthcare and will continue to undertake transformative work in the ‘pillars of excellence’ –high quality, safe and value-based care, digital innovation, research and evaluation, and workforce training and education.

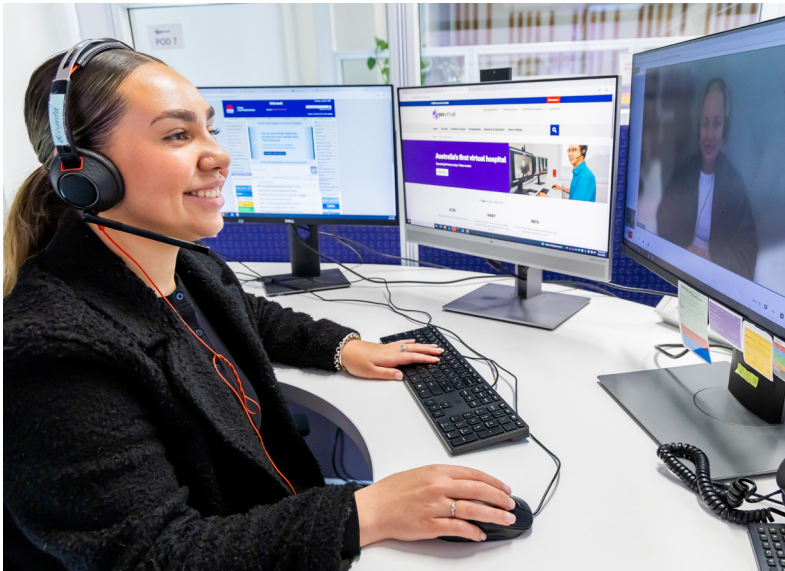
As the first virtual hospital in Australia, Sydney Virtual has demonstrated innovation, leadership and best practice with new model of care design, the provision of safe, high quality virtual care at scale and strong research and evaluation output.

As a Centre of Excellence, Sydney Virtual will build on existing, and develop new, collaborative relationships to tackle some of Australia’s challenging health system issues.

Since 2020 we have been the forerunners in implementing and developing a new virtual care workforce, demonstrating flexibility and agility in workforce design as new services have been introduced.

Our learnings have been shared with over 150 agencies, with support provided regarding model of care, workforce, governance and technology design.

As a Centre of Excellence, we will continue to apply our foundational principles to transform hospital care, with a clear focus on addressing system pressures and delivering value-based care in the community, for the community.



Value-based care

The design of virtual care delivers on the principles of integrated care and health equity such as interdisciplinary collaboration, addressing social care needs, person-centred care in the right setting, supported service navigation and care coordination.

Sydney Virtual was the first publicly funded virtual hospital to be formally accredited under the National Safety and Quality Health Service Standards.

We have demonstrated how a virtual hospital can safely, effectively and quickly respond to pandemics, being the first to use virtual care to deliver COVID-19 care in the community, in patients’ homes and in ‘health hotels’. We have worked with a rural NSW local health district to design virtual intensive care and virtual Emergency Department in-reach models.

Sydney Virtual has also demonstrated that virtual care models can be scaled up, through the delivery of virtual urgent care (virtualADULTS), across metropolitan Sydney, the Illawarra-Shoalhaven and Central Coast regions, as well as a range of virtual care services to the Far West Local Health District.

We will continue our dedication to improving clinical outcomes, patient experience and being at the forefront of innovation in virtual health care.

Transforming hospital care



Digital innovation and research

Sydney Virtual has been recognised with two NSW Premier’s Awards, one for excellence in digital innovation and one for highest quality healthcare.

We will continue to build our leadership in digital health through the development of technology platforms, remote monitoring tools and data-driven models that enhance the safety, scale and personalisation of virtual care.

We will continue to contribute to the evidence regarding virtual care through high impact research, including evaluation and implementation research, publications in peer-reviewed journals and conference presentations to national and international audiences.

All research studies are Ethics Committee approved, site authorised and supported by the Research Steering Committee.

Pillars of Excellence



Clinical trials are conducted and accredited under the National Clinical Trials Governance Framework and registered with the Clinical Trial Management System and Australian New Zealand Clinical Trials Registry. A Research and Evaluation Framework also guides research and evaluation activities.

Our evaluation partner since 2020 is the Leeder Centre for Health Policy, Economics and Data at the University of Sydney. The Leeder Centre have led evaluation reporting for Sydney Virtual since our inception. Outputs have included two early Sydney Virtual evaluation reports and an economic evaluation report, with further economic evaluation reports to be delivered during the life of this plan. To date, the specific virtual care services that have been evaluated in this way include virtual fracture, virtual rehabilitation, virtual trauma, virtual urgent care and the Emergency Department to Community program.

Clinical trials have been conducted, including a collaboration with the RPA Hospital Department of Colorectal Surgery for the remote monitoring of acute diverticulitis, and with the Institute for Musculoskeletal Health on virtual fracture care and low back pain management.

Building for the future

We will further this work over the next five years, particular in the areas of virtual urgent care, virtual care competencies and workforce training, extending the use of artificial intelligence and further research.

We will continue to evaluate the value of virtual hospital care, critically analyse available funding models and make recommendations for appropriate funding of virtual care.

Process of planning

The Sydney Local Health District *Virtual Hospital Strategic Plan* has been developed through an inclusive consultation process which has involved our executive team, staff, the local community and key stakeholders. A major staff workshop was held in March 2025, with over 120 Sydney Virtual staff, to inform and develop strategic priorities that align with the *Sydney Local Health District Strategic Plan*.

The Plan has also been developed in the context of the NSW Health Future Health¹ vision and NSW Health's Virtual Care Strategy.² Previous Sydney Virtual strategic plans and Sydney Local Health District enabling plans were also reviewed, as well as population demographics and hospital activity data.

1 health.nsw.gov.au/about/nswhealth/Publications/future-health-report.pdf
2 nsw.gov.au/sites/default/files/2022-09/nsw-health-virtual-care-strategy-feb-2022.pdf



Our catchment

Sydney Local Health District (the District) is one of fifteen local health districts in NSW and encompasses the Local Government Areas of the City of Sydney (western part), Inner West, Canterbury-Bankstown (Canterbury part), Canada Bay, Burwood and Strathfield. It covers 126 square kilometres, with a population density of over 5,550 residents per square kilometre.

The District is responsible for the health and wellbeing of 700,000 local residents, students, a large number of people who travel to the District to use its tertiary and quaternary services and more than a million people who come into our District every day to work, study and visit. The District population is rapidly growing and is expected to reach 819,540 by 2036, an increase of 17.4 per cent.¹ Urban consolidation policies, not yet factored into population projections, are likely to result in a further significant increase in this forecasted population.

The District population is also rapidly ageing. 9.5 per cent of our residents are currently aged over 70 and is projected to increase to 13.3 per cent by 2036; a total of 42,976 extra older persons.² There are currently 4,000 people living in residential aged care homes (RACHs) and approximately 10,000 of our residents are currently living with dementia.³ 11 per cent of our residents are unpaid carers.⁴

Our population is rich in cultural and social diversity and has increasing numbers of people with chronic and complex health issues who require public healthcare.

There are more than 7,800 Aboriginal and Torres Strait Islander people (1.2 per cent)⁵ living in the District. Redfern remains one of the most recognised and historically significant urban Aboriginal places in Australia.

Our District is rich in cultural and social diversity with significant numbers of refugees, asylum seekers, newly arrived immigrants and special humanitarian entrants. 34 per cent of our residents were born in a non-English speaking country, and 47,150 residents speak little or no English.⁶ The most common languages spoken at home are Chinese, Arabic, Greek, Korean and Italian.⁷

On average, people living in the District are in good health compared to the rest of NSW, however there are considerable internal disparities in health status. 21 per cent of our residents live with a mental health problem⁸, 7 per cent report having a long-term health condition⁹, 8 per cent have diabetes, and 15 per cent of pregnant women have gestational diabetes.¹⁰ 47 per cent of our population are overweight or obese and 32 per cent of adults do not exercise enough.¹¹

Life expectancy in the District is 84 years for men and 89 years for women¹², however the District is characterised by pockets of both extreme advantage and disadvantage. Areas of high disadvantage (deciles 1–3) are concentrated in the south and the west, and areas of relatively low disadvantage (deciles 8–10) are concentrated in the north and eastern parts of the District (Figure 3).

1 Department of Planning Environment and Industry 2022 High Series Population Projections
2 Department of Planning Environment and Industry 2022 High Series Population Projections
3 SLHD Dementia Framework 2023-2028
4 Australian Institute of Health and Welfare National Figure
5 Aboriginal Affairs NSW, sourced December 2024
6 2021 Census Data by LGA, 2022 PHIGU, Torrens University Australia, Accessed 28/07/22
7 Population Health
8 SLHD Mental Health Strategic Plan
9 2021 Census Data by LGA, 2022 PHIGU, Torrens University Australia, Accessed 28/07/22
10 Health Stats accessed 2023, Oct
11 Health Stats accessed 2023, Oct
12 healthstats.nsw.gov.au

Sydney District Nursing celebrating 125 years

People who are the most disadvantaged experience a lower life expectancy than the general community.¹³ Those who are most disadvantaged have lower incomes, less education, or live in poor housing. Around a third of our population lives in rental accommodation.¹⁴ Shortages of affordable housing, including affordable rental dwellings, has significant consequences for our workforce, students and local community. In our District there are more than 80,000 people living in overcrowded conditions, with some of the most densely populated social housing estates in Australia, and over 21,000 people currently living in social housing.¹⁵

Our District has a large homeless population (almost 10,000 people), and many people who sleep rough. 44 per cent of Boarding Houses registered with NSW Fair Trading in NSW are located within our District (463 Boarding Houses with 3,460 residents)¹⁶; there are also many unregistered Boarding Houses. Homelessness is correlated with significantly poorer mental and physical health.

Our residents

9.5%
currently aged
over 70

11%
unpaid carers

1.2%
Aboriginal and
Torres Strait Islander
people

34%
born in a non-English
speaking country

21%
live with a mental
health problem

Almost
10,000
homeless people

¹³ Stephens, A.; Blyth, F. & Broome, R. (2018) Age and cause of death contributions to area socioeconomic, sex and remoteness differences in life expectancy in NSW, 2010-2012, *Aust. & NZ J of PH*, Vol 42, No. 2

¹⁴ PHIDU 2022

¹⁵ Australian Bureau of Statistics 2022

¹⁶ SLHD Homelessness plan



Our services

Virtual Care Centre

- Virtual Urgent Care
- Acute Respiratory Infections
- Acute Diverticulitis
- Virtual Rehabilitation
- Virtual Trauma
- Virtual Fracture and Low Back Pain
- Wound Care Command Centre
- Emergency Department to Community
- ‘Yudi’ Aboriginal Chronic Disease Care Coordination
- Long COVID
- Eating Disorders

In-Home Community Nursing and Allied Health

- Sydney District Nursing
- Hospital in The Home
- Wound Care/Chronic and Complex Care
- Palliative Care
- Respiratory Chronic Care
- Specialist HIV Nursing

Detailed service descriptions are available in **Appendix A**.

In an average year in Sydney Virtual

13,683
patients receive clinical care in their homes

4,213
virtual urgent care patients

3,860
virtual care patients

1,805
chronic and complex patients

1,087
palliative care patients

787
Aboriginal chronic disease patients

771
Hospital in the Home patients

638
respiratory chronic care patients

68
complex HIV patients

454
chronic disease palliative care patients

Right care, right time, right place

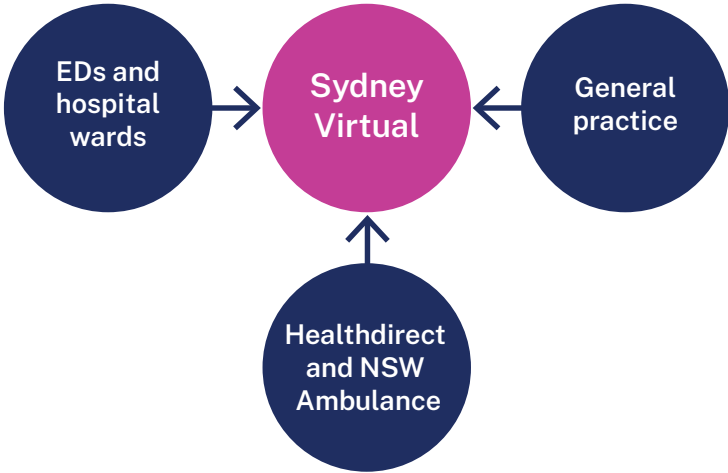


Settings of care

The primary setting of care for the virtual hospital is patients’ homes, with care delivered either in-person or using technology. Other key settings of care are ambulatory care clinics in the Redfern, Marrickville and Croydon Health Centres. The District’s Emergency Departments and residential aged care homes have emerged as an important setting for virtual urgent care. Other settings of care are targeted homelessness non-government organisations.

Referrals

Most Sydney Virtual referrals are from the District’s Emergency Departments and hospital wards, Healthdirect and NSW Ambulance. Sydney Virtual also accepts direct referral from general practice as a hospital avoidance and patient-centric strategy.



Extended geographic reach

Sydney Virtual has extended its geographic reach by providing services to Broken Hill Base Hospital and Multi-Purpose Sites in **Far West NSW**.

Midwifery care and follow-up fracture care is delivered virtually to Far West patients. This is a useful strategy for supporting rural residents to remain in their home town and on country without unnecessary travel. New career nurses in Multi-Purpose Sites are provided with Sydney Virtual senior nurse support through the Virtual Nurse Assist program.

Patients of **Metropolitan NSW** virtualADULTS urgent care service receive Sydney Virtual care in their homes, with an average of 82 per cent of patients avoiding a trip to the Emergency Department.

Our service activity

In 2024–25

13,549
patients admitted

159,453
occasions of service

25%
patients 75 years
or older

22%
palliative patients
under 65 years
of age

9%
identified as
Aboriginal and/or
Torres Strait Islander

15%
spoke a language
other than English
at home

10%
had low English
proficiency and
requested a health
care interpreter

Patients 2023–2024



Patient experience of care

Patient experience surveys are sent to all Sydney Virtual patients within seven days' of discharge and can be completed online and in language.

In 2024–25

2,587
patients completed
an experience survey

96%
of respondents rated their
care as very good or good

95%
of respondents agreed
they were involved in
decision making about
their care

97%
of respondents agreed
that their clinician
explained things in a way
that they could understand

97%
of Aboriginal respondents
felt they were always
treated with respect and
dignity and 94% rated
their care as very good
or good

Sydney District Nursing
patients

96%
felt supported to remain
independent

97%
reported that their in-home
appointments helped them
stay out of hospital

Virtual Care Centre
patients

85%
agreed that their virtual
appointment was the same
or better than an in-person
appointment

94%
reported they would use
virtual care again if given
the choice

92%
agreed virtual care made
it easier to get treatment

83%
did not experience
technical issues when
using virtual care

Palliative Care
patients

266
patients have completed
an experience survey

94%
rated their care as very
good or good

91%
felt involved in decision
making about their care

Our workforce

Consistent with the District and NSW Health priorities, Sydney Virtual is committed to continuing to develop and recruit to the Aboriginal workforce. In January 2025, 3.1 per cent of the workforce identified as Aboriginal.

Our multi-disciplinary clinical workforce includes a range of specialists. Medical specialties include Emergency Medicine, Rehabilitation and General Practice. Our nursing specialties include Palliative Care, Wound Care, Trauma, Clinical Practice and Hospital in The Home, Respiratory Chronic Care, Virtual Care Nursing, Infection and Prevention Control and Incontinence. There are nurse practitioners in HIV/Mental Health and Wound Care. Our allied health professionals include Physiotherapists, Speech Pathologists, Occupational Therapists, Clinical Psychologists, Social Workers, a Dietitian and Allied Health Assistants. A virtual Clinical Pharmacist supports medication safety.

Non-clinical support positions include Health Information Managers, Data Analysts and a Digital Patient Navigator.

Our permanent workforce is also supplemented with a casual nursing and administrative workforce and a roster of Visiting Medical Officers (Emergency Medicine Specialists and General Practitioners). This provides rostering flexibility and allows us to respond quickly to changes in demand.

68%
full-time

86%
permanent

70%
nursing/midwifery

9%
medical

7%
allied health

3.1%
identify as Aboriginal

76%
are female

About
40%
speak a language
other than English
at home

About
10%
identify as LGBTQI+

Focus areas

The *Sydney Virtual Strategic Plan* has seven Focus Areas which align with the *Sydney Local Health District Strategic Plan 2025–2030*.

1 Our services



2 Our communities, partnerships and environment



3 Our patients, families, carers and consumers



4 Our staff and education



5 Our research, innovation and commercialisation



6 Our facilities and digital health infrastructure



7 Our sustainable future



1 Our services



Sydney Virtual has transformed hospital care by demonstrating the breadth and acuity of care that can be delivered safely in the community. Sydney Virtual will continue to focus on providing safe, equitable and high value care through continuous evaluation and improvement, alignment with national standards and accreditation requirements.

We will continue to leverage from our experiences and infrastructure to develop and deliver new models of care and to optimise health resources by delivering the right care, at the right time in the right place.



Strategy 1.1

Establish Sydney Virtual as a Centre of Excellence for virtual healthcare, providing safe, equitable, high-quality care with excellent outcomes.

Actions

Ensure Sydney Virtual is fully accredited as a stand-alone hospital facility under the National Safety and Quality Health Service Standards (including the National Clinical Trials Governance Framework), the National Aged Care Quality Standards and other relevant accreditation and performance requirements.

Inform the development of national virtual care accreditation standards.

Maintain excellence in training and education in virtual care, including accreditation for vocational education with the Royal Australian College of General Practitioners and accreditation as a virtual care site with the Australasian College of Emergency Medicine and other professional colleges as our workforce matures.

Strategy 1.2

Shift more care from the District's acute hospitals to Sydney Virtual, to support system capacity and deliver an enhanced patient experience.

Actions

Identify and assess opportunities to introduce more flexible, cohort agnostic models of care that respond to acute facility need and support earlier discharge.

Introduce new remote patient monitoring models of care for patients undergoing Acute Day Only Surgery, informed by the acute diverticulitis clinical trial.

Streamline referral by introducing a centralised intake service for the facility.

Strategy 1.3

Expand Virtual Urgent Care to further reduce the demand for the District's Emergency Departments and provide timely access to care for patients.

Actions

Continue to evaluate the Virtual Hubs in RPA, Concord and Canterbury Hospitals' Emergency Departments.

Investigate opportunities to provide a surge response to the Balmain Hospital General Practice Clinic.

Identify new technologies to improve access to virtual urgent care for people who are deaf or hearing impaired.

Partner with the District's Diversity Hub and the Ministry of Health to support increased use of Healthdirect by people from Culturally and Linguistically Diverse backgrounds, including people who have low English proficiency.

Partner with the District's Aboriginal Health Services to increase awareness of virtual urgent care amongst local Aboriginal communities.

Expand case management programs for patients who frequently present to the Emergency Department with complex health and social care issues, including specific initiatives to support Aboriginal patients.

Investigate, in collaboration with NSW Health Pathology, opportunities to increase access to home pathology collection to further enhance the patient experience of care delivered in the home.

Strategy 1.4 Strengthen the virtualADULTS Urgent Care Service to reduce Emergency Department demand and improve timely access to urgent care across metropolitan New South Wales.	Strategy 1.5 Expand access to virtual care services in the community.	Strategy 1.6 Further develop the Sydney District Nursing wound care model of care.
Actions Expand the virtualADULTS Urgent Care Service to a 24-hour service. Expand the existing referral pathways to virtualADULTS to include referral pathways from NSW Ambulance and residential aged care homes. Contribute to further development and evaluation of the model of care and associated governance systems of virtualADULTS, in partnership with the NSW Ministry of Health, Western NSW LHD, NSW Ambulance, Sydney Children’s Hospitals Network, Hunter New England LHD and NSW Ambulance and Healthdirect Australia.	Actions Build the after-hours urgent care pathway for residential aged care homes in the District to avoid unnecessary resident transport to an Emergency Department. Further improve accessibility for priority populations including people from Culturally and Linguistically Diverse backgrounds, people who are Aboriginal, people at risk of or experiencing homelessness and people with disabilities, through ongoing review of services. Implement the ‘vE-Connect’ Eating Disorders Service to support early intervention in the community.	Actions Implement new virtual and hybridised models, including expanding the use of digital wound assessment applications. Expand the reach of the Wound Care Command Centre to Sydney District Nursing patients to support the management of ‘hard to heal’ wounds. Promote patient independence and autonomy by introducing a self-management wound model of care (for appropriate patients), including early screening of wound care patients to understand patient, carer and family capabilities to self-manage wounds. Introduce a virtual patient liaison service to educate wound care patients on relevant resources, information, and general follow-up to increase health literacy and concordance.

Strategy 1.7 Expand access to palliative and end of life care, including support to choose a preferred place of death.	Strategy 1.8 Ensure that in-person community nursing services remain responsive to the changing health needs of the community and the health system.	Strategy 1.9 Leverage existing Sydney Virtual models of care, to support the expansion of virtual care services across the District.
Actions Improve awareness and access to Voluntary Assisted Dying for eligible patients. Improve access to palliative services for Aboriginal people, their families and communities. Partner with the District’s Aboriginal Health Services and Aboriginal Health Workers, Aboriginal community-controlled organisations, Aboriginal people and agency partners to improve the design, delivery, monitoring and evaluation of palliative care services for local Aboriginal communities. Undertake an evaluation of the Chronic Disease Palliative Care service.	Actions Extend Sydney Virtual medical governance to Sydney District Nursing patients, where there is no identified medical practitioner involved in their care. Establish a new intake service for Sydney District Nursing and investigate opportunities to expand to manage referral intake for all Sydney Virtual services. Review the Sydney District Nursing workforce to ensure that it meets the service needs of the community and assess the need for new specialised roles and competencies. Increase direct General Practice referrals to Sydney District Nursing, to support more patients to remain out of hospital. Investigate opportunities to provide allied health services to Sydney District Nursing patients.	Actions Support the development of a District Virtual Care Strategy. Promote the design and implementation of virtual models of care across the District. Support expanded virtual care services for priority populations. Collaborate with primary care providers, Aboriginal Community Controlled Health Organisations, other metropolitan local health districts, and with regional, rural, and remote partners to support the implementation and scalability of targeted virtual care services.

2

Our communities, partnerships and environment



Equity is a key priority with strategies that support individuals and communities to live healthier, more independent lives.

Sydney Virtual is committed to Closing the Gap by recognising our role in improving the health of our Aboriginal communities and partnering with Aboriginal people to ensure that our services are culturally competent, respectful and accessible.



Strategy 2.1

Measurably improve the health of our Aboriginal communities.

Actions

Implement the District's Aboriginal Health Strategic Plan and Aboriginal Workforce Strategy by developing a Sydney Virtual Aboriginal Health Action Plan.

Implement the NSW Health Aboriginal Culture Engagement audit tool and develop an associated Sydney Virtual Action Plan to address identified areas for improvement.

Promote early referral to services that will maximise quality of life and avoid unnecessary hospital admission, in particular, management and support of patients with chronic conditions and patients who are palliative or nearing End of Life.

Ensure services address healthcare and wellbeing holistically including social, physical, mental and spiritual, cultural and environmental health needs.

Continue to build a culturally competent, respectful and strong service by ensuring high compliance with Respecting The Difference education, employment of Aboriginal staff, inclusion of targeted roles, development of Aboriginal specific patient material, display of artworks, and the integration of agreed languages and naming of services and programs.

Continue a focus on care on country by delivering virtual care to support Aboriginal patients to avoid unnecessary travel to metropolitan health services, in collaboration with rural and regional LHDs, primary care and Aboriginal Community Controlled Health Organisations.

Strategy 2.2

Support patients to manage their own health, to maintain quality of life and avoid unnecessary hospital presentations.

Actions

Continue the smoking cessation clinics for Respiratory Chronic Care patients including subsidised nicotine replacement therapies.

Redesign the Respiratory Chronic Care Service to include after-hours support for patients and access to virtual care for stable, long-term patients.

Implement an annual vaccination program for Sydney District Nursing patients and their household members, in their homes or local area.

Develop and implement targeted risk assessments and screening on admission.

Integrate health promotion messages, referrals and interventions into clinical encounters to 'make every encounter count'.

Support selected patient cohorts to maintain their health by introducing targeted and automated health promotion messages

- Reducing tobacco use and nicotine addiction, including vaping
- Reducing alcohol and other drug harm
- A healthy diet
- Increasing physical activity
- Increasing cancer screening and prevention
- Improving immunisation coverage

Strategy 2.4 Strengthen integration with primary care and improve health outcomes for patients by partnering with the Central and Eastern Sydney Primary Health Network (CESPHN).	Strategy 2.5 Prepare for pandemics and other threats to population health.	Strategy 2.6 Support health equity and address the impacts of the social determinants of health.	Strategy 2.7 Empower people with life-limiting conditions to achieve the highest quality of life possible, through holistic, person-centred support.
--	---	---	---

Actions Collaboratively plan and deliver services with the CESPHN and general practitioners/ primary care and maintain shared governance committees between CESPHN, SLHD and Sydney Virtual. Collaboratively co-commission services and projects to support the health and wellbeing of priority populations, people who are homeless or experiencing homelessness and residents of residential aged care homes. Support the professional development of primary care providers in virtual care including through the Royal Australian College of General Practitioners’ training program and opportunities to support joint clinical placements. Build an Urgent Care Clinical Community of Practice in NSW across virtual urgent care services and General Practitioner-led urgent care clinics in collaboration with CESPHN. Integrate care and share data across primary care and private healthcare providers, as well as research related data such as the Lumos database.	Actions Support the District’s ‘all hazards’ emergency preparedness strategy using Sydney Virtual’s infrastructure. Maintain outbreak preparedness to support the NSW Health system response to extreme climate/ disaster events, including working with key partners such as the District’s Public Health Unit and CESPHN.	Actions Strengthen the focus on geographic areas with high socio-economic disadvantage by working with community-based care teams. Enhance pathways to virtual urgent care by working with the District’s Homelessness program and community-based services. Continue to provide psychology and social work services for virtual care patients with mental health issues and social care needs. Implement District policies and strategies regarding care for people who are Medicare ineligible, including asylum seekers and people on temporary visas.
--	---	---

Actions Strengthen existing and develop new models of care to maximise quality of life and prevent, slow or reverse a decline in health for older people, people living with disability and those with cognitive impairment. Support residents living in residential aged care homes through access to virtual urgent care, the Wound Care Command Centre and Sydney District Nursing specialist palliative care.



3



Our patients, families, carers and consumers

Sydney Virtual is committed to improving the patient experience of care and ensuring that our services remain patient-centred and responsive to the changing needs of our community. Patient outcomes and experiences inform decision-making and drive service improvements, with consumer and community engagement a key priority.

Ensuring accessible health information and supporting health literacy for our diverse community, particularly those from culturally and linguistically diverse backgrounds, is important to Sydney Virtual. The development of specific roles to support digital navigation and access will further enhance the patient experience of virtual care.



Strategy 3.1

Ensure patient outcomes and experiences inform decision making, policy and planning.

Actions

Engage a diverse range of consumers in the development and interrogation of policy, planning, service delivery, safety and quality, consumer resources, digital tools, research and evaluation, through governance committees and targeted consultations.

Provide patient experience surveys online and in language.

Expand the collection of patient reported outcome measures to inform service planning, delivery and evaluation of clinical effectiveness.

Strategy 3.2

Support improved health literacy and access to information and services through targeted access strategies.

Actions

Further develop the Digital Patient Navigator role to assist virtual care patients with low digital literacy with device and application set-up and use and with general tech troubleshooting.

Further expand the program for distribution of re-purposed smart devices and data packages to patients who require these to engage in virtual care.

Work with partner agencies to develop new strategies to improve the digital literacy of targeted populations.

Improve access to health information, health promotion and virtual care through a range of digital health strategies and platforms including the wound care application, social media, in language media, apps, online patient resources, and face-to-face programs.

Continue to educate staff in communicating and delivering care for people with diverse health literacy levels.

Improve service navigation and transitional care by providing in language resources, appointing navigators, peer workers, cultural support workers, healthcare interpreters, bilingual staff and patient advocates.

4

Our staff and education



Sydney Virtual is committed to an inclusive, innovative, high performing and positive workplace. With a focus on staff engagement, skills development and wellbeing, our staff will be empowered to deliver culturally safe, high-quality person-centred healthcare. The outcomes from the Sydney Virtual annual NSW People Matter Employee Survey will further guide changes and improvements in our workplace.

Our workforce structure supports the rotation and upskilling of staff, including the rotation of nursing staff between the Virtual Care Centre and Sydney District Nursing, allied health staff between the Virtual Care Centre and hospital outpatient clinics. All medical staff have fractional appointments which ensures that face-to-face clinical skills are maintained, supports the relevance of new models of care and enhances relationships and collaboration across the District. Training and education opportunities, the provision of flexible work practices and employee recognition are key to attracting, recruiting and retaining staff to ensure a resilient and future-focussed workforce.



Strategy 4.1

Ensure a healthy and engaged workforce.

Actions

Recognise and celebrate staff performance and achievements.

Engage staff in decision-making, service and model of care planning, monitoring and evaluation.

Provide support, clinical supervision and education to all clinicians, new graduates, trainees and students.

Develop strong, effective and diverse leaders dedicated to service excellence, compassionate and person-centred care.

Expand the healthy workplace initiatives available to staff including meditation, subsidised gym access, social and team events, management of fatigue and promoting a healthy environment.

Support flexible working arrangements, including longer and more flexible shifts and working from home, where it is practicable to do so.

Maintain and expand Aboriginal-specific positions in Sydney Virtual to provide culturally safe care to Aboriginal patients and to advise the clinical workforce on the delivery of culturally safe care, including Aboriginal Health Workers, Senior Aboriginal Health Workers and Aboriginal Cultural Support Officers.

Strategy 4.2

Embed an organisational culture dedicated to the elimination of racism and the delivery of culturally safe care.

Actions

Support staff education, understanding and knowledge to ensure respectful behaviours and a culture of challenging and resolving racism.

Assist Aboriginal patients, their family and/or carers to raise concerns regarding their care with their treating team, supported by a transparent and responsive process.

Monitor Employee Assist Program and People Matter Employee Survey data for indications of staff experiencing or witnessing racism in the workplace.

Support the Sydney Virtual Aboriginal workforce to thrive by providing a culturally safe working environment, traineeships, further education and training and career opportunities.

Improve engagement of the Sydney Virtual workforce in the annual NSW People Matter Employee Survey and maintain workplace culture workshops to facilitate solutions developed by frontline staff.

Ensure a workplace culture that is not tolerant of bullying, sexual harassment, discrimination, racism, aggression, or other harmful behaviours.

Strategy 4.3

Attract and retain a highly skilled workforce.

Actions

Support high quality clinical training and delivery of virtual care across all disciplines by developing, evaluating and publishing exemplar clinical competency tools.

Develop and formalise virtual care credentialling and competency capabilities and assessments.

Position Sydney Virtual as an employer of choice, with a strong value proposition, including our innovation, clinical and research excellence and high-quality performance.

Develop a workforce plan to ensure Sydney Virtual is positioned to meet the forecasted demand for healthcare.

Investigate opportunities to define and develop subspecialty scope of practice for Sydney Virtual General Practitioners.

Support recruitment through educational initiatives, school programs, student placements and employment programs.

Continue to support equitable and efficient recruitment, onboarding, performance and talent management.

Develop initiatives that support entry, re-entry, retention, career planning and progression, including rotations through acute, community and virtual care settings, education, coaching, mentoring and supervision.

Build talent pipelines to ensure the sustainability, development and capacity of the workforce, for example:

- Nurse Unit Manager, Advanced Practice Nursing and Clinical Nurse Educator talent pools
- New Wound Care Clinical Nurse Specialist positions in Sydney District Nursing to support capacity and provide an avenue for Registered Nurse Wound Care Champions to specialise
- Replicate the Wound Care Champion model by nominating Registered Nurses to provide clinical support for Hospital in The Home patients and work towards future Clinical Nurse Specialist roles ('IV-League')

Advance the virtual urgent care nursing workforce by introducing new nurse-led pathways and a nurse practitioner role.

Implement a structured annual mentoring program to upskill Registered Nurses in digital wound care, complex wound management and research to support succession planning and reduce specialist burden.

Develop the virtual urgent care medical workforce by introducing urgent care General Practitioners and the supervision and training of General Practice registrars.

Undertake workforce re-design to introduce the required workforce to support overnight virtualADULTS medical coverage.

Strategy 4.4

Provide a safe and innovative workplace.

Actions

Maintain a strong work health and safety culture including regular reporting of hazards and incidents and clinician participation in work health safety governance.

Build staff capacity to provide trauma-informed responses and support recovery from trauma.

Provide staff with opportunities to contribute ideas for workplace and healthcare improvement and innovation, eg, Sydney Virtual Workplace Culture Workshops, The Pitch and Think Tanks.

Expand the digital capabilities of staff including the uptake of new and emerging technologies, eg, apps, devices.

Investigate the opportunity to introduce a junior pharmacist, potentially through a rotating junior pharmacist placement, to enable more community-based pharmacist support for Sydney District Nursing Hospital in The Home and palliative care patients.

Strategy 4.5

Ensure our workforce reflects our diverse communities.

Actions

Acknowledge and celebrate the diversity of the Sydney Virtual workforce.

Expand our Aboriginal workforce to meet or exceed the 3.4 per cent NSW Health target and work towards achieving the Aboriginal workforce targets across salary bands, in particular by increasing Aboriginal traineeships in administration and nursing.

Introduce and expand innovative education and workforce roles, including digital navigators, people with lived experience, peer educators, bicultural workers and community health navigators.



5



Our research, innovation and commercialisation

As a Centre of Excellence, Sydney Virtual is committed to building the evidence base for innovative virtual care through high impact research including clinical implementation and economic evaluation. Sydney Virtual provides a specialist virtual care research hub, that concentrates virtual care clinical expertise and provides an established research governance structure and leadership, that further drives innovation and translation to evidence-based care.

We value our highly collaborative partnerships with key research groups including the Leeder Centre for Health Economics, Policy and Data, the Institute for Musculoskeletal Health, the Centre of Research Excellence for Integrated Health and Social Care, the Sydney Health Partners' Virtual Care Clinical Academic Group, the RPA Green Light Institute and the Digital Health Cooperative Research Centre. These partners and our proven ability to attract grant funding, and national and international researchers, strengthens our position as a leader in virtual care research.

Sydney Virtual is committed to building the research skills and capability of the Sydney Virtual workforce and supporting staff participation in a range of research activities, from quality improvement projects, developing research publications and presenting at forums and conferences. We will continue to strengthen our research culture across all services and disciplines and actively promote the involvement of consumers, carers and priority populations in co-design, governance and evaluation.



Strategy 5.1

Embed research, innovation, translation and commercialisation into clinical care and service delivery.

Actions

Conduct original research as a Centre of Excellence in Virtual Care and contribute to the evidence regarding innovation, safety, equity and effectiveness of virtual care and care in the community.

Build the evidence regarding the delivery of virtual care by conducting clinical trials in novel models of care, and other high-quality research and evaluation studies.

Ensure the active participation of patients, carers, families and communities in research governance, the development of research questions, implementation, evaluation and performance monitoring.

Collaborate with the District's Aboriginal Health Services, Aboriginal researchers, staff and communities to lead, develop and co-design research, particularly research that will assist in closing the gap.

Ensure research excellence, innovation and achievements are promoted through peer-reviewed publications and conference presentations.

Collaborate with targeted industry groups, research institutes, universities and other health agencies to accelerate research development, translation and commercialisation.

Accelerate research that addresses inequalities in underserved and disadvantaged populations including culturally and linguistically diverse communities and people who are experiencing or at risk of homelessness.

Leverage from the learnings of the COVID-19 pandemic response to create a research framework that can swiftly respond to pandemics and emergencies.

Strategy 5.2

Support an organisational culture that prioritises research and innovation.

Actions

Maintain and expand Sydney Virtual’s position as a global leader in virtual care research and evaluation by contributing to the evidence through published evaluation, peer-reviewed journal articles and conference presentations.

Provide opportunities and training for staff to participate in quality improvement, knowledge sharing, qualitative and quantitative research, translation and innovation.

Provide targeted support for nursing and allied health staff to engage in learning and insight activities, including quality improvement initiatives.

Build research literacy by providing support, mentoring and infrastructure to grow research including education in data management, statistical analysis, grant submission, writing for publication and pathways to commercialisation.

Expand internships, student placements, higher degree opportunities and other development opportunities for staff across disciplines to grow research, innovation and commercialisation.

Continue to showcase virtual care research and innovation, including at an annual Virtual Care in the Community Research Symposium.

Strategy 5.3

Strengthen existing partnerships and establish new collaborations to support research, innovation and commercialisation.

Actions

Support existing. and develop new. research collaborations across internal and external clinical services, agencies, tertiary institutions and research and health institutes to undertake research and evaluation of novel models of virtual care.

Develop strategic partnerships to develop and commercialise products and innovations, including providing health startup incubation, commercialisation and procurement pathways.

Investigate opportunities to utilise the Sydney Biomedical Accelerator infrastructure to champion, engage with and develop innovation in clinical trials, virtual and digital health.

Grow the Sydney Virtual commercial portfolio, including developing a Sydney Virtual strategy for engaging with targeted industry groups, the management of intellectual property and commercial partnerships.

Investigate opportunities to operate as a test site for piloting virtual health technologies, in collaboration with research, industry and agency partners, including eHealth NSW, Health Infrastructure and NSW Ministry of Health’s Agency for Clinical Innovation and Connected Care team.



6

Our facilities and digital health infrastructure



Although not a traditional ‘bricks and mortar’ health facility, Sydney Virtual has substantial infrastructure requirements. Digital infrastructure (hardware and software) is required to support service provision across the District and NSW. Physical infrastructure is required for Sydney Virtual staff to provide their services from, including virtual care pods and the need to provide face-to-face services outside of a patient’s home, including Sydney District Nursing ambulatory care clinics in the community. Sydney Virtual will participate in the District’s Emergency Department and HealthOne Community Facility planning to ensure that these specific needs are reflected in future infrastructure builds.

The Single Digital Patient Record is a significant transformational digital project for NSW Health and Sydney Virtual will actively engage in planning and implementation to ensure that virtual healthcare needs are fully considered.



Strategy 6.1

Support the development of the Single Digital Patient Record and provide innovative and secure digital services, leveraging Sydney Virtual’s role as an exemplar for virtual care implementation.

Actions

Collaborate with the District’s Digital Health and Innovation services, eHealth NSW and the NSW Health Single Digital Patient Record Implementation Authority to support the delivery of the SDPR and ensure suitability for care in the community.

Review Sydney Virtual models of care and clinical service requirements to optimise the functionality of SDPR and EPIC.

Develop and implement an Information Technology ‘roadmap’ for Sydney Virtual, including the implementation of SDPR and EPIC.

Work to ensure eMR functionality, including e-prescribing and electronic ordering for pathology and radiology.

Develop personalised digital patient journeys in collaboration with consumers and carers, including patient portals, digital referrals, appointment management, check-in and queue management, patient reported measures and enhanced connection with clinicians.

Strategy 6.2

Strategically invest in and embed new medical and digital innovations and technologies that enhance care.

Actions

Strategically invest in innovative medical and digital technologies, remote monitoring tools, software and AI applications within a structured research and governance framework.

Partner with NSW Health, clinical and industry stakeholders to evaluate and adopt scalable technology solutions and infrastructure requirements.

Strategy 6.3

Ensure equitable access to care across the District by enhancing existing facilities and advocating for infrastructure that supports digitally enabled virtual care in new healthcare facilities.

Actions

Contribute to the District’s clinical services planning to introduce Sydney District Nursing ambulatory care clinics in the Canterbury and Concord areas, including in new HealthOne facilities.

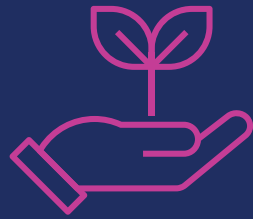
Support planning for RPA Hospital and Canterbury Hospital Emergency Department redevelopments, incorporating suitable spaces for virtual care.

Plan for the refurbishment, upgrade and expansion of the Virtual Care Centre and Sydney Virtual team facilities.

Co-design healthcare facilities and digital environments with consumers to ensure they are culturally safe, adaptable, accessible and respectful.

7

Our sustainable future



Our sustainable future will be enabled by a strong governance framework that supports financial performance, data management and analytics and prioritises the delivery of high-value care and sustainable health practices.

Providing healthcare has a significant impact on our environment. Sydney Virtual is able to impact the reduction of carbon emissions through the delivery of virtual care. Sydney Virtual will continue to design and deliver virtual models of care that support the and align with our District and NSW Government sustainability principles.



Strategy 7.1

Meet Sydney Virtual performance indicators as prescribed by Sydney Local Health District and the NSW Ministry of Health.

Actions

Support systems that enable robust clinical, financial, strategic and change management performance.

Develop operational and performance plans aligned to this strategic plan to ensure its implementation.

Strategy 7.2

Provide leadership in health environmental sustainability to address climate change.

Actions

Drive an organisational culture that incorporates environmental sustainability as a matter of routine, making sustainability everyone's business.

Evaluate the impact of Sydney Virtual's virtual care delivery on the reduction of carbon emissions and environmental sustainability in economic evaluation reports.

Collaborate with key partners to design virtual services that decarbonise clinical care without compromising the quality and equity of healthcare.

Preference models of care, service and system strategies that align to sustainability principles.

Ensure improved sustainability of Sydney Virtual facilities and infrastructure, eg -increase digital infrastructure, leverage cloud services.

Strategy 7.3

Achieve financial sustainability.

Actions

Continue to collaborate with the Leader Centre for Health Economics, Policy and Data, to critically evaluate the value of virtual hospital care, critically analyse available funding models and make recommendations for appropriate funding of virtual care.

Contribute to the development of a national virtual care funding classification and flexible funding models, by sharing Sydney Virtual economic evaluation findings with the NSW Ministry of Health and the Independent Hospital and Aged Care Pricing Authority.

Continue to lead the Virtual Care Costing Study in collaboration with the NSW Ministry of Health.

Seek opportunities to optimise external funding for services, including an extension of the current NSW Health/Department of Health, Disability and Aged Care Bilateral Agreement funding for 'innovative projects' to continue to support virtual care delivery.

Strategy 7.4

Ensure strong, ethical and transparent governance.

Actions

- Ensure** rigorous clinical, financial, performance, strategic and change management governance and associated reporting.
- Ensure** that Sydney Virtual policies meet national, state, District and clinical standards and clinical audits monitor the clinical effectiveness and safety of these policies.
- Maintain** digital and cyber-security governance, planning, education, risk management and critical incident management in collaboration with District, statewide and national agencies.
- Continue to advance** Aboriginal Health through shared governance structures that empower voice and truth telling, including Aboriginal representation on the Sydney Virtual Aboriginal Health Working Group which reports to the SLHD Aboriginal Health Steering Committee.
- Support** cross-agency service delivery by working with partner agencies to develop clinical governance structures and systems, eg-Healthdirect Australia, NSW Ambulance, other local health district partners.

Strategy 7.5

Further develop data and information to support innovation and excellence.

Actions

- Enable** data to be safely and securely used for operational and clinical analytics, research and evaluation.
- Ensure** robust financial, performance, contract, research, and outcome metrics drive high performance, responsible decision making, quality strategy and positive clinical and research outcomes.

Strategy 7.6

Ensure efficient, value for money procurement and contract management.

Actions

- Ensure** Sydney Virtual supports sustainable, robust, and socially responsible strategies for procurement and consumption including for medical supplies, technology, equipment, and corporate supplies.
- Ensure** the processes for appointing vendors are efficient and support the timely uptake of new models of care and technologies.



Appendix A

Sydney Local Health District Virtual Hospital service descriptions

Virtual Care Centre

The Virtual Care Centre provides multi-disciplinary clinical care for patients with acute and sub-acute medical conditions. Patients enrolled for virtual care are supported through a hybrid model in their home and have access to the Virtual Care Centre clinical team twenty-four hours a day, seven days a week.

Virtual Urgent Care

The Virtual Urgent Care Service facilitates virtual clinical assessment, medical review and care for patients. Referrals in Sydney Local Health District are received from Virtual Hubs in hospital Emergency Departments, Sydney District Nursing, targeted homelessness non-government organisations and General Practitioners.

virtualADULTS is a service within the Virtual Urgent Care Service and partners with Healthdirect Australia and NSW Ambulance to implement a Single (digital) Front Door for urgent care. Sydney Virtual delivers the virtualADULTS ‘Metro Hub’, servicing all metropolitan local health districts, the Illawarra-Shoalhaven and Central Coast.

Features

- Hybrid model
- Emergency medicine and GP specialists
- Specialist nurse triage and assessment
- Short Stay Unit and Follow-Up clinic

Acute Respiratory Infections

The Acute Respiratory Infections clinic provides remote monitoring, assessment and review for an acute respiratory infection, including COVID-19.

Features

- Hybrid model
- Medically-led
- Daily nurse assessment
- In-home IV antibiotics and titration of asthma/COPD

Acute Diverticulitis

This service provides virtual care and support for patients with acute diverticulitis at home. Remote monitoring devices support review of vital signs. This service was delivered as part of a small clinical trial in 2023/24. The results of the trial have informed the introduction of the service ongoing.

Features

- Hybrid model
- Daily nurse assessment and medical review
- In-home IV therapy
- Medication management
- Remote monitoring using wearable devices

Virtual Rehabilitation Service

The Virtual Rehabilitation Service supports earlier discharge home for adult patients who require short-term intensive rehabilitation. The service provides early and intensive multi-disciplinary therapies.

Features

- Hybrid model
- Virtual allied health therapy
- Rehabilitation specialist medical review
- Individual and group programs
- Mixed diagnoses

Virtual Trauma Clinic

The Virtual Trauma Clinic is a multi-disciplinary follow-up clinic for trauma patients with injuries such as rib fracture, concussion syndrome and limb injuries.

Features

- Specialist nurse-led review
- Care coordination
- Medical review
- Physiotherapy, psychology and social work reviews

Virtual Fracture and Low Back Pain Clinics

The Virtual Fracture Clinic is a physiotherapy-led service that manages patients with clinically and radiologically diagnosed simple fractures. Referrals are from General Practitioners, from Sydney Local Health District Emergency Departments and Orthopaedic Outpatient Clinics.

The Low Back Pain Program, known as Back@Home, is a hybrid model of care that supports patients with acute, non-serious (ie –non-specific and radicular) low back pain at home to avoid an unnecessary hospital admission.

Features

- Hybrid model
- Virtual physiotherapy
- Scheduled reviews
- Orthopaedic support
- Medical review
- Adults and paediatrics

Wound Care Command Centre

The Wound Care Command Centre is a nurse-led service that provides specialist wound care and advice to clinicians, patients and their treating General Practitioner. Care is augmented by a digital wound application with artificial intelligence.

Features

- Hybrid model
- Specialist nurse-led
- Coordination of care including shared care

Emergency Department to Community

The Emergency Department to Community program is an intervention for patients 16 to 70 years who are frequent users of the Emergency Department and/or NSW Ambulance and who have complex health and social needs. A multi-disciplinary team provides short team case management and care coordination. Referrals are from the NSW Patient Flow Portal and SLHD Emergency Departments.

Features

- Medical and Social Work co-leads
- Medical, social work and psychology assessment
- Cross-agency care coordination
- ED management plans

‘Yudi’ Aboriginal Chronic Disease Care Coordination

The Yudi Aboriginal Chronic Disease Care Coordination service is for Aboriginal people with chronic conditions who have been discharged from an inpatient stay in a Sydney LHD hospital. 49% of patients reside in SLHD, an overall 60% reside in metropolitan Sydney and the remainder from regional and rural LHDs.

Features

- Hybrid model
- Aboriginal Health Worker-led
- Patient contact within 48 hours of hospital discharge
- Assessment of wellbeing and social supports
- Review of discharge plan
- Review of medications
- Pharmacist support with understanding medications
- Virtual follow-up appointments
- Liaison with primary care and NGOs

Long COVID Program

The Long COVID Program accepts patients with enduring COVID-19 symptoms that have not been resolved in primary care. The clinic includes assessment and review, liaison with the patient’s General Practitioner, recommendations for management, and an eight-week allied health self-management support program.

Features

- Medical review of treatment plans
- Multi-disciplinary care review and management recommendations
- Streamlining care coordination
- Allied health group program supporting self-management

Eating Disorders

The Virtual Eating Disorders Connect (vE-Connect) service is a single point of contact for clinicians and other providers caring for people with eating disorders. vE-Connect provides support for service navigation and is available to clinicians caring for patients 16 years or older with a suspected or diagnosed eating disorder. Referrals are accepted from General Practitioners, Emergency Departments, Community Mental Health Services, inpatient teams and community-based healthcare professionals.

Features

- Medical review of treatment plans and multidisciplinary care navigation via case conference.

Implementation of Phase 2 will extend vE-Connect to include patients of all ages including children under the age of 16 years.

In-Home Community Nursing and Allied Health Services

Sydney District Nursing

Sydney District Nursing provides acute, sub-acute and post-acute care as a substitute to in-hospital care for patients in the community. Care is provided in the patient’s home, at a Health Centre ambulatory care clinic or other community setting, including residential aged care homes.

Hospital in The Home

Nursing care provided in the patient’s home in partnership with SLHD Hospital in The Home clinical teams. Common conditions treated include cellulitis, bacteraemia, endocarditis, pneumonia, septic arthritis, urinary tract infections, wound infections and liver abscesses.

Features

- Inpatient admission
- Medical reviews
- Short and long-term in-home IV therapy
- Wound management

Wound Care/Chronic and Complex Care

Most Sydney District Nursing chronic and complex service referrals are for wound management that requires specialised nursing care.

Features

- Hybrid model with use of an wound management application
- Nurse-led care provision and specialist nurse review
- Comprehensive care planning
- Superior wound products
- Negative pressure wound therapy and compression bandaging
- Conservative sharp wound debridement
- Post-surgical wound and drain management
- Hard to heal wound management
- Continence care assessment and management
- In-home IV therapy

Palliative Care (General)

Every patient deserves comfort, dignity and support when receiving palliative and end-of-life care. This is primarily an adult service, with children admitted on request.

Features

- Hybrid model with 24/7 Palliative Care Patient Advice Line
- Nurse-led care provision and specialist nurse review
- Medical assessment and review
- Multidisciplinary approach
- In-home assessment and symptom management
- Advance Care Planning
- Carer education and support
- End of Life care
- Supported death at home

Palliative patients, their families and carers are supported by our nurses to die in the patient’s preferred place of death.

Palliative Care (Patients with a Chronic Disease)

This service provides specialist allied health support, a Clinical Nurse Consultant and a Senior Aboriginal Health Worker. The service collaborates with Sydney District Nursing to enhance community care for people in the last two years of life with late-stage degenerative and chronic conditions, including respiratory, cardiac, neurodegenerative, renal diseases and dementia. The key focus of the service is to maximise quality of life and optimise symptoms.

Respiratory Chronic Care

Comprehensive disease management for patients with chronic respiratory conditions such as asthma, Chronic Obstructive Pulmonary Disease and bronchiectasis. The service focusses on early detection, prevention and patient education to reduce exacerbations and complications. The program promotes healthy behaviours such as smoking cessation and pulmonary rehabilitation.

Features

- Multi-disciplinary assessment
- Nurse-led treatment and care and specialist nurse review
- Comprehensive care planning and care coordination
- Patient and carer education
- Long-term follow-up and management

Specialist HIV Nursing

Specialist nurse-led care including care coordination. The complexity of this patient cohort has continued to increase with 90% of patients having a mental health diagnosis, 80% experiencing a substance use problem and all patients having other co-morbidities such as stroke, dementia and neurodegenerative conditions.

Features

- HIV Specialist medical assessment and review
- Individualised case management

Appendix B

The planning framework



