HKM the Key to Unlocking a Digitized Defence Health Capability

Lieutenant Colonel David Bullock

Abstract

JP2060 is the overarching Joint Project for the modernisation of the Deployed Health Continuum for the ADF. Having completed Phases 1 & 2, which were both incremental and evolutionary improvements to deployed health equipment. The remaining Phases include: Phase 3 (Health Clinical Care) and Phase 4 (Health Knowledge Management), both of which cover the complete spectrum of the Deployed Health Continuum (DHC).

Phase 4 (Health Knowledge Management) has been sanctioned by VCDF and the Parliamentary Investment Committee to investigate the feasibility of developing one "harmonised' solution to support Garrison and Operations. The outcome is the most optimal model representing best e-clinical practice. There are few e-health systems across the globe which included such a wide clinical practice and geographic scope. As such, the development of this capability represents leading edge technological capability development.

The first stakeholder workshop has been completed in Mar and Apr 17, whereby the HKM lead staff conducted a series of workshops across all stakeholders to ascertain the level of understanding across defence of e-health systems including e-health data, e-health information systems and e-health knowledge management including what systems are currently available and utilised across the ADF including the deployed health continuum (DHC). The second component of this inaugural workshop is designed to allow stakeholders to express 'what it is that they want' which informs the project team of defence needs and wants in achieving digitised clinical best practice.

The intent of this presentation is to provide feedback from the series of first workshops, displaying trend analysis of the current level of e-health knowledge / awareness and common emergent threads that are informing future capability and project development. I intend to work with KPMG to build a smart phone app facilitates a live interactive educative session.

Biography

Lt Col Bullock joined the RAAMC as a Lateral Transfer from the British Army in 2007 as a Health Services General Support Officer. 35 Years of military service have witnessed him deploy with, in support, and in command of combat health units to Northern Ireland,

the Balkans, North Africa, Iraq, Afghanistan and other Middle East countries, providing health support to the complete spectrum of operations.

Within the ADF he has been employed as a Coy Comd at 2 HSB, lead health planner HQ 1 Div, OPSO 2 GHB, DCI at the Land Warfare Centre and SO1 Joint Health Capability Joint Health Command where he is currently the lead for JP2060 Ph4 (Health Knowledge Management).

LTCOL Bullock is a keen academic with a passion for the professionalisation of ADF health services management. He has a Masters in Public Health, Health Management, Business Administration and an MSc and holds a lecturing position at the UQ School of Public Health.

He is the founder and chair of the Australasian College of Health Services Management Defence Special Interest Group. As the College's only Defence Fellow, he is currently and is mentoring two College Fellowship candidates in 2017.

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That was Close: 'Near misses', 'Dangerous Occurrences' and 'Hazardous Exposures' in the Australian Army

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Abstract

Introduction: Occupational health and safety incidents, such as 'hazardous exposures', 'near misses' and 'dangerous occurrences', place the safety of military personnel at serious risk. These incidents, which can differ between service type (e.g. full-time and reserve personnel) can serve as a warning to the Australian Army as to where future potential injuries and fatalities may occur if risk management strategies are not implemented.

Aim: The aim of this study was to investigate reported incidents in Australian Army personnel and compare differences between full-time (Australian Regular Army [ARA]) and part-time (Army Reserves [ARES] personnel.