Rewriting the record: Leveraging a unified digital patient record to transform clinical outcomes and research in public alcohol and other drug services

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Background: The NSW Health Single Digital Patient Record (SDPR) represents a major reform in how clinical data are captured and used across the health system. In public alcohol and other drug (AOD) services, fragmented clinical and outcomes data have historically limited the ability to evaluate treatment and inform state-wide clinical practice improvements.

Description: SDPR integrates all clinical information systems, treatment episode data, including the AOD national minimum dataset, and patient-reported outcome measures including the Australian Treatment Outcomes Profile (ATOP), into a single digital platform. This creates a unified dataset capturing substance use, health and wellbeing, and service engagement for public AOD services that supports both clinical care and evaluation.

Implementation: As the first hospital and community site to go live, Hunter New England Local Health District (HNELHD) implemented SDPR within Drug and Alcohol Clinical Services (DACS) through a coordinated program of workforce training and preparation, system access rollout, and operational readiness. While implementation required significant organisational effort, emphasis was placed on enabling staff to effectively use the system at go-live, supported by local expertise and structured preparation.

Conclusion and Next Steps: Early post–go-live experience within HNELHD DACS highlights both initial challenges, including workflow adaptation and data entry standardisation and emerging benefits of integrated data capture. Ongoing monitoring will focus on system usability, data quality, and the extent to which SDPR supports clinical care and service evaluation over time.

Implications for Practice: The integration of ATOP and clinical data within SDPR represents a substantial advancement for public AOD services. A single, standardised database enables improved outcome measurement, supports service planning and quality improvement, while enhancing research capability. As rollout progresses, SDPR has the potential to create a large, consistent dataset across NSW Local Health Districts, with statewide rollout by end of 2028, enabling detailed analysis of treatment outcomes and service variation at a scale not previously achievable.

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