Digital Health readiness checklist for ambulance services

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Use this checklist to critically assess your organisation's preparedness across five key domains. For each prompt, rate your service: Yes – fully in place; Partially – some progress; No – not yet addressed. Each section includes suggested actions if your organisation rates low.

1. Workforce Education & Literacy

A digitally ready workforce begins with education. This section examines how well digital health concepts and tools are embedded in initial paramedic training, onboarding, and continuing professional development. Without foundational skills, even the best systems will be underused or misapplied.

	Yes/Partial/No	Notes	Suggested Actions
Is digital health literacy part of undergraduate paramedic education?			Engage with universities to embed digital health frameworks.
Are new staff trained in digital tools (EMR, dashboards, CAD)?			Incorporate into onboarding and clinical induction.
Are there regular digital CPD opportunities for clinicians?			Build short online modules into CPD programs.
Do paramedics receive training on interpreting digital telemetry (e.g. ECG streams, vitals)?			Partner with vendors and educators to deliver applied sessions.

2. Governance & Policy

Effective digital health integration requires more than technology — it demands clear governance, accountability, and policy. This section considers whether your organisation has appropriate oversight of digital systems, including defined roles, formal risk management processes, and AI-specific policies

	Yes/Partial/No	Notes	Suggested Actions
Is there a designated lead for digital clinical safety/governance?			Appoint a clinical digital lead role.
Do you have an AI use policy for clinical and operational tools?			Develop a cross-disciplinary policy with clinical and digital input.

Is digital health included in risk and quality governance processes?			Add digital safety to MAC/clinical governance agendas.
Are there defined escalation pathways when digital systems fail (e.g. telemetry, CAD)?			Create SOPs for digital outages including paper fallback.

3. Infrastructure & Integration

Digital health can only function if the supporting infrastructure is robust, accessible, and interoperable. This section assesses the practical availability of digital tools in various settings, the reliability of connectivity, and the extent to which systems integrate with broader health networks.

	Yes/Partial/No	Notes	Suggested Actions
Can clinicians access tools consistently across locations?			Standardise device rollouts and ensure logins work everywhere.
Do your systems work reliably in remote/low-bandwidth areas?			Advocate for connectivity investment; explore offline-capable apps. Consider how multifactor authentication works in low connectivity areas.
Is your EMR interoperable with other health services (e.g. hospitals)?			Prioritise integrations in system upgrades.
Can paramedics easily access My Health Record or hospital discharge data?			Review authentication, integration and device access barriers.

4. Clinical Practice & Workflow

Digital tools must support, not disrupt, clinical care. This section evaluates whether digital solutions are embedded within clinical protocols, monitored for quality and safety, and designed with end-user feedback in mind. It also considers how systems perform under real-world pressures.

	Yes/Partial/No	Notes	Suggested Actions
Are digital workflows embedded in clinical protocols (e.g. cardiac arrest, sepsis)?			Review CPGs to align with available digital tools.
Is EMR documentation audited and clinicians given feedback?			Build feedback into QA and education cycles.
Are staff involved in evaluating digital tool usability?			Create feedback loops with field staff post-deployment.

Do you test usability in high-stress or night-time environments?			Run simulation-based usability assessments.

5. Culture & Leadership

Technology adoption succeeds or fails based on culture. This section looks at whether digital health is embraced by leadership, supported by clinician involvement, and seen as a meaningful enabler of care. A mature digital culture empowers staff and drives sustained improvement.

	Yes/Partial/No	Notes	Suggested Actions
Are clinicians engaged early in digital health decisions?			Involve frontline reps in procurement and pilots.
Is digital competence recognised as part of clinical leadership?			Reflect in performance frameworks and development plans.
Are data and tech seen as enablers, not burdens?			Promote digital success stories and clinical wins.
Do staff feel confident troubleshooting basic tech issues?			Provide accessible how-to guides and quick support.

This checklist was developed by Matt Didcoe, a registered paramedic and Clinical Digital Specialist based in Western Australia. Matt brings a unique blend of clinical and technical expertise, with professional training in computer science and membership with the Australasian Institute of Digital Health (AIDH). He has led digital health initiatives across telemetry, mechanical CPR, clinical decision support, and AED network development. Matt serves on the Australasian College of Paramedicine Clinical Practice Guidelines Working Group and the ACPIC 2025 organising committee.**To connect, share feedback, or discuss collaboration, visit mattdidcoe.com or connect via LinkedIn.**