

Tasmanian HealthPathways- Clinical Leadership in action

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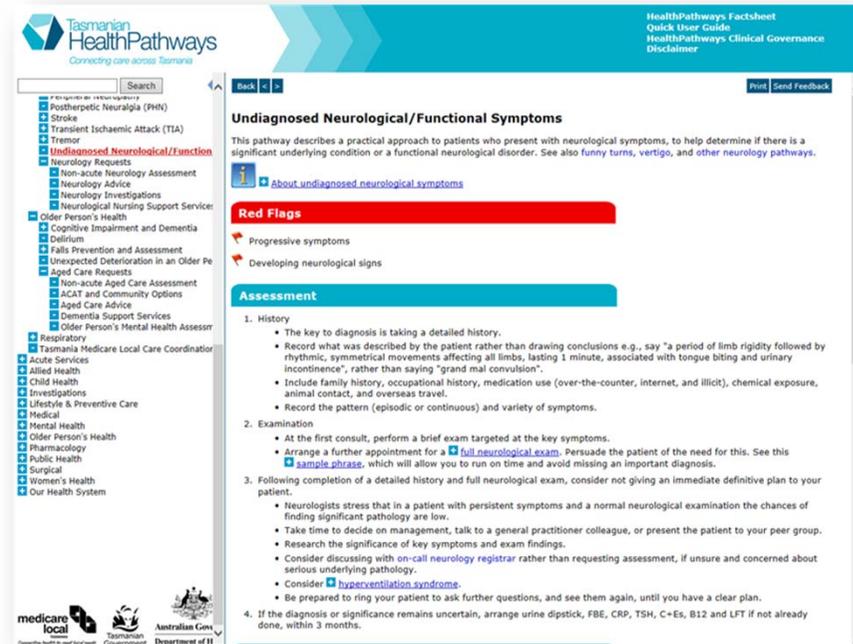
Planning and Managing Rural Health services

Colloquium

Tasmania Medicare Local acknowledges the financial and other support
of the Australian Government Department of Health

Tasmanian HealthPathways-what are they?

- Based on HealthPathways in the “Canterbury Initiative,” NZ
- Collaboration between TML, DHHS, THO’s
- Represents agreements between clinicians/providers across primary, secondary & tertiary care as to the best way to manage patients in the Tasmanian Health System
- Like a “care map”
- Pathways hosted on a website available to all Clinicians in Tasmania



The screenshot displays the Tasmanian HealthPathways website interface. The top navigation bar includes the Tasmanian HealthPathways logo and the Medicare Local Tasmania logo. The main content area is titled "Undiagnosed Neurological/Functional Symptoms" and provides a practical approach for patients with neurological symptoms. The page is structured into sections: "Red Flags" (Progressive symptoms, Developing neurological signs) and "Assessment" (History, Examination). The "Assessment" section includes detailed instructions for taking a history and performing a physical examination, such as "The key to diagnosis is taking a detailed history" and "At the first consult, perform a brief exam targeted at the key symptoms." The left sidebar contains a search bar and a list of various health pathways, including Postherpetic Neuralgia (PHN), Stroke, and Tremor. The bottom of the page features logos for Medicare Local, Tasmanian HealthPathways, and the Australian Government Department of Health.

Why did we *need* HealthPathways in Tasmania?

Cardiovascular disease rates are higher (23% compared with 17%).

Almost 5% of the Tasmanian population reports as having diabetes

Chronic obstructive pulmonary disease is more common and a major cause of preventable admission

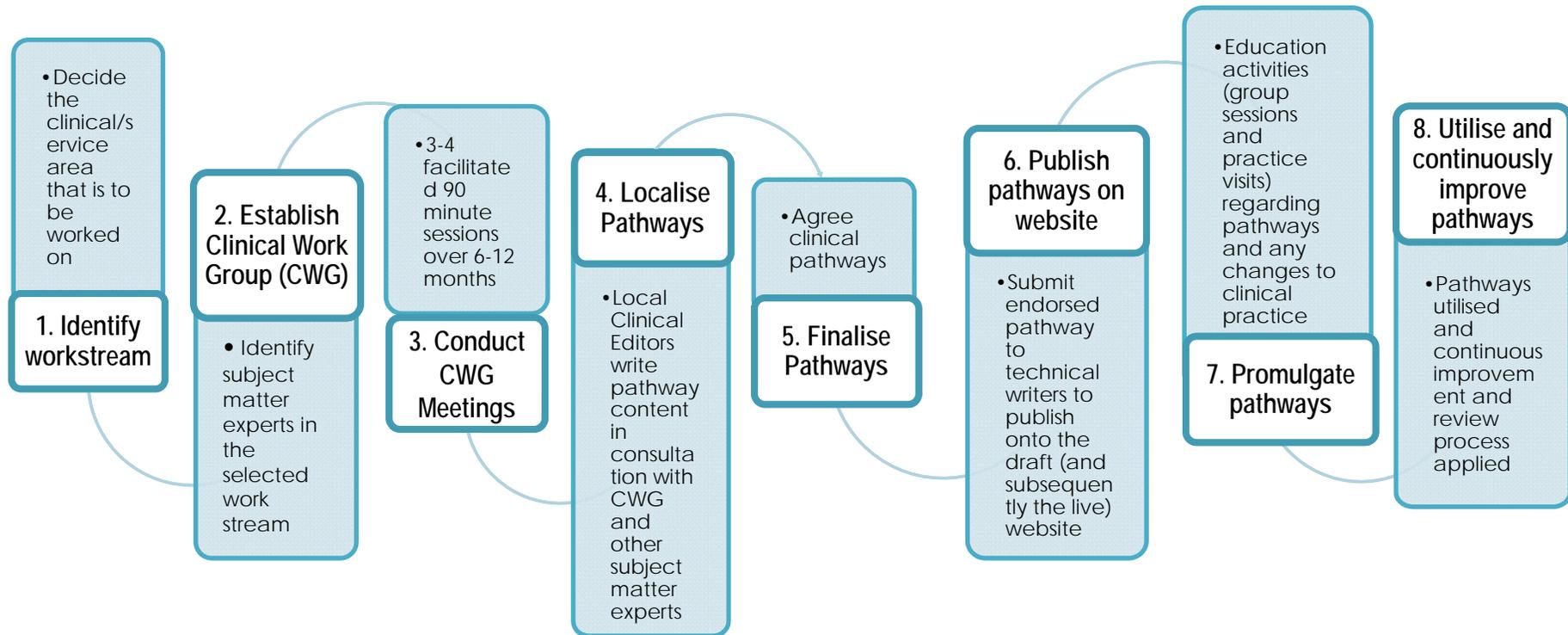
Arthritis and musculoskeletal conditions affect 32%

Services in rural areas are more limited.

Limited availability of support groups for people with chronic diseases, and an absence of defined clinical pathways to treat them.

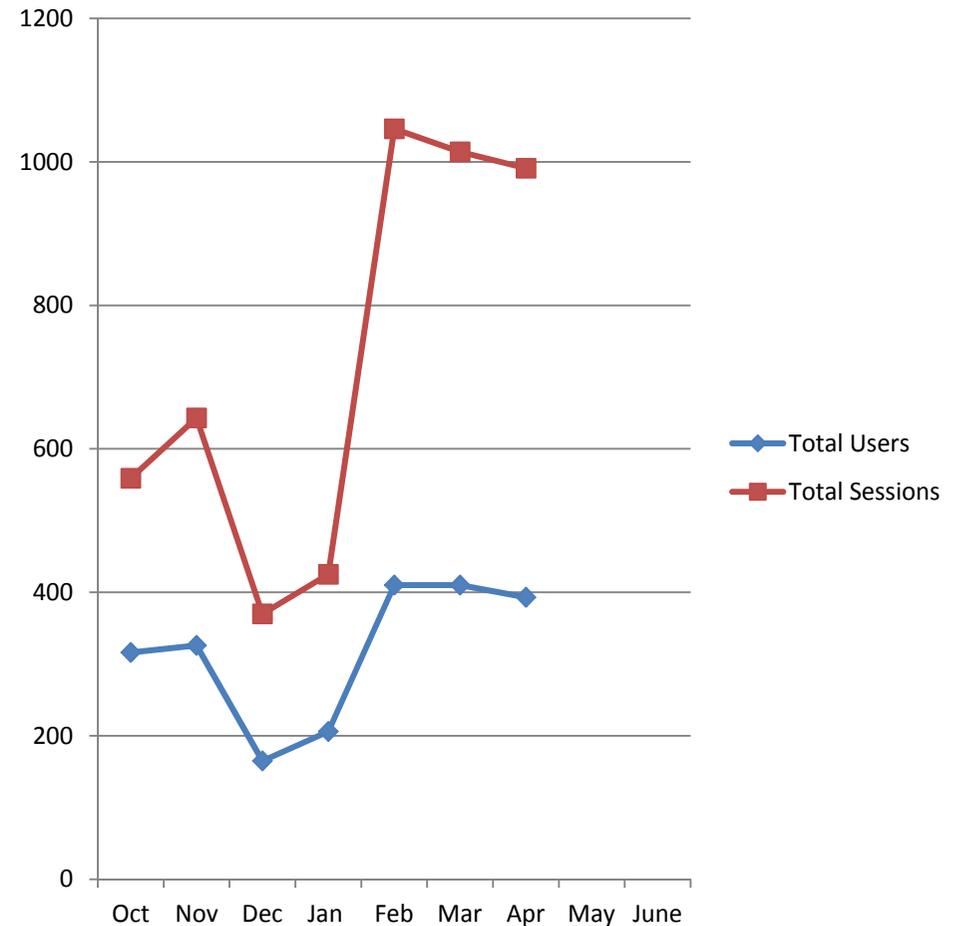


How we have developed Pathways in Tasmania?



What we have achieved so far

- Collaborative way of working across primary, secondary and tertiary care providers
- Emergence of “Clinical Leadership” and local “Champions” driving the change process
- Identification of service gaps and some solutions worked up
- 151 “localised” Tasmanian HealthPathways
- 27 Clinical Work Groups held state-wide:
 - 33 individual medical specialists
 - 72 individual GPs
 - +Nurses/AHPs/project managers



Search

- Postherpetic Neuralgia (PHN)
- Stroke
- Transient Ischaemic Attack (TIA)
- Tremor
- Undiagnosed Neurological/Functional
- Neurology Requests
- Non-acute Neurology Assessment
- Neurology Advice
- Neurology Investigations
- Neurological Nursing Support Services
- Older Person's Health
 - Cognitive Impairment and Dementia
 - Delirium
 - Falls Prevention and Assessment
 - Unexpected Deterioration in an Older Person
 - Aged Care Requests
 - Non-acute Aged Care Assessment
 - ACAT and Community Options
 - Aged Care Advice
 - Dementia Support Services
 - Older Person's Mental Health Assessment
- Respiratory
- Tasmania Medicare Local Care Coordinator
- Acute Services
- Allied Health
- Child Health
- Investigations
- Lifestyle & Preventive Care
- Medical
- Mental Health
- Older Person's Health
- Pharmacology
- Public Health
- Surgical
- Women's Health
- Our Health System

Undiagnosed Neurological/Functional

This pathway is significant

Search

Red Flag

Progress

Develop

Assess

- History
 - Older Person's Health
 - Cognitive Impairment and Dementia
 - Delirium
 - Falls Prevention and Assessment
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 - Our Health System
- Examination
- Follow up
- If the patient

HealthPathways Factsheet
Quick User Guide
HealthPathways Clinical Governance
Disclaimer

Be prepared to ring your patient to ask further questions, and see them again, until you have a clear plan.

4. If the diagnosis or significance remains uncertain, arrange urine dipstick, FBE, CRP, TSH, C+Es, B12 and LFT if not already done, within 3 months.

Management

Classify patients into:

- Group 1:** Non-variable symptoms associated with neurological
- Group 2:** Variable or inter-episode normal neurological findings
 - Arrange intermittent
 - Reassure the patient unlikely.
 - Once confident there
 - Explain that function
 - functioning of the ne

Request

- Request neurology assessment a well-written letter. A decision to continue general practice
- Consider requesting:
 - a general medical assessment
 - an aged care assessment
 - a psychologist for

Consider private referral to

Information

Clinical Resources

Patient Information

Information about this HealthPathways document:
Document Owner: Not assigned (see Who's Who)
Last Updated: February 2015

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Print Send Feedback

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Neurology Investigations

+ North

- North West

Launceston General Hospital – Neurology Department
Nerve Conduction Studies and Electromyography

Clinical location

- Fax a written request to (03) 6348-7197.
- For advice, phone (03) 6348-7202.

Electroencephalogram and Evoked Potentials

Clinical location

- Fax a request form to (03) 6348-7470.
- For advice, phone (03) 6348-7465.

Royal Hobart Hospital – Neurology Department
Neurophysiology Referrals

Clinical location

- Fax a request form to (03) 6222-8691.
- For advice, phone (03) 6222-8323.

Private providers

Contact a neurologist in Tasmania (Tasmanian eHealth Directory).

+ South

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Recommendations

- Tasmanian HealthPathways:
 - has the potential to support clinical practice, especially in rural regions of Tasmania, where access to some services is limited.
 - has the potential to contribute to improving the Tasmanian health system by providing more integrated, timely and efficient use of health services for Tasmanian patients especially in rural areas.

