Clinical Program Design & Implementation
RURAL HEALTH

New Network: 500+ members

Work underway:
- Rural Innovations Changing Healthcare (RICH) virtual Forum 14 March to 16 remote sites
- Regional Aged Care – Hospital Avoidance Working Party (RACF)
- Telehealth Working Party
- Innovation awards at Rural Health Congress

Why Telehealth?

This document outlines the key drivers for the use of Telehealth, the benefits it can have to both clinicians and patients and the context in which it can be delivered.

Ways you could deliver Telehealth:
- A diverse range of healthcare services can be provided through the use of Telehealth. These can include (but are not limited to):
  - Time critical treatment (for example care required in the Emergency Department)
  - Scheduled care (for example ward rounds, outpatient clinics, psychiatry appointments, follow-up care)
  - Patient education or care in the home, responsibility

**Clinical Program Design & Implementation**

**Research**

**Clinical Program Design & Implementation**

<table>
<thead>
<tr>
<th>Year</th>
<th>Project Description</th>
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</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>Integrated Care for Older People with Complex Health Needs, implementation planning, and plan development.</td>
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<tr>
<td>Year 2</td>
<td>Implementation plan finalised, implementation plan finalised, and implementation plan finalised.</td>
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<tr>
<td>Year 3</td>
<td>Comprehensive review of the programme, and implementation plan finalised.</td>
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<tr>
<td>Year 4</td>
<td>Final plan and implementation plan finalised.</td>
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**Health Pathways:**

- Support in implementing strategies
- Stroke: Clinical review group established, site visits completed, comprehensive evaluation framework developed and used to inform and support evaluation methods for three other sites
- Project: Comprehensive evaluation framework developed and used to inform and support evaluation methods for three other sites

**Costs and Utilisation avoided based on 20% KDR**

- Costs & Utilisation avoided based on 20% KDR
- Estimated Number of deliveries within 2 years
- Estimated Number of deliveries within 2 years

**End Stage Renal Disease Analysis**

- Pain Management - Evaluation and Management of Pain
- Rehabilitation - Support system-wide adoption of MOC
- Cognitive Behavioural Therapy
- Heart Disease Analysis
- End Stage Renal Disease Analysis
- GEM Module - Identifying Cost and Benefits
- AM – Business Proposal
- Trach & Diet – Facility, LOS, Analytics, ICU, & Statewide activity cost analysis
- Cardiology Review – Utilisation and Data Analysis

**Bankstown Cardiology Review – Utilisation and Data Analysis**

- GEM Module - Identifying Cost and Benefits
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Source: Participant Survey, Number of respondents: 2010 n= 24, 2011 n=22, 2012 n=37

Figure 2.9 Achievement of project goals: Percent total respondents