





Bob Leece Transforming Health Award

A telehealth care model for spinal fractures Hunter New England Local Health District

Challenge

Historically patients with a spinal fracture required transfer to John Hunter Hospital for assessment and management. Networked radiology has enabled specialist workup and appropriate management remotely without the need to transfer patients. However capacity to fit and manage a Thoracic Lumbar Sacral Orthosis (TLSO), as the standard conservative management, remained limited at hospitals outside of John Hunter Hospital.

Approximately 80 patients per annum across the District require treatment with a TLSO. Patients are transferred large distances to the hospital, delaying assessment and treatment;





disjointing inpatient care. Considerable financial burden and inconvenience occurs for patients' families who must also travel long distances.

Solution

The project team collaborated to develop and implement a telehealth model of care for patients requiring a TLSO in rural hospitals, eliminating transfers for TLSO fitting. Portable telehealth links utilised Wi-Fi networks and tablet computers.

Roll out to eight hospitals included developing self-directed education packages and education workshops training 71 staff from nine rural hospitals. On-call telehealth support was provided by a physiotherapist and clinical nurse consultant at John Hunter Hospital during business hours.

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- 81 patients managed with the average length of stay reduced by five days - from nine to four days.
- 24324kms of hospital transfers eliminated for patients and families.
- Significant increase in staff skills, knowledge and confidence across nine hospitals to manage patients with a spinal fracture requiring a TLSO (p<0.05).
- 162 transfers and 405 bed days eliminated representing \$1.2 million in efficiency savings for Hunter New England Local Health District.
- Potential to expand to other spinal presentations and to additional health districts across NSW.

