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Developing Local Pathways

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The Therapeutic Alliance

A therapeutic alliance between the team and the client is formed by focusing on:

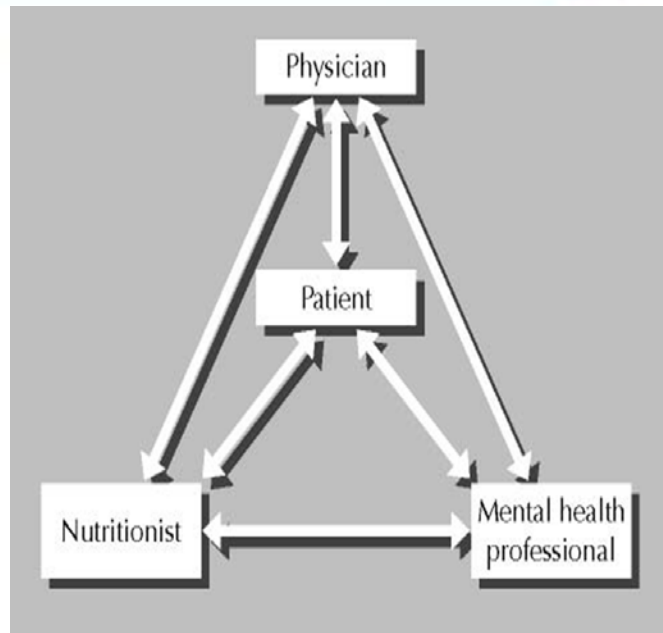
- Ensuring safety in a caring way
- Providing empathy to the client
- Trying to create a positive experience as much as possible
- Being transparent and clear in your role
- Understanding and respecting others roles



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The Triad of Care : The Historic Treatment Team

The traditional form of treatment usually involves 3 professions : Medical, Dietetics and Mental Health with the client in the centre of care



The Multidisciplinary Team Approach to the Outpatient Treatment of Disordered Eating Joy et al



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Roles

- In the treatment of eating disorders the roles of individual professions may not be clear-cut with the exception of the medical profession
- For example : a number of professions can be trained Maudsley therapists or undertake CBT-E



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The Team ????

- The possibilities are endless
- There are lots of possible permutations and combinations
- Think outside the box
- The greatest support may come from unexpected sources
- Doesn't have to be funded or specialist: EDs are everyone's



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Who's who?

- Psychiatrist
- Physician/ Gastroenterologist
- Paediatrician
- GP
- Dietitian
- Psychologist
- Nurses
- Social worker



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- Occupational therapists
- Pharmacy
- Community mental health/counsellors
- Physiotherapists
- School counsellors/year advisors/teachers
- Boarding mistress/School Nurse
- Sports Coaches/Dance Teachers etc



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- Government organizations: FACS
- NGO's: Headspace, Benevolent Society
- Aboriginal Medical Service/ ALO/AHEO
- Tertiary Centres via telehealth
- Pathologists
- Butterfly Foundation
- CEDD



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Don't Forget

- Don't forget the most important
- The Patient and their family/friends/support people



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What is a health pathway?

- Developed jointly by health providers
- Involves all clinicians in its development: including medical, nursing and allied health
- Provides local information about local services.
- Based on and referenced to best-practice Australian guidelines if available, or international guidelines.



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- Provides information on identification, assessment, referral and management of acute services, outpatient service; as well as patient information, reference material and educational resources.
- Covers the most frequent reasons for referral to hospital inpatient, outpatient services and community services, acute and non-acute.
- Will develop over time as your teams work together



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The Tamworth Journey



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The Tamworth Story



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Our Service



Tamworth

Newcastle



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The Tamworth Story

- Service has been operating for 20 years since, 1995.
- Began with interested GP completing post graduate diploma in eating disorders and Dietitian with experience commencing work at the public hospital
- A public private partnership began



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The Tamworth Story

- To provide a coordinated service the clinicians began to meet on a monthly basis
- Once established private and public mental health staff were invited to join.
- 20 years on the group meets monthly under the banner of the Mental Health Professionals Network, which funds lunch for up to 20 clinicians from up to 8 professions for case conference, peer support and CPD



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The Tamworth Service

- Primarily outpatients- adults and children/ adolescents, youngest patient 8 years, oldest 73 years
- Local public and private mental health services
- Adolescent inpatients are admitted to TRRH for medical stabilization and reseedings with
- Adult inpatient service not so established
- In-services with Emergency Dept.



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The Tamworth Service 2015

- Outpatients 2.0 days per week from Acute TRRH dietetics department allocated to eating disorder patients in a variety of settings including general dietetics clinic, Headspace and CAMHS.
- Specialized ED GP will take on clients for management of their eating disorder but they remain with their usual GP for other requirements



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The Tamworth Service 2015

- Clients can travel up to 3 hours each way for appointments in Tamworth
- GP and allied health will coordinate appointments on same day
- Joint appointments often with mental health and dietitian
- Email, telephone, telehealth options
- Mentoring local clinicians or joint management



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What works well

- Established partnerships
- Mutual respect of all professions involved
- Community involvement e.g. school counsellors, headspace, UDRH
- Inpatient adolescent pathways
- Strong network of mentoring/supervision
- Rural involvement in LHD governance of Eating disorders such as HNELHD eating disorders service plan steering committee, HNELHD day programmed implementation committee



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What Doesn't Work as Well

- Services are comes from general fund (is recognized as core business) , Clinician dependent
- Growing demand on services
- Distances for clients and their families to travel
- Issues with conflicting priorities for acute departments
- Issues for all providers with fail to attend/length waiting lists and the loss of income for private services with FTA



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Innovations to Grow the Service

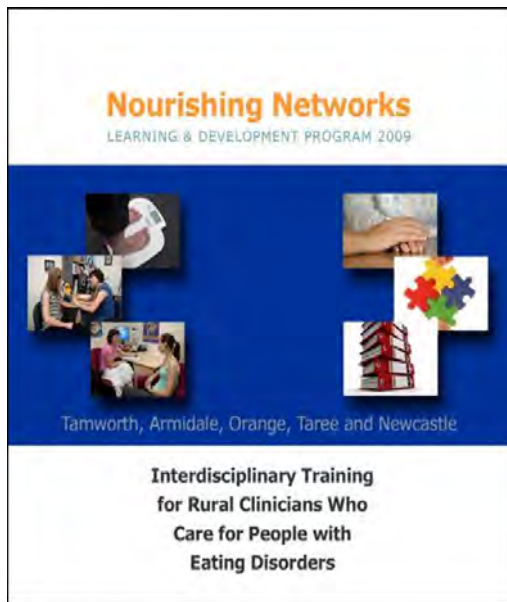
- As service became better known demand has grown ++
- Clinicians have adapted to cope with demand
- Participated in development of tools to assist others to see clients
- Examples: HNELHD GP Guide to Treating Adults, Adolescents and Children with eating Disorders
Nourishing Networks
Butterfly Foundation Rural Outreach Pilot



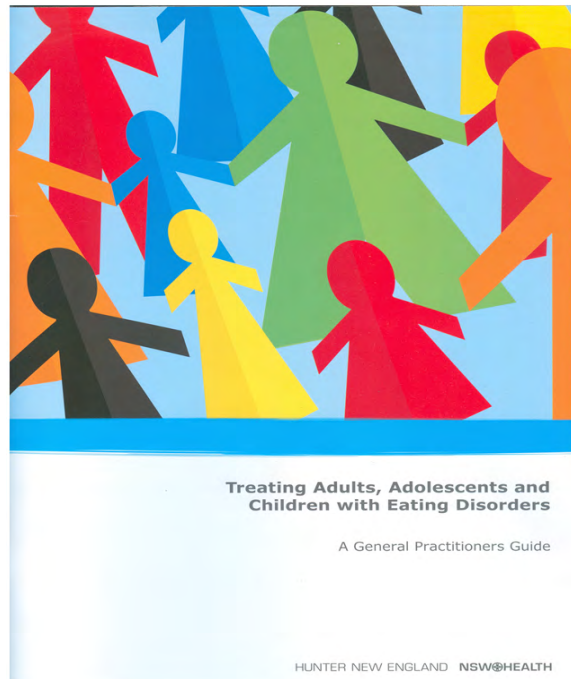
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Our Tools



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Nourishing Networks

- Nourishing Networks was an education programmed run in 2009 and 2014 across rural sites to enhance clinician confidence and capacity to identify and assess eating disorder clients
- Partnership between HNELHD, Medicare Local, UDRH ,CEDD
- 2 funding grants: Commonwealth Rural Health Continuing Education Stream



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Professional support

- The programme was a 10 week module based learning tool with fortnightly mentor sessions using email and videoconferencing
- The initial education was a face to face workshop in a number of sites – one AH specific and other GP specific
- Focus on identification and assessment but also on developing professional networks and supervision/mentoring partnerships



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Where has it taken us?

- Other clinicians across Northern HNELHD now seeing clients willingly
- Mentoring is available from experienced rural clinicians on ongoing basis
- Finalist in HNELHD Quality Awards and Premiers Awards
- Numerous conferences and learning opportunities for the champions
- Strong networks with metropolitan services



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Case Study- H

- H was 15 year old girl, diagnosed with purging anorexia at age 13.
- Lives on farm with mum, dad and brothers 30 minutes from local town with 1500 people.
- Attended boarding school at major centre 1 hour away
- 2 previous hospital admissions for bradycardia and low potassium in another site
- In May last year weight was 45kg and reasonably stable , by end July weight was 37kg , purging 4-5 times per day , Potassium of 2.1mmol and pulse 34



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H - continued

- Liaison between family and Westmead Children's , family were reluctant to admit due to distance (6.5 hours) but desperate
- Westmead negotiated with TRRH paediatrician for admission
- Westmead staff, TRRH dietitian and Paediatrician worked with GP to stabilize until transferred to TRRH
- 11 week admission for medical stabilization and re-feeding



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H- Continued

- CAMHS, Psychiatry, Paediatrician's ,Dietitian ,Ward Nurses , Family and H – Dietitian the constant
- Joint appointments with Dietitian and Psychologist in hospital, these continue as outpatient monthly now
- Missed school for Term 3 and 4 2014
- Returned to school 2015 at new public school
- Weight now 56 kg and stable
- Menstruation returned, eating regularly, nil purging
- Family dynamics improved++++



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Staying home- mentoring at work

- P is 15year old girl diagnosed with bulimia
- Family own local restaurant , work incredibly long hours, travel difficult
- Live in rural town 2.5 hours from Tamworth
- Local CHC has 1 CAMHS worker and 1 dietitian, see 1-2 eating disorder clients per year maximum
- Both workers initially keen to refer to TRRH services
- TRRH Dietitian received referral and after discussion with the CHC staff , decision to manage client locally



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Staying Home- continued

- GP guide provided to assist local GP with monitoring
- Mentoring plan developed with clinicians for teleconference: prior to first session and post each session with time allocated for planning for next session
- Client and family could attend more frequent appointments and receive coordinated care locally



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Staying home- Outcomes

- Family engaged as clinicians could negotiate appointments in between lunch and dinner service at restaurant
- Local knowledge of supermarket was an advantage in assisting with the cultural concerns of the family
- Family were prepared to increase flexibility of client working in family restaurant and allow meal breaks to decrease bingeing and purging episodes and allow for appetite regulation
- Clinicians confidence ↑, taken on new clients



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Tips

- Communicate and keep communicating
- Document, document , document
- Evaluate continuously and tell people about it
- Perseverance- stick with it
- Passion- believe in yourself and your team
- Collaboration-partnerships work
- Remember SMART principles- measure results
- Enjoy the ride
- Be daring, go where it takes you. Take the wins
- With negotiation you can cross boundaries and barriers



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Any Questions



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