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Conference Abstract

## Clinical Pathways Using Map of Medicine – Experiences from Queensland and Across the Ditch

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### Abstract

Clinical pathways have been in use worldwide since the early 1980s. According to Pearson, Goulart-Fisher, & Lee (1995) the care of approximately 60–80% of patient conditions in general hospitals should be suitable for pathway use. The purpose of Collaborative Clinical Pathways is to provide front line clinicians and other key stakeholders:

- Rapidly accessible check of best practice;
- Enhanced partnerships and collaboration across services;
- Enhanced accuracy of referrals; and
- Improved patient outcomes through seamless care across primary and secondary care.

Coordinated electronic versions of collaborative clinical pathways, available across primary and secondary health care, have been available for a shorter time in Australia and New Zealand. In 2011, MidCentral District Health Board (DHB) became the first DHB in New Zealand to use Map of Medicine as a tool for clinical pathway development. By 2013, eight DHB's were using the software tool. In 2013, the first Map of Medicine pathways in Australia were developed.

Map of Medicine is a UK based software system used by the NHS. It houses a collection of approximately 400 clinical pathways based on existing evidence and international guidelines. It also houses approximately 1500 'localised' pathways from around the world that can be accessed by all Map of Medicine users to share ideas and resources.

Integration within local General Practice Management Systems (PMS) was seen as a key benefit for developing pathways using Map of Medicine. This presentation discusses the top "secrets" to successful implementation and discusses why clinical pathways have enabled substantial engagement across health sectors and led to meaningful improvements in collaboration and enhanced service delivery.

In 2006, a nation-wide Australian survey found that 3 out of every 5 Australian adults have less than adequate levels of health literacy (Australian Bureau of Statistics, 2008). Statistics for New Zealand are no better showing that 56.2% of adult New Zealanders have poor health literacy skills, scoring below the minimum required to meet the demands of everyday life and work (Ministry of

Health, 2010). Increasing health literacy is a shared responsibility between health organisations, and individuals in order to improve health outcomes. Behind each clinical map, patient maps are also being developed to provide the clinical information in easier to understand terminology for patients.

In Queensland Australia, two Medicare Locals now use Map of Medicine for pathway development – Metro-North Brisbane since 2013 and Darling Downs South West Queensland Medicare Local since 2014. In addition, a further three Medicare Locals from Victoria and NSW are commencing their pathway projects using Map of Medicine. This presentation provides insight into how the clinical pathways using Map of Medicine were established in MidCentral DHB and in DDSWQML and shows how clinical maps can work across vastly different geographic regions - MidCentral DHB covers an area of 4000km<sup>2</sup> and has seven acute care facilities compared to DDSWQML region which covers 400,000km<sup>2</sup> - 23% of the land area of Queensland, and has 41 Acute Care Facilities.

## Keywords

**clinical pathways; map of medicine**

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## PowerPoint presentation

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