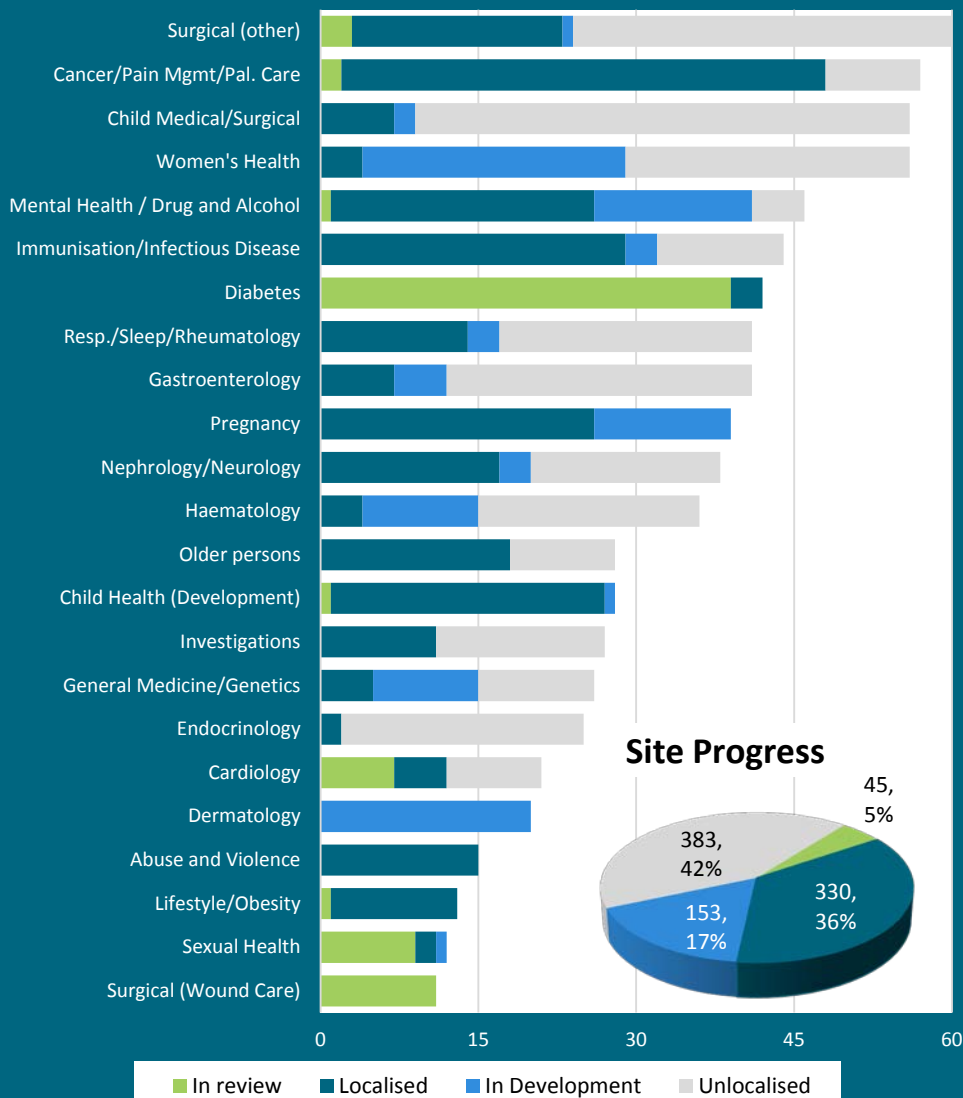
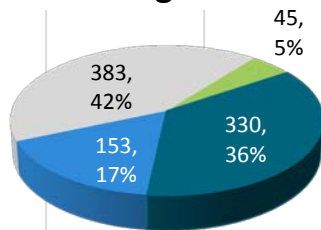


Pathway Progress by Clinical Area(s)



Site Progress

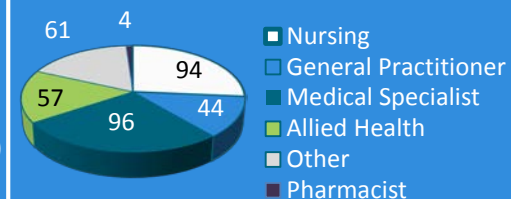


Pathway Updates

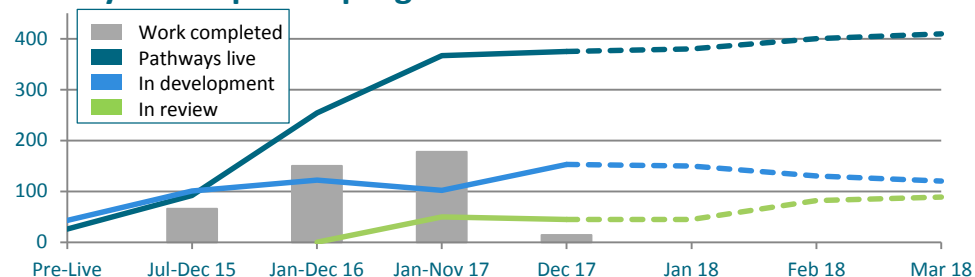
- Low Vision Assistance (new)
- High Risk Foot Assessment (updated)
- Non-urgent Oncology Referrals (updated)
- Cardiac Drugs and Monitoring (new)
- Cardiac Catheterisation Complications (new)
- Disability Support Services (new)
- Burns Injuries / Lacerations (updated)
- Diving and Hyperbaric Medicine (new)
- Diabetes Dietitian (updated)

Program Engagement

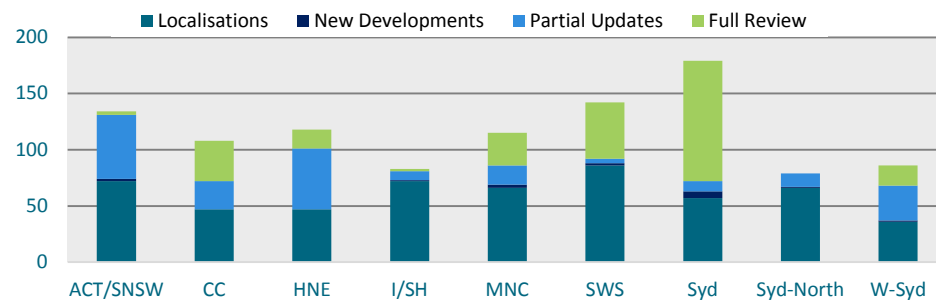
Workgroups completed: **18**
 CPD Events Attended: **80**
 HealthPathways Practice Visits: **164**
 Health Professional Participation: **356**



Pathway development progress

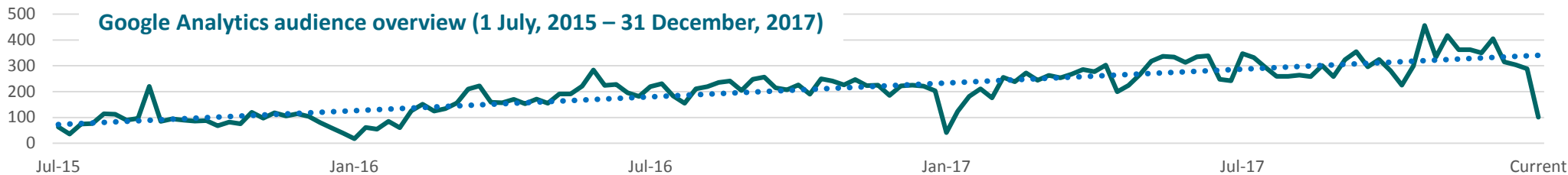


Output by NSW Regions (1/7/17- present)*



*Note: The variability of each regions' HealthPathways program (e.g. staffing levels, length of time live, etc.) should be taken into account when comparing a region's performance against others

Google Analytics audience overview (1 July, 2015 – 31 December, 2017)



Top 10 Pathways*

	This month	Last 3 months	Last 12 months
1	Antenatal First Consult	Education Resources	Antenatal First Consult
2	Non-Urgent Diabetes Specialist Referrals	Referral Forms	Non-Urgent Antenatal Care Referrals
3	Non-Urgent Antenatal Care Referrals	Antenatal First Consult	Education Resources
4	Cervical Screening	Gestational Diabetes	Gestational Diabetes
5	Referral Forms	Non-Urgent Diabetes Specialist Referrals	Referral Forms
6	Education	Non-Urgent Antenatal Care Referrals	Child with a Rash
7	Refugee Health Assessment	Diabetes Continuing Care	Weight Management in Adults
8	Advanced/Palliative COPD	High Risk Foot Assessment	Antenatal Shared Care Program
9	Gestational Diabetes	Medication Options for Chronic Pain	Chronic Pain
10	Poor Growth	Antenatal Shared Care Program	Newly Diagnosed Type 2 Diabetes

*Defined by Unique Pageviews: Excludes Home, Search, Pathway Updates and South Western Sydney Localised Page, and all Header and Service Directory Pages.

Site Statistics

	Dec 17 (% ↑↓)	Dec 16	Total
SESSIONS: No. times site has been accessed	1092 (↑ 40%)	781	26,008
USERS: No. individuals accessing the site	376 (↑ 30%)	290	5,962
PAGEVIEWS: No. pages viewed on the site	5,040 (↑ 42%)	3,540	139,142
PAGES/SESSION: No. pages viewed per session	4.77	4.53	5.35
RETURNING SESSIONS: % using site more than once	81%	80%	77%




Factsheets Update

- 48 factsheets currently live (English)
- 33 factsheets in development
- 10 translated factsheets in final stages of development (Arabic, Vietnamese, Simplified Chinese)

Site Update

- Launched June 2017
- 99 health condition pages
- 14 service information pages
- 336 page views in December 2017



Patient Factsheet

Released June 2017

Advance Care Planning

What is it?
Advance care planning involves making a plan for your future medical care. If one day you are too unwell to make decisions or communicate, your doctors can refer to your plan. The plan can include as much detail as you like about your health goals, wishes, and values. The planning process also involves writing a legal document, called an Advance Care Directive (ACD). The directive should include specific details about medical treatments and resuscitation. Advance care planning gives you control over your health. It's a way of making sure your care team respect your wishes in the future.

What will my GP do now?
Your GP has already discussed advance care planning with you. You will need to have a few talks with your GP about your wishes.

Legal Definitions
Advance Care Planning
The process of planning for your future health care if you are one day unable to make decisions or communicate.
Advance Care Directive
A legal document stating the treatment actions to take if you are not able to make decisions.
Palliative Care Plan
A resuscitation plan which is shared with NSW Ambulance.
Enduring Guardianship or Person Responsible
Someone who makes medical decisions for you if you can't speak for yourself.

What can I do?
Continue to think about and write your plan. Make notes, speak to others, and chat with your GP about your options. Your plan should include you:
- Values and their goals
- Wishes for your different future health scenarios
- Instructions about your care if a life-threatening illness or injury occurs
- Your Enduring Guardianship or Person Responsible
When your plan is complete, you will need to share it with your GP. You should also share your plan with family, close friends and anyone else involved in your care or legal matters.
Remember: You can change or cancel your plan, goals or preferences at any time.

Advance Care Planning