

PART ONE: INFORMATION

| Strengths | | Gaps | | Opportunities for Implementation | |
|-----------|--|------|---|----------------------------------|--|
| 1. | Comprehensive multidisciplinary care for whole course of disease | 1. | Lack of cover for East Metro Services to Swan districts Country areas | 1. | Align with other models of care to achieve hospital goals and care goals |
| 2. | Access to neurologists and psychiatrists | 2. | Capacity of: Staff Residential care Community care | 2. | Standardisation of skills & training for staff in hospitals & community and increase in level of training |
| 3. | Managing patients closer to home Aligning with other models of care | 3. | Availability of medical information - sharing information | 3. | Better communication between all people involved with the care of the patient along the whole continuum of care. |

PART TWO: STEPS TOWARDS IMPLEMENTATION

| Priority listing of three top practical measures (without funding requirement) | | Process/es that can be targeted to achieve this measure | | Who / what group/s to be targeted to commence this measure | |
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| 1. | Education In hospitals, improved education in community allied health, rehabilitation in home & ward | 1. | ED model, medication protocols, management plan for co-morbidities Seminars, courses, publications, tele-education, e-learning, better co-ord of electronic resources Notre Dame Neurodegenerative | 1. | Hospitals ED managers Progressed by Parkinson's specialists and interested allied health staff |
| 2. | Better information sharing | 2. | Patient folder Care management plan | 2. | Current Parkinson's clinics ? GP divisions for the CMP |
| 3. | Telehealth | 3. | Parkinson's specific helpline - run through Parkinson's Association Medical reviews Tele-education | 3. | Telehealth development group Localised telehealth co-ordinator in hospital WACHS |
| Priority listing - for (additional) funding | | | | | |
| 1. | Additional medical full time equiv | 2. | Additional allied health | 3. | East Metro service |