

RURAL HEALTH FORUM 2010

30 November – 1 December 2010, InterContinental, Wellington

Finding practical solutions to the challenges of delivering consistent and comprehensive healthcare to rural communities

Keynote Addresses by:

Dr Brian Rousseau, CEO,
Southern DHB

Dougal McKechnie, CEO,
NZ Health IT Cluster

Chaired by

Dr Richard Macharg, CEO,
Queenstown Medical Centre
& Dr Carol Horgan, General Manager,
Dunstan Hospital

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With presenters directly engaged in meeting the challenges for healthcare delivery in rural communities from:

Health Waikato | NZ Institute of Rural Health | Mobile Surgical Services Project | Otago DHB
Southern DHB | Wairarapa DHB | Te Tai Tokerau PHO | Dunstan Hospital | Otago University
Waikato Clinical School | New Zealand Health IT Cluster | New Zealand Medical Association
Health Workforce NZ | St John | Waikato DHB

Showcasing current initiatives to facilitate best practice healthcare in rural areas

- † PANEL DEBATE: Rural Health Indicators
- † Waikato Pilot Project on rural paramedics
- † Primary Healthcare Nursing Pilot Project
- † Impact of new staff retention initiatives

- † Adapting rural hospitals to integrated services
- † Improving broadband connectivity for rural health
- † Addressing rural mental health needs
- † Access to care for rural Maori and the elderly

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DAY 1 – 30 November

8.30 Registration and coffee

9.00 **Opening remarks from the Chair**
Dr Carol Horgan, *General Manager, Dunstan Hospital*

Improving service delivery and system performance

9.10 **Ministerial Address: Challenges for healthcare delivery in rural New Zealand**

The January 2010 report from the National Health Committee outlined the challenges in delivering Better, sooner, more convenient healthcare to patients closer to home in rural areas. In this opening address, we ask how we can utilise this new knowledge and implement practical solutions that will have a significant impact on the access to healthcare in rural areas.
Minister under invitation

9.40 **Keynote: The cost of providing healthcare to rural communities**

- † What healthcare services can we realistically expect to be able to deliver to rural communities in the future?
- † Restructuring services and preparing for community integrated healthcare delivery
- † Aligning funding for rural healthcare with new priorities and strategies
- † Specific challenges for DHBs servicing rural areas
- † What can be done to keep services available within budget (e.g. to avoid the use of expensive locums)

Dr Brian Rousseau, *CEO, Southern DHB*

10.25 Morning tea

10.55 **Developing a set of national rural health status indicators: Part 1**

In February 2010, NZIRH embarked on a major research project to develop a National Collection of Rural Health Indicators. Nearly a quarter (22%) of the population lives in diverse rural communities. For all the assumptions made about the status of peoples living in rural areas, we have no specific models for measuring Health Status or Outcomes, Health Determinants and/or Health System Performance in these regions.

- † Lessons from the literature on development of Rural Health Indicators
- † Application of the Urban/Rural Profile data base from Statistics NZ in the NZ health environment
- † Contextualising international rural health indicators to the NZ Health environment
- † Our myth busting findings about rural communities from the information and data analysis achieved to date

Robin Steed, *Chief Executive,*
Jan Cooper, *Health Planner & Researcher,*
NZ Institute of Rural Health

11.20 **Developing a set of national rural health status indicators: Part 2: Panel debate**

The NHC report found that more information is needed around rural health status and the effectiveness of rural health services in order to better align strategies with community needs. This will involve DHBs conducting regular rural health needs assessments and a closer engagement with communities to understand their local priorities.

There's talk of developing national rural health status indicators to ensure consistency across district and regional boundaries, but with rural communities being so diverse and the need for a diversity of healthcare models; is it even possible to set national standards?

Robin Steed, *Chief Executive, NZ Institute of Rural Health*
Jan Cooper, *Health Planner & Researcher,*
NZ Institute of Rural Health

Dr Pete Foley, *Chair, NZ Medical Association*

Dr Carol Horgan, *General Manager, Dunstan Hospital*

11.55 **Adapting rural hospitals to the call for more integrated health services**

With the current focus on devolving some services located in hospitals to primary healthcare settings; what does the future hold for rural hospitals? How can they adapt to further integrate community and hospital level care? How will the new models of care reflect their local communities' needs? The other major challenge facing rural hospitals is the difficulty in recruiting and retaining suitable staff. Dunstan Hospital worked hard to help establish rural hospital medicine as a recognised vocation. Here they discuss how this will help rural hospitals maintain a key role in rural healthcare delivery under the new models of care.

Dr Carol Horgan, *General Manager, Dunstan Hospital*

12.40 Lunch

New initiatives to develop stronger healthcare infrastructure in communities, closer to patients

1.40 **Primary Healthcare Nursing Pilot Project: Joined Up Services to Improve Patient Outcomes – Challenges and Lessons Learned**

The purpose of this project is to trial different approaches for District Nursing, Public Health Nursing and Practice Nursing to develop a collaborative and integrated community nursing workforce in rural settings. The key focus is the development of a connected network of health practitioners and the desired outcome is to improve the experience for the patient through co-ordinated care, seamless referral, improved information sharing and collaborative decision making. This presentation explores the journey of moving a rural nurse workforce to integration, the potential gains and the lessons learned along the way.

Jill Dibble, *Group Manager Rural and Community Services,*
Health Waikato (Project Sponsor)

Jill wishes to acknowledge Project Manager Bernadette Doube and Project Coordinator Hilary Graham-Smith, who will assist in preparation of the presentation and be in attendance at the conference.

2.25 **Case Study: Developing an integrated health infrastructure in rural communities**

An Integrated Family Health Network is currently being set up in Eastern Bay of Plenty by an alliance group including Eastern BOP PHOs, the Bay of Plenty DHB, local iwi, the National Maori PHO Coalition and Healthcare of New Zealand. In this case study, Dr Wellington will discuss the Eastern BOP concept; learnings so far from establishing an integrated rural community care model in Kawerau, as well as findings from a successful telehealth pilot in the Turangi/Taupo area.

Dr John Wellington, *Board Director, Healthcare of New Zealand Ltd*

3.10 Afternoon tea

Delivering more consistent and easily accessible healthcare by optimising the use of existing resources

- 3.30 **The expanding role of the nurse practitioner**
Rural practice requires broader scope of practice, with responsibilities spread among fewer health workers. Many communities now have nurse-led clinics, nursing outreach teams, or other ways of intensively using the skills of nurses. Increasing the involvement of nurses in primary health care can improve the health of the population in a cost-effective way. In this session, we discuss ways to encourage the development of nurse-led clinics and support extended scopes of practice for rural nurses.
† Feedback from the Rural Nursing Workforce Strategy Group
† What support do rural nurses need to take on the extra responsibilities?
Helen Pocknall, Director of Nursing, Wairarapa DHB and Board Member, Health Workforce NZ
- 4.15 **Extending the scope of services by rural paramedics**
A desperate shortage of experienced health professionals in rural areas could result in greater reliance on rural paramedics, but before any such move, we need to establish how much it would cost, impact on workload, and the support infrastructure needed.
† Making better use of pre-hospital services to avoid bottlenecks in EDs
† Where is the greatest need and which services would paramedics be able to undertake?
† Drawing on experience gained in the UK and Australia
† Feedback from pilot projects in the Waikato region
Grant O'Brien, Change Manager, Development and Support Unit, Waikato DHB
Brent Nielsen, Operations Manager Midland, St John
- 5.00 End of day one & networking drinks

DAY 2 – 1 December

- 9.00 **Opening remarks from the Chair**
Dr Richard Macharg (FRNZCGP), Chief Executive, Queenstown Medical Centre

Improving the use of technology in rural healthcare delivery

- 9.10 **Work currently underway to improve broadband access and connectivity in rural areas and the expected impact of the new National Health IT Plan**
In this presentation, we discuss the new priorities for regional and national health IT investment as identified in the National Health IT Plan. How much of the spending is targeted at rural areas? How will the proposed investments improve the efficiency of healthcare delivery for rural patients? What actual work is currently underway to improve broadband uptake, access and connectivity for rural healthcare providers? Dougal will provide insights on these crucial issues and look at the real impact of the Rural Broadband Initiative and the Connected Health initiative.
Dougal McKechnie, Chief Executive, New Zealand Health IT Cluster
- 10.00 **Are mobile health services the way forward for rural health delivery?**
A working model of the primary and secondary interface in rural areas is evident in such activities as the surgical bus and specialist outreach services. With the trend towards specialisation of doctors, should the focus be on offering more visiting specialists and mobile health services instead of trying to retain doctors in rural areas?
† The impact of increasing specialisation in central locations on the access to services for rural communities
† When a visiting specialist is not the answer
† Aligning visits of mobile unit with the rural life cycle
Dr Stuart Gowland, Urologist and Director, Mobile Surgical Services Project
- 10.45 Morning tea

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- 11.05 **Ensuring continuity of care for rural patients**
One of the main ongoing issues in rural healthcare is attracting and retaining appropriately qualified doctors, nurses and allied health staff. This has a direct and negative impact on the continuity of care of patients and on job satisfaction of existing overworked rural healthcare professionals. We look at the impact of such initiatives as voluntary bonding, ROMPE and the Rural Medical Immersion Programme and discuss what else can be done long-term to maintain health service delivery in rural towns.
Dr Branko Sijnja, GP, Balclutha, Director, Rural Medical Immersion Programme, University of Otago, Board member, Otago DHB
- 11.50 **Why clinical governance needs to be made a priority in rural hospitals**
A 2009 survey found that a significant proportion of hospitals have no recognised medical leadership or formal clinical governance structures. Good clinical governance is essential to ensuring quality of care, especially in an environment of high staff turnover or critical staff shortage. In some cases where clinical governance is in place it is led by the DHB, while other rural hospitals are in the early stages of developing their own clinical governance structures. With this presentation, we provide examples of both scenarios and discuss benefits and challenges.
Ross Lawrenson, Professor of Primary Care and Head of, Waikato Clinical School
- 12.50 Lunch
- ## Delivering efficient healthcare to targeted demographics in rural areas
- 1.40 **Improving access, availability and acceptability of mental health services in rural communities**
There are a number of factors preventing rural patients seeking help with mental health issues; the risk of exposure in the local community; lack of transport to access further afield services; and the strong rural culture of self-reliance. But anecdotal evidence suggests that there's an increased incidence of depression and suicide in our rural communities which needs to be addressed.
† Latest initiatives addressing rural mental health needs
† The impact of external factors; the economy; unemployment; isolation
† Establishing community based networks and promoting openness around mental health
Barry Taylor, Suicide Prevention Officer, Wairarapa DHB
- 2.25 **Improving access to healthcare for rural Maori**
There is a direct correlation between rural areas with high levels of deprivation and the proportion of Maori in the community, so it is important to address the underlying socio-economic factors making it harder for rural Maori to access healthcare services. Many rural doctors report lower levels of rapport with Maori patients, but new initiatives such as Whanau Ora and the increasing use of Kaiawhina provides an opportunity to reach Maori communities in a culturally appropriate and effective way.
† Health issues particularly prevalent in our Maori population
† The importance of Whanau Ora approaches for meeting the health and disability needs of rural Maori.
Rose Lightfoot, Chief Executive Officer, Te Tai Tokerau PHO
- 3.10 Afternoon tea
- 3.30 **Ageing in Place: Specific challenges for rural communities and aged care health professionals**
Fewer disability and aged care support services tend to be available in rural locations than in urban areas. Challenges for provision include finding appropriate support staff, the cost of delivering services across long distances, and the lack of economies of scale.
† Travelling to and accessing services for older people
† Reviewing and improving the quality of aged care services as part of the Positive Ageing Strategy
† How do we improve the availability of health and community support services for older people?
† Ensuring that older people who cannot live alone can continue to be close to their community
Dr Stephen Chalcraft, Clinical Leader - Older Persons Health, Southern DHB
- 4.15 Closing remarks from the Chair and end of conference

