



New Zealand Rural Hospital Network

September 2017 Newsletter

Dear RHN Members

Positive things are happening in various rural hospitals both north and south, as captured in this edition of our network newsletter.

Same is the case amongst rural professional groups. The progress being made in creating a network of rural nurses is astounding to say the least and we commend RHN directors Rhonda Johnson and Debi Lawry for their hard work in creating the rural nurses voice which should serve our communities well into the future. The Clinical Leaders Forum championed by RHN director Scott Wilson continues to provide valuable networking opportunities amongst Rural Hospital doctors. This group now has a closed FB group 'chat room' that enables discussions on pertinent clinical issues on a daily basis.

Our dream is to also foster other rural professional groups to do the same. There is a wealth of knowledge and experience to be shared amongst us, and it feels great to be able to connect with colleagues on matters of mutual interest and know we are not alone.

Robert Gonzales, RHN Chairman

Dannevirke Community Hospital celebrates its 20th birthday



Registered Nurse Sue Trotter, left, Healthcare Assistant and an original staff member Te Aroha Edwards (Aunty Dimples), Enrolled Nurse Pat Holm and Registered Nurse Lisa Dine at Dannevirke Community Hospital

On September 8th, Dannevirke's Community Hospital celebrated its 20th birthday.



DHB Registered Nurse (left) Kim Thompson with Murray Jonassen and Mobile Health's Margaret Scott

Dannevirke Community Hospital consists of Eight GP beds, including palliative care; a midwife-led maternity unit; digital x-ray services; ultrasound services; within the Tararua Health Group, specialist nurses, nurse practitioners and a highly qualified team; Mobil Surgical Services via the bus every five weeks.

To view the full story click on the link below

http://www2.nzherald.co.nz/the-country/news/article.cfm?c_id=16&objectid=11918713

Taumarunui celebrates 1000 patients on the Mobile Surgical Bus

On the 18th August, Taumarunui celebrated over 1000 patients being treated on the Mobile Surgical Bus. The community have benefited from the convenience of having the bus service for procedures that would normally be delivered over two hours away at Waikato Hospital.

The surgical bus has been operating in Taumarunui since April 2004.

71% of surgeries performed there have been endoscopies; the other 29% has been made up of general surgery, ophthalmology, gynaecology and dental.

The Mobile Surgical Bus has visited the site 109 times and has treated 1005 patients

<http://www.waikatodhbnewsroom.co.nz/2017/08/18/taumarunui-celebrate-over-1000-patients-treated-closer-to-home-with-mobile-health/>

Changes in leadership of Mobile Health



Stu Gowland



Mark Eager

Christchurch Urologist Stu Gowland, who developed the country's first Mobile Surgical Bus, has stepped down as Mobile Health's Managing Director but will continue as Medical Director. Mark Eager has been appointed as Chief Executive of Mobile Health. Mark has been with the surgical bus organisation for 10 years.

<http://www.scoop.co.nz/stories/BU1708/S00305/gowland-to-be-medical-director-of-mobile-surgical-bus.htm>

Rural Nurses NZ (RNNZ) September 2017 update

The working party have now met twice by videoconference and are working through initial group set up options having finalised some terms of reference.

Officers as elected by working party members:

Chair – Rhonda Johnson

Secretary – Emma Dillon

Communication officers – Kate Stark (SI), and Rhoena Davis (NI)

Group members:

Debi Lawry

Virginia Maskill

Christine Dorsey

Rachel Pretorius

Cathy Beazley

A list of working items is being collated and will be prioritised for action in due course.

The list comprises suggestions by rural nurses from survey as well as working party member input.

We have had some creative input to assist in the development of an RNNZ logo. Once the logos have been shortlisted to 3 options, they will be shared with the RNNZ facebook group for voting.

Enquiries into the number of rural nurses nationally has begun.

Survey response overview

A total of 136 responses from NZ rural nurses were collected by survey earlier in the year.

The survey responses are assisting to guide the working party in maintaining a direction with knowledge of the demographic and locations of the rural nurses we are representing.

An overview of the responses include:

- The largest age group of NZ rural nurses is the 55-64 year age bracket (38% of respondents).
- The majority of respondents have been registered as a nurse for over 25 years (56% of respondents).
- The largest group of respondents have worked in a rural context for 0-5 years (27% of respondents) with the smallest group having worked in a rural context for 21-25 years (4%).
- 37% of respondents were from the Otago region.
- 94/106 respondents working in a rural context described various difficulties in transporting patients to a base hospital due to inclement weather, lack of transport availability, and a small number requiring a boat or plane to transport patients.
- 91% of respondents access professional development online.
- 59% of respondents selected 'yes' to having non-physical barriers to accessing professional development including: access to funding, travel and accommodation costs and lack of time or cover in order to attend.
- The largest group of respondents work in the General Practice setting (38%) with Hospital and District Nursing closely

followed (35%). There was a broad range of settings identified, confirming rural nurses work across a variety of settings, often in multiple roles.

- 79% of respondents have completed some form of post graduate education. 21% of all respondents hold a Masters/NP.

Utilising feedback from rural nurses via survey, the following objectives and purpose statements have been agreed within the terms of reference:

Purpose

To provide a regular forum that enables a diverse group of rural nurses from across NZ to develop models and/or strategies to support rural and remote nurses in NZ including:

- Establish and maintain networking opportunities
- Positively influence retention and recruitment of nurses in rural areas, including new graduate support
- Contribute to the standardisation of standing orders for rural NZ
- Collaboration with other organisations
- Influence a recognised career pathway for rural nurses
- Support development of rural nurse supervision
- Build knowledge of the needs of rural nurses in NZ

Objectives

- To advocate for, with, and on behalf of rural nurses in NZ
- To support a means of providing consistent clinical direction and support to rural nurses particularly those working in isolation
- To enhance networking of rural nurses within already established forums
- To create innovative ways of bringing rural nurses together

The term 'rural' nurse encompasses all nurses who deem themselves to be working in a rural setting. Rural Nurses work in a broad variety of environments including, but not limited to: General Practice, Hospital, Public Health, Occupational Health, District, PRIME, Residential

Care, Palliative Care, Nurse Specialist or Practitioner roles, Mental Health, LMC, Plunket, Wellchild, Whanau Ora, Long term conditions, and Nurse led clinics.

National Rural Health Conference

The 2018 National Rural Health Conference has been confirmed and will be held at the Pullman Hotel, Auckland on 5th – 8th April 2018. The NZRHN will be offering 5 registration sponsorships for RHN members to attend the conference. Keep an eye out for details of how to apply

Website

Our website is currently under construction. A new but similar version will be up and running soon

Rural Clinical Directors Forum

The next Rural Clinical Directors Forum will be held at the Jet Park Airport Hotel and Conference Centre, Auckland Airport on Monday 16th October. Thank you to Dr Scott Wilson for all the hard work and effort he puts in to coordinating the Rural Clinical Directors Forums. If you are interested in attending and have not received the registration details let our Secretary, Andrea Cairns, know and she will send you the details

andrea.cairns@southerndhb.govt.nz

Oamaru Hospital News

A New Model of Care that will deliver quality and sustainable health services now and in the future for the Waitaki District has been completed after seven months of work and will be implemented from this year.

Priorities will be identified within the model for early introduction, but all the proposals recommended will take some years to complete and will be kept under review as the project progresses to ensure the changing needs of the community and targets are being met.

Developed by the Waitaki Project Review Board (WRPB) set up at the end of last year, its work was based on a joint clinical review of

health services by Waitaki District Health Services Limited (WDHSL) and Southern District Health Board (SDHB) to explore how best to provide sustainable health services for the Waitaki community.

The new model identifies how health services will be delivered, how they will operate and forms the basis for planning and responding to the needs of the Waitaki district.

The result will be to ensure patients get the services they need in a safe, responsive and timely manner, using resources effectively, efficiently and in a sustainable way.

Waitaki District Health Services Limited (WDHSL) chairman Chris Swann said work on the new Model of Care started in December under a Waitaki Review Project Board (WRPB), established after a joint review of health services by the company and the Southern District Health Board (SDHB).

“It has been a huge project which has had input from staff, community groups, General Practitioners and other stakeholders such as unions. All the feedback has been incorporated into numerous drafts for consultation before the final document was delivered at the end of last month (July 31).”

Mr Swann emphasised the new model would not be implemented overnight, but incorporated as short, medium and long term elements to the plan. Some changes identified by staff and the review board as urgent had already been introduced.

The next step in implementing the model would be to involve staff in working groups identifying priorities and setting a timetable for this and future years.

At the same time, the new five year contract with the SDHB, which came in on July 1, provided for regular reviews on progress.

The model was also not set in concrete, but would be used as a working document with the ability to adapt over time as changes were implemented.

Mr Swann said the existing model had evolved from the “Hospital on the Hill” when health services transferred to the new hospital in 2000. Since then there had been big changes, not only in the delivery of services and new technology, but also in the population demographics of the district. “There was a need to review all services, not just those we

provided but also what else was in the community then apply that to the needs of the Waitaki population, now and in the future.”

The new model would move from health services centred at Oamaru Hospital to services centred around the patient, utilising not only those provided by WDHSL, but those services also available in the community.

“That will ensure a patient has the best care available and Waitaki health services are sustainable in the future,” Mr Swann said.

Model of Care Main Points

.The patient will be the centre of care, utilising services available through the hospital and in the community to provide quality health care.

.Oamaru Hospital will remain an integral part of the Waitaki district health system;

.A Clinical Healthcare Hub, in conjunction with community health providers, will be established at Oamaru Hospital to ensure patients are provided with services that meet their individual needs;

.Services within the community will be enhanced where appropriate, consistent with the goals of a high quality, sustainable and affordable level of care;

.When people need to travel to services, these will be co-ordinated and focused on enabling access and a timely return home for follow-up care as needed.

.Urgent care will be enhanced and the Emergency Department retained.

.Inpatient beds will be retained.

.Staff will be supported, including training, to be involved and help implement changes.

.People will be enabled to provide more of their own care themselves. When support is needed, it will be provided to safely return them to their home or keep them at home as long as possible.

.Access to services will be streamlined.

.Any inefficiencies in providing services will be identified and rectified.

.Remodelling of Oamaru Hospital will be investigated to improve efficiency.

.Telemedicine, electronic communication and new technology will be used more extensively to improve access to services for the patient.

.Any special needs for groups within the community will be identified and implemented.
