



New Zealand Rural Hospital Network

March 2018 Newsletter

The National Rural Health Conference is less than 2 weeks away!

We have an exciting programme of keynote speakers and people presenting in the concurrent sessions. The variety of topics is designed to provide interest for all attendees. There is a theme that resonates with all rural health care practitioners - inter professional working reality and inter professional training. We will hear from a number of different programmes that are focussing on this key aspect of rural reality.

In addition to the formal conference programme there are a number of workshops to be held on Thursday 5th April. These workshops offer a range of practical skill revision, research and sessions that focus on discipline specific issues.

Our conference has a robust social programme which is worthwhile attending. Much of the real work of the conference occurs at the dinners as this is where networking occurs, and linkages that have been established at previous conferences are strengthened.

The conference also provides an opportunity for your attendance at the Rural Hospital Network AGM on Saturday lunchtime. Please make an effort to attend this meeting, as we have limited chances to meet face to face. We want to hear about key issues facing rural hospitals so we can support and advocate for improvements to the system. We also wish to invite members to consider being part of the RHN Executive. This provides an opportunity to influence the direction of rural hospitals, so is exciting and rewarding.

*Debi Lawry
NZRHN Representative, Organising
Committee, National Rural Health Conference*

CT Scanners

Recently the New Zealand media published the findings of a report into the death of a man in Central Otago that occurred during transportation between Dunstan and Dunedin hospitals. This report from the coroner concluded that had CT scanning been available to this patient in Dunstan it may have altered his outcome. Dunstan Hospital at that time provided CT scans during working hours only and the patient presented outside of these. The coroner urged SDHB to accelerate plans to provide 24/7 CT scanning in Dunstan. This was met with caution by SDHB who felt that amended head injury management guidelines and enhanced transport capabilities would better improve safety.

The debate around CT scanners in rural hospitals has been active for many years and has proven to be quite polarising. There is a wealth of research that supports the notion that those living in rural areas are scanned at a lesser rate than their metropolitan counterparts. What is lacking is compelling evidence that this reduced scanning rate leads to a change in health outcomes. We practice in a world where CT scans have become a diagnostic staple to rapidly rule in or rule out significant pathology and to streamline the patient's admission or discharge, often to meet targets or to address bed shortage. Rural hospitals function a little differently, with the absence of CT necessitating a focus on repeat detailed physical examination and alternative local imaging like X-rays and bedside ultrasound. This does not equate to a lower standard of care. One of the largest disparities in scanning rates between urban and rural is in CTs of the head. One Irish study conducted in 2010 concludes that lower scanning rates for traumatic head injury in rural areas without access to a local CT do not result in adverse patient outcomes. While this needs to be interpreted in context, it does demonstrate that providing better access to a diagnostic tool like CT does not necessarily correlate with better outcomes for our patients.

The cost of providing CT in rural hospitals is substantial, with many of the benefits intangible to the providers' balance sheets.

However the faster diagnosis, reduced inter-hospital travels costs, and shorter duration of stay should not be underestimated. Some rural hospitals have needed to rely on private/public partnership models, external reporting contracts, and public fundraising to enable local CT services. These have proven to be largely successful, albeit the long term sustainability of these arrangements as demand for services increases is unclear. Many rural hospitals are fighting to maintain funding and staffing of existing services under a constant threat of centralisation. The cost of local CT both in terms of financial and human resources may pose a further threat to this. Conversely, the provision of local CT may provide greater incentive for recruitment and improve the financial efficiency of the rural centre.

It is unclear exactly how CT will be employed in the rural hospital of the future. What is clear is that several rural hospitals have recently opened discussions with key stakeholders over whether or not to provide new, or extend existing, local CT services. Interesting times ahead - watch this space....

Dr Scott Wilson
NZRHN Exec member

Changes made to improve Taumarunui Emergency Department



A new model of care is to be implemented by the middle of 2018 to reduce the high number of non-emergency visits at Taumarunui Hospital. The project will create a Single Point of Entry for all patients to ED. Visitors will enter through the front door of the Medical Centre adjacent to the emergency department where they will be seen by a health professional. They will

be assessed and directed to the appropriate clinician or service to meet their needs. In 2017 almost 5500 people were treated. The vast majority of visits are during the day, when people could be seen by a local GP.

<https://www.stuff.co.nz/waikato-times/news/ruapehu-press/102206766/changes-made-to-improve-taumarunui-hospital-emergency-department>

Rural Clinical Leaders Forum

The next Rural Clinical Directors Forum will be held at the Jet Park Airport Hotel and Conference Centre, Auckland Airport on Monday 9th April. 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 andrea.cairns@southerndhb.govt.nz

AGM

Our AGM will be held at the Pullman Hotel, Auckland on Saturday 7th April at 12.25pm. If you are attending the National Rural Health Conference please come along to our AGM. We would love to see you there

Join our Executive Committee

We are looking for new members to join our Executive Committee. This involves a monthly meeting via Teleconference and two face to face meetings per year, one in November and the other at the National Rural Health Conference. If you would like to be part of a team that provides one voice for Rural Hospitals then please let one of our Exec members know

Website

Our new look website is up and running. There is still a lot of information to be transferred from our old website, this is a work in progress
