Describing and improving the quality of hospital care for New Zealand rural communities

Dr Carol Atmore, ex-Foxley Fellow
Prof Tim Stokes, Prof Susan Dovey, Prof Robin Gauld, Dr Andrew Gray
Overview

• Background
• What I did
• What I found
• Summing up
• Actions
Why this?

1 in 4 NZers live in provincial New Zealand

1 in 6 live in towns less than 10,000 and rural areas

NZ population 2015, Statistics New Zealand

- Towns and cities >30,000 pop
- Towns 10,000 - 29,999 pop
- Towns 1000 - 9999 pop
- Towns <1000 pop and rural areas

The Transalpine Health Service model: a New Zealand approach to achieving sustainable hospital services in a small district general hospital

Author: Carol Atmore

Original Research

The impact of a rural scanner in overcoming urban versus rural disparities in the utilisation of computed tomography

Garry Nixon, MBChB, FRNZCGP(Dist), FDRHMSNZ,1 Ari Samaranayaka, BSc, MPhil, PhD,2 Brandon de Graaf, BSc,2 Roz McKechnie, BA(Hons), PGDipPH, MHSi, PhD,1 Peter Rodwell, MBChB, FAC and Katharina Blattner, MBChB FDRHMSNZ FRNZCGP1

1Injury Prevention Research Unit, Department of Preventive and Social Medicine, 2Dunedin School of Medicine, University of Otago, Dunedin, and 3Department of Emergency Medicine, Oamaru 1 Otago, New Zealand

Reconceptualising relocation for specialist treatment: insights from New Zealand

Pam McGrath • Hamish Holewa

Introducing point-of-care testing into a rural hospital setting: thematic analysis of interviews with providers

Katharine Blattner MBChB, FRNZCGP, FDRHMSNZ,1,2 Garry Nixon MBChB, FRNZCGP, FDRHMSNZ,1 Crystal Janyn MBChB, FDRHMSNZ,1 and Susan Devey MPH, PhD

The price of ‘free’. Quantifying the costs incurred by rural residents attending publically funded outpatient clinics in rural and base hospitals

David Fearney MBChB, PGDipPH,1 Ngatimana MBOA, PHD,2 Garry Nixon MBChB, PGDipPH,1
Mixed Methods Research...

Secondary Data Analysis of Patient harms in New Zealand general practices: Records review study
Susan Dovey et al
* The interview study
* What I did

- Visited the 4 sites
- Clinical leaders and managers at the central DHB and in rural communities
- Focus groups with community and Māori in rural communities
- Semi-structured interviews
- Talked, taped, transcribed, analysed
What I found

- Rurality
- Quality
- Networks
What is ‘rural’?

- Low population density
- Distance, isolation, geography
- Access to services

“Rural is like beauty – it’s in the eye of the beholder”

Rural GP
Being rural - Positives

• Rural culture
• Home
• Slower pace of life
• Sense of community
• Self sufficiency and mutual support
• Access to nature
* “There’s a part of us that longs for that rural living on the farm or living in the bush. I think every New Zealander longs for that…”
Being rural - Negatives

- Access to services
- Financial hardship, cost of access – double whammy
- Lack of choice
- Poor internet connectivity
- Social and professional isolation
“Without a shadow of a doubt, the rural communities pay more for their healthcare delivery than anybody else.”
Why should rural people have to subsidise their health care in a way urban people don’t?

How can care be closer to home for rural people to counter this?
Rural Health Care - Positives

- Generalist
- Breadth of scope
- Close connections in local health system and with community
- Teamwork
Rural Health Care- Negatives

Negatives
- Having to do more than urban
- More on call
- More emergency care
- Shortages
- Less people around to help
The rural health practitioner

- Broad skill set
- Well-developed emergency care skills
- Flexible as a person
- Knowing your limits
- Enjoy autonomy but good in a team
- Happy to live and work in a small community
- Relaxed about being on call
* If living in a fishbowl is impossible for you, you won’t survive in rural. You’ve got to be quite happy with that, and it doesn’t bother you.
What I found

• Rurality
• Quality
• Networks
What’s makes for good quality health care?

Staff

The System
* Components of health care quality – the staff

- Clinical
- Cultural
- Relationships and Communication
  - With patients and whanau
  - Within the health care team
“I’d say professionalism, so that people - you know they can do their job well, that you’re going to be cared for with the best possible care, and the compassion and human touch; those two are the keys for me.”
* “The cultural stuff; Te Ao Māori view, but if we go broader than that, too - it’s respect. …and always provide the absolute best care that you absolutely can, and if things do go astray, which happens, that you own it ….”
* Components of health care quality – The System

- Access
- Systems
- Settings
- Community participation
- Fairly distributed, adequately resourced
- Seamless services across distance
“Well I just think good quality is having access to the services required within a reasonable time frame.”
* “If you’ve got to travel because you’re unwell, that’s fine but we need really good support systems for their whanau to be able to go and care for them…”
“…and there’s no framework that’s ever been used for rural hospitals other than what’s been developed for the urban hospitals. …there’s no way for the planners and the policy-makers who are centred in urban as a majority, to actually even have anything to perceive this stuff with.”
Measuring quality

- From the patient and whānau view, quality should be the same, but how it is achieved will be different

“*I think the quality of care should be the same across the board no matter where you are.*”
Measuring quality

• Measures should look at
  – the patient and whānau experience,
  – local hospital systems and processes,
  – systems and processes within the hospital network,
  – transfer processes
* “I always think if I’m treating a patient, about the decision about whether you transfer them or not, I think to myself; am I giving the same standard of care that they would get in the base hospital?”
What I found

- Rurality
- Quality
- **Networks**
Where do people want to receive health care?
Barriers

• People issues
  – Too busy
  – Lack of trusting, respectful relationships
  – Resistance to change
  – Lack of familiarity with technology
Barriers

- System issues
  - Local communities’ needs not taken into account
  - Services planned in silos
  - Services provided in silos
  - Staffing shortages
Effective Regional Health Care Networks

- Services
- Information
- Access
- Family support
- Consistent, agreed
- Systems
- IT and F2F
- Adequately resourced
- Community participation
- Relationships
- Respectful
- Enabled
* “In the whole of New Zealand, no matter where you are; if you can’t get that care here directly, then you should be confident that whoever is providing that care directly is linking you into another centre that is going to provide that different type of care”
* “What makes it work is trust and confidence, building relationships, clear pathways, clear referral processes; all of that. It doesn’t just happen.

…… I know that I pick up the phone, I want to talk to such n such, they’re actually going to talk to me and they’re going to understand my context.”
“Information; so you need a shared patient record. You need a health pathway. So you need a clear understanding of what that pathway looks like.

But the over-riding thing you need is a willingness of all parties to work in that way. That’s the most important thing. You can get round everything else, but if you haven’t got that, you will fail.”
In summary

• People were generally happy with care at local rural level

• Concerns over aspects of transfer and support from larger hospitals

• Working across networks of small and large health care teams likely to improve health care quality
Actions for health planners

1. Involve local communities in service design and oversight
2. Develop funding frameworks that work in rural settings capacity not widget
3. Monitor access and affordability of primary-care-level urgent care services out of hours
4. Review support for people and their whānau who need to travel
5. Measure quality outcomes of patient experience of care across the network, monitor for equity
Actions for health providers

1. Provide time and leadership to develop a culture of ‘one service, different sites’ contracts, orientation, time in the other place, responsibility for whole network

2. Support processes to embed virtual consultations as business as usual booking system, regular touch base, IT support, kit in right place

3. Ensure clear pathways for handover when people are transferred, and monitor
Actions for health providers

4. Develop staff in clinical, cultural and relationship based competencies

5. Consider how to make journey for rural people easier appointment times, rural flag in system, rural hospital pull

6. Continue to develop networks across the country Rural DHBs, Rural quality improvement coordinators
Actions for communities

1. Take opportunities to be involved in your local health service design and monitoring

2. If services are not respectful of you and your culture, inclusive and meeting your needs, speak up

3. Work with your local providers so that travel support is well understood and easily accessible

4. Ask whether your health needs can be met using virtual health technology, when you are being asked to travel
Thank you!

carol.atmore@otago.ac.nz