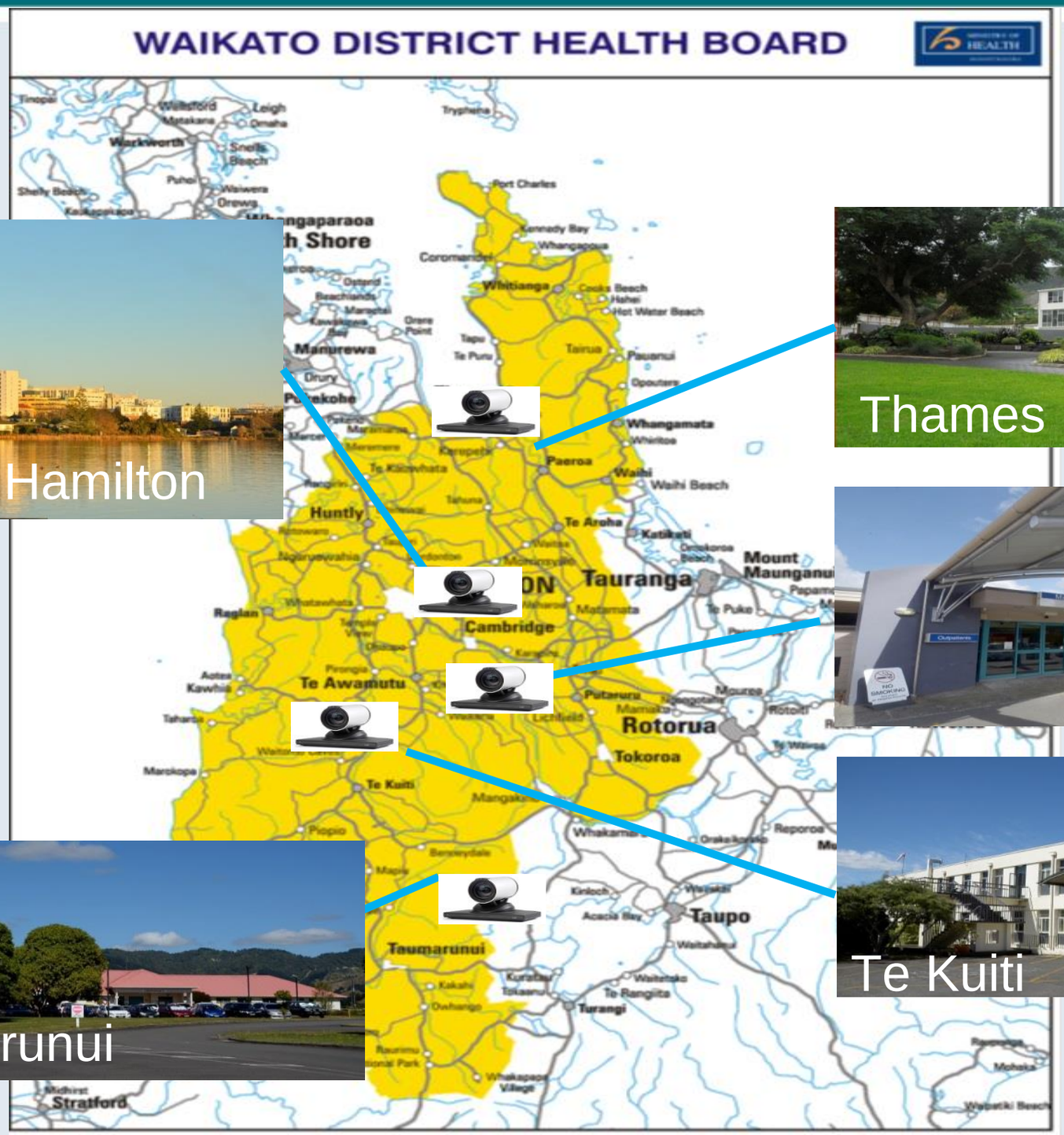
The Deteriorating patient

THE RURAL HOSPITAL SETTING

Dr Ruth Large, Rural Hospitalist, Chair NZ Telehealth Leadership Group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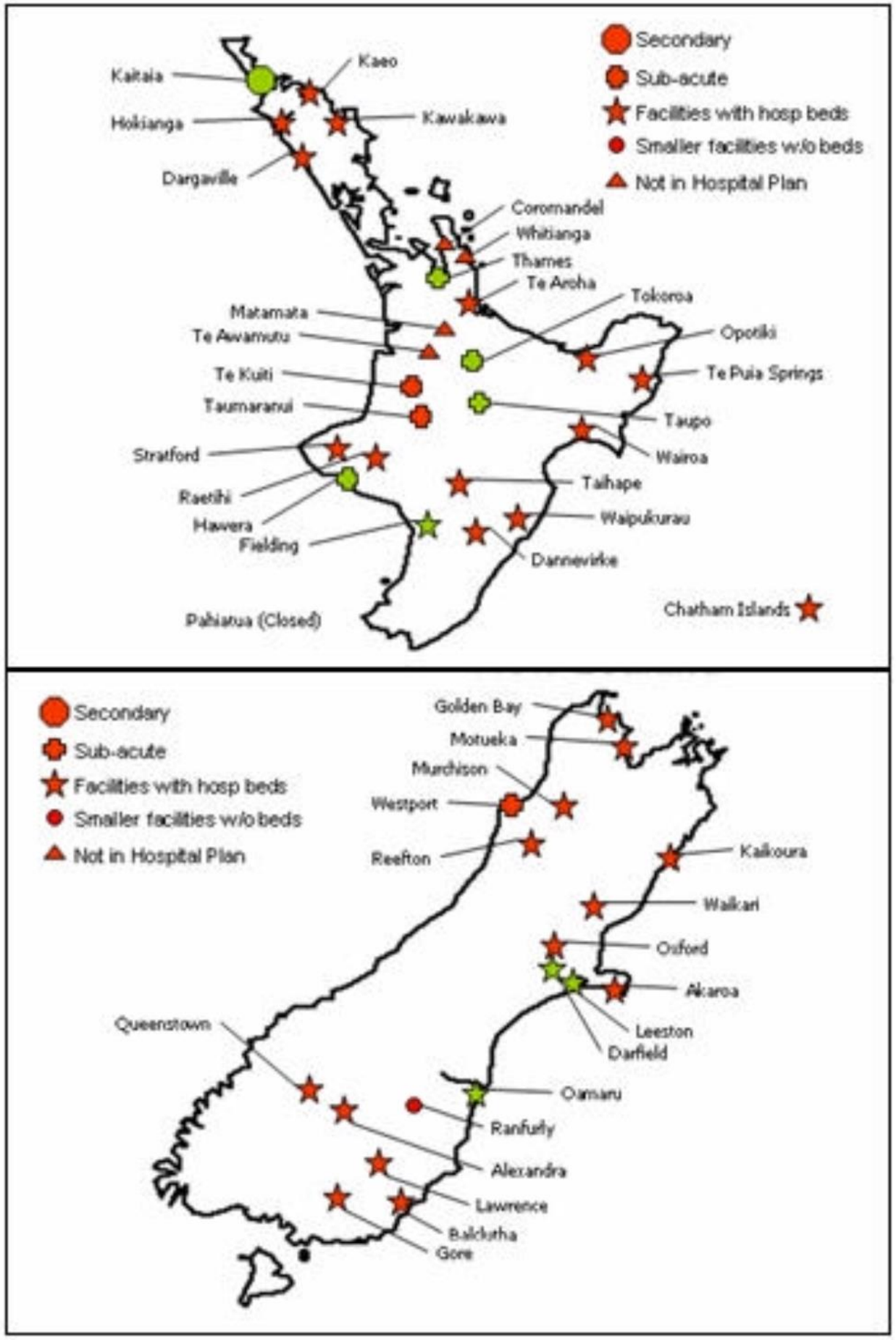
WHAT IS A RURAL HOSP

a facility where acutely ill patients are admitted and cared for solely by generalist doctors, either general practitioners (GPs) or medical officers of special scale (MOSSes)”.

a hospital in a rural setting at least 30 minutes from a secondary or tertiary level base hospital, where acutely ill patients are usually admitted and cared for by generalist doctors who may as a consequence, be required to practice in a variety of different vocational domains at any one time.



Become a Rural Hospital Doctor

As a rural hospital doctor, you will be challenged to work across a wide range of clinical presentations and focus on secondary care; a Swiss army knife of medicine.

What are rural hospitals?

- Hospitals that are easily accessible for patients in small towns
- Oriented in responsive secondary care
- Contain doctors with a wide knowledge base
- Fewer resources and greater communication with other hospitals
- Care for cultural and sociologically diverse range of patients

Living outside the hustle and bustle of city life will open the door to some of New Zealand's most beautiful outdoors.

The Division of Rural Hospital Medicine training programme

The Division of Rural Hospital Medicine grew as a new branch in 2008 to tackle growing vocational issues within small rural hospitals.

The Division of Rural Hospital Medicine (the Division) provides doctors with an accredited training programme to become a Fellows of Rural Hospital Medicine.

This career path builds on general practitioner skills and requires a broad body of generalist knowledge and specific skills.

Explore the Division training programme
Find out how the Division is governed
Find our about fees and requirements

Our vision is that all people living in rural Aotearoa New Zealand will achieve optimal health and wellbeing through access to safe, effective and acceptable health services which honour the Treaty of Waitangi.

"The rural proofing of government policy is embedded in legislation in the United Kingdom and used to be part of the process of government here, it ensures that the impact of changes in government policy on rural communities is taken into account as plans for change are developed."

"Collectively, the rural population of 600,000 people would make up New Zealand's second largest city yet spread from Cape Reinga to Bluff, many live and work in geographically and socially isolated areas."

"In 2011-2012, $40 billion, or 19% of GDP was generated directly or indirectly by the agri-food sector. If the spending power of these people is taken into account, then the contribution of the agri-food sector is $53 billion, or $1 in every $4 spent in the economy."

"Government aims to double the value of primary industry exports by 2025."

"Agriculture and tourism are the powerhouses of our economy. Each year, 2.5 million tourists visit rural New Zealand."

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RHĀNZ Rural Health Alliance Aotearoa New Zealand

RURAL HEALTH ROAD MAP

Growing healthy rural communities in Aotearoa New Zealand.

RHĀNZ Rural Health Alliance Aotearoa New Zealand

Growing healthy rural communities in Aotearoa New Zealand.

A CRITICAL ISSUE FOR NEW ZEALAND'S GOVERNMENT

Rural Aotearoa New Zealand is the heart of our nation. It plays a vital role in our economy, is the focus of much of our leisure activities, and those of a huge number of international visitors every year. We all depend in some way on the vibrancy and sustainability of services in rural communities, whether we are living and working rurally, visiting or just passing through.

Our total rural population, the equivalent of New Zealand's second largest city, lives and deals with endless pressures from all

Primary Health Organisations. Experience shows that data about focus populations enables and supports research, resource

Government agencies and avoidance of unintended consequences for rural businesses and communities.

THIS RURAL HEALTH MAP IS AN EVOLUTION OF THE RHĀNZ RURALFEST NZ 2016 PRIORITIES.

It identifies five priorities that have been agreed by our Alliance members, and calls to Government to action to address each priority.

Enabled by Government's

1. RURAL WELLBEING

Rural people are connected to their communities and know how to take care of themselves and each other.

Healthy and socially cohesive communities are more productive, more profitable and more sustainable.

They are better able to deal with the stresses of isolation, adverse events and personal problems.

Rural community led, evidence based initiatives will build protective factors and enhance resilience. Earlier identification of problems and greater levels

2. RURAL CONNECTIVITY

Excellent access to modern communication systems increases access to health and social services, enhances rural lifestyles, and enables profitable rural business communities.

Rural communities depend on reliable and high quality broadband and mobile connectivity to:

- Operate productive businesses
- Attract and retain employees
- Maintain social connections
- Increase access to high quality health and social services
- Cost effectively use a wide range of services

3. RURAL RESEARCH AND POLICY

Comprehensive and accurate outcomes data about rural people is used to inform community development, resource allocation and health and social service provision.

Data is collected at every point of contact with health and social services and can be linked to where people live.

Analysis and reporting cross agency data on a locality basis will increase accountability, and enable research and evaluation.

This knowledge will inform targeted, evidence based interventions and service development relevant to rural communities.

4. RURAL HEALTH SERVICES

Rural communities have excellent access to health care services close to home and timely access to specialist and emergency services when required.

Rural health facilities are the heart of many community activities and often a significant employer offering recession resistant jobs. Staff are linked to every corner of the community and increase community health literacy through both their work and social activities.

The sustainability of high quality health and social services in rural communities is dependent on:

- Alignment of service delivery

5. RURAL HEALTH WORKFORCE

Rural health and social service professionals are well resourced and supported to provide the highest quality service for people in their care.

Our rural health and social workforce is in crisis. Across rural NZ this results in:

- Many rural general practices exceeding recommended numbers of enrolled patients per GP.
- Some rural general practices not accepting any new patients.
- Disproportionate numbers of rural workforce nearing retirement.

RURAL HOSPITALS IN NEW ZEALAND

- Approximately 10% of NZers live within the catchment of a rural hospital, over 40% of admissions to hospital of these patients can be managed at a generalist level.
- 2011 survey of rural hospitals described doctors working in isolation at a distance from their base hospital.
- Air transfers are not always preferable in an emergency
- Inter-hospital transfer by air is the single most expensive non therapeutic intervention available to hospital clinicians yet the resource is unmonitored.

DIFFICULTIES WITH IHT

- Communication with a base hospital are often considered difficult. “Arguing with the tertiary provider takes time; time better spent stabilising an ill patient”.
- Patients admitted initially to some peripheral hospital receive fewer interventions and have a poorer outcome than patients admitted to the receiving tertiary hospitals with the same diagnoses.
- There are often increased complexity with managing patients in a small community.

DIFFICULTIES WITH IHT

- Clinical outcomes of critically ill patients transferred to tertiary ICUs in NZ have a different case mix, a higher severity of illness, mortality, length of stay and associated costs than the non transported patients.
- Rural hospitals are staffed differently and have different training needs and requirements.
- HDC “Smaller hospitals require a system of support and back-up where potentially unstable patients can be easily transferred to the larger centre”

WHAT DOES THIS ALL MEAN?

- Deterioration pathways may need to be altered for the local environment.
- Nursing staff may need a variety of avenues to seek help for their patients with worsening EWS scores.
- Every tertiary/secondary receiving hospital should have a pathway to aid/receive the deteriorating patient in the rural setting just as they would the ward.

WHAT OF THE FUTURE?

BETTER, SOONER, MORE CONVENIENT HEALTH CARE IN THE COMMUNITY