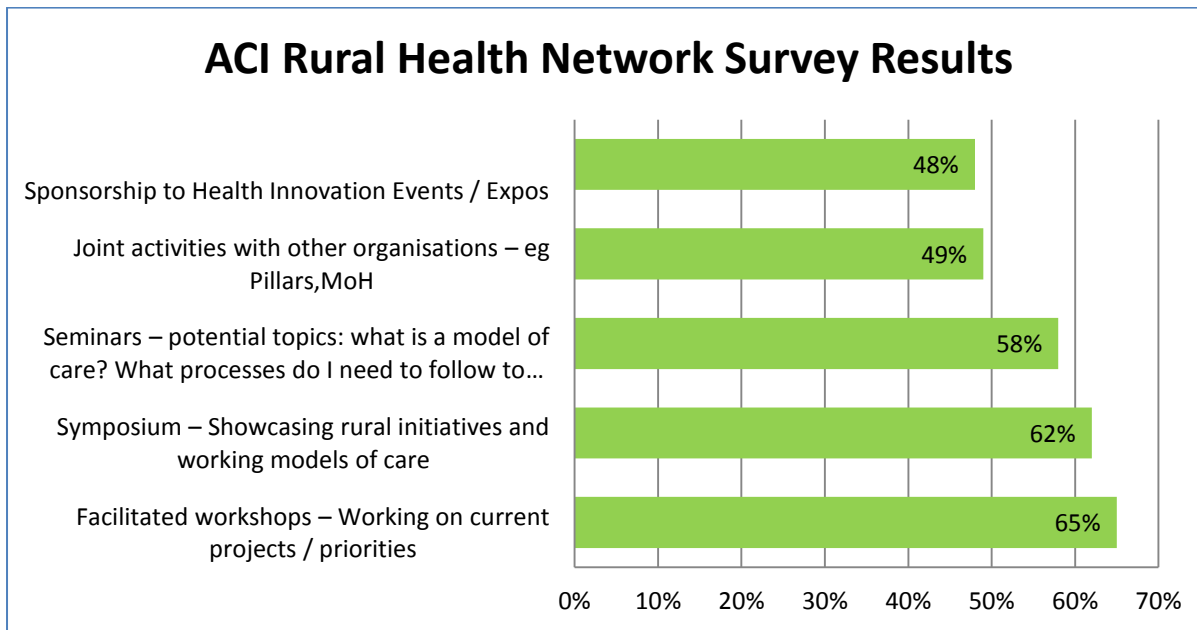


Rural Health Network Member Survey June 2013

What activities would you like to see the ACI Rural Health Network develop which would be of most benefit to rural and remote health staff?



Can you suggest other activities which would engage rural health staff in clinical redesign and innovation?

Technology

- Technology assistance and communication models that allow interaction at rural sites - Video conference links etc.
- Helping support really good quality communication mechanisms with the ACI for rural staff. Staff can't attend network meetings in person and on some of these meetings the metros are face-to-face and the rurals are on teleconference, sometimes not able to hear properly. Staff will opt-out. There need to be mechanisms (probably technological) whereby the rural attendees feel as involved and valued as the metros.
- the establishment of a rural online forum that is facilitated by senior clinicians
- Videoconference educational links
- Webinars - don't expect us to travel every time you want to offer us something. Whilst we do appreciate the opportunity to attend conferences etc there needs to be more active use of technology to engage us, closer to our place of work
- video conferencing of activities would help to engage
- webinars, videoconference, especially if there is a MoC that is being implemented over a number of sites.
- Short video presentations posted on youtube. This should include clinicians from a variety of profession, locations, ages, cultures to enhance the potential to increase efficacy of staff who relate to the other staff member and problem being addressed.
- Webinars and video conferences on the above suggestions that would not mean a lot of travel as many of the Rural nurses cannot be released for lack of back fill especially in winter months when the winter plan is in play ie flu season

Workforce

- Provide help and support to assist rural health staff with direction to implement model of care
- CQI and redesign projects should be a KRA in all managers and clinician performance agreements
- engaging clinicians at the ground level particularly VMO's so that they are engaged from the beginning
- Staff working in similar areas should talk with each other, to discuss issues, to share
- Back-Fill: Allowing staff to be released with back-fill in order to attend activities Financial support to attend events/workshops to provide them with more skills and knowledge to assist with these tasks
 - sponsorship with backfilling - so that staff are not doing it on top of everything else
 - I think that backfill would encourage rural health staff to become more involved and work site swaps, into areas that may seem to excel and how they got to be there

Research

- enable clinical research in rural sites
- Linking with research development program HETI, Linking with rural research units, possibly sponsoring research and development activities in key areas linked to clinician development, higher degrees etc
- Opportunities to research as part of clinical redesign.

Events

- Newsletters, visits by ACI staff
- incentives and encouragement seem pretty thin on the ground - and people only tend to participate if they're driving it themselves. I think 'Sponsorship to Health Innovations expos / events' is a fantastic incentive.
- Rurally orientated policies supporting extended scope of practice especially in the community setting.
- Motivational Speakers - these are invaluable to re-invigorate staff who have developed a groove in their road
- Support to attend conferences. Rural clinicians often lack an understanding of what is on offer outside their own environment and therefore are not empowered to challenge the status quo of the model of care they currently work in. Exposure to innovative practice and technologies will expand thinking.
- need to get engagement- snappy email to rural staff leaders in each hospital perhaps the ***idea of the month with a prize***
- Two or three meetings each year in different locations where Management lets the staff know what the priorities are and then staff can feed back how they think the priorities can be met - or if they can't and there are other areas that they be more important to staff, might need to be more than 1 day.
- Activities IN REGIONAL AREAS (Capitals not accidental)
- Scholarships, and targeted education for health professionals
- GPs Targeted one hour sessions with punchy delivery
- Education seminars or workshops conducted in rural & remote location and not rural cities eg Tamworth, Dubbo etc with funding for assistance

Processes

- Involvement in models of care that are specific to rural practice and sensitive to the differing levels of resources available in rural and remote locations. For example, the recent program updates from the OACCP identified distinctly differing approaches to the same pathway depending on geographical location.
- Integration of clinicians into design
- Critical analysis of Moc from the rural perspective - for example how applicable is this in a rural setting, has the rural issue been adequately covered etc
- sharing of initiatives- web page ? or in newsletter
- Rural staff participating on local working clinical redesign groups/committees
- Sharing good innovation
- Support for redesign projects More information on the 'how to'
- It's about helping the community access their health providers.
- ED models of Care increased nursing led models pathways for admissions incl LOS nursing led discharge criteria
- To be effective, they need to have connection with the process and usually this means they have been exposed to onsite education and training, and have an opportunity to discuss how it could work in their own facility
- Review of implementation of the OHS guideline for management of bariatric patients in NSW Health - across rural hospitals.
- developing new models of care e.g. nurse led clinics, chronic disease

Do you know of an innovation which is a 'working model of care' that could be implemented in other rural health services?

- My service has moved to a model that has reduced waiting time for initial consultancy
- Making more use of modern technology in wound management eg in WA
- ACE model in our ED Dept LBH also the Nurse Practitioner Psychogeriatrics in acute care in NNSWLHD
- At one of the MLHD hospitals there they have implemented the sepsis pathway at the GP surgery -when the patient arrives at the hospital for admission the treatment has commenced. This could be used for a number of pathways -excellent way of improving outcomes for patients
- Nambucca Valley RN Collaboration
- Currently investigating the use of video examples for simple Speech Path activities to be accessed via e-tube by parents and preschool teachers - but this is in its infancy
- The Rural Allied Health Assistant model of care is one such innovation that works really well in rural communities where there is scant allied health service coverage.
 - Allied health assistants being used to deliver the care of many allied health professionals off a plan set by them ie Physio, occupational therapy dietetics
- Challenge staff to always ask are we doing the best we can FOR THE PATIENT
- Extended care paramedics
- Mullumbimby birthing centre Nimbin Integrated Services Project
- The Murrumbidgee LHD Health Link Program. The Health Link Program aim is to extend access to chronic care services, address service needs when gaps are identified and coordinate related health promotion/prevention activities for communities. The Health Link Program has used the framework and resources for the Connecting Care CDMP to ensure consistency with processes & service provision for chronic disease management across the MLHD.
- Women's health clinic one stop shop, run at the Wellington AMS within the Western Local health District
- Hub and spoke multidisciplinary inter-professional and collaborative team between regional and rural facilities
- Aged Care Access Service based in WNSWLHD - contact Deb Tooley 02 6863 4222
- Connecting Care Partnership Model, Illawarra Shoalhaven Local Health District and Medicare Local
- SIBR
- Tamworth renal Unit improved dialysis efficiency by having a wardsman deliver patients at appropriate times
- Nurse Practitioner Emergency Department model at Nimbin. NPs cover 3 days a week (Fri, Sat, Sun) in ED with no medical coverage. Have temporary admitting rights to ward. Hospital does not have to use medical locums
- "Walcha model" nurse led patient management outside of Rural Guidelines. ie not life saving measures but treatment regimes for real ED presentations
- Some models would have to be adapted to fit with the services in other rural health services. What works for some may not be that easy in others - however principles can be adopted.
- The Eurobodalla Adolescent Outreach Midwifery Program, Yass Outreach Midwifery Program, Volunteer Program at Bega and Pambula
- Mudgee Mental Health GP and CMHT program, Oranhe MHEC could be expanded to chronic disease, Far West Palliative care system has something to offer
- Illawarra Healthy Hearts Project outcomes (from 2006). This project demonstrated the ability of phone based support to deliver cardiac rehabilitation services.
- QLD Primary Health Care Manual
- Respiratory Coordinated Care program (based from the model in use @ St. George Hospital).

Conclusion

The survey was distributed across 400 members of the Rural Health Network to ascertain what activities rural health staff would find of value for the consideration of the ACI Rural Health Network. Eighty seven responses were received representing a 23% response rate.

Responses were ranked in order of preference below:

<u>Facilitated Workshops</u> – working on current projects / priorities	65%
<u>Symposium</u> – showcasing rural initiatives and ‘working models of care’	62%
<u>Seminars</u> – What is a model of care? What are the processes to develop one?	56%
<u>Joint activities</u> with other Organisations	49%
<u>Sponsorship</u> to Health Innovation Expos and Events	48%
<u>Show and Tell</u> smorgasbord – What is cooking at ACI?	38%

Responses were grouped thematically into five areas:

Technology

One of the major themes arising from the survey was to maximise models that allow interaction at rural sites and increase technology assistance for the use of videoconference, provide on line forums with senior clinicians, expand the use of webinars, and improve the quality of teleconference audio to engage rural health staff in the workplace negating the need for backfill relief. Webinars and videoconference would be of particular value if there is a model of care being implemented over a number of sites.

Workforce

Particular reference was made to include Continuous Quality Improvement and redesign projects as Key Reporting Areas in all manager and clinician performance agreements and to factor in support and direction for rural health staff to implement models of care.

Engaging clinicians at the ground level particularly VMO's, was recommended as critical so that they are engaged from the beginning.

Research

There was keen interest in enabling clinical research in rural sites, creating opportunities to include research as part of clinical redesign and establishing linkages with research development programs; HETI and rural research units, possibly sponsoring research and development activities in key areas linked to clinician development and higher degrees.

Events

Numerous options were suggested for activities hosted by the LHD and sponsored by ACI. The need for engagement was the key element required for success with some examples provided:

- targeted ‘punchy’ one hour sessions for GPs,
- support to attend conferences and motivational speakers which are invaluable to re- invigorate staff who have ‘developed a groove in their road’
- snappy emails to rural staff leaders in each hospital to facilitate the *idea of the month with a prize*
- Visits by ACI staff and conducting education seminars or workshops in rural & remote locations
- ‘Sponsorship to Health Innovations expos / events’ was seen as a fantastic incentive as rural clinicians often lack an understanding of what is on offer outside their own environment and therefore are not empowered to challenge the status quo of the model of care they currently work in. Exposure to innovative practice and technologies would expand thinking.

Processes

- To be effective, implementation of models of care needs to be a process which includes exposure to onsite education and training, the opportunity to discuss ‘how’ it could work locally and distinctly identifying differing approaches to the same pathway depending on geographical location and critical analysis of models specific to rural practice and sensitive to the differing levels of resources available in rural and remote locations.