

CONFERENCE ABSTRACT

Networks for care: Improving quality of hospital care for rural communities

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Introduction: Providing sustainable high quality healthcare to rural communities is challenging, due to health workforce shortages, and the complexities of providing health care over distance.

What do people who live in rural New Zealand communities think contributes to health care quality when they require hospital level care? What do those who plan and provide their health care think? What do they see as the right balance between local and regional provision of hospital services?

Theory/methods: Individual semi-structured interviews and focus groups were undertaken in four rural communities in New Zealand. Enquiry focused on factors that influenced quality when rural people needed hospital care, and how networks and technology could improve care. The views of rural health planners and providers, local Māori and community groups were analysed for common and divergent themes.

Results: Members of the community placed importance on communication, respect for people's values, access to services, and transport when services were not available locally. Health planners and providers placed importance on recognising the value in the difference of what smaller hospitals provide and developing health service networks across smaller and larger hospitals. The right workforce and technology to support pathways of care and communication were also important.

Discussion: People living in rural communities had similar views on what contributed to high quality hospital care but with different foci compared to health care planners and providers. If we are to provide patient-centred care to rural communities, the views of rural people need to be central to service design. Getting the medical generalist and specialist workforces working together in a 'one service, different sites' approach is also key.

This research will assist health care planners and providers, and rural communities to identify actions that can be taken to improve the quality of hospital care received by rural communities.

Conclusions: Maximising health care quality for rural communities requires patient centred service design with the local and regional health care providers working together as a team and using technology appropriately to provide patient-centred high quality care.

Lessons learned: Good communication and relationships supported by good processes underpin good quality care

Limitations: The views of people spoken to in the four communities may not be representative of New Zealand rural communities in general, although the communities were spread geographically, by socioeconomic status and by ethnic composition.

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Suggestions for future research: Further exploration of the networks and enablers across the New Zealand health system.

Keywords: rural; hospital; networks; technology
