



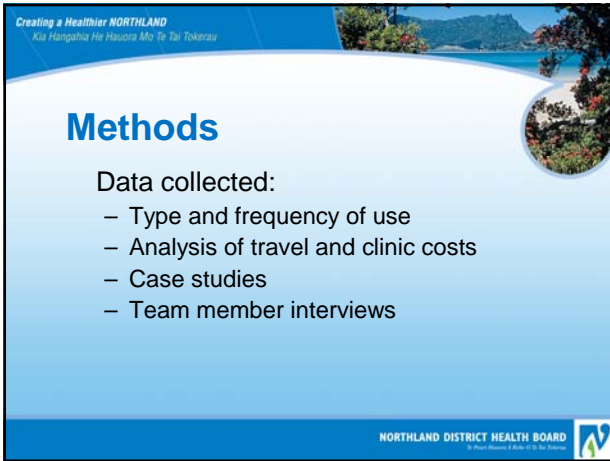
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## Methods

Data collected:

- Type and frequency of use
- Analysis of travel and clinic costs
- Case studies
- Team member interviews


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# Results

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## Innovation in Solution

- Multidisciplinary team were exposed to the system from an early stage in order to encourage innovative design and use of the system
- Given the options, the team input their own ideas and designed their own solution
- Technology supported what the team wanted to do (not vice versa)

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## Cost Savings

- Looking at travel and clinician time costs:
  - 12 % or an additional 30 patient clinics per month
  - Additional NZD \$ 8,669.03 in (theoretical) clinic time revenue saved per month

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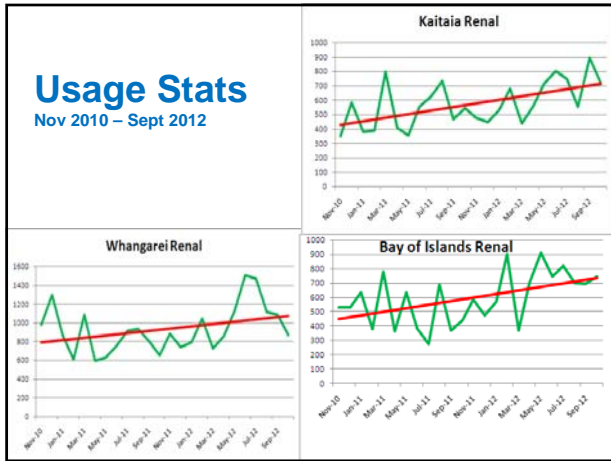
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“Although the cost savings per trip are low, the productivity increase from the clinician time released is significantly more valuable to the department”

Whangarei Renal Consultant

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- Multidisciplinary Meetings
  - Acute Patient Assessment
  - Vascular Access Surveillance
  - Paperrounds/Patient reviews
  - Inservice Training/Education
  - Team Meetings
  - Staff Follow Up
  - Impromptu Staff Training and support
  - Day to Day Patient Handover
  - Collegial support
  - Referral based Psychiatric Patient Assessment
  - Patient end of life meetings
  - Dietetic Staff Referral
  - Dietetic Patient Assessment
  - Supervision for Social Workers and Dietetic staff
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- ## Departmental Multidisciplinary Meeting
- Medical handover and case review
  - Link up to all 3 sites
  - Whole team can now attend the meeting
  - Also enables:
    - Review of difficult cases
    - Forward planning of transfers and procedures
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## “Paper round”

- Monthly review of individual haemodialysis patient results
- With primary nursing team leader by patient’s primary renal physician
  - Adjust dialysis prescription as needed
  - Adjust medication as needed and advise GP
  - Review any vascular access issues
  - Review any on-going concerns

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## Patient Assessment

- Acute review of issues arising on dialysis (utilising close up shots of vascular access, skin lesions)
- Discussion of complex management plans
- End of life discussions
- Dietetic assessment
- Social work review
- Psychiatric review

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## Benefits Identified But Not Quantified:

- Raised level of support and education throughout the team
- Safer working environment
- Improved team cohesion
- Improved staff morale
- Increased productivity

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## Evaluation Summary

- Team feels more at ease using telehealth – increase in use
- Management and planned care has improved because each patient is now reviewed monthly in a systematic way
- This has caused a drop in the number of clinical assessments in past 12 months
- Staff able to engage with the clinical vision of one regional service

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## Innovation – Establishing Links to Tertiary Services

- Multidisciplinary Meetings for:
  - Vascular radiology
  - Vascular surgery
  - Renal transplant
  - Pathology

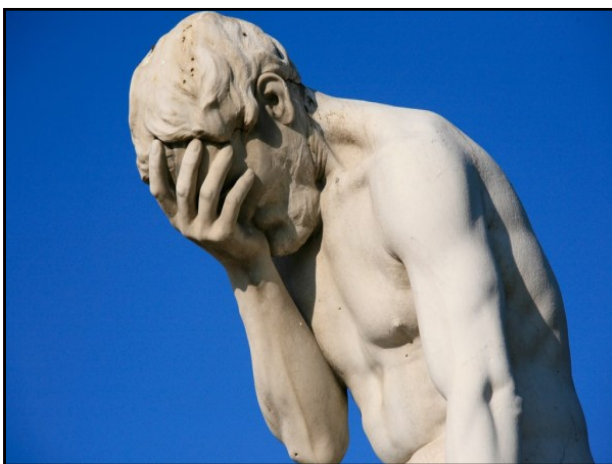
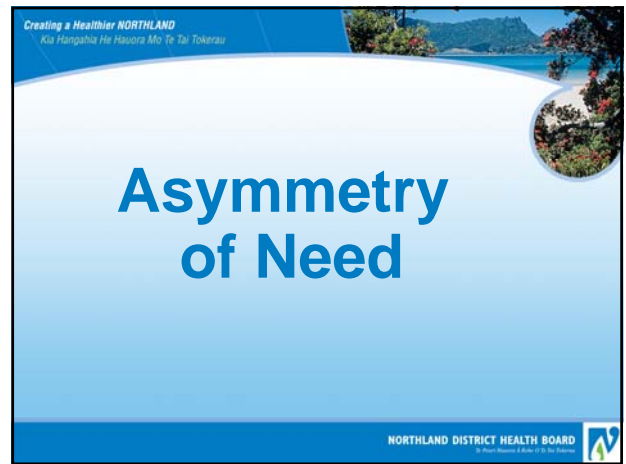
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## Asymmetry of Need

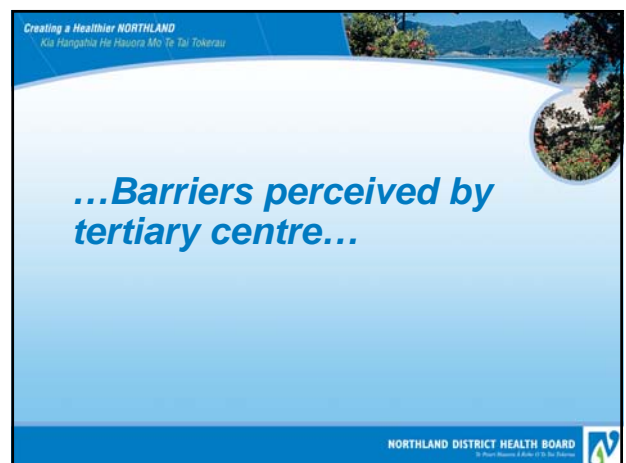
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*...Barriers perceived by  
tertiary centre...*

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- **Time**
  - Meeting times stretched already
    - "Current system works fine" (Tertiary team)
- **Money**
  - Stretched resources
  - Who would fund?...
    - "Northland should as its for their patients" (Tertiary team)
- **Effort**
  - Set-up of system
  - IT Support
    - "We don't need it" (Tertiary team)
- **Impact on Auckland patients**
  - "Our patients have the lowest intervention rate" (Tertiary team)
    - ..implying they are usurped by regional centres it serves..

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## Winning Approach:

- Northland CEO supports funding for 6 month proof of concept trial for tertiary centre

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## Results:

- Trial is successful, concept is proven
- Key clinicians are convinced
- With tertiary centre SMO and senior management support:
  - Equipment is purchased
  - Telehealth strategy is now being developed
  - Telehealth Programme Manager role is created

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## Tertiary MDTs – Telehealth has enabled (and didn't exist previously):

- *Real-time* two-way patient discussions with review of clinical investigations
- Collaborative, planned approach
- Quicker action on care plans
- “Now we are part of a team”

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## Clinical Champion

- THE most difficult and challenging issue is finding specialists who are prepared to do clinics

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- Renal - skeptic turned advocate
- Clinical champion in each speciality
- Get specialists talking to specialists

Eg Oncology – Mark Jeffrey, Canterbury DHB  
Orthopaedic fracture clinics – John North, Queensland

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## Factors for Sustainability – What Worked:

- CEO and GM support
- Alignment with strategy and future planning
- Effective clinical champion and leadership
- Engaged team members (CNM, superusers, innovators)
- Close project and ongoing IT support

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## Application of learnings to other Northland Telehealth initiatives

- Outpatient clinics – approx 20,000 clinics per year for patients travelling from outside Whangarei District

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## Northland Outpatient Clinics:

•Paediatric	•Speech and Language Therapy
•Oncology	•Dietician
•Orthopaedics	•Flight cancellation clinics
•Methadone	
•Neurology	

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## ICU and District Hospital ED Telehealth

- Linking back to tertiary centres
- Drivers:
  - Improve patient safety
  - Appropriate mode of transfer
  - Introduce rapid response nursing team capability

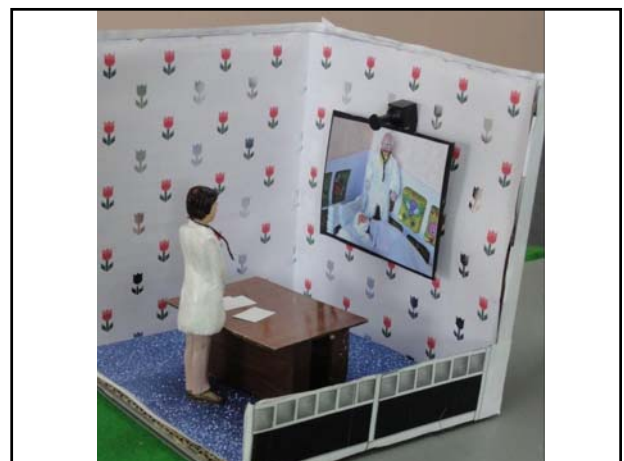

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## Vision for Northland DHB Telehealth:

To provide a seamless and reliable telehealth service which looks and feels like clinical care

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## Old Maori Proverb:

- He aha te mea nui o te ao  
He tangata, he tangata, he tangata

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What is the most important thing in the world?

- It is the people, it is the people

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