

# New Zealand Institute of Rural Health Services

- Rural Advocacy Services
- Clinical Service Planning
- Service Capacity and Health Demand Modelling
- Financial Analysis
- Independent Analysis
- Governance and Operational Advise
- Public Consultation Management
- Research Services
- Project Management
- Health Funding Modelling



# Services and Solutions

## New Zealand Institute of Rural Health (NZIRH)

We are a rural focussed dedicated health sector advisory organisation. With an office in Cambridge. NZIRH was founded in 2001 by Waikato DHB and The University of Auckland and is also supported by the University of Otago, Southern DHB, and Rural Women New Zealand. NZIRH have staff throughout New Zealand operating on both regional and national advisory engagements, in areas such as:

- **Service Capacity and Health Demand Modelling**  
Modelling population health demand/need, assessing current health service capacity and forecasting future service capacity.
- **Financial Analysis**  
Financial performance, finance structuring and cost analysis advice for both private and public organisations. Economic modelling.
- **Health Funding Modelling**  
Health purchasing analysis and advice to support the health goals of communities, health care providers and funders.
- **Quality Assurance, Compliance and Independent Evaluation**  
Analysis and audit of quality and compliance value and systems. Independent evaluation advisory services.
- **Clinical Service Planning and Reconfiguration**  
Independent advice and facilitation in reorganising health service provider operations to successfully operate within workforce and financial constraints.
- **Public Consultation Management**  
Providing independent public and stakeholder consultation services and support for health change initiatives.
- **Governance, Strategy and Organisational Planning**  
Governance, strategic, clinical and management advice, supporting organisations to meet the challenges of the changing health care landscape.
- **Rural Advocacy**  
Advice to Rural Community groups working to achieve equity of access to and local provision of health services.
- **Research Services**  
Rural focused social research that informs sector stakeholders and Funders. Development and monitoring of key rural health indicators.

## About Us

The NZIRH's advisory approach is simple: we develop a clear understanding of your organisation, its goals and the tangible outcomes you seek to achieve; by working in collaboration with you to deliver innovative and enduring outcomes.

We have a specific focus on rural health matters and bring a unique set of knowledge and experience regarding rural health policy, governance, planning and funding, clinical practice and service modelling, demography, epidemiology, information technology, and rural health service management. NZIRH's advisory team have extensive national and international experience in health, the public and private sectors, which enables us to exceed our clients expectations.

NZIRH's advisors have held governance, executive and/or clinical positions in leading health and public sector organisation such as district health boards, primary and hospital clinical service providers, tertiary education institutions, central government, and technology firms; and have an extensive set of experience in project management, consulting and advisory services. This background provides NZIRH with a distinct advantage over other advisors, in our ability to deliver high quality results faster in comparison to other health sector advisory organisations.

## Current Projects

- Rural Consultancy Projects
- Rural Health Indicators Research
- Taumarunui Integrated Health Services
- Rural Hospital Survey
- Medical Oncology— National Current State Analysis
- Peer Support Groups
- DairyNZ—Wellness and Wellbeing Strategy
- Integrated Nursing Pilot Evaluation - Te Kuiti and Raglan
- Supervision Workshops for Rural Nurses
- Grassroots Rural Student Club Initiatives

# Experience

The collective rural experience of NZIRH's advisory team is wide ranging. The following summarises examples of engagements, projects and research that our team have been involved with:

## Consultancy and Advisory

- Southern DHB: Hospital Capacity Review. Development of a capacity planning model, review of current service and configuration, development of a new service model, development of proposed changes to Queenstown Lakes District Hospital. Identification of more effective service provisions and projected financial savings.
- Wanganui DHB region's, Otaihape Health Ltd.: Engaged to advise the board and management on establishment and development of a new organisation. This included organisational restructuring, staff development and service delivery modelling.
- Undertook for the Crown a review of health delivery clinical services to the Far North Community and negotiated and developed a new model of care and service development including facility design, IT services, cost and quality imperatives.
- Gore Health Ltd: Development of funding proposal, National Health Board Work Force Innovation Fund.
- Hawke's Bay District Health Board: Wairoa - A sustainable Health Workforce analysis.
- National Health Board: Development of a funding proposal, preparation of a proposal to pilot and evaluate information technologies that support models of integrated care between tertiary, secondary and primary providers.
- Southern DHB: Development of change management plans for five rural hospitals to achieve financial sustainability and align to integrated models of care practices.
- Southern DHB: Evaluation of rural and urban after-hours health services in Otago and Southland and the recommendation of future sustainable service and funding models.
- Waikato DHB: Evaluation of integrated nurse project in Te Kuiti.
- Waikato DHB: Taumarunui After Hours Solution Facilitation Advice: Engaged to investigate a sustainable after-hours service involving all local providers.
- Rural Health Education: Delivered with The University of Auckland the Rural Health Primary Rural Diploma for nurses, 77 nurses graduated.

## Research and Information

- Presentation at the Rural Health Forum in Wellington, 17 November 2010 on the Rural Health Indicator Project.
- Presentation to rural hospital senior clinical and management leaders regarding the future social and economic drivers for change.
- Rural Hospital and Doctor Survey. 2008, 2010.
- Moving Forward in Rural Health: Development of a strategic document presenting the challenges and potential solutions to improve rural health.
- Information paper to ACC regarding education strategies to reduce workplace accidents and the result accident claim expenditure.
- Department of Internal Affairs: Review of e-learning delivered IT literacy education in rural communities.
- The 2005 Rural Health Workforce Survey.
- Waikato DHB: An Investigation into the Feasibility of Integrated Primary Health Care in Whitianga.
- Identifying Training and Support Services Required to Encourage Rural Nurses to become Rural Nurse Practitioners.
- A Sustainable Future for the New Zealand Institute of Rural Health - Briefing Paper for Ministry of Health.
- Recruitment and Retention of Student and Registered Nurses for the Rural Health Sector in New Zealand.
- Midland DHBs Chief Executive Forum: A feasibility study to establish a rural primary healthcare nursing locum scheme for Midland District.
- Evaluation of integrated nursing pilot for Waikato District Health Board.

# Our Team



**Robin Steed**  
*RN, ADN, MBA, NZID*

Robin has fifteen years experience in executive leadership positions in the health sector including over ten years experience as one of three of Waikato District Health Board's Service Delivery General Managers, responsible for implementing a programme of reorganisation and clinical service reconfiguration (involving the rebuild and restructure of Waikato DHB rural hospitals and community based services). In addition Robin has extensive experience in clinical modelling, workforce design, industrial relations management, hospital configuration design, health quality, and rural health and community management. She is a qualified Auditor experienced in working with Health and Disability sector standards and accreditation tools. Currently Robin is Chairperson of the Pohlen Hospital Board, an integrated health service in Matamata.

Robin is the Chief Executive Officer of New Zealand Institute of Rural Health and leads Clinical, Health Management, Quality and Workforce advisory work.



**Brent Nielsen**  
*MBA, PGDipBS*

Brent is an experienced health sector senior manager, familiar and experienced with rural health issues. He started work in the accounting profession, with experience in commercial and chartered accounting environments. Brent then worked for St John for over 22 years, firstly in the role of Paramedic, then in manager roles, the most significant being eight years as Operations Manager for the Midland Region. Brent is qualified with a Masters in Business Administration from the University of Waikato, having previously qualified in Advanced Ambulance Aid from the Auckland University of Technology and Accounting from Waikato Polytechnic Institute.

Brent is the Business Development Manager at New Zealand Institute of Rural Health and provides planning, operational and analysis advise and project management.



**Jan Cooper**  
*RGN, RCNT, DN (Lond)*  
*FETC, BEd (Hons) (Lond)*

Jan has had numerous roles in senior management in health and education in the United Kingdom and New Zealand. She specialises in evidence based clinical and health service planning and research as well as project directorship and management. She has led major projects in health; for example, setting up a Primary Health Organisation and in Education where she was project director for four years of a major tertiary institution campus redevelopment. She has led various teams to develop Strategic and Business Plans for government as well as individual DHBs as well as Business Cases for Facility Development and Clinical Service Plans and Models of Care across the primary/community and secondary/tertiary care spectrum. She has worked in various capacities across all clinical specialities with most of New Zealand's District Health Boards and the Ministry of Health as well as a number of non-government organisations.

Jan provides clinical, health service planning and research advice and project management skills.



**Dr. George Tripe**  
*M.B., Ch.B., FRNZCGP*

Dr George Tripe has more than thirty years experience in general medicine and is a strong advocate for the needs of rural people. His background here, and in Australia, in general practice locum posts, provides him with the broad-based knowledge and experience necessary to deal effectively with diverse organisations and situations.

George advises on primary health care and clinical practice.



**Gytha Lancaster**  
*RN, MN, PGDip Adv.*  
*Nursing (Rural)*

Gytha trained as a registered general nurse in Great Britain and immigrated to New Zealand in 1997. She has worked in various clinical settings the majority being in primary care as either a practice nurse or public health nurse. Gytha has also had experience as a part time lecturer for WINTEC facilitating an undergraduate community nursing paper. She has a passion for rural health and her public health nurse roles were based in the King Country and Waipa District where she worked with rural communities. Gytha completed her undergraduate nursing degree in 2004, completed a Diploma in Advanced Nursing (Primary Rural) and completed her Masters degree in 2009.

Gytha advises on professional nursing and clinical practice.

# Our Team



**Kim Gosman**  
*RN, RM, Dip.ComH*

Kim is of Nga Puhi, Ngati Kahungunu ki Wairoa and Ngati Tautahi descent and has lived in the Central North Island Plateau for 31 years, currently residing in Turangi. She is a past Chief Executive Officer of Tuwharetoa Health Services; a position held for 15 years which included the development, implementation and provision of a range of community health services. Kim has extensive experience and expertise in a range of disciplines, particularly in Women, Child and Family Health, Maori Health including the introduction of culturally safe practices and organisational management. Kim is a member of Te Kaunihera O Neehi Maori, was a foundation member and inaugural Vice-President of the College of Nurses Aotearoa for five years and Secretary of the Hutt Valley Branch of the New Zealand Nurses Association, and a current trustee of the New Zealand Institute of Rural Health.

Kim provides independent health management, leadership and Maori health advice.



**David Clarke**  
*BE (Hons), ME, BBS,  
MBA, FNZIM*

David has significant commercial experience, at Director and Managing Director level in Health, IT and Biotechnology and brings strong organisational skills to the Trust. David stepped into the New Zealand health sector in 1991 from a background in engineering, finance, marketing and sales with previous positions in the steel and food industries. David was Chief Executive Officer of Counties Manukau District Health Board, one of the leading clinical and research centres and health providers in New Zealand. In addition to his current role as Director of Cranleigh Merchant Bankers, David is also a director of a number of public and privately held companies.

David is Chair of New Zealand Institute of Rural Health, a Director of Cranleigh Merchant Bankers and leads the Governance and Engagement Quality Assurance, at Ministerial, Board and Senior Management



**Prof. Gregor Coster**  
*CNZM, MBChB, MSc(Hons),  
PhD, FRNZCGP(Dist), AF-  
InstD*

Professor Gregor Coster was appointed Chair of the Counties Manukau District Health Board in December 2007 following four and a half years as Chair of the West Coast District Health Board. He was until recently Deputy Chair of the Pharmaceutical Management Agency (PHARMAC) and was previously a member of the Health Funding Authority Board in 2000. He is currently a member of Health Workforce New Zealand, a committee responsible for advising the Minister of Health on education and training of the health workforce. He was Chairman of the Council of the Royal New Zealand College of General Practitioners from 1995-97, became Professor of General Practice at The University of Auckland in 1995. Until recently he was the Dean of Graduate Studies responsible for the University's doctoral programme. He was one of the founding trustees of the New Zealand Institute of Rural Health and was its chairman for a period. He is an Accredited Fellow of the Institute of Directors. He was made a Companion of the New Zealand Order of Merit in 2007. Gregor has undertaken a number of reviews and board restructuring and provides independent advice regarding Governance, Strategy, Policy, Health Management, Clinical Practice, and Research.

Gregor provides advice regarding Governance, Strategy, Policy, Health Management, Clinical Practice and Research.



**Graeme Milne**  
*B.Tech (biotech) hons*

After graduating from Massey University in 1975 with an honours degree in Biotechnology, Graeme spent most of his working career in the dairy industry after an initial period in pharmaceuticals and brewing. During the 1980s and again in the 1990s Graeme spent several years based in Europe developing and managing the operations of the New Zealand dairy industry in Russia, Africa, the Middle East and the European continent. Graeme's first role as a CEO was for Bay Milk Products in 1992. That was followed up as CEO of the New Zealand Dairy Group prior to the formation of Fonterra and various interim roles as CEO of Richmond Ltd, during the hostile takeover by PPCS (now Silver Fern Farms), Bonlac Ltd in Australia, during a period of significant financial stress and more recently LIC Ltd (The Livestock Improvement Corporation). Graeme has held a number of directorships and chair roles in New Zealand and overseas and currently the chair of Waikato District Health Board.

Graeme provides advice on Governance and Management matters concerning independent community rural health organisations.

## In addition, NZIRH's team also includes:

- Financial Analysts
- Data Analysts
- Economists
- Project Managers
- Clinical Staff and Advisors
- Social Scientists
- Information Technology Specialists

# Case Example

## Southern DHB: Hospital Capacity Review Project

*Achieving Clinical and Financial Sustainability for Hospital Services. Identification of service improvement and potential annual savings.*

NZIRH was engaged to provide overall project management, health service review, clinical and service modelling, Information technology and research and report writing services.

### Engagement Summary

- Develop an analytical planning model (for both rural and tertiary hospitals) using demographic, disease burden/prevalence and epidemiological analysis methods, identifying future health care needs by region/location.
- Develop rural hospital service delivery configuration options that will result in financially and clinically sustainable services, which meet the current and future health care needs of rural communities.
- Develop a new model of care/service delivery that promotes improved service to rural communities and efficiently utilises health care resources.
- Regions in scope are Balclutha, Gore, Oamaru, Central Otago, Maniototo, and Wakatipu regions.

### Engagement Challenges

- Southern DHB overall financial position was unfavourable, the provision of rural health services showed a significant annual increase in price and cost (Queenstown Hospital was incurring compounded growth in costs of 19% p.a.), with the funding and service provision being inconsistent between rural regions.
- With the exception of Queenstown Hospital the other rural hospitals are community owned trusts which Southern DHB contracts to for a range of hospital and community based services. Both funder and providers were seeking a 'multi-year' plan for the future.
- Each rural hospital has different service configurations, service levels, revenue models and cost models. Work would need to be undertaken from both a region wide and local perspective.

### NZIRH's Methodology and Solutions

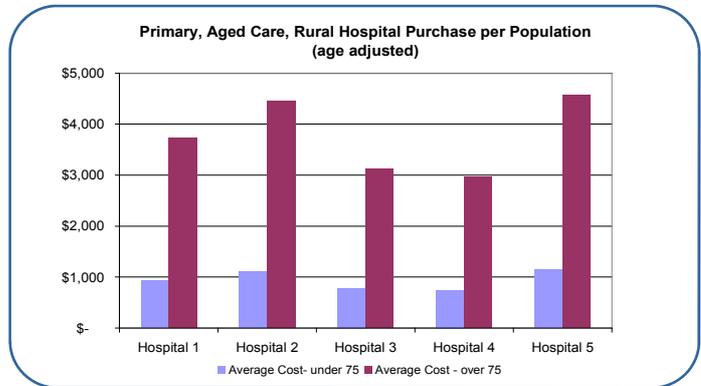
Project Phase	Outputs
Development of an Analytical Modelling Tool	Population demographic profiling   Forecast health demand to 2026   Model current service delivery utilisation, activity, productivity and financial imperatives.
Review Current Services Configuration, Expenditure, Issues and Constraints	Document current operations, issues and challenges   Identify barriers that inhibit clinical and financial efficiency   Advise on the key components of health service provision continuum of care, workforce design, information technology, health purchasing and governance and management   Make comparison with similar health services.
Develop a New 'Model of Care'/'Service Delivery'	Development of an integrated Model of Care   Hospital by Hospital Change management plan   IT requirements Plan   Health Purchasing
Development of a proposal for Change in the Queenstown Lakes	Financial benefit assessment   Governance options advice   Building and facility upgrade review   Integrated care IT pilot project proposal.
Working with respective rural hospitals, to identify opportunities for service improvement and improved performance	Using the 'Model of Care' develop 'best case' service volume, utilisation, resource and financial plans.

# Case Example

## Example of Engagement Findings

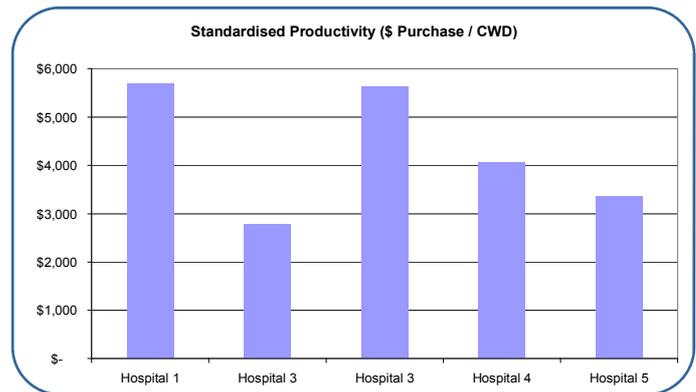
### Population Demographic Analysis and Cost Profile

One of the most significant population demographic changes will be in the 65 years and over cohort. Future growth in health services demand will be the conditions and diseases of aging.



### Current State: Rural Hospitals

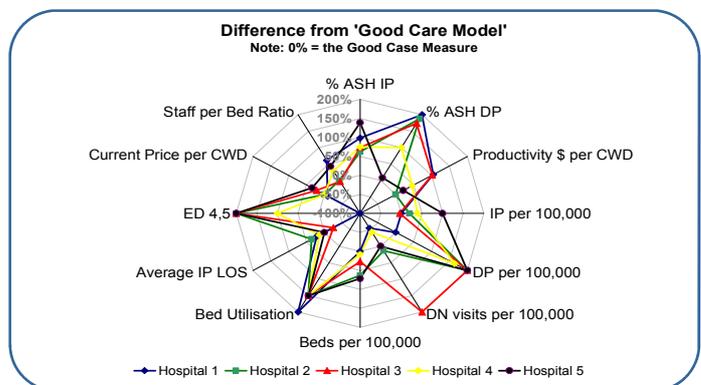
The relative productivity (total price divided by outputs) between hospitals is inconsistent. This indicates the potential for identifying opportunities to identify and share examples of efficient practice between hospitals.



### Good/Best Practice' Modelling and Opportunity for Change

Across all rural hospitals included in this project it was possible to identify examples of efficient, good and potentially best practice and develop a 'good case model'.

The following graph illustrates the differences between current hospital performance in comparison to the 'good case model'.

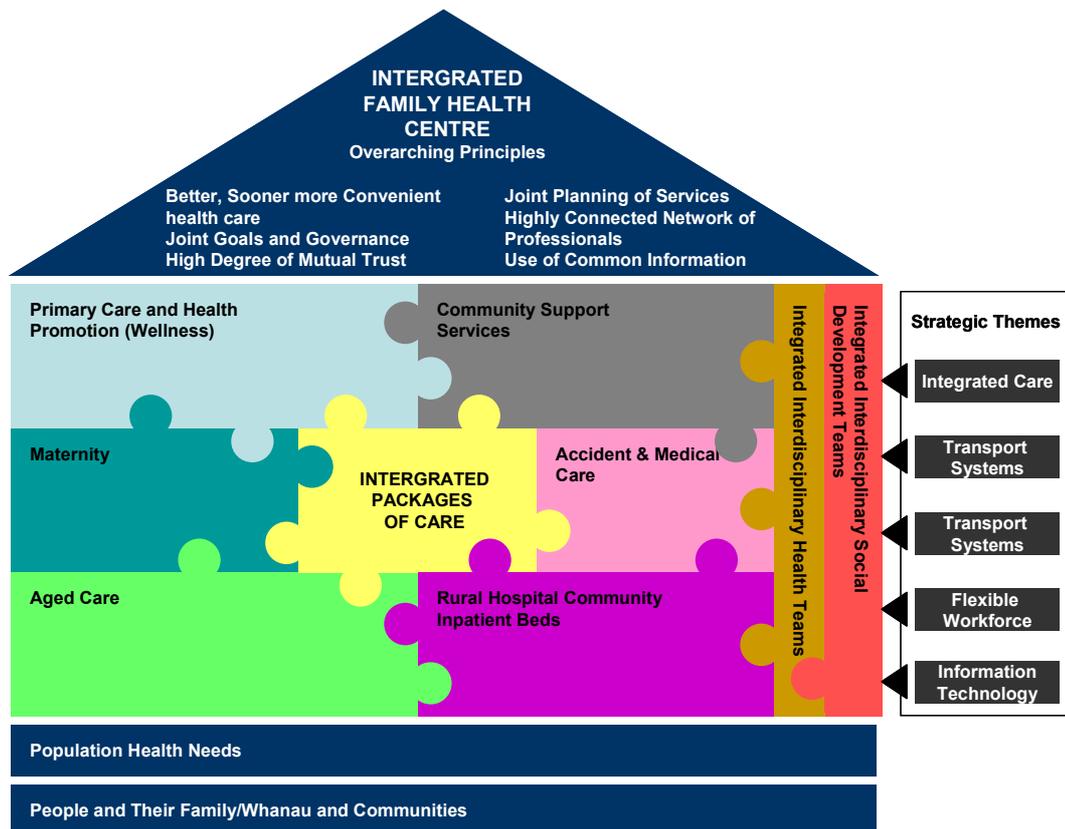


# Case Example

## Generic Integrated Care Model and Advisory Papers to Southern DHB

### Generic Integrated Care Model

The integrated care model that was developed embracing competent infrastructure and enabling framework.



### Advisory Documents and Presentations Prepared

- Project Scope and Terms of Reference
- Current State Analysis of Rural Hospitals
- Analysis of Primary, Rural Hospitals and Base hospital service provision to rural communities
- (Future) Integrated Model of Care Document
- Future Packages of Care to be purchased
- Information Technology Strategy and Project Programme Document
- Economic Imperatives and Overview of the Integrated Model of Care (a presentation to Rural Health Leaders and Southern DHB executives)
- Preparation of Queenstown Lakes Public Consultation Documentation
- Development of Funding, Negotiation and Planning strategies