

New Zealand Medical Treatment Scheme (MTS)

Nursing is a priority says who?

Presented by

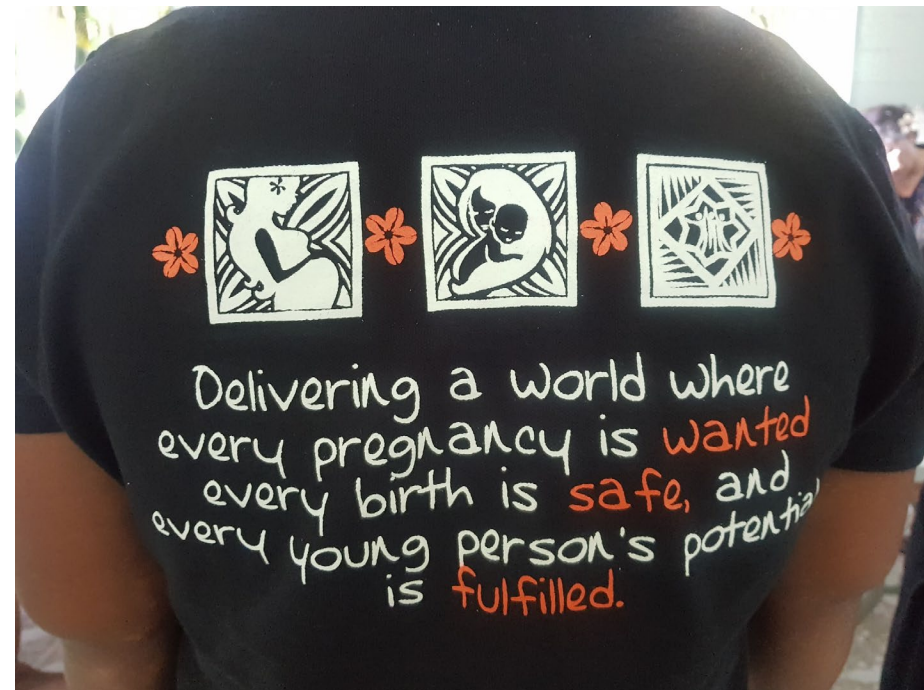
Denise Kivell

Technical Advisor Nursing Development

October 2018





Outline

- Overview of the NZ Medical Treatment Scheme
- Key nursing work
- Value of effective Nursing Leadership
- Our challenges....

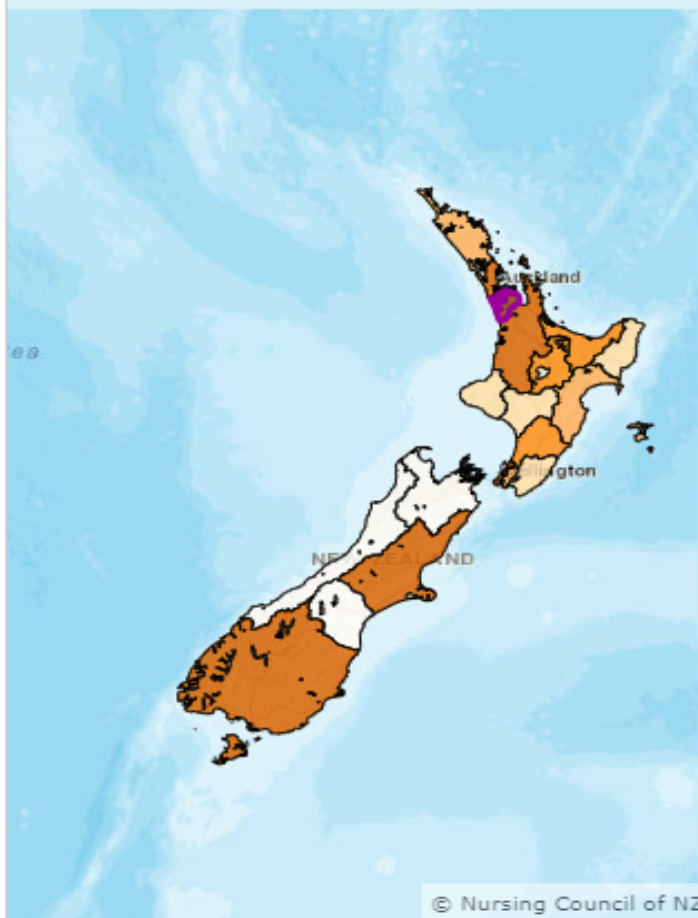




Legend

☒ District Health Boards 1 - 2 3 - 4 5 - 7 8 - 15 16 - 40☐ No Data☐ World Street

Ethnicity >> Cook Island Maori (2016)



© Nursing Council of NZ

Help

Print



Comparison Areas

Name	Cook Island Maori (2016)
DHB Unknown	20
New Zealand	177
Overseas	6

Table

Name	Cook Island Maori (2016)
Auckland	40
Bay of Plenty	5
Canterbury	8
Capital & Coast	17
Counties Manukau	25

Clear ✕ Filter ✕

40.0



Background

- Medical Treatment Scheme Contract is funded by NZ Ministry of Foreign Affairs (MFAT)
- Managed by Counties Manukau Health (CMH)
 - District Health Board in South Auckland NZ
 - High Pacific population (21% or 110,000)
- Pacific Health Development
 - Fanau Ola, Health Gains, Regional Pacific, Workforce/Community
 - Administrator of NZ MTS from 1st July 2017

NZ MTS Components

1. Overseas
Referral

\$K

2. Visiting
Specialists

\$K

3. Strengthen
In-country
Capacity

\$K

Annual allocation for each component
Funded by New Zealand MFAT
Work plan agreed with country

1. Overseas Referral Scheme (ORS)

- Provide medical specialist services in NZ (or Australia or Fiji or region) when unable to within own country
 - life threatening or seriously debilitating medical condition but with a good prognosis,
 - prognosis of at least five (5) years of life after their treatment.
 - Some conditions will not be considered for referral.

2. Visiting Health Specialists

- Specialists sent to countries to provide treatment and/or medical/health assessments
- Area of need identified and agreed with country
- Maximize opportunities for capability building through activities such as structured training (e.g. seminars for relevant health professionals) and/or on-the-job training of medical, nursing, midwifery and allied health staff.

3. Strengthen In-Country Capacity

Partner country identify area of need/focus for strengthening.

All countries indicate nursing is a priority

- Guidelines, protocols, processes
- Telehealth
- Support training e.g. Child Health, ED, ICU
- Nursing Development



Nurse Development

- Initial Scoping-undertaken by ANIVA Masters graduates (Tonga, Kiribati, Vanuatu)
 - Baseline
 - Regulations-Medical/Nurses Act
 - Professional Development PDRP, Career plans
- Work plans
 - Foundation of Management course –Fiji
 - Leadership-governance support
 - Education courses-ED, ICU, Child Health

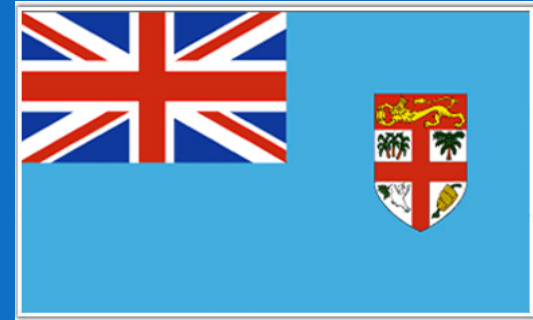
I.N.F.A.N.T.S. across the Pacific

Web site: infants-ed.com



“There can be no keener revelation of a society’s soul than the way in which it treats its children.” Nelson Mandela

FIJI



- Implementation 2014
- Trainers ?
- Embedded in strategic plan
- 1st Conference June 2018
- Population 911,780

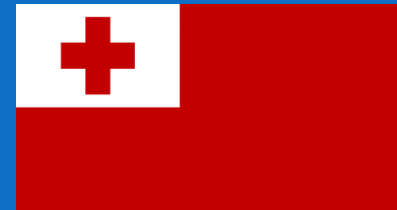
KIRIBATI



Implementation week 21st May

14 Trainers-PNO, DPNO, KIT, RMNCAH

Total nurses > 400 Population 104000 +

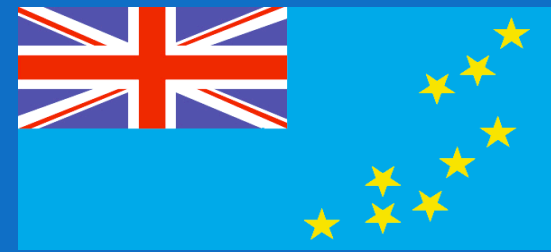


THE KINGDOM OF TONGA



- Initial implementation week 5-11th May 2018 with 21 graduates
- Population 103000+
- “Tonga INFANTS Pioneers”

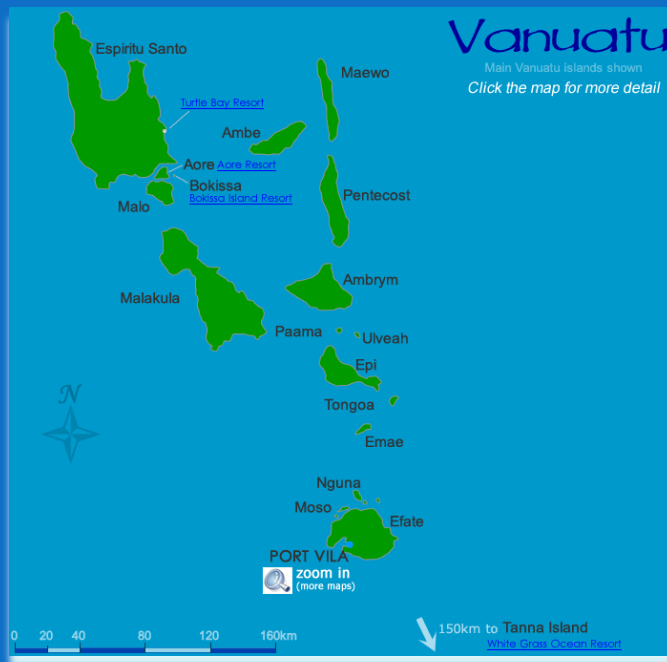
TUVALU



- Implementation week 21st May
- 12 trainers
- Total Nursing numbers =52
- Population 11000+



VANUATU



Commenced May
2018

Noted staffing
shortage

Key learnings...the importance of:

Team work

Evidence- based practice ...asking the questions

Re-emphasize the basics of “care” and management of infants e.g. temperature

Documentation-ISBAR

Hand hygiene...5 moments

Breast feeding-advocacy

Asking questions to the patient/parents about their knowledge and understanding

Planning effective out of country placements

Scholarships

Value of Nursing Leadership at all levels

The Truth about Leadership

*You can make a difference
and...*

You can't do it alone

Source: TED talk by Barry Posner

<http://workplacepsychology.net/2014/02/01/the-truth-about-leadership-you-make-a-difference-and-you-cant-do-it-alone/>



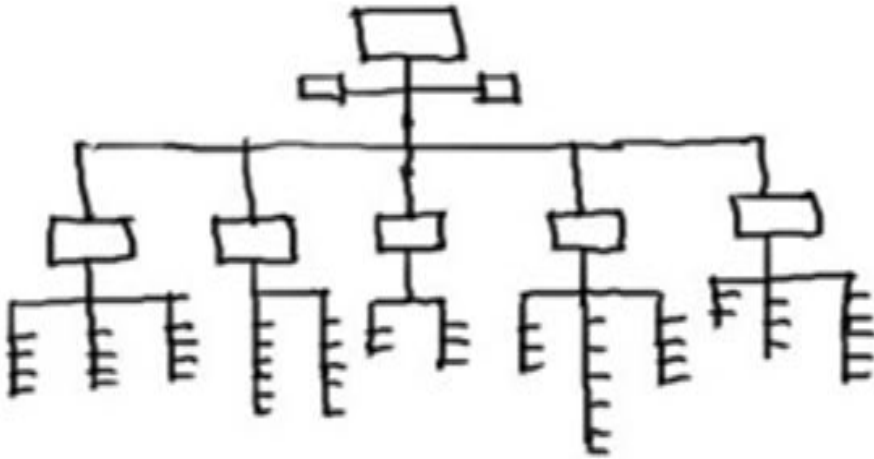
or



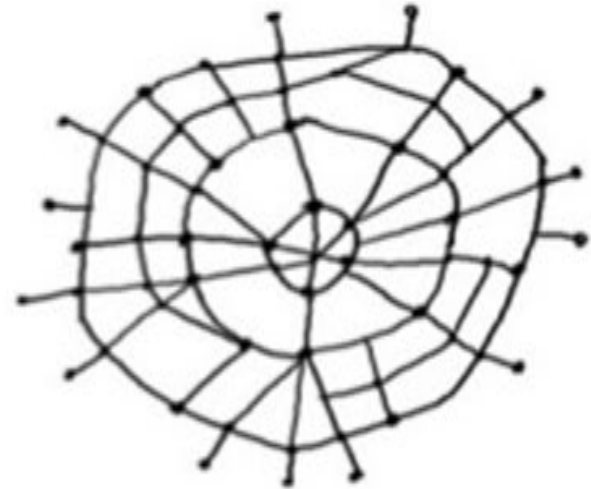
***“I have some Key
Performance
Indicators
for you”***

***“I have a
dream”***

Who are the people who can help?



Designed for
DIVISIONS



Designed for
CONNECTIONS

System Redesign - Effectiveness

- If we want to improve, we must improve the systems of care, not exhort individuals to work harder
- Doing more of the same will not get the results we seek



Key take home messages

- Nursing's Visibility is an asset-utilise stories, media
- Strategic initiatives need to relate to a key purpose and be supported by work that adds value
 - Reduce duplication & waste
- Create opportunities to see the big picture- current Jig-Saw syndrome meaning lots of players with different purposes
 - Need to link & build strong foundations
- Leadership encouraged at all levels

Strengthening Nursing is a Pacific Priority

How can we help each other?



Pacific Health Development Regional Team

Name	Role
Elizabeth Powell	General Manager
Lani 'longi-Stowers	Programme Manager Regional (Vanuatu, Tonga + Realm Countries-Cooks, Niue, Tokelau)
Leilani Jackson	Programme Manager Regional (Samoa, Fiji, Kiribati & Tuvalu)
Arieta Fa'apesolo Mu'aulama	Nurse Case Manager
Rodrick Tahavalu	Regional Coordinator
Tupou Tu'ako'i	Regional Coordinator Patient Referrals
Ruby Holt	Pastoral Care Support
Denise Kivell	Technical Advisor Nurse Development
Dr David Galler	Technical Advisor Clinical
Specialist doctors (heads of division)	clinical assessment/review/opinion is sought for ORS
<i>Dr Mireta Noere</i>	<i>Kiribati Country Coordinator</i>
<i>Melanie Tare</i>	<i>Vanuatu Country Coordinator</i>

Meitaki maata