Kaupapa Māori ED Service Māori ASH Pilot

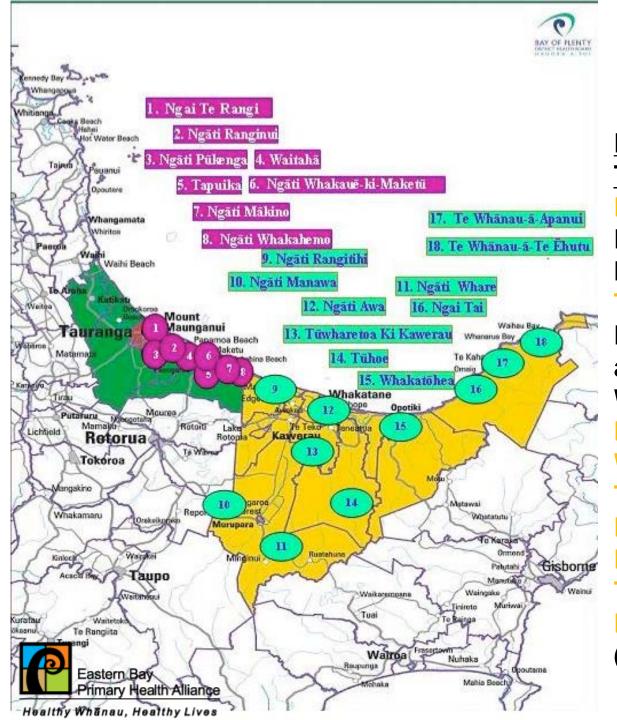
NZ Emergency Department Conference 2019

Theresa Ngamoki NP Maori Health Gains & Development BOPDHB



Objectives

- Te Moana a Toi
- Whakatane ED & EBOP rohe Kaupapa Māori project & phases Te Ao Māori view Effectiveness of project Recommendations





Tribes: Ngāti Awa (Whakatāne, Rangitaiki, Tarawera, Matata) Tuhoe (Waimana, Ruātoki, Rūatāhuna, Te Patuheuheu and Ngāti Haka) Waiohau Ngai Tai ki Torerenui Whakatohea Te Whānau-a-Apanui Ngāti Whare Ngāti Manawa Tuwharetoa ki Kawerau Ngāti Rangitihi (Tarawera Matata)



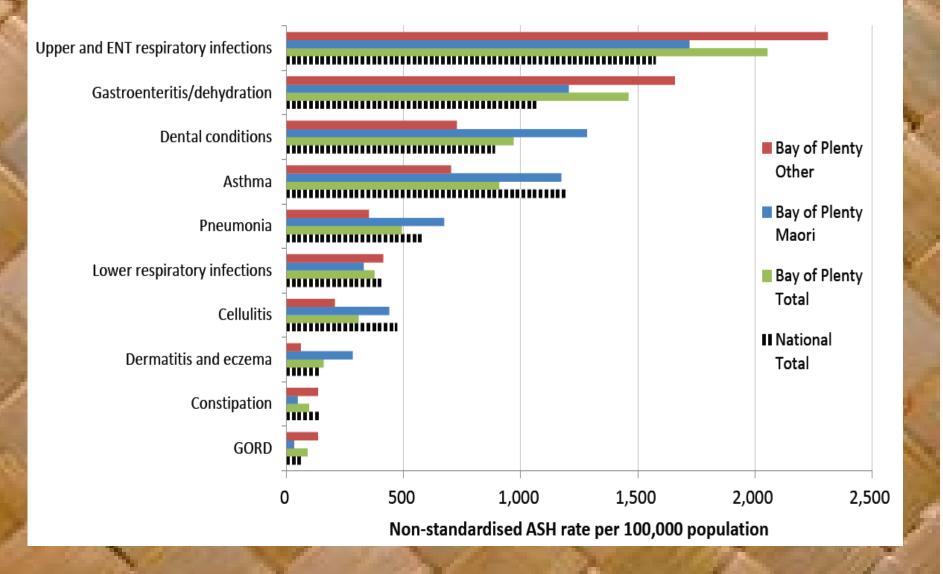
Te Ahuru o Rehuaariki

Whakatane ED

18 Bed unit

Since 2013 32% increase in presentations
 9.8% increase in population
 Only after hours provider in Whakatane

Top 10 conditions, non-standardised ASH rate, Bay of Plenty DHB, all conditions, 12 months to end December 2017



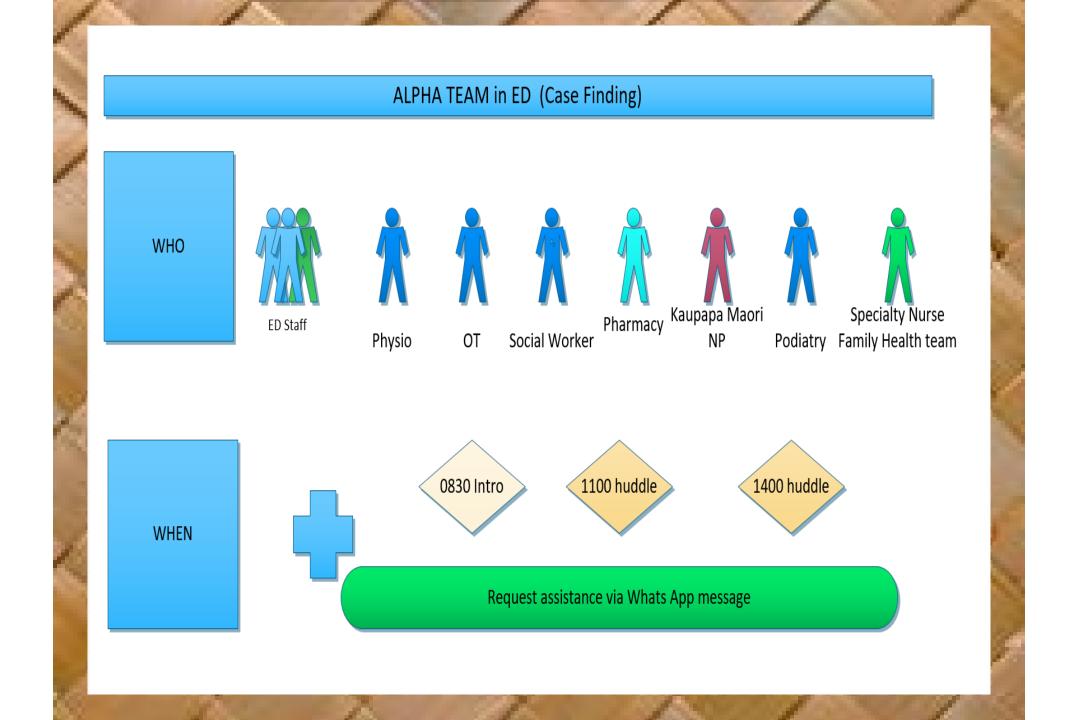
Project Phase 2017 Contemplate

- Phase 1- Winter 2017 Kaupapa Māori ED Service (KMEDS)
- Adult Asthma COPD Respiratory
- ?GP engagement
- Frequent Attenders
- Clinically Stable & Consent to Pilot
- Room for improvement

Project Phase 2018 Collaborate

Phase 2- Primary Care & Māori Health Provider Focus
ED + KMEDS + Allied Health + Pharmacy = ALPHA

- Paeds Cohort
- Community Mental Health
- Inpatient vs Treated & Discharged
- Outpatient



Project Phase 2019 Consolidate Phase 3 - Holding the Line ■ ED & ALPHA Multi Agency relationships NP workforce Te Toi Ahorangi Māori Health Strategy 1 Understanding of Te Ao Māori

Pohiri Process



Information

↑ 200 referrals ED 130

Average 5 encounters 14 interventions ie. GP, DNS, WINZ, NGOs, Iwi providers, specialists, pharmacies, MH service. ↑ 75% reside in DomicileDeprivation Index 9 & 10

Patient Tūroro

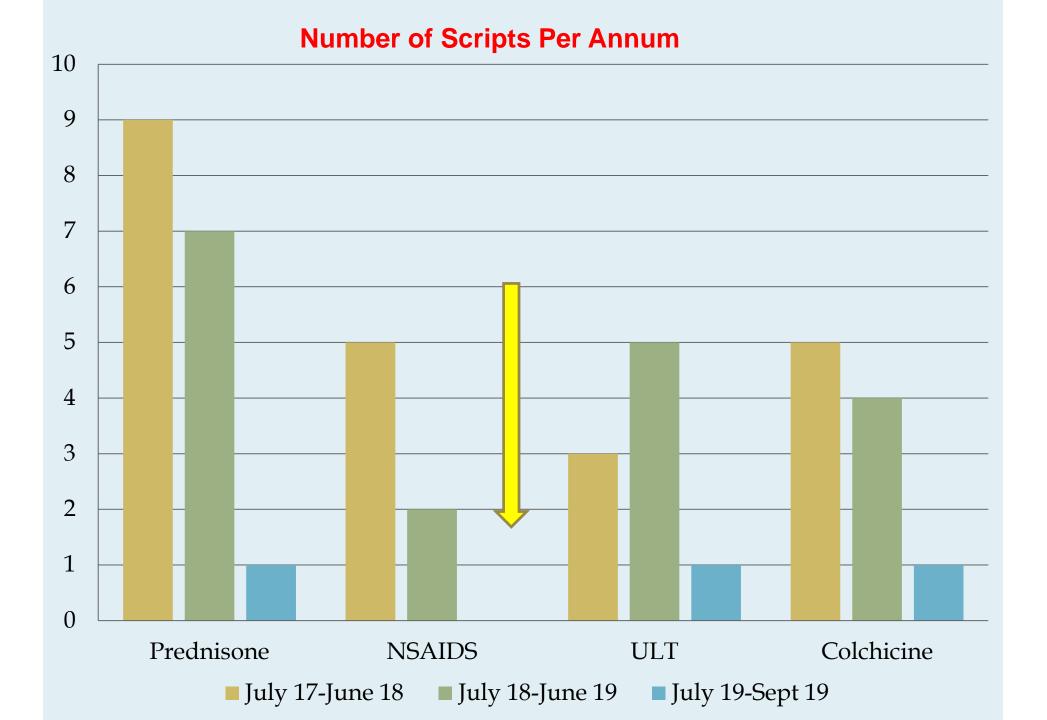
95% Māori55% Male 40-64 yearsold25% Mental HealthConditions

Matua

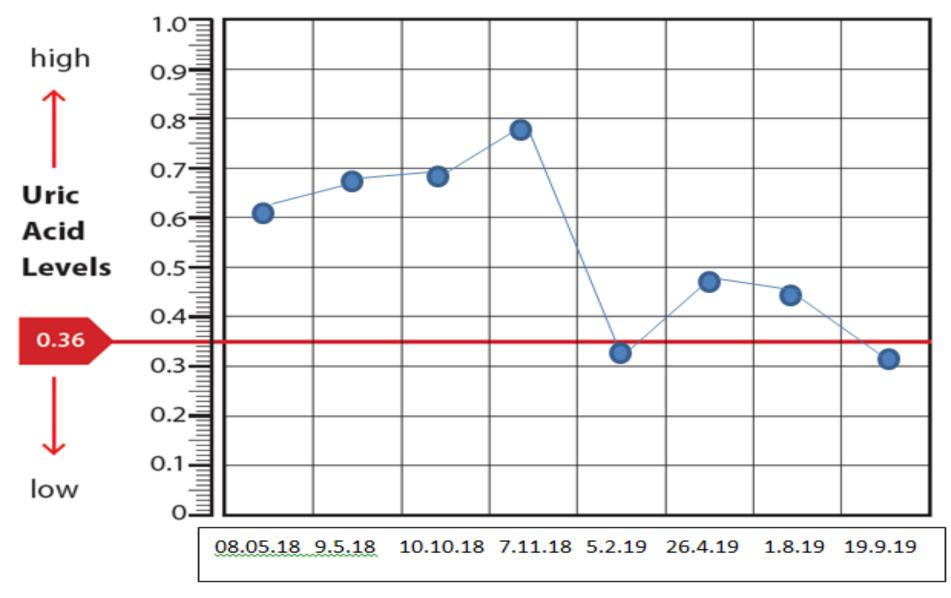
Māori male, age 58 Ist gout attack age 21 Significant damage to joints Co-morbidities CRF, HTN, High Cholesterol, Depression Scrapes \$ for GP visits \$24 pw after basics Lots of Scripts Health Literacy ost Years & Potential

Interventions

Oct 2018 – behind the scenes Short term success Nov 2018- Feb 2019 Reviewed 1° and 2° care, community pharmacy Coordinated care with other services – EBPHA, OPC, DNS, lab tests, radiology, hx of DNA Referred KMEDS July 2019



Serum Uric Acid



Dates

Summary of Visits & Cost/Funding

	1 st July 2017 – 30 th June 2018
Purchase Service	Funded
Community Radiology	70.08
Emergency Department	2,838.00
General Internal Medical Services	8,286.74
Orthopaedic Inpatient	5,298.12
TOTAL	(a)\$16,492.94
	1 st July 2018 – 30 June 2019
Purchase Service	Funded
Physiotherapist	108.14
Podiatry	806.65
Community Orthotics	470.83
Emergency Department	1,475.31
General Internal Medical Services	3,072.40
Nurse Led Outpatients	1,450.54
General Surgery – Inpatient Services	2,028.84
TOTAL	(b)\$9,412.71
Α	16,492.94
В	9,412.71
TOTAL SAVINGS	\$7,080.23

Challenges

- How to define this NP role
- Multi-agency plans & communication
- Environmental factors
- Health
- Desperate need
- Cultural Obligations of Te Ao Māori

Recommendations

Value of a NP workforce Importance of Whakapapa Visionary Leadership Integrated Care Coordination Resource appropriately Kia Kaha, Kia Manawanui, Kia Toa. Be Strong, Be Steadfast, Be Brave.

