

# Hospital transfers:

maintaining whānau involvement in  
the healing equation

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# Overview



- Context of contemporary health system
- Overview of 'Hospital transfers' project
- Initial literature and data review findings
- Initial themes from whānau interviews
- Where to from here

# Context



Travelling for healing or well-being not a new phenomenon

Colonisation disrupted existing health systems and imposed new structures

Hospitals established to meet settler population priorities

*From the outset, hospitals were located in settler towns. As a result, it was the pattern of Pakeha settlement and urbansation that determined the geography of hospital locations. A number of rural hospitals did serve nearby Maori communities. But the majority of rural Maori did not live close to the rural hospitals in Pakeha districts, and even further from the large town hospitals (Waitangi Tribunal 2001: 131)*

# Context



Increasing regionalisation of health services over time

Location and boundaries of health services that do not align with Māori systems of place

Well-documented equity issues in terms of access, quality and outcomes for Māori

# Hospital transfers project

How can whānau maintain active engagement in the care of their whānau member when they need hospital care away from their home base?



1. **Description Phase** - to better understand patterns of hospital transfers and experiences of whānau who wish to stay actively engaged in care
1. **Engagement Phase** - to better understand how the hospital system and broader policy contexts facilitate or hinder active whānau involvement
1. **Uptake Phase** - to identify strategies or environments that promote active whānau involvement in care, and present a roadmap for sector uptake through the development of an implementation strategy
1. **Dissemination phase** - to generate, and contribute to, discussion on this subject



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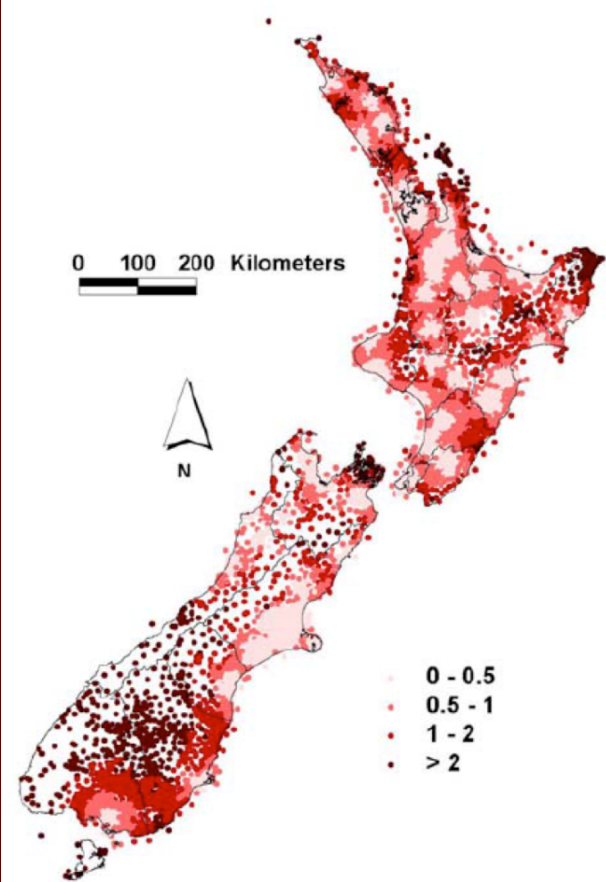
# Initial findings



## Limited data on who is hospitalised away from home:

- Hospital data from 02/03 suggested about 5% of discharges are transfers (MoH 2006)
- Some estimates that 20% of hospital admissions are to another DHB
- Over a third of the population lives more than an hour from a hospital (Butt 2013)

Brabyn L, Skelly C. (2002). Modeling population access to New Zealand public hospitals. *International Journal of Health Geographics*, 1:3.



**Figure 4**  
**Travel Time in Hours to the Closest Hospital by Census Centroids.** The District Health Board Boundaries are also shown.



# Initial findings



## Limited data on who is hospitalised away from home:

- Difficult to have a picture of the pattern of hospital transfers and away-from-home hospitalisations for Māori
- Although transfers are coded on discharge data, analysis is not routinely published
- Measures focus on individuals and financial units

# Whānau interviews

- Up to 20 whānau members (completed just over half)
- Mix of ages, genders and locations
- Stem from different towns that range from  $\frac{3}{4}$  hr - 5 hours away

# Maintaining whānau involvement

## Issues and challenges

Travel and Distance

Accommodation

Information and Communication

Past Negative Experiences/Trust

Patient Confidentiality

# Keys to maintaining whānau involvement

Whānau support first and foremost

Being assertive

Determining their own priorities and strategies (negative and positive)

# Decision-making and influence factors

Of whānau:

Previous experience of/with hospitals

Cultural values and practices

Resources (who has the education, time and money)

# Future plans - where to?

## → Recruitment

- Whānau participants
- Advisors (cultural, research, clinical, practitioners)

## → Stakeholder relationship

- Engagement with and support from DHB

## → Writing

- Reports from findings thus far
- Funding proposals to further develop the research plan

# Acknowledgements

Whānau

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# References

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