Kai available at the right price

POPULATION Health Service health promoter Aubrey Stothers says it is community support which has seen the availability of affordable fruit and vegetable boxes become a success in Putaruru.

The Population Health Service and Raukawa Trust Board joint project – Kai @ the Right Price – has been running for the past 15 weeks from Putaruru Fruit and Vege Shop in Princes St, Putaruru and is now in assessment phase.

"We are currently evaluating the success of the pilot project, which has seen Phillip and Alison Wu of Putaruru Fruit and Vege sell $10-$20 boxes full of fresh, great quality fruit and vegetables," said Mr Stothers.

"The project has grown steadily popular as more and more people become aware of the fruit and vegetable boxes' availability, and it is looking like we are going to have a sustainable initiative to carry on providing the boxes into the future."

Kai @ the Right Price was piloted in Otorohanga last year with overwhelming success. It has now been rolled out to four other communities within the Waikato DHB region, including Putaruru.

"With the economic situation as it is at present, it is not only those struggling financially who will benefit from the boxes – but everyone – as well all start to think a little smarter about how we spend our money," said Mr Stothers.

"Phillip and Alison's store really does provide beautifully fresh produce and the community is very lucky to have them. It is great that Kai @ the Right Price has the ability to support them local business as well."

Orders can be made in-store at Putaruru Fruit and Vege on Mondays and Tuesdays, and the boxes can be picked up on Thursdays.

AFFORDABLE KAI: Population Health Service health promoter Aubrey Stothers with Phillip Wu from Putaruru Fruit and Vege – Putaruru's Kai @ the Right Price supplier.

Right care, right time, right team, right place

PATIENTS visiting Health Waikato rural hospitals and continuing care facilities will get some extra special care now.

Someone to speak up for them, ask the questions they didn't even know they needed, help get them back to their community sooner and just make the journey as a patient that much smoother.

That person is Annette Bradley-Ingle a newly appointed nurse co-ordinator: rural patient liaison.

Mrs Bradley-Ingle has just returned from five years in the UK and after a month of the new 12-month pilot says, she wants to see patients get back to their communities faster.

ANNETTE BRADLEY-INGLE

"It is also evident that Waikato Hospital staff and those working in the rural hospitals work hard to ensure smooth and timely transfers for rural patients.

"I'm hoping this role will assist them to further improve the quality and speed of these processes, and over time this should help to significantly reduce staff and patient frustrations."

A South Australian concept for rural people receiving treatment at large city hospitals was the pilot for the project.

Rural and Community Services manager Jill Dibble observed the model while visiting Australia on business in 2008.

Mrs Dibble brought the concept back to her peers and interest around it has been high ever since.

"Everybody seems to be embracing the model, which is great," said Mrs Dibble.

"Particularly those staff who work in the rural areas, as frustrations around getting patients back into their home communities in a timely manner, is something that has been realised for some time."

Taumarunui Hospital and Family Health Team manager Tina Baker took the lead as the rural representative in the planning stage.

Representatives from all areas of rural and community services and hospital-based colleagues are part of the ongoing working group.

Ms Baker said it was a lot more beneficial to patients' recovery from a holistic perspective, if they can be cared for in their own community.

"This is about patient centred care – right care, right time, right team, right place," said Mrs Bradley-Ingle.

"Patients no longer requiring secondary level care, should have access to services in their local communities in a well planned and timely manner, which is where my role will assist."

Mrs Dibble said a patient's journey is a shared responsibility across the sector.

"There are several patient journeys, including: home to hospital, community service to hospital, hospital to hospital and hospital to community.

"Each healthcare worker has a responsibility to ensure effective handover of care to the next healthcare provider or facility, and that is why it is so important that this project be as collaborative as it is."

While Mrs Bradley-Ingle's role currently consists of working on patient cases between Waikato Hospital and Health Waikato's rural hospitals; Taumarunui, Te Kuiti, Tokoroa and Thames and at continuing care facilities in Te Awamutu (Matariki) and Morrinsville (Rhoda Read), there are plans to broaden the scope.

"After 12 months, the position will be reviewed and if continued, I hope it will be broadened to include more rural and community-based work as well as hospital," she said.

Home improvements for hospital

TOKOROA Hospital is undergoing some renovations during the next two months.

Some much needed money has been allocated to the hospital for re-roofing and external paintwork, which started last week.

Three firms submitted tenders for the job, which was eventually awarded to Rotorua company Cantec Services.

The work is due to continue until May 30; however Tokoroa Hospital and Family Health Team manager Joanne Knight said the hospital will run business as usual.

"If for some reason, the painting and re-roofing causes any kind of disruption to day-to-day operations here at the hospital, we will let the community know in advance but I don't think that will happen," said Ms Knight.

"For now, we just apologise for any inconvenience or extra noise that occurs while the work is being carried out."

CHANGING FACE: Tokoroa Hospital is currently undergoing a paint and re-roofing job.

Rural areas to benefit from job incentives

HEALTH Waikato needs more doctors, nurses and midwives in its rural communities and certain specialties – and so do the rest of New Zealand's district health boards.

That is why the Ministry of Health has announced their new voluntary bonding scheme for hard-to-staff communities and specialties, which struggle with higher vacancy rates, higher locum use, higher use of overseas trained professionals and longer waiting periods than their counterparts.

The voluntary bonding scheme is designed to encourage more medical, midwifery and nursing graduates to move to hard-to-staff areas.

The aim of the scheme is to provide new graduates with incentive payments intended to help repay their student loans in return for working in hard-to-staff areas for up to five years.

GRANT O'BRIEN

Research shows that the longer new graduates stay in a community or specialty during their training years, the more likely they are to stay once their training is complete.

Graduates who do not have student loans can opt to receive cash payments.

"Within Waikato District Health Board, it is small rural communities that we find really hard to recruit and retain staff to," said Waikato DHB change manager Grant O'Brien, who was a bonded health professional at the start of his career.

"The scheme then, as it does now, offers incentives to areas of high need.

"While rural medicine is an attractive career choice for people because it offers the chance to work in a multi-disciplinary team of health professionals working in a different way than their urban counterparts, there is also a need to work more closely with one another.

"Isolation is also an issue in rural areas that urban staff don't encounter, therefore as a rural health professional you need to be multi-skilled in order to respond to whatever comes your way.

"This new voluntary bonding scheme will, with incentives, attract people to an exciting career choice and also boost recruitment potential in our rural communities so I think it's going to be great for us in the Waikato."