

HEALTH SPECIALIST VISITS (HSV) PROGRAMME

All Cook Islanders living healthier lives and achieving their aspirations

Successful health outcomes for Cook Islanders through specialised services not able to be provided by Cook Islands Ministry of Health.

HSV programme meets the specialised health needs of Cook Islands people requiring services not provided in the Cook Islands

Improved local Cook Islands health systems and services

Improved professional practice of health practitioners working in the Cook Islands

HSV programme is mobilised to meet the prioritised health needs of the Cook Islands

Reviews of primary services to recommend any improvements

List of referred pre-assessed patients for each visit or video-clinic

Patients referred to New Zealand for treatment, on return to the Cook Islands are referred for ongoing assessment as appropriate through HSV

Completed training included in specialist visits and video-seminars

GOAL

LONG TERM
OUTCOME

MEDIUM TERM
OUTCOMES

SHORT TERM
OUTCOME

OUTPUTS

Results	Indicators	Baseline information	Targets	Methodology and Data Sources
Long-term outcomes				
Successful health outcomes for Cook Islanders who would not otherwise be able to access specialised services	Morbidity and mortality rates for Cook Islanders are as good as or better than other developing Pacific countries.	Zero maternal deaths since 1995.	Maintain zero maternal mortality rates.	MedTech 32 Database System Ministry of Health Statistic Office
		Zero infant deaths per 1,000 live births occurred within the first year of life in 2009 compared to one infant death in 2010 and two in 2011.	Maintain Infant mortality rate to less than 10/1000.	MedTech 32 Database System Ministry of Health Statistic Office
		In 2011 a total of 28 patients were readmitted with the same diagnosis and treatment.	Reduce readmission rates for the same diagnosis within 28 days by 2% (except when there is a disease outbreak).	MedTech 32 Database System Ministry of Health Statistic Office
		As at 2009, the life expectancy of the Cook Islands was 79.3 years for males and 83.9 years for females.	Maintain life expectancy for all.	MedTech 32 Database System Ministry of Health Statistic Office
Medium-term outcomes				
HSV programme meets the specialised priority health needs of Cook Islands people requiring services not provided in the Cook Islands	The specialised health needs of Cook Islands people are met through the delivery of a high quality HSV programme.	Total HSV patients seen by years: <ul style="list-style-type: none"> • 2008/09 - 2,173 • 2009/10 - 2,471 • 2010/11 - 1,830 	The numbers of Cook Islanders that need specialist services, receive these services through the HSV programme. Forecasts are: <ul style="list-style-type: none"> • 2011/12 – 3,500 • 2012/13 – 3,000 • 2013/14 – 3,000 	Reports from Specialists Information presented in six monthly progress report
Improved local Cook Islands health systems and services	The Cook Islands health system and its services are	Currently, ten (10) guidelines are developed and yet to be fully implemented by all clinicians.	To review and implement at least two guidelines per year.	WHO comparative data Patient Survey

	strengthened through development of standard treatment guidelines and essential medicine list to strengthen health information system.	Average waiting time in 2011 was thirty (30) minutes.	To reduce waiting time in the outpatient department	Questionnaires Audit of MedTech Queue Patient Survey Questionnaires Audit of MedTech Queue																				
Improved professional practice of health practitioners working in the Cook Islands.	Local health practitioners are delivering improved practice as a result of training delivered under the HSV programme.	The HSV programme exists because the Cook Islands health system does not have the capacity to provide specialist services.	Increase the local capacity of all practitioners who have received training as part of the HSV programme.	Training evaluations																				
		Numbers of patients referred to New Zealand by years:	Reduce the proportion of patient referrals to New Zealand:	Information from MedTech 32 database presented in six monthly progress report.																				
		<table border="1"> <thead> <tr> <th>Year</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>2008/09</td> <td>31</td> <td>1</td> </tr> <tr> <td>2009/10</td> <td>69</td> <td>2</td> </tr> <tr> <td>2010/11</td> <td>40</td> <td>2</td> </tr> </tbody> </table>	Year	Number	%	2008/09	31	1	2009/10	69	2	2010/11	40	2	<table border="1"> <thead> <tr> <th>Year</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>0.5</td> </tr> <tr> <td>2012/13</td> <td>0.5</td> </tr> <tr> <td>2013/14</td> <td>0.5</td> </tr> </tbody> </table>	Year	%	2011/12	0.5	2012/13	0.5	2013/14	0.5	
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Short-term outcome																								
HSV is mobilised to meet the prioritised health needs of the Cook Islands	The prioritised health needs of the Cook Islands are met through the delivery of a well-planned, high quality HSV programme within budget.	Overall, 80% of planned visits were completed in the 2008-2010 HSV programmes.	To ensure that each financial year, over 90% of the planned visits are completed	Information presented in six monthly progress report																				
Outputs																								
Completed training included in specialist visits and video-conferencing	High quality training delivered via attachments of local counterparts to	Training was included in 80% of specialist visits during 2008-2010 HSV programme.	At least 90% of planned training visits will be completed.	Information presented in six monthly progress report																				

	specialists and video conferencing	No baseline data available as video conferencing was not included in the 2008-2010 programme	At least four video conferences per month.	Information presented in six monthly progress report
Patients referred to NZ for treatment, on return to the Cook Islands are referred for on-going assessment as appropriate through HSV specialist visits and patient consultations via video conferencing	The HSV programme delivers high quality, appropriate on-going assessments of patients who have returned to the Cook Islands after receiving referred treatment in New Zealand.	On average 2% of patients treated under the 2008-2010 HSV programme were referred to NZ per financial year.	At least 50% of the patients referred to NZ receive on-going assessments on their return from NZ.	Information presented in six monthly progress report MedTech 32 Database
List of referred pre-assessed patients for each visit or consultations via video conferencing	An accurate list of referred and pre-assessed patients is available in a timely manner prior to each specialist visit or consultation via video conferencing	In the 2008-2010 HSV programme, lists were made available two weeks prior to visits (video conferencing was not offered).	The list is provided to visiting specialist at least one month in advance. The list is provided at least two weeks in advance for patient consultation.	MedTech Recall System
Review of primary services to recommend any improvements	High quality reviews of each specialist programme are carried out and programmes are improved as a result of these reviews.	No baseline exists because this is a new initiative and was not included in the 2008-2010 HSV programme.	The HSV Committee will respond to reports from specialists within ten (10) working days.	Review report from HSV Committee

Results Diagram: Activities and Input Table

Outputs from the Diagram	Activities to Deliver Outputs (Inputs)	Inputs to Resource Activities
Reviews of priority services to recommend any improvements	Develop schedule of reviews Specialist completes review and submits report HSV committee receives report and considers recommendations Local staff feedback survey on quarterly basis	Funded under the GFA MOH will provide staff time
List of referred pre-assessed patients for each visit or consultation via video conferencing	Develop lists of referred pre-assessed patients by gender, age, island and specialist area required, and ensure these are made available and in a timely manner. Timely advertisement in English and Cook Islands Maori.	Funded under the GFA MOH will provide staff time
Patients referred to NZ for treatment, on return to the Cook Islands are referred for on-going assessment as appropriate through HSV specialist visits and video conferencing	Acquire equipment to allow video conferencing Maintain list of patients for on-going assessments Monitor and report on treatment of these patients	Funded under the GFA MOH will provide staff time
Completed training included in specialist visits and video conferencing	Acquire equipment to allow video conferencing Develop a video conferencing schedule Distribute evaluation tools to training deliverers and participants	Funded under the GFA MOH will provide staff time

Monitoring and Evaluation Workplan

Monitoring and Evaluation Tasks	Approach	Timeline	Roles and Responsibilities	Deliverables and Reporting	Indicative Cost
Monitoring					
Quality, frequency and success of specialist visits and video conferencing	Collect data from specialists and local health practitioners and use MedTech data	On-going	HSV Coordinator	Six monthly reports	MOH staff time
Summary of results and outputs achieved, and of contribution to outcomes at the end of the arrangement.	Use data collected over the time of the arrangement	Report is due 30 September 2014	HSV Committee	Completion report	MOH staff time
Review of primary services	Reviews completed by visiting specialists	As per review schedule developed	HSV Committee to ensure reviews complete, data retained and recommendations considered	Report for each review	Specialists time MOH staff time
Evaluation					
Review of the efficiency and value for money of Activity 4.	Contracting of a local consultant to review this activity.	June/July 2013	Lead: MOH Support: MFAT	Review Report	\$25,000
Evaluation of the HSV programme 2011-2013 against the Results Framework to assess the results and development outcomes of the programme.	Contracting of an evaluation team to undertake the evaluation guided by an established Steering Group agreed to by MOH and MFAT.	July 2013 – January 2014	Lead: MOH Support: MFAT	Evaluation Report delivered in time to contribute to decisions about the continuation of the HSV Programme after 30 June 2014.	\$50,000
Overall Monitoring and Evaluation Budget				TOTAL FUNDING (GRANT)	\$75,000