

## 2007 NSW Health Awards Entry

*Complete under the following headings and use the italics as a guide.  
Remove the italics when completed.*

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| <b>Entry Title (50 characters or less)</b>  |
| A Remote Medical Consultation Program   |
| <b>Abstract (120 Words)</b>   |
| <p style="text-align: center;"><i>“One of the most critical issues facing rural communities is attracting and keeping health professionals working in NSW.”</i></p> <p style="text-align: right;">NSW Rural Health Plan</p> <p>The Remote Medical Consultation Program (RMCP) was established to address GP workload issues and fatigue in a rural district hospital. A new model of care was established for patients attending the emergency department of Wauchope District Memorial Hospital (WDMH) at night. It involves networking with the emergency department of a nearby rural base hospital. Night time call-out of GPs reduced from an average of 2.5 per night to a total of only 15 call-outs in the 3½ month evaluation period whilst maintaining appropriate access and quality of emergency medicine services. Added benefits have been achieved from the routine networking of the emergency medicine services and building a culture where all healthcare professions support new care delivery models to meet the future changing needs of our community.</p> |
| <b>Aim (30 Words)</b>   |
| To retain GPs and sustain emergency medicine services at Wauchope District Memorial Hospital by systems engineering after hours arrangements for medical consultation.  |
| <b>Nature of the Problem (100 words)</b>  |
| <p>The ability to provide a 24-hour on call cover for the emergency department was placed at serious risk by GPs fatigued by increased workloads in their public and private practices.</p> <p>The GPs were fatigued from increasing workload in the following setting:</p> <ul style="list-style-type: none"> <li>• 32-bed rural hospital on the mid-north coast of NSW.</li> <li>• Increasing population and service demand.</li> <li>• GPs (4 FTE) with private practice books closed to new patients.</li> <li>• Unable to recruit new GPs.</li> </ul> <p>In mid 2006 the WDMH Medical Staff Council sought support to reduce GP workloads in order to retain their GPs and ensure the ongoing provision of medical services at the hospital.</p>   |

### **Extent of the problem (150 words)**

The GPs provide medical services to the emergency department and inpatients. Review of hospital activity data confirmed the perception of increasing service demand. From 04/05 to 06/07 there was:

- An increase of 1,626 emergency department attendances; and
- An inpatient occupancy rate increase from 57% to 97%.

These changes occurred over a time period when the nearby Port Macquarie Base Hospital was returned to the public sector and there was:

- Increased transfer of lesser acuity inpatients to WDH; and
- Inpatient rehabilitation services were moved to WDH.

The GPs identified varying degrees and reasons for work-related fatigue. The reasons identified were:

- Long 12-hour work days;
- Continuous on-call periods of 72 hours on weekends;
- Interrupted and poor sleeping patterns from night-time call outs (average of 2.5 per night).

Two GPs advised that they would withdraw their services if their workload was not reduced.

The impact of the night-time call outs to the emergency department was identified as the key area of concern.

### **Strategic importance (100 words)**

The RMCP is aligned to:

- Strategic Direction 6 of the NSW State Health Plan: Build a sustainable health workforce;
- Objectives of the NSW Rural Health Plan;
- Objectives and strategies of the NCAHS Strategic Plan towards 2010; and
- Strategies and actions of the NCAHS Workforce Development Plan 2005 – 2015.

The RMCP has had the effect of sustaining the rural medical workforce in a rural area facing workforce shortages through the redesign of clinical jobs to improve job satisfaction and provide a “workplace friendly environment” to attract more GPs to the area. It demonstrates that it is possible to meet increased service demands through the effective utilisation of the available workforce, even where there is an uneven distribution of medical staff.

### **Planning and implementing solutions (300 words)**

A working party was established comprising:

- WDMH Executive Officer / Director of Nursing;
- Director Of Medical Services – Hasting Macleay Network (based at PMBH);
- Director of Emergency Services – Hasting Macleay Network (based at PMBH);
- WDMH Nurse Manager;
- CNC Emergency Medicine, NCAHS; and

- All GPs.

The working party focused upon the key area of concern – night-time call outs to the emergency department. The GPs identified 2300hrs to 0700hrs as the time period that their sleep was interrupted. Emergency department data showed that over 85% of presentations during this time period were in the triage categories of 3, 4 or 5.

Collaboration was undertaken with a CNC Emergency Care from HNEAHS who provided information regarding an escalation plan for when GPs were not available at rural hospitals.

The close proximity of Wauchope to Port Macquarie offered a viable option for linking the management of non-life threatening emergency department presentations. It was decided to create a RMCP which reduced the number of night-time call outs for GPs to the emergency department whilst maintaining a quality emergency medicine service to the Wauchope community.

Consultation was undertaken with stakeholders, including a cross section of staff from the emergency departments of WDMH and PMBH and representatives of the Hastings-Macleay Health Participation Forum. Draft program documents were distributed for comment from all parties.

Key components of the RMCP developed were:

- It would operate from 2300hrs to 0700hrs, 7 days per week;
- The Wauchope GP would be called for all triage 1 & 2 presentations;
- Triage 3, 4 & 5 presentations would be assessed and managed by remote consultation between the registered nurse at WDMH and the career medical officer at PMBH via phone and fax; and
- Treatment / management options were developed to cover all types of presentations to ensure patients were provided with appropriate, comprehensive and safe emergency assessment and treatment.

The RMCP was implemented from 16<sup>th</sup> January 2007.

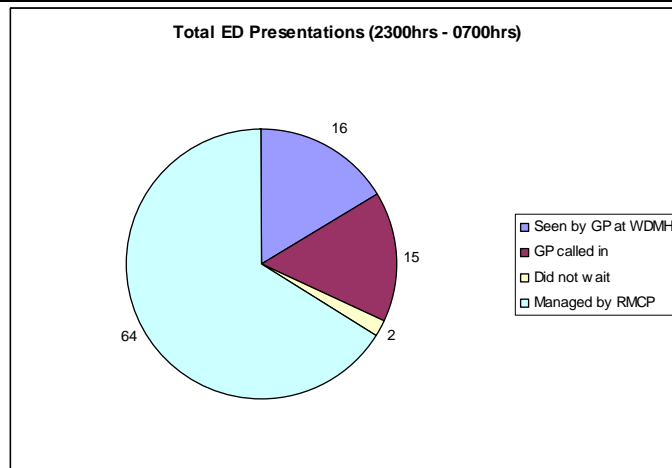
### **Outcomes and Evaluation (200 words)**

A planned 15 week post implementation review was conducted. This clearly identified a successful change process and the achievement of the key performance indicator – a reduction of the night time call-out of the GPs.

Data was reviewed for the period 16<sup>th</sup> January 2007 to 30<sup>th</sup> April 2007.

There were 93 emergency department attendances between 2300hrs and 0700hrs:

- 14 seen by the GP because the GP was already at the hospital;
- 15 were triage 1 or 2 and the GP was called in;
- 2 did not wait;
- 62 were managed via the RMCP.



Of the 62 patients managed via the RMCP:

- 37 managed by the WDMH RN and PMBH CMO and discharged home; and
- 25 required transfer to PMBH for medical review & management.

Quantitative outcomes:

- Night time call-out of GPs reduced from 2.5 per night to a total of only 15 call-outs in the 3½ month period;
- All GPs retained;
- Nil adverse / poor clinical outcomes;
- Nil complaints received; and
- Cost neutral.

Qualitative outcomes:

- Awake and happy GPs;
- GPs expressed overwhelming support for RMCP;
- Improved health service networking between PMBH and WDMH.

Review changes implemented:

- Telephone call back to be attended for all patients booked to attend follow-up appointment at 0700am that do not attend to check on their clinical status.

Further planned evaluation:

- Staff surveys have been conducted in July 2007 (awaiting results);
- Ongoing monitoring of night time call-out of GPs;
- The NSW Patient Survey should capture patients managed by this program.

### **Sustaining change (100 words)**

RMCP is built into the standard operating procedures and budgets of the emergency departments of WDMH and PMBH. Networking between the emergency departments has been strengthened and is now a part of daily business, creating an environment conducive to more health service networking. The willingness from all healthcare professions to support new care delivery models has prepared the workforce to meet the future changing needs of our communities.

### **Future Scope (100 words)**

The program could be enhanced by improved transfer of clinical information or the use of telemedicine when improvements are made to the information technology and telecommunications infrastructure.

The scope of RMCP could be expanded to a 24/7 model that sees the WDMH emergency department being managed as a satellite department of the PMBH emergency department.

In July 2007 approval was given for an Emergency Medicine - Nurse Practitioner at Wauchope Hospital for a 4 month trial. This was supported by the GPs. The introduction of this nurse practitioner will further address the GP workload issues as well as assist in addressing emergency department nursing recruitment.

RMCP and the nurse practitioner position have/will assist in re-designing this small rural hospital emergency medicine service as a way of maintaining and delivering health care services into the future. RMCP could be applied to most geographical networks/clusters in rural NSW.

**Total: 1200 words** (including references but excluding reference list and entry title)