

A Remote Medical Consultation Program

Category

Prepared by : Dr Warwick Hain
A Remote Medical Consultation Program
North Coast Area Health Service

October 2007

Aim

- To Sustain Emergency Medicine Services at Wauchope District Memorial Hospital (WDMH)
- To retain General Practitioners
- Systems Engineering of after hours medical cover

Nature and Extent of the Problem

- **General Practitioner Fatigue**
 - 12 hour work days in private practice
 - 24 hour Emergency Department on call weekdays
 - 72 hours Emergency department on call weekends
 - Interrupted sleep patterns from night time call outs.
Average 2.5 per night

PROBLEM

“Doctor Fatigue”



Nature and Extent of the Problem

- **Increasing workloads**
 - Closed books in all GP rooms
 - Local GP Shortage of 4 FTE
 - Increased ED attendances – 50% over past 2 years
 - Increased Inpatient occupancy – from 57% to 97% in past 2 years

- **Potential GP resignations**

Strategic importance

- Strategic direction 6 of NSW State Health Plan
- Objective of the NSW Rural Health Plan

➤ **Build a sustainable health workforce**

The remote medical consultation program has had a significant impact in sustaining the rural medical workforce at the Wauchope District Memorial Hospital.

Planning & Implementing solutions

- Working parties & consultation
- Key area impacting on GP fatigue – Night time callouts to ED
- ED data analysis highlighted 85% of presentation between 2200 – 0700 to be triage category 3, 4 & 5.
- Researched delivery of emergency services across NSW.
- Recognised that principles of remote medical management could be used within a hospital network that wasn't actually remote. eg Port Macquarie - Wauchope
- Assessed available resources within network

Planning & Implementing solutions

- Rural Medical Consultation Plan developed – Key Components
 - Operate 2300hr – 0700 – 7 days per week
 - Triage 1 & 2 – On –call Wauchope GP
 - Triage 3,4 & 5 managed by RMCP – Wauchope RN liaising with Port Macquarie Base - ED CMO
 - Treatment & management pathways developed
 - RMCP implemented 16th January 2007

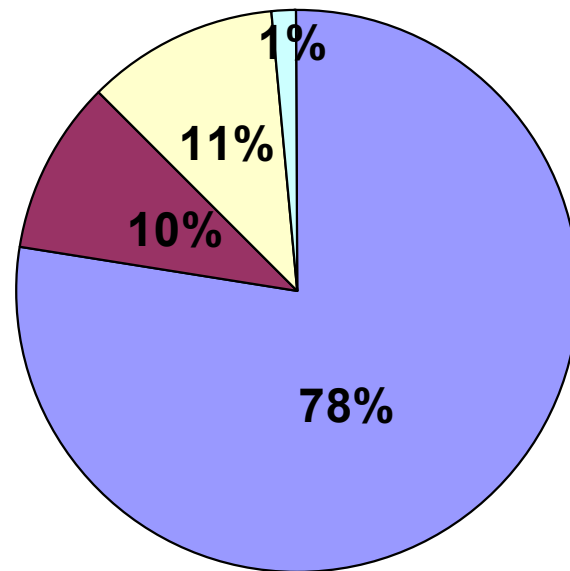
Remote medical Consultation Management Pathways

Complete management in one of the following 4 pathways.

1. Management complete – requires no further intervention = Discharge home
2. First line management attended – Requires further review = Transfer to PMBH – ED
3. First line management attended – Requires non urgent review = Appointment for GP review at 0730 clinic
4. Requires urgent on – site review by GP – VMO (Nurse or CMO initiated)

Outcomes & Evaluation

**Emergency Department Presentation's
between 2230hrs - 0700hrs (16/01/07- 1/09/07)
Total Presentation's = 143**



- 111 Pts seen by RMCP
- 14 pts seen by VMO already on site
- 16 pts VMO called in
- 2 pts did not wait for consultation/treatment

Outcomes & Evaluation

- Nil adverse clinical outcomes - WIN
- Awake & Happy VMO's - WIN
- Nil consumer complaints – WIN
- Improved Hospital morale – WIN
- Improved relationship with PMBH – WIN
- Nil additional costs to NCAHS – WIN
- Springboard for Innovation - WIN

Sustaining Change

- RMCP built into the standard operating procedures and budget of WDMH & PMBH
- Improved networking between ED's
- Creating an environment conducive to increased health service networking
- Workforce prepared to meet future changing needs of our communities

Lessons Learned

- The best solutions will often come from those at the service delivery level
- Health care \vee Self care - self care requires constant fostering
- Great solutions don't cost – may even save !

Future Scope

- Extension of the hours of operation of the RMCP and preparedness for escalation plan implementation if needed
- Utilise advances in technology such as “webcams” to enhance the RMCP
- Incorporation of Nurse Practitioner into the Wauchope ED to further support the workloads of GP – VMO’s