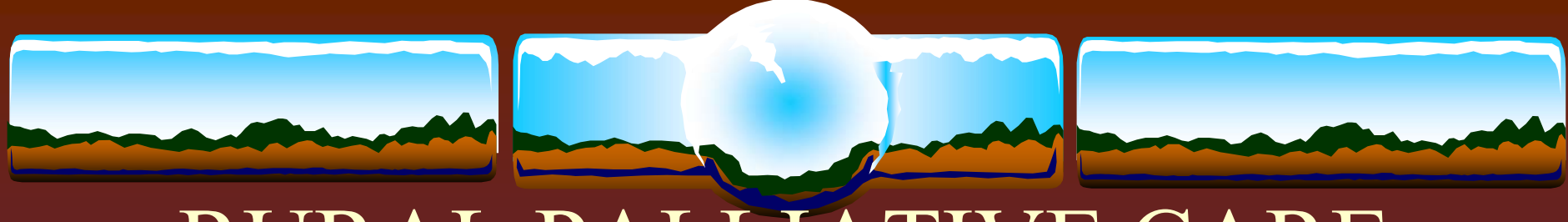
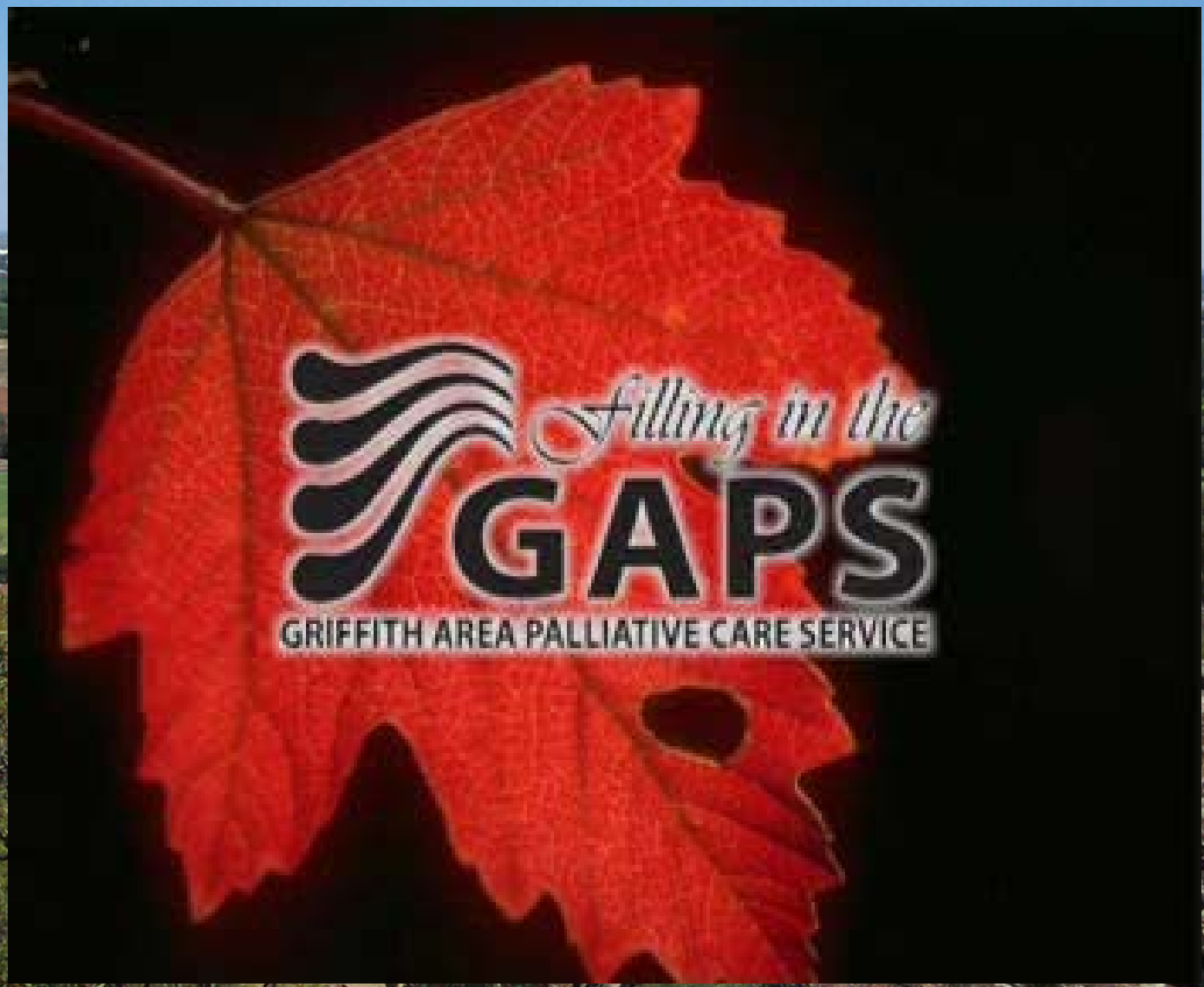


RURAL PALLIATIVE CARE PROGRAMME

THE GP EXPERIENCE
IN
RURAL PALLIATIVE CARE

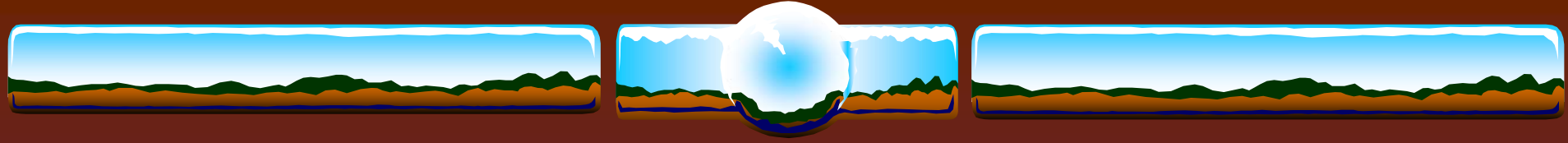
Dr Marion Reeves

GAPS VIDEO



GP EXPERIENCE

- Where is Griffith
- What we used to do
- What we do now
  - What made the change possible
- Is this necessarily better
  - For the GP
  - For the patient
  - For the system

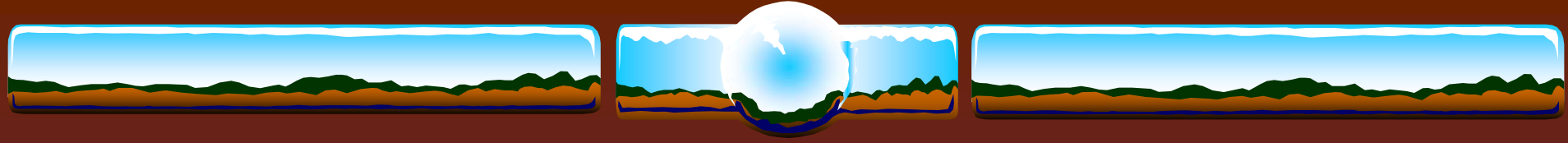


WHERE ARE WE

- GRIFFITH
  - Riverina
  - South West New South Wales
  - Population approx 26,000 (urban), 32,000 in region serviced by the programme
  - GPs fulltime – 6, part-time 7
  - Hospital 100 beds

HOW WE USED TO DO IT

- Ambulatory PC provided by individual GPs
- Some house calls
- Terminal care – some GPs
- Some VMOs – not all
- Others referred to physicians
- No dedicated hospital PC beds
- Variable training, interest, commitment
- No formal on-call system
- Those providing PC – usually 24/7
- Remuneration variable

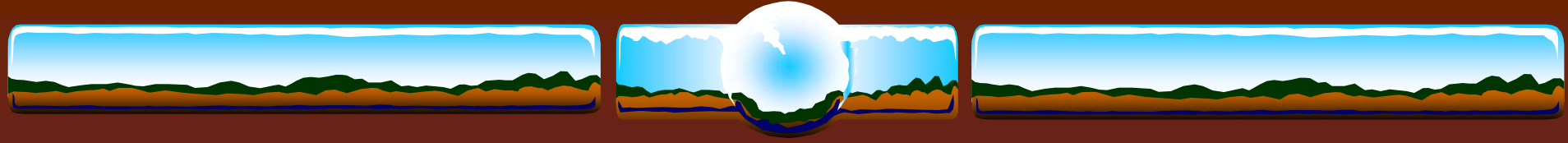


HOW WE DO IT NOW

- On call roster – effectively on call
  - 1 night per week
  - 1 weekend in 5
- Regular CME updates for all team
- On call PC trained nursing staff (1800 phone)
- Weekly multidisciplinary meetings
  - EPC items utilised for GP payments
- Patient centered notes – held by pts

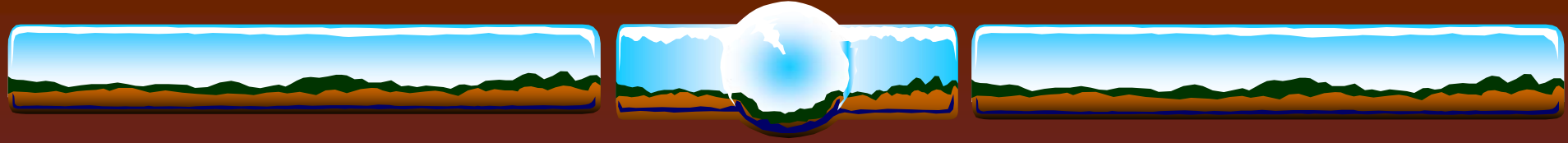
HOW WE DO IT NOW

- Practicalities
  - All pts on programme discussed at weekly meeting, esp. if unstable or deteriorating
  - Pt becomes unwell at 0200hrs
  - Pt rings 1800 number – on call RN
    - Decides to do home visit
    - Problem complicated – calls the on call GP
    - Decides on need for admission
    - Pt admitted straight to ward – met by GP – does admission
    - Pt handed back to LMO in morning or cared for by on call VMO



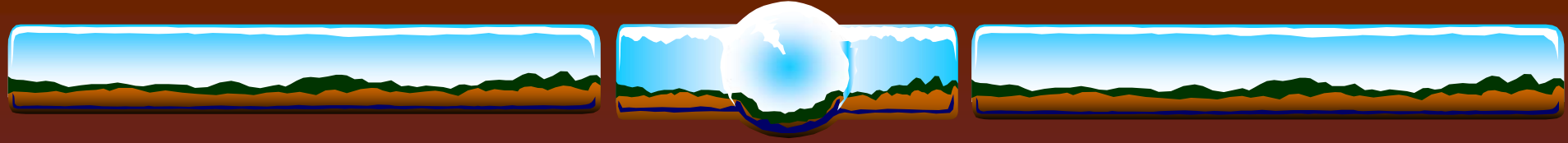
IS THIS NECESSARILY BETTER?

- For the GP?
  - Reduced on call, but no reduction in continuity
  - CME and support from specialists
  - Reduced need for pts to be transferred to specialists
  - Remuneration without the paperwork
  - Chance to work as a team
  - Debriefing and support with difficult issues
  - Guaranteed coffee on Thursday mornings



FOR THE PATIENT

- 24/7 access to nurses and GPs without feeling guilty
- Lack of repeated, unneccesary tests, procedures
- Direct admission to hospital if needed
- Continuity of care
- **Choice**
- Follow up – bereavement support



FOR THE SYSTEM

- Not our bottom line
- Still important
- Reduced unneccesary tests, procedures
- Reduced bed days (12) – (7.51)
- Increased utilisation of EPC items


ANY QUESTIONS?