

Remotely speaking

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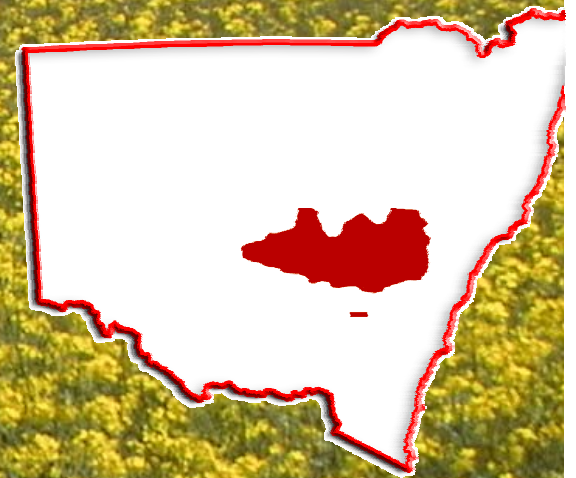


takingaction Divisions of General Practice Network Forum 2004



NSW Central West Division of General Practice

Remote Medical Consultation Service



NSW Central West Division of General Practice



Remote Medical Consultation Service

- ▶ Funded by Commonwealth DOHA in collaboration with funding from MWAHS
- ▶ After Hours Primary Medical Care (AHPMC) Service Development Grants Program.
- ▶ Project managed by NSW CWDGP

The Problem

- ▶ Solo GPs providing 24/7 care
- ▶ A few towns without resident GP or only part time GP
- ▶ Difficulties in recruiting locums
- ▶ Dr takes time out – then no Dr available
- ▶ No chance to recharge batteries for GPs
- ▶ Little external support

Before RMCS

- ▶ RN assesses and manages patient
- ▶ Call a base hospital ED for assistance
- ▶ Transfer category 3 patient
- ▶ 4 & 5 Patient drives to next closest hospital
- ▶ This is major cause of workplace stress for RNs

Before RMCS - Patients

- ▶ Frustrating to have to drive to next town for relatively minor treatments
- ▶ Be assessed again at next hospital – wait for Dr to be called in
- ▶ Health service not providing for us!

How the RMCS Works

- ▶ RN assesses patient
- ▶ Triage category 4 or 5 (or 3)
- ▶ RN completes RMCS form – takes patient history
- ▶ RN call 1800 number of RMCS

How the RMCS Works...

- ▶ Bathurst-based GP answers
- ▶ RN & GP discuss patient
- ▶ GP gives treatment orders over phone
- ▶ Patient transferred, admitted or sent home
- ▶ Report faxed to regular GP
- ▶ Follow up call made to patient by RN next day



Issues in Implementation

CMO could not be recruited

Solution:

- ▶ Bathurst GP VMOs staff service
- ▶ Use hospital roster so RMCS is additional duty for on call day
- ▶ 1800 number diverted to on call mobile

Phone not Diverted Correctly

Solution:

- ▶ Phone diverted by
 - GP staff weekdays
 - Bathurst Base Hospital staff on weekends & public holidays

Incorrect Triage

Solution:

- ▶ Further training for RNs
- ▶ Regular reminder to hospitals
- ▶ Address as arises

Data Gathering Inefficient

Solution:

- ▶ Initially paper records de-identified
- ▶ Now electronic database at health facility level
- ▶ Collated for reporting purposes

Effects of the Project

- ▶ Overwhelmingly positive
- ▶ Patients thrilled that urgent need being met
- ▶ Remote GPs grateful
- ▶ 245 patients accessed service to 29 Feb
- ▶ RN's feel "less alone"

Effects of the Project...

- ▶ Bathurst GPs happy to contribute to their colleagues in the bush
- ▶ Spinoffs – Bathurst GPs considering locums for remote colleagues
- ▶ GPs across region interested in forming additional roster for other centres

Where to From Here

- ▶ Expand the service – concurrent roster
- ▶ Develop systems to support sustainability past the funding date

