

Necessity breeds innovation: GPs help prevent an emergency department closure

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Abstract

In January 2006 the Maryborough Base Hospital in Queensland faced imminent closure of its emergency department (ED) due to a shortage of senior medical staff. At the same time patient confidence in Queensland Health was low. During consultation forums, the community had made it clear that their priority was to maintain emergency services in Maryborough. In search of a solution, the Fraser Coast District Health Service asked Maryborough general practitioners to work in the Maryborough Hospital ED and/or in the internal medicine ward as Visiting Medical Officers. While this represented a solution to the problem, there was much to be considered before such a plan could be put into place.

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THE MARYBOROUGH BASE HOSPITAL in Queensland faced imminent closure of its emergency department (ED) due to an “acute upon chronic” shortage of senior medical staff. At the same time patient confidence in Queensland Health was low due to the Jayant Patel Inquiry and the recent closure of the orthopaedic unit at the Fraser Coast Health Service District (FCHSD), of which Mary-

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What is known about the topic?

Rural hospitals face difficulties in attracting medical staff.

What does this paper add?

This case study outlines the process to engage local general practitioners in staffing the emergency department (ED) of a local hospital. Through a negotiation process the GPs agreed to provide Visiting Medical Officer services to the ED and internal medicine ward. Three months after GPs began working, 18 GPs were on the roster and five others were ready to be included on the roster.

What are the implications for practitioners?

Open communication was identified as a success factor that has assisted in continued GP participation. The outcomes include a better understanding of the logistics and service capacity of the ED among GPs, enhancement of the GP practice and hospital relationship and increased knowledge of community-based care among hospital doctors.

borough Base Hospital and Hervey Bay Hospital are part. During consultation forums the community had made it clear that their priority was to maintain ED services in Maryborough. However, once senior medical staff numbers became too low to guarantee supervision for junior staff, the hospital was faced with the closure of the ED unless a solution could be found. In search of such a solution, the FCHSD asked Maryborough general practitioners to work in the Maryborough Hospital ED and/or in the internal medicine ward as Visiting Medical Officers (VMOs).

The primary objective of the GP intervention was to keep the Maryborough Base Hospital ED open until more doctors could be recruited, which was envisaged to take at least 6 months. Secondary objectives evolved once the local GPs agreed to work in the ED. These objectives included ongoing training in acute care medi-

I Timeframe for progress from initial meeting called by the Fraser Coast Health Service District (FCHSD)

Stage	Event
5 days	WBDGP met with general practitioners to discuss solution to prevent MBH ED closure
3 weeks	Negotiations between WBDGP and FCHSD completed. Letters from WBDGP Chair and FCHSD District Manager sent to GPs
5 weeks	23 GPs had sent in Expressions of Interest
6 weeks	First GP started work in internal medicine ward at MBH
7 weeks	4 GPs completed orientation, 5 GPs about to start orientation
8 weeks	4 GPs are on next roster to start work in MBH and HBH EDs

ED = emergency department. HBH = Hervey Bay Hospital. MBH = Maryborough Base Hospital. WBDGP = Wide Bay Division of General Practice.

cine for GPs in the district; to provide indirect education in community-based care to hospital doctors through their interactions with GPs; to enable GPs to have a better understanding of the hospital system and its services; and to enhance general practice and hospital relationships.

Setting

The FCHSD is situated in south-east Queensland, Australia and serves an estimated resident population of about 85 899. The district includes the Hervey Bay (HBH) and Maryborough Base (MBH) Hospitals. Though once the principal hospital in the region, in 1998 MBH became a satellite facility when the new HBH opened just 31 km away. Since then, MBH has dealt primarily with acute mental health, lower acuity medical cases and low-risk day surgery.

Participants included key staff of the Fraser Coast Health Service District and the Wide Bay Division of General Practice (WBDGP), in addition to GPs practising in the Maryborough and Hervey Bay areas.

Sequence of events

In 2005, participants in community forums clearly articulated their belief that the 24-hour ED facility at MBH should remain open. However, shortly after this time a critical shortage of ED staff in the FCHSD led to concerns for adequate supervision of junior doctors and patient safety. Unless more doctors could be found, closure of one of the two EDs in the District would be considered.

Given its lower acuity status, MBH was the obvious choice for the ED closure and the time came when this closure was scheduled to occur in as little as 2 weeks. However, the FCHSD management felt it inappropriate to close the ED without making every effort to recruit doctors. In response to this crisis, the FCHSD met with community leaders including local mayors, Maryborough GPs, local specialists and other stakeholders to explain the situation and seek a solution. At this meeting GPs were asked to consider working for FCHSD in the MBH ED and internal medicine ward. The WBDGP agreed to facilitate discussions between the GPs of Maryborough and Hervey Bay and to liaise with FCHSD. Maryborough already had a critical GP workforce shortage and the WBDGP realised that a solution would require the involvement of Hervey Bay GPs in addition to those from the Maryborough area.

Subsequently, all GPs in Hervey Bay and Maryborough were invited to attend a meeting to determine a workable solution. Several models were discussed at length, including the provision of low acuity after-hours service through a general practice in Maryborough. However, a study by Nagree et al,¹ found that while low-acuity patients are a constant but inexpensive ED workload, diverting them to a general practice low-acuity service is unlikely to significantly reduce the ED attendances and costs. The consensus decision by the GPs present was to assist by working in the EDs of both HBH and MBH, in addition to the internal medicine ward at MBH. However, GP participants required clarification of several issues before commencement of work. These issues included:

- Guarantees that the FCHSD would continue their efforts to recruit staff.

2 Summary of progress of the Maryborough emergency department intervention 3 months after general practitioners had begun working

GP involvement in the intervention	No. of GPs
GPs who had applied to assist the FCHSD with medical services	29
GPs sitting on Clinical Privileges and Credentialing Committee	1
GPs who were still being processed	0
GPs who withdrew their application	5
GPs who had completed or nearly completed training and orientation	21
GPs who had been granted interim privileges	24
GPs who were rostered and working in the ED at HBH or MBH	17
GPs rostered and working in internal medicine at MBH	1
GPs ready to be rostered	5

FCHSD = Fraser Coast Health Service District. ED = emergency department. HBH = Hervey Bay Hospital. MBH = Maryborough Base Hospital.

- Clarification regarding the provision of indemnity for GPs by Queensland Health.
 - Provision of remunerated emergency medicine training before commencement of work.
 - The rate of pay to be equivalent to time and a half for a VMO (consistent with an overtime pay rate).
 - Provision of adequate supervision and mentoring to GPs by a Senior Medical Officer until each GP became confident of their ED skills, along with ongoing reviews, evaluations and training.
 - The provision of written protocols in the EDs for common and serious presentations.
 - Guarantee that interested GPs could continue to work in the EDs in the longer term, even when staff numbers improved.
 - Consideration of the implementation of a state-wide emergency medicine training package for GPs by Queensland Health.
- Negotiations regarding these issues began immediately between the WBDGP and the FCHSD and were complete within 3 weeks. GPs were notified of the outcome of these negotiations through a letter sent by the WBDGP Chair, and a letter seeking expressions of interest was sent to GPs by the FCHSD. Those GPs who responded were sent an information package from the FCHSD including:
- Details of the planned GP induction and orientation program;
 - Letter from Queensland Health's legal unit clarifying indemnity issues;
 - A recruitment progress and medical staff status update;
 - A VMO contract which confirmed appropriate remuneration for at least 3 months at the requested rate.
- Individual orientation and upskilling programs for participating GPs began immediately at times convenient to the GP. Once completed, the GP was required to pass a competency test before commencing work. Progress in the 8 weeks following the initial meeting is summarised in Box 1.
- GPs worked shifts of varying lengths but generally worked from 6pm to 10pm. As the GPs' confidence and competence grew, longer and less supervised shifts were undertaken, further lightening the load of existing FCHSD staff. Three months after GPs began working, 18 GPs were on the roster and five others were ready to be included on the roster. Data describing the progress of the intervention at this time is summarised in Box 2.

Outcomes

As a result of the extra staffing provided by the GP intervention MBH ED has remained open. GP support for the intervention has continued (Box 3),

3 No. of general practitioners working for the Fraser Coast Health Service District over time (emergency department or internal medicine ward)

3 months	9 months	15 months	21 months
17	13	10	5

and 2 years on there are still four GPs working in the EDs of these two hospitals. Therefore the primary objective of the intervention was achieved.

The secondary objectives were also achieved. All doctors who worked for FCHSD were involved in a training and orientation package, which they found critical for successful integration into the EDs. This training was extremely important for the GPs, as it had been a long time since many had practised emergency medicine, and evidence suggests that ongoing emergency medicine training is paramount for safe practice.² GPs involved in the intervention can access ongoing emergency medicine education within the ED in addition to the general medical education programs offered by the FCHSD. Queensland Health, the Royal Australian College of General Practitioners, and Health Workforce Queensland also provide emergency medicine training courses to Australian medical practitioners.

Discussions with the ED staff and the GPs involved suggest that knowledge of community-based care has increased among hospital doctors. GPs involved in the intervention reported a better understanding of the logistics and service capacity of the ED, and the general practice and hospital relationship has been enhanced. The GPs who work in the ED are proactive at informing the hospital doctors of the community resources available and the role of general practice in patient care.

Problems/conflicts/constraints

As GP involvement in working in the FCHSD EDs was instigated urgently, there was little time to

fully investigate prior research in the area until some time after. However, relevant studies identified after the intervention had begun showed that GPs working in EDs utilise fewer investigations, outpatient and specialist services than junior hospital doctors, and are more likely to refer the patient back to their GP for further follow-up.^{3,4} These results are supported by anecdotal evidence arising from this intervention.

Although the majority of GPs agreed with the plan, there were some who did not and were concerned that it would put undue strain on the Maryborough GP workforce. Anecdotal evidence suggests that Maryborough GPs did become busier during 2006; however the loss of several GPs over this time may also have contributed to this increase in GP work hours. The community of Maryborough was appreciative of the increased workload placed both on the GPs involved, and on those who chose not to work in the ED.

Other challenges for the FCHSD included developing individualised education and training packages. There were no packages nor standards in place for GPs working in emergency medicine, despite the fact that this practice is not unusual for small emergency departments in rural and regional Australia.⁵ In addition, time constraints meant that managing the media, minimising loss of community confidence in the health service, credentialing and clinical privileges processes, along with safeguarding the safety of all parties, had to be undertaken in a very short time frame.

Discussion/lessons learned

Many factors contributed to the success of this intervention. Among these were the willingness and determination of the GPs involved, the support and organisation skills of the WBDGP, the flexibility of the FCHSD, but most importantly the open and transparent communication between the FCHSD and the WBDGP. This forged a robust working relationship between the two organisations which has resulted in improved communication channels and other collaborative projects being developed on the Fraser Coast. A respectful relationship between a District Health Service and general practice may be the key to

managing a similar event in the future. This experience demonstrates the value in establishing and maintaining strong partnerships between local health service providers.

Other positive outcomes for the GPs included the acute care clinical skills update; a broadening of their professional networks including doctors, nurses and other allied health professionals; insights into the behaviour of patients who choose to present to the ED rather than call an after-hours GP; and an increased sense of public service. Although the GP intervention was instigated due to a crisis, our experience suggests that having GPs work in a local ED may have greater benefits for all involved than simply increasing workforce numbers. Overall, the benefits for integrating GPs into the EDs outweighed any negatives. This intervention has shown that collaboration between the private and public sector can work, and has set a valuable precedent.

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Competing interests

Riitta Partanen occasionally undertakes paid roles for the Wide Bay Division of General Practice, now known as GP Links Wide Bay, but did not receive remuneration for the preparation of this case report.

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