Building bridges between hospitals and visiting medical staff in the regional health setting

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The term relationship is defined by The Angus and Robertson Dictionary and Thesaurus as “the state of being connected or related; the mutual dealings, connections, or feelings that exist between people etc”. Relationships underpin the complex personal interactions which drive day to day dealings between human beings.

For relationships to work and be effective there needs to be positive and effective communication in place. Robbins describes communication as the transference and understanding of meaning. The Dictionary provides a more concrete definition stating that “communication is the imparting or exchange of information, ideas or feelings”.

In the context of health service delivery it is well documented and accepted that good patient outcomes are intricately linked with effective communication processes. In the Quality in Australian Health Care Study (MJA 1995), 81% of adverse events judged to have a high degree of preventability were associated with poor communication. Overall 11% of adverse events were communication-related.

Written documentation is an important method of exchanging information and is essential for permanently recording patient care events. However, good interpersonal communication is fundamental to excellent patient care because it is so much richer in content and subtlety and also underpins the formal documentation. A conversation about a patient includes many elements such as the transmission of information, discussion of risks and benefits, planning and the building of bridges between professionals. If two clinicians do not verbally communicate for personal or professional reasons there is a risk of adverse events occurring. The AMA has recently highlighted this issue in its “Safe Handover; Safe Patients” document.

Just as a relationship between a husband and wife, friends or siblings etc is reliant on good interpersonal dialogue so is the relationship between colleagues. In particular this paper will reflect upon the importance of having a positive relationship between visiting medical staff and rural hospital administrators that is underpinned by effective two-way communication and the positive exchange of ideas.

There is an important context which needs to be considered when discussing the enhancement of relationships with visiting medical practitioners (VMPs)/visiting medical officers (VMOs) in the regional health setting. It is well understood that there is an ever-increasing shortage of medical practitioners in rural and regional Australia. For those doctors continuing to, or moving to, work in ‘the bush’ there is a need to work as part of a broader health care team. There simply is too much to do with limited resources to operate in any other way. Solo practice too often leads to stress and burnout.

It is also important that doctors are not lost from rural practice because of professional relationship failure. There is the potential for relationship failure at many different levels including conflict with management representatives of the local hospital.

MacIsaac et al in 2000 looked at reasons why general practitioners (GPs) with admitting rights to the local hospital abandoned rural practice. The study highlighted a number of the usual suspects such as; on-call difficulties; poor remuneration for after-hours work and children’s secondary education. Of concern was the number of respondents who reported that they left rural practice due to bad/unhappy relationships with the local hospital and/or board.

This reported relationship failure is of obvious concern and is supported by anecdotal reports from rural health services that where communication and teamwork fail there is often a ‘flow on’ implosion of relationships between hospital and medical staff. This causes service disruption and potentially leads to poor patient outcomes.
There is, of course, always two sides to any relationship breakdown. MacIsaac states that “all relationships are clearly a two-way street with GPs themselves recognising the need to promote knowledge in this area”.

To have sustainable, effective and positive relationships between local medical staff and hospitals in the rural health setting, good communication is paramount. Effective communication between the ‘players’ will assist in the development of a supportive working environment where teamwork is an integral component of business. This in turn encourages medical staff to stay in the town whilst maximising the opportunities for positive patient clinical outcomes.

Students of the ‘Doctor Death’ inquiry into Bundaberg Base Hospital medical malpractice scandal in 2005 will be aware of the disastrous impact that poor relationships and associated inadequate professional communication had on patient outcomes.

However, the maintenance of positive relationships between VMPs and hospitals can be challenging. This paper suggests that it is inherently difficult in the rural health setting for a number of reasons which will be outlined below.

Health administrators play a key role in the development and ongoing maintenance of positive relationships and need to accept significant responsibility in this regard.

An examination of the dynamics in the relationship between VMPs and rural public health services reveals a number of factors which can create conflict between the various parties. These include:

- Fee For Service (FFS) medicine
- independent medical practitioners
- financial accountability
- Commonwealth–State funding arrangements
- hospital strategies which potentially impact on doctors access to patient flows
- transition from VMP to salaried workforce
- salaried staff competing for business with VMPs
- changes to traditional services exacerbated by staffing issues – poor relationships with VMPs = no VMPs to assist
- perceived (or real) lack of input into service delivery and planning – i.e. Medical Advisory Committees (MACs) not functioning effectively
- single mindedness of respected local long term clinicians
- less experienced health service managers
- the personal nature of professional relationships in the rural health settings.

Kalgoorlie Hospital is one of the largest hospital in regional Western Australia (WA) and is part of the WA County Health Service (WACHS). The facility has 90 beds and provides a range of primary and secondary services. The medical services are delivered by a mixture of local salaried and private specialists (VMPs) as well as local GPs (VMPs) and salaried career medical staff.

Per annum, the hospital has over 19,000 occasions of service through the emergency department per year and delivers > 600 babies. There are over 13,000 inpatient separations and more than 3000 surgical procedures.
Over time a significant breakdown in relationships developed between the local VMP community in Kalgoorlie and hospital administration. There were multiple causes for this ‘relationship failure’ including failure of a number of significant individual relationships.

Regardless of the reasons for the breakdown in relationships a situation of significant communication deficiencies existed between senior hospital staff and the VMPs. This had become entrenched.

Teamwork suffered and patient care could have been potentially comprised.

A review of newspaper articles in the local daily newspaper—*The Kalgoorlie Miner*—for a three year period from mid 2002 to mid 2005 revealed a pattern of mistrust and angst between local VMPs and the Kalgoorlie Hospital. This extended to all levels of doctors engaged with the hospital.

Hospital administration was described as being “autocratic and antagonistic” by a prominent local surgeon. The surgeon further stated, for good measure, “when you reach the stage that there are more administrators than hospital beds the hospital has a problem”.

The medical community grievances revolved primarily around responses to changes in service delivery, employment of greater numbers of salaried doctors and bed relocations, as well as the introduction of clinical governance systems including a pre-admission clinic, root cause analysis and clinical reviews. However, because leadership and communication were deficient there was an inability to find a short circuiting mechanism which could firstly halt the slide of negative perceptions and secondly turn the situation around.

Basically there was a lack of trust and respect.

Over the past 18 months, Kalgoorlie Hospital management has actively moved to better engage with the Kalgoorlie VMPs. This engagement has led to a much improved relationship with the local doctors including an enhancement of two-way communication.

It has been shown that in developing models of medical care in rural Australia, the ability to get the model to work is based on the fundamental tenet of relationships. If the relationships are not well managed and simply ‘do not work’ then the model will fail regardless of the academic merits of the ‘structure’.

In more specific terms the following strategies were adopted by Kalgoorlie Hospital Management to improve the relationship with VMPs:

- active engagement with local doctors and continued engagement when things get ‘sticky’
- adopting a communication-based and inclusive management style
- nurturing relationships
- engaging with the Division of General practice
- exploring opportunities to work in partnerships with VMPs on key mutually beneficial projects eg. Eastern Goldfields Regional Reference Site (EGRRS)
- developing a better understanding and appreciation of the reality that VMPs are small business operators
- effectively managing change
- improving partnership with the undergraduate Rural Clinical School
- positive approach to mediating and negotiating challenging situations including active involvement in solving disputes between colleagues
• greater focus on personal approaches to address issues as opposed to more formal/bureaucratic approaches
• improving the effectiveness of medical involvement in the management process—empowering the Medical Advisory Committee (MAC). Giving visiting medical staff a sense of ownership and vested interest in how the hospital operates
• positively managing the transition from a VMP model of medical service provision to a greater reliance on salaried medical staff.

The three principles were:
• proactive interpersonal communication and management
• partnerships with clinicians
• partnerships with organisations of significance to clinicians.

For this approach to work, the management team must be like-minded. When senior staff moved on a deliberate attempt was made to recruit new people with a similar ethos and approach. Interpersonal communication, sharing of problems and team building became a vital component of the day to day work of the administration.

The way forward was both simple and hard. Simple in that it appears a straightforward and ‘commonsense’ exercise to just talk more to each other. However this actually requires ‘much more’ in terms of effort and commitment. The level of commitment can sometimes include a change in personal philosophy to invest the time in developing rapport and trust in relationships with local medical colleagues.

Was the program successful? In 2005 the hospital had rarely rated a positive mention in the local news and the Area Executive had been constantly engaged in putting out bushfires. By the end of 2006, the medical staff were commenting positively on the hospital management, the newspaper had printed a number of good news stories and the Area Executive had turned their attention to other issues.

The Kalgoorlie experience highlights the importance of managing VMP relationships. The same of course could be said for all external stakeholder relationships. However there are some practical and business imperatives for giving the medical relationships pre-eminence.

Essentially Kalgoorlie Hospital requires a range of medical services provided by doctors for the service to function. Other members of the health care team have equally important roles.

In rural communities medical staff are usually held in high esteem. To this end the medical colleagues can be great supporters of the local health service or they can be a major disruption. They have the ability to credibly lobby and raise issues which people will listen to. If the issues raised are negative there will be a corresponding decrease in public confidence with a direct decrease in the morale of staff working at the health service.

However if there are good relationships in place, the local doctors can be major supporters of the health service and their ‘standing’ in the community can be used to positively market the health service and access funding opportunities. For instance there are a number of examples where funding has been provided through Regional Health Service grants which came about due to good local networks and relationships with medical staff, either through local medical practices or Divisions of General Practice.

In short the local doctors can be a powerful lobbying force to access funds—“positivity breeds positivity”.
Clearly having VMPs positively engaged brings many benefits to health service managers. These include:

- increased public confidence
- improved quality of care
- possible powerful supporters for change
- enhanced ability to recruit and retain VMPs/salaried doctors due to increased peer support and ‘fellowship’
- creating an environment where old stereotypes are broken down
- enhanced ability to make service changes and gain ‘buy-in’ from medical staff
- greater acceptance of and participation in clinical governance activities.

As the medical workforce continues to contract in regional Australia the need to have positive and constructive relationships with local VMPs cannot be overstated. Certainly this should not be interpreted as endorsing a carte blanche approach to managing VMPs where their needs are met at the potential cost to good corporate and clinical governance. The hard yards still need to be done and at times decisions need to be implemented which may be unpopular with the medical colleagues.

The reality is, however, when relationships are strong and robust, hard and controversial issues can be addressed and worked through in a collaborative and constructive manner. When relationships are fractured and tenuous it is that much more difficult to do the ‘hard yards’ and implement positive changes in service delivery without encountering maladaptive and disruptive behaviours i.e. hospital management perceived as arrogant, VMPs using the media as a tool to further personal agendas.

If the relationships are sound and the communication is ‘happening’ the rest is that much easier as it is the relationships which represent the bridge between the hospital and the doctors.

References


Presenter

Rob Pulsford has worked in the health industry for 20 years, originally completing hospital-based registered nurse training at the Royal Brisbane Hospital in 1989. Since then he has completed both midwifery and psychiatric nursing qualifications and a Bachelor of Nursing. Further postgraduate studies have been completed in project management, health economics, further education and training and a Master of Business Administration. The presenter has worked extensively in rural, remote and regional settings and is currently the operations manager at the Kalgoorlie Hospital, WA Country Health Service. Particular areas of interest include the development of sustainable models of health care service delivery into rural and remote areas of Australia with an emphasis on the challenges presented in recruiting and retaining suitably qualified health practitioners.