Good afternoon, today I will be speaking on …
Dr Sonya Moncrieff

- Grew up in “the country”
- 5th year medical student Finley NSW
- Graduated Monash University 1996
- Surgical training then Emergency Medicine
- “River change”, in 2003
- GP registrar, with fellowship this year

I am … , and my first contact with rural medicine was as a ……, 30km north of where I am now in Cobram.
Old Bridge at Cobram
Cobram

- a Murray River town in Victoria
- pop 4500, surrounding district 10,000
- Orchards, Farming, Industry based on diary sector
- Aged care is a growth industry
- 300 days of sunshine per year

Our main industries are “peaches and cream” that of …

With more retirees moving into the area, but there is still a significant proportion of young families. We have more days of sunshine than qld.
Cobram Hospital 5 years ago

- 3 doctors
- After Hours coverage incomplete, and a point of contention
- No long term goals or direction
- General Practitioners working independently
- No Director of Medical Services

Just some background ..
Cobram Hospital

- 17 bed hospital, with 24 hour On-call coverage of Emergency department by General Practitioners/Rural Doctors
- Stable workforce with 5 full-time, 3 part-time doctors and 2 GP registrars
- 2 medical clinics, and community health centre
- Weekly operating lists
- The Premier's Award for Rural Health Service of the Year - 2006.

Today Cobram hospital is a ..

All doctors undergo credentialing before practicing at Cobram
Cobram District Community Health Centre
There are a range of specialists that come to Cobram from as far away as Melbourne. With various allied health supporting the clinics.

We now have specialist nurses in the following areas, who all work closely as a team with the GPs.

And provide antenatal services as a satellite clinic of GVH
Much is said in the media about the drawbacks of rural practice, in Cobram we love the …

Local knowledge assists us greatly in the practice of rural medicine, we know where people are coming from, and heading

Small hospitals are great for continuity and more personalised care of our community, we are part of the community and enjoy the rural lifestyle

The Geography, demography, and sociology of the community
Sonya’s horse – “Radish”  
Waterskiing at Cobram
What are we doing differently

- Addressing issues of
  - Isolation
  - Specialist support and case conferencing
  - After hours rosters and clinics
  - Base hospital liaison
  - Staff Satisfaction and efficiency
  - Leadership

- This equates to better recruitment and retention of GPs; and an improved health service to the community.

Now what are we doing differently. We are addressing the issues of ….

Succession planning
### Isolation

#### Social
- Flexible working days, to allow longer weekends
- Becoming part of the Cobram community

#### CME/Professional isolation
- Every month, a local specialist will provide an education session
- Promotion of online learning
- Medical students, and GP registrars
- Maintain strong links with local specialists and base hospitals to improve patient care.

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1st of all….
Social isolation is a significant factor in rural doctor loss in the country.
And prevent burnout
And focus on GPs becoming part of the

Actively promote online learning
Medical students and gp registrars allow continuing contac with the academic side of medicine – we are not just backward GPs in the bush
And ..
Specialist support

- MSOAP provides specialist support
  - Which leads to easier referrals, and referral system
- Base Hospitals, emergency departments
- Specialists are invited up to speak to GPs in Cobram on a monthly basis
- Actively seek out more specialists to consult at Cobram Hospital & Clinics

We find specialist support very imp as does any GP
Medicare funded MSOAP provides more specialist support
Base hospitals and emergency departments are critical to our hospital for support
Which has the benefit of knowing the specialists as collegues, not just a name on the end of a letter.
We are continuing to actively
Prof glyn teale this week discussed the rolling out of the satellite antenatal clinic in cobram, emergency deliveries, Use of skills laboratory to upgrade skills,
Case Conferencing - Geriatrics

- Visiting Geriatrician – Richard Whiting
- 1 to 1.5 hours discussing 4-5 cases
- Nursing Homes/hostel
- Nurse, Care Manager, GP, pharmacist, Family members
- Advantage of attracting Medicare benefits

Has been a major initiative this last 6 months, with Richard Whiting from Melbourne visiting to discuss the problems of 4 to 5 patients with the nurses, etc. This has the advantage of providing specialist care to NH residents in a timely fashion, who otherwise would not be able to access these services due to location and difficulties travelling. Appropriate use of medicare items numbers.
After Hours clinic

- ‘Extending Medicare’ program has partially funded this clinic
- Implemented an AH clinic
  - Standard Billing
  - Dedicated Nurse and Receptionist
  - Grouping of ED attendances
  - Computer link to clinic files

Has been operating for about 4 months now, initially a little reluctant as seemed more work, but it has been very well accepted. The clinic has been made efficient by :::
A few years ago, the oncall roster had gaps, relied heavily only a few of the GPs to cover most days, rarely went more than a month in advance. This resulted in poor afterhours coverage. 3 to 4 months has been optimum amount of time. One doctor is responsible for rostering, We find that unless records are kept peoples memory of who worked what public holidays is quite poor.
Challenge to continue to have open communications in both directions with emergency departments, liaise regularly with director of emergency services

We are becoming part of the antenatal and postnatal service in the region with satellite clinics, and early discharge back to cobram

Aim to attend education sessions that are run in the region.
Medical Consultative Committee

- Monthly meetings, small group learning, education sessions
- Business arising from clinics or hospital
- GP forum
- Privileging and Credentialing of all doctors working or visiting Cobram hospital and clinics.

New MBS items
Staff Satisfaction

- Priority
- Individual concerns addressed
- Decision making process
- Team environment
- Continual professional education
- Leadership

Need to be known they will be heard, and concerns addressed. Good leadership is essential for staff satisfaction. Work as a team.
Leadership

- Long term goals
- Be independent, with good Managerial skills
- Adequate time to implement changes and do things correctly
- Recruitment, retention of staff
  - Advertising
  - Promotion of hospital
  - Maintenance of high standards
  - Assistance schemes
- Respect

5 and 10 year plan, provide an environment for people to assume leadership in their areas. Climate where people can develop.

Difficult as often compromises are made, due to lack of suitable candidates who are qualified. Incentive packages, remuneration applicable to their level of expertise in a business environment.

Know how to work with staff as individuals but in a group setting.
Goals for future

- Closer links with universities to have regular medical student rotations
- GP Registrars
- Continued recruitment of rural doctors
- More specialist support
- Extend case conferencing to other areas other than geriatrics including telemedicine.
- Acquiring new ideas from other health services

Through visits, we want to maximise supports, with good emergency skills. And promotion of the allround rural doctor.
Cobram hospital allows me to be a rural doctor where I can continue to practice a wide variety of skills, and be a valued member of the community.