

“Community Hospital or Regional site – Differences and Challenges in Rural Medicine”

Cael Enns – M1

University of Manitoba – Max Rady College of Medicine

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Boundary Trails Health Center (BTHC) is a regional hospital providing services to Winkler (15,142), Morden (9,277), and surrounding area (32,339).^{2,3} BTHC has many different services provided to patients without having to enter the WRHA. Dialysis, CancerCare, orthopedic surgery, general surgery, OBS/GYN, and MRI scanning provides a diversity of services for the region. Physician staffing challenges existed 20 years ago however currently the area has been able to provide an adequate number of practicing physicians.

The local physicians work under an effective practice model at BTHC. The family doctors at the clinics in Morden and Winkler maintain admitting privileges for their patients at BTHC. This allows for them to personally care for their patients and follow their progress while adding some diversity to their practice. They also provide coverage to the various services according to their interests and training. Some doctors will have a wide variety in their schedule such as OR assist ER, anesthesia, obstetrics, and outpatient clinic.

Physicians also report enjoying the variety of knowledge with their colleagues from dedicated specialists or family doctors with competencies in mental health, cancer care, or sports medicine. It has developed into a very enjoyable practice as self-reported by doctors, which aids in stable physician numbers and services. The cities of Winkler and Morden are continuously growing but physician numbers remain consistent as doctors retire and join practice in similar numbers. This does put some strain on BTHC as it was built in 2001 with 94 beds. The ER volume is high and hospital beds are typically at capacity.

Altona is a smaller community of 4500 about 30 minutes from BTHC with an estimated patient catchment of 9,600.² It has faced continued challenges in physician recruitment and retention to provide adequate staffing for the area. This community has faced the retirement of one long-term physician and another coming at the end of 2017. They have recruited one CMG recently but continue to have IMG physician's cycle through the community. This story is not one of isolation as many other small health centres face similar challenges.

Physicians in small communities face a different form of rural practice than their regional counterparts. Small communities, for better or worse, often have a more intense relationship with physicians meaning that anonymity becomes a challenge. The local physician group is also required to provide call coverage for the emergency and call service for hospital patients 24/7. Lifestyle can be affected negatively if call responsibility burdens are too high. Self-reported from a local doctor was 1:4

or above is quite sustainable. Recent data from a survey supported that in a call-based rural practice, less than 1:4 is unfavourable by physicians.⁴

Altona Memorial Health has a functional 24/7 ER, provided adequate staffing. Previously there was a low-risk obstetrical service, and there had been a modern OR that was recently utilized by general surgery. The potential for diverse practice opportunities existed, however with recent staffing challenges much of this has been reduced. Coupled with changes in funding and provincial/regional policy changes it may not be possible to bring such services back.

Smaller communities have utilized community and RHA funding to attract physicians but this does not play as much a role in retention.⁴ Drawing in students/residents interested in rural practice and having a rural background increases the likelihood of retention.¹ Universities in Canada have been providing rural changes to admission policies as well as expanding rural learning rotations in clerkships and residencies. Implementation of Clinical Teaching Units and rural residency programs have been beneficial in improving rural physician numbers. Since 2014 Manitoba has rural programs in Boundary Trails, Steinbach, Dauphin/Parkland, NMU, Brandon, and Steinbach. Physicians are more likely to be retained in the areas they train.^{1,4} Rotations through small communities nearby can also aid in exposure opportunities. However, many other factors play into recruitment and retention such as spousal employment opportunities, local culture, education, and community facilities to name a few***. The situation is certainly complex and multifactorial.

There has been some success in the local region in physician recruitment by utilizing regional assets. C.W. Wiebe Medical Clinic in Winkler assists in management, staffing, and recruitment with the local community owned clinic in nearby Carmen, MB. Through cooperative involvement, the community clinic has been updated, EMR has been implemented, and recruitment has been more successful. They will have 3 full time physicians by the end of 2017, 1.5 FTE nurse practitioner, as well as continued physician support from the Winkler clinic. This has allowed for more complete coverage of the ER call schedule, clinic staffing, and ensuring the surgical services continue to be provided in Carmen. Regional partnerships may be a way of sharing resources and allowing physicians in smaller communities to be a part of larger group.

Canada has approximately 22% of it's population located in rural settings with only 10% of the physician population represented.^{1,4} Medical schools have developed programs in clerkship, residency, and in medical school training to help alleviate the issues. Communities can also participate in actively

recruiting and retaining physicians. As the population ages and demographics continue to change there will be constant pressure to serve the needs of rural Canada. The importance to alleviate morbidity and mortality to reduce tertiary visits from rural patients cannot be understated. Medical emergencies such as strokes and cardiac arrests require emergent care on a timely fashion to reduce mortality.⁵ The problem is still complex and will not be resolved overnight but requires effort and dedication from all rural health participants.

Bibliography

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