St John transports to Urgent Care Clinics in Auckland

Note

Over the last 5 years, Accident and Medical Clinics (A&Ms) have been renamed Urgent Care Clinics (UCC). For the purpose of this document the clinics will be referred to as Urgent Care Clinics.

Some Urgent Care Clinics are co-located and work alongside a General Practice service, with the latter offering booked appointments.

This document is primarily for the 19 DHB funded Urgent Care Clinics, however will be socialised with all Urgent Care Clinics in Auckland.

Purpose

To ensure all staff follow the correct and safe procedure when assessing patients for acceptance, who arrive for treatment at an Urgent Care Clinic via Ambulance referral.

To support St John personnel when transport is not indicated to advise they visit their GP in the recommended time, or if this is not possible an Urgent Care Clinic.

Background

Many patients requiring timely medical care are suitable to be transported to an Urgent Care Clinic by ambulance personnel.

However, it is known that the number of times this occurs is very small, currently less than 1% of ambulance transports in Metro Auckland are to Urgent Care Clinics.

Cost as a barrier

One of the reasons that transports to Urgent Care Clinics are so low is that the patient is concerned about the cost at the Urgent Care Clinic. Under the Primary Options for Acute Care (POAC) scheme within Auckland, such patients may be transported with no additional cost to the patient being incurred. This includes the consult fee, and, if required, extra consumables and time / cost of radiology and taxi home. This also includes the ACC co-payment.

This scheme enables St John personnel to determine what is the most effective and efficient way to meet health care needs, without the patient incurring cost, and while keeping patients with clinically appropriate conditions out of ED.

Note that a patient must be eligible for publicly funded care in New Zealand to receive POAC funding.

St John involvement

All St John personnel have the ability to drop off a suitable patient at an Urgent Care Clinic and the below criteria have been agreed upon by the clinics in the appendix at the end of this document.

(Please refer to most recent guideline around COVID-19 pandemic in the context of respiratory disease redirection.)

For St John personnel – How to refer:

Transporting patients to their own General Practice

If a patient is unable to transport themselves, transporting the patient to their own GP (if open) should be considered in the first instance.

Personnel must phone the practice and discuss the patient with a doctor or nurse before transporting them. The GP may request that the patient is transported to an ED if they do not think it is safe or appropriate for the patient to be treated at their practice.

Complete ePRF and ACS form, document POAC referral on both.

Transporting patients to an Urgent Care Clinic:

Patients are potentially suitable for transport to the Urgent Care Clinic, provided all the following criteria are met:

- > They require transport to a medical facility and
- > Their expected healthcare requirements could be safely and effectively provided by the Urgent Care Clinic at that time of day and
- > They are unlikely to be referred on to hospital and
- > The transport time to the Urgent Care Clinic is such that it is reasonable to transport the patient there and
- > The patient has given fully informed consent and
- > They are eligible for publicly funded healthcare in New Zealand
- > St John personnel do not routinely need to phone ahead to the UCC unless:
  - There is clinical doubt on whether the patient should be transported to a UCC
  - There is doubt over what services are available e.g. radiology.

Self-transport to GP or Urgent Care Clinic

Patients who have their own transport and can safely make their own way to their GP or a UCC within the specified timeframes may transport themselves and still be eligible for POAC funding.

Ambulance staff must:

- > Indicate on the ePRF that POAC has been initiated and
- > Document the time they leave the patient and
- > Leave the ACS form and supporting paperwork (e.g. ECG strip) with the patient and advise them that they must take it when them and
- > Advise the patient they need to be seen within:
  - 12 hours by their own GP or
  - 4 hours at an UCC during the day or
  - 4 hours at an UCC from 8am/opening of the clinic if assessed and referred during the night.

If the patient can safely make their own way to their GP/UCC however they have no transport, POAC will fund a taxi. To order a taxi:

- Phone **09 300 3000** co-op taxis
- Ask to book on account 95196 under "East Health Services Limited"
- They will ask for a purchase number - this is the patients NHI number
- This is only for taxis between the patient's home and GP/UCC and then home

Clinical guidelines for Urgent Care Clinics:

The clinical problem that the patient has must be able to be reasonably and safely managed at the Urgent Care Clinic. This requires clinical judgement.

The following is a list of examples of clinical conditions that would and would not be amenable to transport to an Urgent Care Clinic.

In general, the following patients are not amenable to transport to UCC:

> Over 80 years old

> Elderly patients on anticoagulation who are bleeding.

> Patients who are likely to need treatment or monitoring more than 30 minutes past closing time.

> Psychotic, suicidal or intoxicated patients.

Amenable conditions	Non amenable conditions
Musculoskeletal	
Isolated simple fractures not involving a long bone (e.g. hand, foot, forearm, elbow, ankle), provided the medical facility has X-ray facilities available at the time of drop-off (see POAC / appendix for radiology availability)	Compound fractures or clinical deformity suggesting displaced or angulated fractures.
Simple joint dislocations that can be relocated in the community e.g. shoulder dislocations, digit dislocations **and where radiology is available**	Hip dislocations
Back pain with green or orange flags (see Appendix)	Back pain with red flags
Concussion without loss of consciousness, with a normal GCS and no seizure following the injury	Patients with a head injury and who are on anticoagulants
Most soft tissue injuries	Clinical discretion required e.g. crush injuries
Wounds requiring suturing (>5 years of age) or dermo last glue for any age child (straight wounds, <4cm)	Lacerations in children requiring sedation. If the wound is minor and likely to be able to be closed with simple dressings then the patient may be suitable. Lacerations over a joint

Amenable conditions	Non amenable conditions
Medical / Surgical	
Stable COVID patient (normal vital signs) can be transported to an Urgent Care Clinic / CBAC	*Unstable COVID patient (Respiratory rate >24, o2 <95% Room air, BP <90 systolic or <60 diastolic) that is confused or having rigors*
Seizures, provided the patient has known epilepsy, has recovered to their usual post-ictal state, and no midazolam has been administered and GCS is not less than 15, unless this is normal for the patient	GCS less than 15, unless this is normal for the patient
Headache with green or orange flags (no red flags) – see Appendix	Suspected stroke, (including sudden onset of headache,) or transient ischaemic attack
Cellulitis (without exclusion criteria – see Appendix)	Complicated cellulitis (exclusion criteria in appendix) or suspected necrotizing fasciitis
UTI with mild symptoms and normal vital signs other than mild fever	Suspected infected stone, sepsis/hypotension Single kidney, stent
Abdominal pain with green or orange flags (see Appendix)	Abdominal pain with abnormal vital signs and/or severe pain. Requiring opiate pain relief **with an anticipated ongoing requirement for further opiate.**
Generally unwell requiring medical review but not confused and normal vital signs	Delirium
Diarrhoea / Vomiting and Dehydration (not hypovolaemic shock) requiring IV fluid	Melaena or significant haematemesis
Respiratory infections without severe respiratory distress (following relevant protocols)	Receiving oxygen (other than home oxygen) for a specific indication described within the Ambulance Clinical Procedures and Guidelines
Mild to moderate asthma or COPD	Requiring repeated nebulised bronchodilator with no improvement following initial therapy
Minor allergy without signs of systemic involvement Single self-administered Adrenaline use may be compatible with transport for observation **But ambulance staff must call ahead first**	Poisoning. Note that children with ingestion of poisons that are known to be non-harmful (such as shampoo) may be suitable.
Atypical chest pain in a normally well young adult	Suspected myocardial ischemia or acute coronary syndrome. Tachydysrhythmia or brady-dysrhythmia
PV Spotting in pregnancy without pain	Patients in labour

What to tell patients – St John personnel

The following must be explained to the patient and/or caregivers prior to transport:

- Ambulance staff are recommending that the patient is transported or referred to their GP or a UCC, rather than being transported to a hospital ED.
- The patient is still responsible for the bill associated with this ambulance callout if it is not covered by ACC.
- Any bill from the UCC for this visit will be paid for them under a special funding arrangement (POAC).
- The patient needs to understand that just because they came by ambulance does not mean they will see the doctor immediately. They will be triaged and seen according to score and wait time just as they would be at hospital, or if they presented themselves to Urgent Care. This may require an explanation by clinic staff as well.
- If, during this visit, they are referred to hospital by the doctor and they require further transport by ambulance, there will be no bill for the extra ambulance transfer – it will also be paid for them by POAC.
- Advise the patient if they are going by own transport, and want a POAC funded visit – that they must be seen within:
  - 12 hours by their own GP or
  - 4 hours at a UCC during the day or
  - 4 hours at a UCC from 8am/opening of the clinic if assessed and referred overnight

What to do at handover – Paramedics and UCC clinicians

- The on-site nurse or doctor must sight the patient.
- Ambulance staff must identify patient as POAC on their documentation and ideally would refer to this guideline on which criteria they come under.
- Until inside the Urgent Care Clinic, the patient is under the care and responsibility of St John.
- Receptionists are encouraged to print off the electronic Patient Record Form (ePRF) for the clinical team to refer to.

Declines

Urgent Care Clinic staff have the right to decline St John transports to their Clinic if they feel it is unsafe. However, they cannot use a busy waiting room or long wait as a reason to decline a non-ED transport.

If a drop-off is declined, the St John personnel must document the reason for this:

- **EITHER** feed back using “referral@declined” in the disposition notes on the ePRF;
- **OR** directly over email to ClinicalEx@stjohn.org.nz with the subject: “POAC” in the subject line, including the ACS code or incident number.

Appendix 1

Representatives from the clinics in the table below have approved this guideline.

Note: This is not a full list of Urgent Care Clinics in Auckland.

After Hours Clinics: 5pm till 8pm		
Auckland DHB	**Waitemata DHB**	**Counties Manukau Health**
White Cross Ponsonby	Westcare White Cross New Lynn	ETHC Mangere Town Centre
White Cross Lunn Ave	White Cross Henderson	Local Doctors Dawson Road
White Cross Otahuhu	Shorecare Northcross	Local Doctors Browns Road
ETHC Glen Innes	Shorecare Smales Farm	Local Doctors Otara
White Cross St Lukes		Counties Medical Takanini
Mt Roskill Medical and Surgical		Counties Medical Papakura
White Cross Ascot		East Care Botany
		Urgent Care Franklin
Overnight Clinics: 8pm till 8am		
Auckland DHB	**Waitemata DHB**	**Counties Manukau Health**
White Cross Ascot	White Cross Henderson	East Care Botany
	Shorecare Smales Farm	
Extended Hours Clinics: 8pm till 11pm (Counties Manukau Health only)		
		Local Doctors Otara
		Counties Medical Papakura (10pm close)
		Urgent Care Franklin

Appendix 2

Complicated cellulitis (not comprehensive):

> Suspicion of Necrotising fasciitis
> Significant systemic toxicity
> Severe comorbidities or social issues
> Active ulceration in diabetic foot
> Animal or human bite not responding to oral antibiotic.
> Patient is pregnant and requires IV antibiotics.
> Patient requires IV antibiotics but unsuitable for POAC.
> Patient has experienced an anaphylactic reaction to penicillin.
> Around the eye
> Full circumferential.

Appendix 3

	Orange Flags	Green Flags
Back Pain	> A history of cancer > Immunocompromised > Worsening pain, especially when lying > Recent unplanned weight loss > Pain radiating down or altered sensation / power in one leg > Osteoporosis > IV Drug use	> Pain and / o or muscle spasm in the lumbar region > Able to walk
Abdominal Pain	> Dysuria > Frequency or Urgency > Recent unplanned weight loss > Haematuria > Temperature 37–38 degrees, others normal > New onset of constipation in elderly	> Diarrhoea and vomiting with normal vital signs > Pain associated with menstruation > Recurrent constipation
Headache	> Symptoms associated with sinusitis > Migraine with symptoms different to normal	> Symptoms associated with influenza > Known migraine with usual symptoms > Normal vital signs, normal assessment using FAST technique