



# **POAC Information Manual 2014**

## **Auckland Metro Region**



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**[www.poac.co.nz](http://www.poac.co.nz)**

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## CONTACT DETAILS

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Website	<a href="http://www.poac.co.nz">www.poac.co.nz</a>
Hours of operation	24 hours/7 day referrals and phone support Office opening hours Monday to Friday, 9am – 5pm

## POAC KEY CONTACTS

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## ABOUT POAC

Primary Options for Acute Care (POAC) is a patient centred service providing healthcare professionals access to investigations, care, or treatment for their patient, where the patient can be safely managed in the community.

The POAC care co-ordination service facilitates access to existing infrastructure, process and resources in the community to provide a range of services that prevents an acute hospital attendance or shortens the length of hospital stay for patients who do attend or are admitted.

The aim of the POAC service is to be timely, flexible and responsive to the individual patient needs and delivering and meeting their healthcare needs in the community setting.

The service has been specifically designed to:

- Enable primary care providers to maximise the management of patients in the community
- Create opportunities to improve the primary-secondary interface
- Develop and implement new care pathways to reduce acute demand
- Link with other community services that support the overall purpose
- Reduce number of bed days with an early discharge service
- Support a framework that provides an integrated approach to the patient care, improving the patient experience and delivering healthcare services that are timely and convenient
- Facilitate increased capacity and capability for primary healthcare to provide safe acute care in the community

A range of community diagnostic, therapeutic and logistical services are provided at no cost to the patient. Services include:

- Diagnostic procedures, eg X-Ray, Ultrasound, CT, ECG, urgent bloods
- Extended services within the GP surgery (GP/nurse consults, I & D, IV therapy)
- GP or nurse home visits
- Referral to accident and medical centre
- Home nursing, home help/personal cares, meals on wheels and equipment hire
- Intravenous therapy
- Transport to and from primary care locations
- Rest home or private hospital care

POAC funding is obtainable by completing a referral form and/or by contacting the POAC office where external services such as Ultrasound, Residential Care and other Home Care services are required. This form can be completed manually and faxed or may be done electronically through the Practice Management System. Referrals from secondary care, hospice or other healthcare providers can be processed over the phone.

While referring Doctors take full clinical responsibility, POAC provides clinical review for each individual episode of care. Clinical Governance ensures eligibility, and appropriateness of each referral.

There are three main streams to the service:

1. Direct community referral - this may be by the patient's own GP, Accident and Medical Centre, Hospice or another community healthcare provider.
2. Hospital supported discharge service - referrals may be directly from the hospital emergency department to avoid admission or from an inpatient service to reduce length of stay and provide a supported transition back to community care in a timely manner
3. St John transport service - the St John paramedic may transport a patient directly to an Accident and Medical Centre or their own GP clinic instead of through to a hospital ED. This is at no cost to the patient. Guidelines for transport have been developed and can be viewed on the POAC website [www.poac.co.nz](http://www.poac.co.nz) or by clicking on the link [here](#)

Criteria:

- Patient safety is maintained
- Patient otherwise would be referred acutely to a hospital in the Auckland, Counties Manukau or Waitemata DHB region
- Services are not funded through another funding stream
- Patient is resident in NZ, UK or Australia or working visa with 2 year continuous (refer MOH website for more information on eligibility)

# CLINICAL GUIDELINES

Pathways have been developed for key conditions to support GPs in managing patient care in the community.

Additional pathways continue to be developed and reviewed by the POAC Clinical Governance Group and through the Auckland Regional Clinical Pathways.

Clinical pathways and policies pertaining to POAC management can be downloaded from the POAC website [www.poac.co.nz](http://www.poac.co.nz) or click on links below:

- Acute Asthma - Adults
- Acute Coronary Syndrome
- Anaphylaxis and Acute Allergic Reactions
- Cellulitis - Adult
- Community Acquired Pneumonia
- Deep Vein Thrombosis – Investigation and Management
- Febrile Child
- Gastroenteritis - Paediatric
- Suspected PE
- Multi Resistant UTI

## Also refer to:

- Healthpoint Pathways for Auckland Regional Clinical Pathways [www.healthpointpathways.co.nz](http://www.healthpointpathways.co.nz)
- New Zealand Guidelines Group website [www.nzgg.co.nz](http://www.nzgg.co.nz)
- bpac <http://www.bpac.org.nz/>

# POAC FREQUENTLY ASKED QUESTIONS

Which patients are eligible to receive POAC services?

Patients who would otherwise require an acute hospital referral to a hospital within the Auckland metro region.

UK or Australian citizens visiting New Zealand or other visitors residing in New Zealand on a working visa with a continuous stay of two years or more. Refer to the MOH eligibility criteria online [www.health.govt.nz](http://www.health.govt.nz) for further information.

Patients who are able to have their health needs met safely in the community (if in any doubt over safety of treatment, discuss with the hospital Medical Registrar or Consultant)

Patients whose treatment is not covered by another funding stream, e.g. ACC (with exclusions as outlined in the POAC information manual under [ACC section](#)), maternity services, private insurance.

Who takes clinical responsibility for my patient when enrolled with POAC?

The Doctor who initially refers the patient carries clinical responsibility, unless that Doctor has specifically handed over care to another Doctor.

What if the patient is registered with another GP?

When a Doctor who is not the patient's GP, refers a patient to the service, (the initiating doctor), he/she agrees to advise and handover care to the patient's GP at the earliest practical opportunity e.g. the next working day.

The initiating doctor carries clinical responsibility for managing the patient's acute illness until the responsibility has been accepted by the patient's GP.

Does the patient need to be enrolled?

No, patients do not need to be enrolled with you or any other practice to receive treatment under this service.

How can services be accessed for patients?

Services within the clinic can be provided as clinically assessed, no approval is required. Xray services can also be accessed without prior approval being required.

For all other external services, telephone the POAC coordinator on (09) 535 7218 and services will be arranged on behalf of your patient

What if the services required cost more than budgeted amount?

If the cost of an episode of care is likely to exceed the budget, please phone the POAC coordinator for approval to extend this on (09) 535 7218. If an Ultrasound has been approved, the budgeted cost is automatically adjusted to suit. Refer to Claiming Guidelines in the POAC information manual for more information.

Does the patient have to pay for any services?

No. The initial GP consultation incurs the usual charge and thereafter all services are provided at no cost to the patient.

What is the claiming procedure for Practice based services?

Notification to POAC - Process referral electronically through the POAC electronic system via the practice management system (for further information contact POAC office) OR complete the patient details on the manual referral form and fax to POAC.

Completion of care - Submit claim and all clinical notes electronically, include all clinical notes for the episode of care OR complete the claim section of the manual form and fax with all clinical notes to POAC. Claims should be submitted within 30 days following initiation of POAC

For more information on how to refer and claim electronically, please phone

(09) 535 7218 or email [poac@easthealth.co.nz](mailto:poac@easthealth.co.nz)

**What conditions can be referred to POAC?**

We encourage the consideration of a POAC referral for any situation where an acute referral to hospital can be avoided. This decision is based on clinical assessment where the patient can be safely cared for in the community. Referral to POAC may include physical or psychosocial reasons.

Clinical pathways and policies are available to support management of some of the more common conditions.

**How do I get a case reference number?**

On the top right hand corner of the referral form there is a Case Reference Number. The prefix CM, AK or NW should be indicated, this is based on where the patient resides or which hospital the patient would be referred to. (CM for Counties Manukau, AK for Auckland and NW for Waitemata)

**Do I need to phone for approval to initiate a referral?**

No, you may start a referral at any time.

For Ultrasound/CT, referrals for home supports, respite care, transport or other logistical services, please phone the POAC care coordinator, available 24/7.

**Will POAC pay for after hours follow up or home visits if needed?**

Yes. Either the GP, the deputised after hour's service or a local A&M can provide after hours care to your patient.

**What hours is the service available?**

This is a 24 hour service. The office hours are 0900-1700hrs Monday to Friday, outside of these hours all urgent phone calls are diverted to an on call after hour's provider.

**Can I access Ultrasounds after hours?**

Please phone our office to discuss after hours requests for Ultrasound. Where clinically necessary these may be able to be organised upon discussion between the GP and on call radiologist.

**What if my patient eventually needs to be admitted?**

It is expected that some POAC cases may require referral to hospital for further management. Should this be required, refer to hospital services in the usual way. POAC will pay for services provided up to referral to hospital.

It is essential that patients be admitted when necessary, risks should never be taken to avoid admission.

**Can services be accessed for the same patient, for more than one episode?**

Yes, funding is allocated per patient, per episode.

**Who can help with medical management advice?**

The local hospital Medical Registrar or relevant Consultant may be contacted for medical advice.

**Who can assist with administration advice?**

Call the POAC office between 0900-1700hrs Monday-Friday on (09) 535 7218 for all administrative queries or email [aimeew@easthealth.co.nz](mailto:aimeew@easthealth.co.nz)

**How much should I charge?**

Charge your normal non-funded fee to POAC for GP consultations, no GMS should be claimed for POAC visits. We have set fees for some services which are detailed in the claiming guide in the POAC information manual or on our website.

**When should an episode of care end?**

POAC will fund for the acute episode only. The patient should be discharged when they are no longer acutely unwell and needing the increased level of care that POAC funds. This is usually within 3-5 days but may be longer under some circumstances. If an extension is required, please phone the POAC office for approval.



How often should the patient be seen while under POAC?

Generally it would be expected that the patient is reviewed every day while they are acutely unwell and under POAC.

Does POAC fund ongoing dressing changes?

No, once the patient is well enough to be discharged from POAC (usually within 24 hours of last IV Antibiotic dose). Ongoing dressings should be referred to District Nursing service, or the patient would pay in the usual way.

How can I get additional forms and case reference numbers?

Phone (09) 535 7218 or email [poac@easthealth.co.nz](mailto:poac@easthealth.co.nz)

How does the Electronic Claiming work?

The POAC Electronic Claim Management system is integrated with your PMS and enables claims to be lodged electronically directly to us from your PMS

There is no cost for this service; however the practice will need to be able to access the health network.

How do I get set up for Electronic Claiming?

Contact the Service Manager on (09) 535 7218 or email [poac@easthealth.co.nz](mailto:poac@easthealth.co.nz)

## POAC SERVICES

### PRACTICE BASED SERVICES

Practice based services can be initiated by the referring doctor following a referral to the POAC service.

Services may include IV therapy (antibiotics/fluids), extended GP consultation, observation time, nurse practice consult, incision and drainage of abscesses, ECGs and other services as required.

No prior approval is required where all other eligibility criteria are met.

### ACCIDENT AND MEDICAL CENTRES AND AFTER HOURS CARE

Where a GP cannot provide services, they may choose to refer the patient to a local Accident and Medical Centre or another after hour's doctor.

The referring GP should make a clinical hand over to the provider and have the patient accepted for treatment. The patient should have a letter of referral with the POAC case reference documented.

The POAC co-ordinator can assist in this process where required, please contact on (09) 535 7218.

### HOME BASED SUPPORTS AND PERSONAL CARE

Home based supports (home help, personal cares, meals) can be provided for the patient at risk of requiring referral to hospital or to assist in an early supported discharge from hospital.

These services are facilitated by the POAC co-ordinator upon request and can be put in place immediately. The level of input provided will be based on the individual requirements of the patient and will be tailored to suit. These are short term supports designed to keep the patient safe and supported in the home environment.

The support worker will provide regular feedback to the POAC co-ordinator and the patients GP and will alert any concerns identified.

This service can work well as an interim measure while the patient is unwell, where there are psychosocial complexities and/or where urgent supports are needed to keep the patient safe at home where awaiting a full needs assessment.

### DIAGNOSTIC SERVICES

POAC fund for all acutely required community radiology investigations, including X-rays, Ultrasound and CT scans. Refer below for further information on inclusions, exclusions and processes for accessing these services.

Routine investigations should be ordered through the normal process – through e-referrals or Access to Diagnostics.

#### X-ray

Upon clinical assessment of the patient, the referring GP may complete a radiology request form, documenting the patient's POAC case number and refer the patient to a local community radiology department as listed in this manual.

No prior approval is needed for X-ray investigations for adults, standard referral criteria apply. For children aged 15 years and under, contact the hospital paediatric consultant to discuss.

After hours or in the weekend, please phone the provider to ensure urgent reporting is available.

Portable X-rays are available by contacting the POAC office.

## Ultrasound and CT scans

Urgent ultrasound and CT investigations may be funded by POAC where the patient would otherwise require an acute hospital referral. Phone POAC (09) 535 7218 to request an appointment.

Investigations include:

- Abdominal Ultrasound (excluding investigation of suspected AAA – [refer AAA clinical policy](#))
- Pelvic Ultrasound (excluding investigation of [acute appendicitis](#) or [painless Menorrhagia](#) – refer clinical policies)
- DVT Doppler Ultrasound ([refer DVT pathway](#))
- Carotid Doppler Ultrasound
- Soft Tissue Ultrasound (e.g abscess, non injury foreign body)
- CT KUB (refer renal colic pathway)
- Other CT or Ultrasound scans can be funded where endorsed by hospital consultant

## RESPIRE CARE

Short term respite care can be arranged upon request.

Funding is available for short term respite care in a private hospital or rest home setting. This is generally for 2-3 days however where required an extension may be approved based on clinical and/or psychosocial needs.

Placement is arranged by the POAC coordinator upon request. Every effort is made to find appropriate placement to provide the appropriate level of care required to meet the patient's needs. Family, cultural needs and locality are also taken into consideration.

## TRANSPORTATION

Transportation can be arranged for patients who are under the POAC service and require transport to and from community appointments or placements. Phone the POAC service coordinator to book transport.

Patients may be transferred by Taxi, Mobility Vehicle, or Ambulance as required. Please indicate specific patient requirements when requesting transport services.

## EQUIPMENT HIRE

This is available in cases where a patient is able to avoid going to hospital by having extra support to enable the patient to manage safely at home, either independently or with other increase supports. Items may include commode, nebuliser, walking frame or other equipment as approved by POAC. Please phone to discuss requirements.

## LABORATORY SERVICES

For urgent blood collections, simply mark on the laboratory form 'PRIORITY – POAC' and contact Labtests on 0508 LABTESTS (522837) to have collected.

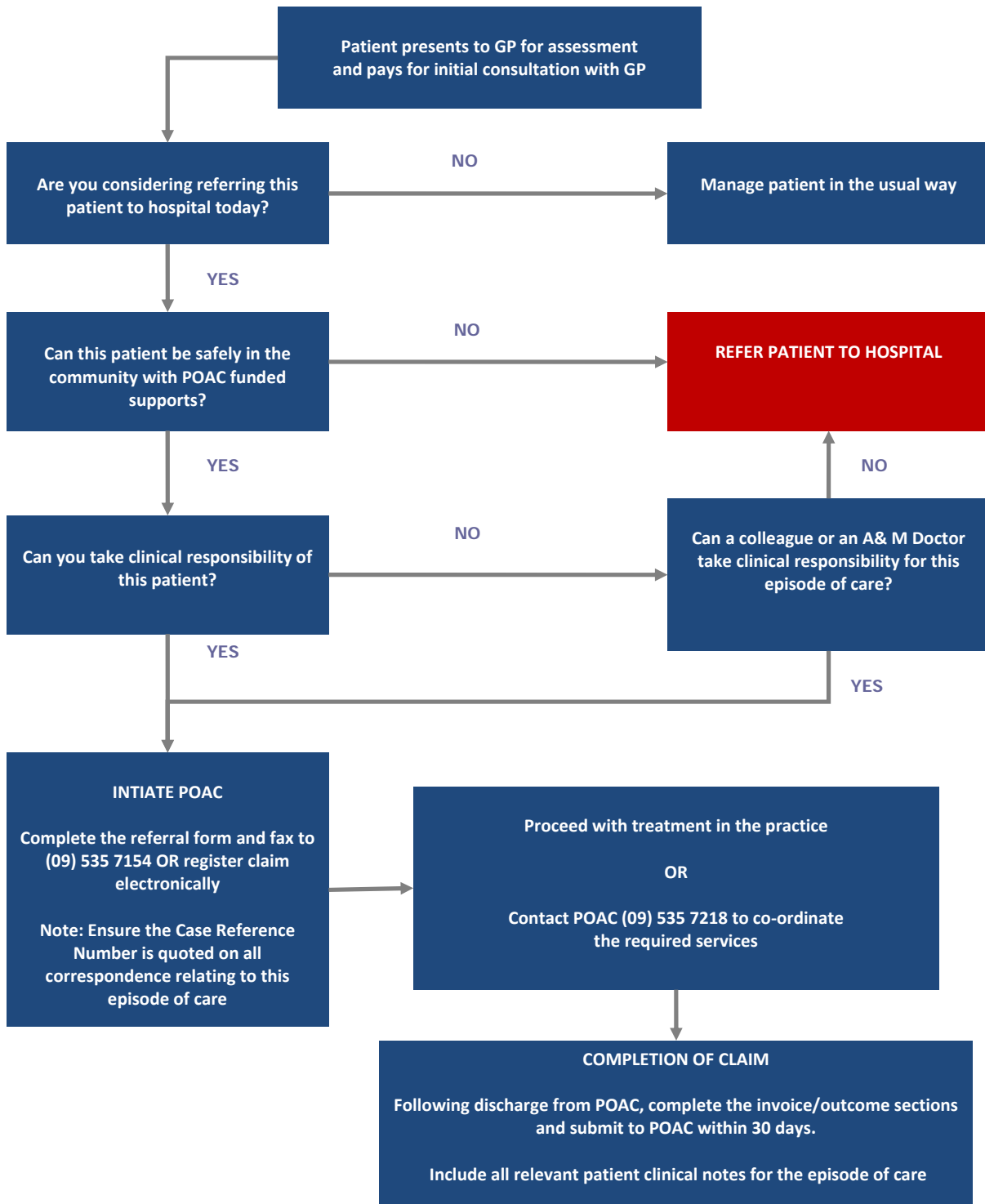
To ensure that the delivery of this service is not compromised, all routine tests should be processed in the normal way.

Note: The turn-around time for D-dimer testing can be up to 6 hours – for suspected Deep Vein Thrombosis, please contact POAC to discuss options if later in the day.

## PHYSIOTHERAPY

Chest physiotherapy for respiratory patients can be accessed by contacting the POAC office and discussing requirements.

# POAC REFERRAL PROCESS



# POAC REFERRAL FORM



## POAC REFERRAL

- Final claims should be submitted within 30 days with detailed clinical notes provided
- Claims exceeding \$300 (excludes Cellulitis) require pre-approval by phoning POAC (09) 535 7218
- Other applicable funding streams (ACC, maternity, NASC) should be used in the first instance
- POAC will fund the ACC treatment surcharge under the St John transport service or the POAC hospital supported discharge service. Other services may be funded upon request.

POAC CASE NUMBER:

CM  AK  NW  
 Indicate case number prefix based on the patients place of residence

**SECTION 1: Complete all details of this section and fax within 24 hrs to (09) 535 7154**

Date of referral		Reason for referral to POAC	
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NOTE: Access to Ultrasound/CT scans, home based supports, home nursing, transport and short term respite is available by contacting the POAC coordination service (09) 535 7218

Initiated by:  GP or A & M  St John (POAC transport service)  Hospital (POAC supported discharge service)

Patient details:

Patient surname		First name	
NHI		Date of birth	
Ethnicity		Gender	<input type="radio"/> Male <input type="radio"/> Female
Address			
Phone		Mobile	

Referring GP:

GP Name		GP Signature	
Practice Name		Practice Phone	

By signing this form I, the above named GP:

- Agree to abide by the terms and conditions of the POAC service (available online [www.poac.co.nz](http://www.poac.co.nz))
- Confirm that in my opinion this patient would otherwise have been referred acutely to one of the hospitals within the Auckland metro region
- Declare this patient has been informed and consent provided for treatment and that the patient understands the information on this form and other information relating to this illness will be made available to us and any sub-contracted Healthcare providers.

**SECTION 2: Complete the section below and submit with detailed supporting clinical notes within 30 days.**

Fax to (09) 535 7154 or email [aimeew@easthealth.co.nz](mailto:aimeew@easthealth.co.nz)

Final Diagnosis	
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The patient was:  Managed in primary care  Referred to hospital  Deceased (date if known \_\_\_\_\_)

Date of visit	GP Consult POAC funds initial consult for St John or Hospital referrals only		Nurse time/supervised observation time		Cellulitis IV Fee Discuss with ID consultant for >3 doses \$110/dose	Consumables and procedures (clear documentation required)		Total Claim
	Time	Fee	Time	Fee @ \$1/min		Description	Fee	
							Admin Fee	\$15.50
							TOTAL CLAIM	

Phone (09) 535 7218 Fax (09) 535 7154  
 Email [poac@easthealth.co.nz](mailto:poac@easthealth.co.nz)  
[www.poac.co.nz](http://www.poac.co.nz)

# POAC TERMS AND CONDITIONS

## PRIMARY OPTIONS FOR ACUTE CARE TERMS AND CONDITIONS

### Definitions

In these terms and conditions, unless context otherwise requires:

‘we’ and ‘us’ means the contract holders, Clinical Assessments Limited for CMDHB, Procure Health Limited for ADHB or Primary Options Limited for WDHB. This is dependent on which service the patient is being referred to

‘The service’ means the Primary Options for Acute Care (POAC) service

### Background

This document represents a Contract between us and Doctors wishing to refer to the POAC service.

The service is operated by us under contract to the Counties Manukau, Auckland and Waitemata District Health Boards.

The range of acute alternative services includes, but is not limited to, the range of services listed in the POAC information manual.

### Objective

The objective of the service is to have an immediate and significant impact on health outcomes for Patients and the growth in acute hospital referrals by empowering primary care providers to provide more flexible and responsive alternatives to an acute hospital referral.

### Outcomes

The overall outcome of the service is to demonstrate Primary Care’s ability to reduce the hospital acute demand.

The specific outcome sought by The Service is 85% of referrals “managed without admission”.

### Definition of the Service

The Service and its procedures are defined in the POAC Information Manual. The POAC Service may be modified from time to time.

### Qualifying Patients

All Patients of Qualifying Doctors who are normally resident in the CMDHB, ADHB or WDHB region are eligible to be referred to the service.

Any Patient who, following a normal consultation, the Doctor would normally refer acutely to hospital, but who the Doctor considers could be safely managed in the community with extra support or diagnostic services, can be referred to the service.

### Qualifying Doctors

Any Registered Medical Practitioner who holds a current Annual Practising Certificate and has not been found guilty of disgraceful conduct under the Medical Practitioners Act 1995.

### Medical and Nursing Staff

All medical and nursing staff employed by the referring doctor will be registered with their appropriate statutory body and hold a current annual practicing certificate.

### Clinical Responsibility

When a Doctor who is not the Patient’s GP, refers a Patient to the service, (the Initiating Doctor), he/she agrees to advise and hand over care to the Patient’s GP at the earliest practical opportunity e.g. next working day.

The Initiating Doctor carries clinical responsibility for managing the Patient’s acute illness until the responsibility has been accepted by the Patient’s GP.

### Quality Standards

Doctors referring Patients to the service will apply sound clinical judgement to ensure that patient safety is not compromised.

### Records

In addition to regular Clinical Records, Doctors referring to the service will complete the POAC Referral Form, and ensure the correct Case Reference Numbers are documented on all forms.

### Indemnity

When using the service the Doctor agrees to take full clinical responsibility for managing the treatment and ongoing care of their Patient in the community.

The Doctor indemnifies us against any loss, damage or expense incurred by us as a result of any action or poor performance by the Doctor.

### Audit

The Doctor agrees to cooperate with us in its audit responsibilities under the contract between us and the DHB.

The Doctor agrees to allow the DHB reasonable access to premises, all relevant information, and POAC referred patients or their families as required for audit purposes.

For the purposes of carrying out any audit, access to clinical information will only be made available to a suitably qualified registered medical practitioner.

### Claiming

The Doctor agrees to adhere to the claiming instructions as defined in the Information Manual and as modified from time to time by us.

The Doctor agrees to complete a referral form for each claim made by the Doctor or the Doctor’s Practice and notifies the POAC office of a referral within 24hrs of initiation. The Doctor agrees to forward all relevant information along with the claim within 30 days of completion of the episode of care

### Payment for the Service

We agree to pay for all appropriate referrals made by the Doctor to the Service.

### Cost Control

Payment of the Service is subject to the POAC Referral Cost Control Process (available upon request)

### Doctor Acknowledgement

In signing the Referral Form or submitting a referral electronically, the Doctor acknowledges that he/she has read, understood, and agrees to be bound by these Terms and Conditions when referring the service.

### Clinical Governance

The Doctor agrees to adhere to the Clinical Governance Procedures as contained in the Clinical Governance Process and its amendments.

**We reserve the right to modify or limit the availability to the Service without further notice.**

Download a PDF version of the POAC terms and conditions online or click [here](#)

# CLAIMING GUIDE

## Consultations and Procedures

<b>Initial GP Consultation (15 mins)</b>	Patient pays initial consult
<b>GP Consultation or Telephone Consultation</b> Charged pro-rata at clinic standard casual patient rate. Claim should be clearly supported with detailed clinical notes	Standard GP consult rate
<b>GP Home Visit</b>	Standard GP consult rate, plus mileage 72c/km
<b>Nurse Home Visit</b>	\$1/minute plus mileage 72c/km
<b>Combined Nurse Consult/Surgery Observation Time</b> Max 3 hours – phone POAC for pre approval where likely to exceed this	\$1/minute
<b>ECG</b> Includes nurse time. Document history and clearly identify need for acute ECG. POAC does not fund routine ECG.	\$45
<b>Procedures (eg Incision &amp; Drainage)</b> Annotate complexity/severity and time taken	GP consult/nurse time plus consumables
<b>Administration Fee</b> Per case	\$15.50

## Consumables

<b>IV Fluids Consumables</b> Saline available under MPSO, GP and nurse time can be charged in addition	\$15
<b>Wound Care/Other Consumables</b> Charge for direct consumables used. Details to be annotated in clinical notes. MPSO funded drugs not claimable from POAC. GP/nurse time can be charged in addition	Direct consumable costs reimbursed at rate normally charged to patient

## Cellulitis IV Therapy

<b>Administration of IV Cephazolin as per Regional Cellulitis Pathway</b> <ul style="list-style-type: none"> <li>Maximum 3 doses (additional can be funded where endorsed by Infectious Disease (ID) Consultant – document name in clinical notes)</li> <li>Includes nurse/GP time and consumables</li> <li>Wound care/I&amp;D can be charged in addition to this fee (ongoing care should be referred to district nursing service once IV treatment is completed)</li> <li>Switch to orals with final dose IVs and discharge from POAC</li> <li>If patient presents for 2<sup>nd</sup>/3<sup>rd</sup> dose and clinician decides this is not required, POAC will fund the GP consultation fee.</li> </ul>	\$110.00
<b>GP review of Cellulitis post IV therapy course</b> <ul style="list-style-type: none"> <li>GP review may be claimed where patient presents with worsening symptoms within 48 hours of final dose IVs.</li> <li>Further IVs may be given upon discussion with ID Consultant – claim as per IV admin fee above.</li> </ul>	\$40.00
<b>GP After Hours Fee</b> May be claimed in addition to IV admin fee	\$20.00
<b>Administration Fee</b> Per case	\$15.50

## DVT Investigation and Management

<b>GP review post investigation</b> Negative USS or proximal DVT (refer hospital)	Standard GP consult rate
<b>Administration of stat Clexane if delay in USS &gt;6hours</b> Includes nurse time and admin fee	\$50.00
<b>Clexane dose</b> 1mg per kg dosage	\$0.50 per mg
<b>Clexane self administration teaching for confirmed distal DVT</b> Following discussion with thrombosis service (confirmed proximal DVT should be referred to hospital)	\$120.00

Download a PDF version of the POAC claiming guide online or click [here](#)

# ACC FUNDING AND POAC

ACC cases should be referred and funded through ACC as per normal processes. POAC funding applies only under the following circumstances:

## 1. POAC supported discharge service and St John transport service

- ACC cases are accepted only upon referral under the POAC hospital supported discharge or St John transport services.
- Surcharges for medical treatment or diagnostic services will be funded. Other support services fully funded by POAC e.g. respite care, home based supports, transport.
- All accepted cases will need to be identified as ACC and the ACC case number provided

## 2. DVT Ultrasound Investigations

- If there is a history of injury then DVT investigations should be claimed under ACC in the first instance.
- POAC will coordinate the ultrasound and fund the surcharge where this applies
- ACC number must be documented



# HOSPITAL EARLY DISCHARGE REFERRAL

The Primary Options for Acute Care (POAC) Early Discharge has been designed to reduce admissions from the hospital emergency department and to shorten length of stay for patients within a medical ward, providing an early and supported discharge home.

This service is aimed at patients who are medically stable but are not quite well enough to return home. This may be for ongoing clinical management or for increased supports for a short period of time.

## Examples:

- Patients with a complex social situation that is complicated by an acute illness
- Weakness due to illness and requiring convalescence before returning home
- Sudden deterioration and awaiting assessment for increased cares
- Lives alone or with little support at home, in need of assistance short term
- Patient requires ongoing clinical management (e.g. IV Therapy) but is stable enough to be managed in a primary care setting

## Criteria:

- Patient can be managed safely in the community
- Patient would otherwise be admitted, or require additional stay in hospital
- Management plan prepared prior to discharge
- Patient's GP or another GP (ie Residential facility GP, After Hours Doctor or A & M Doctor) must accept clinical responsibility for the patient. If the patients GP declines, the patient will remain in hospital
- Patient consents

ACC cases are now accepted where referred by hospital services. POAC will fund the surcharge only for medical treatment (GP consultation, IV Therapy etc) and will fully fund respite care, home supports, transport.

## Follow Up

- POAC co-ordinator will arrange follow up by GP as required
- If patient deteriorates the service provider will contact the patient's GP or refer back to hospital where required
- If an extension of services is required, the service provider will contact POAC directly immediately

## POAC ST JOHN AMBULANCE TRANSPORT SERVICE

Patient volumes at hospital emergency departments continue to grow. One of the key challenges within the health sector is to develop innovative solutions that address the large number of non-acute patients that attend ED, who potentially could be more effectively treated in primary care.

The aim of the POAC St John ambulance transport service is to ensure that 'the right patients are treated in the right place, by the right person, at the right time' and that the primary relationship for any patient is with their GP (or medical home). This service will support this aim by providing funding for treatment for patients transported by St John to a primary care setting as an alternative to a hospital emergency department.

Please note that ACC cases are able to be accepted under this scheme (normal POAC funding rules for ACC cases will still apply for other cases).

The ambulance officer will identify appropriate cases based upon guidelines developed with exclusion criteria and will discuss these options with the patient.

If the patient is willing to be taken to their doctor, the ambulance officer will call the doctor to establish if they are able to see them at the practice. The patient will be taken to the nearest A & M if the practice is unable to see them.

POAC will fund all aspects of care related to that episode including the *initial consultation*, ACC surcharges and subsequent ambulance transport to hospital if required. **NOTE: THE PATIENT IS STILL RESPONSIBLE FOR PAYING THE ST JOHN AMBULANCE FEE.**

# POAC ST JOHN TRANSPORT GUIDELINES

## Introduction

Some patients are suitable to be transported to their own GP or an Accident and Medical Clinic by ambulance personnel. Often such patients are transported to an ED because the patient is concerned about cost. Under the Primary Options for Acute Care (POAC) scheme within Auckland, such patients may be transported to their GP or an Accident and Medical Clinic, with no additional cost to the patient being incurred at the practice or clinic. This scheme enables paramedics to determine what is the most effective and efficient way to meet health care needs. This document outlines guidelines on the referral and transport of patients to their GP or Accident and Medical Clinics under the POAC scheme.

## Referral and transport guidelines

Patients are potentially suitable for transport to their GP or Accident and Medical Clinic, provided all of the following criteria are met:

- They require transport to a medical facility\* and
- They are status three or four and
- Their expected healthcare requirements could be safely provided by their GP or in an Accident and Medical Clinic and
- They are very unlikely to be referred on to hospital and
- The transport time to the general practice or Accident and Medical Clinic is such that it is reasonable to transport the patient there.

*\* Patients who would normally receive a recommendation to make their own way to a medical facility are not suitable for transport under the POAC scheme.*

The clinical problem that the patient has must be able to be reasonably and safely managed in a general practice or an Accident and Medical Clinic. This requires clinical judgement. The following is a list of examples clinical conditions and clinical criteria that indicate that the patient is not suitable for transport to a GP or an Accident and Medical Clinic:

- GCS less than 15, unless this is normal for the patient
- Suspected stroke (including sudden onset of headache) or transient ischaemic attack
- Behavioural disturbance, including intoxication
- Suspected myocardial ischemia or acute coronary syndrome
- Tachydysrhythmia or bradydysrhythmia
- Receiving oxygen (other than home oxygen) for a specific indication described within Ambulance Clinical Practice Guidelines
- Unexplained loss of consciousness in patients aged over 55 years of age
- Requiring more than one dose of nebulised bronchodilator prior to arrival at the Accident and Medical Clinic
- Requiring IV pain relief
- Abdominal pain. This requires clinical judgement but most patients with abdominal pain who call an ambulance will require assessment in an Emergency Department
- Compound fractures
- Displaced fractures

- Joint dislocations other than finger joint dislocations and recurrent shoulder dislocations. Note that some patients with recurrent shoulder dislocations know that their shoulder is very difficult to relocate and such patients should be transported to an Emergency Department
- Requiring cervical spine immobilisation
- Loss of consciousness following trauma
- Gastrointestinal bleeding
- Poisoning. Note that children with ingestion of poisons that are known to be non-harmful (such as shampoo) may be suitable
- Lacerations in children under the age of five years. This is because many of these children will require some form of sedation to facilitate closure of the wound. If the wound is minor and likely to be able to be closed with simple dressings then the patient may be suitable

### Transporting patients to their own General Practice

If the patient is suitable to be seen in primary care their own General Practice should be considered as the first option provided the patient can identify them. Prior contact with the practice is a must and ambulance personnel should speak directly to a doctor or nurse to discuss the patient. If the practice is able to accept the patient a brief handover should be given. Suspected fractures that would require an x-ray must not be transported to a GP's surgery. There should be adequate translation for those patients where English is not their first language

### Transporting patients to an Accident and Medical Clinic

The patient should be transported to the nearest POAC accredited Accident and Medical Clinic. No prior contact with a doctor or nurse is required, but if the patient is complex, consideration should be given to discussing the patient with a triage nurse or doctor at the clinic prior to transport, provided a phone is available. A list of the accredited clinics and their opening times is attached as Appendix 1. Note that clinic staff have the right to ask ambulance personnel to immediately transport the patient to an Emergency Department, if they do not think it is appropriate or safe for the patient to be treated at the clinic. There should be adequate translation for those patients where English is not their first language

### Explanation to the patient and/or caregivers

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

- Ambulance personnel are recommending the patient is transported to a medical facility
- Ambulance personnel are recommending the patient is transported to their GP or an Accident and Medical Clinic, rather than being transported to a hospital ED
- The patient is responsible for the bill associated with this ambulance transport (if it is not covered by ACC)
- Any bill from the general practice or Accident and Medical Clinic for this visit will be paid for them under the POAC scheme
- If during this visit, they are referred to hospital by the doctor and they require transport by ambulance, the bill for this ambulance transfer will be paid for them under the POAC scheme

## FAQ'S: ST JOHN AMBULANCE TRANSPORT SERVICE

### Q: What is Primary Care Transporting Options for Auckland Ambulance?

A: An option to transport appropriate patients to either their Medical Home or closest Accident and Medical Facility with the cost of the entire episode of care being funded through the POAC service

### Q: Who has been involved in developing this pathway?

A: St John, Accident and Medical Facilities, PHO's, GAIHN (including reps from the DHB's) and POAC

### Q: Who determines whether a patient is appropriate for primary care treatment instead of the Emergency Department?

A: The paramedics will assess and determine whether a patient is suitable based on agreed clinical guidelines that were developed by the Emergency Care clinicians, St John and Accident and Medical clinicians (see appendix)

### Q: Who can be treated within this pathway?

A: All patients who are transported by St John to either their Medical Home or to an Accident and Medical Facility, including ACC patients. The funding covers the entire cost of that episode of care including the initial consultation (the patient however will still be responsible for paying the St John Ambulance fee as they do now).

### Q: How will the decision to transport to the Medical Home be made?

A: The paramedic will assess patient to determine that they are suitable ([refer to guidelines poac.co.nz](#)) They will then discuss with the patient and if the patient is able to identify who their GP is and, if they are within the vicinity, the paramedic will contact the practice by phone to establish whether or not they are able to see the patient. If the practice is not able to see the patient they will be taken to the nearest accredited Accident and Medical Facility

### Q: How have the Accident and Medical Facilities that are part of the Transporting Options been chosen

A: All ACC accredited Accident and Medical Facilities in Auckland have had the option of joining this pathway. Those involved have signed a Memorandum of Understanding with the POAC Service that supports the Medical Home as the primary provider of care

### Q: What will be different?

A: Patients who call St John and who have conditions that can be equally or better managed in primary care will be transported to a primary care facility instead of ED. This option will ensure that patients receive appropriate care in an appropriate place, will encourage re engagement with their Medical Home and will help alleviate the growing pressures on the hospital EDs

**Q: Why is this Scheme important to GPs?**

**A: It promotes the continuity of care at the patients' medical home. The medical home will (where appropriate) be the first option for the paramedic and the Accident and Medical Facilities are committed to ensuring care is transferred back to the medical home as soon as clinically feasible**

**A patients GP should always be the first port of call for patients, unless it is a medical emergency, as they receive the benefits of greater continuity of care, population health measures such as proactive immunisations and CVD risk assessments and reinforcing messages which are so important for the growing number of chronic conditions.**

**Q: what happens if a patients is accepted by the practice but subsequently requires transport to ED as their condition has changed / deteriorated**

**A: If subsequent transport to ED is required, the POAC service will fund this. Please call POAC to arrange the transport**

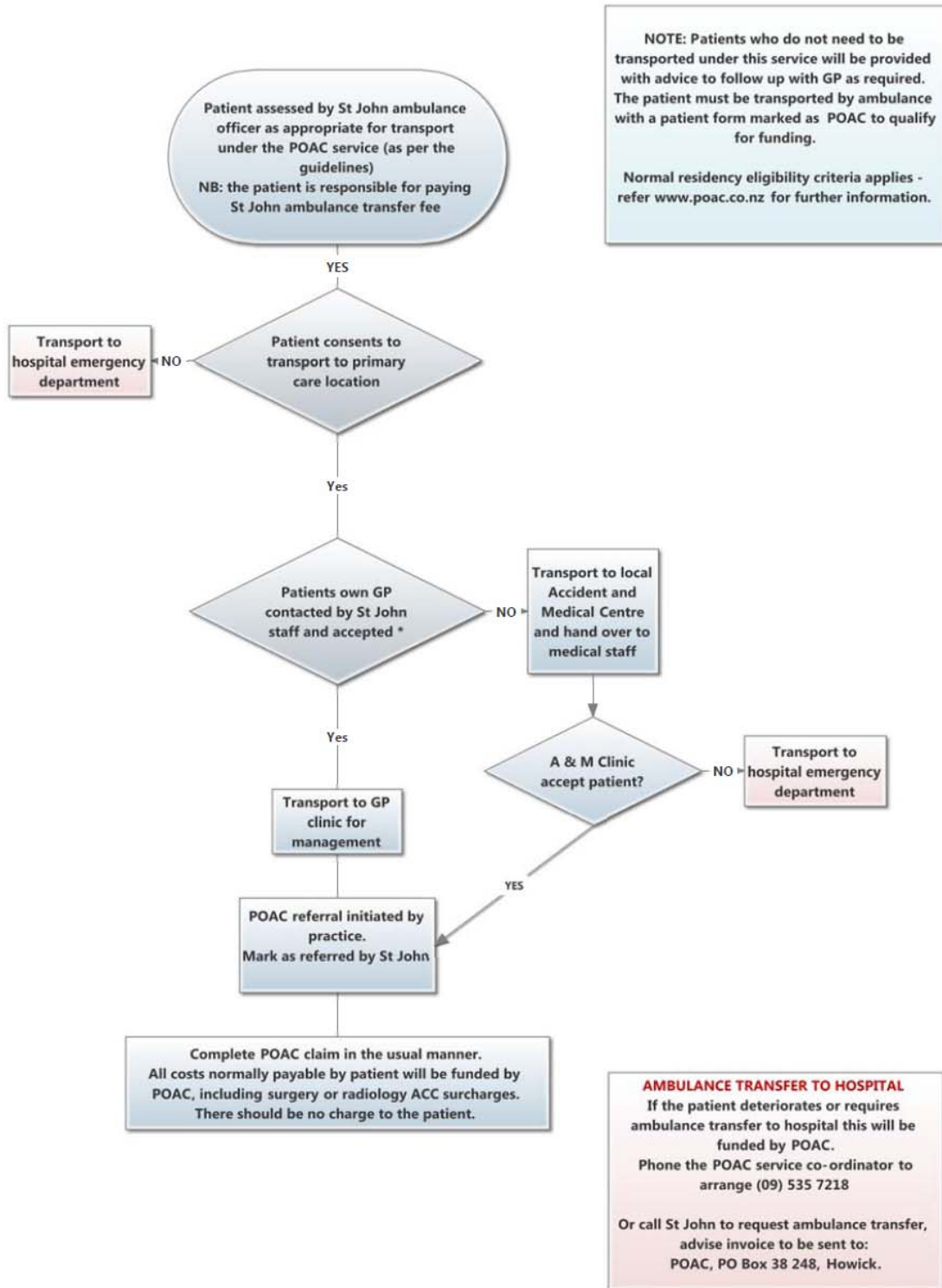
**Q: How is a POAC claim made?**

**A: The POAC claiming process remains exactly the same, however it is important to ensure that your claim makes it clear that this is for a St John transported patient, to ensure you can claim for the total episode of care. POAC will pay for all costs associated with this episode, including the initial consultation. No charges should apply for the patient.**

**ACC claims should also follow usual ACC processes with POAC paying the surcharge normally charged the patient.**

**Radiology costs will also be covered for these cases and will be invoiced to POAC in the usual manner. For ACC related cases, POAC will fund the surcharge that would normally apply to the patient.**

# POAC ST JOHN TRANSPORT SERVICE REFERRAL PROCESS



# CLINICAL GOVERNANCE

The POAC Clinical Governance Group includes clinical representation from PHOs, Hospital Emergency Department, POAC Clinical Directors and other secondary care specialists.

The group provides clinical oversight of the POAC service and looks at processes for continuous quality improvement and safety.

## Key responsibilities include:

- **Clinical effectiveness and safety**
  - Monitor performance of the POAC service against agreed clinical targets and ensure the POAC service is safe
- **Quality assurance**
  - Develop a robust monitoring process to ensure appropriate and safe utilisation of the POAC service;
  - Develop strategies to identify, manage and support outlier clinicians or practices
- **Provider education and development**
  - Provide clinical input into development of clinical guidelines and policies
- **Clinical audit that leads to continuing quality improvement**
  - Initiate and analyse audits of the POAC service
- **Risk management**
  - Identify areas of clinical risk and advise on strategies to mitigate these
- **Research and development**
  - Provide clinical input into development of new or enhanced services