Primary Options *for* Acute Care Newsletter

POAC News April 2013

Welcome to the Primary Options for Acute Care newsletter….

Winter Planning

We have been incredibly lucky to have had an amazing long and dry summer (although I am sure many are very grateful for the recent rain!) and although a hint of summer still lingers, inevitably winter will be fast upon us and with this an increase in demand on hospital services.

In order to ensure the hospital is reserved for the higher acuity patients, we ask that you consider the use of POAC to manage care in the community wherever an acute admission can be safely avoided.

If additional services are required to support the patient care, please phone POAC to discuss requirements on (09) 535 7218.

ADHB Aged Residential Care IV Service Launch

From May 2013 a new specialist service will be available in ADHB aged residential care facilities for patients who require IV therapy (antibiotics or fluids).

Following a full GP assessment, the patient can be referred to POAC for ongoing treatment. This service will be fully funded by POAC and supported by Total Care Health Services who will provide the nursing care. Total Care is an experienced community nursing team who are fully trained in providing IV therapy and regularly provide this service in the patients own home and in Rest Home/Private Hospital facilities. The ongoing care of the patient will remain that of the referring GP and the nurse will keep in close communication with the GP and POAC team.

Hospital admissions for elderly patients can be a very unsettling time, causing levels of anxiety for both the patient and their family. The risk of falls, medication errors, infection, and general deconditioning are complications that can be avoided by managing patient care in a community setting.

This is an excellent opportunity to further develop the relationship between ARC facilities and POAC and we are excited to continue this work and expand this service further.

Managing Abscesses

The vast majority of simple abscesses do not require antibiotics either prior to or following drainage. The management of an abscess is to incise and drain the pus (this is funded by POAC). Antibiotics will not cure a simple abscess. Following drainage only those patients with significant residual surrounding cellulitis may require oral antibiotics. The surrounding zone of redness usually settles rapidly (24-48 hours) with simple drainage alone.

IV antibiotics should be reserved for those patients with systemic evidence of on-going infection. If a practitioner believes a patient post-drainage requires IV therapy it is wise to consider a surgical review "? undrained sepsis".

Special areas of importance:

- Breast abscess – if lactating, it is vital to keep feeding off (or expressing from) the affected breast post-abscess drainage
- Perianal & ischiorectal abscess wounds often benefit from regular warm baths or

showering to keep the cavity clean. If failing to heal or if discharge persists for greater than 8-10 weeks a referral back to General Surgery may be appropriate as there may be an underlying fistula.

Paediatric Referrals

General practice are successfully managing a wide range of paediatric conditions in the community. We are pleased that an Auckland regional paediatric working group has been formed to develop clinical guidelines to further support this fantastic work. Two initial guidelines have been developed at this stage, including Febrile Child and Management of Gastroenteritis.

Please refer to these online: **www.poac.co.nz**

In addition to this, we would ask that Xray and Ultrasound requests be initially discussed with on-call paediatric consultant, contactable on the phone numbers below:

ON CALL PAEDIATRICIAN CONTACT NUMBERS:

Starship 021 740 271
Kidz First ... 021 516 908
North Shore or Waitakere ... 0800 244 533

Triage of Ultrasound investigations

- **POAC provides funding for acute community investigations where this will assist in clinical decision making and avoid an acute hospital referral**
- **Demand for community ultrasound is very high and resources limited, please keep this in mind when referring patients for investigations. This will greatly help to ensure that the acute patients are seen as priority in a timely manner**
- **Acute same day ultrasound should be reserved for patients where the result will change management. Many diagnosis (eg. ovarian cyst, endometriosis, menorrhagia) can be managed with pain relief and and followed up with an urgent/non acute ultrasound requested**
- **All non acute radiology requests should be referred through Access to**

Diagnostics or directly to hospital radiology as an outpatient. (This includes routine follow up Chest Xrays)

DVT: Investigation and Management

A reminder that the Auckland Regional Clinical Pathways DVT pathway is live on the Healthpoint Pathways website: **www.healthpointpathways.co.nz**

The Wells Criteria is being used for risk assessment and is required prior to booking ultrasound investigations (view this here).

Delayed Scans:
It is recommended where an ultrasound is unable to be performed same day that a stat dose of Clexane be administered. This is fully funded by POAC where a scan can be confirmed within 24 hours.

Superficial Thrombophlebitis and Re-scans:
Please refer to this pathway for management of Superficial Thrombophlebitis. POAC will fund for a re-scan where required, this is usually within 7-10 days and can be booked by contacting the POAC office (09) 535 7218. Repeat scans should be performed with the same provider as initial scan. Please note that POAC **does not** fund for the Clexane to be administered during this time.

Management of confirmed DVT:
Please refer to the pathway for further management advice following ultrasound.

Distal DVT can be managed in the community, either through the patient's own GP or an Accident and Medical Centre. Once DVT is confirmed Clexane can be obtained under special authority. All confirmed proximal DVT should be referred to hospital for further management.

Farewell to POAC Nurse Leader Sarah Hyder ...

We are very pleased to support Sarah in a new venture, seconded as Project Manager of Workstream 3 (enablers of better individual care) within the Greater Auckland Integrated Health Network (GAIHN).

The focus of this role will be to lead the prioritisation, development and implementation of clinical pathways.

This is a very exciting opportunity for Sarah who has been closely involved in the development of a number of clinical pathways, both in her role with POAC and also in her previous position as Thrombosis Nurse Specialist at

North Shore Hospital. We have no doubt she will do us proud!

Sarah's last day with POAC is Friday 17th May. From this point (until such time as a replacement is appointed) please contact me directly - deannaw@easthealth.co.nz or phone 021 665 521.

In brief:

- Initial assessment, including review of urgent bloods is considered standard primary care work. POAC funding applies once the patient has been fully worked up to inform the decision whether the patient requries acute intervention/investigation
- A reminder to ensure all final claims are submitted along with relevant clinical notes within 30 days of completion of the episode of care - thank you!
- Account queries should be directed to Aimee Williams - aimeew@easthealth.co.nz
- Urgent supports required through ACC can be put in place by submitting the ACC referral and contact the ACC provider helpline

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Contact us:
POAC
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Fax: (09) 535 7154
Email: poac@easthealth.co.nz

www.poac.co.nz