

# POAC Newsletter



October 2013

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## St John and POAC transport service

In 2011 a new pathway was introduced allowing paramedics to take patients to the nearest Accident and Medical Centre (A & M) as an alternative to the hospital ED.

During this period around 3000 patients were taken to A&M clinics helping to free up hospital EDs for genuine emergencies. It also allowed St John to deal with patients who had more critical needs by speeding up the transport and handover time.



This service has now extended to include the ability to transport to the patients own GP.

Under this scheme patients are assessed based on agreed clinical guidelines. Patients requiring urgent care will be transported to an A & M or their GP with the cost of any management fully funded by POAC.

- When transporting to a GP the ambulance office will phone ahead for acceptance
- POAC referral initiated in the usual way with the 'referrer' indicated as St John - also ensure clinical notes clearly indicate patient brought in by ambulance

- POAC funds all aspects of care based on the charge that would normally be applied to the patient. This includes ACC surcharges
- The patient is responsible for the initial St John transport fee (in the same way they would if taken to hospital)
- If the patient requires admission to hospital POAC will fund the St John transport fee
- Transport home from GP/A&M is the responsibility of the patient (in the same way as it would be should the patient have gone to hospital)

More information can be found online [www.poac.co.nz](http://www.poac.co.nz)

## Delayed DVT Ultrasound

- Where there is a delay in ultrasound of more than 6 hours it is recommended patients at high risk of DVT receive a **single stat dose** of Clexane (provided there are no exclusions - refer to the DVT pathway).
- POAC will fund a **single** dose of Clexane - **1mg/kg**
- If there is a delay of more than 24 hours, discussion with a **haematologist** is required - phone the main hospital switchboard and request to be put through to the on call haematologist.

Further information is available online [www.healthpointpathways.co.nz](http://www.healthpointpathways.co.nz)

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## Paediatric Skin Infections

The new paediatric skin infection pathways are now live on the [Healthpoint pathways](http://www.healthpointpathways.co.nz) website with links to the following 5 skin conditions pathways:

- Cellulitis
- Abscess
- Scabies
- Infected Eczema
- Impetigo



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## New Auckland Regional Pathway for Adult Cellulitis

A new clinical pathway for managing adult Cellulitis in primary care is now available on the Healthpoint Auckland regional clinical pathways site [www.healthpointpathways.co.nz](http://www.healthpointpathways.co.nz)

The aim of this pathway is to support best practice in the management of Cellulitis ensuring appropriate use of oral versus intravenous (IV) treatment.

The protocol is similar to that previously supported by POAC with daily IV Cephazolin and oral Probenecid being prescribed. There are however a few very important points of difference which are outlined below.

#### **Initiating treatment:**

- Grading of severity indicates whether IV therapy is required (oral therapy for low severity)
- Provision for 48 hours of IV antibiotics (3 doses)
- If the patient has not responded within 48 hours, discuss with infectious disease (ID) consultant.
- POAC will fund extended therapy as indicated following discussion with ID

#### **Switching to orals and discharge:**

- If the patient has improved, oral flucloxacillin 500mg QID should be initiated with the third dose of IVs (provide the patient handout)
- Patient discharged from POAC with advice to return if symptoms get worse

#### **If the patient returns within 48 hours with worsening symptoms:**

- If symptoms appear worse discuss with ID consultant and continue IV therapy where advised. POAC will fund this treatment as per standard fee schedule.
- If comfortable that symptoms appear to be settled, advise continue orals and discharge. POAC will fund this GP review.

[Refer to the new POAC fee schedule for further information on the Cellulitis IV therapy fees.](#)

## POAC CLAIMING GUIDE

Recently a copy of the updated POAC claiming guide was distributed to all practices. This has raised a number of questions regarding the claiming process, the key areas of which are covered below:

- Patient pays the initial consult with the exception of a) referrals under St John transport service b) referrals under the POAC hospital supported discharge service where POAC will cover the first contact and any ACC surcharges
- Cellulitis IV therapy schedule now a new set rate of \$110 per dose of IV Cephazolin (refer to the regional Cellulitis pathway)
- The Cellulitis pathway allows for up to three doses of IV ABs. Further treatment may be

indicated and will be funded by POAC where discussed and approved by hospital infectious disease (ID) consultant (document the name and details of discussion)

- Cephazolin is now Pharmac funded. If you would like to know more about the best ways to source the antibiotic and equipment, please email [poac@easthealth.co.nz](mailto:poac@easthealth.co.nz) or contact the POAC office
- Incision and drainage/wound care can be charged in addition to the \$110 Cellulitis IV fee. Clinical notes must support the work undertaken (please note that IV antibiotics are often not generally recommended for treatment of abscesses)
- All GP claims are based on the length of consult and charged out at the individual practices consult rate.
- It can be helpful to include things like time of visit or period of observation to assist in the timely processing of claims. This is of particular importance where the patient has been seen more than once within the same day
- An ECG may be funded where clinically appropriate as part of the work up of an acute patient. POAC should not be referred to solely to fund an ECG.

Download the new claiming guide [here](#)

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## Cephazolin - New POAC funding policy

POAC provides funding of IV therapy in order to avoid acute hospitalisation.

Intravenous Cephazolin is indicated for the management of moderately severe cellulitis (see <http://www.healthpointpathways.co.nz/northern/a-z/cellulitis-1/adult-cellulitis/>)

Intravenous Cephazolin is not indicated as first line treatment for other conditions.

From December 1st 2013 POAC will only fund the use of iv Cephazolin for the purpose of treating Cellulitis.

Claims for treating patients who have other diagnoses using Cephazolin, will not be accepted unless this has been recommended by an Infectious Diseases Consultant. Such claims must clearly document the Consultant's name and date of recommendation.

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## Radiology Access

A few reminders..

- Phone POAC directly to coordinate acute Ultrasound and CT scans
- X-rays can be referred to any community radiology. This does not include routine or follow up X-rays.
- Refer to the DVT pathway [online](#)
- Ensure the POAC case number, the correct test requested and ensure the patient is well informed of any preparation required and the importance of attending the appointment
- Non acute diagnostic requests should be referred directly to DHB radiology or Access to Diagnostics service - information on Radiology eReferrals can be found [here](#)

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## Maternity or POAC?

### Hyperemesis Gravidarum

POAC will fund intravenous therapy for managing dehydration

### Retained Products of Conception

POAC will coordinate and fund ultrasound investigations to rule out retained products of conception under the following circumstances:

- > 2 weeks post termination or miscarriage
- > 6 weeks post delivery

Prior to these dates maternity services fund investigations

### Ectopic Pregnancy

Where there is a confirmed pregnancy test refer through maternity services

### Heavy Bleeding

Maternity funded - discuss with hospital specialist

### Other medical conditions in pregnancy

Other medical conditions exacerbated by pregnancy may be managed through the POAC service based on appropriate clinical assessment and referral where a hospital referral may be avoided

## New to the POAC team

We are very excited to introduce two new members to the POAC team who you will all no doubt

Speak to or meet at some stage. Jocelyn Bradley joins us as nurse leader and Dianne Waddell as service coordinator - welcome to you both, we are delighted to have you as part of the team!

### **Dianne Waddell - Service Coordinator**

Dianne has significant experience, in Management and in providing Customer service within the Health Sector and has a successful track record with companies in the areas of General Practice, PHO, Allied Health and lately IT. She comes from a background in Practice Management, with 7 years' experience in a large A & M and 6 years in a smaller 3 Doctor Surgery. She also has experience as a business advisor, facilitator and software installer/trainer.

In June 2004 she was appointed the position of Practice Support Facilitator for Procure Health. This involved assisting 47 Practices to achieve their PHO objectives, installing new software and training staff, as well as providing support and management advice.

She joined Vensa Health Ltd as their Customer Relations Manager nationally in 2008. Vensa Health Ltd enables healthcare professionals to communicate with their patients via secure electronic text messaging to remind them of their appointments, recalling them for screening and notification of lab results.

Her role involved setting up and arranging the installation of TXT2Remind onto Practices PMS systems mainly by remote access, it is her responsibility to train the practice staff how to use TXT2Remind both remotely and onsite. During the training she would question the Practice team on the procedures they use to communicate with their patients and work with them to find the best ways the TXT2Remind tool could work for them.

If there is a new upgrade she was responsible for letting the practices know of the upgrade and arranges to have TXT2Remind upgraded for them when they were ready. She also was trouble shooter for the practices if they have any problems this involved setting up query builds helping them to send mass broadcasts and working through the recall process. She acted as the Practices advocate within Vensa Health Ltd.

### **Jocelyn Bradley - Nurse Leader**

Jos lives with husband Mark in Parnell. They have two sons aged 23 and 24 who are currently living in Sydney and London.

Her work background includes ten years as a Police Officer stationed at South Auckland, Whangarei and Tauranga. Her Police duties included Section, Sexual Abuse Team, Youth Aid and LREP. She then moved to Australia where she completed her nursing degree.

Jos has a nursing background which includes Emergency, Adult Surgical and Cardiothoracic, Paediatrics, NICU, Practice Nursing (GP and Accident and Medical setting) and Clinical Nurse Leader. She has also worked as Business Manager and Strike Contingency Co-ordinator for Canterbury District Health Board and Fraud Investigator for Healthpac Christchurch.

Outside of work Jos enjoys yachting, golf, running and socialising.

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