

### 1. Cellulitis – an award winner!

The GP initiated community management of cellulitis was a big winner at the Waikato DHB Best of Health Awards 2008. It won not only the continuous improvement - clinical service delivery improvement category but was the joint winner of the continuous improvement grand prize. The Best of Health Awards is a biennial event that recognises and rewards excellence and innovation in health initiatives around the Waikato region.

Key to the success were all the teams involved, especially those at the "coal face" who really made it work - the general practice teams, pharmacy staff, accident and medical centre staff and district nurses.

Congratulations and thank you to all involved.

### 2. DVT Diagnostic Pathway

During the first 3 months of the pilot expected numbers of patients have benefited from easier access to DVT diagnostics without needing to attend an emergency department. Some key points to jog your memory!

- First year pilot covers patients of practices who use Anglesea Clinic Accident and Medical as their after hours provider. If successful it will be piloted in the whole DHB area for a further year.
- Patient assessment must use the Modified Wells Criteria
- Funded private ultrasound examinations
- Funded access to Enoxaparin (Clexane) via Anglesea Clinic Accident and Medical if a delay of > 6 hours for either ultrasound access or D-dimer result.
- Referral for ultrasound or enoxaparin must be on the special GP Diagnostic Pathway referral form.
- Diagnostic pathway only. All patients with proven DVT must be referred to Waikato Hospital emergency department to initiate treatment.
- Ultrasound is the first step when the Wells score is 2 or more. D-dimer is usually not necessary for these patients.
- If clinical suspicion is high but the patient does not fit the project criteria, consult the ED consultant on duty or refer to ED.

Copies of the pathway flow chart with accompanying notes, a "frequently asked questions" document and the GP DVT Diagnostic Pathway referral form are available on both the projects page of the Pinnacle website [www.pinnacle.org.nz/clinical/pmwiki.php?n=Main.CI.projects](http://www.pinnacle.org.nz/clinical/pmwiki.php?n=Main.CI.projects) and on the Waikato DHB website

[www.waikatodhb.govt.nz/GP](http://www.waikatodhb.govt.nz/GP) under primary care guidelines.

The referral form is available electronically to Medtech and VIP practices. It can be downloaded via the projects page of the Pinnacle website for Pinnacle members (password required) or e-mailed to non-Pinnacle practices on request (e-mail: [joanne.spence@pinnacle.org.nz](mailto:joanne.spence@pinnacle.org.nz) )

Any questions contact

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### 3. Brickbats and bouquets

Please let us know if Waikato DHB's service to you or your patient has not been adequate in any way e.g. discharge information is not full enough, or timely. We would also like to know if you have been pleased with our services – we like to pass on compliments to staff.

You can send a compliment, comment or complaint to:

Compliments and Complaints, Quality and Risk, Waikato DHB, PB 3200, Hamilton or you may wish to send an email to [complaints@waikatodhb.govt.nz](mailto:complaints@waikatodhb.govt.nz) All complaints will be responded to.

### 4. New national guideline for Group A Strep sore throat management

The new National Heart Foundation guidelines for Group A strep sore throat diagnosis, management and secondary prevention is now posted on the GP page of the Waikato DHB website [www.waikatodhb.govt.nz/gp](http://www.waikatodhb.govt.nz/gp) under primary care management guidelines.

### 5. Welcome to....

**Martin Stiles, cardiologist with a special interest in cardiac electrophysiology.** Since being here as a registrar Martin has spent three years in the UK (Edinburgh and Leicester), a brief spell in Auckland, and three years in Adelaide learning the techniques of diagnosis and treatment of arrhythmias including biventricular pacing, implantable cardioverter-defibrillators and radiofrequency ablation. He has submitted his PhD thesis on atrial flutter and atrial fibrillation and will have an ongoing research interest in these common arrhythmias. With the purchase of a 3D mapping system at Waikato Hospital he will help establish complex arrhythmia ablation, including the ablation of atrial fibrillation.

**Hament Pandyz, radiologist**  
**Adnan Salloum, paediatric surgeon**

Clinic	Category	Waiting Time
Audiology	Children 9-32 mths	4 months
	Under 17 years	4 months
	Children's hearing aids	4 weeks
	Adult diagnostic tests	6 months
	Adult hearing aids	6 months
	Central auditory processing test	6 months
Breast Care	Urgent	3 weeks
	Semi-urgent *BCC Imaging Urgent only	3 month 2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-2 months
	Semi-urgent	2-6 months
	Routine	6 months
Colposcopy	Invasive	Within 7 days
	High grade	4 weeks
	Low grade	26 weeks
	Non cervical	26 weeks
Dental	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	3 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	Within 5 days
	Semi-urgent	4 months
	Routine	6 months
Paediatric Dermatology		5 months
Dermatology Lesion Clinic	Urgent	7 days
	Semi-urgent	4 weeks
	Routine	6 months
Diabetes Consultant (2)	Urgent	1-4 weeks
	Semi-urgent	2-3 months
	Routine	Within 6 months
Diabetes Nurse Educator	Urgent	1-4 weeks
	Semi-urgent	2-3 Months
Endocrinology	Urgent	6 weeks
	Semi-urgent	Within 6 months
	Routine	Within 6 months
Endoscopy/Colonoscopy Medical	Urgent	4-6 weeks
	Semi-Urgent	4-6 weeks
	Urgent	4-6 weeks
	Semi-urgent	12-18 months
ENT	Urgent	1-6 weeks
	Semi-urgent (children)	6 months
	Semi-urgent (adults)	6 months
Gastro-enterology	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
General Medicine	Urgent	1-2 weeks
	Semi-urgent	2-4 weeks
	Routine	2-3 months
General Surgery	Urgent	1-4 weeks
	Semi urgent	2-6 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6 months
Haematology	Urgent	2-8 weeks
	Semi-urgent	6-4 weeks
	Routine	4-6 months
	DVT	4 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 3 weeks
	Routine	3 months
Neurology	Urgent	1-3 months
	Semi-urgent	5 months
	<b>EMG</b> urgent	1-4 months
	Routine	4-6 months
	<b>EEG</b> urgent routine	2-8 weeks 2-6 months
Neurosurgery	Urgent	Within 1 month
	Semi-urgent Routine	Within 6 months
Older Persons & Rehabilitation Service	Assessment & Outpatients	
	Geriatrician Clinic	1-3 weeks
	PT Clinic	1-3 weeks
	OT Clinic	1-3 weeks
	Rehabilitation Clinic	
	PT Clinic	1-3 weeks
	OT Clinic	1-3 weeks
Rehabilitation Physician Clinic	1-3 weeks	

Clinic	Category	Waiting Time	
	(Neuropsychologist)		
	Urgent	1-3 weeks	
	Semi-urgent	1-6 months	
	Routine	2 years	
Oncology and Medical	Priority 1	1-2 days	
	Priority 2	5-10 working days	
	Priority 3	35-40 working days	
	Priority 1	1-2 days	
Radiation	Priority 1	5-10 working days	
	Priority 2	20-25 working days	
	Priority 3		
Ophthalmology	Urgent	within 1 month	
	Urgent laser	1-3 weeks	
	Semi-urgent – Children	within 6 months	
	Semi-urgent – Adults	6 months	
	Semi-urgent (diabetic) Minor Operation Clinic	1 month within 6 months	
Orthopaedic	General – Urgent	1-8 weeks	
	Semi-urgent	Up to 3 months	
	Routine	Up to 6 months	
	Paediatrics – Urgent	1-6 weeks	
	Semi-urgent	Up to 4 months	
	Routine	Up to 6 months	
	Paediatric Gait Clinic CDH/DDH Assess	NB: referrals maybe initially seen by a Generalist Orthopaedic Surgeon Within 3 months 1-6 weeks	
	Urgent	1-2 months	
	Semi-urgent	3 months	
	Routine	3-6 months	
Paediatric Surgical	Urgent	2-4 weeks	
	Semi-urgent	4-6 weeks	
	Routine	8-12 weeks	
Pain clinic	Urgent	Up to 1 month	
	Semi-urgent	Up to 3 months	
	Routine	Up to 6 months	
Physiotherapy	General musculoskeletal	5 days (urgent) 6-8weeks (routine)	
	Respiratory	5 days (urgent) 4 weeks (semiurgent)	
	Rheumatology	4 weeks	
	Women's Health	5 days (urgent)	
	Contenance	3-4 weeks (routine) 6 months	
	Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent Semi-urgent Routine	Within 2 weeks 3 months 5 months
	Plastics Lesion clinic	Urgent Semi-urgent Routine	2 weeks 2 months 4 months
Renal	Urgent	1-4 weeks	
	Semi-urgent	2-4 months	
	Routine	4-6 months	
Respiratory	Urgent	1-4 weeks	
	Semi-urgent	1-2 months	
	Routine	4-6 months	
Rheumatology (3)	Urgent	1-4 weeks	
	Semi-urgent	1-2 months	
	Routine	2-4 months	
Thyroid	Urgent	6 weeks	
	Semi-urgent	Within 6 months	
	Routine	Within 6 months	
Ultrasound	Very Urgent	1 week	
	Urgent	2 weeks	
	Priority	4 weeks	
	Routine	3 months	
	Non-urgent	6 months	
Urology		Within 2 months	
Vascular	Urgent	1-4 weeks	
	Semi-urgent	2-4 months	
	Routine	4-6 months	
Vascular Surgery	Urgent	1-4 weeks	
	Semi-urgent	2-4 months	
	Routine	4-6 months	
<b>Adult Mental Health Waiting Times</b>			
Triage (face to face or phone triage)	Crisis referrals	Within 24 hours	
	Non-crisis/routine	Within 2 weeks	

1 Immediate & urgent dermatology/plastics cases must be discussed with the specialist or registrar to allow appropriate prioritisation.

2 All urgent diabetes referrals can be seen on the same day.

3 All urgent rheumatology cases should be discussed with the rheumatologist.