



## 1. "Fast track" imaging for orthopaedic patients

To aid general practitioner management of patients with orthopaedic problems in the community, Waikato Hospital Radiology Department will "fast track" radiology requests for patients when orthopaedic review/intervention is being considered. Please ensure

- the patient is willing to accept orthopaedic intervention
- the patient has sufficient incapacity to warrant orthopaedic review
- the patient has not been imaged within the previous six months
- the BMI is <35 if considering joint replacement
- the appropriate clinical information such as side, joint, extent of incapacity, relevant past history (such as previous surgery and history of malignancy) is given on the request. Only the site of clinical concern and the relevant adjacent joint will be imaged
- "Orthopaedic fast track" is written on the form.

Thank you for using this limited resource wisely for patients who will most benefit. Use will be audited to determine the effectiveness of providing orthopaedic fast track imaging in the care of your patients.

Please provide the x-ray report or information from previous imaging when sending referrals to the Orthopaedic Outpatient Clinic.

## 2. Guidance in selection of laboratory tests

The Royal College of Pathologists of Australasia (RCPA) has an online manual to provide guidance in the selection of pathology tests and help with interpretation of results. The manual draws on the expertise and experience of Fellows of the RCPA and is referenced to relevant publications. Check it out at <http://www.rcpamanual.edu.au/> or follow the link from the Health Practitioners' page of the Waikato DHB website [www.waikatodhb.govt.nz/gp](http://www.waikatodhb.govt.nz/gp) under primary care management guidelines -> laboratory tests.

## 3. Contact details in referral letters

Many appointments are wasted because patients do not attend. Clinics are taking a variety of approaches to try to prevent wasted appointments. One of these is to use text messaging. Thank you for including mobile phone numbers in referral letters to assist with this approach.

## 4. Change of phone numbers for maternity referrals

From the 1 September 2009 there will be two 0800 numbers for maternity referrals.

- For referrals to Women's Assessment Unit only: 0800 387 960
- For referrals to Delivery Suite only: 0800 462 411

The phones will be carried by the coordinator of each area. If they are not answered please do not leave a message but call back to the hospital switchboard (07-8398899) and ask for the appropriate department.

This process has been introduced so that the referral phone calls can be directed to the appropriate place. Thank you for your patience and assistance in implementing this new process.

## 5. Brain Injury and Outcomes New Zealand in the Community (BIONIC).

HRC have recently funded a three-year study to examine the incidence and outcome of traumatic brain injury for a twelve month period from March 2010 to February 2011. The study is led by Prof Valery Feigin (AUT University) and involves researchers from several other universities (Auckland, Waikato, Otago) and will be based in the Hamilton and Waikato region.

The aim is to document all brain injuries occurring during the study period irrespective of severity (from mild, e.g. concussion, to severe) and age. Where possible patients will be assessed and followed up over a 12 month period. This study will provide important information about the scope of the problem, recovery from injury and the economic and social cost of brain injury in New Zealand.

The researchers will be contacting all GPs in the Waikato and Hamilton region over the next couple of months and during the 2010-2011 study period to provide more information about the study, explain how GPs can help and to collect data about study participants.

For further information, please contact Dr Nicola Starkey, Department of Psychology, University Waikato (local study co-coordinator) on 07 8562889 ext 6472, or email [nstarkey@waikato.ac.nz](mailto:nstarkey@waikato.ac.nz).





# OUTREACH

A newsletter for general practitioners

September 2009 edition

Clinic	Category	Waiting Time
Audiology	Urgent	Within 4 weeks
	Semi-urgent	Within 2-4 months
	Routine	Within 6 months
Breast Care	Urgent	1 month
	Semi-urgent	4 month
	*BCC Imaging Urgent only	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	Within 4 months
	Routine	6 months
Diabetes Consultant (2)	Urgent	1 month
	Semi-urgent	6 months
	Routine	6 months
Diabetes Nurse Educator	Urgent	1-4 weeks
	Semi-urgent	2-3 Months
Endocrinology	Urgent	6 weeks
	Semi-urgent	Within 6 months
Endoscopy/Colonoscopy Medical	Urgent	3-4 weeks
	Semi-Urgent	4-6 weeks
Surgical	Urgent	4-6 weeks
	Semi-urgent	5-8 weeks
	ENT	Urgent
Gastro-enterology	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
	General Medicine	Urgent
General Surgery	Semi-urgent	2-4 weeks
	Routine	2-3 months
	Urgent	1-4 weeks
Gynaecology	Semi urgent	2-6 months
	Urgent	2 weeks
	Semi-urgent	3 months
Haematology	Routine	6 months
	Urgent	1-6 weeks
	Semi-urgent	2-4 months
Maxillo-facial	Routine	4-6 months
	DVT	4 months
	Urgent	Within 24 hours
	Semi-urgent	Within 3 weeks
Neurology	Routine	3 months
	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
Neurosurgery	routine	2-6 months
	Urgent	Within 2 weeks
	Semi-urgent	Within 6 weeks
	Routine	Within 6 months
Older Persons & Rehabilitation Service	Low Priority	Within 6 months
	Assessment & Outpatients	
	Geriatrician Clinic	1 week
	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
	Rehabilitation Physician Clinic (Neuropsychologist)	1-3 weeks
Urgent	1-3 weeks	
Semi-urgent	1-6 months	
Routine	2 years	

Clinic	Category	Waiting Time
Oncology and Medical	Priority 1	24 hours
	Priority 2	11.2working days
	Priority 3	19.7 working days
Radiation	Priority 1	24 hours
	Priority 2	14.4 working days
	Priority 3	24.4 working days
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
	NB: referrals may be initially seen by a Generalist Orthopaedic Surgeon	
	Paediatric Gait Clinic CDH/DDH Assess	Within 3 months 1-6 weeks
Paediatric Medicine	Urgent	1-2 months
	Semi-urgent	3 months
	Routine	5-6 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 (semi urgent)
	Rheumatology	4 weeks
	Women's Health	5 days (urgent) 3-4 weeks (routine)
	Continance	6 months
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent	Within 4 weeks
	Semi-urgent	3 months
	Routine	5 months
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent	2 months
	Routine	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	1-6 months
	Routine	2-6 months
Thyroid	Urgent	6 weeks
	Semi-urgent	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 Non-crisis/routine	Within 24 hours 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

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