



## 1. Improved anaemia management in people with chronic kidney disease

Anaemia affects up to 3 per cent of patients with moderate to severe Chronic Kidney Disease (CKD). Management of anaemia in these patients may reduce rates of hospitalisation and improve physical function. Waikato Hospital's Renal Unit has developed a new guideline to help primary care teams manage anaemia of CKD. The guideline covers:

- investigation of anaemia in CKD
- when to use iv iron and erythropoietin (EPO)
- how to apply for EPO special authority
- monitoring EPO use and haemoglobin targets.

Copies of the guideline Primary Care Management of Anaemia in Chronic Kidney Disease, the form to request specialist application for erythropoietin and the form to request intravenous iron infusion are available on [www.waikatodhb.govt.nz/GP](http://www.waikatodhb.govt.nz/GP) under primary care management guidelines – chronic kidney disease.

## 2. Medical director - Gallagher Family Hospice

The Gallagher Family Hospice is seeking a medical director (0.5 – 1FTE) to take responsibility for the clinical aspects of its palliative care service.

The key responsibilities of the position include:

- day to day medical care of patients in the inpatient unit.
- ensuring full time medical cover for the Hospice
- ensuring community based patient needs are met and liaising with palliative specialist nurses
- working closely with the GP services
- providing an advisory service to other health professionals in palliative care
- liaison and education of hospice staff.

Ideally, the hospice is seeking a palliative care specialist or a GP with proven experience in palliative care or studying and/or working in palliative care.

This is a new position. The inpatient unit is due to open early in February 2010.

This is an exciting time to become part of an innovative team to work in the community and ensure patients and their family/whanau receive quality care.

For further information, please contact Elizabeth Bang CEO: [Lucelle@hopicewaikato.org.nz](mailto:Lucelle@hopicewaikato.org.nz)

## 3. Global Year Against Musculoskeletal Pain launch 19 October.

Since 2004, the International Association for the Study of Pain (IASP), to which the New Zealand Pain Society (NZPS) is affiliated, has used the global year against pain initiative to raise awareness of the different aspects of pain worldwide. Each year, IASP chooses a different aspect of pain that has global implications and sponsors a 12-month campaign to raise awareness of that area of pain. For 2009–2010, musculoskeletal pain, the commonest type of pain complaint despite the availability of cost-effective methods of pain control, is the focus.

More about the Global Year Against Pain initiative, including helpful fact sheets on various common musculoskeletal conditions and evidence-based pain management, is available at [www.isap-pain.org](http://www.isap-pain.org) or [www.nzps.org.nz](http://www.nzps.org.nz).

For further information, contact Sue King, clinical nurse specialist – pain management, Waikato Hospital.

## 4. Service and Campus Redevelopment (SCR) update

Waikato DHB has signed a \$118 million contract with Hawkins Construction Ltd for the Waikato Clinical Centre, a five level building that will house most clinics, additional theatres and all day procedures.

Construction also includes refurbishment of two levels of the Waiora Waikato Centre for a new radiology department, ICU and HDU.

Most visitors to the hospital will be heading for the Waikato Clinical Centre when complete in 2013 and direct access from the hospital's carpark building will improve access for everyone.

In the meantime, all visitors to the hospital are being directed to the carpark building and encouraged to use the hospital's shuttle service to get to their destination.

Waikato Clinical Centre is the most significant part of the \$300 million SCR project. Construction will start in early 2010 and the first stage open in March 2012. More information is available at [www.waikatodhb.govt.nz/SCR](http://www.waikatodhb.govt.nz/SCR).

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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	2-3 months
	Routine	6 months
Diabetes Nurse Educator	Urgent	1-4 weeks
	Semi-urgent	2-3 Months
	Routine	Within 6 months
Endocrinology	Urgent	6 weeks
	Semi-urgent	Within 6 months
Endoscopy/ Colonoscopy Medical	Urgent	3-4 weeks
	Semi-Urgent	4-6 weeks
	Surgical	Urgent Semi-urgent
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	2-4 weeks
General Surgery	Urgent	1-4 weeks
	Semi urgent	2-6 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6 months
Haematology	Urgent	1-6 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 3 weeks
	Routine	3 months
Neurology	Urgent	1 month
	Semi-urgent	2-6 months
	EMG urgent	1-4 months
	Routine	4-6 months
	EEG urgent	2-8 weeks
	routine	2-6 months
Neurosurgery	Urgent	Within 2 weeks
	Semi-urgent	Within 6 weeks
	Routine	Within 6 months
	Low Priority	Within 6 months
Older Persons & Rehabilitation Service	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
	(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	48 hours
	Priority 2	7.1 working days
	Priority 3	18.9 working days
Radiation	Priority 1	24 hours
	Priority 2	11 working days
	Priority 3	24.8 working days
Ophthalmology	Urgent	within 1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	within 6 months
	Semi-urgent – Adults	6 months
	Urgent (diabetic)	1 month
	Semi-urgent (diabetic)	6 months
Minor Operation Clinic	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 maybe initially seen by a Generalist Orthopaedic Surgeon
	Paediatric Gait Clinic	Within 3 months
	CDH/DDH Assess	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)
	Continence	6 months
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent	Within 4 weeks
	Semi-urgent	3 months
	Routine	6 months
Plastics Lesion clinic	Urgent	Within 4 weeks
	Semi-urgent	3 months
	Routine	6 months
Renal	Urgent	1-4 weeks
	Semi-urgent	2-6 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	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

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