

1 Management of Radiology Referrals

Health Waikato's Radiology Service is to bring the management of its waiting lists into line with other services within the organisation. This objective and the processes concerned have been supported by the Health Waikato Clinical Board.

In the past Radiology has accepted referrals on the basis that patients will at some stage gain access to its services. In recent years there has been an exponential increase in the demand for diagnostics. Radiology currently receives 3 times the volume of referrals provided for under the service's Primary Referred Contract and this situation is no longer sustainable.

Radiology will now endeavour to apply a similar philosophy to the management of demand for outpatient radiology services as has been put in place in many specialist services. The service will use the Primary Referred Radiology Referral Guidelines (<http://www.electiveservices.govt.nz/library/files/Radiology>) to assist in prioritising access for GP referrals.

This new process will require a 2 pronged approach, which will be initiated on the 1st of November 2004.

For all new referrals: Radiology will prioritise, using clinical information provided within the referral, against access criteria. Each service's (Ultrasound, Nuclear Medicine etc) capacity will be determined and those referrals, based on their prioritisation, that can not be completed within 6 months will be returned to the referring clinician. Radiology will attempt to complete this process within 10 working days of receipt of the referral. The patient will also be informed directly by the radiology department.

For all referrals currently held by Radiology: These will be scrutinised against the Radiology Information System to determine if the examination has already been performed. This step is necessary, as a large number of referrals are duplicate requests often from more than one referrer. Again all referrals will be re-prioritised and those unable to be completed within an appropriate time frame will be returned to the referrer. The radiology department will also communicate this decision directly to the patient where the referral has come from a primary referrer.

If referring clinicians consider that a patient's condition has deteriorated and become more acute then this additional information should be added to the referral and return it for re-evaluation.

We recommend that you place the referral and the letter in the patient's clinical record for future reference.

The Radiology Department is grateful for the support of general practitioners with this initiative, which will target available resources to those patients who need them most, as well as ensuring clarity to both patient and referrer.

2 Faxed acute referral system

As signaled at recent peer group meetings, the system is currently under review. It is clearly supported by the GP community (and thank you for the feedback from rural GPs coordinated by Pinnacle), but is not popular with the registrars. The issues are complex, not just how information is transferred when a GP requests acute assessment, but also how that request is addressed in the best interests of the patient. GPs will be kept informed about progress, but in the meantime continue to use the fax referral system. To ensure best service to your patients please remember

- **If your patient has a potentially life threatening condition, it is very important that you contact the registrar by phone as well as faxing the referral.**

- **If in any doubt about the need for acute assessment, please contact either the on call registrar or consultant.**
- **If the patient problem is sub acute or chronic, but you need help with management or an earlier clinic appointment, please contact the on call specialist or registrar.**
- **Remember that ophthalmology, ENT and dermatology referrals should still be phoned to the registrar on every occasion. This is because diagnostic facilities required are not sited in ED, so sending patients there creates unnecessary obstacles for the patient.**
- **You remain free to contact the registrar at any time should you prefer to do so.**
- **The fax is not reviewed by clinical staff until the patient is triaged on arrival in ED. Since there is no telephone hand-over, it is very important that the fax contains all relevant information about the patient.**

3 Urine Drug Screening

Urine drug screens are classified as either clinical or non-clinical e.g. those requested for work, evidential, visa applications etc. Health Waikato is funded to provide clinical testing only. The Health Waikato Laboratories will, from February 2005, provide a collection facility for non-clinical testing, but the actual analysis is done in Auckland and a fee is payable for the service. In addition there are particular standards which apply to collection and testing of non-clinical samples because of the potential implications of a positive test for the client. Further details regarding this service are attached to Outreach.

4 The New Zealand Institute of Rural Health

The New Zealand Institute of Rural Health was established in May 2001 by the University of Auckland and the Waikato DHB - in response to Rural GPs feedback. Their focus is on providing education to the rural health team and support for rural communities, particularly around development of community trusts and implementation of the Primary Healthcare Strategy. In addition they undertake projects in rural areas on request from either local health professionals, community groups, the Ministry of Health or District Health Boards.

The Institute is a small team with frontline resources as follows:

- Dr George Tripe: george@nzirh.org.nz - 021 247 7454
- Kim Gosman: kim@thsl.co.nz - 0274 254 162
- Dr Ron Janes: ron@nzirh.org.nz - 021 272 3790
- Dr Joyce Hendricks: joyce@nzirh.org.nz - 021 247 7433
- Robin Steed: robin@nzirh.org.nz - 021 45 926

The office is located in Hamilton and the team is happy to be contacted by any health professional for support, seeking education or help in solving problems.

The Institute holds regular education workshops and these are listed on our website www.nzirh.org.nz. Coming up is "A Focus on Cardiology & Telephone Triaging" for nurses.

5 Welcome to...

Dr Philip Crispin, haematology, who has a particular interest in thrombosis, his wife Therese, who is an anaesthetic trainee, and their 3 year old twins, have arrived from Canberra. They are looking forward to enjoying the warmth (and rain!) of the Waikato.

Dr David Reaich, nephrology, has moved from Middlesborough in NE England and the birthplace of Captain James Cook, where he has been a consultant for the past 8 years. David, his wife Rosemary and 9 year old twin sons hope to see as much as possible during their year here. David is keen to find some squash partners.

Dr John Miah is joining Health Waikato as a MOSS at Taumarunui, having previously worked in the USA.

Clinic	Category	Waiting Time
Audiology	Children 9-32 mths	2 months
	Under 17 years	2-3 months
	Children's hearing aids	4 weeks
	Adult diagnostic tests	4 months
	Adult hearing aids	6 months
	Central auditory processing test	12 months
Breast Care	Urgent	2 weeks
	Semi-urgent *BCC Imaging	2 months 2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-4 weeks
	Semi-urgent	12 weeks
	Routine	24 months
Colposcopy	Invasive	Within 7 days
	High grade	4 weeks
	Low grade Non cervical	26 weeks + 26 weeks +
Dental	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	2 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	Within 4 weeks
	Semi-urgent	8-10 weeks
	Routine	5 months
Hands		No wait
Dermatology Lesion Clinic	Urgent	Within 4 weeks
	Routine	11 months
Diabetes Consultant (2)	Urgent	3-4 months
	Semi-urgent	5-6 months
	Routine	6 months +
Diabetes Nurse Educator	Urgent	Within 7 days
	Semi-urgent	Within 6 weeks
Endocrinology	Urgent	1-4 weeks
	Semi-urgent	8-9 months
	Routine	3 years
Endoscopy/Colonoscopy Medical	Urgent	4-6 weeks
	Semi-Urgent	4-6 weeks
	Urgent	4-6 weeks
Surgical	Urgent	24 months
	Semi-urgent	
ENT	Urgent	1-3 weeks
	Semi-urgent (children)	Up to 6 months
	Semi-urgent (adults)	Up to 8 months
Gastro-enterology	Urgent	6-8 weeks
	Semi-urgent	12 months
General Medicine	Urgent	1-2 weeks
	Semi-urgent	4 weeks
	Routine	5 months
General Surgery	Urgent	1-4 weeks
	Semi urgent	2-6 months
	Routine	6-8 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6-7 months
Haematology	Urgent	3 weeks
	Semi-urgent	6-8 weeks
	Routine	12 weeks
	DVT	12 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 1 week
	Routine	2 months
Neurology	Urgent	3 weeks
	Semi-urgent	6 months
	Nerve Conduction Studies (routine)	12 months
	EEG (routine)	2-3 weeks

Clinic	Category	Waiting Time
Oncology (medical radiation) and Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	50-60 working days
Radiation	Priority 2	5-10 working days
	Priority 3	15-20 working days
Ophthalmology	Urgent	1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	7 months
	Semi-urgent – Adults Semi-urgent (diabetic)	13 months 5 months
Orthopaedic	General	Under 6 months
	Back pain	Up to 8 months
	Paediatrics Paediatric Gait Clinic	Up to 7 months 1-4 weeks
Paediatric Medicine	Urgent	2-3 weeks
	Semi-urgent	2 months
	Routine	4-5 months
Paediatric Surgical	Urgent	1 week
	Semi-urgent	Within 2 weeks
	Routine	3 weeks
Pain clinic	Urgent	Up to 3 months
	Semi-urgent	Up to 5 months
	Routine	6 months
Physiotherapy	General musculoskeletal	5 days (urgent) 6-8 weeks (routine)
		2-3 weeks
	Respiratory Rheumatology Women's Health	4 weeks 2 days (urgent) 2-3 weeks (routine)
Plastics (1) Fax immediate/acute referrals to 07 839 8725	Urgent	2-4 week
	Semi-urgent	3 months
	Routine	6 months +
Plastics Lesion clinic	Urgent	2-3 weeks
	Semi-urgent	4 months
	Routine	6 months
Rehabilitation	Day Clinic	1-3 weeks
Renal	Urgent	1-6 weeks
	Semi-urgent	6 weeks to 6 mths
	Routine	6 months +
Respiratory	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
	Routine	6-8 weeks
Rheumatology (3)	Urgent	4 weeks
	Semi-urgent	3 months
	Routine	6 months
Thyroid	Urgent	2-4 weeks
	Semi-Urgent	4 months
	Routine	2 years +
Ultrasound	Urgent	2 weeks
	Semi-urgent	7-8 months
	Routine	12-15 months
Urology		Within 2 months
Vascular Laboratory	Urgent	Within 2 weeks
Vascular Surgery	Urgent	1-4 weeks
	Semi-urgent	2-5 months
	Routine	6 months

Adult Mental Health Waiting Times

Community mental health team	Crisis referrals Non-crisis/routine	Within 24 hours Within 10 days
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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.
4. Carotid studies are now being done by the vascular laboratory.
5. OPHTHALMOLOGY - PLEASE NOTE FAXED REFERRALS ARE NOT ACCEPTED UNLESS THE PATIENT IS ACUTE AND YOU HAVE DISCUSSED THE CASE WITH THE REGISTRAR. ON YOUR ACUTE FAX REFERRAL PLEASE ADVISE THE NAME OF THE DOCTOR WITH WHOM YOU DISCUSSED THE CASE.