

## **1. Waikato Hospital Acute Referral Process**

Thank you for your tolerance as the changes are trialled. As with any new process, refinements will be needed and will be directed by feedback from all of those using the system. It is important, therefore, to communicate any problems – or positives – to those managing the change, as soon as possible. Including as much information as possible is helpful so that problems can be addressed appropriately e.g. which speciality was involved and on what date. Please remember to include on the referral letter which speciality you have spoken to, so that the appropriate registrar is contacted when the patient arrives at the emergency department.

Thank you to those of you who have already taken the time to provide feedback. Comments are welcomed either by telephone to Mark Watson on 021 471 798, or by email to [watsonm@waikatodhb.govt.nz](mailto:watsonm@waikatodhb.govt.nz)

## **2. “Modus Operandi” – 2005 Waikato DHB Revue**

For all those budding thespians out there, here's your chance to become a star! And for everyone else a chance to see your colleagues in a whole new light at the same time as supporting a great cause, Foundation 2020's Waikato children's hospital appeal. Traditionally a hospital revue, the organisers are keen to include talent from general practice in this year's performances, which will take place from 15-17 September. So if you're keen to get involved, or have a group who would like to do a skit, contact Delwyne Board 07 839 8899 ext. 7897/021 904 468, or Lynley Gardner 07 839 8899 ext. 4416/021 332 945.

## **3. Ross Lawrenson - New Head of Waikato Clinical School**

The appointment of Ross Lawrenson as Head of the Waikato Clinical School brings him back to the region where his career began as a GP in Wairoa. After a range of positions for the Hospital Board, Area Health Board and CHE, as Health Waikato was at that stage, he was medical officer of health and chief medical officer. Since 1994 he has been in the UK in senior academic, administrative, research and teaching roles, including from 2001-2005 as Director of Primary Care Research for Kent, Surrey and Sussex. The Waikato Clinical School is a division of the Faculty of Medical and Health Sciences, University of Auckland, and offers a base for learning not only for medical students, but also for post-graduate nursing, pharmacy and health management training. Ross sees research and education as vital ingredients for building quality in health services and has a particular interest in promoting research in primary care, especially supporting GPs interested in undertaking research.

## **4. Radiology Reminder**

Just a reminder to include all appropriate clinical information on referrals to the service. Not only does

this assist in ensuring that the most urgent referrals are seen first, but also helps in planning the procedure, ensuring that patients are appropriately prepared and that appointments are not wasted. Of particular importance are conditions such as diabetes and renal impairment and drug therapies such as warfarin and metformin.

## **5. New Clinical Director General Medicine**

Paul Reeve has changed role from clinical director of the southern T hospitals to be clinical director general medicine. Paul has been associated with the southern T hospitals for over 12 years - beginning when he worked as an SMO in Taumarunui - and has been an exceptional leader and champion of rural hospital concerns. As CD General Medicine, Paul will continue to have responsibility for the physicians visiting the T hospitals and intends to visit the sites quarterly.

## **6. Acute Childhood Asthma and Gastro-enteritis Guidelines**

Just a reminder that these guidelines are available on the web site at [www.waikatodhb.govt.nz/GP](http://www.waikatodhb.govt.nz/GP). They are in use in the Health Waikato emergency departments. Copies have been provided to most primary providers with the remainder being distributed over the next few weeks. Hopefully they will prove a useful tool towards proving best care for patients.

## **7. Thames - Demolition to Start**

Demolition at Thames Hospital is set to begin within the next month to make way for the new Inpatient Unit. Patients and visitors arriving at Hospital should expect some changes to carparking as these works commence. Inpatient Unit construction will begin in November; it will be ready for use in August 2006.

## **8. Thames - Day Procedures Unit**

During July, refurbishment of part of the third floor of the front ward block at Thames will start. A new day procedure unit and central sterilising unit will be located there. The day procedure unit will be opened in October 2005.

## **9. Waikato - Linac Bunker Piling Complete**

Over the last three weeks at Waikato Hospital, large steel beams have been piled into the ground as part of the linac bunker construction outside the Lomas building. Oncology staff had reorganised patient appointments to begin at 7am during this period, so that appointments were completed before the noisy piling operation began in the afternoons. Patient appointments are now back to normal times.

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	3 weeks
	Semi-urgent *BCC Imaging	10-12 months 2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-2 months
	Semi-urgent	2-9 months
	Routine	9-12 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	2 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	24 hours
	Semi-urgent Routine	6 weeks 6 months
Paediatric Dermatology		7 months
Hands		2 months
Dermatology Lesion Clinic	Urgent	24 hours
	Routine	6 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	1-2 months
	Semi-urgent	2-6 months
	Routine	9-12 months
Endoscopy/Colonoscopy	Medical	4-6 weeks
	Surgical	4-6 weeks 4-6 weeks 24 months
ENT	Urgent	1-3 weeks
	Semi-urgent (children)	Up to 6 months
	Semi-urgent (adults)	Up to 8 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	3-5 months
	Routine	11-12 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6-7 months
Haematology	Urgent	2-8 weeks
	Semi-urgent	6-4 weeks
	Routine	4-10 months
	DVT	4 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 1 week
	Routine	2 months
Neurology	Urgent	1-3 months
	Semi-urgent	3-10 months
	EMG urgent	1-4 months
	Routine	4-6 months
	EEG urgent	2-8 weeks
	routine	2-6 months

Clinic	Category	Waiting Time
Oncology (medical and radiation)	Priority 1	1-2 days
	Priority 2	5-10 working days 10-15 working days
	Priority 3	
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	20-25 working days
Ophthalmology	Urgent	1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	6 months
	Semi-urgent – Adults	11 months
	Semi-urgent (diabetic) Minor Operation Clinic	1 month 12 months
Orthopaedic	General	Under 6 months
	Back pain	Up to 8 months
	Paediatrics	Up to 7 months
	Paediatric Gait Clinic	1-4 weeks
Paediatric Medicine	Urgent	2-3 weeks
	Semi-urgent	2 months
	Routine	2-3 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	4 weeks
	Rheumatology	2 days (urgent)
	Women's Health	2-3 weeks (routine)
Plastics (1) Fax immediate/acute referrals to 07 839 8670	Urgent	2 weeks
	Semi-urgent	4 months
	Routine	6 months +
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6 months +
Rehabilitation	Day Clinic	1-3 weeks
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	2-4 weeks
	Semi-Urgent	4 months
	Routine	4-6 months
Ultrasound	Urgent	2 weeks
	Semi-urgent	7-8 months
	Routine	12-15 months
Urology		Within 2 months
Vascular	Urgent	1-4 weeks
Vascular Surgery	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
<b>Adult Mental Health Waiting Times</b>		
Community mental health team	Crisis referrals Non-crisis/routine	Within 24 hours Within 10 days

- 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.