

1. More Help for Smokers

Waikato Hospital is trialling a new system to refer hospital patients who smoke to existing community-based cessation services.

Since the service was introduced in May 2007 referrals have increased each month with 131 patients referred to experienced community based 'quit coaches' by the end of November 2007. The quit coaches attempt to contact the patient in the ward prior to discharge, but will visit the patient at home if they have already been discharged. The patient's smoke exposure record should also be faxed to the GP on discharge.

Staff are also encouraged to self refer if they wish to give up smoking.

Nursing and medical staff have appreciated the extra support from these coaches who have more time to spend talking to and motivating patients who smoke, to plan their quit attempt. The coaches also check the patient for withdrawal symptoms and make recommendations on nicotine replacement therapy (NRT) dosage to clinical staff.

With the two new NRT products on the hospital formulary - gum and inhaler- patients are more likely to have an admission to our 'smokefree' hospital that is free from nicotine withdrawal.

This year (1st February) will see changes to the Quitline quit card prescribing process so that all prescribers will be able to give out quit cards/prescription without the patient incurring the full cost of NRT. Cost to the patient of the prescription will be only \$5.

For further information please contact: Kate Dallas, Smokefree Co-ordinator, Waikato District Health Board Phone: 07 838 2569

2. GP admission notification

You may have noticed that you have stopped receiving notification when one of your patients is admitted to hospital. A new client administration system was installed by Health Waikato last year and it appears a software bug has since interfered with this particular functionality. The Information Systems team have referred the problem to the software developers to be resolved. Currently the time frame for it to be reinstated is uncertain but the team have a full understanding of the value of the admission notification to GPs.

3. GP Initiated Intravenous Cellulitis Management

The initiation and delivery of intravenous cefazolin for the management of cellulitis in primary care continues to receive enthusiastic support.

In the first 11 months 764 patients had their intravenous cellulitis management initiated in general practice. Only 8% failed treatment and required hospital referral within the following 14 days, so 711 were managed totally in primary care. The majority (78%) had their full course of treatment delivered by the practice team. The reduction in predicted ED

presentations was 84. While this is considerably less than the number of patients treated through the programme, there was no information about numbers of patients previously being treated with variable regimes of other antibiotics and one of the aims was to introduce standardised treatment across the DHB in line with best practice. It has also given patients the choice and convenience of being treated in their own community.

4. New Service - High Risk Obstetric Anaesthetic Clinic

Dr Christopher Tse, consultant anaesthetist for Obstetrics, is pleased to announce that a high risk obstetric anaesthetic clinic will be commencing at Waikato Hospital in February. Women with a history of anaesthetic problems, or obstetric or medical problems which may affect their anaesthetic management should now be referred to the Obstetric Anaesthetic Clinic, Women's Assessment Unit, Waikato Hospital, Pembroke St, Hamilton 3204 or faxed to Women's Assessment Unit 07 839 8820.

Urgent referrals should be made to the anaesthetist on duty for delivery suite (021 227 3836).

5. Echocardiogram results

All echocardiograms for Waikato DHB are currently carried out at Waikato Hospital. Since the service is completely separate from radiology (and radiology clerical staff do not have access to echocardiogram results), the best way to access echocardiogram results prior to receiving the written report is to contact the echocardiography department which will be pleased to assist. Contact ext 8717 via Waikato Hospital switchboard or direct dial 07 839 8717.

6. Dry Bed Training – Change of Service Provider

Since the 1980s the Child Development Centre (CDC) has been providing Dry Bed Training (DBT) programmes. From this month DBT programme provision will transfer to the Public Health Nursing Service and referrals should be made to that service. CDC will, however, provide DBT to children currently on their waiting list or under their care. An excellent resource for both health practitioners and families, Nocturnal Enuresis: Bed Wetting 2005, is available on the Paediatric Society website www.paediatrics.org.nz. For any further enquiries please contact Maureen Anderson, unit manager, Child Development Centre, Waikato Hospital, andersom@waikatodhb.govt.nz ph 07 839 8709

7. Bouquets!

It's a new year and always good to start on a positive note! While I am more than happy to tackle issues that you let me know about it also gives a real buzz to pass on compliments. So if you have any positive messages for individuals or services, I am always delighted to pass those on too!

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	6 months
Breast Care	Urgent	3 weeks
	Semi-urgent	3 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	5 days
	Semi-urgent	3 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 month
	Semi-urgent	2 month
	Routine	Within 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	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)	4-5 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	1-5 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6 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 3 weeks
	Routine	3 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
Neurosurgery	Urgent	Within 1 month
	Semi-urgent	Within 6 months
	Routine	
Oncology and Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	30-35 working days
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	20-25 working days

Clinic	Category	Waiting Time
Ophthalmology	Urgent	within 1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	within 6 months
	Semi-urgent – Adults	6 months
	Semi-urgent (diabetic)	1 month
	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
	Paediatric Gait Clinic	NB: referrals may be initially seen by a Generalist Orthopaedic Surgeon
	CDH/DDH Assess	Within 3 months
		1-6 weeks
Paediatric Medicine	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	6 months
Physiotherapy	General musculoskeletal	5 days (urgent)
		6-8 weeks (routine)
	Respiratory	5 days (urgent)
		4 weeks (semiurgent)
		4 weeks
	Rheumatology	5 days (urgent)
	Women's Health	3-4 weeks (routine)
	Continance	5 days (urgent)
		4 weeks (semiurgent)
		6 months (non-urgent)
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	5 months
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent	2 months
	Routine	4 months
Rehabilitation	Day Clinic (Physio Only)	1-3 weeks
	Day Clinic (OT)	1-3 weeks
	Rehab Clinic (Physio)	1-3 weeks
	Rehab Clinic (OT)	1-3 weeks
	Rehab Clinic (Neuropsychologist)	
	Urgent	1-3 weeks
Semi-urgent	1-6 months	
Routine	2 years	
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	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
Adult Mental Health Waiting Times		
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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