Specialist Physicians Clinic Referral Guidelines

CLINIC LOCATION AND CONTACT DETAILS:
Level 3 South West Healthcare
Ryot Street Warrnambool VIC 3280
Tel: (03) 5563 1256 Fax: (03) 5563 1206 Email: specialistclinic@swh.net.au

All referrals need to be made on the South West Healthcare (SWH) Specialist Physicians Clinic Referral Form

PROVIDER: Consultant Physicians with Registrar and Nurse Practitioner support

GENERAL EXCLUSIONS (for specific conditions: see below)

- Acutely unwell patients – refer to Emergency Department
- Non-Medicare eligible patients
- Patients < 18 years old

The following table gives a guide for what is required to allow triage of the referral and outlines the referral management process

TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS	
Investigations required prior to ALL referrals	**All baseline pathology or available diagnostics required for the management of the referred condition.** If further testing is needed prior to the clinic attendance, this will be notified to the referring practitioner after triage
Referral process (for ALL referrals)	**A referral letter on the appropriate form is to be faxed to (03) 5563 1206 or Email to: specialistclinic@swh.net.au** Further information may be requested to allow triage of the referral if this is not available.
Referral triage (for ALL referrals)	**All referrals will be triaged by a Specialist Physician. Patients will be contacted to schedule an appointment.** • Appointments will be available in under 30 days where clinically indicated. • Routine appointments will be scheduled outside of 30 days. • Unless urgent, medical oncology patients that need treatment will be seen at the first available clinic within 2 weeks
Expected Specialist Intervention/Outcome	The Specialist Physicians Clinic will aim to provide outpatient management and review until the clinical issue(s) related to the referral is stabilised and a management plan is created.
Discharge	Discharge will be linked to the optimisation or stabilisation of the indication for referral.

GENERAL and ACUTE CARE MEDICINE	
Typically, these will include patients with multiple medical problems for investigation, consultation and management. 1. **Referrals from Acute General Medical Units:** (for review of appropriate patients post-discharge) 2. **Referrals from ED:** (for patients that require urgent physician input but that are not unwell enough to require current admission*) Patient needs to have been discussed with the admitting medical team before referral to this clinic* 3. **Referrals from General Practitioners:** (for patients requiring timely General Medical review, for which the next alternative is an ED presentation)	
Expected Specialist Intervention/Outcome	Patients should expect to be referred back to GP with a care plan once the condition has been stabilised. There will be regular communication between SWH, the GP and the patient where there are chronic or progressive conditions that require ongoing Specialist advice or treatment
Discharge	Generally speaking, patients will be discharged after an initial appointment and a maximum of two review appointments (unless further appointments are necessary and approved by the consultant).
ENDOCRINOLOGY	
Investigations required prior to ALL referrals	Refer to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS**
DIABETES MELLITUS	
Suitable referrals would include patients: 1. With recent admission to hospital with diabetes-associated complications 2. Requiring pre-pregnancy counselling (this may need to include patients who are pregnant) 3. Requiring medical opinion on intensifying diabetes management	
Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS**, current pathology including (at a minimum) HbA1c and lipid levels should be performed.
Referral process (for ALL referrals)	For those referrals with diabetes for consultation, please include details of any existing health care plans (i.e. allied health engagement).
Referral triage (for ALL referrals)	A referral to certify fitness for maintaining licensing requirements alone would not constitute an appropriate referral.
Discharge	All patients will be discharged back to the General Practitioner (GP) and community care team after six months. The patient can always be re-referred if their condition changes or specialist input is required again in the future.

HEART FAILURE SERVICES

Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS**, referrals for patients with heart failure or other significant cardiac conditions, a recent trans-thoracic echocardiogram should be provided (i.e. within 12 months).
Referral triage (for ALL referrals)	A referral for a patient requiring 'end of life care' is not appropriate for this clinic.
Expected Specialist Intervention/Outcome	**The Specialist Physicians Clinic will aim to provide outpatient management and review until the clinical issue(s) related to the referral is stabilised and a management plan is created.**
Discharge	Generally speaking, patients will be discharged after three months from each enrolment with the General Medicine Heart Failure Services Clinic.

RENAL SEVICES (and HYPERTENSION)

All existing adult haemodialysis, peritoneal dialysis, and renal transplant patients are suitable.

Generally suitable referrals would include patients with:

- eGFR < 30mL/min / 1.73m (CKD IV and V)
- Sustained decrease in eGFR of >25% and a change in CKD stage or decrease in eGFR of 15ml/min/1.73m or more within 12 months
- Urine ACR > 70 mg/mmol (PCR 100 mg/mmol), unless known to be caused by diabetes
- Urine ACR > 30 mg / mmol (PCR 50 mg / mmol) together with haematuria
- Unexplained isolated microscopic haematuria where urological causes have been excluded
- Uncontrolled hypertension despite use of at least 4 antihypertensive agents
- Uncontrolled hypertension despite use of at least 4 antihypertensive agents
- Suspected renal artery stenosis

Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS**, for referrals for patients with renal disease, the following information is requested: • three cumulative creatinine and eGFR • Urine ACR/PCR & • urine microscopy • Renal ultrasound (if available)
Referral triage (for ALL referrals)	**Emergent and immediate referral:** **please contact medical registrar on call through hospital switchboard** e.g. • AKI stage 3 (creatinine 3 X baseline) • Rapidly deteriorating renal function with blood and protein in urine • Malignant hypertension • Hyperkalaemia (serum potassium 6 mmol/L or above)
Discharge	Generally speaking, patients will be discharged after an initial appointment and a maximum of two review appointments (unless further appointments are necessary and approved by the consultant).

STROKE

Generally suitable referrals would include:

- GP referred patients who have a definite diagnosis of acute stroke (confirmed radiologically), newly diagnosed stroke, or TIA
- Patients who were admitted to SWH with a diagnosis of stroke or TIA

Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS**, current pathology and radiology including: neuro-imaging results and vascular studies as appropriate
Expected Specialist Intervention/Outcome	We are here to review that medications are appropriately started, relevant investigations have been requested and reviewed

NEUROLOGY

Generally suitable referrals would include patients with:

- Headache
- Motor/sensory problems
- Neuropathies
- Multiple Sclerosis
- Seizure disorders

Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS**, for patients who had been under the care of neurologists in the past, we would appreciate available correspondence, including past imaging, nerve conduction studies, and other relevant reports.
Referral triage (for ALL referrals)	A referral to certify fitness for maintaining licensing requirements alone would not constitute an appropriate referral. Patients with persistent pain are best referred to a pain specialist. Patients needing assessment for cognitive problems (i.e. dementia) would be best served through the Cognitive, Dementia and Memory Service at SWH.
Discharge	Patients should expect to be referred back to GP with a care plan once the condition has been stabilised, or after two reviews, whichever is appropriate. There will be regular communication between SWH, the GP and the patient where there are chronic or progressive conditions that require ongoing Specialist advice or treatment.

MOVEMENT DISORDERS

Generally suitable referrals would include patients with:

- Parkinson's disease
- Gait disorders

Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS**, for patients who had been under the care of neurologists in the past, we would appreciate available correspondence, including past imaging, nerve conduction studies, and other relevant reports.

SWH PRE-OPERATIVE CLINIC

This clinic is for internal SWH referrals only from the SWH Department of Anaesthetics.

Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS**, for patients with pacemakers or defibrillator, we would appreciate details of their appliance and the treating cardiologist
Discharge	Any new or ongoing medical problem identified (e.g. hypertension, diabetes mellitus) will be relayed to the patient's general practitioner for further evaluation and care

GEM Specialist Clinic

Complex health issues requiring input from geriatrician

Age over 65 years (Aboriginal and Torres Strait Islander people with age 50 and over)

- Comprehensive geriatric assessment
- Reduced mobility/functional decline
- Cognitive impairment/frailty
- Geriatric Medicine related conditions
- Post hospital discharged age care reviews/follow ups

Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS** • Reason for referral • Treatment so far and its response • PMH and current medications • All basic investigations including blood test, urine test and appropriate imaging including CT brain • Social set up details • Functional status • Support arrangement including existing care arrangement • Resuscitation status
Referral triage (for ALL referrals)	Exclusions: • Capacity assessment • Acute illness • Single organ pathology including fractures • Age 65 or less • Non ambulatory patients including from aged care facilities • Patients with ongoing nursing needs • Advanced mental health disorders and dementia with challenging behaviours
Expected Specialist Intervention/Outcome	Outcome of the consultation will be communicated to primary care physician
Discharge	Once assessed, patient will be discharged back to primary care physician with clear plan and for ongoing care, unless a follow up for ongoing care review is required

HAEMATOLOGY

Please refer to the triage section for Acute Leukaemia and other emergency conditions.

Please refer to Western Victoria, Health Pathways first for all the other case**,** and then either **faxed to (03) 5563 1206 or email to:** **specialistclinic@swh.net.au**

Examples of suitable conditions

- Paraproteinaemia (MGUS/MM)
- Lymphoproliferative disorders (e.g. CLL/Lymphoma)
- Myeloproliferative neoplasms (MPN)
- Myelodysplastic syndrome (MDS)
- Unprovoked, recurrent venousthromboembolism/anticoagulation
- Perinatal, perioperative anticoagulation
- Undifferentiated anaemia
- Undifferentiated cytopaenia or elevated cell counts
- Bleeding/bruising tendency
- Hyperferritinaemia e.g Haemochromatosis

Investigations required prior to ALL referrals	• Background information (co-morbidities) & reason for referral (i.e. further diagnostic work-up, transfer of care) • For transfer of care, please include correspondence from previous treating specialists. • Pathology: general • FBC, reticulocytes • Biochemistry with urate and LDH • Coagulations • Iron studies • Vitamin B12, Folate • Histology (biopsy or surgery) **FNA not suitable for suspected LPD/Lymphoma** • Imaging reports (e.g. CT skeletal survey helpful for MM)
Referral triage (for <u>ALL</u> referrals)	**<u>Emergency cases</u>** **Acute leukaemia** • A fit and young (e.g. < 70 yo) requires urgent presentation to a tertiary centre • Present to Warrnambool ED and to transfer or to contact other centres directly **Thrombotic microangiopathy/Microangiopathic haemolytic anaemia** (e.g. **TTP**) • Haemolytic anaemia, RBC fragments (Schistocytes), thrombocytopenia, AKI, neurological symptom, and fever • Needs urgent presentation to a centre for therapeutic plasma exchange. Patient should present to ED and needs transfer to other centres
Expected Specialist Intervention/Outcome	**<u>Malignancies</u>** **Consideration for trial enrolment** **MDT discussion with other centres** **MM** (CT skeletal survey) MRI, Bone marrow biopsy, Chemotherapy **LPD/Lymphoma** PET scan Cardiac assessment Chemo immunotherapy **MPN and MDS** Bone marrow biopsy Venesection Chemotherapy **<u>Non-malignancies</u>** **VTE** Adjustment of anticoagulation **Bleeding/bruising** Special haemostatic testing and tertiary centre referral. Regular review as required. **Hyperferritinaemia** Venesection

Discharge	• **Indolent/low grade/pre malignancies**
	  ○ Regular alternate reviews between the clinic and GP until disease progression needing therapy
	• **Regular clinic review for active malignancies**
	  ○ Comorbidities managed by GP including regular prescription of medications.
	• **End of Life patients:** to be discharged to community palliative care services

RHEUMATOLOGY

Suitable referrals would include patients with:

1. Inflammatory arthritis
2. Ankylosing Spondylitis
3. Vasculitis
4. Scleroderma
5. Systemic Lupus Erythematosus
6. Sjogren's Syndrome
7. Myositis
8. GCA/PMR

<u>NOT</u> suitable for referral would be patients with: Ehler-Danlos/ Marfans, osteoarthritis & fibromyalgia.

Please note the following in regards to <u>Giant Cell Arteritis</u>: To discuss cases urgently and directly with the Rheumatologist. If neuro ophthalmic symptoms are present or suspected please refer the patient directly to the emergency department.

Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS** • Infection screen • Relevant rheumatological markers- serum uric acid, CK, RF, CCP, HLA B27, ANCA, ANA (generally not taken if there is no clinic suspicion of connective tissue disease) • Urine analysis.

Referral to include (for ALL referrals)	Vaccination history, any previous rheumatology letters or reports of investigations undertaken (radiology, biopsies, nerve conduction studies etc.)
Discharge	Patients who lack definitive rheumatology diagnosis and or not on disease modifying agents, will be discharged from the clinic.

Gastroenterology

Suitable referrals would include patients with:

1. Abnormal liver function test
2. Chronic refractory constipation
3. Chronic refectory diarrhoea
4. Coeliac disease
5. Cirrhosis
6. Constipation with sentinel findings
7. Diarrhoea with sentinel finding
8. Dysphagia (gastroenterology)
9. Gastroesophageal reflux
10. Hepatitis B
11. Hepatitis C
12. Inflammatory bowel disease
13. Persistent iron deficiency
14. Rectal bleeding

NOT suitable for referral would be patients with: Fatty liver with normal liver function tests, laxative dependence, positive coeliac gene test without positive coeliac serology, Patients with more than 12 months of symptoms with no sentinel findings who have not had an adequate trial of treatment, Screening for Barrett's oesophagus in patients with gastroesophageal reflux without additional symptoms, halitosis, belching, Patients who are hepatitis B surface antigen (HbsAg) negative, unless they are immunosuppressed or starting immunosuppressant medicines and are hepatitis B core antibody positive, Hepatitis C should managed and treated through suitable community-based services wherever possible, Patients who are hepatitis C (HCV) RNA negative who are not at ongoing risk of cirrhosis, Non-iron deficiency anaemia without evidence of blood loss, Vegetarian diet without iron supplementation, If the patient has had a full colonoscopy in the last 2 years for the same symptoms.

Investigations required prior to ALL referrals	In addition to **TABLE 1: FOR ALL SPECIALIST PHYSICIANS CLINIC REFERRALS** • Specialities | State wide referral criteria
Referral to include (for ALL referrals)	• Previous gastroscopy/ colonoscopy results • Previous histology results • Current and previous imaging results • Previous gastroenterology assessments or opinions • height, weight and body mass index • any relevant family history • Iron studies •
Discharge	Once assessed, patient will be discharged back to primary care physician with clear plan and for ongoing care, unless a follow up for ongoing care review is required