
Primary Options for Acute Care

Information Manual

2021



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ACUTE DEMAND TEAM CONTACT DETAILS

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ABOUT POAC

Primary Options for Acute Care (POAC) is a patient centred service which enables General Practice Teams (GPT) to safely manage acute illness, by accessing an increased range of specified services in the community. This service provides an alternative to referring patients to the Emergency Department (ED).

The initial standard GP/ NP consultation incurs the usual charge and thereafter all services are provided at no cost to the patient. This is on the proviso that the patient/ condition meets the eligibility criteria and those items claimed are covered in the claiming guide.

The service has been specifically designed to:

- increase management of acute illness in the community thereby decreasing numbers presenting acutely to hospital
- enable primary care providers to maximise the management of patients in the community
- make the best use of available resources within the current workforce
- integration of primary and secondary services
- link with other community services that support the overall purpose
- improve patient experience by providing care closer to home

A range of services are accessible through POAC, these include:

- Diagnostic procedures, e.g. DVT Ultrasound, Plain Film X-Ray, Urgent Bloods
- Extended services within the GP surgery (GP/NP/nurse consults, procedures e.g. incision and drainage, intravenous therapy)
- GP/ NP or nurse home visits
- Patient observation

While the Doctor or Nurse Practitioner takes full clinical responsibility of their patients who enter the POAC service, the POAC team will be undertaking regular retrospective clinical audit and case review on specified POAC cases as triggered through the Continuous Quality Improvement (CQI) process. Through this process, feedback will be provided to sites in order to ensure consistency, eligibility criteria are adhered to and that the case was appropriate for POAC.

HEALTH PATHWAYS

Pathways have been developed for key conditions to support GPTs to manage patient care in the community.

As of January 2021 there are six specific pathways which pertain to POAC. They are Cellulitis, DVT, COPD, Acute Rehydration in Adults, Gastroenteritis in Children, and Iron Infusion.

At present the cellulitis and DVT pathway can be found here through Wanganui and Midcentral Community Health Pathways. <https://ccp.communityhealthpathways.org>.

The remaining pathways pertaining to POAC can be found through the Map of Medicine (MOM). <https://www.thinkhauora.nz/latest-updates>. Simply click on the purple box at the top of the pathway for POAC information. In time the pathways on MOM will be updated to Community Health Pathways.

Please see the claiming guide for specific services covered by POAC within these pathways. (pg. 10-13 for MedTech practices and pg. 14-17 for Indici practices).

Does the patient have to pay for any services?

The initial **standard** GP/ NP consultation incurs the usual charge and thereafter all services are provided at no cost to the patient. This is on the proviso that the patient/ condition meets the eligibility criteria and those items claimed are covered in the claiming guide.

ELIGIBILITY

To be eligible for POAC services, the following criterion applies:

- Patient **≥ 16 years of age**. *Only exception is when specified POAC pathways for children are used*
- The patient is acutely unwell and has been assessed as clinically safe and appropriate to be managed in the community
- The patient has given his/ her consent to the recommended treatment
- The patient has given his/ her consent to their clinical consultation notes being used for auditing and evaluation purposes as part of the data collection process for the POAC programme
- The patient is eligible to access funded New Zealand health care services
- The clinician can take responsibility for the patients care, or have handed over the patient to another clinician
- The clinician can confirm that, in their opinion, the patient would have otherwise been referred acutely to hospital (for all pathways except Iron Infusion and COPD – ED pilot)

Considerations when initiating a POAC episode include:

- * Other applicable funding streams (e.g. ACC, maternity, private insurance) cannot be used in the first instant.
- * Patient consent

ACC FUNDING AND POAC

ACC cases should be treated and claimed through ACC as per normal processes. POAC funding only applies under the following circumstances:

- If there is a history of injury then all investigations and treatment should be claimed under ACC in the first instance e.g. DVT, Head injury requiring observation
- Surcharges for medical treatment or diagnostic services will be funded as covered in the claiming guide

POAC SERVICES

Practice-Based Services

Practice based services can be claimed under POAC by the initiating Doctor or Nurse Practitioner taking clinical responsibility for the patient.

Observation of POAC patients in practice - Guide

One of the key goals of the POAC service is to deliver timely, flexible and co-ordinated care which meets the health needs of the individual in the community setting. Under the POAC service, a period of observation within the clinical practice setting can be claimed where it is identified that this service can safely prevent an acute hospital attendance.

Pre-requisites

- Adequate clinical space and staff resourcing available to provide patient observation of up to 3 hours
- The Medical or Nurse Practitioner providing clinical oversight is on-site during the period of observation
- A Registered Nurse is present during the monitoring/ observation period

Documentation Requirements for POAC Claims

- Patient consent
- Regular observations recorded, Early Warning System (EWS) scored and actioned on appropriate form
- Evidence supplied in clinical notes showing improvement and review prior to patient discharge
- If the patient is under active observation, and is likely to exceed 3 hours, a phone call to the Emergency Department (ED) Consultant or relevant hospital-based specialty is required and the clinical documentation must reflect the outcome of this discussion

Observation not suitable under POAC:

- ACC injuries except minor head injuries or observations of an older person after a fall
- Adults with high or intermediate risk of coronary syndromes
- Children < 16 years of age. Only exception is when specified POAC pathways for children are used

Diagnostic Services (Plain Film X-Ray/ DVT Ultrasound)

Routine investigations should be ordered through the normal process. For POAC initiated laboratory investigations, please ensure to annotate **"POAC"** on the radiology request form to indicate urgency of turnaround.

The following diagnostic services are accessible under POAC. Please see table below for providers and hours available:

Radiology providers for POAC Plain X-Rays	Service Type	Coverage Specific Area
Broadway Radiology Tel: (06) 357-9079 Fax:(06) 357-9094 Website: www.broadwayradiology.co.nz Radiologist hotline (if delay in report or urgent enquires) Cell: 021 344 922	Plain Film X-Ray Annotate POAC on form to ensure patient is not charged	PNTH, Feilding, Horowhenua Residents
The Palms X-ray Tel: (06) 354 7737 Fax: (06) 354 7757 Website: www.radiusmedical.co.nz	Plain Film X-Ray Annotate POAC on form to ensure patient is not charged	Palmerston North and Feilding Residents
Tararua Health Group Radiology Tel: (06) 374 8497 www.thg.org.nz	Plain Film X-Ray Annotate POAC on form to ensure patient is not charged	Tararua Residents
Horowhenua Radiology Tel: (06) 357 9079 Fax: (06) 357 9094 www.broadwayradiology.co.nz	Plain film X-Ray Annotate POAC on form to ensure patient is not charged	Horowhenua Residents
Radiology providers for POAC DVT Ultrasounds	Service Type	Coverage Specific Area
Broadway Radiology Tel: (06) 357-9079 Fax:(06) 357-9094 Website: www.broadwayradiology.co.nz Radiologist hotline (if delay in report or urgent enquires) Cell: 021 344 922	DVT Ultrasound Annotate CCR on form to ensure patient is not charged	PNTH, Feilding, Horowhenua, Tararua Residents
Manawatu Ultrasound at The Palms Tel: (06) 354 9800 Website: www.manawatuultrasound.co.nz	DVT Ultrasound Annotate CCR on form to ensure patient is not charged	Palmerston North, Tararua and Feilding Residents
Tararua Health Group Radiology Tel: (06) 374 8497 www.thg.org.nz	DVT Ultrasound Annotate CCR on form to ensure patient is not charged	Tararua Residents
Pacific Radiology Tel: 06-954 2040 Website: www.pacificradiology.com	DVT Ultrasound Annotate CCR on form to ensure patient is not charged	Palmerston North, Tararua and Feilding Residents

**** All DVT ultrasounds to be annotated with CCR not POAC**

Referrals to other POAC sites (including After Hours Care)

Process for handover between sites

There may be occasions where your patient requires care from another POAC provider. In all instances, you will need to provide a clinical handover to the receiving site. The Doctor or Nurse Practitioner who initially refers the patient carries clinical responsibility unless that clinician has specifically handed over care to another Doctor or Nurse Practitioner.

The following points should be undertaken when handing over between sites while the patient is receiving services under POAC:

- The referring GP/ NP will need to make a verbal clinical handover to the provider and have the patient accepted for treatment
- Complete a POAC 'Transfer of Care/ Handover Form' and send a copy to the receiving site
- Give a copy to the patient to take with them including any other relevant notes to the nominated POAC provider

This process also applies when handing the patient **back** to their health home.

POAC Referral Centres

POAC Referral Centres are POAC sites which are accredited by the POAC programme as fulfilling the requirements to provide more complex care. The Referral Centres will receive POAC referrals potentially from GPTs, St John and Secondary Services (Iron Infusions only). This will enable the patient to receive POAC services as an alternative to hospital. All POAC related care will be funded under POAC.

The POAC Referral Centres are:

- **City Doctors**
- **The Palms Medical**
- **Kauri HealthCare**
- **Feilding Health Care** (Enrolled patients only)
- **Horowhenua Community Practice** (Enrolled patients only)

Acute Nursing at Home

The District Nursing Service (DNS) supports (GPTs) to manage clients with acute episodes of unwellness in the community to prevent avoidable hospital admissions. The nursing team will work in partnership with the GPTS to enable their acutely unwell client to remain safely at home.

The DNS can provide:

- Rapid response (within 2 hours between 0800hrs – 2300hrs)
- Intensive short-term support
- Home based care
- Close physical state monitoring
- Patient education and reinforcement of GPT plan
- Additional referrals to appropriate services as assessed

Criteria for referral for Acute Nursing at Home includes:

- Clinical oversight can be provided by GP/NP
- The patient has been assessed in the last three days by a GP/NP

- GP/NP has discussed with patient the need for further medical assessment if required
- The patient is clinically stable to be managed at home (**completed Community EWS form with appropriate variances is required**)
- The patient has consented to referral
- The patient is ≥ 16 years of age

For all new referrals:

1. **A verbal handover is essential to ensure District Nurse have the capacity to care for patient.** Please call (06) 350 8100 or 0800 001 491 to discuss your referral.
2. Once you have verbal acceptance by the District Nursing Team, fax through the relevant clinical information to the District Nursing Service on Fax (06) 3508102 or email to:
districtnursingreferrals@midcentraldhb.govt.nz

****All referrals must meet above clinical criteria and be accepted by phone prior to actioning****

Home - Base Support

For those that have an acute health event in the community and require up to four weeks of short-term personal care service. Existing long-term packages can be topped up.

Support can include showering, dressing, medication checking/prompting (not administering), nutritional oversight for cognitively impaired client e.g. heating up meals, guidance, prompting and direction due to cognitive impairment and someone not initiating same, night settling for safety check (client wellbeing, checking appliances, security etc).

Personal care can be provided from three visits per week up to three visits a day based on need.

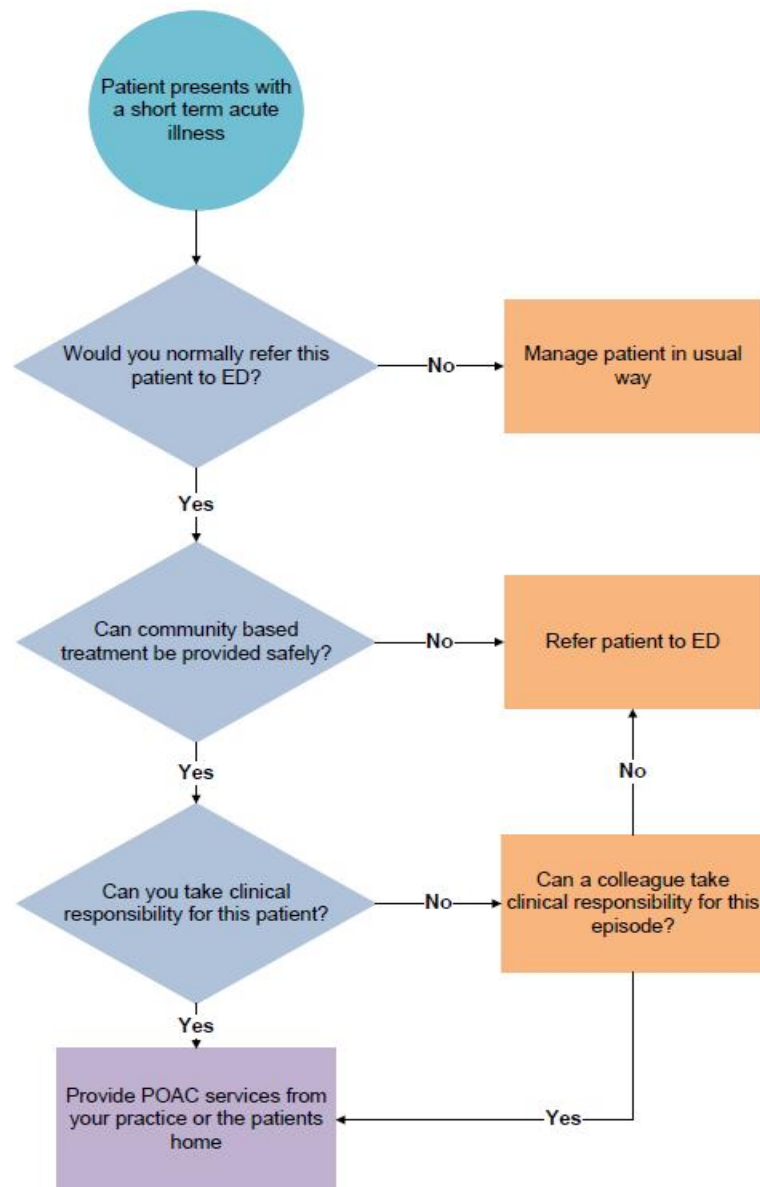
- **Home-based Support (Personal Care): for patients' ≥ 65 years**
(If under 65years, please discuss with Supportlinks 0800 221 411)
- **Supportlinks Community Packages of Temporary Support (CPOTs):**
Includes four specific packages of personal care* which are primarily morning support and cover up to a maximum of 4 weeks:

Package	No. Visits	Days per week covered
A	3 visits per week	Monday - Sunday
B	5 visits per week	Monday - Sunday
C	7 visits per week	Monday - Sunday
D	2 - 3 visits per day	Monday - Sunday

*Personal care = Hygiene cares/ Medication prompts/ Nutritional oversight

Referral Process: To refer a patient, please use a Supportlinks referral form stating a request for this support. For any patient referral enquiries please phone Supportlinks on ph. 0800 221 411.

POAC SERVICE PROCESS



Please note:

- The patient will pay for the first POAC interaction in all instances i.e. Initial consultation at General Practice or St. John assessment including transport to General Practice
* Subsequent consultations are covered by POAC
- If patient has their first POAC contact with St. John ambulance or ED - POAC will fund initial consult at receiving site
- Reminder that POAC will cover the acute episode of care only (usually up to 3 – 7 days)

POAC Claiming Guidelines for MEDTECH PRACTICES

Service Type	Health Pathway	Relevant steps in MOM pathway	Screening Term required	Invoice Code	Amount available to claim for simple service (inc. GST)	Includes:	Excludes: (considered BAU)
Acute Treatment Packages	Adult Rehydration (IV Fluids only)	19, 27		XIVF	\$85.00	<ul style="list-style-type: none"> Giving set, cannulation procedure, antiemetics, oral fluids, observations, nursing time, follow up phone call in ≤ 12 hrs if indicated 	<ul style="list-style-type: none"> NaCl – available on MPSO
	Gastro – Children	24, 26 ,27		XOF	\$110.00	<ul style="list-style-type: none"> Oral rehydration, 60 mins nursing observation time, review by GP/NP post infusion (+ referral with paed's if req.) 	
Acute Assessment Packages	DVT			XDVT	\$50.00	<ul style="list-style-type: none"> Can claim total of up to 5 injectable treatments Post treatment review 	
Community Treatment Packages	COPD – Acute Exacerbation	17		XCOPDA	\$50.00	<ul style="list-style-type: none"> One review with GP/NP within 2-3 days of treatment protocol 	<ul style="list-style-type: none"> CXR (Chest Xray) – this is claimed by the radiology service treatment protocol of antibiotics +/-steroids is usual PH care
	ED COPD OUT – Discharge from secondary care			X1COPD	\$50.00	<ul style="list-style-type: none"> One review with GP/NP within 2-3 days of discharge from hospital service (all cohort) 	<ul style="list-style-type: none"> Cohort identified and selected by ED staff
			SPIRO	X2COPD	\$40.00	<ul style="list-style-type: none"> Spirometry (all cohort eligible/if required) 	
			AP RESP	X3COPD	\$50.00	<ul style="list-style-type: none"> Additional assessment + action plan review 10-14days post d/c from hospital (Only applicable for Maori/Pasifika/high dep. 	

Service Type	Health Pathway	Relevant steps in MOM pathway	Screening Term required	Invoice Code	Amount available to claim for simple service (inc. GST)	Includes:	Excludes: (considered BAU)
						patients in the identified cohort)	
	Iron Deficiency Anaemia	Full pathway		XIRON	\$200.00	<ul style="list-style-type: none"> Nurse time, all IV consumables, cannulation procedure. One GP/NP review post-infusion (if required) 	
	Cellulitis			XCELL**	\$100.00 per IV dose	<ul style="list-style-type: none"> IV antibiotic therapy will include all consumables, nursing time and associated costs for each dose of injectable IV antibiotic 	
				XCOM	\$50.00 Oral treatment review	<ul style="list-style-type: none"> Review of cellulitis patient after 48 hours follow up in 5-7 days to ensure resolution <p><i>*Annotate as Cellulitis Review</i></p>	
	Congestive Heart Failure – Acute exacerbation	30		XCHF	\$50.00	<ul style="list-style-type: none"> One GP/NP review post-acute exacerbation 	
Redirects (from ED/ambulance service/other site)	Redirect surcharge (inc. ACC)			XREDIR	\$50.00	<ul style="list-style-type: none"> Can be claimed to; <ol style="list-style-type: none"> cover the cost of ACC patient surcharge (if applicable) <p><i>Annotate as ACC</i></p> <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> the initial patient consult charge if redirected from ED, ambulance service, or care transferred from another GP site <p><i>Annotate as ED, Ambulance or Other Site</i></p> 	

Service Type	Health Pathway	Relevant steps in MOM pathway	Screening Term required	Invoice Code	Amount available to claim for simple service (inc. GST)	Includes:	Excludes: (considered BAU)
<i>Other</i>	Casual patient claim *NOTE* : This service cannot be used when claiming against the Iron Infusion Pathway			XCASPT	\$50.00	<ul style="list-style-type: none"> only claimable if patient not registered with the treating POAC site Only claimable once per package of care (usually at initial presentation) 	
	Complex case claim			XCOM	\$50.00	<ul style="list-style-type: none"> Additional and more intensive monitoring and/or consultation time by nursing team (rationale needs to be clear in consult notes) or an additional GP/NP review <i>Annotate as either GP/NP or nursing time.</i> 	<ul style="list-style-type: none"> Time patient is not in active care/being observed (i.e.: in a waiting room/or - awaiting results)
						<ul style="list-style-type: none"> Incision and Drainage of a moderately severe abscess requiring a local anaesthetic * (for CSC patients only) <i>Annotate as Incision and Drainage</i> 	<ul style="list-style-type: none"> Management of simple boil/abscess IV antibiotics
	Simple procedure claim				XSIMP	\$30.00	<ul style="list-style-type: none"> ECG, consumables, interpretation, and associated nurse time – acute events associated with a POAC pathway only. <i>Annotate as ECG</i>
<ul style="list-style-type: none"> Simple wound care/not otherwise claimable through ACC. Only claimable once per episode of care <i>Annotate as Wound Care</i> 							

POAC Claiming Guidelines for INDICI PRACTICES

Service Type	Health Pathway	Relevant steps in MOM pathway	Invoice Code	Amount available to claim for simple service (inc. GST)	Includes:	Excludes: (considered BAU)
Acute Treatment Packages	Adult Rehydration in Adults	19, 27	Adult Rehydration (IV Fluids Only)	\$85.00	<ul style="list-style-type: none"> Giving set, cannulation procedure, antiemetics, oral fluids, observations, nursing time, follow up phone call in ≤ 12 hrs if indicated 	<ul style="list-style-type: none"> NaCl – available on MPSO
	Gastroenteritis in Children	24, 26,27	Gastroenteritis – Children	\$110.00	<ul style="list-style-type: none"> Oral rehydration, 60 mins nursing observation time, review by GP/NP post infusion (+ referral with paed if req.) 	
Acute Assessment Packages	DVT		Administration of Clexane	\$50.00	<ul style="list-style-type: none"> Can claim total of up to 5 injectable treatments 	
			Treatment review	\$50.00	<ul style="list-style-type: none"> Post treatment review/ providing USS results 	
Community Treatment Packages	COPD – Acute Exacerbation		Review after acute exacerbation of COPD	\$50.00	<ul style="list-style-type: none"> One review with GP/NP within 2-3 days of treatment protocol 	<ul style="list-style-type: none"> CXR (Chest Xray) – this is claimed by the radiology service treatment protocol of antibiotics +/-steroids is usual PH care
	ED COPD OUT – Discharge from secondary care		COPD – 2-3-day review post discharge from secondary Care	\$50.00	<ul style="list-style-type: none"> One review with GP/NP within 2-3 days of discharge from hospital service (all cohort) 	<ul style="list-style-type: none"> Cohort identified and selected by ED staff

Service Type	Health Pathway	Relevant steps in MOM pathway	Invoice Code	Amount available to claim for simple service (inc. GST)	Includes:	Excludes: (considered BAU)
	ED COPD OUT – discharge from secondary care		COPD - Spirometry	\$40.00	<ul style="list-style-type: none"> Spirometry (all cohort eligible/if required) 	
			COPD – 10 TO 14 day follow up after discharge from secondary care & Action Plan	\$50.00	<ul style="list-style-type: none"> Additional assessment + action plan review 10-14days post d/c from hospital (Only applicable for Maori/Pasifika/high dep. patients in the identified cohort) 	
	Iron Deficiency Anaemia	Full pathway	Iron Deficiency Anaemia	\$200.00	<ul style="list-style-type: none"> Nurse time, all IV consumables, cannulation procedure. One GP/NP review post-infusion (if required) 	
	Cellulitis – Package of Care		Treatment Review	\$50.00	<ul style="list-style-type: none"> Review after 48 hours of treatment. Review in 5-7 days to ensure resolution 	
		Administration of IV Antibiotics	\$100 per IV dose	<ul style="list-style-type: none"> IV antibiotic therapy will include all consumables, nursing time and associated costs for each dose of injectable IV antibiotic 		
	Congestive Heart Failure – Acute exacerbation	30	Acute Exacerbation of Congestive Heart Failure Review	\$50.00	<ul style="list-style-type: none"> One GP/NP review post-acute exacerbation 	

Service Type	Health Pathway	Relevant steps in MOM pathway	Invoice Code	Amount available to claim for simple service (inc. GST)	Includes:	Excludes: (considered BAU)
Redirects (from ED/ambulance service/other site)	Redirect surcharge (inc. ACC)		Redirect Consults Surcharge (inc ACC)	\$50.00	<ul style="list-style-type: none"> Can be claimed to; 3) cover the cost of ACC patient surcharge (if applicable) <i>Reason for Request*</i> ACC OR 4) the initial patient consult charge if redirected from ED, ambulance service, or care transferred from another GP site <i>Reason for Request* ED, Ambulance or Other Site</i> 	
Other	Casual patient claim *NOTE*: This service cannot be used when claiming against the Iron Infusion Pathway		Casual Patient Claim	\$50.00	<ul style="list-style-type: none"> only claimable if patient not registered with the treating POAC site Only claimable once per package of care (usually at initial presentation) 	
			Treatment Review or Additional care	\$50.00	<ul style="list-style-type: none"> Additional and more intensive monitoring and/or consultation time by nursing team (rationale needs to be clear in consult notes) or an additional GP/NP review 	<ul style="list-style-type: none"> Time patient is not in active care/being observed (i.e.: in a waiting room/or - awaiting results)

Service Type	Health Pathway	Relevant steps in MOM pathway	Invoice Code	Amount available to claim for simple service (inc. GST)	Includes:	Excludes: (considered BAU)
					<ul style="list-style-type: none"> Incision and Drainage of a moderately severe abscess requiring a local anaesthetic * (for CSC patients only) <i>Reason for Request* Incision and Drainage</i>	<ul style="list-style-type: none"> Management of simple boil/abscess IV antibiotics
	Simple procedure claim		Simple Procedure claim	\$30.00	<ul style="list-style-type: none"> ECG, consumables, interpretation, and associated nurse time – acute events associated with a POAC pathway only <i>Reason for Request * ECG</i>	<ul style="list-style-type: none"> Routine ECG
					<ul style="list-style-type: none"> Simple wound care/not otherwise claimable through ACC Only claimable once per package of care <i>Reason for Request* Wound Care</i>	

ST JOHN AMBULANCE REDIRECTION PATHWAY GUIDELINES

St John staff will have direct access to Primary Options pathways in the Manawatu and Horowhenua Districts. These pathways provide a non-ED option for patients who require transport to a medical facility but can be managed in a POAC Accident & Medical Centre or at nominated General Practice Teams (GPTs) facilities. Provided patients meet the specific criteria, their visit is free to POAC Centre's.

Ambulance redirection process

The aim is to ensure that **'the right patients are treated in the right place, by the right person, at the right time'**. POAC will support St John to redirect patients to primary care as an alternative to a hospital emergency department by providing funding consult at the nominated POAC Centre.

- The ambulance officer will identify appropriate POAC cases based upon referral criteria and will discuss referral options with the patient.
- Following consent from the patient the ambulance officer will transport the patient to the nominated POAC Centre.
- As agreed, upon by the POAC Centre's the ambulance personnel **will not need to ring** prior to transfer but present themselves to clinical personnel on arrival.

****Horowhenua Community Practice (HCP) requires that ambulance staff phone and speak to a triage nurse prior to transfer to ensure HCP have the capacity to safely manage the patient. Phone 06 368 8539**

A POAC Centre can only decline to accept patient based on safety or capacity issues. In these cases, ambulance will continue to Palmerston North ED.

Please ensure your reception staff are made aware that St John may present and will need to speak with the acute practice nurse on arrival.

Referral Criteria for ambulance transport

The types of patients, who potentially may be transported to a nominated POAC Centre, must have **all** the following **inclusion criteria** met:

- Low acuity
- Patient ≥16 years of age
- Patient is eligible to access funded New Zealand Health Care Services
- Patient has consented to transfer
- Patient is clinically stable and unlikely to be referred to hospital
- Transport time to the POAC Centre is such that it is reasonable to transport the patient there
- The clinical problem that the patient has must be able to be safely managed in a POAC Centre
- The **clinical staff** have the right to ask ambulance personnel to immediately transport the patient to ED if they do not think it is appropriate or safe for the patient to be treated at the clinic

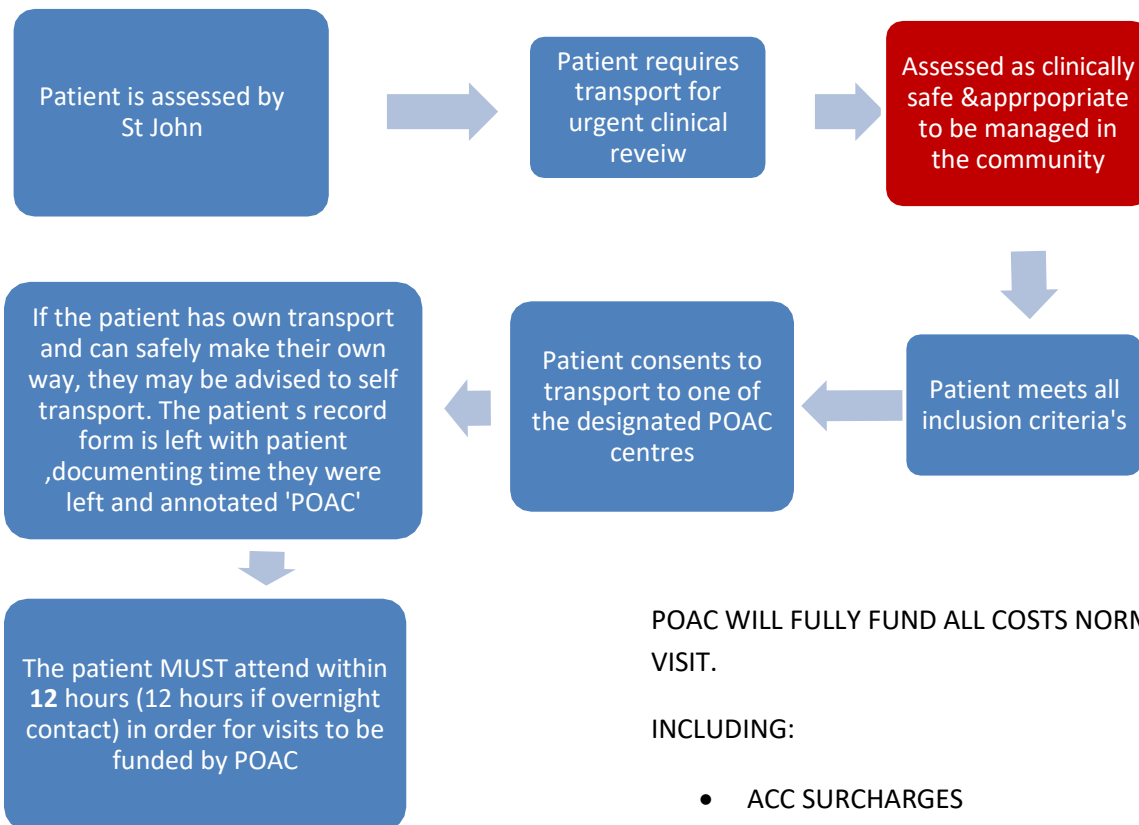
POAC claiming Process

The **patient will pay** for the initial transport as per St John protocol. On presentation to primary site POAC will fund all aspects of care related to that episode including the initial consultation, ACC surcharges and subsequent ambulance transport to hospital if required.

Referral criteria for patient self-transport

Where the patient has been assessed as requiring **urgent review** defined as *within same day of presentation* and patient has own transport, they can self-transport to a medical facility. The ambulance crew should indicate on the patient record form that POAC has been initiated; document the time patient was left. The patient **must** be advised to ring provider as soon as possible to make a same day review, advising receptionist they are deemed a 'POAC patient referred by St John'. They must take the form with them and attend within **12 hours (12 hours if overnight contact)** of the time documented on the form. POAC funding will only apply if the patient presents within this time period of the time documented.

POAC St. JOHN REDIRECTION PROCESS



POAC WILL FULLY FUND ALL COSTS NORMALLY CHARGED TO THE PATIENT FOR THIS VISIT.

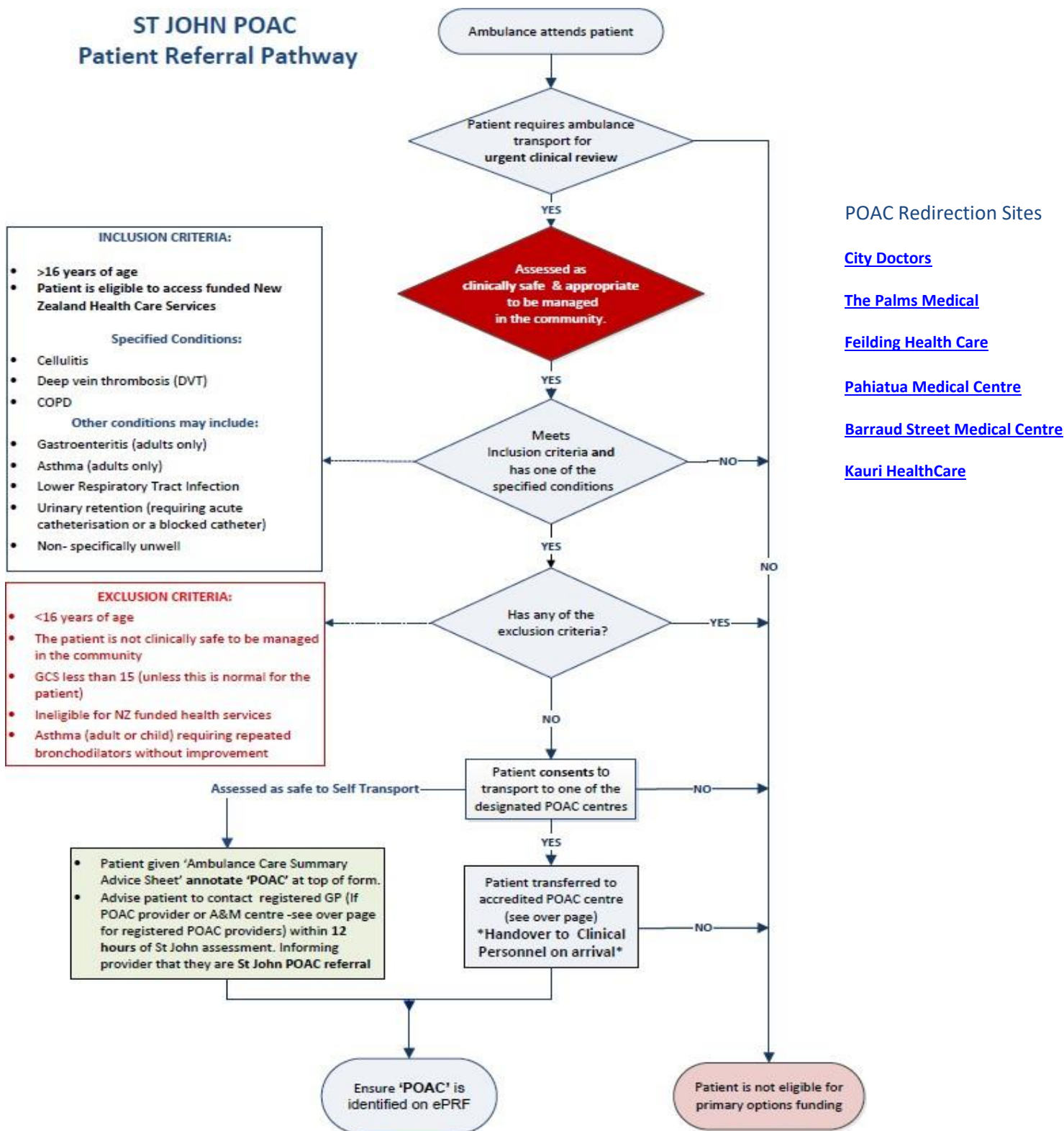
INCLUDING:

- ACC SURCHARGES
- CONSULT FEES
- AMBULANCE FEE FOR PATIENTS TRANSPORTED ON TO HOSPITAL (IF CLINICALLY REQUIRED)

NO COSTS SHOULD BE INCURRED BY THE PATIENT

**** Any HCP patient transfers will need to call the triage nurse at the practice prior to arrival to ensure capacity.
Phone 06 368 8539**

ST JOHN POAC Patient Referral Pathway



**** Any HCP patient transfers will need to call the triage nurse at the practice prior to arrival to ensure capacity. Phone 06 368 8539**

POAC FREQUENTLY ASKED QUESTIONS

Which patients are eligible to receive POAC services?

Patients (**≥16 years of age**) who would otherwise require an acute hospital referral within the MidCentral DHB region and are able to have their health needs met safely in the community.

(Only exception in age range is when specified POAC pathways for children are used)

UK or Australian citizens visiting New Zealand, or other visitors residing in New Zealand on a working visa with a continuous stay of two years or more. Refer to the [Ministry Of Health eligibility criteria](#) for publicly funded health services online for further information.

Patients whose treatment is not covered by another funding stream e.g. ACC (see exclusions in ACC section of manual), maternity services, and private insurance.

Who takes clinical responsibility for my patient when under the POAC service?

The Doctor or Nurse Practitioner who initially assesses the patient carries clinical responsibility unless that clinician has specifically handed over care to another Doctor or Nurse Practitioner.

What if the patient is registered with another GP?

When the initiating Doctor is not the patient's GP, he/she agrees to advise and handover care to the patient's GP at the earliest practical opportunity e.g. the next working day. The initiating doctor carries clinical responsibility for managing the patient's acute illness until the responsibility has been accepted by the patient's GP.

Does the patient need to be enrolled?

No, patients do not need to be enrolled with you or any other practice to receive treatment under this service.

How can services be accessed for patients?

Services within the clinic can be provided as clinically assessed, no approval is required. X-ray services can also be accessed without prior approval being required.

What if the services required cost more than budgeted amount?

If the cost of the episode of care is not covered in the claiming guide or you are likely to exceed the maximum observation limit of 3 hours, please phone the POAC team for advice on eligibility to proceed with the claim

Does the patient have to pay for any services?

The initial **standard** GP/ NP consultation incurs the usual charge and thereafter all services are provided at no cost to the patient. This is on the proviso that the patient/ condition meets the eligibility criteria and those items claimed are covered in the claiming guide.

What conditions can be claimed under POAC?

We encourage the consideration of POAC services for any situation where an acute referral to hospital can be avoided. This decision is based on clinical assessment where the patient can be safely cared for in the community.

Localised collaborative clinical pathways are available on Map of Medicine and Community HealthPathways to support management of some of the more common conditions. Wanganui and Midcentral Community Health Pathways. <https://ccp.communityhealthpathways.org>.

The remaining pathways pertaining to POAC can be found through the Map of Medicine (MOM). <https://www.thinkhauora.nz/latest-updates>

Will POAC pay for after-hours follow-up or home visits if needed?

Yes. Either the GP/ NP, the deputised after hour's service or a local A&M can provide after-hours care to your patient.

What hours is the POAC service support team available?

Monday – Friday: 0800 – 1630hrs

Mobile: 027 274 8106

What if my patient eventually needs to be admitted?

It is expected that some POAC cases may require referral to hospital for further management. Should this be required, refer to hospital services in the usual way. POAC will pay for services provided up to referral to hospital. It is essential that patients be admitted when necessary, risks should never be taken to avoid admission.

Can services be accessed for the same patient, for more than one episode?

Yes, funding is allocated per patient, per episode.

Who can help with medical management advice?

The local hospital Emergency Department (ED) Consultant or relevant hospital-based specialty Medical Practitioner may be contacted for medical advice.

How much should I charge?

For the initial standard GP/ NP consultation, charge the usual standard consultation rate. The only exception to this is if the patient is brought to you via St. John Ambulance as a POAC case – in this instance the patient pays the St. John fee, and the other ongoing visits are covered by POAC. We have set fees for some services (packages of care) which are detailed in the **claiming guide** in this POAC information manual

When should an episode of care end?

POAC will fund for the acute episode only. The patient should be discharged when they are no longer acutely unwell and needing the increased level of care that POAC funds. This is usually within 3-5 days but may be longer under some circumstances e.g. extension of IV antibiotic cover for cellulitis following discussion with Infectious Diseases Physician as indicated in the collaborative clinical pathway.

Does POAC fund ongoing dressing changes?

No, once the patient is well enough to be discharged from POAC (usually within 24 hours of last IV Antibiotic dose). Ongoing dressings should be referred to District Nursing service, or the patient would pay in the usual way.

POAC BUSINESS RULES

Definitions: In these terms and conditions, unless context otherwise requires:

'We' and 'us' means the contract holders, THINK Hauora (TH)

The service' means the Primary Options for Acute Care (POAC) service

Background: this document represents a contract between us and the practices wishing to utilise the POAC service. The service is operated by us under contract to MidCentral District Health Board (MDHB). The range of acute alternative services includes, but is not limited to, the range of services listed in the POAC information manual

Objective: The overall outcome of the service is to have an immediate and significant impact on health outcomes for patients and the growth in acute hospital referrals by empowering primary care providers to provide more flexible and responsive alternatives to an acute hospital referral

Outcomes: The overall outcome of the service is to demonstrate primary care responsibility to contribute to reducing hospital acute demand, and decreasing escalation of care by providing a higher level of care in the community

Definition of the service: The service and its procedures are defined in the POAC information manual. The POAC service may be modified from time to time

Qualifying patients: All patients' ≥16 years of age (exception gastroenteritis in children pathway) of qualifying GP/NP who are normally resident in the MDHB region are eligible. Any patient who, following a normal consultation, the GP/NP would normally refer acutely to hospital, but who they consider could be safely managed in the community with extra support or diagnostic services can be provided care under the service

Qualifying Doctors: any Registered Medical Practitioner who holds a current Annual Practising Certificate (APC) and has not been found guilty of disgraceful conduct under the Medical Practitioners Act 1995

Qualifying Nurse Practitioners: any Registered Nurse Practitioner who holds a current APC and has not been found guilty of professional misconduct under as per the Nursing Council of New Zealand Code of Conduct 2012

POAC Champions: Site must have identified POAC Champions which include medical and/or nursing representatives.

POAC Champion Role:

- To promote and support the implementation and integration of the POAC programme into site work activities
- To disseminate POAC programme information including updates to staff
- To be available for case review feedback quarterly with POAC Team or at short notice if required

Medical and Nursing Staff: All medical and nursing staff employed by the participating practice will be registered with their appropriate statutory body and hold a current APC

Clinical Responsibility: when a GP/NP who is not the patients GP/NP provides care under the service (the initiating clinician), he/she agrees to advise and handover care to the patients GP/NP at the earliest practical opportunity e.g. next working day or at the end of the acute episode of care. The initiating clinician carries clinical responsibility for managing the patient's acute illness until responsibility has been accepted by the patients GP/NP.

Quality standards: Doctors/Nurse Practitioners providing the service will apply sound clinical judgment to ensure that patient safety is not compromised

Records: GPs/NPs providing services covered by POAC are required to submit all relevant clinical records related to the episode of care being provided via the MedTech and Indici PMS systems.

Indemnity: When using this service, the GP/NP agrees to take full clinical responsibility for managing the treatment and ongoing care in the community.

The GP/NP indemnifies us against any loss, damage or expense incurred by us as a result of any action or poor performance by the GP/NP.

Continuous Quality Improvement:

- The GP/NP agrees to co-operate with the POAC team in its audit responsibilities under the contract between the participating parties
- The GP/NP agrees to allow the POAC team reasonable access to premises, all relevant information, and POAC referred patients as required for audit and case review purposes
- For the purposes of carrying out any audit, access to clinical information will only be made available to a suitably qualified registered medical/ nursing practitioner
- The GP/NP/Team agrees to a quarterly case review feedback. Where patient safety concerns or immediate concerns with POAC programme are identified, it is expected the sites will be available for discussion/feedback in a more urgent manner

Payment for the service: TH agree to fund all **appropriate claims** made by the GP/ NP to the POAC service

Doctor/ Nurse Practitioner acknowledgement: In completing the funding form, the GP/NP acknowledges that he/she has read, understood, and agrees to be bound by these terms and conditions when claiming POAC services

Transfer of Care

The 'New Zealand Medical Council' clearly directs the required standards for transfer of care between clinicians.¹ Transfer of care involves transferring some or all the responsibility for the patient's ongoing care. When you transfer care of a patient to another practitioner, you must ensure that the patient always remains under the care of one of you. You should also ensure:

- Relevant clinical information/documentation about the patient history, present condition and prescribed treatment is handed over to receiving clinician
 - The chain of responsibility is clear throughout the transfer
 - Where the transfer is for acute care, you should provide this information in a face-to-face or telephone discussion with the receiving doctor
 - The patient is aware of how information about them is being shared and who is responsible for providing treatment over what period
- Please use the POAC Transfer of Care/ Handover Form for all transfers of care between POAC sites

We reserve the right to modify or limit the availability to the service without further notice.