



Waitematā

District Health Board

Best Care for Everyone

Hospital Services

North Shore Hospital Campus

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2 February 2022

Mr Andrew McGregor

Via email: fyi-request-17708-188654ed@requests.fyi.org.nz

Dear Andrew

Re: OIA request – Guidelines and procedures for investigation of medical conditions

Thank you for your three Official Information Act requests which were transferred to us by the Ministry of Health on 22 December 2021, seeking information from Waitematā District Health Board (DHB) about guidelines and procedures for investigating specific medical conditions.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,600 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your requests, we are able to provide the following information:

1. Guidelines/procedure for investigating possible colonic motility dysfunction/defecatory disorders/anorectal dysfunction

Our gastroenterology service receives outpatient and inpatient referrals for the more complex colonic motility and anorectal dysfunction cases, as does the colorectal service. There are international guidelines (known as Rome IV) that our trainees and specialists follow to work out what procedures and investigations to do for motility dysfunction, defecating disorders and anorectal dysfunction.

History, exam findings, obstetric/occupational background, medications and many other factors all influence management of patients. Basic blood tests, abdominal x-rays and sometimes colonoscopies are also ordered. As it a subspecialty area, we may request more advanced tests - including colonic transit studies, defecating proctogram and 3-D anorectal manometry testing. Complex patients are discussed at the weekly multi-disciplinary team (MDT) meetings led by the colorectal service with multi-disciplinary input, including pelvic health physiotherapy.

2. What are the official guidelines/procedures for urgent x-rays (24-hour)?

Inpatient requests are automatically accepted and performed within the required timeframe – this is usually within the first two hours, where urgent, or otherwise within six hours.

Outpatients are not typically seen within 24-hours. The most common request for urgent imaging is from general practitioners (GPs) with regards to urgent chest x-rays, pneumonia or heart failure. These are typically a "walk-in service". However, throughout the COVID-19 pandemic (since the first lockdown in March 2020) we have instructed GPs, via their digital and text-based messaging system (Medinz), to contact the radiology co-ordinator at each hospital site to notify that a chest x-ray is needed. GPs are required to complete COVID-19-related screening questions and, if the patient is symptomatic (which is typical with a chest x-ray), we ask that a COVID-19 test be performed by the GP prior to the patient coming in to the department.

Outpatient x-ray imaging is also triaged by our specialist medical imaging technologists (MITs), with specialist input from the lead radiologist, if required. We rarely decline outpatient requests for imaging. Many GPs use imaging guidelines based on criteria published on the Auckland region's community HealthPathways website, an on-line resource for health professionals. GPs typically request imaging for within two weeks, where there is a higher level of urgency or otherwise within six weeks.

3. What are the guidelines/procedures for patients repeatedly admitted to an emergency department with severe epigastric pain/and upper right and left quadrant pain

Any patient who repeatedly presents to one of our hospitals' emergency departments (North Shore or Waitakere) for assessment is generally reviewed by a senior clinician. A patient presenting with abdominal pain will have an initial assessment, examination and workup to determine if they require admission and inpatient care. Their pain is managed with appropriate, and sometimes targeted, analgesia (e.g. Omeprazole for pain from a stomach ulcer). If they do not require admission they will be discharged and advised to follow-up with their GP if symptoms persist.

The initial workup may include baseline bloods, including lipase and inflammatory markers and urinalysis. If there is concern regarding a perforation or obstruction, an x-ray may be requested. If there is concern for gallstones or cholecystitis, an ultrasound may be requested. Sometimes a CT is indicated. There are many patients with abdominal pain where a specific diagnosis is not made in the emergency department – diagnosis may be made through outpatient testing, via the patient's GP, if pain is recurring. It may take place through inpatient testing if the patient requires admission.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



Mark Shepherd
Executive Director Hospital Services
Waitematā District Health Board