Getting patients seen at OPH

At Osborne Park Hospital we try to make it easy for GPs to find out how to get your patients seen here. We have a GP information tab at the top of our website. Come to http://www.oph.health.wa.gov.au/gpinfo/ and select the service you want from the menu on the right to find:

- Phone and fax contact information
- Criteria for referral, how to refer and where to find relevant referral forms

Driving with Parkinson’s Disease

Driving a car requires full coordination of physical and cognitive functions. Symptoms of Parkinson’s Disease that could make driving hazardous include involuntary movements, bradykinesia, attention and information processing difficulties, and visuo-perceptual function deficits. Drivers with Parkinson’s Disease have acknowledged having difficulty in checking their blind spot, smooth handling of the car and steering accurately.

A study carried out by the Parkinson’s Disease Clinic at Osborne Park Hospital in conjunction with the School of Occupational Therapy at Curtin University on 53 patients with idiopathic Parkinson’s Disease, revealed that drivers with Parkinson’s Disease were significantly less competent drivers than controls – an observation supported by other research. The most common errors committed on the road were indecisiveness at T-junctions and reduced usage of rear view and side mirrors.

Standard clinical measures used in the clinic to measure disease severity were not correlated to driving performance with the exception of the Timed Up and Go Test (weak correlation). The patients’ perception of their own driving ability was also unhelpful as a marker of on-road driving performance.

The perception of the patients’ driving abilities provided by a relative or carer, as determined by a questionnaire, was the most accurate determinant of on-road driving performance suggesting that they can provide valuable information on the driving ability of a patient with Parkinson’s disease.
Patients should now be advised that Parkinson’s Disease is one of the medical conditions that is required by law to be reported to the Department of Transport. It is the patient’s responsibility to report their condition. Information, and ways to report, can be found on the Department of Transport website at www.transport.wa.gov.au/licensing and clicking on the link “Mandatory reporting of medical conditions”.


Discharge medication information for GPs

In 2009 the OPH Pharmacy undertook a new process for communicating medication information to GPs at discharge. This was as a result of valuable feedback from GPs who sought timely information about medications in patients discharged from OPH. Previously patients took one copy of the medication information for their GP and a copy was also posted to the GP. However since patients sometimes forgot to bring the information to the GP and often attended prior to the mailed information arriving, GPs frequently saw patients post-discharge without the vital information.

Between August and September 2009, a trial of faxing instead of posting the Medical information took place. 34 out of 100 GPs responded. Of these the majority received the information on time and found it helpful.

Did you receive the faxed medication information?

How useful was it to receive a fax in addition to patient held medication record?

Comments included:
- Thank you! You’ve no idea how wonderful it is to have this information in a timely manner - well done!
- Thank you – all very helpful.
- Good to know her inpatient and discharge medication, with specific dosages.

Future improvements suggested were:
- Improving medical discharge summaries (which are not received as quickly as the pharmacy summary).
- The use of electronic communication which interfaces with GP medical software systems.
- Improved legibility.

All these suggestions have been very helpful and have been taken on board for the future. We will need to work with the medical teams in OPH as well as the Department of Health information security policies.

Antenatal clinic update

The number of births at Osborne Park Hospital continues to grow and this trend is expected to continue. In order to increase continuity and improve the flow through the clinic, midwives now take on routine antenatal care for women who have been assessed as low-risk by our obstetricians.

We accept low-risk primigravidas, multigravidas, women who are likely to require Caesarean sections, women with controlled hypertension and women from all backgrounds. We welcome early referrals from GPs for women with gestational diabetes and will prioritise them if we are made aware of this on the referral. Those with gestational diabetes which cannot be controlled with lifestyle alone are transferred to King Edward Memorial Hospital.

We are unable to accept women who are likely to reach a weight of 120kg or a BMI of >40 at the end of their pregnancy. Information about other exclusions and about recommended tests is available on our website at http://www.oph.health.wa.gov.au/gpinfo/obstetrics.php

As women are not seen here until the 2nd trimester, it is important for 1st trimester tests to be arranged by GPs. We appreciate the provision of results from tests either sent with the referral or accompanying the patient. If you are able to print out a summary of antenatal care visits that is also helpful for us. For women attending OPH who are Rhesus negative, we will provide the anti-D when required here.
Hip and knee osteoarthritis

The evidence

What works in hip and knee osteoarthritis?

According to the RACGP Guideline for the non-surgical management of hip and knee osteoarthritis (RACGP July 2009), there is excellent evidence to support:

• The use of simple analgesia (paracetamol) for both long and short term use
• Weak and strong opioids (with care) in long term use

There is good evidence to support:

• Weight reduction
• Land-based exercise
• NSAIDS for short term use
• Intra-articular corticosteroids

There is satisfactory evidence to support:

• Aquatic exercise
• Multimodal physical therapy
• Tai Chi
• Self-management education programs
• Thermotherapy (hot or cold)
• TENS
• Acupuncture
• Topical NSAIDS
• Viscosupplementation (intra-articular injection of hyaluronan and hylan derivatives)

There is conflicting evidence about the use of glucosamine but in all studies it was safe when compared with placebo.

Move it

Osteoarthritis is the single most common cause of disability in older adults, and joint pain and impaired mobility from knee and hip osteoarthritis are commonly managed in general practice.

Exercise can assist with symptoms of osteoarthritis by;

• Increasing or maintaining mobility and flexibility of the affected joints.
• Increasing the strength of the muscles around the joint to improve stability.
• Assisting in weight loss which reduces the forces through the affected joint, improves energy levels and general wellbeing.
• Increases overall fitness in preparation for surgery.

Yet patients frequently report that they are unable to walk because of the pain. How do we help patients who are caught in a cycle of not being able to exercise to reduce weight and increase strength? The answer lies in being able to be creative about the type of exercise that helps to overcome some of the barriers. Any movement should be encouraged.

Options for referral:

• Osborne Park Hospital - Physiotherapy Department for patients in the OPH catchment area, includes hydrotherapy at State swimming pool. Phone 9346 8135 or fax 9346 8466.
• Community Physiotherapy Services (CPS) – Royal Perth Hospital, includes aquatic therapy classes. Phone (08) 9224 1783 or fax (08) 9224 1765.
• Live Longer Live Stronger - Council on the Ageing WA (COTA), several gyms endorse this program. Phone: 08 9321-2133 and fax: 08 9321-2707.
• Mall Walking - Injury Control Council of Western Australia (ICCWA), Karrinyup Shopping Centre. Phone 9420 7212 or fax 9486 7955.
• Tai Chi - Taoist Tai Society of Australia. Phone 9371 7033 or fax 9371 7066.

Getting more help: The Arthritis Foundation

Arthritis WA and Osteoporosis WA offer a series of self management courses that provide people with the skills, knowledge and confidence to manage and control their arthritis and osteoporosis. There are programs offered for patients with rheumatoid and inflammatory arthritis and osteoarthritis of the knee.

Specific to osteoarthritis of the knee, there is a program conducted exclusively by a team of health professional practitioners including physiotherapists and nurses. The program includes: Functional assessment; exercise instruction; disease education; balance and falls prevention; self management skills; behaviour modification techniques; pain control techniques and follow up education sessions. Arthritis WA also have a library and hydrotherapy pool.

Arthritis WA also offer a free telephone advisory service for people living with arthritis, osteoporosis and related conditions. Additionally they have a telephone befriending program for isolated patients with arthritis and osteoarthritis. For information relating to any of these programs, please call (08) 9388 2199 or toll free for country callers 1800 011 041 (arthritis) or 1800 242 141 (osteoarthritis). Email: general@arthritiswa.org.au

OPH radiology service

Bulk billing for ALL examinations and for ALL patients. Free on site parking and easy accessibility from disabled car bays adjacent to entrance of Radiology.

Short wait times for bookings - CT scans within 2 days, US within a week, Interventional procedures (injections, FNA’s, etc) within a week. No booking is required for general x-ray or dental x-ray. If you prefer to fax or email your patients request form, we will contact the patient and make a booking for them. Email address is ophradiology@health.wa.gov.au

The installation of new wireless digital general x-ray technology has reduced patient examination times by at least 40%. A significant reduction in radiation dose and an increase in image resolution has made DRX-1 a great asset to OPH Radiology and the imaging of patients. We were the second site in WA to have this cutting edge technology.
CT guided interventional procedures can all be completed by subspecialist radiologists. Facet joint injections, nerve root sleeve Injections, CT Knee arthrograms can all be performed on our 64-slice CT scanner. Please remind your patients to bring their relevant old films when attending Radiology at OPH.


**RAILS keeping patients at home**

Need fast access to assessment and help with management of an older person in the home?

RAILS is the Rehabilitation and Aged Care Intervention Liaison Service at OPH. It is a multidisciplinary team which includes clinical nurses, social workers, physiotherapist, occupational therapists and geriatricians. It can:
- Provide a rapid response (usually same day or next day for urgent referrals), flexible service for people over the age of 65 and living in the OPH catchment area.
- Take referrals in the community via GPs from Monday to Saturday.
- Liaise with GPs to respond quickly to patients at risk of admission, establishing supports aiming to help the person stay at home.

To refer
- Call 9346 8315 or 0404 803 569 or fax 9346 8263

**Advance Health Directives**

The Acts Amendment (Consent to Medical Treatment) Act 2008 became law on Monday 15 February in Western Australia.

This means that patients can now choose to:
- a) Appoint an Enduring Guardian who can consent or refuse treatment on their behalf if they no longer have capacity to make decisions; and
- b) Write an Advance Health Directive documenting their wishes for future medical treatment in specified situations if they no longer have capacity to make decisions.

Patients will be asking their GPs about this and GPs will be asked to witness these documents in the same way that we currently do for Enduring Power of Attorney.


**Waiting lists at OPH**

For patients at low surgical risk (no unstable or poorly controlled serious illness), BMI<40, Weight <120 kg, OPH offers the following services:

<table>
<thead>
<tr>
<th>GI endoscopy (upper and lower)</th>
<th>Wait time</th>
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<tbody>
<tr>
<td>Referral requirements</td>
<td>Minimum wait approx. 4 months at present.</td>
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<tr>
<td>A named referral (multiple names permitted) is required as this service works through the Ambulatory Surgery Initiative.</td>
<td>Priority is given to those who have come up positive on the FOBT (usually within 4-6 weeks).</td>
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<tr>
<td>Please fax referral to 9346 8171.</td>
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<tr>
<th>General Surgery</th>
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<tbody>
<tr>
<td>Wait time</td>
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<tr>
<td>4 weeks to clinic visit and usually surgery within 2 months.</td>
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<tr>
<td>Referral requirements</td>
</tr>
<tr>
<td>Laparoscopic cholecystectomy, hernias, scrotal surgery, haemorrhoids, carpal tunnel surgery, minor surgical procedures. For any questions on suitability please page the surgical registrar via 9346 8000. Please fax the referral to 9346 8171.</td>
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<tr>
<th>Orthopaedic surgery</th>
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<tbody>
<tr>
<td>Wait time</td>
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<tr>
<td>4 months to appointment, usually 2-3 months to surgery.</td>
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<tr>
<td>Referral requirements</td>
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<tr>
<th>Gynaecology clinic</th>
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<tr>
<td>Wait time</td>
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<tr>
<td>8 month for appointment (middle to late December)</td>
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<th>Antenatal clinic</th>
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<tr>
<td>Please include the LMP and EDD as this is important in prioritising. Please fax 9346 8215 or call 9346 8010.</td>
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<tr>
<td>Please arrange the 1st trimester screen as the 1st appointment is usually in the 2nd trimester.</td>
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**Young patients for ACAT**

From OPH Aged Care Assessment Team (ACAT) social workers - need support services for patients too young for the ACAT?