

## Alternatives to Emergency Department (ED) Referrals

	Hospital in the Home (HITH)  7 days a week 7am – 7pm	Medical Rapid Access Clinic (MRAC) Monday to Friday 7.30am – 3.30pm	Preventative Integrated Care Service (PICS)  Monday to Friday 7.30am – 3.30pm	Virtual Emergency Care Service (VECS)  7 days a week 8am – 10pm
<b>About this service</b>	<p>HITH provides acute care for patients with conditions requiring care equivalent to or a component of an acute hospital admission.</p> <p>HITH care includes <b>home-based IV therapy</b> for infections and fluid overload, warfarin and other medication titration, close monitoring of bloods or observations (including blood glucose), delirium monitoring and management, <b>post-acute</b> allied health intervention, <b>post-acute</b> wound care and long-term IV antibiotics.</p> <p><b>Patients will be admitted as inpatients during their care period with HITH and contacted daily and therefore Medicare billing is not permitted.</b></p>	<p>Refer patients who would normally be sent to the ED with <b>medical pathology</b> who would benefit from rapid specialist physician review but are otherwise stable to be managed in the community.</p> <p>Patients will be seen between 24-72 hours after the referral is accepted.</p>	<p>PICS provides rapid access (review within 24-48 hours) to intensive multi-disciplinary management delivered by a team of medical, nursing, and allied health clinicians, with a specific focus on supporting people with <b>diabetes, cardiology, and respiratory chronic conditions</b> to avoid a potential hospital presentation or admission.</p>	<p>VECS provides primary healthcare clinicians with access to specialist emergency medicine assessment by phone or video conferencing. The specialist can: assist GPs to manage patients within the community; advice on interpretation of pathology, radiology, ECGs ect; engage with services such as HITH to support patient; direct admission to hospital for patients who do not require urgent ED care</p> <p>Please provide the following when you call:</p> <ul style="list-style-type: none"> <li>• clinician's name and phone number</li> <li>• email address or other link if you require video consultation</li> <li>• patient's name, DOB, hospital number (if available) and brief description of the issue.</li> </ul>
<b>Eligibility</b>	Phone to discuss patient before making a referral	Phone to discuss patient before making a referral	Phone to discuss patient before making a referral	Phone to speak to a senior emergency nurse to triage your call
<b>Telephone</b>	Intake line: 0418 177 831	3413 5868	CNC triage line: 0409 594 866	Triage nurse: 1300 847 833
<b>Fax</b>		3810 1253	3447 2893	

<b>Exclusions</b>	<ul style="list-style-type: none"><li>• Patient too unwell to stay home</li><li>• Patient not consenting to HITH care</li><li>• Patient requiring therapy not amenable to HITH (interventions &gt; 12 hours per day, complex wound care, chronic wound care)</li><li>• Age &lt; 15</li><li>• Patient must reside in HITH catchment area (approx. 30 mins from Ipswich Hospital) or willing to attend HITH clinic in Ipswich Hospital</li></ul>	<ul style="list-style-type: none"><li>• Unstable and undifferentiated patients best seen in the ED</li><li>• Age &lt;16</li><li>• Aggressive and agitated patients</li><li>• Pain</li><li>• Infections requiring isolation (Influenza, covid, TB)</li></ul>	<ul style="list-style-type: none"><li>• Clinically unstable requiring emergent/immediate assessment and management</li><li>• All residential aged care residents</li><li>• Age &lt;16 years for patients</li></ul>	<ul style="list-style-type: none"><li>• Patients that do not require hospital-level input</li><li>• Patients that are not stable and require urgent transport to an ED</li></ul>
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