

Preventative Integrated Care Service (PICS) - Information for GP's

- PICS aims to decrease preventable hospitalisations by supporting patients with chronic conditions (diabetes, cardiology, respiratory) to stay home
- 48 - 72-hour response to referral, maximum 16 days of intensive intervention
- Diabetes, cardiology and respiratory specialists plus allied health clinicians
- Services the entire West Moreton Health catchment (including rural areas)
- Includes home visiting, remote patient monitoring and clinic services

Please note: PICS is not an emergency service and does not replace higher acuity services, such as the Emergency Department (ED) or Hospital in the Home.

Our goal: To reduce avoidable hospital admissions and re-admissions in patients with chronic diseases, by:

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| • Confirming diagnosis | • Optimising function |
| • Treating exacerbations | • Addressing psycho-social issues |
| • Identifying and treating co-morbidities | • ...in a safe way. |

PICS general exclusion criteria:

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| • <i>Too young: <16 yo for diabetes/respiratory, <18 yo for cardiology</i> | |
| • <i>Too sick: e.g., requiring immediate assessment/management</i> | <i>Refer to the ED or one of the ED alternative services</i> |
| • <i>Requiring IV medications or daily bloods</i> | <i>Consider Hospital in the Home</i> |
| • <i>Residential aged care residents</i> | <i>Consider RASS</i> |
| • <i>Referral solely for wound care</i> | <i>PICS will accept some referrals for diabetic foot/wounds</i> |

How to refer to us

Phone - CNC Triage line: 0409 594 866

Fax: 07 3447 2893

- We accept phone referrals Monday – Saturday 0800 to 1600.

See over for detailed clinical eligibility criteria.

Respiratory inclusions	Respiratory exclusions		
<ul style="list-style-type: none"> • Confirmed (or suspected) diagnosis of: <ul style="list-style-type: none"> ○ COPD ○ Asthma ○ Interstitial lung disease ○ Bronchiectasis • Optimisation of therapy for one of the above conditions 	<ul style="list-style-type: none"> • Primary diagnosis of other respiratory conditions, such as: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> ○ COVID ○ Pneumonia ○ Pulmonary embolism ○ Obstructive sleep apnoea ○ Obesity hypoventilation syndrome </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> ○ Motor neurone disease ○ Multiple sclerosis ○ Pulmonary hypertension ○ Tuberculosis ○ Pneumothorax ○ Cystic fibrosis </td> </tr> </table> 	<ul style="list-style-type: none"> ○ COVID ○ Pneumonia ○ Pulmonary embolism ○ Obstructive sleep apnoea ○ Obesity hypoventilation syndrome 	<ul style="list-style-type: none"> ○ Motor neurone disease ○ Multiple sclerosis ○ Pulmonary hypertension ○ Tuberculosis ○ Pneumothorax ○ Cystic fibrosis
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Cardiac inclusions	Cardiac exclusions		
<ul style="list-style-type: none"> • Confirmed diagnosis of: <ul style="list-style-type: none"> ○ Cardiovascular disease ○ Heart failure – confirmed with one of: <ul style="list-style-type: none"> - ECHO with EF <50%, diastolic dysfunction, elevated RVSP >30, moderate/severe structural or valvular disease - BNP > 500 ○ Atrial fibrillation/flutter 	<ul style="list-style-type: none"> • Breathlessness at rest, or signs/symptoms of pulmonary oedema • Primary diagnosis of pulmonary hypertension • Any of the below without a clear investigation/management plan: <ul style="list-style-type: none"> • New ECG changes • Severe, ongoing angina • Acute coronary syndrome • Undifferentiated arrhythmias <ul style="list-style-type: none"> ▪ Syncope/presyncope ▪ Pulmonary hypertension 		
Diabetes inclusions	Diabetes exclusions		
<ul style="list-style-type: none"> • New diagnosis of one of the following during recent hospital admission, and requiring support after insulin initiation: <ul style="list-style-type: none"> ○ T1DM ○ Latent autoimmune diabetes of adults (LADA) ○ Pancreatic insufficiency • Recent hospital/ED admission due to: <ul style="list-style-type: none"> ○ Severe hypoglycaemia ○ Diabetic ketoacidosis (DKA) ○ Hyperosmolar hyperglycaemic state (HHS) • Diabetes requiring optimisation in the presence of severe vascular complications, including: <ul style="list-style-type: none"> ○ Ischaemic heart disease ○ Infection/sepsis ○ CKD stage >3 ○ Proliferative retinopathy ○ Gastroparesis • Steroid-induced diabetes requiring rapid assessment • Unstable diabetes requiring insulin • HbA1c ≥10% • Unstable glucose levels in patients on dialysis • Diabetic foot / wound including: <ul style="list-style-type: none"> ○ Ulcer/pressure injury with mild-mod infection <2cm around wound ○ Necrosis/dry gangrene 	<ul style="list-style-type: none"> • Hyperglycaemic emergency requiring hospital admission • Insulin pump failure/issue AND patient cannot demonstrate safe knowledge of pump failure plan • Positive ketones (>0.7) AND clinically unwell, OR clinically well but patient cannot demonstrate safe knowledge of sick day action plan • Diabetic foot / wound causing: <ul style="list-style-type: none"> ○ Systemic symptoms with IV antibiotics ○ Infection >2cm around wound ○ Wet gangrene 		