

Austin Health holds five General Medicine “Hot Clinics” per week to provide outpatient management of patients requiring timely review.

Department of Health clinical urgency categories for Specialist Clinics

Urgent:

Alternative to admissions via ED
Facilitate discharge for patients who could benefit from a shorter-time frame for review, for example 24 to 72 hours post discharge

Routine:

Routine referrals would go through the normal General Medicine clinics

Exclusions:

Acutely unwell patients – refer to ED or Acute Assessment Unit (Monday-Friday)

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Referrals from ED for conditions that require close monitoring but are not sick enough to require admission: INCLUSIONS: <ul style="list-style-type: none"> Has an acute or acute-on-chronic medical condition which does not require acute hospitalisation but needs close monitoring Renal function declining or non-urgent changes in electrolytes (e.g. mild to moderate hyperkalaemia) Fever for investigation Community acquired pneumonia for 48-72hr review 	A comprehensive referral form will be provided upon receipt of referral letter which details all necessary investigations and physical parameters required in order to effectively triage the severity of the patient’s condition.	All baseline pathology or available diagnostics required for the management of the referred condition Patients must have an up to date medication list with the referral, with a desired outcome and plan/parameters of care. Please indicate if Interpreter Service is required with referral to facilitate bookings. Patients must be able to access the clinic independently or have carer support	Referrals will be triaged by ED/General Medicine after which patients will be contacted to schedule an appointment. Where referral is triaged as ‘urgent’, patient will be contacted to arrange an appointment within 30 days (DHHS Specialist Clinics Access Policy)	The General Medicine “Hot Clinics” can provide outpatient management and review until cause for referral is stabilised and discharge to GP, General Medicine or specialty clinic for routine care can be provided.	Variable

Department of Health clinical urgency categories for Specialist Clinics

- Cardiac failure **Must not meet any UCR/MET criteria however flexibility around non-acute issues (i.e.atrial fibrillation and is haemodynamiacally stable)*
- Anaemia
- AF who have been started on rate-control who need review meds/BP
- Follow-up of hypertension
- Cellulitis follow up

Referrals from inpatient units for early review post discharge (for example 24 to 72 hours post discharge)

Referrals from GP's for patients requiring timely General Medical review, for which the next alternative is an ED presentation

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