

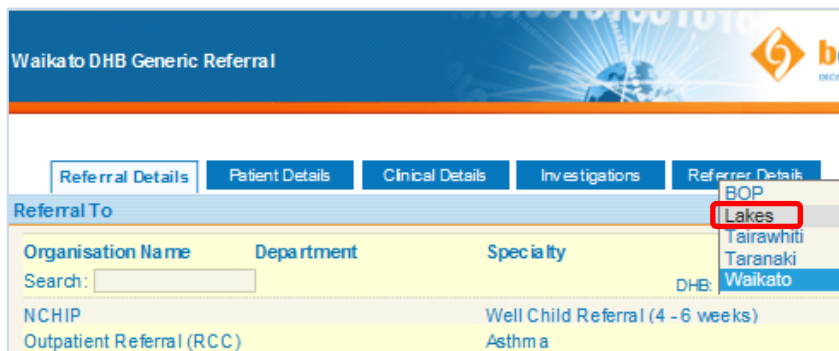
August 2017

eReferral Update

QE HEALTH SERVICE

On the 3rd of August the eReferral system will include an ACC community pain management service provided by QE Health that is available to residents in Lakes, BOP and Waikato DHB. Patients suitable for this service are ACC clients with a complex clinical picture who are not progressing as expected due to pain barriers.

To refer your patients who reside in BOP or Waikato DHBs to this service you will need to select 'Lakes DHB' in the DHB option and then search for **QE Health - ACC community pain management services**.



The referrals are received directly into QE Health not via the DHB.

WHAT'S NEW?

Referral To

Refer To:

Urgency:

Attention:

ACC community pain management Services (ACC, Pain, pain-related disability, injury)

This service is available for patients age 18 and over in Lakes, BOP and Waikato DHBs.

Service description:
For clients whose pain is identified as being a barrier to achieving independence in their everyday life, AND

- have significant pain-related disability
- are at risk of developing pain-related disability following an injury
- have persistent pain that is preventing them from undertaking their usual activities, including work.

Service aims to:

- use pain management strategies to reduce the impact of pain on clients' day-to-day functioning
- return clients to their usual daily activities, and work where possible
- develop realistic expectations e.g. achieve 'pain management' rather than 'become pain free'.

Who can make a referral:
Referrals can be made directly into QE Health by

- a doctor (general practitioner or lead medical practitioners),
- primary healthcare professional, or
- any health care professional that ACC fund.

The Örebro questionnaire must be completed and accompany ACC6273 in order to validate the referral. An Örebro score of 50+ facilitates automatic referral acceptance to program.

When healthcare professionals make the referral, they need to complete a form ACC6273 and attach it to the referral which will go to QE Health.

Referral Details | Patient Details | Service Details | Clinical Details | Investigations | Referrer Details

- The Next of Kin (NOK/EPOA/Caregiver) section pulls through information if currently in the patient's record, this can be updated prior to referral if necessary and refreshed, another contact can also be added if required.

NOK/EPOA/Caregiver Contact Details			
Family Name	<input type="text"/>	Title	<input type="text"/>
First Name(s)	MUD	Relationship	Caregiver
Street Address (Same as patient)	<input type="checkbox"/>	Day Phone:	<input type="text"/>
	111 Lane St	A/H Phone:	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
Additional Information <input type="text"/>			
Include Other Contact <input type="checkbox"/>			

- Consent does not default to 'Yes' or 'No' you will need to make a selection prompting review of the NOK details.
- The Service Details tab contains the Örebro Musculoskeletal Pain Screening Questionnaire required (Short-form) for service triage and acceptance.

Referral Details	Patient Details	Service Details	Clinical Details	Investigations	Referrer Details
Social Support					
Spouse/Partner		<input type="radio"/> Independent <input type="radio"/> Dependent			
Support from Family/Carers		<input type="radio"/> Yes <input type="radio"/> No			
ACC Pain management (ACC, Pain, pain-related disability, injury)					
Please complete this Örebro Musculoskeletal Pain Screening Questionnaire (Short-form) (Linton et al, 2010) All questions are mandatory.					
1. How long have you had your current pain problem?				Please Select ▼	
2. How would you rate the pain that you have had during the past week? <small>Where 0 = no pain and 10 = pain as bad as it could be</small>				Please Select ▼	
3. I can do light work (or home duties) for an hour <small>Where 0 = not at all and 10 = without any difficulty</small>				Please Select ▼	
4. I can sleep at night <small>Where 0 = not at all and 10 = without any difficulty</small>				Please Select ▼	
5. How tense or anxious have you felt in the past week? <small>Where 0 = absolutely calm and relaxed and 10 = as tense and anxious as I've ever felt</small>				Please Select ▼	
6. How much have you been bothered by feeling depressed in the past week? <small>Where 0 = not at all depressed and 10 = extremely depressed</small>				Please Select ▼	
7. In your view, how large is the risk that your current pain may become persistent? <small>Where 0 = no risk and 10 = very large risk</small>				Please Select ▼	
8. In your estimation, what are the chances you will be working your normal duties (at home or work) in 3 months <small>Where 0 = no chance and 10 = very large chance</small>				Please Select ▼	
9. An increase in pain is an indication that I should stop what I'm doing until the pain decreases <small>Where 0 = completely disagree and 10 = completely agree</small>				Please Select ▼	
10. I should not do my normal work (at work or home duties) with my present pain <small>Where 0 = completely disagree and 10 = completely agree</small>				Please Select ▼	
				Total Score: <input type="text"/>	

- ACC will default to Yes and the relevant event will need to be identified.

Referral Details	Patient Details	Service Details	Clinical Details	Investigations	Referrer Details
ACC					
Is this referral the result of an Accident?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Select from ACC events					
Relevant Accident					