

# ***Bent, broken and locked:*** **An acute orthopaedic multidisciplinary update for GPs**

**Tuesday 20 August 2024**

**Education Centre, TPCH**

**Dr James Collins & Dr Catherine Swanson**  
GPLOs | Metro North Health & Brisbane North PHN



*Metro North Hospital and Health Service  
and Brisbane North PHN respectfully  
acknowledge the Traditional Owners of  
the land on which our services and  
events are located. We pay our respects  
to all Elders past, present and future and  
acknowledge Aboriginal and Torres Strait  
Islander people across the State.*

# Program

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- 6.00pm**     **Dinner and Networking**
- 6.30pm**     **GPLO update**  
Dr James Collins & Dr Catherine Swanson | GPLO
- 6.40pm**     **Multidisciplinary Orthopaedics service overview**  
Metro North Orthopaedics and allied health teams
- 7.00pm**     **Management of acute knee injuries in general practice**  
Dr Andrew Hislop | Orthopaedic Physiotherapy Screening Clinic & Multi-disciplinary Team Leader, TPCH  
Dr Loretta O'Sullivan-Pippia | Advanced Musculoskeletal Physiotherapist, OPSC + OSiP, TPCH  
Dr Alexey Borshch | Acting Director, Orthopaedics, Redcliffe Hospital
- 7.30pm**     **Common upper limb fracture management in general practice**  
Dr Alexey Borshch | Acting Director, Orthopaedics, Redcliffe Hospital  
Jessica Porter | Senior Occupational Therapist
- 8.00pm**     **Multidisciplinary management of back pain and radiculopathies**  
Matthew Stewart | Advanced Musculoskeletal Physiotherapist & Team Leader  
MPSC & MDS, RBWH

**Activity ID:** 918621

		
<b>Educational Activities</b> 0.5 hours	<b>Measuring Outcomes</b> 00 hours	<b>Reviewing Performance</b> 1.5 hours

# GPLO Update



# Refer Your Patient

## Refer your patient

Information for GPs and health professionals to help refer patients and find services available at Metro North Health.

### Latest updates

**Multilingual translated videos** are now available for Gastroenterology patients explaining about colonoscopy & endoscopy procedures for the following locations:

- [RBWH Gastroenterology and Hepatology](#)
- [Caboolture Hospital Gastroenterology](#)
- [STARS Gastroenterology & Endoscopy Services](#)
- [Redcliffe Hospital Gastroenterology & Hepatology](#)

### Rapid Access Services

[Rapid Access Clinics and Services](#) - Local GPs can refer patients requiring escalation of care to these services for urgent assessment and treatment within a few days to provide an alternative to an emergency presentation.

### Specialist outpatient services

Specialist outpatient referrals are coordinated through the Metro North Health Central Patient Intake Unit for hospitals in the region.

Find outpatient referral guidelines by speciality or referred condition below:

Search  Search by referred condition

GP Referrals Enquiry Line: 1300 364 938

### Community Health Services

Select a service

#### Enquiry hotline:

1300 658 252

Fax: 3360 4822

### Clinical advice services

#### [Virtual Emergency Care Service](#)

1300 847 833

Monday to Sunday  
8am-10pm

#### [Metro North Clinical Advice Line](#)

1800 569 099

Monday to Friday  
8.30am-4pm

#### [Residential Aged Care District Assessment and Referral Service \(RADAR\)](#)

1300 072 327

Monday to Sunday  
8.00am - 8.00pm

[Rapid Access Services](#) →

[Voluntary Assisted Dying](#) →

[Mental Health services](#) →

[Oral Health services](#) →

[Sexual Health & HIV Service](#) →

[Alcohol & Drug Service](#) →

[Residential Aged Care District Assessment and Referral Service \(RADAR\)](#) →

[Behavioural Emergency Response Team \(BERT\)](#) →

[Children's Health Queensland](#) →

Smart Referrals

Brisbane North Health Pathways

Health Provider Portal

Update GP practice details

GP Liaison (GPLD) Program

GP and primary care education & events

Specialists list

### Does your patient reside in the Metro North Health catchment?

In most cases, referrals are only accepted from patients residing in the Metro North Health catchment.

Type your patient's suburb or postcode

GO

### Resources for GPs

[Central Patient Intake Fact Sheet \(PDF\)](#)

[Central Patient Intake FAQ's \(PDF\)](#)

[Chronic Wounds Directory](#)

[Home](#) / [Refer your patient](#) / Orthopaedics

## Orthopaedics

### Conditions

Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the out of scope section.

- [Achilles tendon pathology and rupture](#)
- [Arthritis of hand and/or wrist](#)
- [Back and/or Neck Pain](#)
- Benign Tumours of the Hand and Wrist
- [Carpal Tunnel Syndrome/Cubital Tunnel Syndrome](#)
- [Dupuytren's contracture](#)
- [Elbow conditions](#)
- [Foot and ankle conditions associated with diabetic foot disease](#)
- [Foot and ankle pain and/or deformity \(non-diabetic\)](#)
- [Hand trauma](#)
- [Hip pain](#)
- [Knee injury \(acute\)](#)
- [Knee pain \(chronic\)](#)
- [Lower limb trauma](#)
- [Shoulder instability](#)
- [Shoulder pain](#)
- [Stenosis tenosynovitis conditions](#)
- [Upper limb trauma](#)

### Paediatric services

Referrals for children and young people should follow the [Children's Health Queensland referral guidelines](#).

Orthopaedic Paediatric services are delivered on behalf of MNHHS at Redcliffe Hospital for people residing in the catchment area.

- [Back Pain](#)
- [Bow legs](#)
- [Club foot/feet/inversion](#)
- [Developmental dysplasia of the hip \(DDH\)](#)
- [Heel pain](#)
- [In-toeing](#)
- [Knock knees](#)
- [Limping child/reluctant to weight bear](#)
- [Osgood-Schlatter disease](#)
- [Out-toeing](#)
- [Perthes disease](#)
- [Scoliosis / Kyphosis](#)
- [Slipped upper femoral epiphysis \(SUFE\)](#)
- [Toe-walking](#)
- [Tumour - bone and soft tissue](#)

### Emergency department referrals

All urgent cases must be discussed with the on call Registrar to obtain appropriate prioritisation and treatment. Contact through:

- Royal Brisbane and Women's Hospital (07) 3646 8111
- The Prince Charles Hospital (07) 3139 4000
- Redcliffe Hospital (07) 3883 7777
- Caboolture Hospital (07) 5433 8888

Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary):

### Send referral

**Hotline: 1300 364 938**

#### Electronic:

[GP Smart Referrals \(preferred\)](#)

[eReferral system templates](#)

**Medical Objects ID:** MQ40290004P

**HealthLink EDI:** qldmnhhs

#### Mail:

Metro North Central Patient Intake  
Aspley Community Centre  
776 Zillmere Road  
ASPLEY QLD 4034

### Health pathways ?

Access to Health Pathways is free for clinicians in Metro North Brisbane.

For login details email:

[healthpathways@brisbanenorthphn.org.au](mailto:healthpathways@brisbanenorthphn.org.au)

Login to Brisbane North Health

Pathways:

[brisbanenorth.healthpathwayscommunitary.org](http://brisbanenorth.healthpathwayscommunitary.org)

### Locations

[Redcliffe Hospital](#)

[Royal Brisbane and Women's Hospital](#)

[The Prince Charles Hospital](#)

### Resources

[Patient Resources](#)

# Knee injury (acute)

## Emergency department referrals

All urgent cases must be discussed with the on call Registrar to obtain appropriate prioritisation and treatment. Contact through:

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Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.


- Suspected septic arthritis
- Acute extensor mechanism rupture
- Fracture
- Evidence of acute inflammation for example
  - haemarthrosis
  - tense effusion

## Does your patient wish to be referred?

## Minimum referral criteria

Does your patient meet the minimum referral criteria?

<p><b>Category 1</b> Appointment within 30 days is desirable</p>	<ul style="list-style-type: none"> <li>• Obstructed/locked knee (unable to reach full extension) with confirmed displaced meniscal tear or loose body and no evidence of arthritis on Xray</li> <li>• Collateral ligament injury grade 2/3 with or without associated cruciate ligament injury</li> <li>• Displaced osteochondral fragment with otherwise normal cartilage</li> </ul>
<p><b>Category 2</b> Appointment within 90 days is desirable</p>	<ul style="list-style-type: none"> <li>• Isolated displaced meniscal tear in patient &lt; 30</li> <li>• Displaced meniscal tear + cruciate ligament rupture in patient &lt; 50</li> </ul>
<p><b>Category 3</b> Appointment within 365 days is desirable</p>	<ul style="list-style-type: none"> <li>• Cruciate ligament injuries not meeting criteria for Category 1 or 2</li> <li>• Suspected or confirmed meniscal injuries not meeting criteria for Category 1 or 2 that fail to settle after 3 months of non-operative management</li> <li>• Patella instability without displaced osteochondral fragment</li> </ul>

 [Other Orthopaedics conditions](#)

## Send referral

**Hotline: 1300 364 938**

**Electronic:**

[GP Smart Referrals \(preferred\)](#)

[eReferral system templates](#)

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Login to Brisbane North Health

Pathways:

[brisbanenorth.healthpathwayscommunity.org](https://brisbanenorth.healthpathwayscommunity.org)

## Locations

[Redcliffe Hospital](#)

[Royal Brisbane and Women's Hospital](#)

[The Prince Charles Hospital](#)

## Resources

[Specialists list](#)

[General referral criteria](#)

## If your patient does not meet the minimum referral criteria

Consider other treatment pathways or an alternative diagnosis.

If you still need to refer your patient:

- Please explain why (e.g. warning signs or symptoms, clinical modifiers, uncertain about diagnosis, etc.)
- Please note that your referral may not be accepted or may be redirected to another service

## Other important information for referring practitioners

Not an exhaustive list

- Refer to [HealthPathways](#) or local guidelines
- Ultrasound may be helpful in diagnosing collateral ligament injuries or meniscal tears if patient does not meet MRI eligibility criteria
- Adequate chronic disease/lifestyle (SNAP) management is a requirement for most surgical procedures
- [QH infection prevention in arthroplasty guideline \(PDF\)](#)
- Pre-operative optimisation for hip and knee arthroplasty

## Referral requirements

**A referral may be rejected without the following information.**

 Essential referral information

- Mechanism of injury
- Current symptoms
- Examination findings including swelling/effusion, range of motion and ligament exam
- MRI if patient meets eligibility criteria
  - Inability to extend the knee
  - Suspected anterior cruciate ligament tear
- Plain Xray if not eligible for MRI

**Additional referral information (useful for processing the referral)**

- Previously injury or surgery
- Management to date
- Private MRI images to be pushed into the referral (can be requested by GP to action)

## Out of catchment

Metro North Health is responsible for providing public health services to the people who reside within its boundaries. Special consideration is made for patients requiring tertiary care or services that are not provided by their local Hospital and Health Service. If your patient lives outside the Metro North Health area and you wish to refer them to one of our services, inclusion of information regarding their particular medical and social factors will assist with the triaging of your referral.

 [Clinical Modifiers \(where relevant\)](#)

 [Reason for Referral \(essential\)](#)

 [Clinical Information \(essential\)](#)

 [Patient's Demographic Details \(essential\)](#)

 [Referring Practitioner Details \(essential\)](#)

# Health Pathways

Brisbane North

Search HealthPathways

## HealthPathways

Brisbane North

- Public Health
- Reproductive Health
- Specific Populations
- Surgical
- Cardiothoracic Surgery
- Dentistry
- ENT Head and Neck Surgery
- General Surgery
- Neurosurgery
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopaedics / Musculoskeletal**
- All Acute Fractures and Injuries
- Back Pain**
- Subcutaneous Foreign Bodies
- Lower Limb**
- Ankle and Foot
- Hip and Knee
- Shin Pain
- Tibial Shaft Fractures
- Musculoskeletal
- Septic Arthritis
- Soft Tissue Lumps and Sarcoma
- Spine
- Upper Limb**
- Biceps Tendon Rupture
- Elbow and Forearm
- Hand and Wrist
- Humerus Fractures
- Neck Pain
- Shoulder
- Orthopaedic Requests
- Surgery - Child
- Plastic and Reconstructive Surgery
- Urology
- Vascular Surgery

## Brisbane North

# HEALTHPATHWAYS

### Health Alert

There is currently an outbreak of **dengue fever** in the Torres Strait and there is an ongoing risk of dengue to travellers in Indonesia. Notify your local public health unit immediately on suspicion of dengue infection (6 June 2024).

Two infants have presented to Brisbane hospitals with suspected belladonna toxicity from colic treatments. Exercise heightened awareness and follow Public Health guidance detailed in this factsheet (6 June 2024).

### Latest News

21 May

#### Confirmed Mpox Cases

Multiple cases of Mpox (notifiable condition) are confirmed in Brisbane.

2 August

#### GP Newsletter - 2 August

See the latest GP Link update from your PHN. [Read more...](#)  
To receive the newsletter in your email inbox, [subscribe here](#).

25 July

#### Morphine oral liquid shortages

Queensland Health's Medication Services Queensland (MSQ) has shared information to assist clinicians in managing the ongoing constrained supplies of morphine liquid. [Read more...](#)

25 July

#### Mpox vaccination for vulnerable populations

GPs and vaccine providers are reminded that the mpox vaccine Jynneos is available at no cost for eligible patients. [Read more...](#)

19 July

### Pathway Updates

Updated - 30 July  
Delirium

Updated - 25 July  
Heart Failure

Updated - 15 July  
GP Mental Health Treatment Plan

Updated - 1 July  
QScript

NEW - 1 July  
Epilepsy in Women and Pregnancy

[VIEW MORE UPDATES...](#)

HEALTH PROVIDER PORTAL

METRO NORTH HHS

PHN

LOCAL RESOURCES

CLINICAL RESOURCES

PATIENT RESOURCES

GP EDUCATION

NHSD

### About HealthPathways

What is HealthPathways? >

How do I use HealthPathways? >

How do I send feedback on a pathway? >

How do I add HealthPathways to my desktop? >

How do I add HealthPathways to my mobile? >



# Health Pathways

- HealthPathways**
- Brisbane North
  - Public Health
  - Reproductive Health
  - Specific Populations
  - Surgical
    - Cardiothoracic Surgery
    - Dentistry
    - ENT Head and Neck Surgery
    - General Surgery
    - Neurosurgery
    - Ophthalmology
    - Oral and Maxillofacial Surgery
  - Orthopaedics / Musculoskeletal
    - All Acute Fractures and Injuries
    - Back Pain
    - Subcutaneous Foreign Bodies
    - Lower Limb
      - Ankle and Foot
      - Hip and Knee
      - Shin Pain
      - Tibial Shaft Fractures
    - Musculoskeletal
    - Septic Arthritis
    - Soft Tissue Lumps and Sarcoma
    - Spine
    - Upper Limb
      - Biceps Tendon Rupture
      - Elbow and Forearm
      - Hand and Wrist
      - Humerus Fractures
      - Neck Pain
      - Shoulder
    - Orthopaedic Requests
    - Surgery - Child
    - Plastic and Reconstructive Surgery
    - Urology
    - Vascular Surgery

Home / Hip and Knee / Acute Knee Injuries

## Acute Knee Injuries

- Red flags**
- Knee or patellar fracture
  - Dislocated knee
  - Neurovascular injury
  - Acute extensor mechanism injury
  - Acutely locked knee

### Background

About knee injuries

### Assessment

- Take a history and look for diagnostic clues to the likely injury:
  - Anterior cruciate ligament (ACL) injury
  - Posterior cruciate ligament (PCL) and collateral ligament injuries
  - Meniscal injury
  - Knee fracture
  - Patellar dislocation
  - Knee dislocation
- Perform examination:
  - Note that acute knee injuries are often hard to examine on the first visit. Examination may be more helpful once the knee is settling.
  - Perform a general knee examination.
  - Check for extensor mechanism injury – suspect if patient is unable to extend the knee against gravity or perform a straight leg raise.
  - Check pedal and popliteal pulses, motor function, and sensation distal to the injury, to rule out neurovascular compromise.
- If large effusion, consider:
  - hemarthrosis suggestive of ligament injury or meniscal tears.
  - knee fracture.
- Consider arranging imaging.

### Management

- If any red flags, request acute orthopaedic assessment.
- If stable knee injury without fracture or large effusion and no specific diagnosis, provide general management and follow-up.
- Manage further according to injury type:

### Acute Knee Injuries

2. If stable knee injury without fracture or large effusion and no specific diagnosis, provide general management and follow-up.
- Manage further according to injury type:
    - ACL injury
    - PCL and collateral ligament injuries
    - Meniscal tear
    - Dislocation of patella
  - If the knee is slow to settle, or diagnosis is uncertain, request non-acute orthopaedic assessment for further evaluation.
  - Advise the patient about returning to work and sports:
    - Minor injuries – usually after 2 to 3 weeks recovery
    - Complete ruptures – may need more than 6 weeks recovery
    - Lateral-sided ligament injuries and ACL injuries – may require surgery and a longer recovery period
  - If difficulty returning to work or sustaining work tasks, consider involving WorkCover Queensland for eligible injuries.

### Request

- Request acute orthopaedic assessment if:
  - any knee or patellar fracture.
  - dislocated knee.
  - neurovascular injury.
  - acute extensor mechanism injury.
  - acutely locked knee.
  - complete ACL rupture.
  - ACL injury, and examination is positive for ACL injury after 2 weeks.
  - PCL or collateral ligament injury and:
    - major lateral sided tear.
    - associated with other knee ligament or meniscal injury.
    - significant laxity after review.
- If significant PCL and/or collateral ligament injury:
  - arrange a hinged brace via a sports or physiotherapy clinic or acute orthopaedic assessment.
  - request non-acute orthopaedic assessment or physiotherapy assessment by an experienced physiotherapist.
- Request non-acute orthopaedic assessment if:
  - meniscal tear with symptoms persisting despite conservative treatment.
  - knee is slow to settle or diagnosis is uncertain.
- Request physiotherapy assessment if:
  - ACL injury.
  - stable knee injury without large effusion.
  - meniscal tear.
  - first dislocation of patella and no fracture seen on X-ray.
- If second or subsequent patella dislocation, consider requesting non-acute orthopaedic assessment for possible surgery if the patient chooses, or otherwise request physiotherapy assessment for conservative management.

### Information

- For health professionals
- For patients



# Smart Referrals

## Why use it?

1. attach any results, imaging or clinical documents (eg ECG, photos)
2. Aligned with state-wide referral guidelines - provides essential clinical referral information required
3. Request written advice from certain specialties
4. Wait times displayed for each facility
5. Integrated with MD & BP

**Brisbane North PHN Digital Health Support Officers**  
[GPSR@brisbanenorthphn.org.au](mailto:GPSR@brisbanenorthphn.org.au)

* Request type	<input checked="" type="button" value="New referral"/> <input type="button" value="Update"/> <input type="button" value="Continuation"/> <input type="button" value="Request for advice"/>
* Reason for referral	<input checked="" type="radio"/> New condition requiring specialist consultation <input type="radio"/> Deterioration in condition, recently discharged from outpatients < 12 months <input type="radio"/> Other
* Priority	<input type="button" value="Urgent"/> <input checked="" type="button" value="Routine"/>
* Provider	<input checked="" type="button" value="QHSR"/> <input type="button" value="Private"/>
<b>Consents</b>	
* Date patient consented to request	<input type="text" value="07 Aug 2024"/> <input type="button" value="📅"/>
* Patient is willing to have surgery if required?	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Not applicable"/>
* Condition and Specialty	<input type="text" value="Orthopaedics - Knee injury (acute) (Orthopaedics) (Adult)"/> <a href="#">HealthPathways ▶</a>
Suitable for Telehealth?	<input type="button" value="Yes"/> <input type="button" value="No"/>
* Are you the patient's usual GP?	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>
<b>Request recipient</b>	
* Service/Location	<input type="text" value="Orthopaedics General - THE PRINCE CHARLES HOSPITAL - 7.2 km"/>
Service/Location information	<p><b>Wait times</b>            Wait times for this service at this location are Cat 1 23 days, Cat 2 107 days, Cat 3 378 days.</p> <p><b>Restrictions</b>            No restrictions found for this service</p> <p><b>Service Attributes</b>            For detailed information read the "Restrictions" above for the selected Service/Location</p> <p>GP Referrals are accepted            Does not treat paediatric patients            Treats adult patients            Treats geriatric patients            Not a state-wide service            Telehealth options available for patients</p>
Specialist name	<input type="text" value="Please select"/>
Organisation details	<input type="button" value="📄"/>
<b>Condition specific clinical information</b>	

✉ Request recipient -

★ Service/Location Orthopaedics General - THE PRINCE CHARLES HOSPITAL - 7.2 km ▼

Service/Location information	<p><b>Wait times</b> Wait times for this service at this location are Cat 1 23 days, Cat 2 107 days, Cat 3 378 days.</p> <p><b>Restrictions</b> No restrictions found for this service</p> <p><b>Service Attributes</b> For detailed information read the "Restrictions" above for the selected Service/Location</p> <p>GP Referrals are accepted Does not treat paediatric patients Treats adult patients Treats geriatric patients Not a state-wide service Telehealth options available for patients</p>
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Specialist name	Please select ▼
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Organisation details	<span style="background-color: #ffc107; padding: 2px 5px;">...</span>
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☰ Condition specific clinical information -

Show emergency referral criteria	<span>Show</span> <span style="background-color: #28a745; color: white; padding: 2px 5px;">Hide</span>
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**Minimum Referral Criteria**

★ Minimum referral criteria

- Obstructed/locked knee (unable to reach full extension) with confirmed displaced meniscal tear or loose body and no evidence of arthritis on X-ray
- Collateral ligament injury grade 2/3 with or without associated cruciate ligament injury
- Displaced osteochondral fragment with otherwise normal cartilage
- Displaced meniscal tear and cruciate ligament rupture
- Cruciate ligament injuries not meeting criteria for category 1 or 2
- Suspected or confirmed meniscal injuries not meeting criteria for category 1 or 2 that fail to settle after 3 months of non-operative treatment
- Patella instability without displaced osteochondral fragment
- Request clinical override of minimum referral criteria

Send request	Park request	Refresh content	Cancel request	Missing fields <span style="background-color: red; color: white; padding: 0 2px;">8</span>	<small>Powered by</small> <b>BPAC CS</b> © 2024
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### History and Examination

#### Essential referral information:

\* History



\* Examination



#### Additional referral information:

- Previous injury or surgery
- Management to date

### Referral Letter

Referral letter



### Pathology and Test Results

Click link to manually select investigations

[Go to Investigations](#)

Click link to manually attach investigations

[Go to Attachments](#)

Send request

Park request

Refresh content

Cancel request

Missing fields 8

## Metro North Clinical Advice Line

Connecting GPs directly to Metro North specialties.

The Metro North Health Clinical Advice Line connects local GPs to specialist advice from hospital and community clinicians. There are two pathways:

1. Phone line
2. Written request for advice.

The range of adult specialities currently available to support patient care in the community includes:  
(This list will expand over time so keep coming back for the latest advice services available)

### 1. Phone advice

Specialty	Catchment*	Exclusion Criteria
General Medicine and <a href="#">Rapid Access Clinic</a>	TPCH	<ul style="list-style-type: none"> <li>Excludes Cardiology, Heart Failure or Respiratory Conditions</li> <li>Excludes Residential Aged Care residents (Call RADAR - 1300 072 327)</li> </ul>
<a href="#">Haematology</a>	Metro North	<ul style="list-style-type: none"> <li>Excludes Patients under 16 years</li> </ul>
Heart Failure Service and <a href="#">Rapid Access Clinic</a>	Redcliffe TPCH	<ul style="list-style-type: none"> <li>Excludes New heart failure patients</li> <li>Excludes Patients seen by another heart failure service</li> </ul>
Inflammatory Bowel Disease	Redcliffe Caboolture	<ul style="list-style-type: none"> <li>Excludes Patient anticipated to require surgical input</li> </ul>
Metro North Persistent Pain Centre/ Tess Cramond Pain and Research Centre Clinical advice available Tuesday – Friday 9:00am – 12:00pm	Metro North Central Queensland Central West Darling Downs West Moreton	<ul style="list-style-type: none"> <li>Excludes patients under 16 years</li> <li>Excludes outside catchment</li> </ul>
<a href="#">Metro North Virtual Ward</a>	Metro North Central West Norfolk Island	<ul style="list-style-type: none"> <li>Excludes patients under 16 years</li> <li>Excludes Residential Aged Care residents (Call RADAR - 1300 072 327)</li> </ul>
<a href="#">Healthy Ageing Assessment Rehabilitation Team (HAART)</a>	Kallangur Satellite Hospital	<p>Patients may be ineligible if:</p> <ul style="list-style-type: none"> <li>Currently accessing equivalent services in public or private sector</li> <li>Reside outside of catchment area</li> <li>Medically unstable requiring inpatient assessment or currently an inpatient</li> <li>Only require therapy for maintenance of chronic condition</li> <li>Residential aged care facility residents</li> </ul>
<a href="#">Rapid Access to Community Care</a>	Metro North	<ul style="list-style-type: none"> <li>Excludes Patients under 16years</li> <li>Excludes Acute mental health, alcohol or drugs related.</li> <li>Excludes Residential Aged Care Facility Residents (Call RADAR - 1300 072 327)</li> </ul>

#### Clinical Advice Line

1800 569 099  
Open Monday to Friday  
8.30am – 4.00pm

**Note: This is for GPs only and the phone line is not open to patients.**

#### Want to learn more?

For more information, please call the advice line or email [MNH\\_SpecialtyAdviceLine@health.qld.gov.au](mailto:MNH_SpecialtyAdviceLine@health.qld.gov.au).

The team can also undertake engagement sessions with interested GPs (Virtual or Face to Face).

#### [Sexual Health](#)

Metro North

- Excludes Patients under 14 years

#### [Sleep Disorders](#)

TPCH  
Caboolture  
Redcliffe

- Excludes Patients seen by another Sleep Unit

#### [Termination of Pregnancy](#)

Metro North

- Excludes Outside Metro North referral catchment

#### [Vestibular Rapid Access Service](#)

TPCH

- Out of catchment for TPCH

\***Catchment** - where the patient would usually be referred for a face to face specialist outpatient clinic appointment.

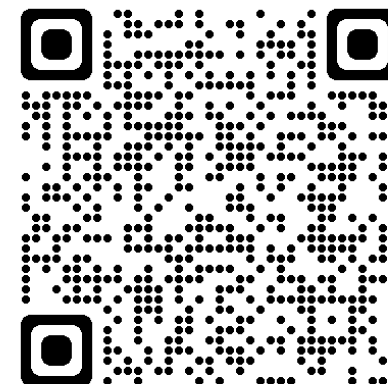
**Note: If you think your patient is new to any of these services on the page, please ensure your patient is aware you are seeking advice and they consent to their demographic details, including Medicare number, being provided to Metro North Health at the time of the call.**

Call the Clinical Advice Line, Monday to Friday 8:30am to 4.00pm on

**1800 569 099**

Note: this is for GPs only and the phone line is not open to patients.

Other advice lines and services for GPs can be found in our [Services contact list \(PDF\)](#)



## Rapid Access Services

### On this page

- [General Medicine Rapid Access Clinic \(RAC\) – The Prince Charles Hospital Catchment](#)
- [Healthy Ageing Assessment Rehabilitation Team \(HAART\) Rapid Access Clinician – Kallangur Satellite Hospital Catchment](#)
- [Older Persons Emergency Network \(OPEN\): Fracture Service for RACFs – Metro North catchment](#)
- [Rapid Access to Community Care Service – Metro North wide catchment](#)
- [Rapid Access Heart Failure Treatment Service \(RAHFTS\)](#)
- [Metro North Virtual Ward – Metro North wide catchment](#)
- [Vestibular Rapid Access Service – The Prince Charles Hospital](#)
- [Eye Casualty – RBWH](#)

Metro North Health is piloting a number of Rapid Access Clinics and Services. These services provide assessment and treatment to patients requiring escalation of care. They aim to bypass the need to attend ED where this is avoidable.

Referrals for most Rapid Access Clinics can be made by calling the [Metro North Clinical Advice Line](#) on 1800 569 099, Monday to Friday, 8:30am – 4pm. Eye Casualty is a walk in only clinic, please send referral information with the patient.

This page will be updated as further services are made available.

## General Medicine Rapid Access Clinic (RAC) – The Prince Charles Hospital Catchment

This clinic provides **adult** patients in the TPCH catchment area with a rapid **general medicine** clinic assessment and treatment (**within 23 business days**). The aim is to prevent an avoidable Emergency Department (ED) presentation by providing an early specialist intervention (but shouldn't be seen as an alternative to an outpatient clinic referral).

Operates Monday to Friday 8.30am – 4pm.

- [+ Eligibility Criteria](#)
- [+ How to Refer](#)
- [+ Referral information required](#)
- [+ How will I know the outcome of the visit?](#)
- [+ More information](#)

## Healthy Ageing Assessment Rehabilitation Team (HAART) Rapid Access Clinician – Kallangur Satellite Hospital Catchment

The Rapid Access Clinician (RAC) is an Advanced Occupational Therapist within the Kallangur Satellite Hospital Healthy Ageing Assessment Rehabilitation Team (HAART). RAC provides same day or next day assessment and interventions to prevent hospital presentations from age related medical conditions.

The Rapid Access Clinician is available Monday to Friday 8.00am – 4.30pm.

- [+ Eligibility Criteria](#)
- [+ How to Refer](#)
- [+ Referral information required](#)
- [+ More information](#)

### Contact us

#### Metro North Clinical Advice Line

Phone: 1800 569 099  
Hours: Monday to Friday, 8.30am – 4pm

#### Rapid Access to Community Care (RACC)

Phone: 1300 220 922

## Older Persons Emergency Network (OPEN): Fracture Service for RACFs – Metro North catchment

OPEN is an emergency department substitution service offering emergency care for older people in their own home. The Fracture service provides fracture management for residential aged care facilities. Services include acute fracture management, fracture follow up, plaster application/re-application and medical imaging. The multidisciplinary team consists of senior medical officers, nurse practitioners and pharmacists.

OPEN operates 7 days a week 8.00am – 8.00pm.

- [+ Eligibility Criteria](#)
- [+ How to Refer](#)
- [+ Referral information required](#)
- [+ How will I know the outcome of the visit?](#)
- [+ More information](#)

## Rapid Access to Community Care Service – Metro North wide catchment

Rapid Access to Community Care (RACC) provides timely access to community care for community adult clients to prevent avoidable hospital presentations.

RACC accepts direct clinician to clinician referrals via phone from GPs for adult patients experiencing chronic disease exacerbation and illness requiring rapid community response.

Operates Monday to Friday 8am – 4pm.

- [+ Eligibility Criteria](#)
- [+ How to Refer](#)
- [+ Who will see the patient?](#)
- [+ Referral information required](#)
- [+ How will I know the outcome of the visit?](#)
- [+ For more information](#)

## Rapid Access Heart Failure Treatment Service (RAHFTS)

The aim is to prevent an avoidable Emergency Department presentation for heart failure by providing early specialist nursing intervention within 24 to 72 hours. IV diuretics can be administered.

- [+ Eligibility Criteria](#)
- [+ How to Refer](#)
- [+ Referral information required](#)
- [+ How will I know the outcome of the visit?](#)
- [+ For more information](#)

## Metro North Virtual Ward – Metro North wide catchment

Metro North Virtual Ward provides timely access to acute virtual care in the community for adult clients to prevent avoidable hospital presentations. The Virtual Ward team includes medical officers, nurses, pharmacists, and social workers and provides acute admitted inpatient level care for patients in their own home via telehealth.

Where required, patients will be provided with an oxygen saturation probe, blood pressure machine, thermometer, glucometer or scales free of charge to monitor their vital signs during their admission. The Virtual Ward admission is expected to be short term with transfer back to the referring general practitioner for ongoing care as soon as the acute problem is clinically stable, or a direct admission to a hospital ward facilitated if required.

Operates Monday to Sunday 7am – 7pm with a deteriorating hotline for patients to call outside of those hours that is answered by an experienced Virtual Ward nurse.

- [+ Eligibility Criteria](#)
- [+ How to Refer](#)
- [+ Referral information required](#)
- [+ How will I know the outcome of the visit?](#)
- [+ For more information](#)

## Vestibular Rapid Access Service – The Prince Charles Hospital

This clinic provides physiotherapy-led vestibular assessment and treatment for adult patients in The Prince Charles Hospital catchment within 1-2 business days. The aim is to prevent an avoidable Emergency Department presentation by providing early specialist intervention.

The Rapid Access Service operates Monday to Friday 8am – 4pm.

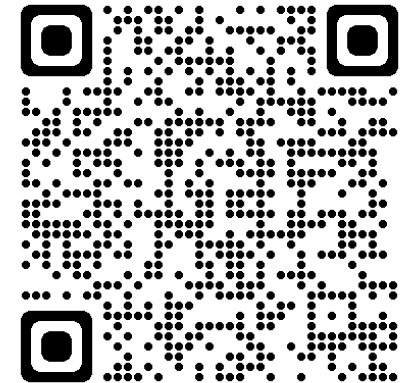
- [+ Eligibility Criteria](#)
- [+ How to Refer](#)
- [+ Referral information required](#)
- [+ How will I know the outcome of the visit?](#)
- [+ For more information](#)

## Eye Casualty – RBWH

This clinic provides adult patients in the Metro North catchment area with a rapid eye assessment and treatment on a walk in basis only. Eye Casualty is a Rapid Access Clinic for acute or urgent eye assessment and patients are triaged on arrival, and seen in order of assessed urgency.

Eye Casualty is located on level 8, Ned Hanlon Building, RBWH and operates Monday to Friday 8.00am – 3.00pm. Please refer to the Department of Emergency Medicine, RBWH outside these hours.

- [+ Eligibility Criteria](#)
- [+ How to Refer](#)
- [+ Referral information required](#)
- [+ For more information](#)



# Request for Advice (RFA)

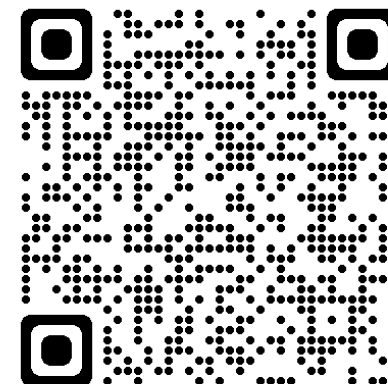
## 2. Written request for advice

GPs can seek advice via the written "request for advice" (RFA) via GP Smart Referrals (GPSR) for the specialties listed below. Details of how to send the RFA in GPSR and how the response is provided via [the Request for Advice function on GPSR information sheet. \(PDF\)](#)

Specialty	Catchment*	Exclusion Criteria
General Medicine	TPCH	<ul style="list-style-type: none"> <li>• Cardiology, Heart Failure or Respiratory Conditions</li> <li>• Residential Aged Care residents (Call RADAR)</li> </ul>
Metro North Persistent Pain Centre/ Tess Cramond Pain and Research Centre	Metro North Central Queensland Central West Darling Downs West Moreton	<ul style="list-style-type: none"> <li>• Excludes patients under 16 years</li> <li>• Excludes outside catchment</li> </ul>
Paediatric Medicine	Redcliffe	<ul style="list-style-type: none"> <li>• Out of catchment for Redcliffe</li> </ul>
Rheumatology	Redcliffe	<ul style="list-style-type: none"> <li>• Out of catchment for Redcliffe</li> </ul>
Urology	RBWH	<ul style="list-style-type: none"> <li>• Out of catchment for RBWH</li> </ul>

\*[Catchment](#) - where the patient would usually be referred for a face to face specialist outpatient clinic appointment.

Please do not request urgent advice via this method. If there are no in-catchment services that offer Request for Advice for your patient, the Service will show as 'Out of Catchment'. In this instance it is recommended that a referral is created to an appropriate service within catchment for the patient.




# Request for Advice (RFA)

**Patient view -** Request advice Create referral

Parked requests | Active requests | Closed requests

Search  Filters

Submitted date [r]	Request type [1]	Speciality and condition [1]	Requestor [1]	Provider [1]	SSRID [1]	Status [1]	
23 Aug 2023	Referral	Gastroenterology - Rectal bleeding (Gastroenterology) (Adult)	Dr	Metro North		Received	

Update request Continue request Copy request Withdraw request

Powered by BPAC CS © 2023

[← Return to list view](#)

**Detail view** History

Referral details Send to PMS Download

Date	Action	Reason	Additional information	Status
23 Aug 2023	Received			Received
23 Aug 2023	Update	Additional clinical information	Patient has arranged private colonoscopy which has been performed by 1. Dr. ... 2. Dr. ... 3. Dr. ... 4. Dr. ... 5. Dr. ... 6. Dr. ... 7. Dr. ... 8. Dr. ... 9. Dr. ...	Submitted
23 Aug 2023	Appointment Update		Confirmed - 25/08/2023 SURGICAL TREATMENT AND REHABILITATION SERVICE	Scheduled
07 Aug 2023	Appointment Update		Confirmed - 25/08/2023 SURGICAL TREATMENT AND REHABILITATION SERVICE	Scheduled
06 Aug 2023	Waitlist Create		Booked	Accepted
03 Aug 2023	Appointment Create		Confirmed - 19/08/2023 SURGICAL TREATMENT AND REHABILITATION SERVICE	Scheduled
03 Aug 2023	Accept		No additional information provided	Accepted
14 Jul 2023	HHS Receive			Received
14 Jul 2023	Received			Received
14 Jul 2023	Sent			Submitted

Update request Continue request Copy request Withdraw request

Powered by BPAC CS © 2023



# Health Provider Portal / "The Viewer"

- Provides Queensland's \*eligible health practitioners (HPs) with secure online access to their patient' Queensland Health (QH) records.
- Read-only online access will allow HPs to view public hospital information including appointment records, clinic letters, inpatient & ED discharge summaries, radiology & pathology reports, and medication details.

\* Queensland AHPRA registered GPs, nurses, midwives, optometrists, paramedics & pharmacists

The screenshot displays the 'The Viewer' interface for a patient's health records. At the top, there are navigation tabs for Patient, Encounters (10), Outpatient (0), Medications (8), AR/Alerts (12), Pathology (108), Medical Imaging (5), Procedures (5), and Care Plans (1). Below these are 'Event Summaries' and 'My Health Record' sections. A filter box is present. The main content area shows a list of encounters on the left and a detailed view of a specific encounter on the right.

**Encounter List (Left):**

- 08-Oct to 08-Oct-2015 (TNH: 2015035983, LEE, PATRICK)
- 16-Jul to 20-Jul-2011, 4 days (GCH: 760000-6, DR Donald George Kardux PITCHFORD)
- 16-Jul-2011, ? (TNH: 800801-1, DR ROBERTA MCFARLANE)
- 16-Jul to 16-Jul-2011 (GCH: 760000)
- 05-Jul to 15-Jul-2011, 10 days (GCH: 760000-5, DR Donald George Kardux PITCHFORD)
- 01-Apr to 01-Apr-2011, 0 days (PAH: 429999-1, DR MARK DONALDSON)
- 18-Feb to 23-Feb-2011, 5 days (GCH: 760000-4, DR Peter Michael DAVOREN)
- 09-Feb to 11-Feb-2011, 2 days (GCH: 760000-3, DR Peter Michael DAVOREN)
- 13-Nov to 22-Nov-2010, 9 days (GCH: 760000-2, DR Peter Michael DAVOREN)
- 02-Nov to 09-Nov-2010, 7 days (GCH: 760000-1, DR Peter Michael DAVOREN)

**Selected Encounter Details (Right):**

**12-Jan-2016 Outpatient 17 medication(s) + 2 ceased The Townsville Hospital**

Episode of care date : 12-Jan-2016  
 Authorised date : 12-Jan-2016  
 Source System : eLMS  
 Authorised by : Langdon, Connor

**Medications for Outpatient Profile**

Generic Name (Brand) Strength Form	Directions	Status	Reason
Fludrocortisone (Florinef) 100 microgram Tablets	Take 2 tablets in the MORNING	Unchanged	Steroid hormone replacement
Spironolactone (Aldactone) 25mg Tablets	Take 1 tablet in the MORNING	Unchanged	Remove excess fluid; Improve heart function
Aspirin (Astrix) 100mg Tablets	Take 1 tablet in the MORNING with food	Unchanged	Prevent heart attacks, strokes, blood clotting
Esomeprazole (Nexium) 40mg Tablets	Swallow whole 1 tablet once each day	Unchanged	Treat reflux disease; Treat/prevent ulcer
Ramipril - Felodipine (Triasyn) 5mg-5mg Tablets	Take 1 tablet in the MORNING	Unchanged	Treat high blood pressure, Improve heart function
Frusemide (Frusehexal) 40mg Tablets	Take 1 tablet in the MORNING	Unchanged	Remove excess fluid
Rosuvastatin (Crestor) 10mg Tablets	Take 1 tablet in the MORNING	Unchanged	Prevent heart attacks, strokes, lowers cholesterol
Venlafaxine (Altven) 75mg MR CAPS	Swallow whole 1 capsule in the MORNING	Unchanged	Improve mood
Vitamin Compound with Minerals Tablets (Cenovis)	Take 2 tablets in the MORNING	Unchanged	Multivitamin
Mega Calcium Tablets (Cenovis)	Take 2 tablets in the MORNING	Unchanged	Calcium and Vitamin D supplement
Magnesium Forte Tablets (elemental Magnesium ~350)	Take 1 tablet in the MORNING	Unchanged	Magnesium Supplement
Paracetamol (Duatrol SR) 665mg MR TABS	Swallow whole 2 tablets THREE times a day . Maximum of 6 paracetamol containing tablets in 24 hours.		Treat pain

# Queensland Virtual Hospital Virtual Emergency Care Service

## Fact Sheet for General Practitioners

The Virtual Emergency Care Service (VECS) provides Queensland General Practitioners (GPs) with access to specialist emergency medicine advice by telephone or live streamed video-conference.

**The VECS Emergency Medicine (EM) Physicians can assist you with advice, support, and access to HHS services:**

- This service is available to GPs across Queensland and can be accessed as either a consultation about a patient or a joint consultation with the patient.
- Advice and support are available for any patient with any condition.
  - **NOTE: For life threatening emergencies call triple zero (000) and request Ambulance Services. The VECS is not intended to be used for patients experiencing a life-threatening emergency.**
- The VECS EM Physicians can help you manage your patient in the community by:
  - Providing advice for ongoing management
  - Facilitating access to HHS based community services such as community nurses and HITH
  - Facilitating access to an outpatient specialist review
- The VECS EM Physicians can consult with you to assist in navigation to access other local services:
  - Urgent outpatient review in Rapid Access Clinic or sub-specialty telephone advice.
  - "Direct to bed" admission in HITH or subspecialty inpatient services where local pathways are in place for your HHS.

### How to access the VECS

Call 1300 847 833

Monday to Sunday 8am -10pm


**The VECS team are aware that your time is precious. Clinician calls are prioritised, however if you prefer, we can schedule a call back.**

You will be connected to an experienced emergency nurse. Please have the following information ready:

1. Your name and phone number
2. The patient's name, date of birth, hospital number (if available) and brief description of the problem
3. The practice phone number

# Queensland Virtual Hospital Virtual Emergency Care Service

Clinician service

 Open: 7 days

(8am-10pm Monday to Sunday)

The triage nurse will be accessing previous hospital information on your patient while you consult with the medical staff. The VECS EM Physician will speak with you as soon as possible.

During busy times they will sometimes need to call you back and the triage nurse will be able to advise of the likely time frame for the call. You may prefer to ask your patient to sit in the waiting room for a short period until both medical practitioners are available for the consultation.

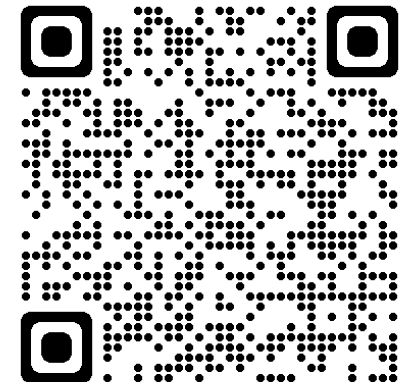
- If you request a face-to-face consultation and you have a computer with a camera or a smartphone, the VECS team will send you an appointment link.
- While the consultation is in progress, VECS staff may contact your practice for further patient details if required, to complete the registration process.
- During the consultation a management plan will be agreed and later documented by the VECS clinical team. These notes will be uploaded into the Health Practitioner Portal/The Viewer.
- The following day, you will be contacted via email for feedback about the service and the patient will be contacted as indicated.

#### Examples of presentations the VECS service can be used for\*

- Asymptomatic hypertension
- Soft tissue infections/cellulitis
- Deep Vein Thrombosis (DVT)
- Urinary tract infection
- Diabetic patient with high BSLs
- Fever in children
- Vertigo
- Acute Low back pain
- Gastroenteritis
- Minor sports injuries
- Minor head injuries
- Viral illness (including COVID-19)
- Headache

**\*Please note this is not an exhaustive list and if you are unsure whether the VECS team can assist please feel free to call and speak with one of the friendly VECS team.**

Further information is available on the [VECS webpage](#).



## The Murrumba Downs Medicare Urgent Care Clinic is now open and accepting patients.

Open 7 days (Monday to Sunday) 8.00 am to 8.00 pm

Located in the Murrumba Downs Medical and Dental Centre at corner Dohles Rocks Road and Goodrich Road West, Murrumba Downs.

[Get directions](#)

[Book an appointment](#)

## The Northside Medicare Urgent Care Clinic is now open and accepting patients.

Open 7 days (Monday to Sunday) 8.00 am to 8.00 pm

Located at Family Doctors Kedron, 11 Brookfield Road, Kedron.

[Get directions](#)

## The Morayfield Medicare Urgent Care Clinic is now open and accepting patients.

Open 7 days (Monday to Sunday) 8.00 am to 8.00 pm

Located at Health Hub Doctors, 19-31 Dickson Road, Morayfield.

[Get directions](#)

[Book an appointment](#)

**Walk-ins welcome. All appointments are bulk-billed.**

**medicare**

## Urgent Care Clinic

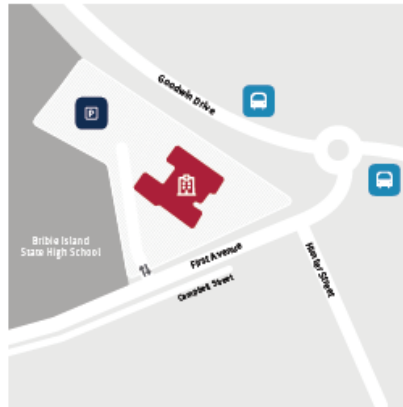
### Urgent care

When you have an injury or illness that can't wait for a regular GP appointment but is not life-threatening.

- Minor infections
- Minor fractures, sprains, sports injuries and neck and back pain
- Urinary tract infections (UTIs)
- Sexually transmitted infections (STIs)
- Minor cuts
- Insect bites and rashes
- Minor eye and ear infections
- Respiratory illness
- Gastroenteritis
- Mild burns

## Visitor information

### Bribie Island Satellite Hospital (Yarun)



**Address:**  
Bribie Island Satellite Hospital  
103 First Avenue, Bongaree  
(07) 3410 2800

**Parking and public transport**  
Free onsite parking.

Closest bus stop on First Avenue  
– stop number 319882.

Closest bus stop on Goodwin  
Drive – stop number 319881.

### Caboolture Satellite Hospital (Kabul)



**Address:**  
Caboolture Satellite Hospital  
15 Rowe Street, Caboolture  
(07) 5433 7555

**Parking and public transport**  
Free onsite parking. Adjacent to  
Caboolture Train Station.

Caboolture Hospital is located  
approximately 1.6 kilometres  
east along McKean Street.

### Kallangur Satellite Hospital (Kalangoor)



**Address:**  
Kallangur Satellite Hospital  
9 Stoker Way, Kallangur  
(07) 3285 0000

**Parking and public transport**  
Free onsite parking.

Adjacent to Kallangur Train  
Station.

# Visit a Satellite Hospital

## Minor Injury and Illness Clinic

The Minor Injury and Illness Clinic  
provides **walk-in urgent care** for  
illnesses and injuries not anticipated  
to be life-threatening.

The clinic is run by a team of doctors, nurses and  
allied health professionals experienced in treating  
urgent medical needs. They can assess, diagnose,  
and treat a wide range of minor injuries and  
illness in adults, teenagers, young children and  
babies older than three months of age.



For more information scan the QR Code to visit  
the Metro North Satellite Hospital website page,  
or visit [www.metro.north.health.qld.gov.au](http://www.metro.north.health.qld.gov.au)



Queensland  
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## Health Professionals

If you are a Queensland Health employee, please refer to the [Metro North Virtual Ward Intranet Page](#) (QH network only) available on QHEPS to access the internal referral form.

The Metro North Virtual Ward (VW) is an additional telehealth service that complements the current Virtual Emergency Department, Covid Virtual Ward, and Hospital-in-the-home services available within the Metro North Health region. Given the success of the virtual care model, the Metro North VW can now admit and manage patients with conditions other than COVID.

The VW can assist GP's by providing an inpatient equivalent admission for eligible patients.

On admission patients will be provided with team-based care via regular phone calls and/or video consults. The ward is based at the Royal Brisbane and Women's Hospital, from 0700 to 1930, 7 days a week, with overnight access to medical support. The patients will have access to medical, nursing, pharmacy, and social work support.

### What can Virtual Ward provide?

Monitoring determined by patient's primary illness and co-morbidities.

Where required, patients will be provided with the following monitoring equipment free of charge and delivered to their home:

- Oxygen saturation probe
- Blood pressure monitor
- Thermometer
- Facilitation of relevant investigations i.e.- Blood tests, medical imaging including MRI, ECG, Echo
- Facilitation of Specialist opinion
- Pharmacy review
- Referral to Allied Health

### Which patients are eligible for admission to the VW?

Patients who require a brief period of monitoring and treatment which would otherwise require them to stay in hospital.

Patients at risk of deterioration, which if detected early, can be managed at home with the aim that hospital admission be avoided.

Patients where daily review in between planned GP review would be helpful.

Examples of conditions that may be suitable for admission include:

- COVID
- community acquired pneumonia, infective exacerbations of asthma and other chronic obstructive airway conditions
- infections including cellulitis, osteomyelitis, UTI
- severe hypertension without neurological red flags for short term monitoring, medication adjustment
- hyperglycaemia without ketoacidosis for short term monitoring, medication adjustment.
- electrolyte abnormalities requiring monitoring
- supratherapeutic INR for short term monitoring
- serendipitous lumps to expedite investigation and Specialist review.

### How to refer your patients to VW?

Phone **07 3074 2109** in hours (0800-1700hrs) or phone RBWH switchboard out of hours on **07 36468111** and ask to speak to the Virtual Ward Consultant.

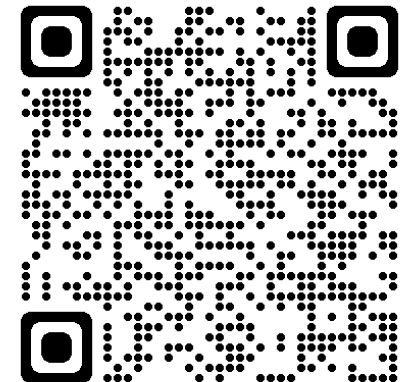
If your patient is accepted, please complete the VW referral form (available as Best Practice template or PDF) and email [MN-VirtualWardAdmin@health.qld.gov.au](mailto:MN-VirtualWardAdmin@health.qld.gov.au).

### How to monitor your patients progress?

You can review your patient's daily progress via the Health Provider Portal/ Viewer.

A discharge summary will be sent at the end of the admission.

If you would like to contribute further information at any stage about your patient, please phone the Virtual Ward Consultant on 07 3074 2109.



# Metro North Orthopaedic and allied health services overview



# Metro North Health Physiotherapy Outpatient Services

Matthew Stewart,

Advanced Musculoskeletal Physiotherapist / Team Leader

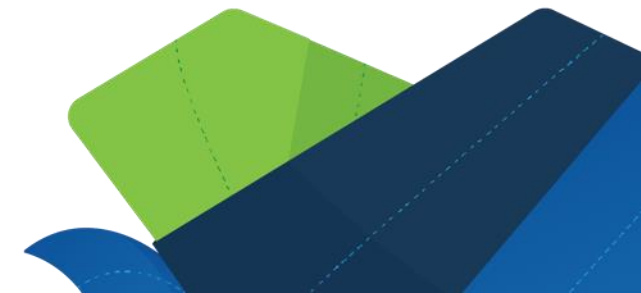
Musculoskeletal Physiotherapy Screening Clinics and Multidisciplinary Service and Physiotherapy Outpatients, RBWH



**Queensland**  
Government

# Physio OPD Services – Overview

- Acute Musculoskeletal conditions:
  - Soft tissue injuries and acute pain conditions (e.g. acute LBP, etc)
  - Pre-/Post- Orthopaedic Surgery
  - Post-Orthopaedic Fracture Management
- ThriveOA group-exercise class for hip/knee osteoarthritis
- Pelvic health
- Exclusions: <14 years, DVA Gold, Workcover, acute fractures, Neuro/balance, respiratory, maintenance therapy





# Physio OPD Services – local considerations

- RBWH
  - Hand Therapy
  - Hydrotherapy
- TKR classes
  - TPCH and Caboolture
- TPCH
  - ACL classes (pre- and post-rehab)
  - Persistent pain classes (incl. rheumatological conditions)
  - Paediatrics – general MSK and post-surgical, excludes <5yrs and developmental conditions)



# How to Refer

- Metro North CPI
  - Smart Referrals or Secure Messaging
- Do not fax to hospital departments



# Queensland Musculoskeletal Physiotherapy Screening Clinic and Multidisciplinary Service (MPSC & MDS)

Dr Andrew Hislop Ph.D., M.Phty, Grad. Cert. Phty, B. Phty, APAM

1. Orthopaedic Physiotherapy Screening Clinical and Team Leader, TPCH
2. Research Co-Ordinator, Caboolture, Kilcoy and Woodford Directorate
3. Project Officer, MPSC & MDS, Royal Brisbane & Women's Hospital



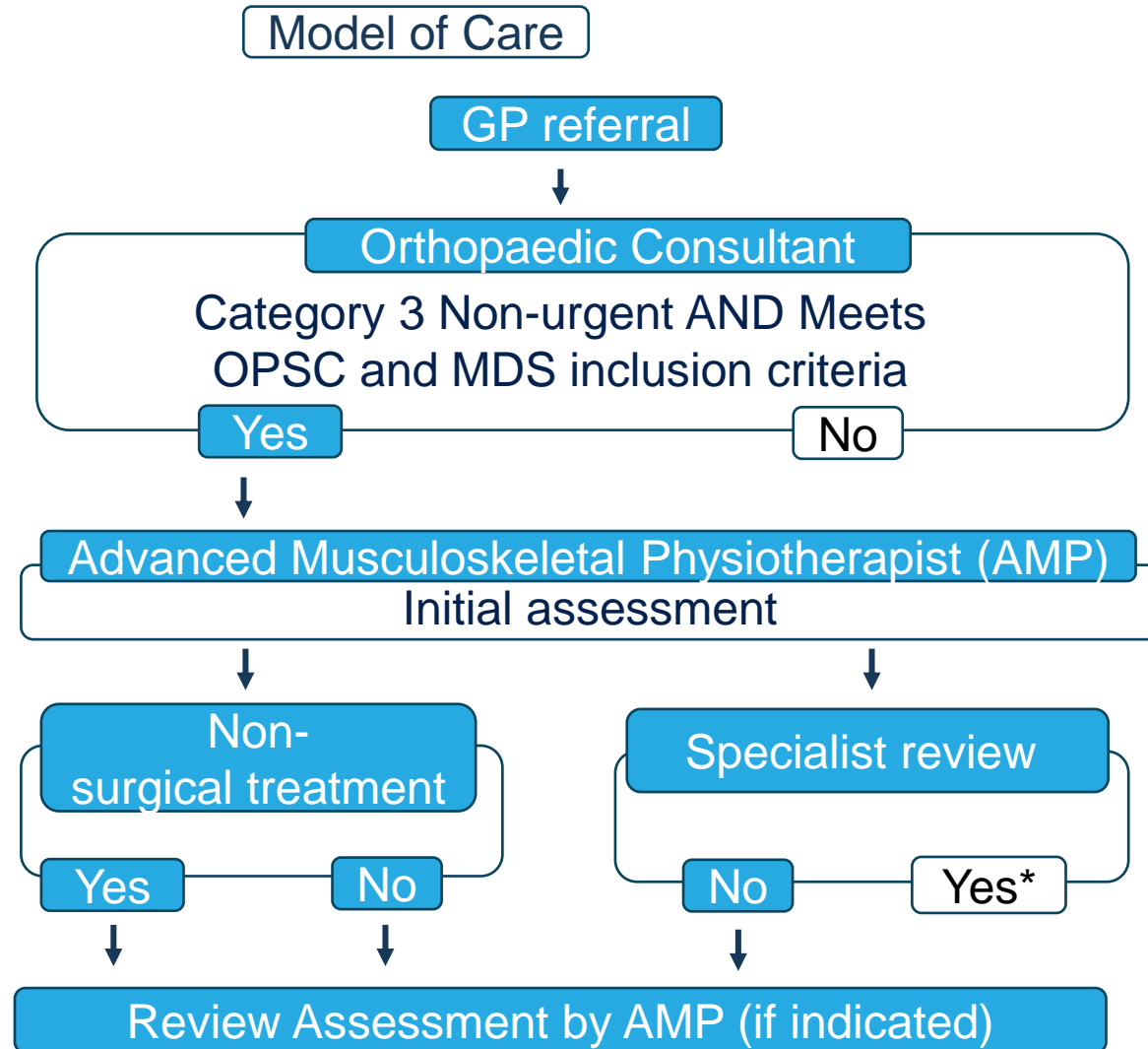
# Statewide MPSC & MDS

- Embedded 17 specialist outpatient services statewide
- Neurosurgical, RBWH and North Lakes
- Orthopaedics, TPCH and Pine Rivers Community Health Centre
- Multidisciplinary services
  - Physiotherapy, Dietetics, Psychology, Pharmacy, OT#
- Statewide ~70% patients
  - discharged without need for specialist services<sup>1</sup>
  - report clinically important improvement in their condition<sup>1</sup>
- Cost-effective<sup>2</sup>, 5% re-presentation rate<sup>3</sup>

# Not available at TPCH or Pine Rivers Community Health Centre. 1. Raymer, M. In *Healthcare* (Vol. 9, No. 3, p. 278). 2. Comans, T., et al. (2014). *Journal of health services research & policy*, 19(4), 216-223., 2. Chang, A. T., et al (2017). *Australian Health Review*, 42(3), 334-339.



# OPSC & MDS



## “OPSC and MDS criteria”

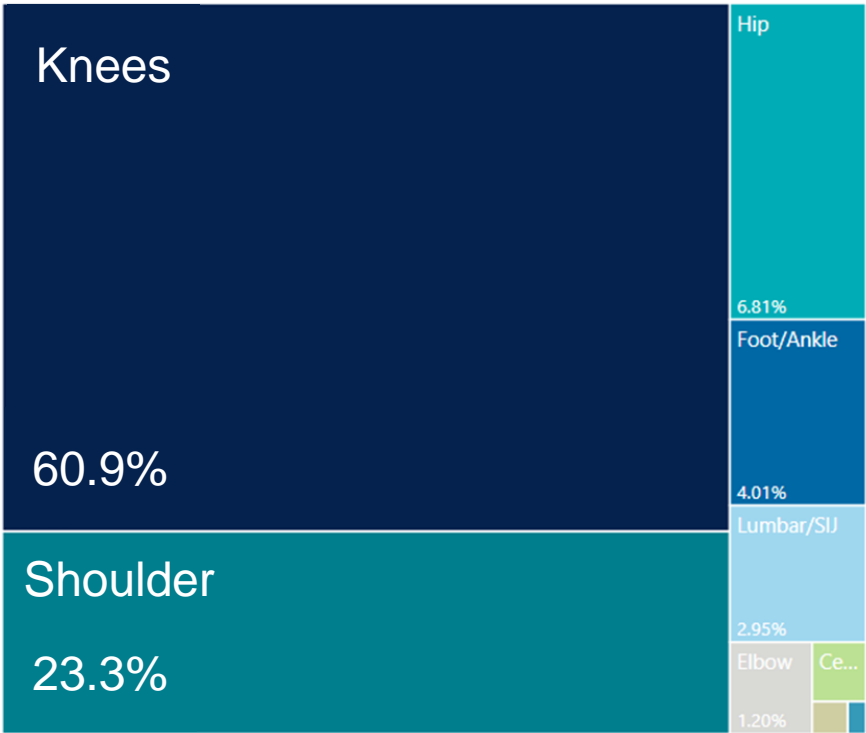
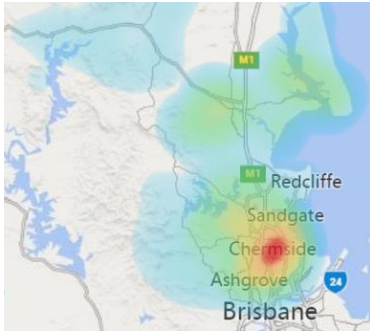
1. Mild to mod. radiographic KOA
2. Degenerative meniscal changes
3. Mild hip OA
4. All shoulder referrals

\*+/- escalation of category



# OPSC & MDS

Service profile



Average 4 months in MDS



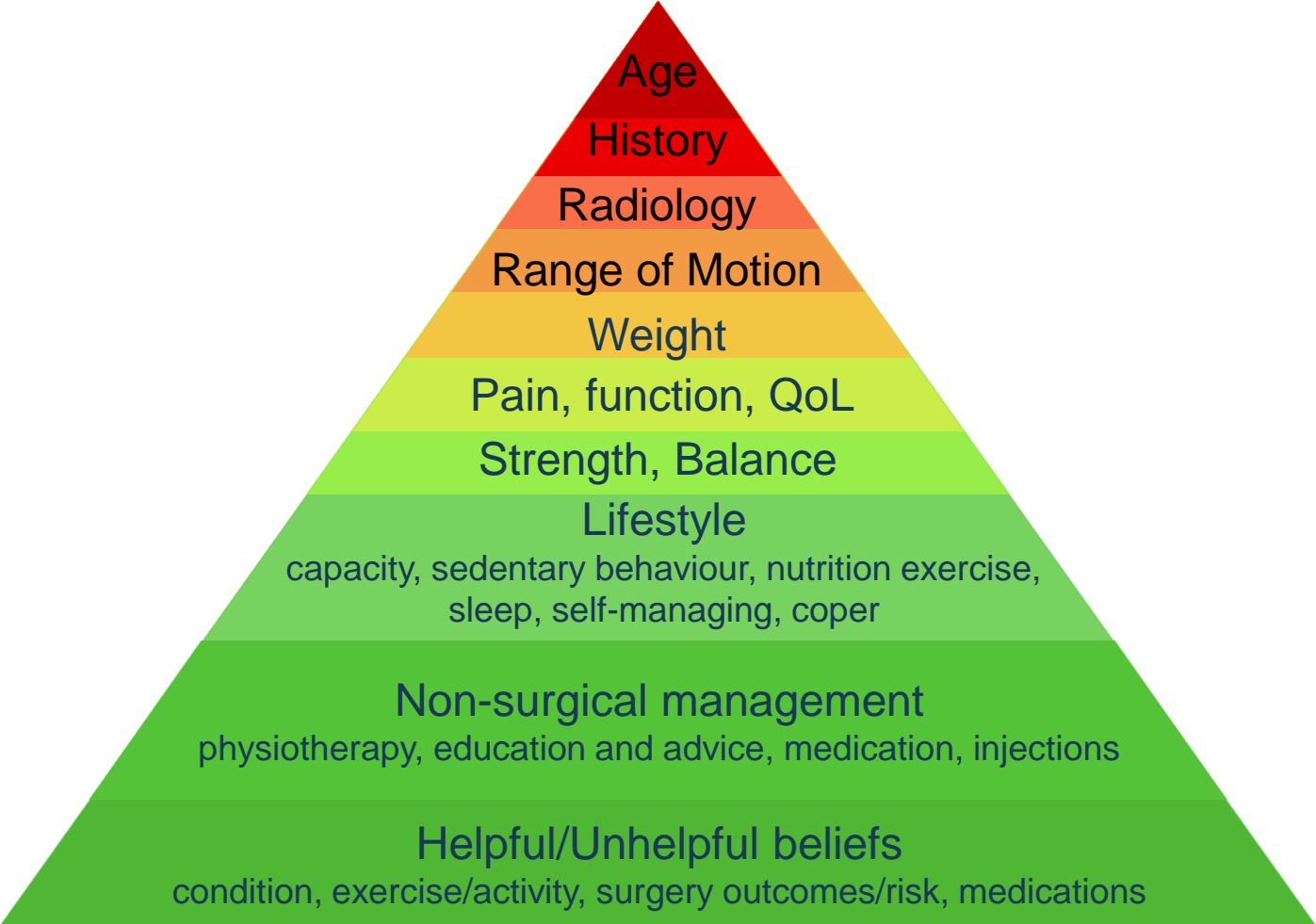
Average Global Rating of Change = 2.5/5

75% people have minimally clinically important benefit



# OPSC & MDS

Factors informing AMP decision-making



Non-modifiable



Modifiable



# Orthopaedic Screening in Primary Care and Multidisciplinary Service (OSiP & MDS)

Alex Vallini, Mulligan, B. Phyt, APAM

Clinical and Team Leader

Orthopaedic Screening in Primary Care and Multidisciplinary Services  
(OSiP & MDS)



Queensland  
Government



# OSiP & MDS

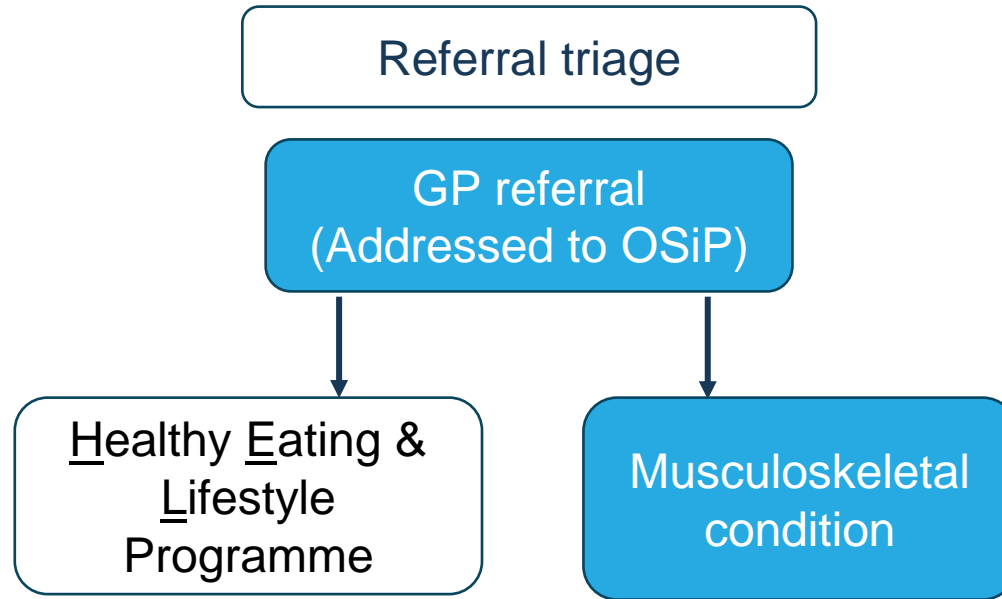
## Background



- Since 2014 at Pine Rivers Community Health Centre
- Permanently funded in 2017 (jurisdiction of TPCH)
- Aim: to decrease referral demand on hospitals' specialist outpatient clinics across Metro North.



# Orthopaedic Physiotherapy Screening in Primary Care (OSiP)

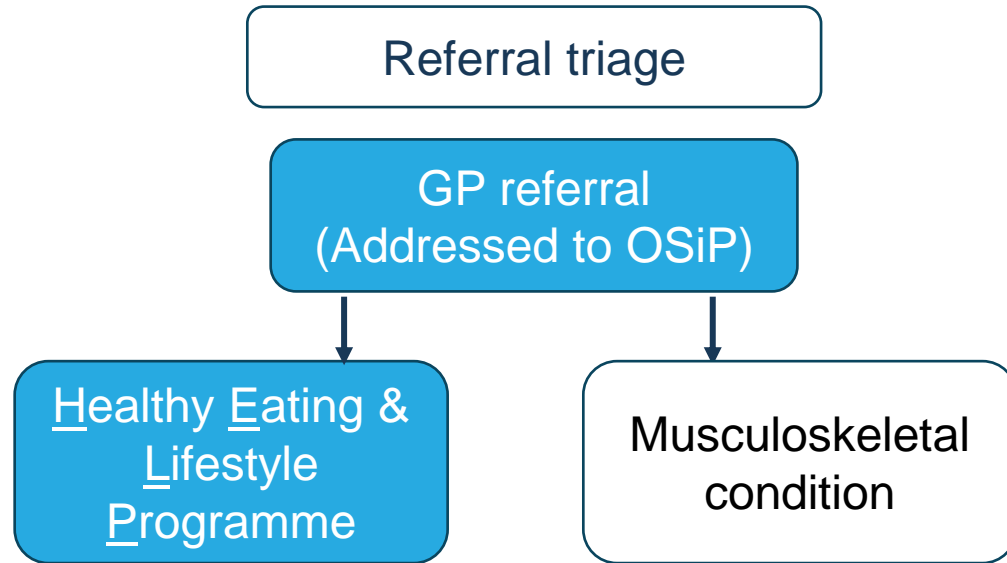


People who would benefit from:

- Weight management
- Developing a healthy attitude towards eating
- Learning how to enjoy healthy eating
- Maintaining long-term behaviour changes (e.g. food, activity levels)



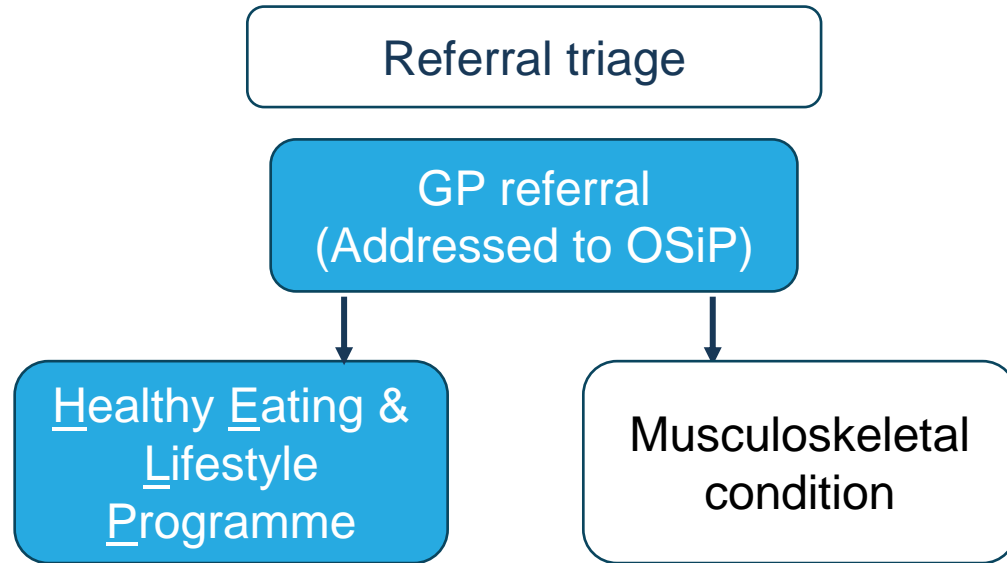
# Orthopaedic Physiotherapy Screening in Primary Care (OSiP)



**Included:**  
MSK Condition (e.g. Spinal and Peripheral)  
Exercise / Activity plans (e.g. Medically managed RA, Fibromyalgia, general deconditioning)

**Excluded:**  
Post Acute fracture, post-op patients  
Workcover / Compulsory Third Party insurance / claims patients  
Red Flags (e.g Ca)

# Orthopaedic Physiotherapy Screening in Primary Care (OSiP)



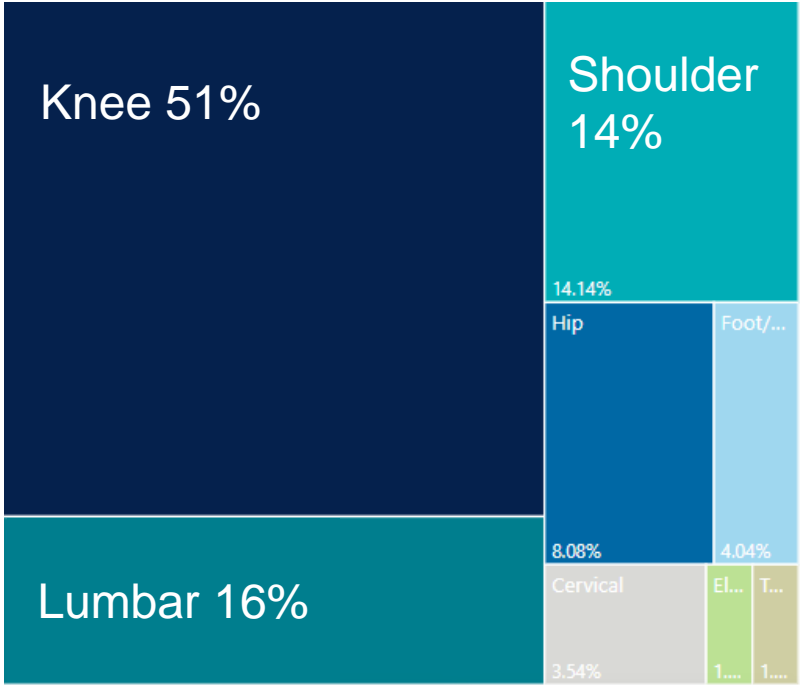
- Services available
- Physiotherapy
  - THRIVEOA (exercise group for people with knee/hip osteoarthritis)
    - Hydrotherapy
    - Psychology (limited service)



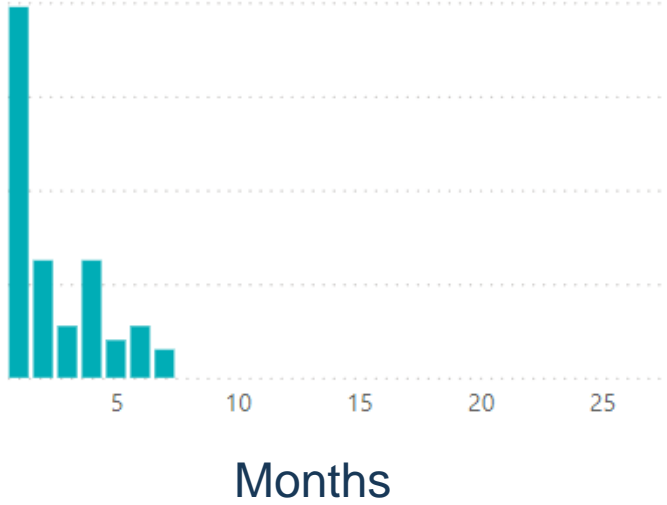
# OSiP



## Patient profile

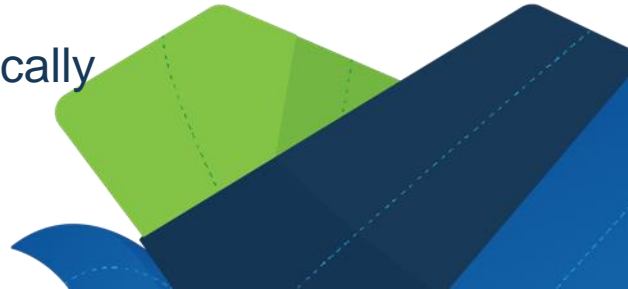


## Average 1 month waitlist



Average Global Rating of Change = 3.2/5

78% people have minimally clinically important benefit



# Musculoskeletal Physiotherapy Screening Clinic and Multidisciplinary Service, RBWH

Matthew Stewart

Advanced Musculoskeletal Physiotherapist / Team Leader

Musculoskeletal Physiotherapy Screening Clinics and Multidisciplinary Service and Physiotherapy Outpatients, RBWH



Queensland  
Government

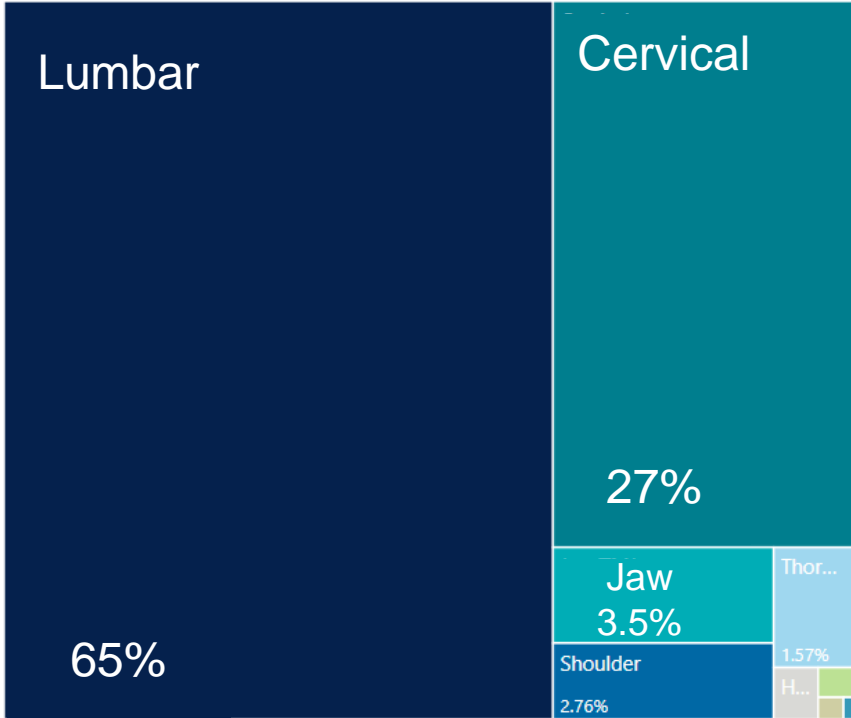
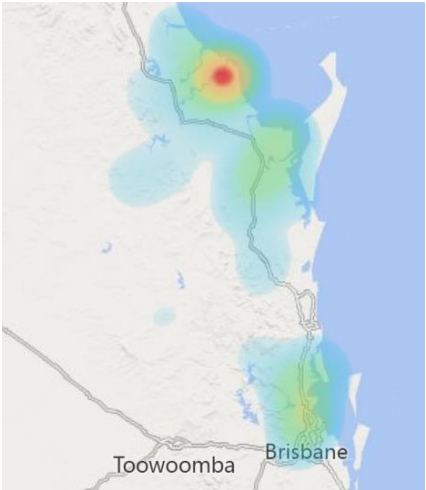
# MPSC & MDS, RBWH

- Orthopaedic Spines Cat 2 & 3 and Shoulders Cat 3
- Neurosurgery Spines – Cat 2 & 3
- Maxillofacial TMJ/jaw pain – Cat 3

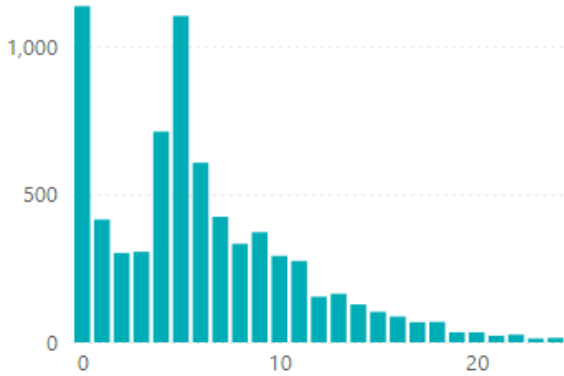


# MPSC & MDS

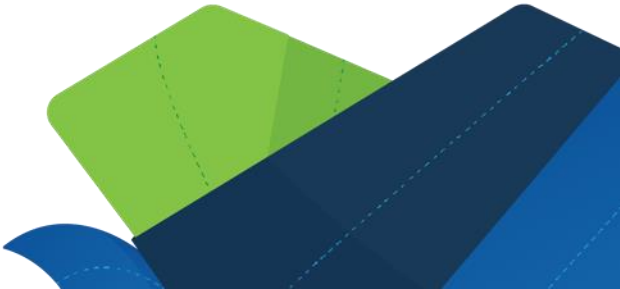
Service profile



Average 6 months in MPSC



60% people have minimally clinically important benefit





**Redcliffe**  
**Orthopaedics**  
Dr Alexey Borshch

**Metro North**  
**Occupational Therapy**  
**services**



## Older Persons Emergency Network Metro North

Julie Oliver  
Nursing Director

QAS co-response emergency department substitution model providing an acute outreach service for frail older persons living in residential aged care facilities (RACF's) in Metro North and community dwellers in Caboolture and Redcliffe regions.

# OPEN Fracture Clinic

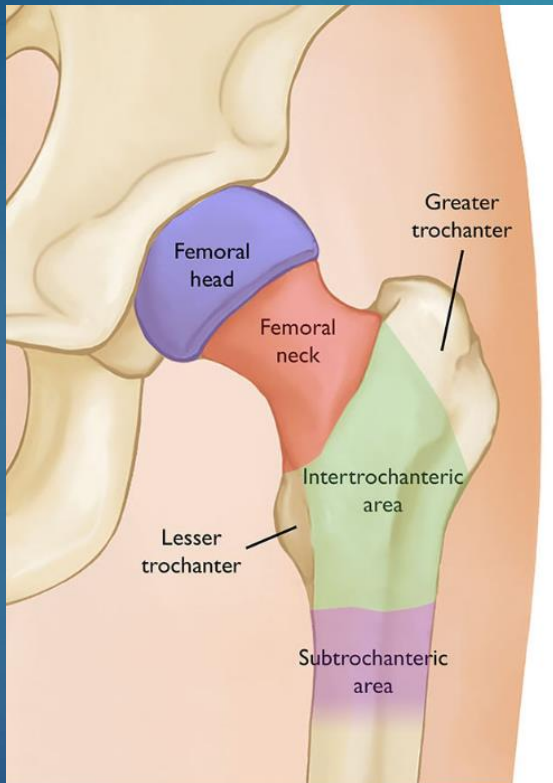
## PURPOSE

Provide an outreach fracture clinic to the residents in Residential & Aged Care Facilities (RACF) who have:

- simple fractures
- complex fractures, where the resident is not a surgical candidate and can be safely managed in the facility
- Post Neck of Femur (NOF) care



# Pre-hospital Fractured Neck of Femur Pathway



## PURPOSE

- Enhance patient care for patients with a suspected fractured Neck of Femur (#NOF) before hospital admission.
- Develop and implement a pre-hospital #NOF pathway model for early assessment, diagnosis and intervention, facilitating direct admission to the appropriate hospital with the aim to enhance patient flow and outcomes.

## Who can refer to the Fracture Clinic?

- Redcliffe Fracture Clinic
- Emergency departments
- General Practitioners
- Older Persons Emergency Network
- Metro North RADAR teams
- QAS

Referrals via email: [RRFC@health.qld.gov.au](mailto:RRFC@health.qld.gov.au)

## Who can refer to the pre- hospital NOF team?

- QAS

# Management of acute knee injuries in general practice

## Panel Discussion

Dr Alexey Borshch  
Acting Director of Orthopaedics, Redcliffe Hospital

Dr Andrew Hislop  
Orthopaedic Physiotherapy Screening Clinical and Team Leader, TPCH

Dr Loretta O'Sullivan-Pippia  
Advanced Physiotherapist, OPSC + OSiP

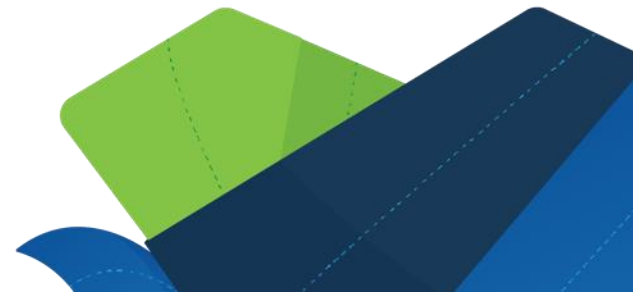
Alex Vallini  
Clinical and Team Leader, OSiP & MDS



# Case-scenarios: Acute traumatic knee injury

Discuss the management of an acute traumatic knee injury (e.g. investigations, bracing, specialist/physiotherapy referral, surgical indication and timing thereof) for an acute traumatic knee injury if the patient is,

1. 17 years
2. 35 years
3. 55 years



# Redcliffe Hospital Department of Orthopaedic Surgery

## Common upper limb fractures

What could be managed in primary care and when to refer

**Metro North  
Hospital and  
Health Service**





# Common upper limb fractures

What could be managed in primary care and when to refer

Dr. Alexey Borshch

- Orthopaedic surgeon
- Redcliffe Hospital, STARS, BPH

Jessica Porter for Jacqueline Nix

- Director of Occupational Therapy
- Redcliffe Hospital

**Metro North  
Hospital and  
Health Service**



# Redcliffe Hospital Orthopaedic Department

20% Elective / 80% Trauma Surgery

~220 trauma surgeries per month

~550 New fracture clinic patients per month

9 Consultant

8 PHOs

2 Training Registrars

Hand Therapy

Physiotherapy

Occupational Therapy

**Metro North**  
Hospital and  
Health Service



**Queensland**  
Government

# Common upper limb fractures

Phalanx

Metacarpal

Carpal

Distal radius

Forearm

Radial head

Olecranon

Humerus shaft

Proximal humerus

Clavicle

# Case 1

24 yo Labourer

- Finger jammed in between two pieces of wood at work
- Presents with drop finger

# Case 1



24 yo Labourer

- Finger jammed in between two pieces of wood at work
- Presents with drop finger
- What is the diagnosis?

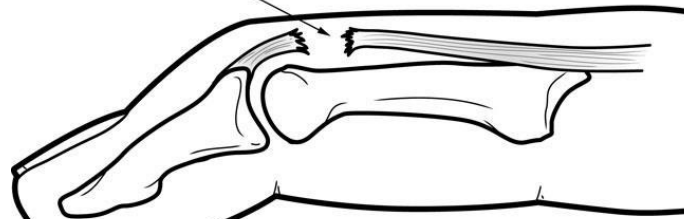
# Case 1

24 yo Labourer

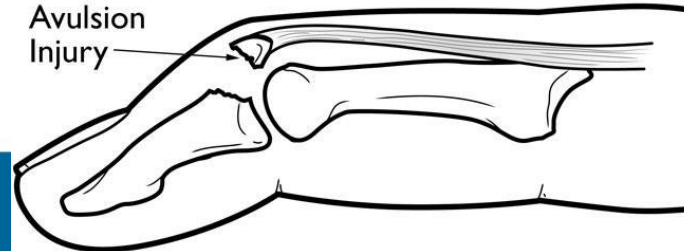
- Finger jammed in between two pieces of wood at work
- Presents with drop finger
- What's next?



Extensor Tendon Rupture



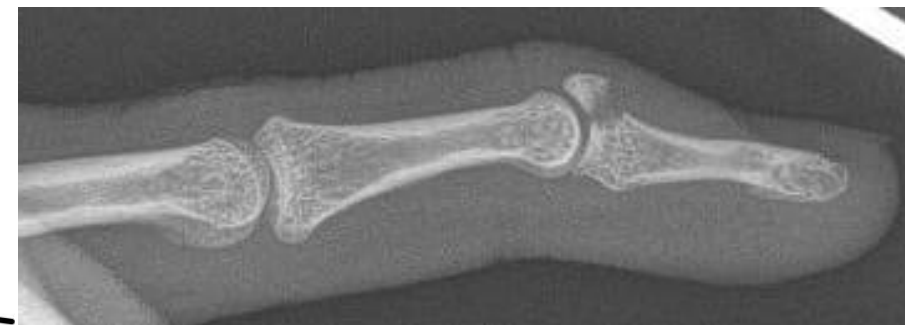
Avulsion Injury



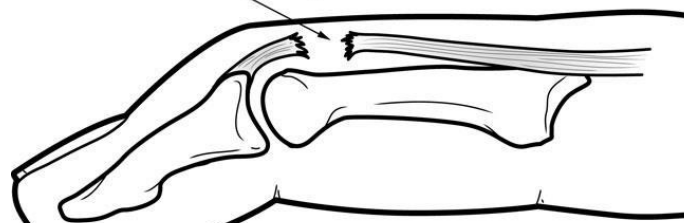
# Case 1

24 yo Labourer

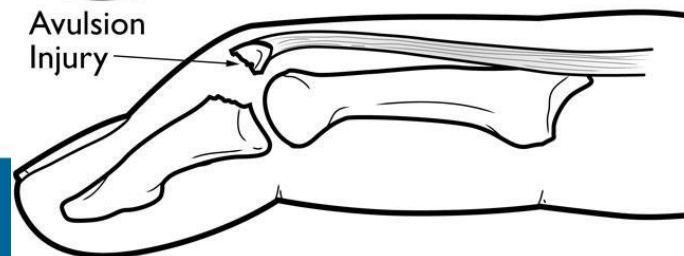
- Finger jammed in between two pieces of wood at work
- Presents with drop finger



Extensor Tendon Rupture



Avulsion Injury



# Phalanx Fractures – Mallet finger

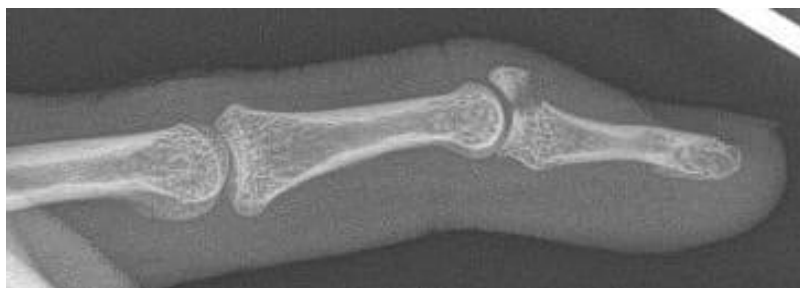
## Primary care



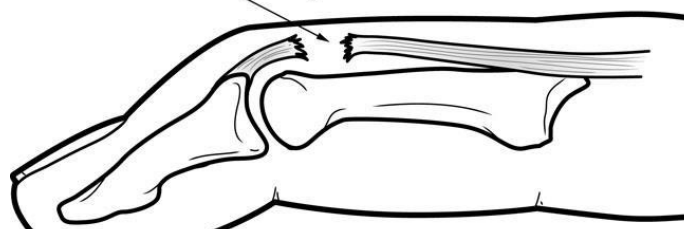
Soft tissue mallet / non-subluxated Fracture

- Splint in extension (not hyperextension) for 6 weeks
  - Then night splint for 6 weeks
- Subluxated / Large fracture
- Consider Surgery

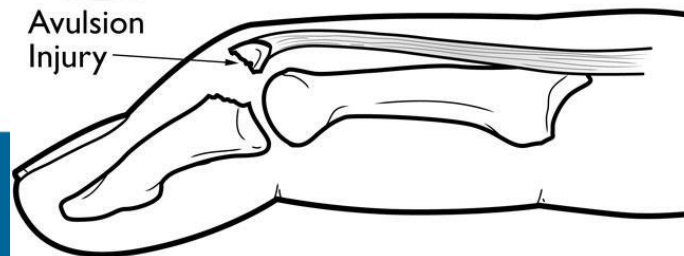
## Refer



Extensor Tendon Rupture



Avulsion Injury





# Case 2

25 yo Softball player



Finger vs ball

Presents with pain and swelling

What is the diagnosis?

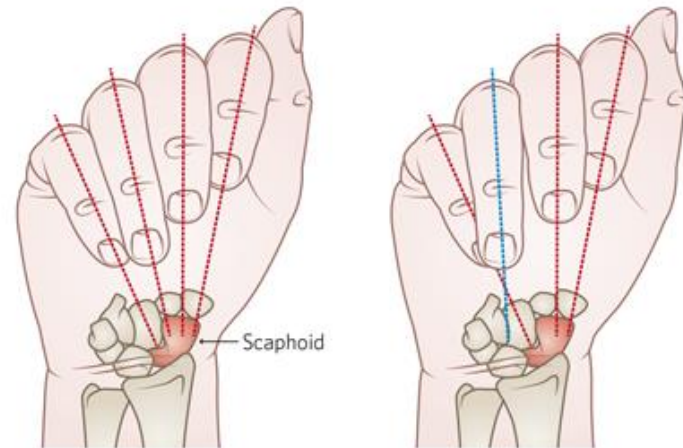
# Case 2

25 yo Softball player



Finger vs ball  
Presents with pain and swelling

What next?

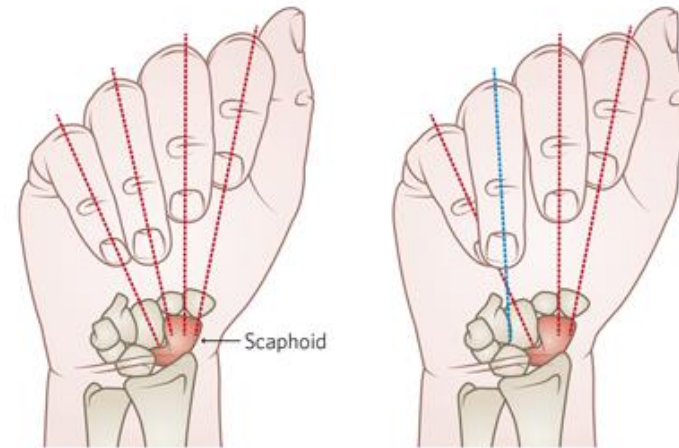


# Case 2

25 yo Softball player

Finger vs ball

Presents with pain and swelling



# Phalanx Fractures

## Primary care



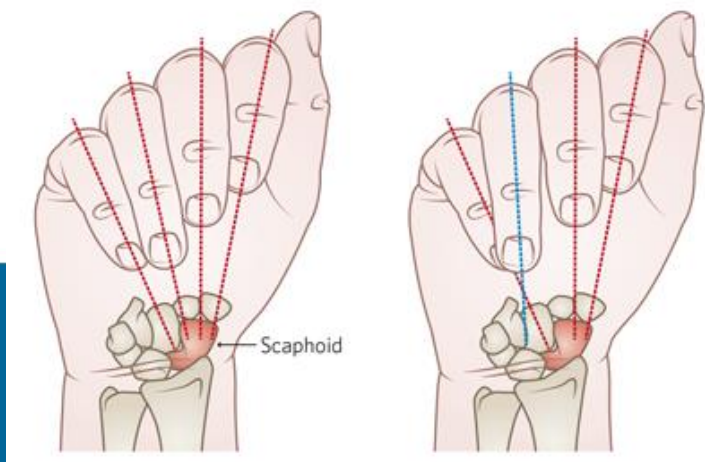
Usually very challenging to hold in a splint

Volar plate fractures

- Extension block splinting or buddy taping

Refer all others

- Subtle deformity can lead to significant dysfunction



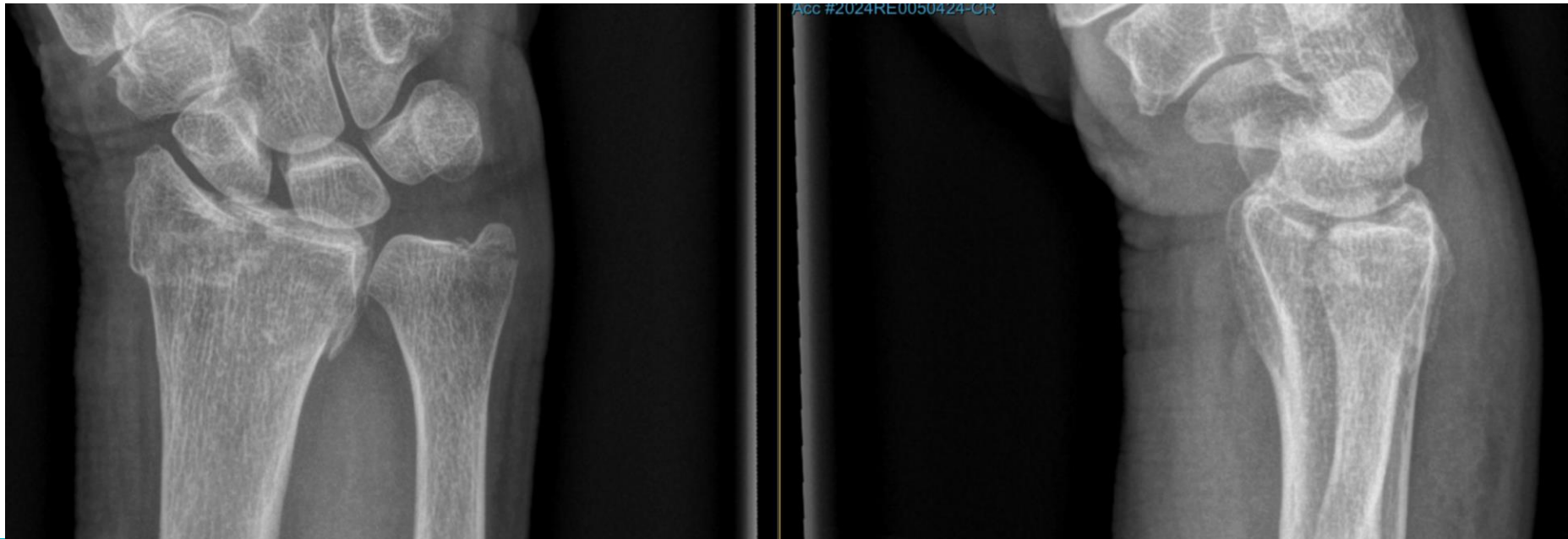
## Refer



# Case 3

73 yo F

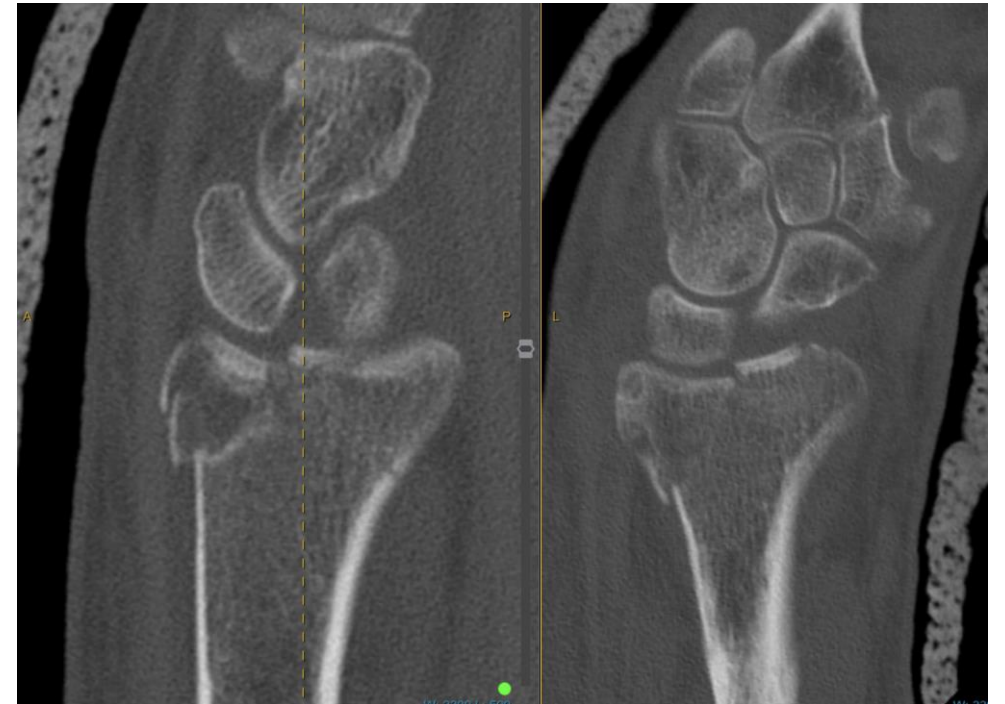
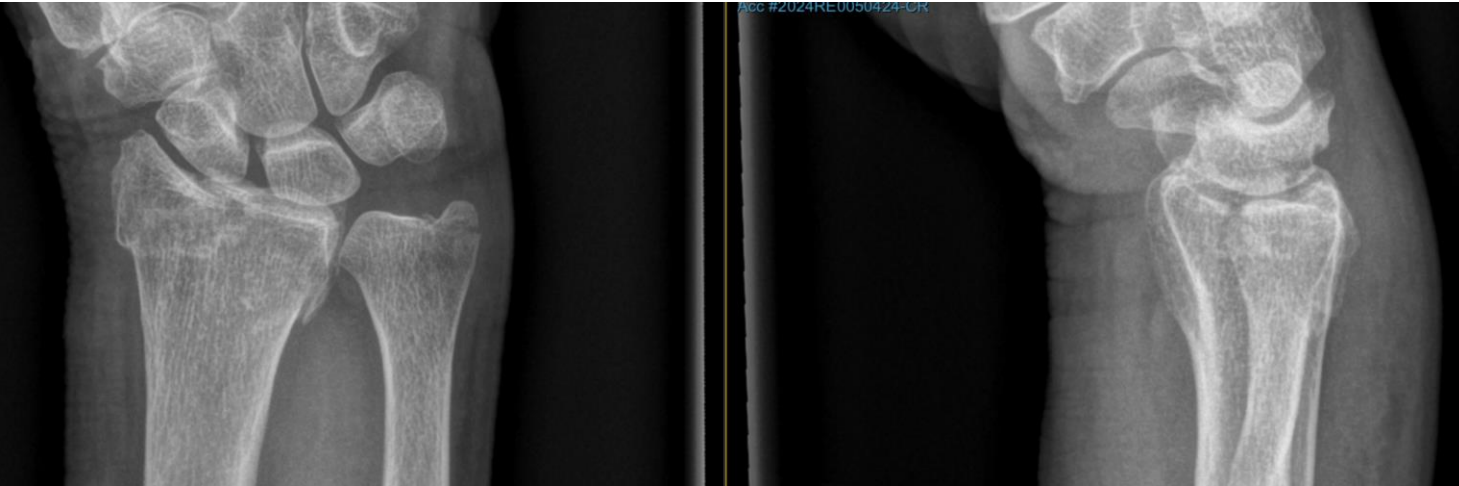
Fall in the garden. Painful, deformed wrist.  
What next?



# Case 3

73 yo F

Fall in the garden. Painful, deformed wrist.



# Case 3

73 yo F

Fall in the garden. Painful, deformed wrist.



# Distal radius fractures

Primary care



Undisplaced / No dorsal tilt / Elderly  
– can manage in a cast

Displaced / intra-articular / angulated  
- Likely surgery

Beware of EPL rupture in undisplaced #



Refer





# Case 4

53 yo F

Fall over cat onto right elbow. Pain with pronation and supination.

What examination findings matter?



# Radial head fractures

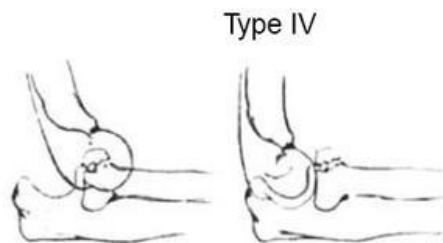
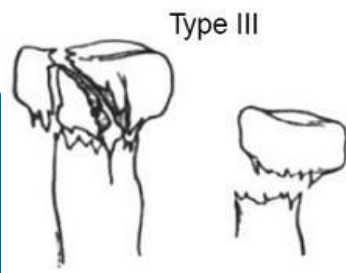
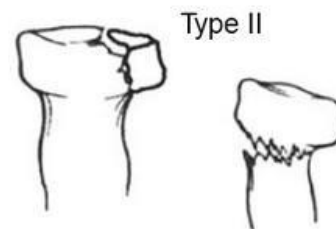
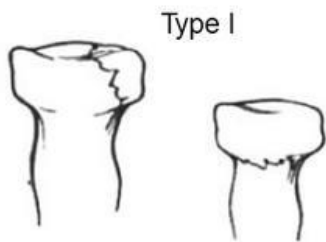
Primary care



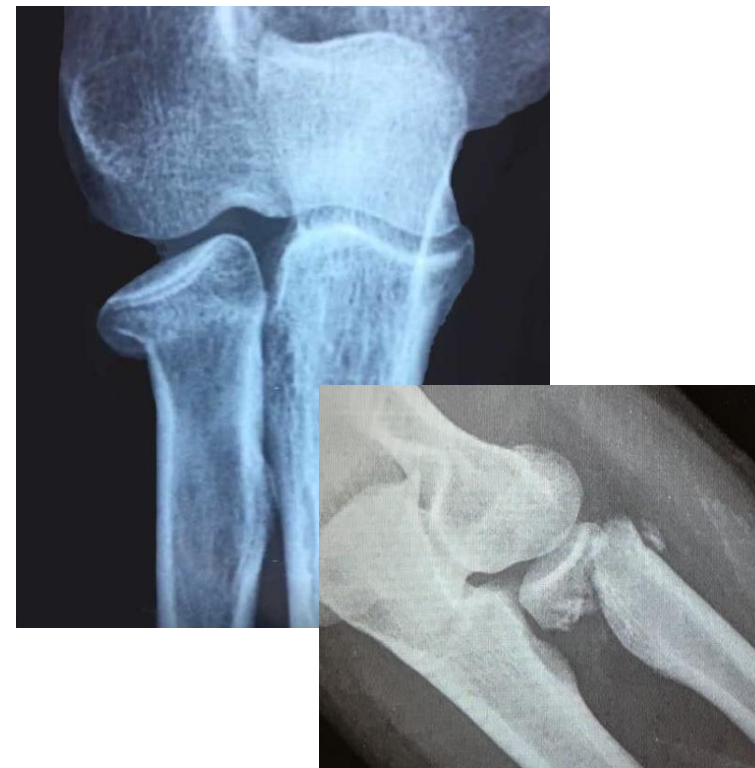
Mason classification

Type 1 (<2mm) and some Type 2 (>2mm)

- If no mechanical block to pronation / supination
- ROM as tolerated, sling for comfort for 6 weeks



Refer



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Hospital and  
Health Service**



**Queensland  
Government**

# Case 5

12 yo M

Fall onto arm at school. Pain when straightening the elbow.

What are the differentials?

# Case 5

12 yo M

Fall onto arm at school. Unable to straighten elbow.



# Olecranon fractures

Primary care



Undisplaced / Elderly

- Could manage in extension cast
- Most others treated with surgery



Refer



**Metro North  
Hospital and  
Health Service**



Fig. 2

Fig. 3



**Queensland  
Government**

# Case 6

36 yo F

Collided with another player in soccer.

What are the treatment options?



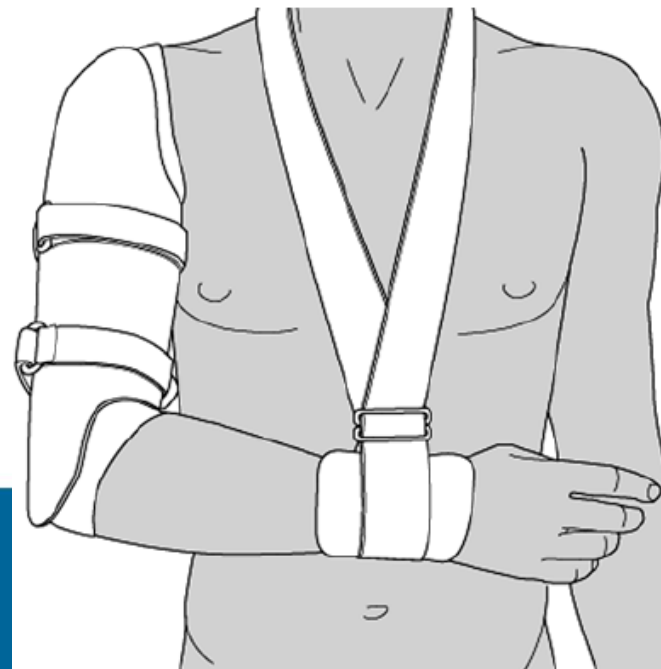
# Humerus shaft fractures

Primary care



Some transverse fractures  
- Sarmiento brace

Most others are challenging to hold



Refer



**Metro North  
Hospital and  
Health Service**

# Case 7

65 yo M

Fall off pushbike.

What advice to give to patient?

What is the outcome with non-op?





# Proximal humerus fractures

Primary care

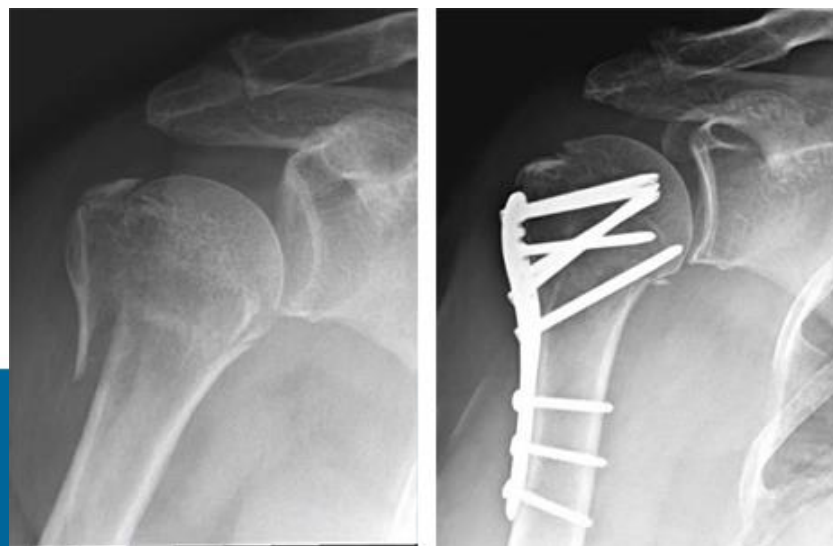


Minimal displacement – regardless of number of pieces

- Sling

Significant ??? Displacement

- subjective



Refer



# Case 8

27 yo M

Rugby tackle.

Skin is ok.

What are the deforming forces?



# Clavicle fractures

Primary care

Historically managed non-op  
- <2cm displacement

Refer

Increasing rate of surgery due to  
slightly better function



**Metro North  
Hospital and  
Health Service**



**Queensland  
Government**

# Redcliffe Hospital Orthopaedics

## Primary care

- Manage within comfort level
- Manage within resources
  - Call for advice

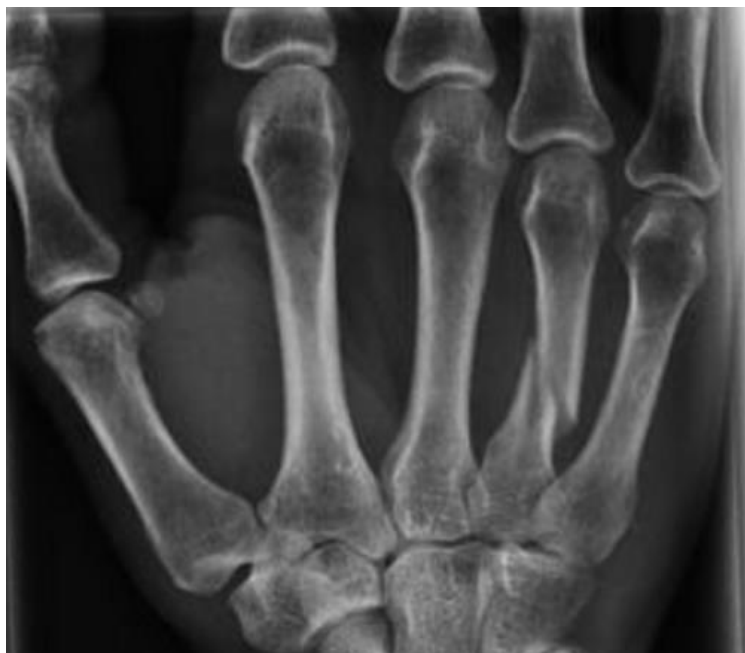
## Refer

- Anything complex
- Anything requiring resources
- Anything outside comfort level

On-call Registrar / PHO:  
3883 9720

# Metacarpal fractures

Primary care



Central metacarpals with no rotation  
and minimal shortening  
- POSI (position of safe immobilization)

Refer all others



Refer

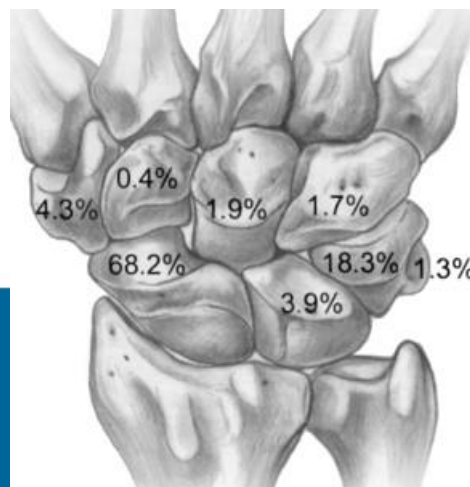


# Carpal fractures

Primary care

High risk of complications  
High risk of associated ligamentous injuries

Refer



# Thumb fractures

Primary care



Challenging to splint due to complex deforming forces

Very forgiving joint with high degree of freedom / ROM

Usually best to refer

Refer



# Radius and ulna fractures

Primary care

Challenging to prevent progressive deformity

Usually managed with surgery

Refer





# Scapula fractures

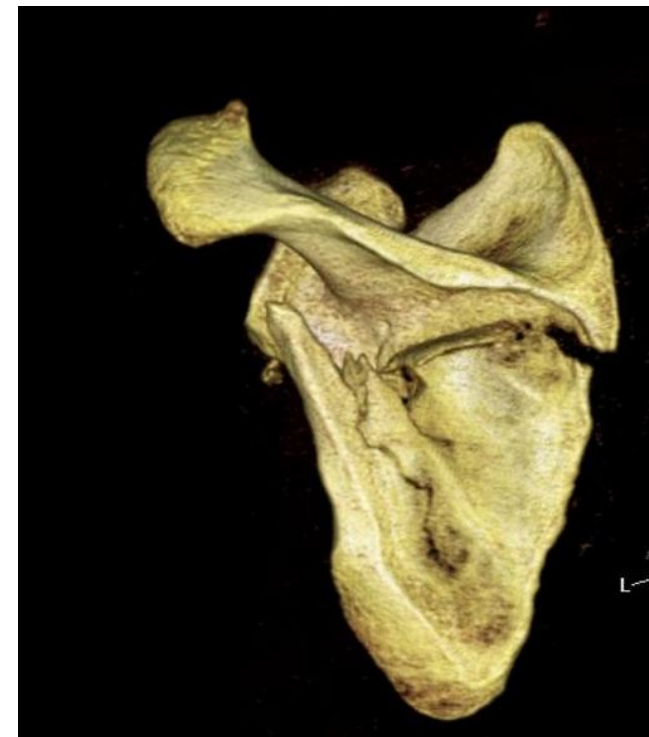
Primary care



Scapula body fractures  
- Usually non-operative

Anything close to the glenoid  
- May need surgery

Refer





# Spinal Pain and Radicular Pain/Radiculopathy

Matthew Stewart, Advanced Musculoskeletal Physiotherapist and Team Leader

Musculoskeletal Physiotherapy Screening Clinics and Multidisciplinary Service and  
Physiotherapy Outpatients

# Overview

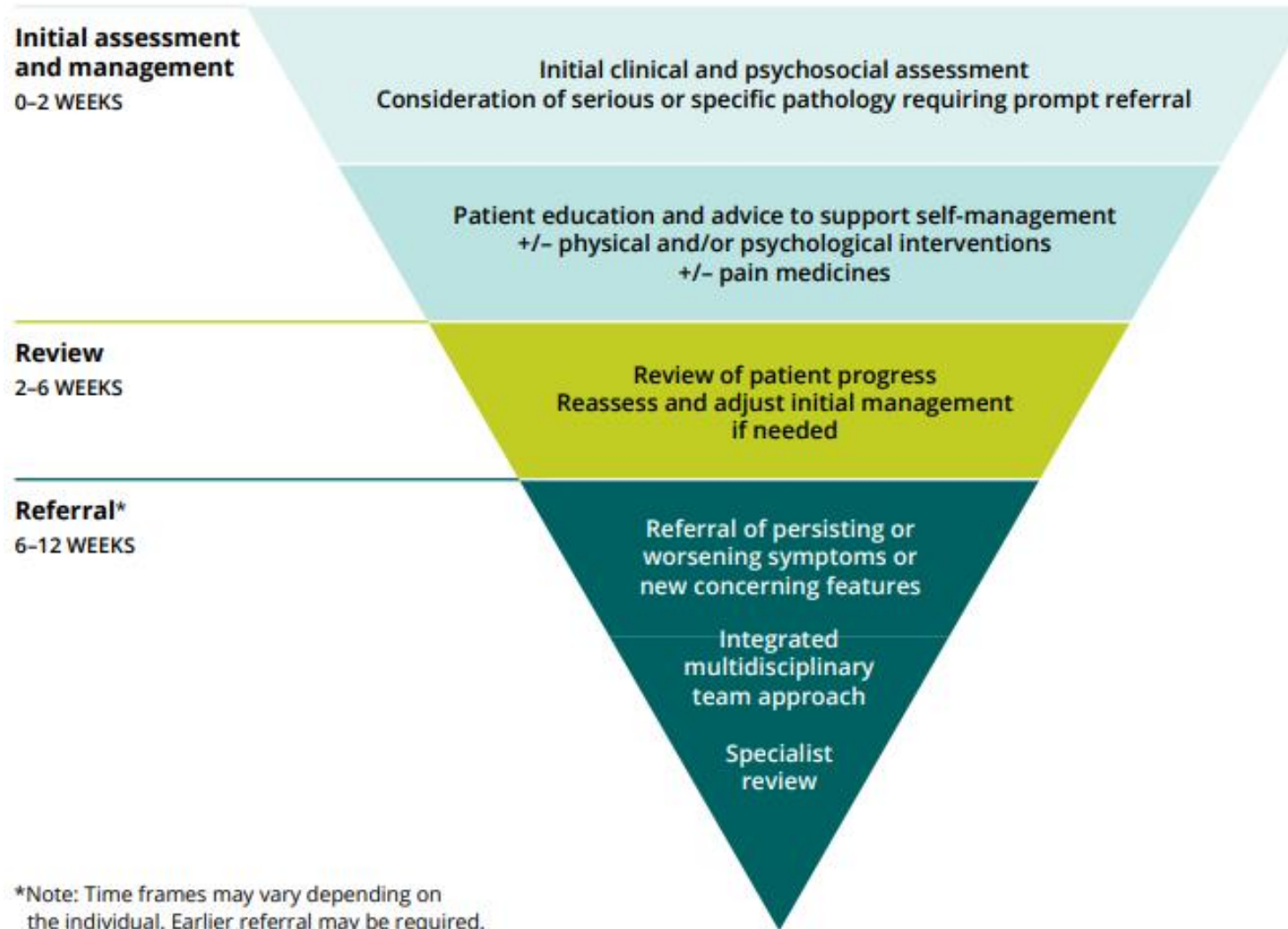
1. ACSQHC Low Back Pain Clinical Standard
2. Case Study – Back and Leg Pain
  - a. Management of back and leg pain – Clinical Care Standard applied
  - b. Multidisciplinary Management Options
3. Q&A

# ACSQHC Low Back Pain Clinical Standard

- Describes key components of care patients should receive when they have LBP, with or without leg pain (<12 weeks)
- Goals:
  - 1) improve early Ax, Mx, review and appropriate referral of patients with LBP
  - 2) Reduce use of investigations and treatment that may be ineffective or unnecessary in managing LBP
- Doesn't cover diagnosis or treatment of specific causes of LBP
- [Low Back Pain and Sciatica in Over 16s: Assessment and management, NICE Guidelines](#)

# ACSQHC Low Back Pain Clinical Standard

Figure 1: General overview of care – Low Back Pain Clinical Care Standard



\*Note: Time frames may vary depending on the individual. Earlier referral may be required.

# Case Presentation

- 32YO female presents with 2 week history of insidious onset lower back and right buttock, posterior thigh and calf pain. Unable to complete shift today at bar.

**Initial assessment  
and management**  
0-2 WEEKS

Initial clinical and psychosocial assessment  
Consideration of serious or specific pathology requiring prompt referral

- Screen for Red Flags/specific pathology – no B&B/saddle paraesthesia; no weakness or paraesthesia, no unremitting, non-mechanical or night pain; no morning stiffness, etc
- Behaviour of Symptoms: Aggravating activities – standing at work, forward flexion (bending, lifting); Easing – rest, medications (paracetamol, ibuprofen)

# Case Presentation

- 32YO female presents with 2 week history of insidious onset lower back and right buttock, posterior thigh and calf pain. Unable to complete shift today at bar.

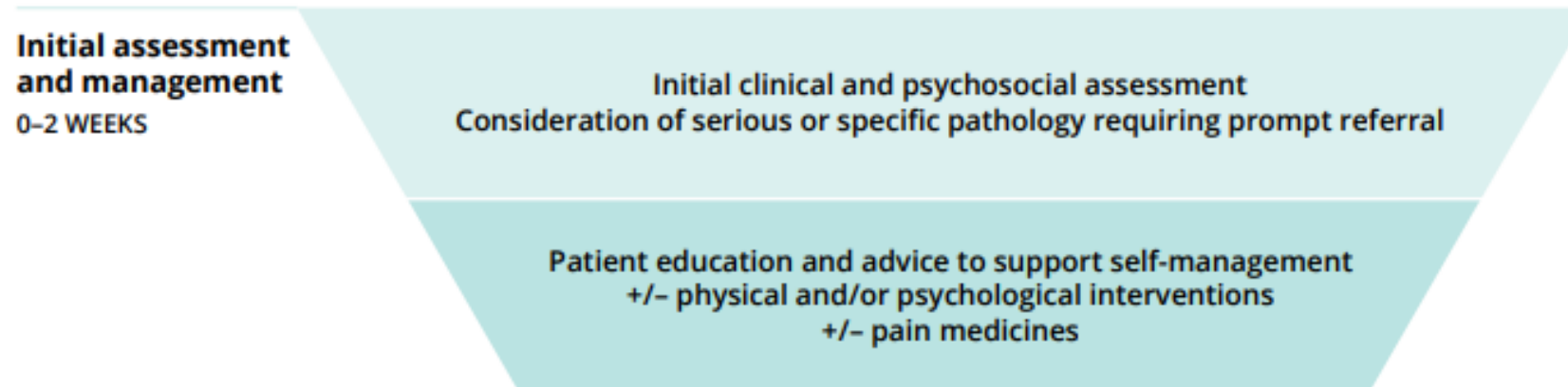
**Initial assessment  
and management**  
0-2 WEEKS

Initial clinical and psychosocial assessment  
Consideration of serious or specific pathology requiring prompt referral

- Past History: episodic back and right leg pain since her early 20's following left patella dislocation. Episode usually resolves within a week with rest and medication. No other previous management.
- Psychosocial factors: works casually in childcare and bar work, lives alone, smokes 10/day, frequent suicidal ideation, minimal physical activity, passive management strategies

# Case Presentation – Initial Management

- 32YO female presents with 2 week history of insidious onset lower back and right buttock, posterior thigh and calf pain. Unable to complete shift today at bar.



- Patient education – reassurance re: natural history, encourage to continue normal physical activities as able, no need for investigations in first 6 weeks, advice about when to return for review – worsening neurological symptoms or pain
- Physical and/or psychological interventions – strongly consider physio and maybe psychology referral
- +/- Pain Medicines – currently PRN paracetamol and ibuprofen



## Case Presentation – Re-presents 2 weeks later

- 32YO female re-presents with 4 weeks of insidious onset lower back and right buttock, posterior thigh and calf pain.

### **Review**

2-6 WEEKS

Review of patient progress  
Reassess and adjust initial management  
if needed

- Progress: ongoing pain, no red flag or neurological symptoms. Really struggling with work. No physio appointment made – financial limitations.
- Reassess and Adjust Management plan: STarT back Screening Tool

# Case Presentation – STarT Back Screening Tool

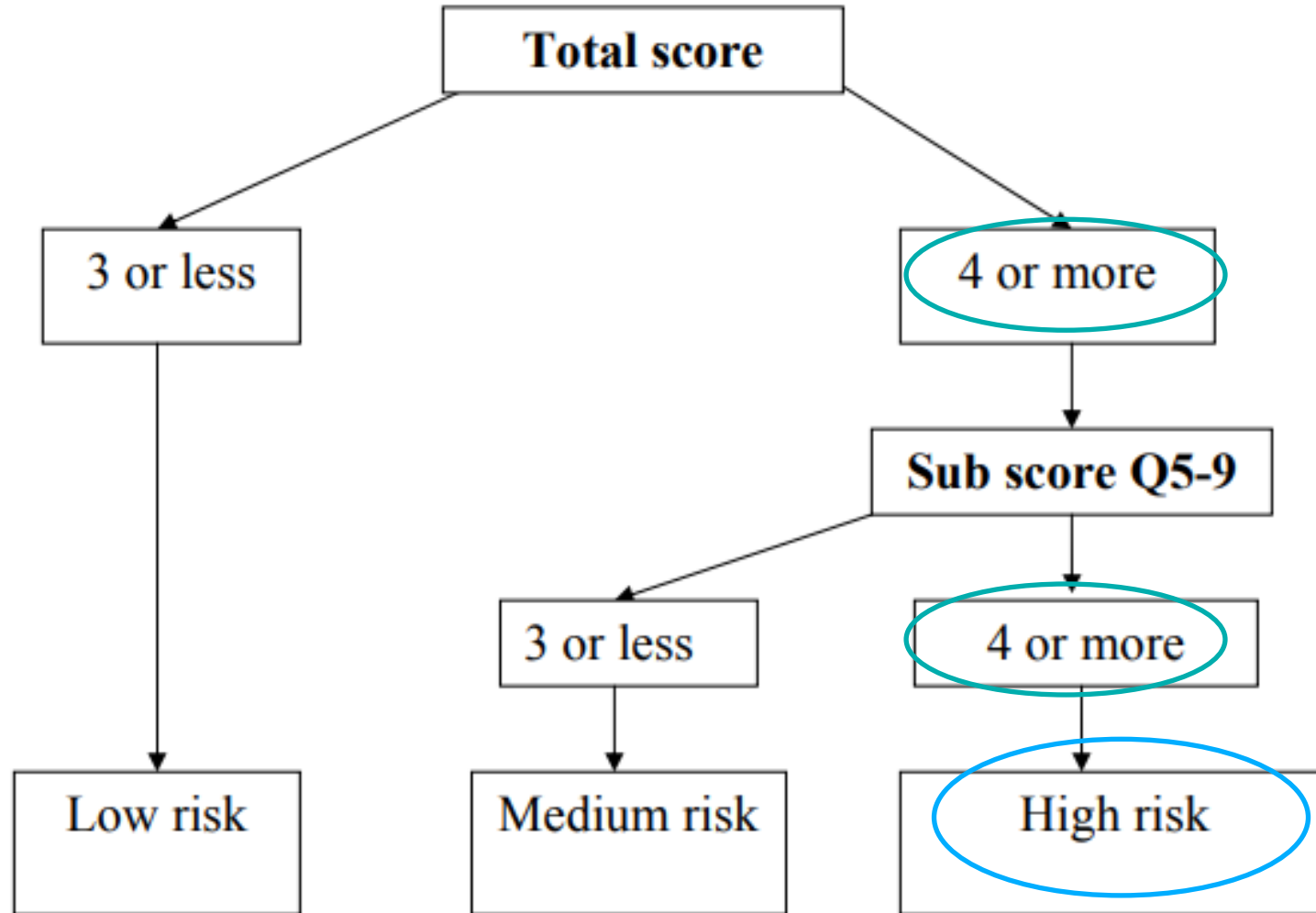
	Disagree 0	Agree 1
1 My back pain has <b>spread down my leg(s)</b> at some time in the last 2 weeks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 I have had pain in the <b>shoulder</b> or <b>neck</b> at some time in the last 2 weeks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 I have only <b>walked short distances</b> because of my back pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 In the last 2 weeks, I have <b>dressed more slowly</b> than usual because of back pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 <b>Worrying thoughts</b> have been going through my mind a lot of the time	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 I feel that <b>my back pain is terrible</b> and <b>it's never going to get any better</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 In general I have <b>not enjoyed</b> all the things I used to enjoy	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. Overall, how **bothersome** has your back pain been in the **last 2 weeks**?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1

Total score (all 9): 7 Sub Score (Q5-9): 4

# Case Presentation – STarT Back Screening Tool Scoring System



# Case Presentation – Re-presents 2 weeks later

- 32YO female re-presents with 4 weeks of insidious onset lower back and right buttock, posterior thigh and calf pain.

## **Review**

2-6 WEEKS

Review of patient progress  
Reassess and adjust initial management  
if needed

- Progress: ongoing pain, no red flag or neurological symptoms. Really struggling with work. No physio appointment made – financial limitations.
- Reassess and Adjust Management plan: STarT back Screening Tool
  - > referral to public physio department
  - > strongly consider psychology referral
  - > review pain medication use – PRN v regular dosing, if ineffective, consider neuropathic pain medication

## Case Presentation – Review 2 & 4 weeks later

- 32YO female re-presents now 6 & 8 weeks of insidious onset lower back and right buttock, posterior thigh and calf pain.

**Referral\***  
6-12 WEEKS

Referral of persisting or  
worsening symptoms or  
new concerning features

Integrated  
multidisciplinary  
team approach

Specialist  
review

\*Note: Time frames may vary depending on  
the individual. Earlier referral may be required.

- Progress: ongoing pain, no red flag or neurological symptoms. Ongoing struggle with work. Just started physiotherapy
- Reassess and Adjust Management: reassure, persevere with active treatment, ?neuropathic pain medication

# Case Presentation – Review 4 weeks later

- 32YO female re-presents now 12 weeks of insidious onset lower back and right buttock, posterior thigh and calf pain.

**Referral\***  
6-12 WEEKS

Referral of persisting or  
worsening symptoms or  
new concerning features

Integrated  
multidisciplinary  
team approach

Specialist  
review

*\*Note: Time frames may vary depending on  
the individual. Earlier referral may be required.*

- Progress: ongoing pain, no red flag or neurological symptoms. Ongoing struggle with work. Has had 4-5 sessions of physiotherapy mild benefit.
- Consider: Imaging (MRI ideal but \$, CT), no access to integrated multidisciplinary team, ideal for MPSC/OSiP involvement

# Case Presentation – Review post-CT scan

- CT lumbosacral spine – large calcified L4/5 right paracentral disc extrusion compressing descending right L5 nerve root
- Adjust management plans:
  - Reasonable to refer for surgical/tertiary review (MPSC at RBWH or OSiP if in catchment)
  - More strongly consider neuropathic pain medication
  - Reassure patient: long-standing finding, irritated nerve (no neuro findings), should settle but escalate due to high score on STarT back and imaging findings matching presentation
  - Consider nerve root injection

# Case Presentation – What Actually Happened

- ED presentation July 2023 -> active management advice, no imaging, no surgical referrals
- Subsequent Management
  - CT lumbar spine late July
  - L5 NRI – Aug 2023, Dec 2023, Feb 2024 helped <24hrs, Nov 2023 helped 2 weeks. More booked end of this month for L4 and L5
  - CDM Plan physio x2 late 2023/early 2024: hands on provoked pain, stretches and side leg raises provokes symptoms.
  - Acupuncture – no change
  - Trialled neuropathic pain meds x2 with no effect, using regular tramadol, paracetamol+codeine, mersyndol + PRN paracetamol and ibuprofen
  - Referral to RBWH Orthopaedics Feb 2024



# Case Presentation – What Actually Happened

- Seen in MPSC 2 weeks ago
- Management Plan ideally:
  - Physiotherapy
  - Psychology
  - Pharmacy
  - Healthy Eating and Lifestyle Program
- Actual Management Plan:
  - Physiotherapy
  - Declined psychology and pharmacy
  - GP to monitor Mental Health
  - Discuss with Orthopaedics to facilitate optimal engagement

# Resources

- [ACHQSC Clinical Standards](https://www.safetyandquality.gov.au/standards/clinical-care-standards/low-back-pain-clinical-care-standard) - <https://www.safetyandquality.gov.au/standards/clinical-care-standards/low-back-pain-clinical-care-standard>
- NICE Guidelines - [\*Low Back Pain and Sciatica in Over 16s: Assessment and management\*](https://www.nice.org.uk/guidance/ng59) - <https://www.nice.org.uk/guidance/ng59>
- [mybackpain.org.au](https://mybackpain.org.au) - <https://mybackpain.org.au/>
- [painHEALTH](https://painhealth.csse.uwa.edu.au/) - <https://painhealth.csse.uwa.edu.au/>
- Health Pathways

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