

District Health Board Te Poari Hauora ō Waitaha

CORPORATE OFFICE

Level 1 32 Oxford Terrace Christchurch Central **CHRISTCHURCH 8011**

Telephone: 0064 3 364 4160 Fax: 0064 3 364 4165 Ralph.lasalle@cdhb.health.nz;

18 September 2020

| 9(2)(a) | | |
|---------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

RE Official information request CDHB 10399

I refer to your email dated 27 August 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

1. Protocol for an initial assessment with the Concussion Clinic

The Community Health Pathways¹ for Mild Traumatic Brain Injury (Concussion) Early Intervention, details the ACC – concussion service assessment criteria. (Please find attached as **Appendix 1**)

Concussion Clinic service referrals require ACC approval. The initial referral is usually made by a GP or the Emergency Department. The referral is then assessed by the concussion team, if sent to Burwood, who then have to request further approval for any services from ACC.

There are a number of Concussion Assessment Providers including Burwood Hospital - Concussion Clinic where referrals can be sent for assessment. (see **Appendix 1**)

Information which is publicly available can be found on the Canterbury HealthInfo website. <u>www.healthinfo.org.nz</u>;

Please note: we have redacted information in the appendix pursuant to section 9(2)(a) of the Official Information Act i.e. *"….to protect the privacy of natural persons, including those deceased"*.

2. Protocol for assessing a patient with head injury/concussion on presentation to the Emergency Department in Ashburton Hospital

There is no protocol for a head injury in adults; assessments are made using various clinical decision tools. Patients are discharged with written head injury advice. A concussion is not an acute problem and would be referred back to the GP for appropriate management.

Children presenting with head injury are evaluated as per Starship guidelines and are discussed as required with the appropriate specialist team. If discharged, the responsible caregiver is given written advice.

3. Protocol for assessing a patient on presentation to the Emergency Department in Ashburton Hospital

Patients arrive at Ashburton Hospital via ambulance, general practice referral or self-presentation. The patient undergoes a triage by an appropriately trained triage nurse. The nurse assigns a nationally validated triage score between 1-5. This denotes the clinical urgency and guides the order in which the patient undergoes medical review. Once the patient has been medically reviewed by a doctor, appropriate treatment and investigations are arranged then the correct disposition of the patient is determined. The patient discharge or transfer paperwork is then completed.

The patient is discharged home, (ongoing care provided by the General Practitioner) with appropriate follow up or is admitted to Ashburton Hospital (under the care of a Rural Hospital Medical Specialist) or transferred to Christchurch Hospital under a specialist service.

4. Protocol for referral to Christchurch Hospital from Ashburton Hospital, for a patient with head injury/concussion

This is a clinical decision determined by the Rural Hospital specialist. If a transfer is required, then the case will be discussed with the accepting specialist in Christchurch and appropriate transportation arranged.

5. Protocol for referral for MRI from Ashburton Hospital, for a patient with head injury/concussion

This is a clinical decision. If an MRI is required, the request is generated electronically and is triaged by the radiology service.

I trust this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at <u>www.ombudsman.parliament.nz</u>; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Ralph La Salle Acting Executive Director Planning, Funding & Decision Support

¹ HealthPathways is designed and written for use during a clinical consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making requests to services in the local health system. Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice. **Note:** This information is not publicly available.

Mild Traumatic Brain Injury (Concussion) Early Intervention

ACC

Concussion service referrals require ACC approval.

1. Check criteria and exclusions.

ACC – concussion service assessment criteria

MACT Patients must be referred by a medical practitioner or an ACC case owner, and

| must: | and: | and: |
|---|--|--|
| have had an injury in the last 12 months, and have an accepted ACC claim, and been diagnosed with mild or moderate traumatic brain injury or post-concussion syndrome | continued signs and symptoms of brain injury with a significant impact on level of functioning that requires investigation and treatment, such as: mood changes difficulty concentrating visual disturbances memory problems balance issues nausea fatigue headaches muscular aches | have additional risk factors such as: the inability to work or attend school for more than one week second or subsequent mild traumatic brain injury within 6 months post traumatic amnesia lasting more than 12 hours a requirement to operate machinery or drive at work a pre-existing psychiatric disorder or substance abuse problem a high functioning job such as engineer, medical practitioner or lawyer currently attending secondary or tertiary education |

Exclusions – Injuries > 12 months old and any subsequent treatment.

- 2. Send a request via:
 - ERMS: Rehabilitation > Concussion Referral, or
 - Concussion Service Referral Form (ACC 883), for those 15 years and above, or
 - ACC7412 Concussion Service child or adolescent referral. Fax to 0800-844-850.

For all patients, a preference for a specific provider can be expressed. However, the 2MATION AC Laura Fergusson Brain Injury Trust specialises in helping children.

Concussion Assessment Providers

- Burwood Hospital Concussion Clinic •
- Laura Fergusson Brain Injury Trust
- **APM Workcare**
- Southern Rehab
- 3. For assistance with rugby player assessment, contact ^{9(2)(a)} 9(2)(a)
- 4. For ACC enquiries, phone the provider helpline.

Provider helpline

Monday to Friday, 8.00 am to 6.00 pm, phone 0800-222-070 -s) Complex the complex of the compl