

# A new addition to the GCHHS Urogynaecology Team



# Objectives

- Introduce new urogynaecology service
- Referral process
- Conservative management options
  - UI
  - POP





# Why this change in model of care?

- **OPSC and MDS**
  - Since 2004 in Qld Health
  - Cost effective
  - Reduced wait time to care
- **GPSC RBWH**
  - Since 2014 in Qld Health
  - 24% of referrals to GPSC discharged without any further specialist intervention. A further 18% required only 1 specialist appointment.





# GCHHS Physiotherapy Led Pelvic Health Clinic





# Objectives

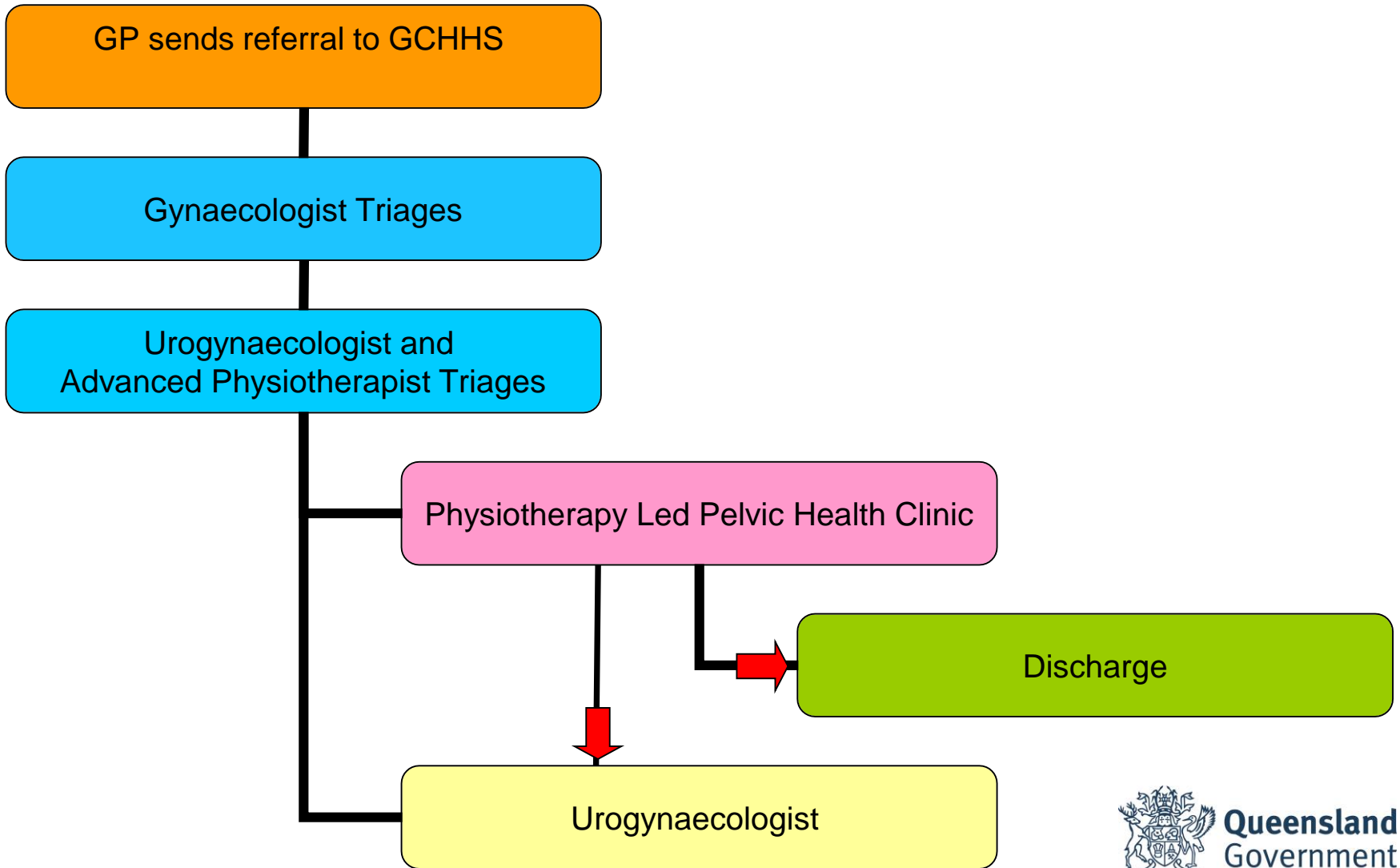
- ↓ wait time
- ↓ specialist appointments
- ↓ wait time to surgery
- ↑ time for urogynae to focus on complex cases





The major benefit of the **PL PHC model** is that targeted patients will be able to access physiotherapy prior to specialist outpatient appointments, with **assessment, diagnosis and treatment commencing earlier than in the current model**

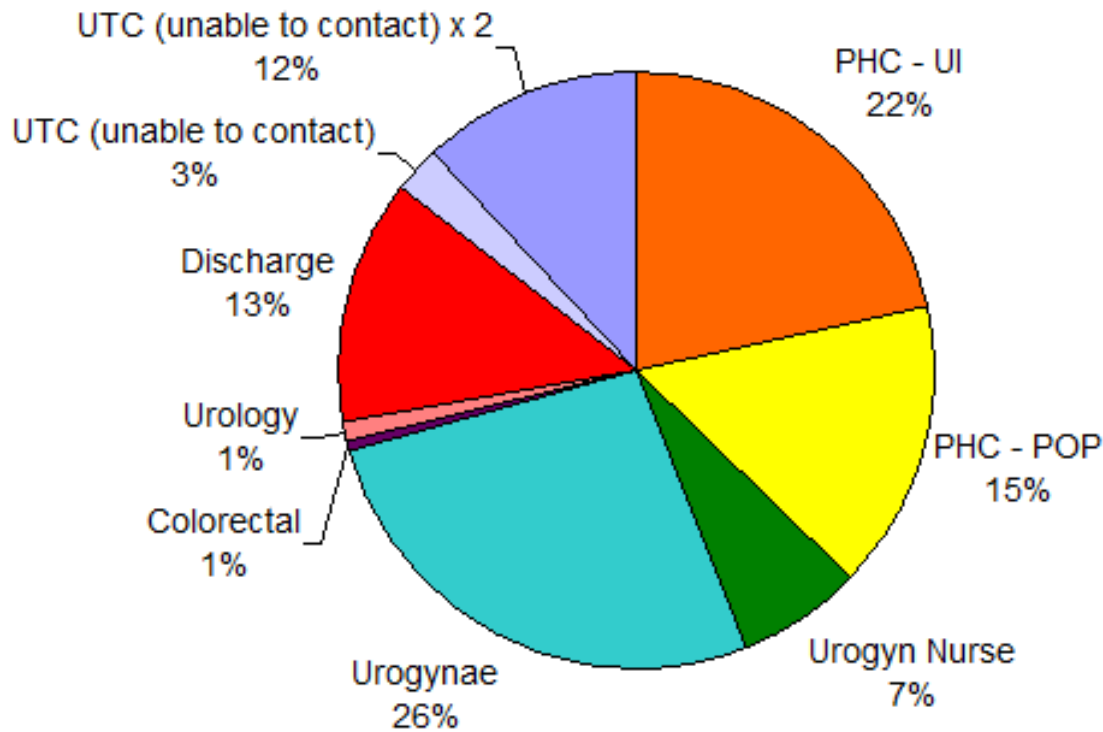






# What we've done so far...

## “January Blitz” = Audit Cat 3 Waitlist







# What is the next step?

- 40 new patients / month
- Correlates to urogynae influx / month

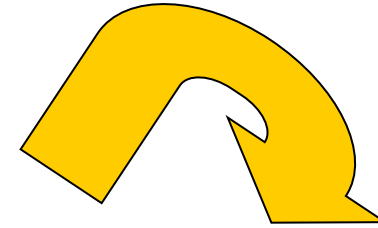




# How can you help?

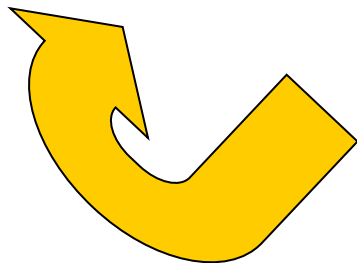
## Before Referral:

- Conservative management
- Investigations
- Medications
- Refer privately with CDM



## After Referral:

- Prescribing e.g. low dose vaginal oestrogen
- MDT CDM referrals



**Referral: Complete full template when requesting for gyanecology consultation at GCHHS**





# Urogynaecology Team

- Picture

