

Aotea Pathology guidelines for Domiciliary visits for phlebotomy

To maintain a free service, we need the help of those using the service, our requestors, to ensure that service is not misused or abused. Our goal is to manage demand effectively so that costs do not spiral out of control and threaten the service, and we must be sure that we are targeting the neediest recipients.

Aotea Pathology Limited (APL) may decide to establish a charge where the service is used outside of the scope of DHB funding. (For example, for house-calls to private hospitals and/or care facilities on weekends, public holidays.)

Guidelines for phlebotomy home visit criteria

- Home visits are provided Monday to Friday, excluding public holidays, between 8.00am and 5.00pm.
- The request for a phlebotomy home visit must be made by the referring medical practitioner or their authorised representative (e.g. senior practice nurse).
- The patient must be housebound or have seriously impaired mobility due to a medical condition.
- The patient is physically or mentally impaired and has no support person available to transport them to our collection rooms.
- No long term requests can be made e.g. for 6 months ahead. The most advanced request would be for 2 weeks, after which we would expect the patient's need for home visits to be reviewed.
- Requests for a home visit on the weekend must be discussed with one of the APL pathologists who will arrange for approved visits. Home visits are not made after-hours at night unless authorised by a pathologist and the patient's doctor must also be present.

Management of service delivery

- Routine visits will be grouped into geographical areas and these areas will be allocated certain days of the week for service.
- Visits outside of the scheduled days will be made for Urgent requests where these are clinically indicated. Urgent requests must be confirmed as 'urgent' by the requesting doctor and will be attended to ASAP for Troponin and D-Dimer, other tests will be prioritised following discussion with the requesting doctor/practice nurse.
- Rest homes will be allocated certain days of the week for routine domiciliary visits in consultation with the rest home staff. Extra visits outside of the allocated days may be possible if the tests are required urgently. We will ask the requesting medical practitioner/practice nurse to confirm the urgent status of the request directly.
- When APL staff are visiting patients at rest homes, we would request that a staff member is available to assist the phlebotomists; this is particularly important for patient identification and for the safety of both the residents and our staff members.
- In order to help us prioritise visits please inform our staff of any special requirements, e.g. fasting patients or with holding of medication. The patient also needs to be made aware of any requirements for fasting or withholding of medication.

- APL will aim to provide an indicative time for the visit to the extent that it will be morning or afternoon. With significant numbers of urgent visits these impact the times of the scheduled routine visits and make provision of firm times problematic.

Discontinuation of home visit

- APL will not continue to visit patients who are not home repeatedly at the time of visit or who have changes in their circumstances enabling them to visit a collection centre.
- Patients who are not home at the time of the visit will be left a calling card and advised to contact their medical practitioner for further advice.
- APL will notify the referring practitioner (or practice nurse) where the patient situation no longer appears to meet the home visit criteria. (APL is developing its internal protocol for management of home visits and communication with the referrer.)