



Helpline between Ambulatory Medicine and Hospital Experts: efficient patient pathway avoiding the Emergency Department Flu Management Bottleneck

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Conflict of Interest Declaration

None

G. SOISY-SOUS-MONTMORENCY — Rue Montmorency — C. L. C.



Introduction

- Management of patient flux at Hospital Emergency Unit remains a challenge,
- In Primary care, How to address the right patient to the right hospital expert, bypassing the Emergency Waiting Queue is the key issue in some clinical situation,





Emergency in primary care

- In France
- In Primary Care, GPs have different triage solutions for critical situations:
 - Via the Territorial Emergency Hotline: « 15 »
 - With the possibility to discuss with the senior « regulator » MD ,
 - Resulting in the definition of the transportation to the hospitals
 - Mobile Emergency unit (SMUR)
 - Ambulance
 - Direct addressing to the Hospital Emergency Department
 - Direct addressing to the Specialised Hospital Department



Specific organisation

- Our district hospital set up a specific organisation called « direct access to specialist senior MD, referent for primary care »
- Each specialist department has a referent MD with a direct mobile phone line
- An update Diary , provided by the Hospital, with all referent direct mobile line is available for all GPs





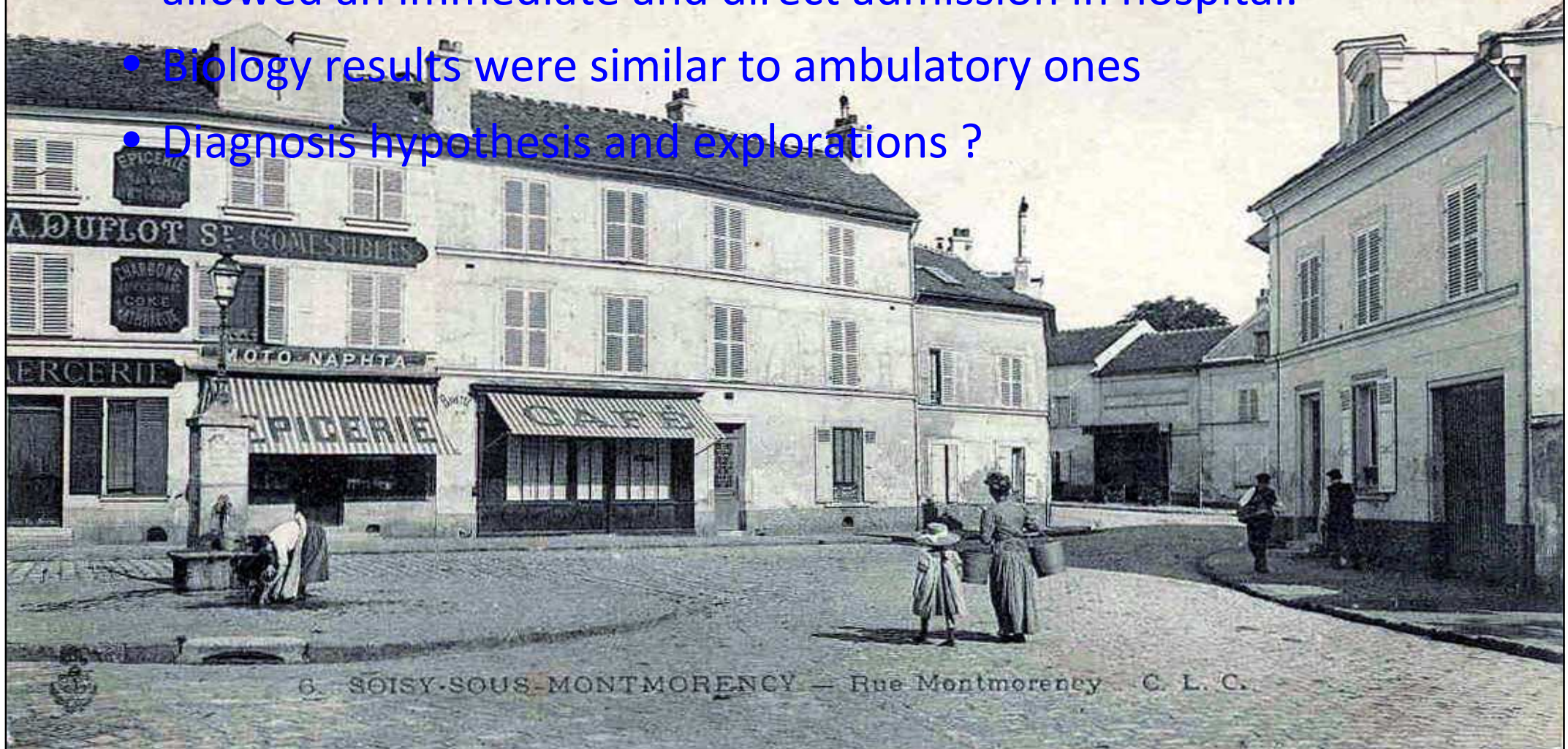
Clinical Case

- Jean Pierre C, 78 yo male called for a home visit.
- He had a history of fever (38°C) during 3 weeks with an inflammatory syndrome (CRP= 99), a hepatitis with cytolysis, GGT 117, ASAT 42, ALAT 68
 - HBS Ag -, antiHBC +, antiHBS +
 - antiVHA: Ig A and IgM +
- Liver and spleen megaly was discovered by US Echography
- 2 days before, antibiotics had been started for a suspected pneumopathy.
- At home he presented:
- A persistent fever, 38,5°C and new symptoms:
 - A left shoulder pain without a history of trauma
 - Dizziness
 - Short breathing



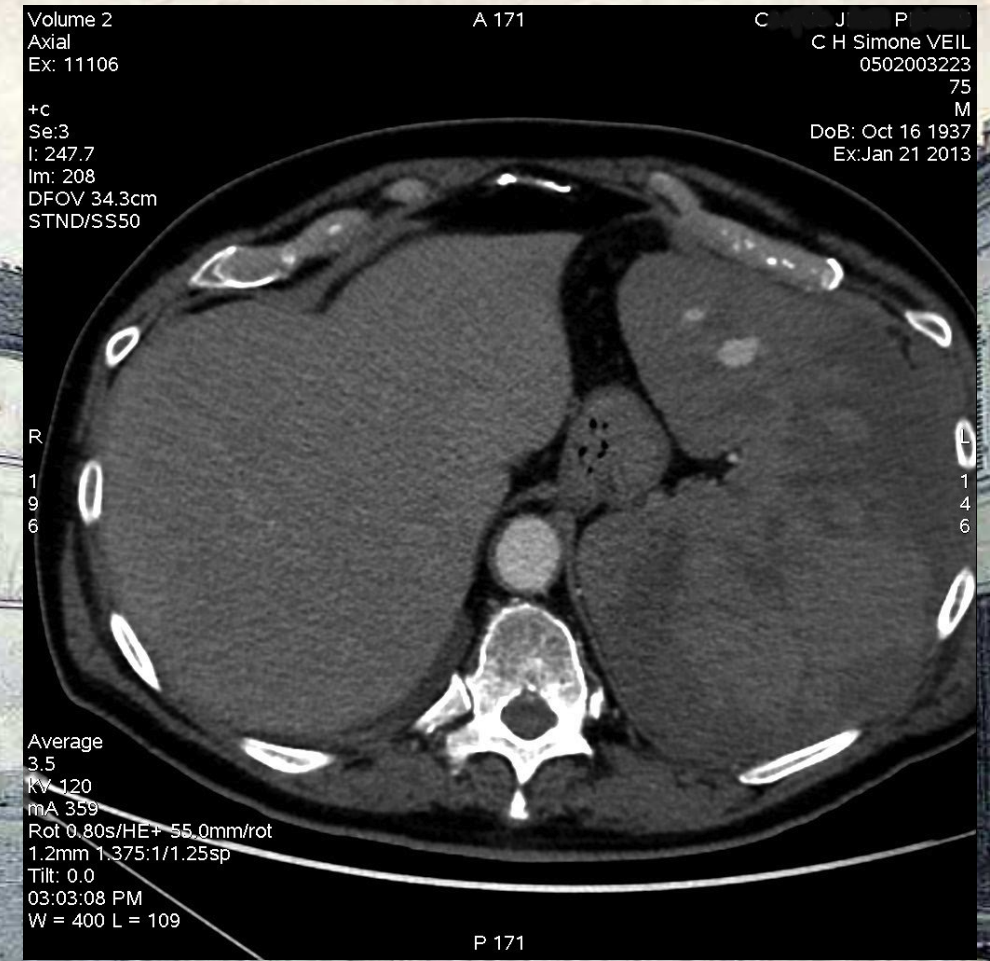
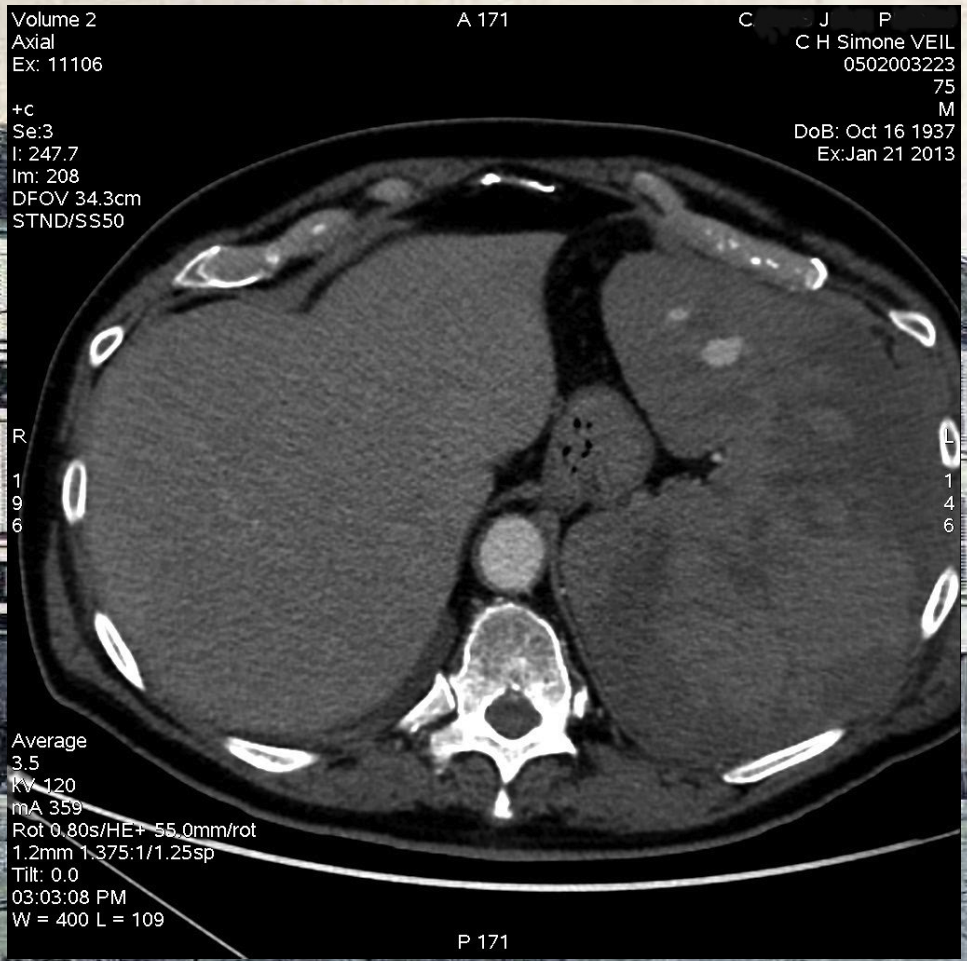
Clinical Case

- The helpline with the head of the infectious diseases unit allowed an immediate and direct admission in hospital.
- Biology results were similar to ambulatory ones
- Diagnosis hypothesis and explorations ?





CT Scan





CT Scan



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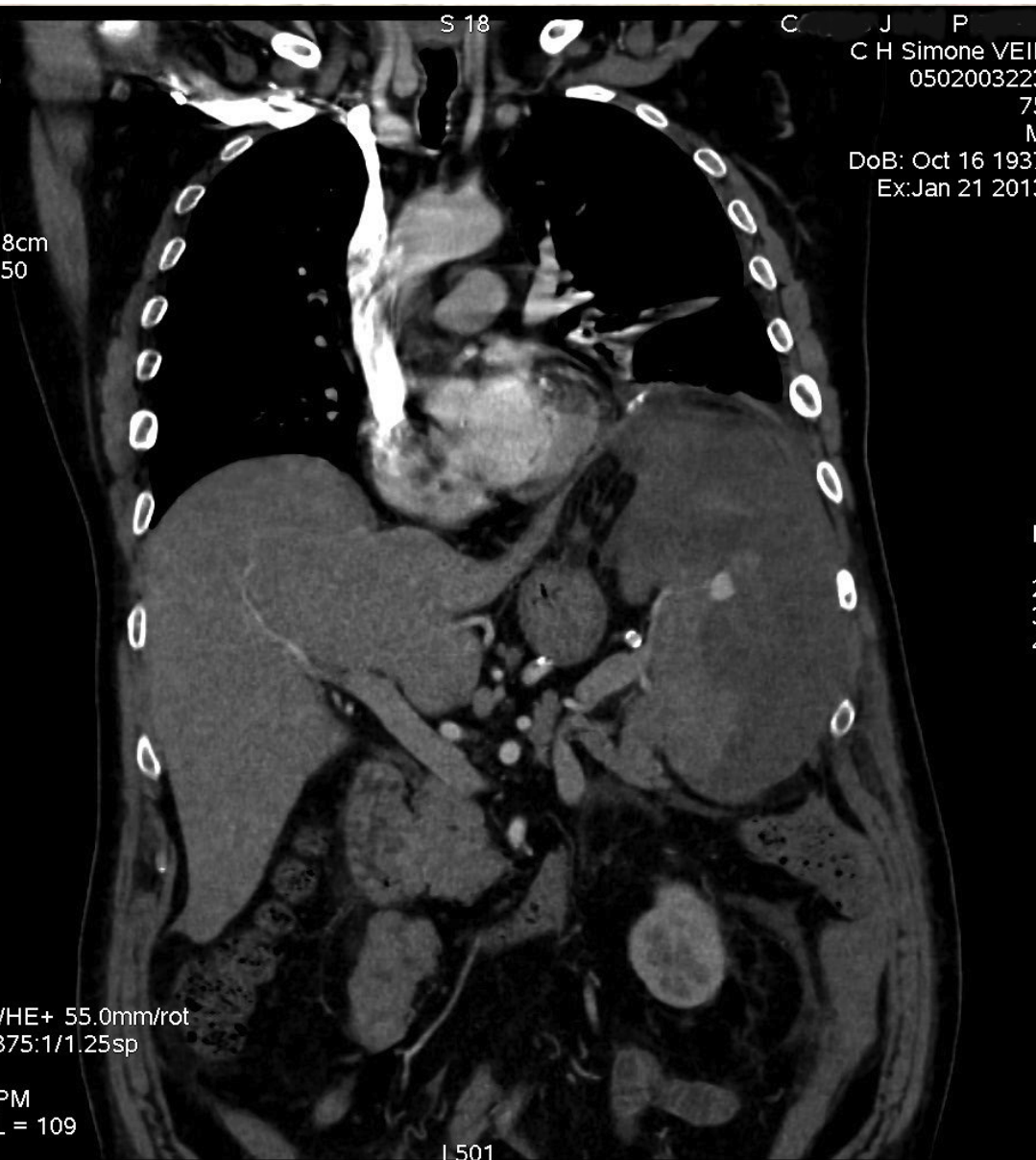
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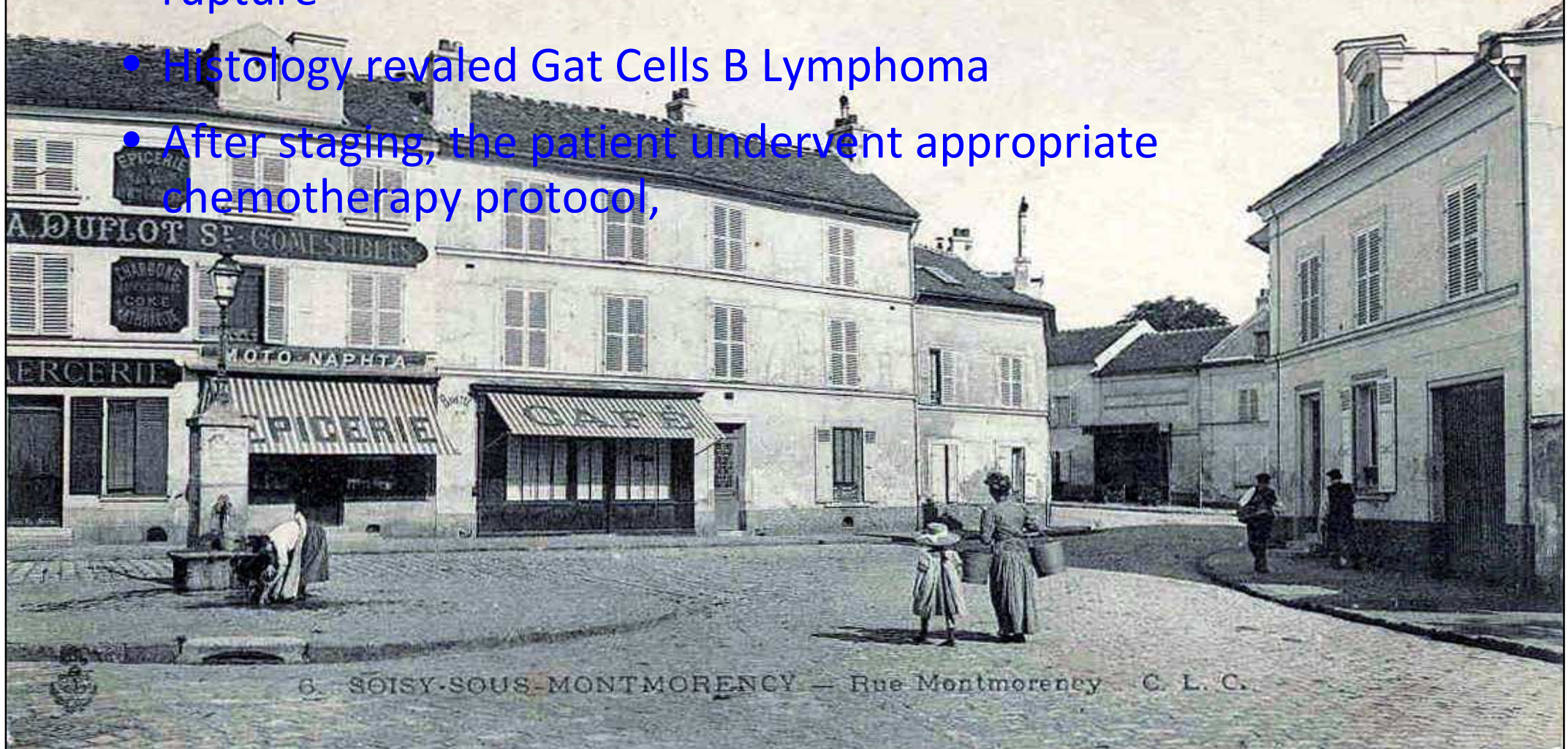
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Clinical case discussion

- The patient underwent surgery for a spontaneous spleen rupture
- Histology revealed Gait Cells B Lymphoma
- After staging, the patient underwent appropriate chemotherapy protocol,





Spontaneous spleen rupture

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- Spontaneous or Atraumatic Spleen Rupture (ASR)
- Rare: 30 newly reported cases/year
- Sex ratio: 2/1 male
- Age: median 46 , range (18-86)
- Aetiology
 - Neoplactic 16.4%
 - Infectious 14.8%
 - Inflammatory 10.9%





Conclusion

- The senior MD in this situation had the opportunity to set up a pluri-disciplinary decision for surgery and chemotherapy,
- A lack of chance could be related to the addressing pathways to hospital,
- Rare , acute atypic clinical situations seen in Primary Care need direct co-operation with senior hospital experts,
- A direct co-operation with an available specific expert needs a care organisation,
- The Gate Keeper GP's role provide added value, while working directly with on-demand hospital specialists
- Our organisation with the « direct specialist referent » devoted to GPs via GSM line provides the optimal efficient management of difficult conditions seen in primary care