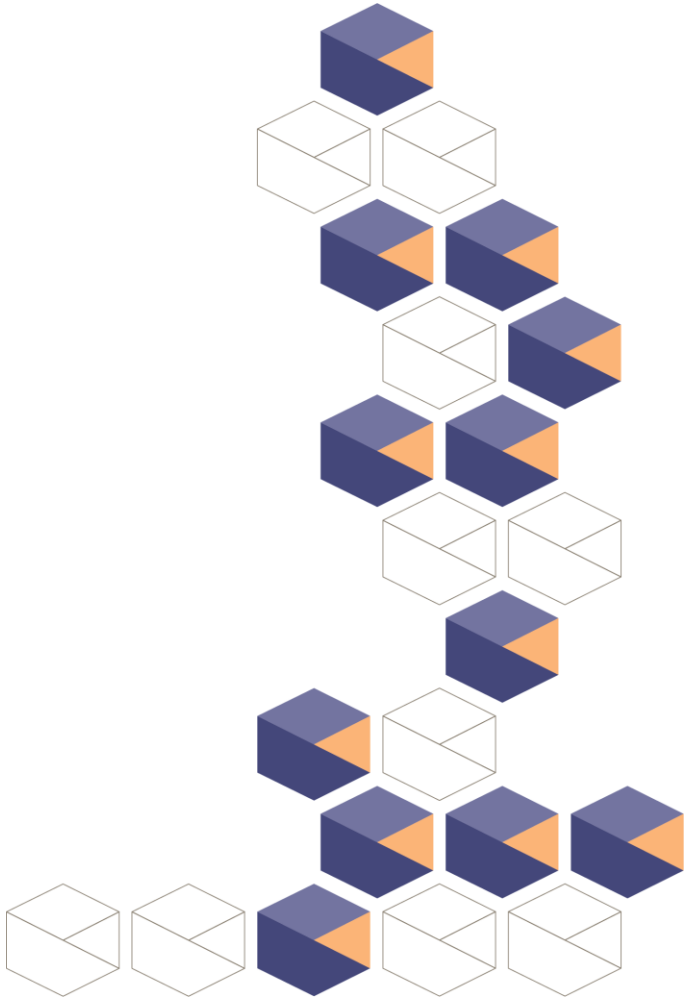
Government of **Western Australia**
South Metropolitan Health Service
Rockingham Peel Group

General Practitioners Engage Event

Shared care, Shared solutions: GPs & Hospital Clinicians in Partnership

16th October 2025
Rockingham General Hospital



South Metropolitan Health Service respectfully acknowledges the past and present traditional owners of this land on which we are meeting, the Noongar people. It is a privilege to be standing on Noongar country.

We also acknowledge that the Aboriginal population in the South Metropolitan Health Service is diverse and includes Aboriginal people from many communities across Australia.

We also acknowledge the contributions of Aboriginal and non-Aboriginal Australians to the health and wellbeing of all people in this country we all live on and share together.

Overview Dept of Internal Medicine Specialties'

Dr. Rajasekar Malvathu
Consultant Physician & Nephrologist
HOD of Internal Medicine & Specialties
(Renal, Respiratory & Endocrinology)

Overview of General Medicine Services

- Core functions
- Service hours
- Team composition
- Acute Inpatient services
- Longitudinal care & follow up
- Rapid Access Clinics
- Long follow- General Medicine clinics
- Post discharge diagnostic clinics-
  - Coordinated Diagnostics After Discharge (CDAD)
- Specialities
  - Respiratory
  - Renal
  - Endocrine & Diabetes

Core Functions

- **Core functions:**
  - Acute care (inpatient and ED admissions)
  - Longitudinal general medicine follow-up
  - Outpatient services: rapid access & post discharge diagnostic clinics (CDAD)
- **Service hours:** 24/7 acute coverage

Team Compositions- General Medicine

- Dr. Rajasekar Malvathu: **Consultant Physician & Nephrologist, HOD of Internal Medicine and Specialities (Renal, Respiratory and Endocrine)**
- Dr. Angela Graves: **Consultant Physician & Nephrologist**
- Dr. Waranga Jayawickrama : **Consultant Physician**
- Dr. Harindra Jayasekara: **Consultant Physician**
- Dr. Sanjeewa Wijekoon: **Consultant Physician**
- Dr. Puspha De Silva : **Consultant Physician**
- Dr. Nimal Vijayaraghavan: **Consultant Physician**
- Dr. Rosemary Smith : **Consultant Physician**
- Dr. Yew Wen Yap: **Consultant Physician**
- 2 x General Medicine Advanced Trainees

Acute Inpatient Services

- **Scope:**
  - Management of undifferentiated medical admissions
  - Complex multi-morbidity patients
  - Coordination with retrieval/specialist centres as needed
- **Activities:**
  - Daily consultant-led rounds
  - Early discharge planning
  - Daily Multidisciplinary meeting
- **Limitations:**
  - Lack of subspecialities and diagnostics

Longitudinal Care & Follow-Up

- **Aim:** Provide continuity and holistic management for chronic and complex conditions
  - Appropriate Post discharge follow up
  - Shared care with GPs
  - Medication and comorbidity optimization
- **Outcome focus:**
  - Reduced readmissions
  - Improved patient satisfaction and functional status

Rapid Access Clinics (RAC)

- **Purpose:** Early specialist review post-admission to avoid unnecessary readmissions
- **Key features:**
  - Appointment within 48–72 hours
  - Short targeted assessments
  - Point-of-care diagnostics
  - Early discharge with safety net for high-risk patients
- **Common presentations:**
  - New heart failure, COPD exacerbations, unexplained anaemia, etc.

Long-Follow General Medicine Clinics

- **Function:** Review of patients with complex, multi-system conditions
- **Services:**
  - Optimise management
  - Medication reconciliation and titration
  - Provide care plans for GP to manage patients in the community

- **Collaboration:** Primary care, community nursing, allied health

Post-Discharge Diagnostic Clinics
Coordinated diagnostics after discharge (CDAD)

- **Goal:** Continuity of investigation and care post-inpatient stay for high-risk patients
- **Activities:**
  - Review pending results (MRI Brain, ECHO, Holter)
  - Arrange additional work up related to the clinical presentation
  - Prevent readmission by early intervention
- **Benefits:**
  - Reduces diagnostic delays
  - Supports safe transition to community care

General Medicine referrals

To do

Patients > 16 years age in RGH catchment

- With primary investigations done by GP and determine subspeciality referral is not required
- Arrange the referral with most recent investigations (6 months)

Avoid referring

Acutely unwell patients requiring immediate review in ED

- Single organ system diagnosis (refer to appropriate speciality)
- Multiple medical problems regularly followed up by appropriate specialty services
- Chronic pain (refer to pain clinic)
- Recurrent falls (refer to falls clinic)Older adult patients requiring multidisciplinary input (refer to geriatrics clinic)

Team Compositions- Respiratory Medicine

- Dr. Sharan Randhawa
- Dr. SuLyn Leong
- Respiratory Registrar shared with ID
- Respiratory CNS

Respiratory Tips for GPs

- For suspected airway or chronic lung disease, please perform **spirometry** if available.
- If this is not possible, GPs can refer directly for **Pulmonary Function Tests** by emailing to info@respiratorytesting.com.au
- **Pulmonary rehabilitation** can be referred directly and is often beneficial for chronic respiratory symptoms.
- Patients with **resting oxygen saturations >92%** on room air when well are **unlikely to meet criteria** for home oxygen.
- If a patient needs **urgent review**, please include a brief explanation to help us prioritise appropriately.
- **Incidental emphysema** on CT without symptoms or functional issues usually **does not require referral**.
- When including imaging, please attach the **full CT report** for context and provider details.
- A **smoking history** is appreciated—please include **pack years** if possible, as this is more informative than quit date alone.
- **Suspected lung cancer** referrals should go to the **Fast Track Lung Cancer Clinic at FSH**.
- Please note:
    - **Paediatric referrals** are not accepted
    - We do **not provide sleep medicine or sleep studies**
    - **Bronchoscopies** are not performed through our service

Team Composition - Renal Medicine

- Dr. Rajasekar Malvathu
- Dr. Angela Graves

Renal Service

- We provide 4 sessions of outpatient clinic in a week between two of us and inpatient consultations as referred
- We provide comprehensive care and management of chronic kidney disease (CKD) stages 3 to 5 (do see certain patients with stage 1 & 2)
- Evaluation of proteinuria, hematuria, hypertension.
- Appropriate acute kidney injury (AKI) post-discharge follow up
- Pre-dialysis education and referral to tertiary centers for initiation of renal replacement therapy (RRT), renal transplant or diagnostic renal biopsy.
- Support for medication optimization and comorbidity management
- Support conservative management and palliative care approach if patients not deemed for RRT or high risk with significant comorbid conditions

Renal

- **CKD Management:**
  - Outpatient clinics for stages 3 to 5 CKD
  - Blood pressure, diabetes, and anaemia control
  - Medication review and optimization
- **Patient Education & Support:**
  - Lifestyle modification, diet, and fluid management counselling
  - Advance care planning discussions for late-stage CKD
- **Coordination of Care:**
  - Referral pathways to tertiary renal centers for dialysis, transplant assessment & diagnostic renal biopsy
  - Liaison with primary care and community services
- **Diagnostics & Monitoring:**
  - Routine renal function tests, urine analysis, and imaging
  - Monitoring of eGFR trends and complications
- **Goals:**
- Delay progression of CKD
- Improve quality of life and self-management
- Ensure smooth transition to higher-level renal care when needed

Renal Tips for GPs

•**Microalbuminuria alone is not an indication for renal referral.** In the absence of other abnormalities, the likelihood of significant renal pathology is low, and our capacity does not support referrals based solely on this finding. Instead, consider evaluating and managing contributing factors such as elevated BMI, blood pressure, cardiovascular risk, and dietary protein intake.

•**Referral is appropriate for patients with sustained microalbuminuria** (confirmed on more than one occasion), particularly when associated with other markers of renal dysfunction.

•**Isolated haematuria requires urological evaluation first.** Renal referral should follow only if urological causes have been excluded.

•**Essential investigations prior to referral include:**
•Renal ultrasound
•Urine protein quantification
•Urinalysis
•Recent blood tests including renal function and full blood count
Without these, it is unlikely that a meaningful assessment or management plan can be provided within the first few months of clinic review.

•**Erythropoiesis-stimulating agents (ESAs)** are generally not initiated unless haemoglobin is **<100 g/L** and the patient is **iron replete**.

•**Dialysis is rarely initiated until eGFR falls below 5 mL/min.** Please reassure patients with stable eGFRs in the 30s that dialysis is not imminent. Premature discussions can cause unnecessary anxiety.

Team Composition - Endocrine & Diabetes

- Dr. Kyaw Thura
- Dr. Ken Thong
- Dr. Jita Anil
- Dr. Nely Khatri Shrestha
- Diabetic CNS

Endocrinology and Diabetes Service

- Comprehensive care for patients with complex diabetes (including insulin pump and diabetes technology) and gestational diabetes, delivered in a multidisciplinary team setting
- Diabetes Clinical Nurse Specialist team provides education, technology support and insulin titration in collaboration with Endocrinologists
- Management of a wide range of endocrine conditions
- Urgent cases (e.g. newly diagnosed type 1 diabetes, severe electrolytes disturbances, suspected adrenal insufficiency) can be discussed directly with on-call Endocrinologist during office hours
- We prioritise complex and urgent referrals; non-urgent cases may experience longer wait times.

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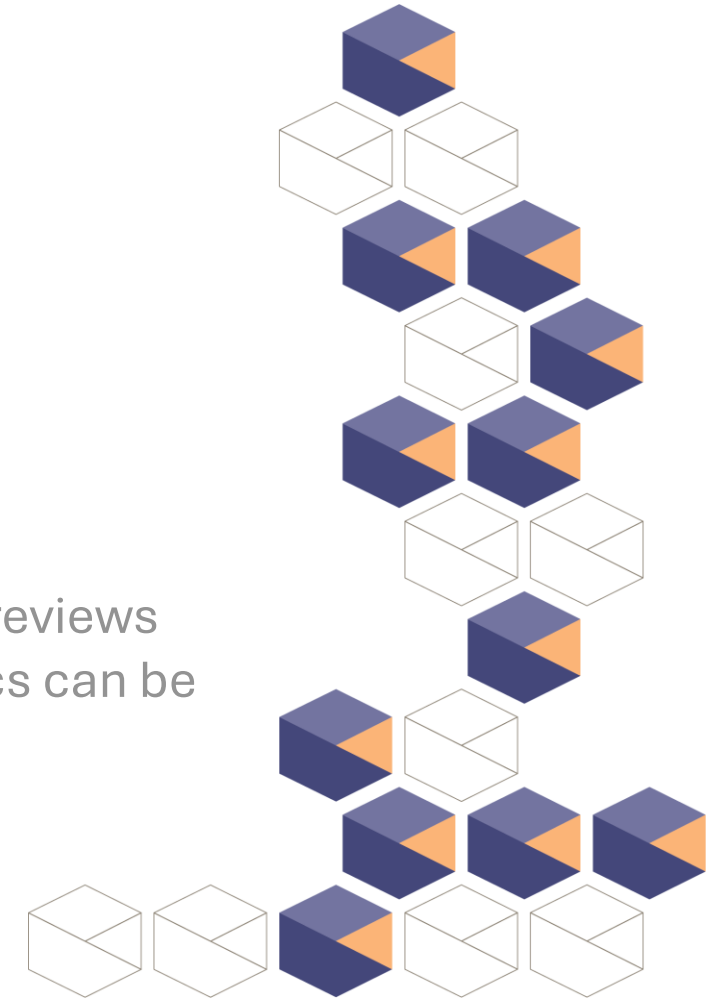
Primary care support to discharged patients!

How we can be able to get urgent post discharge reviews from the Primary care and what are the diagnostics can be organised at the primary care level ?



Overall, our Focus

- Reduced hospital stay
- Improved patient outcomes
- Empowered GPs with timely information
- Enhanced continuity of care

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