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Endocrinology prioritisation guide during COVID-19

JANUARY 2023

This guide was developed to support endocrinology services by providing guidance for the development of local guidelines for the management of patients who have endocrine conditions in outpatient settings during the COVID-19 pandemic.

Appointment prioritisation is based on both clinical criteria and referral type.

Three appointment types are recommended: deferral (supervision by general practitioner and other relevant community-based services), virtual care and urgent face-to-face appointments.

This guide should be adapted to suit local healthcare settings. For other COVID-19 resources and general COVID-19 infection prevention advice, refer to the following:

- COVID-19 Infection Prevention and Control Primary, Community and Outpatient Settings
- NSW Health Communities of Practice Guidance

General principles for prioritisation

- To provide optimal clinical management for patients who have endocrine conditions in outpatient settings, while balancing any urgent needs for face-to-face consultations against the risk of hospital-acquired COVID-19 transmission and the safety of staff.
- Categories include three appointment types: deferral, virtual care and urgent face-to-face appointments.

Document development

This document was developed by an Expert Advisory Group with members of the Agency for Clinical Innovation (ACI) Diabetes and Endocrine Network COVID-19 Community of Practice.

Expert Advisory Group meetings were held over four months, from May to August 2020, to gather clinical expertise. Between meetings the document was circulated by email for review and comment. The final document was endorsed by the Diabetes and Endocrine COVID-19 Community of Practice. The document was reviewed by the expert advisory group in September 2022.

Resources used for the development of the six quick reference guides are listed on each guide.

Evidence-based research was sought for the document content and given the lack of COVID-19 related evidence available, the research was conducted using the clinical expertise of the group and existing guidelines relevant to condition. All content underwent a consensus level review.

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	Acute	Sub-acute/recovery phase
Deferral	**General statement** These are patients who may have presented for routine appointments and could, for the time being, be managed by their general practitioner. **Specifically** • Individuals on stable therapy presenting for routine review • No acute clinical or self-management issues that warrant attention.	**General statement** Patients with stable endocrine conditions can be deferred.
Virtual care (video, phone)	**General statement** Patients who require immediate specialist assessment or careful specialist supervision to prevent destabilisation, or as a requirement for hospital admission, or where medical therapy necessitates close monitoring because of potential adverse side effects. These patients may require additional input from other specialists, for example, neurosurgeons or ophthalmologists who may require face-to-face consultation.	**General statement** Most patients who were previously seen face to face should be seen by virtual care if possible, during sub-acute COVID-19 suppression response.
Face to face	**General statement** It is preferable that all consultations be conducted by telehealth whenever possible, provided care delivery is not compromised. If issues are unable to be resolved by telehealth, a face-to-face appointment may be required. Such patients would be those with acute endocrinological conditions (where assessment and early management could prevent imminent presentation to an emergency department) or those where triage, based on assessment of 'need for hospitalisation', is required and can't be adequately assessed 'virtually'.	**General statement** Given that the general risk of infection for patients coming into hospital may still be high in the sub-acute COVID-19 response phase, the number of patients being seen face-to-face will remain limited. If issues are unable to be resolved by telehealth, a face-to-face appointment may be required. Such patients would be those with acute endocrinological conditions where assessment and early management could prevent imminent presentation to the emergency department. Also, patients where triage, based on an assessment of the 'need for hospitalisation', is required and who can't be adequately assessed 'virtually'.