

Poison Helpline, 2014

Purpose

This position statement provides a clear rationale for the New Zealand Nurses Organisation's opposition to the government's proposal to incorporate the highly specialised National Poison Centre (NPC) emergency line (0800 POISON) into the integrated national telehealth service (NTS).

Background

In response to the Social Policy Cabinet decision (June 2013), the Ministry of Health has started the process to develop and purchase an integrated national telehealth service (NTS) with free, 24-hour telephone, texting, messaging and online access to start on July 1, 2015. The service will consolidate Healthline, Quitline, 'Poisonline', immunisation advice for the public¹, alcohol and drug helplines, depression helplines and the Gambling Helpline². The new service is expected to be 'fiscally neutral', ie no extra funding will be available, but it is assumed there will be financial and service benefits from combining back office functions and integrating telehealth services.

The ministry has not been specific about the service it expects to be delivered, indicating that an integrated service could be achieved through a single provider, a lead provider, or a joint venture. The ministry has shortlisted three unnamed providers, following a registration of interest process but is not releasing details of the proposals on the grounds of commercial sensitivity, and is not currently seeking feedback in relation to the proposals.

About the Poison helpline

The National Poison Centre (NPC) emergency line (hereafter the 'poison helpline') has provided specialised information and emergency advice to health professionals and the public for 50 years. It receives about 36,000 calls pa, about 45 per cent of which are from health professionals. Seventy per cent of enquiries can be dealt with by telephone. Quality assurance surveys indicate that more than 90 per cent of those contacting the service would otherwise have rung the ambulance or gone directly to the hospital.

The Ministry of Health provides \$1.5m of the total \$2.9m needed to run the service, the balance being funded by the University of Otago from international sales of its toxins management database, TOXINZ. The poison helpline is managed by the university as an integral part of a unique research, business, medical and regulatory hub of expertise and experience in toxins and health. In addition to specific emergency information and advice from the poison helpline, all emergency departments and health professionals

¹ Note: provision has been made for alternative access to immunisation advice and information for health practitioners, but the same provision has not been made for health practitioners in relation to information and advice about poisons.

² <http://www.health.govt.nz/our-work/national-telehealth-services>

in Aotearoa New Zealand have access to TOXINZ and, most importantly, after hours, to medical toxicologists. The TOXINZ database is also used by all poison centres in Australia to answer their calls.

The aggregation of expertise at the University of Otago, including the direct contact with the public and health practitioners through the poison helpline, has also been widely used in informing and managing related health, environmental and biosecurity challenges, eg, in relation to psychoactive substances, hazardous chemicals and organisms, and potential terrorist threats.

Rationale

NZNO supports establishing a more integrated and robust approach to the approximately 180 telehealth advice and counselling services in Aotearoa New Zealand, many of which rely entirely on voluntary and community support. Telehealth services are particularly effective for people dealing with age-related and chronic health issues³ and clearly there is potential to improve health outcomes with an efficient, securely funded and quality controlled NTS that includes electronic communications alternatives.

As an emergency information service, however, the poison helpline lies outside the ambit of the counselling and advisory services encompassed in the proposed NTS. Access to information is time-critical and is not amenable to electronic alternatives such as texting. In line with current contractual obligations to the ministry, the poison helpline answers more than 80 per cent of calls within 20 seconds, followed by a series of specific, expert questions which can be asked and answered immediately.

International evidence suggests that both general telephone and texting services take many times longer⁴. Moreover, the abbreviated and idiosyncratic language of text messaging presents a heightened risk of misunderstanding and misinformation, even in 'non-urgent' situations; in emergency and life-threatening situations, where the caller is likely to be under extreme stress, the risk is exponentially greater. It is essential that callers have the quickest, most direct access to expert advice, particularly since most calls concern accidental child poisoning, where the window of opportunity for intervention is even shorter. The NTS proposal for a common portal and subsequent referral to an appropriate service - in this case, the NPC - would result in avoidable, potentially life-threatening, delay which is unacceptable.

It is also essential to ensure the most accurate, up-to-date and appropriate information is given. The quality of service provided by the poison helpline is underpinned by well-

³ Hendy, J., Steventon, A., Bardsley, M., Billings, J., Dixon, J., Doll, H... & Newman, S. (2012). Effect of telehealth on use of secondary care and mortality: findings from the Whole System Demonstrator cluster randomised trial. *BMJ* 344(e3874).

⁴ The Louisiana Poison Centre, for example, compared the time required to manage an initial call using two separate call scenarios by telephone and text messaging using smart phones over a 3 G network. It found the average time to manage a case by phone was 5 minutes 59 seconds, and 11 minutes 16 seconds by text Schaper, A., Desel, H., Wyke S., Duarte-Davidson R., & Bronstein A, C. (2010). North American Congress of Clinical Toxicology 2010 abstracts: 161. Development of a poison center based european union alerting system for deliberate chemical release detection. *Clinical Toxicology*, 48(6), 637.

trained, expert and experienced staff, equally competent to deal with enquiries from the public and health professionals, who have immediate access to the most comprehensive information, evidence and research on clinical toxicology, poisoning and treatment procedures in Australasia. It enjoys a high degree of trust from both the public and from health practitioners, and plays a vital role in completing the 'research loop', through direct feedback from the public and health sector on the range and treatment of hazardous substances causing harm. Comprehensive toxicovigilance enables the early detection of adverse poisoning trends and the development of timely clinical and strategic interventions. Quitline quickly incorporated information about the potential hazard to children of nicotine poisoning from chewing gum and lozenges used for nicotine replacement therapy as a result of the poison helpline's oversight, for instance.

The withdrawal/relocation of the point of contact for the poison helpline service would diminish its synergy and cohesion, and may affect whether the University of Otago would continue to fund a service it does not control. Without university funding, the poison helpline could not be sustained in its current form, or possibly at all. The consequences, though as yet unidentified, are likely to be serious. In particular, the loss of health practitioners' direct access to specialist advice and information, including to medical toxicologists after hours, could seriously impede timely treatment for poisoning. It is essential to retain the poison helpline as an independent advisory service to minimise harm through poison. This is the commitment made by Aotearoa New Zealand in 1992, when it signed up to Agenda 21 of the United Nations Earth Summit 1992.

A generic helpline to replace one as firmly established as the poison helpline also risks loss of public awareness and safe practice around hazardous substances. Studies have shown high recognition of the poison helpline, a testament to its long history of public education and successful warning and labelling campaigns, including publication of its 0800 number on potentially hazardous products. It may not be possible to estimate the full health and cost benefits of the prevention of harm from poisoning as a result of the poison helpline's activities, but an estimate can be made of the costs that would have occurred without poison helpline's intervention, since caller assessment surveys overwhelmingly indicate that the alternative was to use emergency services. Using a very conservative estimate of only half the 36,000 calls received annually, at an emergency admission rate of \$1000 (extrapolating from the Australian Independent Hospital Pricing Authority (IHPA) data⁵ since none is available in Aotearoa New Zealand) gives a preliminary figure of \$180,000 pa, which does not include the consequential costs associated with overcrowding in emergency departments.

International studies consistently demonstrate the ability of dedicated poison centres to greatly reduce health care costs in outpatient settings. Research on the effect of consultations at the Wisconsin Poison Centre (WPC) on hospital length of stay and inpatient charges, for example, found a potential savings of \$13.65 for each dollar

⁵ Independent Hospital Pricing Authority. (2013). 4.1 What was the average cost of an admitted ED presentation. IHPA, Australia. In *National Hospital Cost Data Collection: Australian Public Hospitals Cost Report 2011-2012, Round 16*. Retrieved from <http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/nhcdc-cost-report-2011-2012-round16-html~emergency-department-results~4-1-average-cost-admitted-ed>

spent at the WPC operations⁶. However, as indicated in an economic health survey of a similar service in Norway (2009),⁷ even if it does not save the health system money, "the safety it provides cannot be measured in economic terms".

NZNO's Position

NZNO's position is that the poison helpline should remain as a stand-alone and autonomous emergency service and should not be incorporated into the NTS.

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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⁶ Kostic, M. A., Oswald, J., Gummin, D. D., Kopp, B., & Hargarten, S. W. (2010). North American Congress of Clinical Toxicology 2010 abstracts: 8. Poison center consultation decreases hospital length of stay and inpatient charges. *Clinical Toxicology*, 48(6), 604–667.

Retrieved from <http://informahealthcare.com/doi/full/10.3109/15563650.2010.493290>

⁷ Toverud, E. L., Pike, E., & Walløe, L. (2009). The National Poison Center in Norway: User satisfaction and a health economic evaluation. *European Journal of Clinical Pharmacology*, 65(9), 935-40. doi: 10.1007/s00228-009-0693-9.