

Advanced Practice in Women's Health and Continence Physiotherapy Project

Robyn Brennen

Grade 4 Physiotherapist, Monash Health

Acknowledgements



Desiree Terrill, Wendy Davis,
Duncan Baulch



Sarah Cleaver,
Dr Margaret Sherburn



Sarah Lorentzen, Jane Carlin,
Hayley Irving, Cath MacRae



Hannah Graetz, Naomi Nalder,
Fiona Brennan

A word cloud of patient concerns on a black background. The words are arranged in a roughly triangular shape, pointing downwards. The colors of the words are red, green, and blue. The words include: isolation, cost, is-this-normal, limited-information, embarrassment, confusing-referral-pathways, long-waiting-lists, is-this-treatable, treatment-options, shame, and who-do-i-tell.

isolation cost is-this-normal
limited-information embarrassment
confusing-referral-pathways long-waiting-lists
is-this-treatable treatment-options
shame who-do-i-tell

Pelvic Floor Physiotherapy

International Continence Society (ICS)

- PFTM for urinary incontinence (UI) Level 1 evidence
- PFMT for pelvic organ prolapse (POP) Level 1 evidence
- PFMT for faecal incontinence (FI) Level 2 evidence

National Institute for Health and Care Excellence guidelines

- UI - At least 3 months PFMT
- FI - Specialist management including
 - PFMT
 - Electrical stimulation
 - Bowel retraining
 - Biofeedback

Advanced Practice Physiotherapy

- Within currently recognised scope of practice
- Customarily performed by other professions
- May require
 - Additional training
 - Significant professional experience
 - Competency development

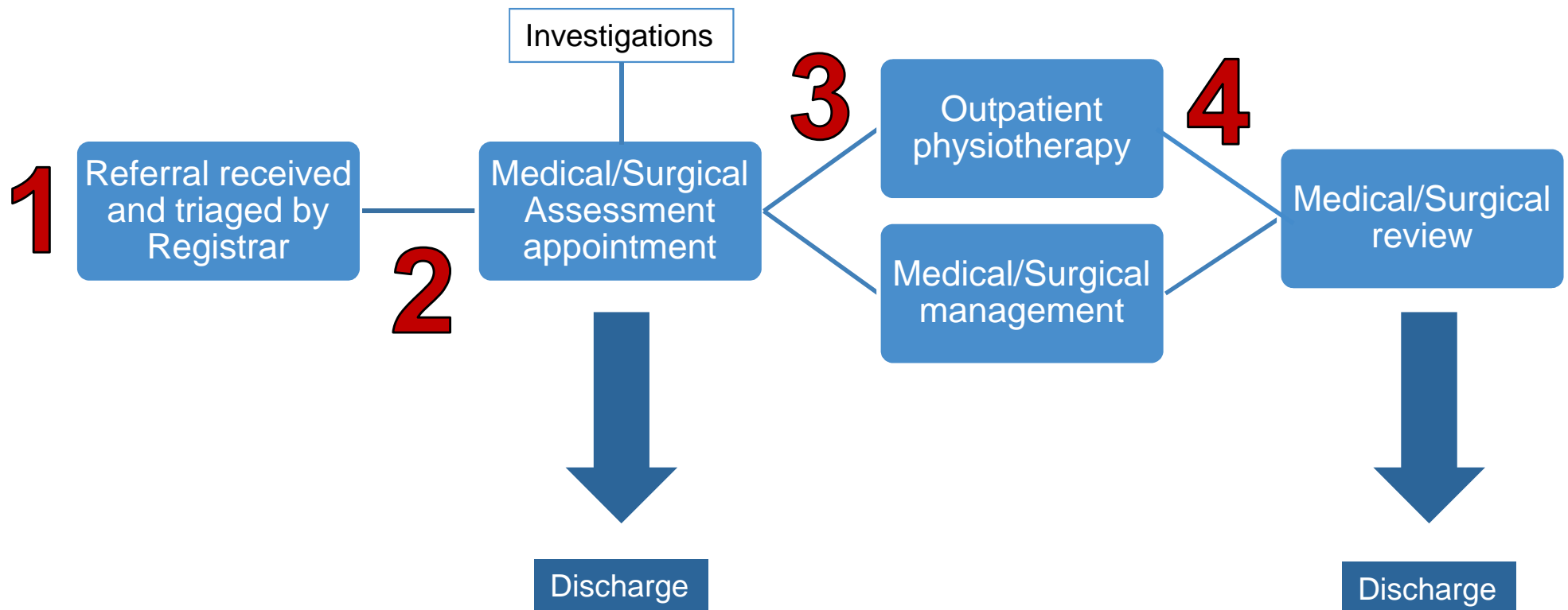
Workforce Innovation Grants Program



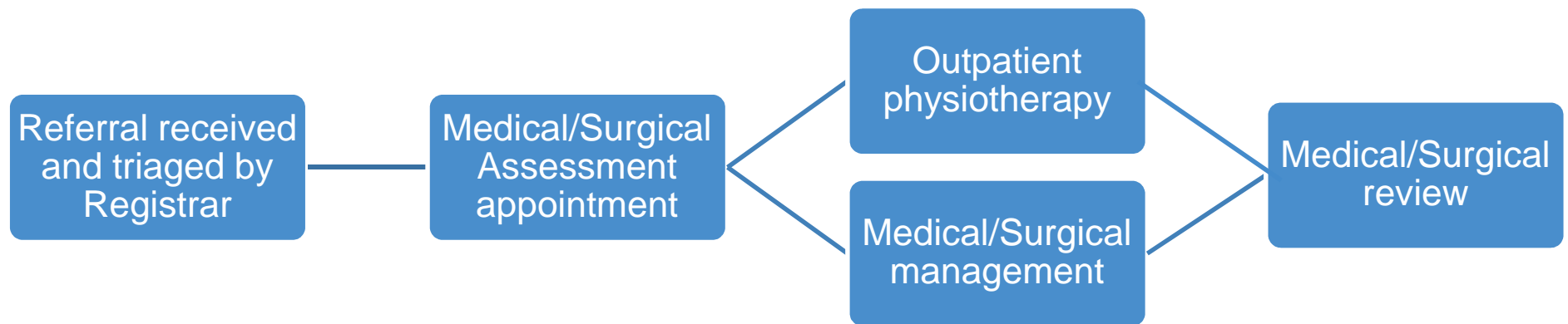
Objectives

- Timely access to evidence-based best-practice care
- Workforce integration and collaboration
- Continence and women's health physiotherapy competency toolkit
- Improve satisfaction of patients with the management of their pelvic floor dysfunction

Previous model of care Monash Health



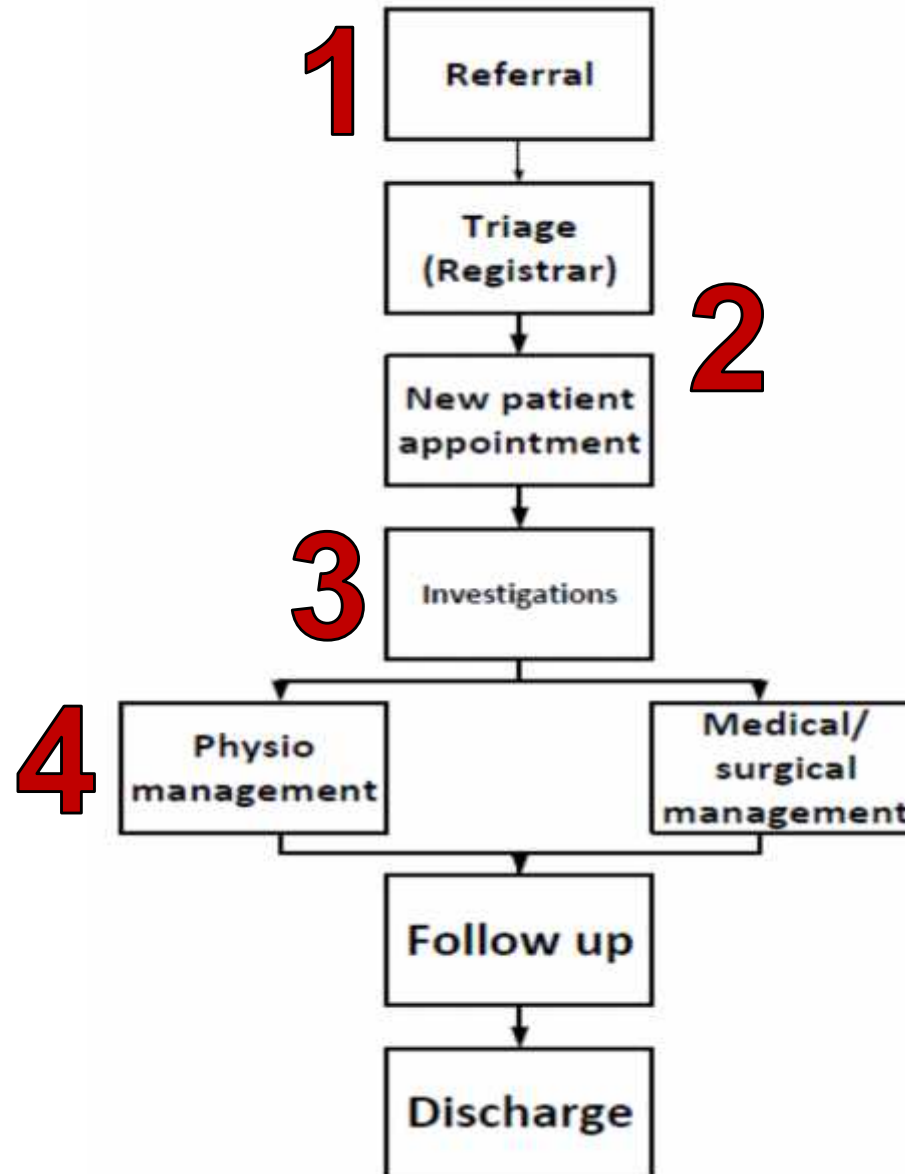
Previous model of care Monash Health



1 week +18 months +3 months +3 months

= 2 years + 1 week

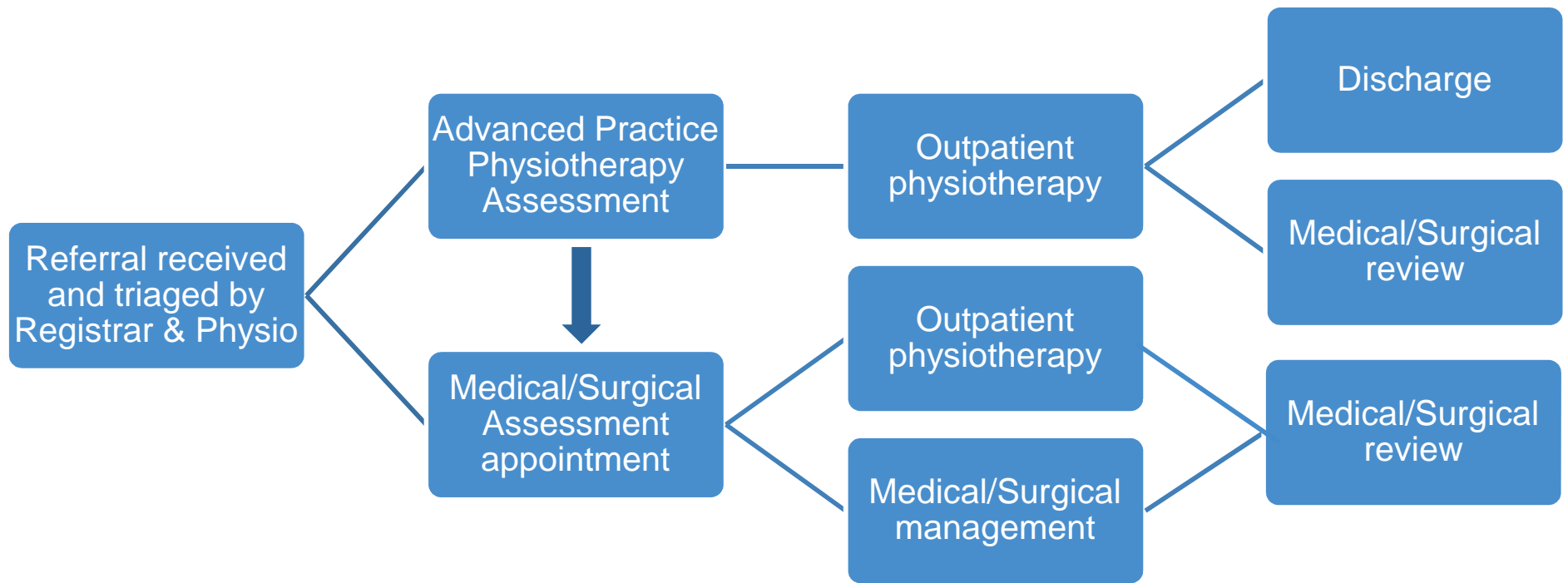
Previous model of care Barwon Health



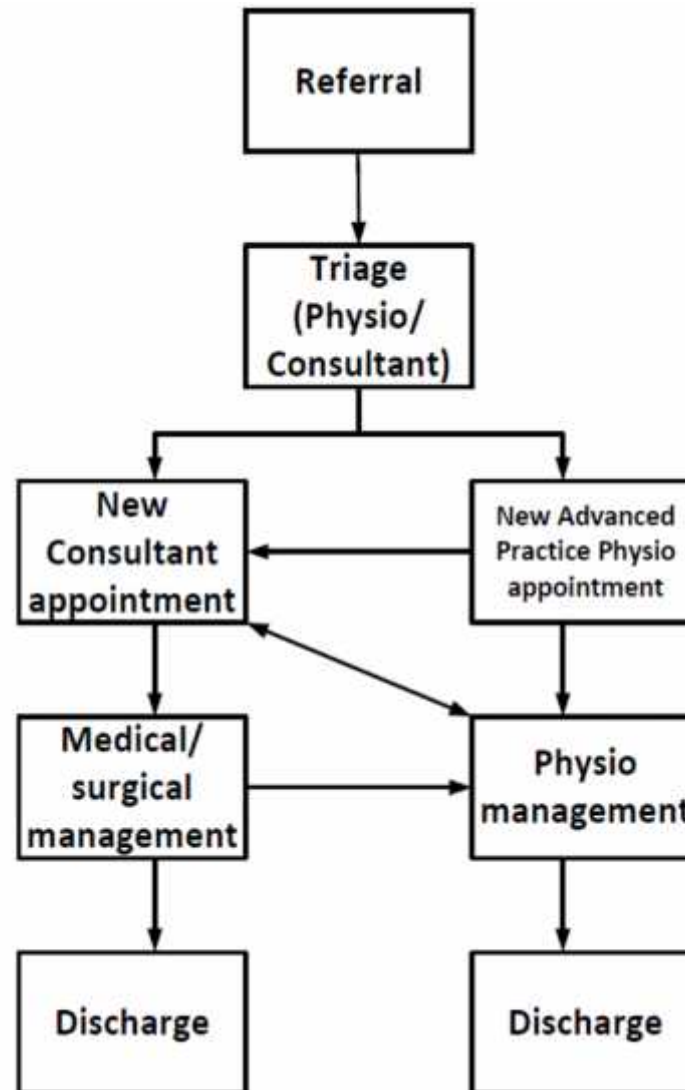
The change

Integrated advanced practice continence and women's health physiotherapy models

New model of care - Monash



New model of care Barwon Health



Criteria Led Discharge

- ✓ No red flags (haematuria, dysuria)
- ✓ No medical issues could not be managed by their GP
- ✓ Not clinically appropriate for surgery
- ✓ Symptoms have resolved OR patient is able and desires to self-manage
- ✓ Patient agrees to be discharged by physiotherapist

Patient inclusion criteria

Adult females referred to existing Monash Health Urogynaecology clinics for:

- Urinary incontinence (stress/urge/mixed)
- Faecal incontinence
- Mild-moderate vaginal / uterine prolapse (with or without urinary symptoms)

Exclusion criteria

- Haematuria
- Urinary tract infections
- Stage III or IV pelvic organ prolapse
- Rectal intussusception
- Suspected malignant mass or genital fistula

Clinical competencies

Developed in consultation with medical & nursing staff.

- POP-Q assessment
- Ultrasonic assessment of post-void residual bladder volume
- Dipstick urinalysis
- Referral for urodynamics
- Pessary assessment and management

Analysis



pwc

Results

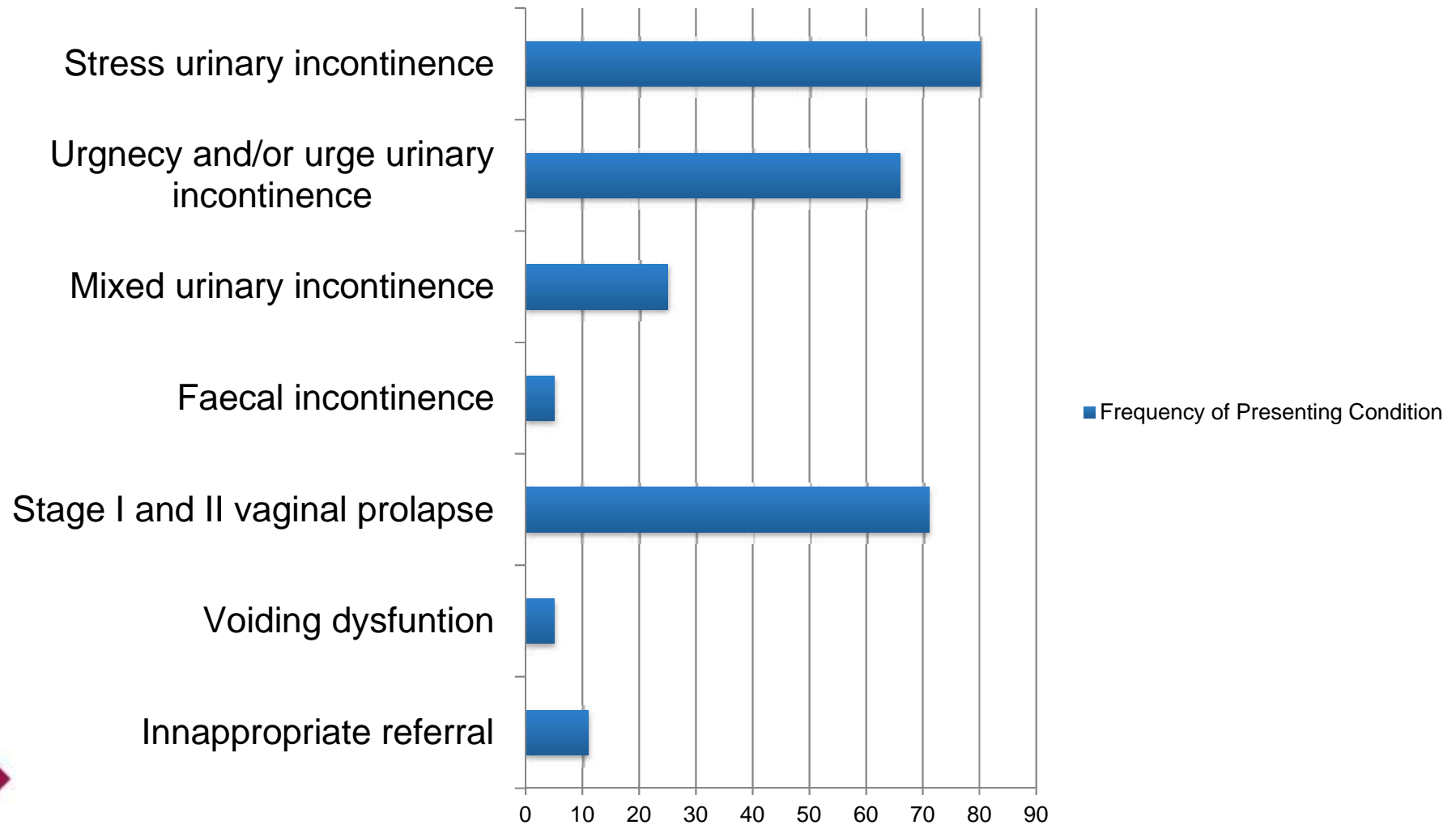


	Start	Finish	No. Clinics	Patients	DNAs
Monash	Dec 2014	Dec 2015	46	233	28
Barwon	Mar 2015	Dec 2015	12	35	25

Primary presenting condition



Frequency of Presenting Condition



Efficiency savings



Table 1: Efficiency savings through the patient pathway

Staff type	Patient wait time	Specialist (Gynaecologist)	Physiotherapist	Clinical nurse consultant	Administration	Total
Baseline pathway						
Time	44 minutes	43 minutes	-	15 minutes	5 minutes	102 minutes
(Value)	(\$22)	(\$83)		(9)	(\$2)	(\$116)
Current pathway						
Time	16 minutes	3 minutes	35 minutes	10 minutes	5 minutes	69 minutes
(Value)	(\$8)	(\$6)	(\$32)	(\$9)	(\$2)	(\$57)
Total savings per patient seen						\$59

Efficiency savings



Table 1: Efficiency savings through the patient pathway

Staff type	Patient wait time	Specialist (Urologist)	Physiotherapist	Nurse	Administration	Total
Baseline pathway						
Time	65 minutes	30 minutes	-	30 minutes	10 minutes	125 minutes
(Value)	(\$32)	(\$49)		(\$15)	(\$4)	(\$101)
Current pathway						
Time	5 minutes	4 minutes	30 minutes	30 minutes	10 minutes	69 minutes
(Value)	(\$2)	(\$7)	(\$22)	(\$15)	(\$4)	(\$50)
Total savings per patient seen						\$51



Evidence-based care



Receiving conservative management

Before: 0% (Barwon) - 10% (Monash)

After: 68%

100% agreed with their management plan

Waiting lists and wait times



	Pre-	Post-	Now
Monash Waitlist (no. patients)	May 2014 727	Dec 2015 609	July 2016 243
Barwon Waitlist (no. patients)	Feb 2015 343	Dec 2015 328	

Results



- 40%-50% reduction in time and cost per occasion of service
- Reduction in time from referral to first appointment
- 58% improvement in meeting best-practice guidelines
- 100% patient agreement with clinical care and decision-making
- No adverse events

Barriers

- Succession planning
- Access to training with Medical Specialists
- Staffing for physiotherapy outpatient clinics to follow up increased number of referrals

Key steps to success

- Broad engagement
- Communication
- Flexibility and perseverance

Thank you

Contact:

Robyn Brennen

Clinic Lead – Monash Health Community Continence Service | Specialist Clinics

Clinical Lead – Women's and Men's Health Physiotherapy | Allied Health

t: 03 9265 1089 (Tues-Thurs) | e: robyn.brennen@monashhealth.org

MonashHealth Community & Allied Health

One Team - making a difference together