

## Improving access for foot & ankle patients on an orthopaedic waiting list – advance practice orthopaedic podiatry clinic (APOP)

Charlotte Cooke Advance practice orthopaedic podiatrist – charlotte.cooke@wh.org.au and Julia Firth Podiatry Manager - julia.firth@wh.org.au



### Background of identified service need

One in five Australians complain of foot problems and the incidence of debilitating foot pain in our aging population is increasing<sup>1,2,3</sup>. At Western Health (WH), low priority referrals (category 3) wait up to 2-3 years for an orthopaedic specialist appointment. A large proportion of referrals are for foot and ankle related issues. Research estimates that the number of foot and ankle surgical procedures undertaken will increase by around 62% by 2050<sup>4</sup>.

We identified that many patients referred for surgical consultation, neither need or want surgery. Referrals increase patient waiting times and are an inefficient use of specialist services. Furthermore, best practice guidelines suggest that conservative treatment options should always be considered before surgery and that interim conservative treatment is often being beneficial for patients waiting for surgery.

The WH's successfully established advance practice orthopaedic physiotherapy led service did not include an advance practice orthopaedic podiatrist. We aimed to extend the current model of care, improve access and strengthen our ability to address foot and ankle problems to enable positive patient outcomes.

Acknowledgment: With the support of the 2015/16 advance practice in allied health workforce grant – 6 month project

### Development of model of care

The project commenced in July 2015 and we rapidly completed a number of essential steps as part of the development of this APOP service.

Essentials for success	
Identification and engagement of key stakeholders to increase awareness with regular communication	Ethics application and approval
Identification of medical champions to assist in facilitating and supporting the model of care	Development of Clinical practice guideline and credentialing framework in line with WH and DHHS framework
Review of Advanced Practice Orthopaedic Podiatry models in Australia & UK	Musculoskeletal care pathways developed
Review of Advance practice physiotherapy clinics in Western Health	Category 3 waiting list reviewed
Development of service KPIs	Review of DHHS access policy requirements to ensure compliance

Table 1: Development of model of care

1. Homering LJ, Kuipers P, Nihal A. (2012) Orthopaedic podiatry triage: process outcomes of a skill mix initiative. Australian Health Review 36, pp: 457-460  
 2. Walsh TP, Pilkington DC, Wong EJ, Brown CH, and Mercer GE. (2014) Orthopaedic triaging by podiatrists: a prospective study of patient satisfaction and service efficiency. Australian Health Review 38(4) pp:406-411  
 3. Bonanno DR, Medica VG, Tan DS, Spring AA, Bird AR, and Gazarek J. (2014) Evaluating the outcomes of a podiatry-led assessment service in a public hospital orthopaedic unit. Journal of foot and ankle research (7) 45  
 4. Jones C, Langdon F, Massaro V, Perry L. (2009) The Australian Health Workforce Institute Exploring Solutions to Better Meet Demand for Foot and Ankle Surgical Services. Report for the Department of Human Services, Victoria

### Results and outcomes

The APOP clinic commenced in November 2015 and ceased further patient additions January 2016 given the project funding short time frame of the project period. Outstanding patient referrals to orthopaedic clinic between 2013-2015 were reviewed. A large proportion of the referrals dated from 2013.

We contacted relevant patients to arrange for review in the APOP clinic. A total of 103 patients were assessed. We determined that 70% (n=72) of patients did not require orthopaedic opinion for their presenting musculoskeletal pathology and were managed effectively conservatively during the project period.

Table 2: Demographics

APOP clinic demographics	(N=103)
Age (range)	14 - 84 years
Male	29
Female	74
Referral received date	
2013	44 (43%)
2014	37 (36%)
2015	22 (21%)
Average number of days initial assessment	7 - 14 days
Total number of patients discharged	72 (70%)
Total number of patients for an Orthopaedic opinion	31 (30%)
Total number of patients discharged from WH	58 (66%)
DNA rate or non-contact	35 (35%)

We were able to discharge 66% (n= 67) of the total APOP patients to our community partners and independent sector providers who routinely provide ongoing conservative management support. They continued to report improvement or resolution in their musculoskeletal condition with a follow up telephone consult.

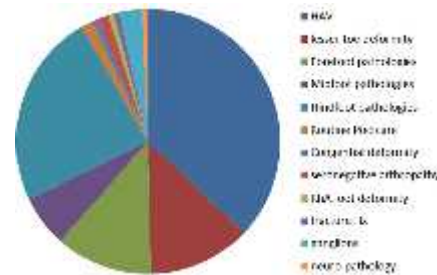


Figure 1. APOP clinic presentations

Feedback, shown in table 3 below, shows that overall satisfaction with the service was excellent (94% strongly agree; 6% agree). No complaints were received during the project with several complimentary letters received.

Table 3: satisfaction survey results

Outcomes from patient satisfaction survey	Total APOP patients (N=103)
I did not have to wait long to get an appointment at the clinic	74%
The time of the appointment suited me	84%
After I arrived at the clinic, the time I spent waiting to be seen was reasonable	81%
The location (outside) of the hospital was convenient for me	74%
I found the clinic staff to be friendly and polite	100%
The podiatrist was able to answer my questions in the time available	100%
The information I received at the clinic helped me to understand my condition	90%
At the end of the appointment, I understood the treatment plan and what would happen next	84%
After the appointment, I understood who to contact for further information or assistance	88%
I expected to see an orthopaedic surgeon at the clinic	26%
I would have preferred to see an orthopaedic surgeon	19%
Overall I was satisfied with the visit	94%

### Discussion

The APOP clinic rapidly addressed a road block in current care with significant benefits shown in table 4 below. The aim of this model, shifts the resources into prevention and self-management; provides patients with real choices about their treatment options; empowering patients to make informed decisions, whilst providing them with support, education and tools to improve their understanding of their journey through the health care system.

Ongoing collaborative inter-professional working should be promoted as the gold standard practice for musculoskeletal presentations. With ongoing integration of community partners and independent providers to develop a robust sustainable musculoskeletal model of care.

Table 4: Benefits to the role

Benefits to the role	
Reduction of category 3 patients on orthopaedic outpatient waiting list	Development of treatment pathways
Increase patient centred care and consumer satisfaction	Compliance and utilisation with the DHHS Access Policy
Improved relationships with the orthopaedic team and Advance practice physiotherapists	Career development for podiatrists – potential for increased workplace satisfaction and build sustainability with the podiatry department
Development of comprehensive credentialing package and clinical practice guidelines – shared	Increase research potential

