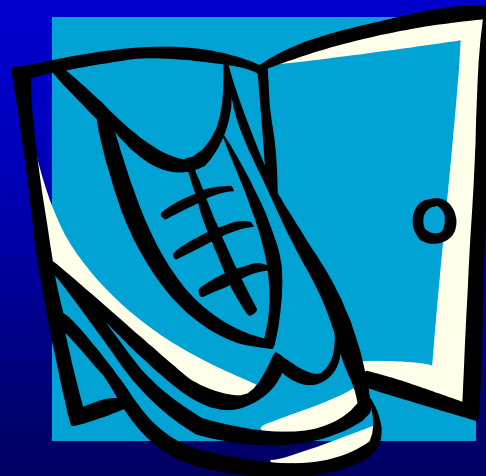


Getting a foot in the door; the use of podiatry support workers to improve client access

CAULFIELD COMMUNITY HEALTH SERVICE
Building a Healthier Community



Shan Bergin
Gillian Shaw

CCHS



CONTEXT

- CCHS is integrated within CGMC, a member of Bayside Health
- 5.58 EFT podiatrists
- Provide ambulatory care for the local catchment area
- 1500 ambulatory clients
- Approximately 50 new clients on the waiting list
- Wait time for initial consultation 10-16 weeks
- Podiatry and wound care provided to sub-acute and residential care at CGMC (100 referrals/month)



WORKFORCE PROFILE

- Approximately 700 registered podiatrists in Victoria
- 14.1 per 100,000 people (1999)
- 25% work in public health – majority community based (1999)
 - mostly female, high % of part time

Issues

- Retention and training opportunities
- Ageing community (> 80 most likely to use Podiatry)
- Increase in chronic illness – diabetes
- Limited Medicare rebates for general Podiatry – private cost prohibitive



BACKGROUND

- High service demand – inadequate resources
- Competition for available services
- Professional burn out

Management Strategies:

- Prioritisation – high risk Vs low risk
 - Waiting times up to 16 weeks, ongoing - wait indefinite
- No ongoing services
- Closed waiting lists – up to 12 months

SMALL PROPORTION OF COMMUNITY ACCESSING SERVICES



INVESTIGATING SOLUTIONS

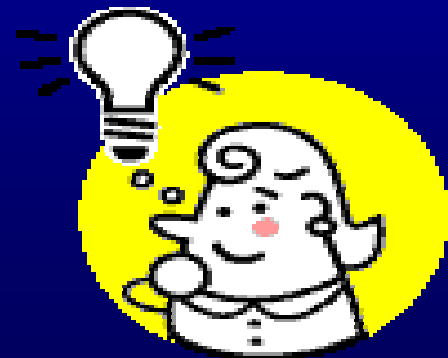
Who Is Missing Out?

Community dwelling elderly

No significant disease affecting foot health

Requiring low level foot care – nails, basic skin lesions

Can someone other than a Podiatrist provide this care?



PODIATRY ASSISTANT ROLE

Better Skills, Best Care

Aim:

Introduction of a podiatry support worker to:

1. Improve accessibility to services for low risk clients
2. Re-allocation of non-clinical tasks to PA



PODIATRY ASSISTANT ROLE

Defining The Scope Of Practice

- Basic foot care:
nails, use of podiatry drill, pressure relieving devices, education, basic dressings, use of basic topical medicaments / emollients
- Infection control – incl. sterilisation procedures
- Administrative / reception duties
- Assisting podiatrists with client care in clinical situations
- Assisting podiatrists with footwear or orthotic modifications



COMPETENCIES

1. Provision of basic foot care/foot hygiene to low risk clients
2. Provision of pressure relief or palliative care through use of padding, silicone devices, moleskin and fleecy web
3. Foot care education to low risk clients
4. Assessment of and education regarding footwear
5. Generation and maintenance of client records
6. Generation of referrals to podiatrists and other health professionals



COMPETENCIES

7. Assistance to staff podiatrists with footwear modifications and orthotic modifications
8. Application of wax baths
9. Assistance with infection control procedures, including sterilisation
10. Assistance with reception or administration duties as required
11. Attendance at podiatry staff and CCHS meetings
12. Contribution to the ongoing development of the podiatry unit



TRAINING

Identification Of Appropriate Training

- mesh with identified tasks
- linked to identifiable competencies within VET units

From choice of TWO courses – La Trobe University,
Podiatry Assistants Course.

5 core competency units and 1 elective unit PLUS
clinical training



IMPLEMENTATION

- Seconded from role as DIV 2 nurse within CGMC
- Commenced training in October 2005
- Commenced work in unit in November 2005
- Role was fully implemented for the purpose of the pilot
- Role ceased at the end of January 2006



RESOURCES DEVELOPED

- Operating instruction manual providing guidelines for the role
- Defines:
 - Competencies
 - Scope of practice
 - Supervisory arrangements



EVALUATION

Number Of Clients Seen

- New clients seen = 17 (ambulatory)
- Existing clients seen = 24 (ambulatory, sub-acute, rehab, residential care)

Availability of appropriate clients decreased by prioritisation process



EVALUATION

Podiatry Hours Saved – Through Re-allocation Of Non-clinical Tasks.

Total hours spent (hrs / week)	Total hours re- allocated (hrs / week)	Total hours saved (average / month)
15	10	40



EVALUATION

Waiting time for an appointment:

Initial appointment

Pre PA	12 weeks
Post PA	2 weeks

Follow up appointments

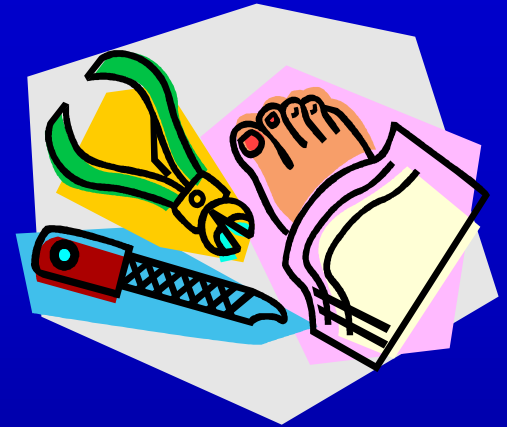
Pre PA	Indefinite
Post PA	2 weeks

Impact on staff



CHANGES TO PILOT

- Extended timelines:
 - Extend the trial period
 - Better evaluate new role
 - Increase client numbers
- Ongoing funding support
 - Eliminate uncertainty
- Use of more appropriate tools for evaluating staff and client satisfaction



BARRIERS

- Lack of consensus within Podiatry regarding use of AHAs
 - fear of profession being undermined / funding
 - resistance to change
 - perception of need / role of podiatry
- Lack of consensus regarding scope of practice – debridement??
- Lack of agreement between governing bodies as to the above
- Standardised clinical training and assessment
- Ongoing training – once you are trained is that it?



ACKNOWLEDGEMENTS

Thank-you to: Staff from Podiatry at CCHS

Steering committee:

Mr Philip Cornish, Director Ambulatory and Community Services

Ms Liz Dalton, Clinical Services Co-ordinator

Ms Jenny Glenn, Podiatry Department

Ms Alyson Svenson, Quality Unit

Mr Phil Abbott, DON, Residential Services

Ms Celia Gahan, EO, Australian Podiatry Association, Vic

Ms Cheryl Lyon, Former ADON, Residential Services

Ms Luisa Abiuso, DHS, Vic

