

Improving Access to Orthopaedics



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General Manager Surgical Services

Introduction

Our Challenge

- Significant Orthopaedic Demand

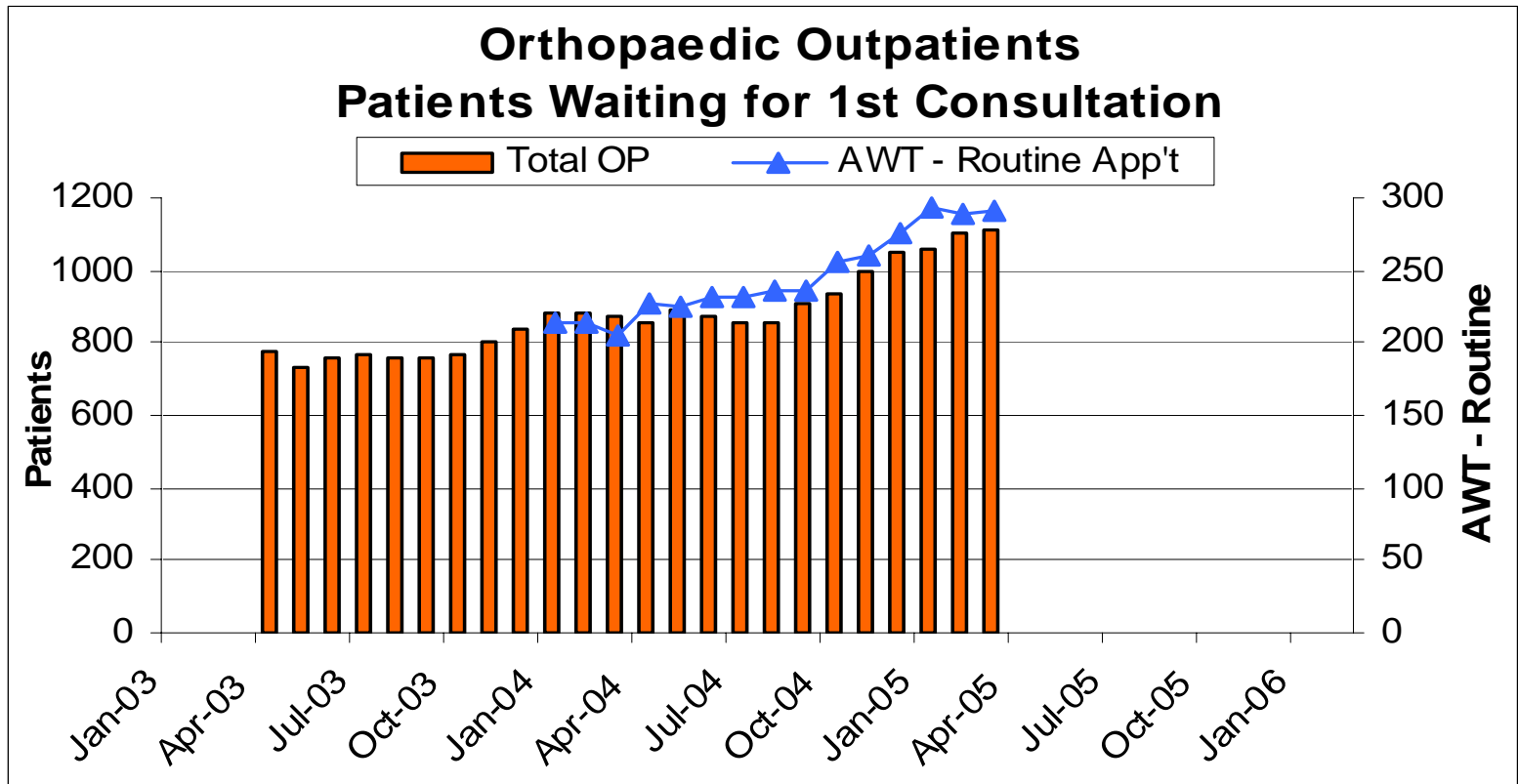
Our Strategy

- Multidisciplinary Project
- Whole Systems Approach

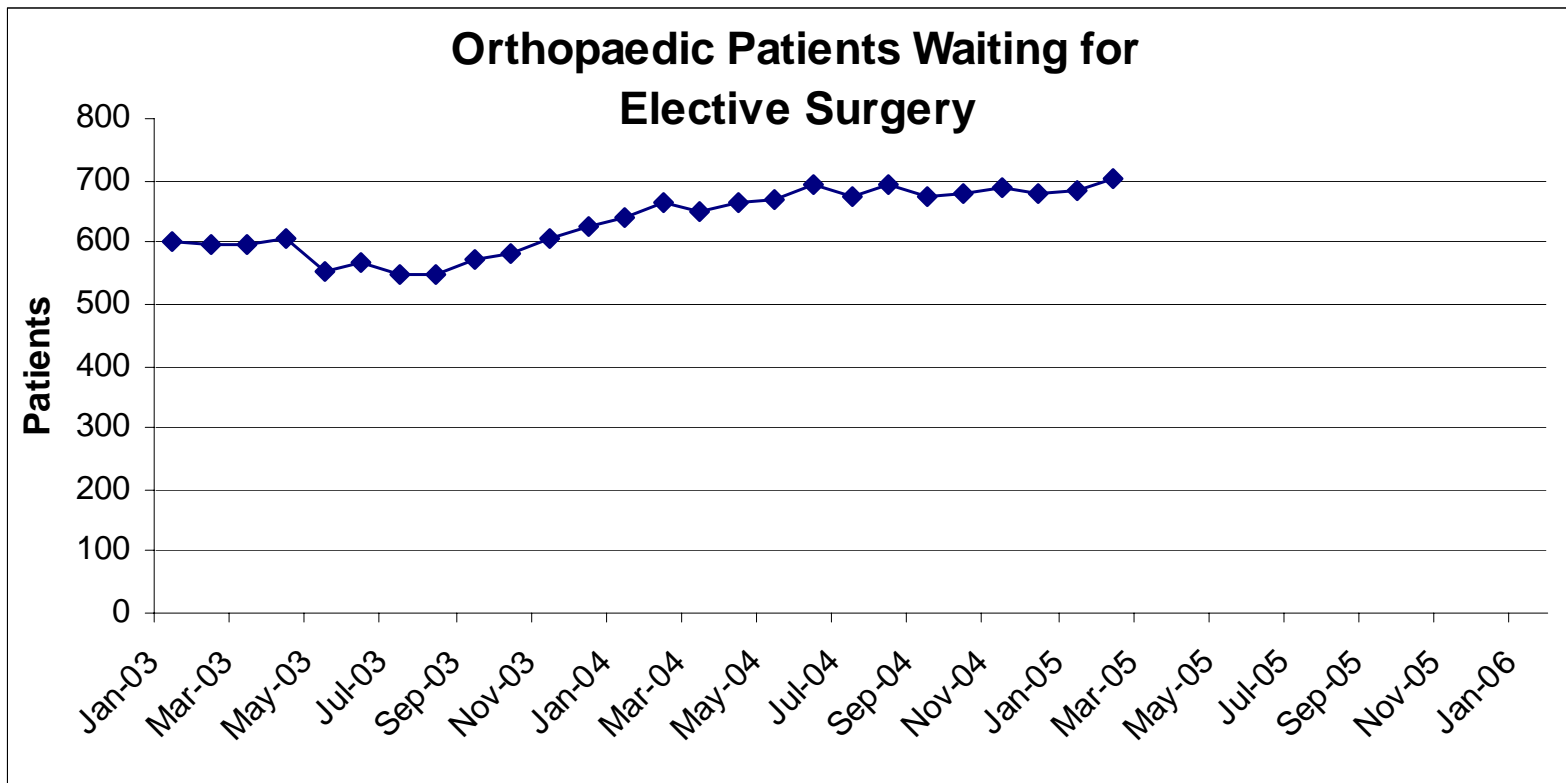
The Impact

- Access – Improved for Patients
- Workforce – Enhanced opportunity for Allied Health staff

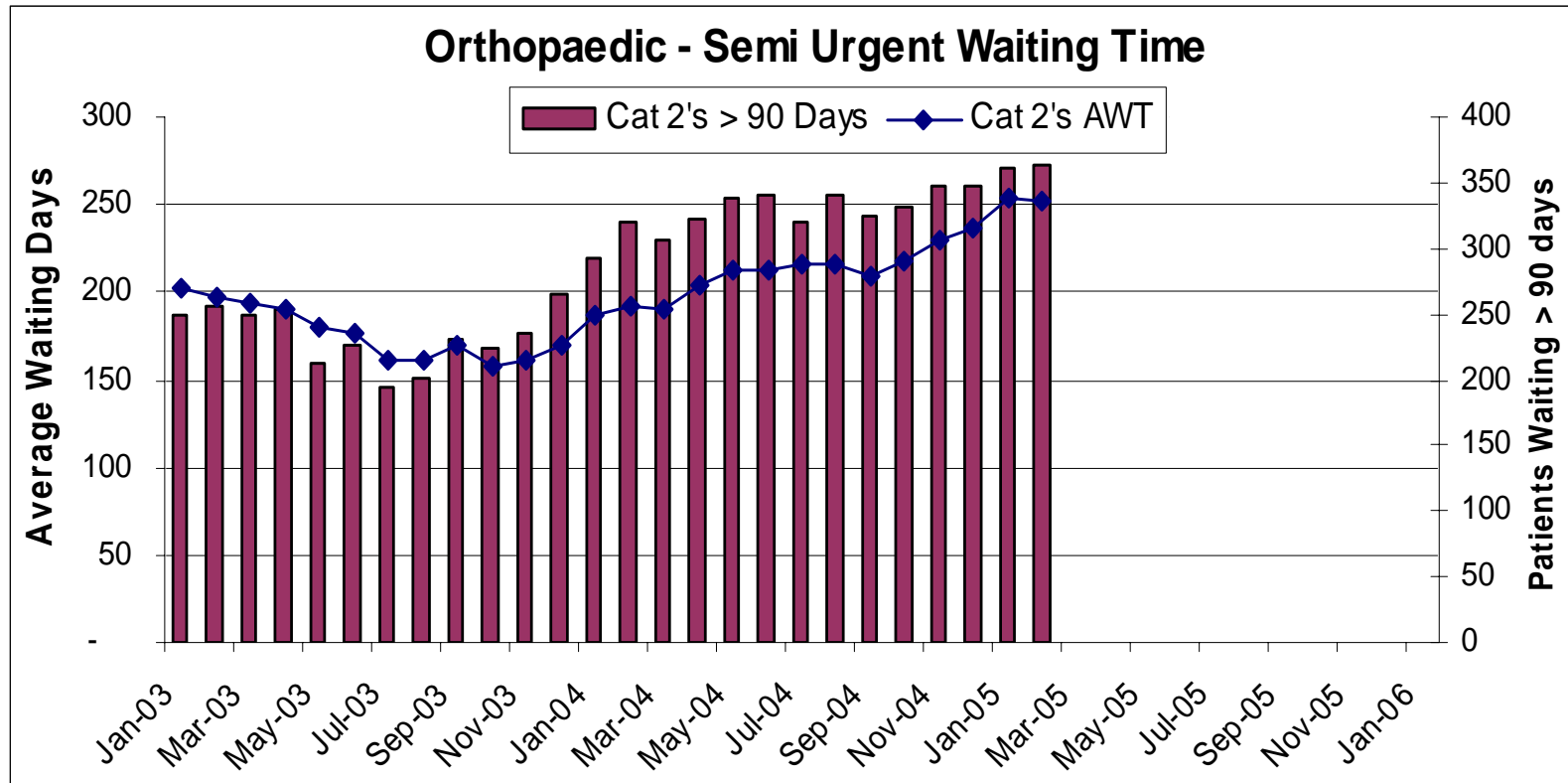
The Challenge



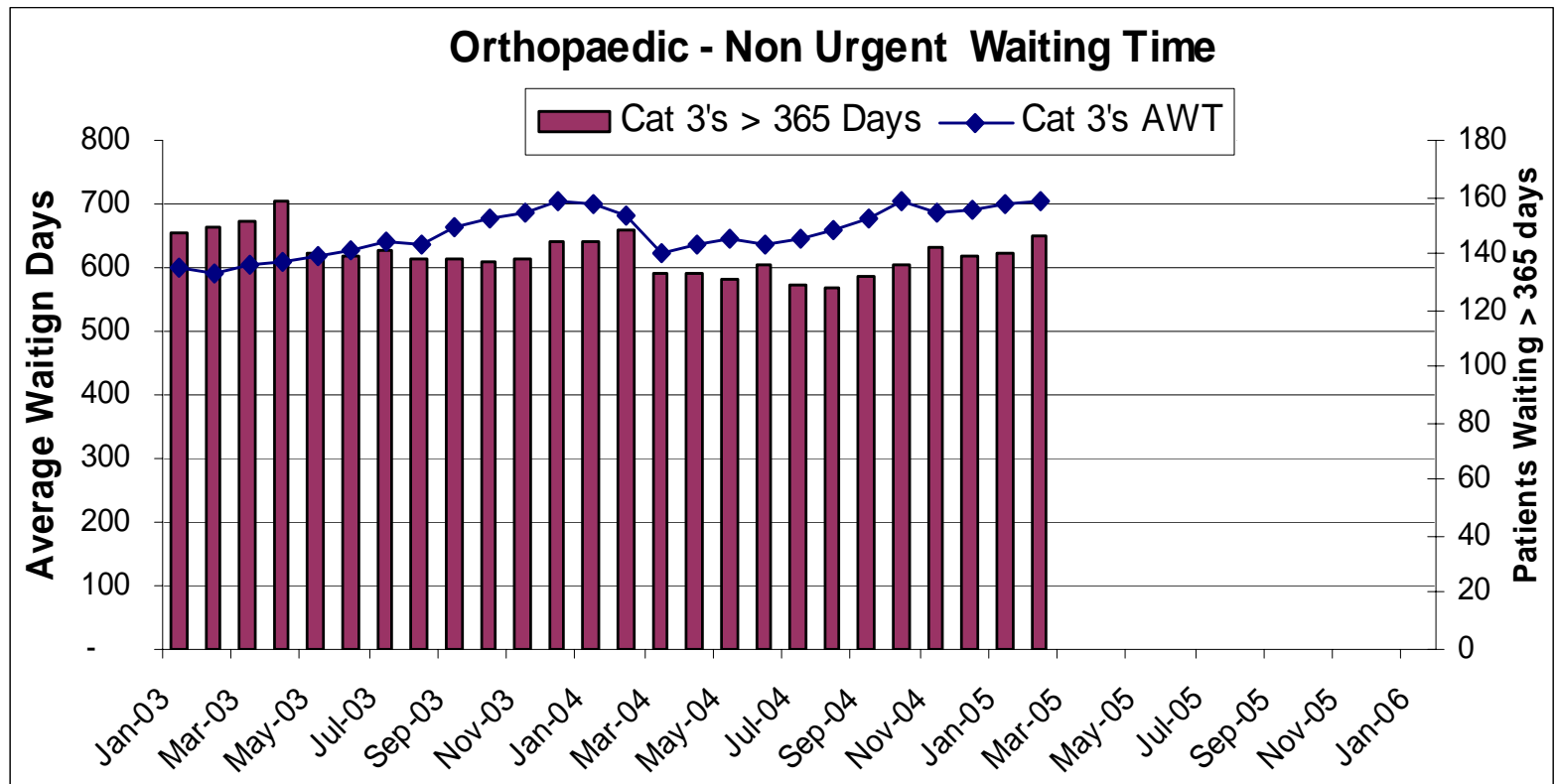
The Challenge



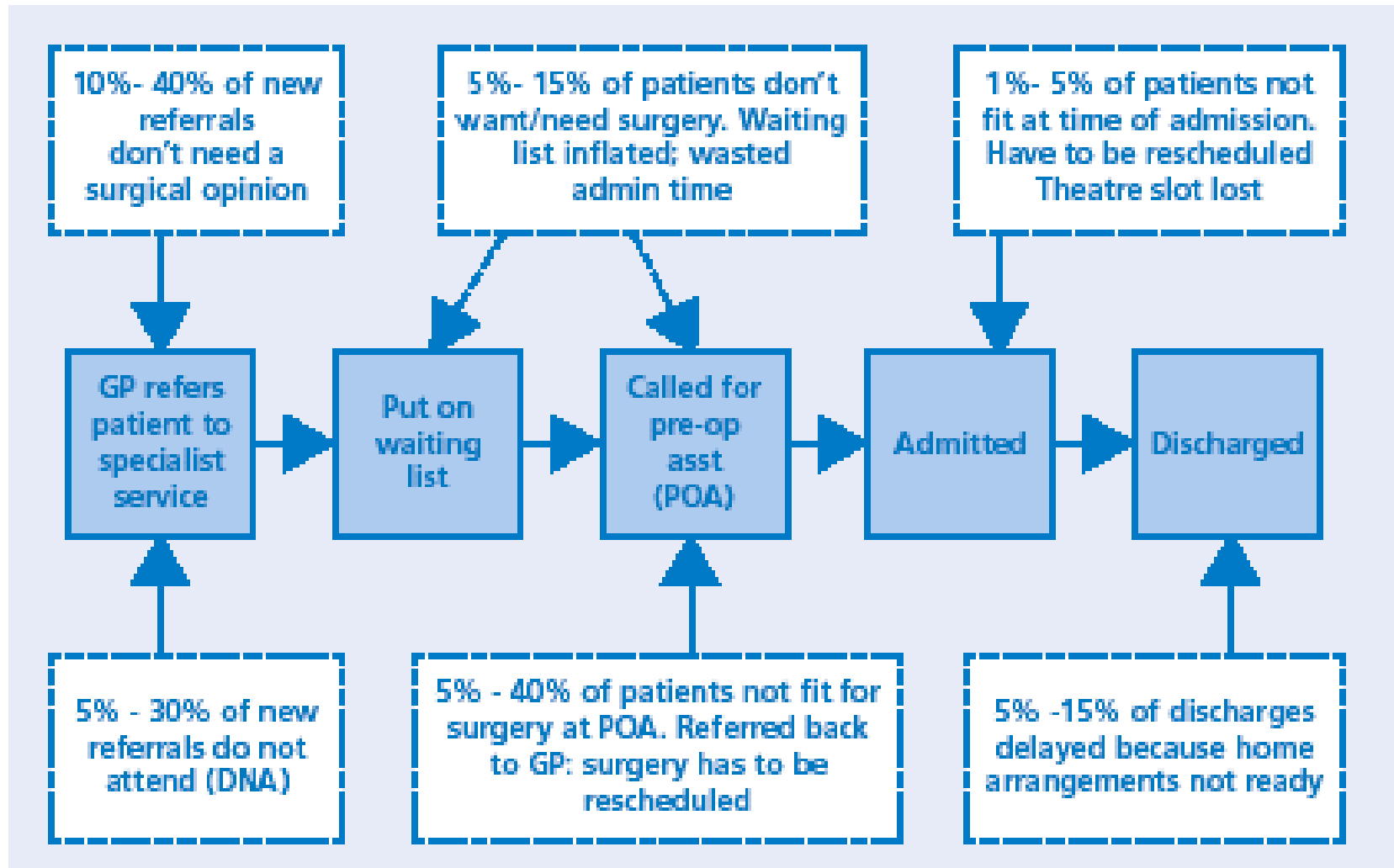
The Challenge



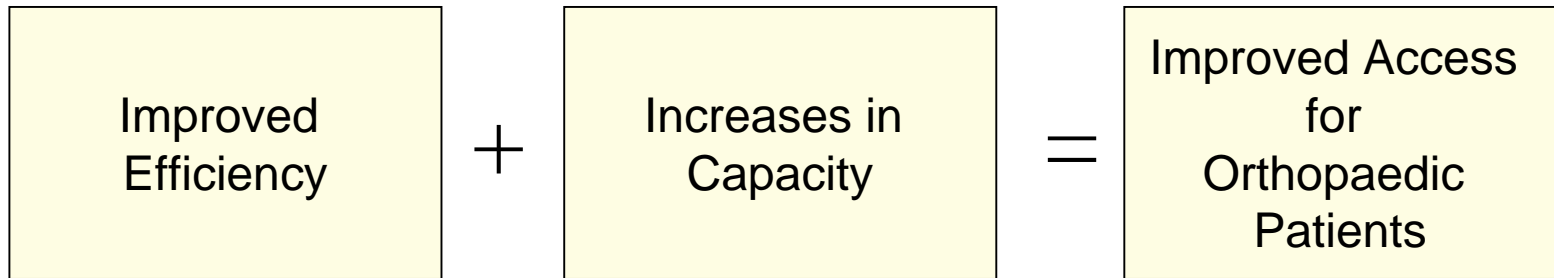
The Challenge



Symptoms



Formula for Improvement



- Improved Length of Stay
- Different models of Outpatient care
- More procedures per operating list

- Increased WIES allocation.
- Increased VACS allocation.

The Strategy

Improving Access to Orthopaedics Steering Group

Ortho Spokesman (Mr Bainbridge)	GM Surgical Services	Project Leaders (3)
Ortho Surgeon (Mr Angliss)	DND Surgical Services	Chief Allied Health
BM Surgical Services	Project Manager	GP Liaison

Project Manager (PT)

Outpatient Access

- P Schoch – Lead
- GMSS – Exec Sponsor
- Orthopod – Mr Brown
- Deb Schulz
- Lisa Adair
- Jeff Urquart

Intra Theatre

- R Cockayne - Lead
- DNDSS – Exec Sponsor
- Orthopod – Mr Williams
- Anos Representative
- L Rendle
- Haydn Lowe

Inpatient Access

- L Coleman – Lead
- BMSS – Exec Sponsor
- Haydn Lowe
- Ward NUM
- Rehab

Focus Area's

- OP Waiting Numbers
- OP Waiting Times
- Physio led services
- Better use of consultant time.

Focus Area's

- Turn around times
- Equipment Issues
- Consumables

Focus Area's

- Length of Stay
- Rehab Predictor
- Patient Education
- Bed Management in Ward

Complimentary Initiatives



- Elective Surgery Funding
 - Elective Surgery Plan (628 WIES/570 VACS)
 - 300 additional patients
- Allied Health in GP Practice (AHGPP)

Orthopaedic Outpatient - Issues

- High Demand
 - 1,100 patient waiting for 1st consultation
 - Early referral
- Inadequate information on referrals (<15%).
- Little evidence of conservative treatment being considered.
- Some referrals didn't need a surgical opinion.

Outpatient

Waiting List Audit (Mar 05)

- 1,100 records audited (by phone).
- Confirmed requirement to attend.

Audit Outcome	Pat's	% of Total
Had appointment at Barwon Health	99	9.0%
Discharged (no longer require appt)	185	17.0%
Stay on Orthopaedic Outpatient WL	798	72.3%
Uncontactable	11	1.0%
Specials e.g. orthotics referral	8	0.7%
TOTAL	1,101	100%



Outpatient

Waiting List Audit

- 1,100 records audited (by phone).
- Confirmed requirement to attend.
- **Collected GP referral information.**

Treatment Type	% who received this treatment
Drug Therapy	43%
Exercise - Group	1%
Exercise - Self	4%
Hydrotherapy	3%
Other	9%
Physiotherapy	19%
Podiatry	2%
Previous Surgery	7%
Rheumatology	0.5%



Outpatient

OP Conversion Rate to ESWL

- Assess status of patients referred since Jan 2003 to Feb 2005.
- Total of 1,659 referrals (70 per month)

Appointment received.	458
Remain on Waiting List.	1030
Removed for other reason.	171
	1,659

- Of 458 who have had an appointment, 233 (51%) have been given a waiting list entry.

Outpatient

Diag	2003	2004	2005	Total WL Entry	% of Appt's with WL Entry
Ankle	2	2		4	50%
Back	4			4	17%
Carpal Tunnel		1	1	2	67%
Elbow	3	1		4	36%
Foot	15	2		17	40%
Hand	7	1		8	67%
Hip	45	14	1	60	71%
Knee	71	21		92	48%
Leg		2		2	29%
Metal Removal	2			2	100%
Shoulder	18	6		24	49%
Toes	5	3		8	57%
Wrist	4	2		6	75%
	176	55	2	233	51%

Orthopaedic Outpatient - Solutions

- Referral Management
 - Medical Director Template for GPs.
 - Referral Guidelines (GPAG Website)
- Dual Triaging (Consultant/Physio)
 - Collect additional information
- New model of care
 - Orthopaedic Access Service.

Orthopaedics Access Service (OAS)

- Physio led Orthopaedic ASSESSMENT clinic.
- 2 GPwSI commenced in the clinic in May 06.
- Based in Barwon Health outpatients.
- Co-located with Consultant clinics.
- Assesses patient suitability for conservative therapy.
- Arranges further investigations & conservative treatment.
- Governed by a strict protocol.

Outpatient

1 Purpose

The Purpose of this protocol is to define the way in which the Orthopaedic Access Clinic for patients with foot and ankle problems will be managed.

2 Scope

The scope of this protocol is limited to patients with Foot and ankle problems, referred into the Orthopaedic Outpatients clinic.

3 Responsibility

Input into the development of this protocol will be sought from local GPs, Orthopaedic Consultants, Barwon Health Allied Health staff and Barwon Health Outpatients staff.

The responsibility for the implementation of this policy rests with the Improving Access to Orthopaedics – Outpatients, Project Leader.

4 Protocol

4.1 OAS Foot and Ankle Clinic - Triageing

All new patients referred to Orthopaedics Outpatient Clinic with Foot and Ankle problems will be triaged, under the Orthopaedic Outpatient triage guidelines, to the appropriate clinic for assessment.

Conditions that will be excluded from the OAS foot and Ankle Assessment clinic and referred directly to the Orthopaedic Consultant include:

- Suspected tumour
- Suspected bone or soft tissue infection (excluding ingrown nail infection and ulcerated lesions, which are currently dealt with by podiatry)
- Systemically unwell
- Suspected inflammatory disease (unless cleared by Consultant)
- Signs of spinal cord compression in the cervical/thoracic spine (bilateral neurological signs in the upper or lower limbs, ataxic gait)
- Significant loss of strength in the lower limbs (unless cleared by Consultant)
- Blood disorders (including HIV) (unless cleared by Consultant)
- IV drug use (unless cleared by Consultant)
- Patients who have had adequate conservative intervention and have shown no signs of improvement
- Patients referred specifically for a particular consultants attention.

4.2 OAS foot and Ankle Clinic – Assessment

- The OAS clinic will run alongside current Orthopaedic Outpatients clinic to facilitate access to a consultant opinion as required.
- A Physiotherapist and/or Podiatrist will staff the clinic.
- New patient appointments will be 30 minutes in length. Review appointments will be 30 minutes in length.

4.2.1 Patient Arrival

- Patient arrives at The Geelong Hospital (TGH) Outpatients Department and checks in at the reception desk. Contact details are confirmed, and patient data checked and updated by clerk (record mobile phone number).
- Clerk hands patient red/yellow flags questionnaire and foot and ankle questionnaire (with pen to complete).
- Patient fills in questionnaires whilst waiting to see Physiotherapist/Podiatrist.
- Patient may be placed into consultation room immediately, if room is free. This can be done by nurses, as per current procedure.

4.2.2 Assessment

- Physiotherapist/ Podiatrist attends to patient.
- Red/yellow flags questionnaire reviewed by Physiotherapist/Podiatrist, with patient.
- If red flags present – liaise with GP/SL and/or Consultant – follow-up questions as necessary. Consultant called in to assess patient (if required)
- If no red flags – proceed with subjective and objective assessment and fill in assessment form. Includes review of radiology and blood test results, with GP/SL, as appropriate. Assessment phase should be completed in 20 minutes.

Subjective assessment (see assessment form)

Standard physiotherapy subjective assessment to include

- ✓ Body chart
- ✓ Aggravating/easing factors
- ✓ 24 hour behaviour of symptoms
- ✓ Screening questions specific to patient
- ✓ History of condition and previous interventions

Objective examination (AS APPROPRIATE)

- ✓ Active movements of the hip, knee, ankle and foot
 - ✓ Passive movements of the hip, knee ankle and foot
 - ✓ Neurological exam as indicated by region of symptoms
 - Dermatomal sensation
 - Myotome strength
 - Reflexes
 - ✓ Lower limb neural tension tests
 - ✓ Specific tests for impingement or instability of the foot or ankle
- Physiotherapist/Podiatrist may liaise with the Consultant, if required, to discuss findings and plan where to refer.
 - Patient informed by Physiotherapist/Podiatrist of their diagnosis (if able to be determined) and the nature of their condition. On the spot advice regarding management of condition will be given (where appropriate).
 - If patient is to be referred for further investigation, referral written out (ref 4.2.3) on the spot and either given to patient or telephoned through to Radiology/Pathology.
 - If referred for conservative treatment a copy of the OAS assessment notes and Foot and ankle questionnaire are to be sent to the conservative therapist, by the Orthopaedic Clerk. Patient informed that conservative therapist will contact them directly, to arrange an appointment. Orthopaedic Clerk may forward referrals via internal mail, or fax direct to external providers, at end of clinic. This can be done in the PM following an AM clinic, or the next AM following a PM clinic.
 - If patient is to stay on waiting list for a Surgeon, patient is informed of such and that they retain their original place on the waiting list.
 - Outcome form filled in for patient to hand to clerk to enter details into PIMS.

Outpatient

Outpatients – OAS Foot and Ankle Clinic

- Clerk collects outcome form from the patient, enters details into PIMS, including booking follow-up appointment (as appropriate). Appointment card given to patient.

4.2.3 Criteria for ordering further investigations

- Discussion of need for further investigation should occur between Physiotherapist/Podiatrist and GPwS/Consultant, as required.
- GPwS/Consultant will order x-rays, ultrasound, CT or blood tests as required.
- GPwS/Consultant will order MRI as required.

4.2.4 Criteria for consultation with Surgeon

Discussion will occur between Physiotherapist/Podiatrist, GPwS/Consultant, and Consultant, under the following circumstances:

- Concerns regarding patient answers to red flags screening questions
- Before ordering x-ray, ultrasound, CT/MRI
- Marked changes on existing x-ray, ultrasound/CT/MRI
- For discussion of blood test results (as appropriate)
- Severe or worsening nerve root signs/cord compression signs
- Need for pharmacological review including history of significant use of pain medication
- Indications for surgery.

4.2.5 Communication with referring Doctor

Letter to be dictated by Physiotherapist/Podiatrist outlining main assessment findings and decision by OAS clinic

4.2.6 Outcome measure clinical and non clinical for OAS Foot and Ankle Clinic

The outcome and impact of this clinic will be measured through the collection and summation of the following indicators.

Clinical

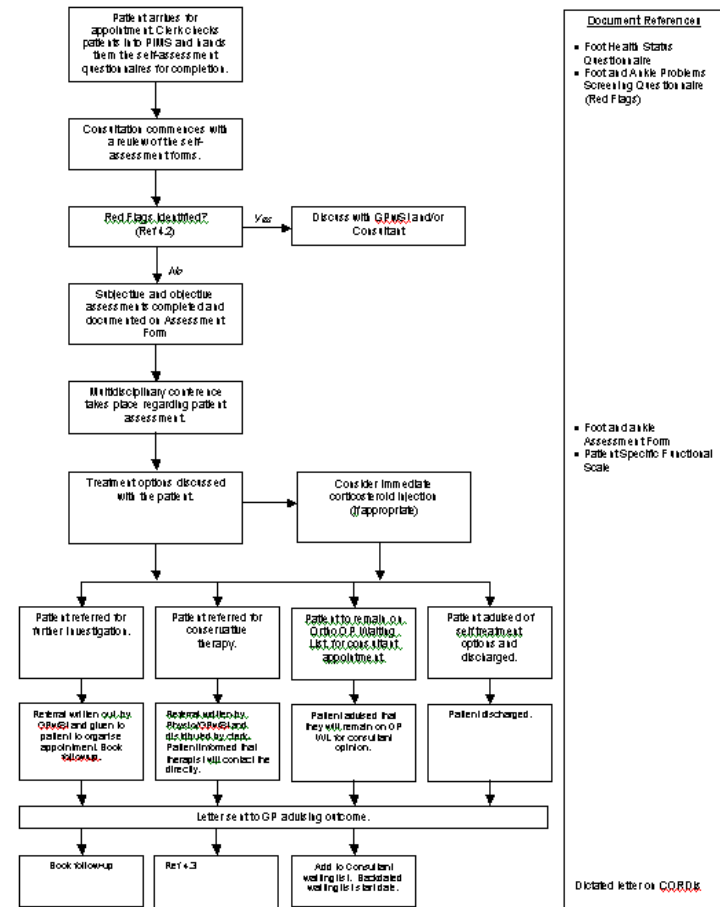
- Foot Health Status Questionnaire (FHSQ)
- Patient specific functional scale. (PSFS)

Non-clinical

- Waiting list numbers and waiting times (OAS and Consultant clinic).
- Number of secondary investigations ordered by OAS c.f. Orthopaedic Consultant clinics – examine retrospectively in relation to Orthopaedic Surgeon's previous appointments.
- Clinic outcomes:
 - How many patients can be discharged after initial appointment
 - How many patients are referred for conservative treatment, and how does this compare with surgeon clinics
 - Where are the patients referred to.
- Patient outcome following conservative treatment - FHSQ and PSFS.
- How many OAS patients require a later surgical opinion and in what timeframe.
- Patient satisfaction with OAS service.
- Referring Doctor satisfaction with OAS service.
- Assessment on impact of demand on downstream services.

Outpatients – OAS Foot and Ankle Clinic

OAS Foot and Ankle Clinic Assessment Flowchart.



Document References

- Foot Health Status Questionnaire
- Foot and Ankle Problems Screening Questionnaire (Red Flags)

- Foot and Ankle Assessment Form
- Patient Specific Functional Scale

Dictated letter on **CORD**

Outpatient

4.3 OAS Foot and Ankle Clinic - Treatment

Options for patient management following OAS assessment are as follows:

- Urgent consultant opinion sought immediately.
- Consultant opinion sought – with/without further investigation.
- Referral for conservative therapy.
- OAS review appointment – with/without follow-up investigation.
- Discharged with advice

4.3.1 Urgent Consultant opinion sought.

- If red flags are identified during the consultation then an immediate opinion should be sought from the Orthopaedic Consultant.
- The Physiotherapist/Podiatrist and/or GPwS liaise directly with Consultant to decide on a course of action

4.3.2 Consultant opinion sought – with/without further investigation.

- Where a non-urgent opinion by an Orthopaedic consultant is required then a discussion should take place between the Physiotherapist/Podiatrist, GPwS and Consultant regarding the appropriateness for follow-up in a consultant led clinic, especially if corticosteroid injection is being considered.
- If further investigation is required then these are arranged (as per 4.2.3) prior to the conclusion of the OAS appointment.
- Appointment in the consultant clinic can be booked at the conclusion of the OAS appointment.
- Patient added to the Consultant Outpatient waiting list with backdated start date.

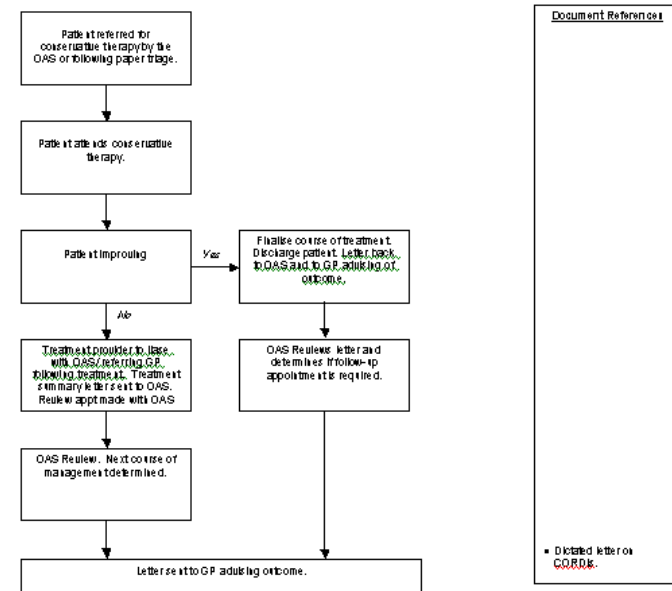
4.3.3 Referral for conservative therapy.

- Referral will be faxed externally or sent in internal mail to the appropriate conservative treatment provider by Orthopaedic Clerk.
- Referrals should be **clearly** marked as OAS so communication from treatment provider comes back to OAS, not confused with Consultant led clinics.
- Conservative provider may liaise directly with referring GP and/or OAS if they have concerns regarding patient management; the need for further investigations, the patient needs to see Consultant or the patient has recovered and been discharged from Physiotherapy and does not need a surgical contact.
- Referral may also contain date of patient review appointment with OAS, so treatment provider knows when they need to communicate with OAS. This could be marked on by clerk prior to sending referral.
- Conservative therapy provider to contact patient directly to arrange appointment.
- Patient is discharged if DNA on two consecutive occasions at conservative therapy (assuming patient does not attempt to make further appointments). Conservative provider sends letter to OAS notifying them of DNA. OAS decides if patient needs follow-up appointment in OAS or should be discharged from OAS. If follow-up is required the appointment is booked by the clerk. If discharge from the OAS the DNA discharge letter is sent to the GP and copied to patient history. Discharge is recorded on PIMS once referral closed.

4.3.4 OAS review appointment with follow-up investigation.

- An OAS review appointment after further investigation may be deemed as the most appropriate course of action. The Consultant may have input into the appropriateness of this decision.
- If further investigation is required then these are arranged (as per 4.2.3) prior to the conclusion of the OAS appointment.
- An OAS review appointment can be booked by the clerk at the conclusion of the OAS clinic.

OAS Foot and Ankle Clinic Treatment Flowchart.



Outpatient



The Patient-Specific Functional Scale

<Attached patient label>

Clinician to read and fill in below:

Complete at the end of the history and prior to physical examination.

SUGGESTED MANAGEMENT

When I assessed you on (state previous assessment date), you told me that you had difficulty with (read all activities from list at a time). Today, do you still have difficulty with: (read and have patient score each item in the list)?

Patient-specific activity scoring scheme (Point to one number):

0 1 2 3 4 5 6 7 8 9 10

Unable to Perform Activity

Able to perform activity at the same level as before injury or problem

Activity	Date	Score				
1.						
2.						
3.						

Total score = sum of the activity scores/number of activities = _____

Minimum detectable change (90%CI) for average score = 2 points
 Minimum detectable change (90%CI) for single activity score = 3 points
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Foot Health Status Questionnaire

Ur label

Date: ___/___/___

- Please note there are no right or wrong answers.
- Circle your answer to each question
- If you are unsure about how to answer a question, please give the best answer that you can.

The following questions are about the foot pain you have had during the past week

During the last week...	None	Very Mild	Mild	Moderate	Severe
1. What level of foot pain have you had	1	2	3	4	5

During the last week...	Never	Occasionally	Fairly many times	Very often	Always
2. How often have you had foot pain?	1	2	3	4	5
3. How often did your feet ache?	1	2	3	4	5
4. How often did you get sharp pains in your feet?	1	2	3	4	5

During the last week...	Not at all	Slightly	Moderately	Quite a lot	Extremely
5. Have your feet caused you to have difficulties in your work or activities?	1	2	3	4	5
6. Were you limited in the kind of work you could do because of your feet?	1	2	3	4	5

During the last week...	Not at all	Slightly	Moderately	Quite a lot	Extremely
7. How much does your foot health limit your walking?	1	2	3	4	5
8. How much does your foot health limit you climbing stairs?	1	2	3	4	5

	Excellent	Very good	Good	Fair	Poor
9. How would you rate your overall foot health?	1	2	3	4	5

The following questions are about the shoes you wear. Please circle the response that best describes your situation.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
10. It is hard to find shoes that do not hurt my feet.	1	2	3	4	5
11. I have difficulty in finding shoes that fit my feet.	1	2	3	4	5
12. I am limited in the number of shoes I can wear.	1	2	3	4	5

	Excellent	Very good	Good	Fair	Poor
13. In general, what condition would you say your feet are in?	1	2	3	4	5

SCORE _____

Goals of the OAS

1. Match patients with the most appropriate part of the service.
2. Reduce the waiting time to initial appointment.
3. Better utilise the skills of **Allied Health Practitioners**.
4. Increase the scope of practice for Allied Health practitioners.
5. Improve surgeon conversion rate for surgery (+/-).
6. Improve communication between disciplines.

Outpatient

Throughput Data (Oct 2006)

	Back clinic	Shoulder clinic	Foot and Ankle	Knee Clinic	TOTAL	
Appointments booked	82	177	151	127	537	
New	58	139	128	115	440	
Review	24	38	23	12	97	
DNA (New)	15	29	22	23	89	20%
DNA (Review)	11	8	3	3	25	26%
Discharged (Attended)	24	41	29	34	128	30%
Discharged (DNA)	13	13	10	9	45	

Outcome Data (Oct 2006)

Surgeon (Orthopaedic)	1	13	44	20	78	18%
Consultant (other)	2	0	4	1	7	
Physiotherapy	34	78	21	58	190	
Podiatry	1	0	68	0	63	
Pain clinic	5	0	1	0	6	
Cortisone Injection	0	30	0	1	31	
Lymphoedema	0	0	0	1	1	

Allied Health in GP Practice (AHGPP)

- Physio assessment in a Medical General Practice.
- Focused on Chronic Orthopaedic conditions.
- Provide timely assessment for patients with chronic conditions.
- Prevented unnecessary referral to OP.
- Aimed to develop the role of Allied Health clinicians.

October 2006 Audit

Orthopaedic Outpatient WL Audit

- Replicated March 2005 audit.
- 354 patients audited (1 100 in Mar 05)
- Longest Waiting patients.

Audit Results	Mar 2005		Oct 2006	
0 - Having/Had Appointment	99	9.0%	8	2.3%
1 - Discharged	166	15.0%	42	12.2%
2 - Stay on WL	712	64.6%	233	67.5%
3 - Uncontactable/Mail Out	97	8.8%	62	18.0%
5 - Specials	8	0.7%		0.0%
	21	1.9%		0.0%
	1,103		345	

October 2006 Audit

- Reason for removal

Removal Reason	Mar 2005		Oct 2006	
Other	43	26%	6	14%
Treatment by Other Public Provider	22	13%	12	29%
Treatment no Longer Required	72	43%	12	29%
Treatment sought Privately	29	17%	12	29%
	166	100%	42	100%

October 2006 Audit

- Treatment sought prior to referral

Had other forms of Treatment	Mar 2005	Oct 2006
No	33%	31%
Yes	67%	69%

- Type of treatment sought.

Treatment Type	Mar 2005	Oct 2006
Drug Therapy	43%	40%
Exercise - Group	1%	4%
Exercise - Self	4%	13%
Hydrotherapy	3%	11%
Other	9%	11%
Physiotherapy	19%	23%
Podiatry	2%	6%
Previous Surgery	7%	4%
Rheumatology	0.5%	1%

October 2006 Audit

- Referral information.

Did Referral outline other treatment?	Mar 2005	Oct 2006
No	89%	62%
Yes	11%	38%

Had other forms of Treatment?/ Did Referral outline other treatment?	Mar 2005	Oct 2006
No	33%	31%
Yes/No	57%	39%
Yes/Yes	10%	30%

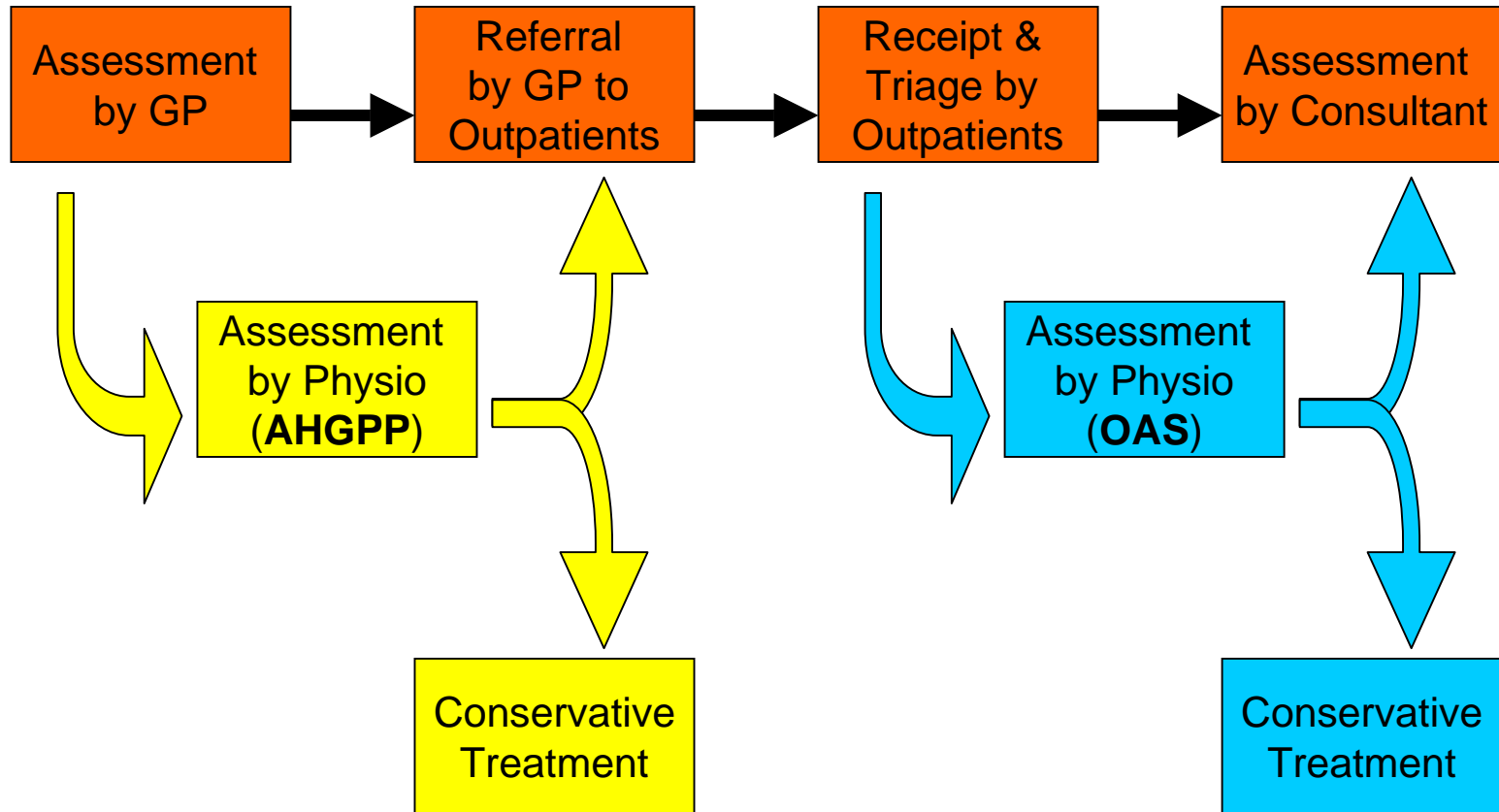
October 2006 Audit

- Referral information.

Did Referral use Standard BH template?	Mar 2005	Oct 2006
No	66%	49%
Yes	34%	51%

Did Referral contain sufficient information?	Mar 2005	Oct 2006
No	84%	38%
Yes	16%	62%

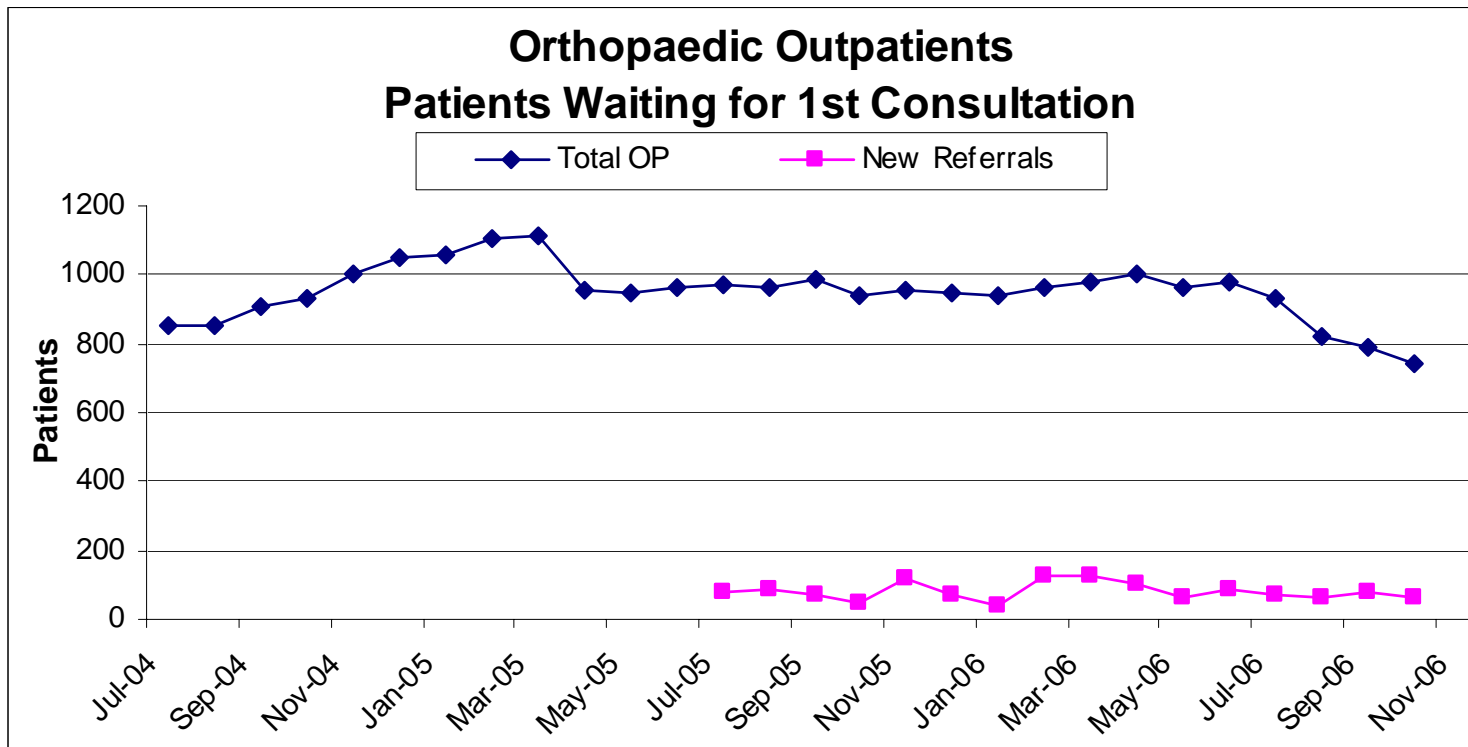
Referral “Interventions”



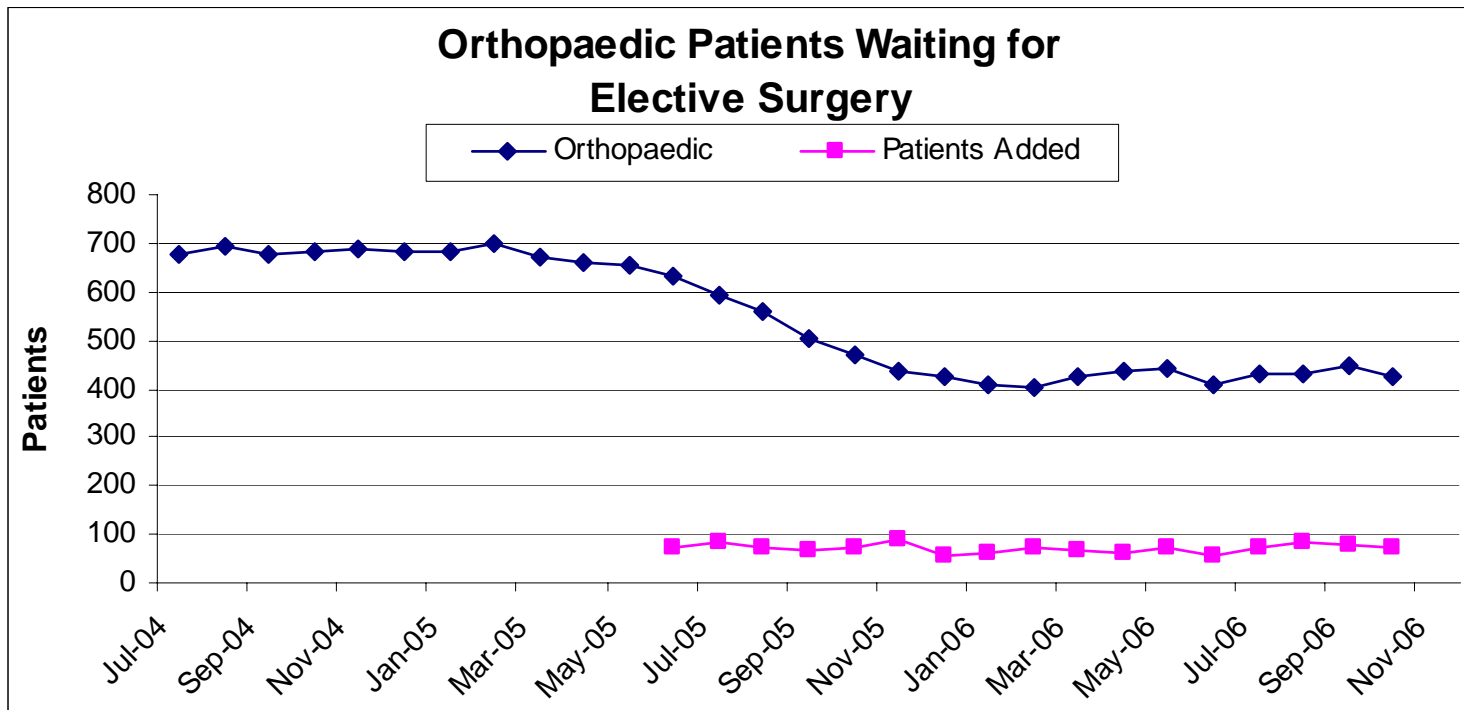
Critical Success Factors

- Engagement of Consultants & GP's
 - Working Group/Steering Committee participation
 - GP Reference Group Established
- Clearly developed and agreed protocol's
 - OAS Back Clinic, Shoulder Clinic, Foot & Ankle Clinic

The Impact



The Impact



Questions

