

New SLS foot and ankle clinic – A service redesign and quality improvement project

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Introduction

- ❖ The foot and ankle services at NUTH incorporates both elective and trauma services
- ❖ The elective service carries out on average 10,500-11,000 review appointments/ year and
- ❖ 4000-4500 new patient appointments/year
- ❖ The waiting times for new out-patient appointments are 8-14 weeks with a to reduce waiting times for 18 weeks compliance

Aims

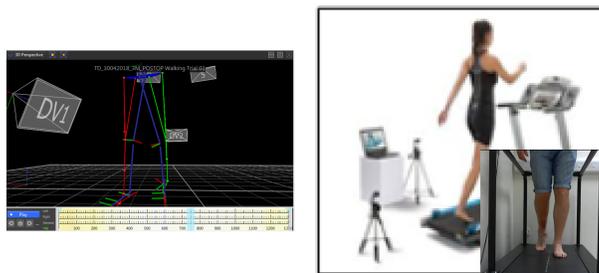
- ❖ To improve 18 weeks compliance
- ❖ To improve the efficiency and working of the consultant.
- ❖ To allow inventive ways of examination, investigation, diagnosis and offer options of treatment based on scientifically collected data.
- ❖ The develop a multi-disciplinary model which patient-focussed and sets up a new perspective which is important in defining this clinic in the market place.

Changes introduced to existing service pathway

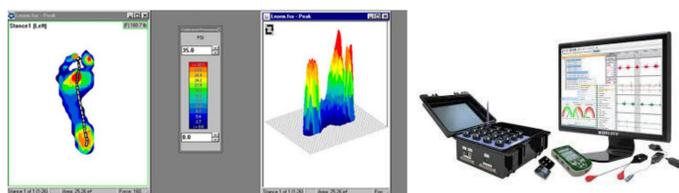
- 1.Improved clinic pathway
- 2.Re-design to outpatient clinic rooms
- 3.Addition of gait analysis facility
- 4.Additional AHP staffing (ESP Practitioner)
- 5.‘One stop diagnostic’ clinic appointment
6. Comprehensive patient report
7. Multi-disciplinary treatment planning
- 8.Introduction of PROMs

Technology based assessments

VICON / Treadmill systems

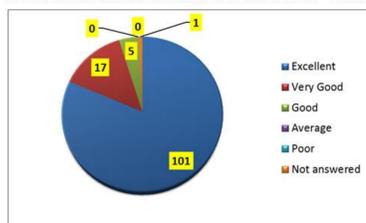


Plantar Pressure Analysis / EMG

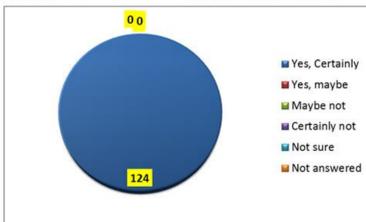


Patient feedback survey

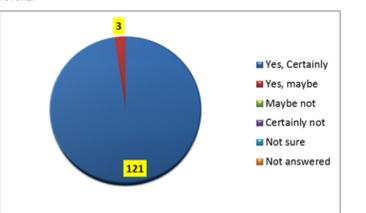
7. HOW WOULD YOU RATE YOUR EXPERIENCE OF USING THE SERVICE – OVERALL EXPERIENCE OF THE LAB ASSESSMENT



10. WOULD YOU BE WILLING TO USE THE SERVICE AGAIN TO UNDERSTAND IMPROVEMENT IN YOUR CONDITION?



8. WOULD YOU RECOMMEND THAT THIS SERVICE IS AVAILABLE FOR ALL PATIENTS ATTENDING FOOT AND ANKLE CLINICS IN FUTURE?



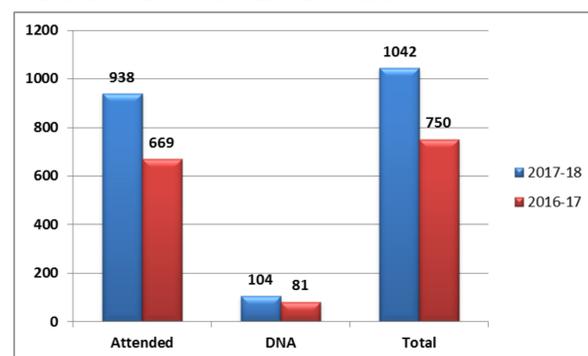
Changes to Consultant Practice

New service	Present service
1. Diagnostic accuracy – 95%	1. Diagnostic accuracy (long road)
2. No repetitive dictations	2. Repetitive dictations
3. No repetitive examination	3. Repeated examinations
4. Templating operations	4. DOSA examination
5. Detection of early failures	5. No systems for detection of failures
6. Outcome based marketing	

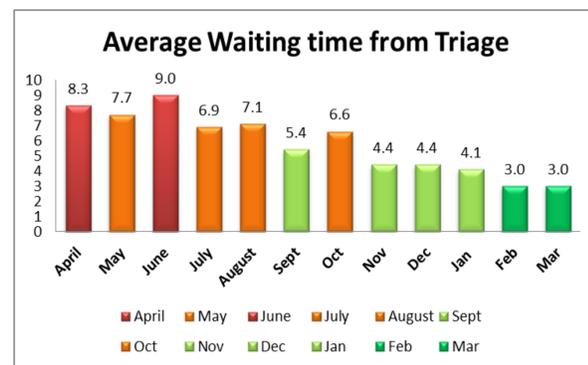
Input of AHP Practitioner

New service	Current roles
1. Examination & Pain mapping	1. Autonomous clinics
2. Use of movement technologies	2. Diagnosis, treatment, discharge
3. Improving examination	3. Minimal consultant referral
4. Presenting pathology based on scientific evidence	4. Physiotherapy clinic sessions
5. Evaluating treatment outcomes	5. Injections, Manipulations
6. SDM support	
7. Patient Education	
8. Measure/ audit the service	
9. Streamline review pathways	
10. Scientific evidence based protocol for detecting failures	

Patients seen through SLS clinics 2016-17 vs. 2017-18



Average waiting times to first appointment from referral



Patient Comments

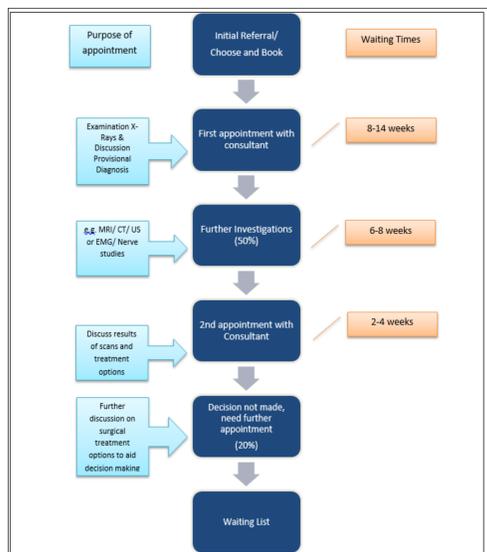
“I am glad they finally have this service for patients. It will help so much with lower limb conditions”

“having these tests done has gave me a better understanding as to how my disabled foot works”

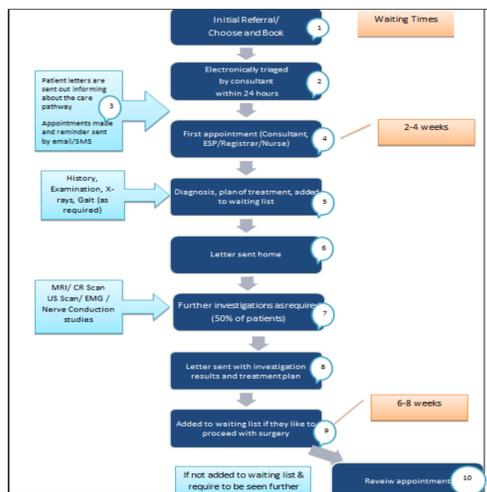
“Was put at ease, and was very impressed with the assessment procedure”

“Great service offered, very insightful”

Old Outpatient clinic pathway



New SLS Clinic pathway



Conclusion

The SLS new clinic model in the first 2 years has achieved

- (1) Reduction in outpatient waiting times from 14 to 3 weeks
- (2) The new clinic design and facilities has improved the efficiency of consultant leading the service
- (3) The model is patient focussed and has set up a new perspective for NUTH MSK Orthopaedic Foot and Ankle care.
- (4) The new lab has allowed inventive ways of examination, investigation and diagnosis and offers options of treatment based on scientifically collected data
- (5) Objective reporting of foot and ankle tests (video testing, plantar pressure analysis gait analysis) for all new patients
- (6) Electronic documentation of PROMs for all new patients attending elective foot and ankle clinics
- (7) Achieved over 96% patient satisfaction in enhancing patient experience and
- (8) Has been recommended by patients as “high quality foot and ankle service” in Newcastle Hospitals.

Recommendation:

- To incorporate post-operative SLS review pathway to enable objective measurement of outcomes. This will also aid in scientific prediction of outcomes.
- This model has emerged as an example for unique, high quality foot and ankle care to patients attending elective foot and ankle services. The results of this model could be extrapolated to other orthopaedic and non-orthopaedic specialities within our trust to improve standards of care, achieve high quality excellence and patient satisfaction and to be an outstanding example nationally and internationally.
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