Advanced Practice Summary Report

Project title	Advanced Practice High Risk Foot Service.
Health service	Gateway Health.
Project aim	Increase capacity of clinicians working within the High Risk Foot Service (HRFS) to provide more timely local access for people with complex foot conditions and needs, through the provision of evidenced based care.
Key outcomes	• Improved client access to service and person centred care provided • The average age of wounds at presentation was 4.9 months • 59% of wounds healed completely • 92.5% achieved a minimum of 50% healing • Average healing time was 6.7 weeks • Average care team included 4 disciplines • Only 2 referrals to tertiary centres were required • Established referral pathways and eligibility criteria and used by external and internal health professionals. • Reduced high risk foot presentation at the local accident and emergency department and admissions to the local regional hospital as a result of increased referrals to clinic; averaged 10 per month with a total of 68 clients referred since the opening of the clinic in November,. • Introduced telehealth consultations that resulted in extended reach of the HRFS podiatrist skill and ability and furthermore provided opportunity for the podiatrist to enhance their technical capabilities. • Established a care coordinator role that ensured multi-disciplinary involvement and provide high level care. • Opportunity for senior HRFS podiatrist to liaise with the regional clinical wound consultant contributed to knowledge and understanding of complex medical histories and associated pathology. • Formalised mentorship established between Gateway Health HRF Podiatrist (mentee) and the Goulburn Valley Health Senior HRF Podiatrist (mentor) to ensure, encourage, and support of the senior Gateway clinician and clinical supervision. • Improved patient outcomes and experience ; Provision of HRFS service in Wangaratta, has resulted in reduced patient travel to clinics in Shepparton and Melbourne has had a positive impact on clinical and mental health outcomes for clients and carers now able to access care locally. • Education and CPD opportunities provided by HRFS Senior Podiatrist were delivered to health professionals in the region, raising the profile and increasing knowledge of the HRFS. •
Total investment	Funding provided plus in-kind support: $251,066 • Funding costs included: staffing, operational, equipment / capital • In-kind support costs included: care coordination, diabetes education, dietetics, wound consultant and nursing. Total FTE to provide service: • Clinic was initially provided two days per week and then increased to four days per week • The need for care coordination was identified and this was provided within existing resources. • Coordinating the care and developing care plans included a multi-disciplinary team comprised of a senior high risk foot podiatrist, an orthotist, dietitian, diabetes educator, care coordinator, wound consultant and a dedicated nurse.

Resources developed	1. Stages of Risk 2. Pathway Guide 3. Referral Guideline 4. Case Conference Care Plan Review Template 5. Case Study 6. CPD Opportunity information sheet - Nurses 7. MOU template 8. High Risk Foot Service VIRIAF PowerPoint 9. Triage Tool