

Advanced Practice Summary Report

Project title	Co-located Physiotherapist and Sonographer led hip dysplasia clinic
Health service	Monash Health
Project aim	Providing a patient centred approach to hip dysplasia assessment by providing the ultrasound and clinical assessment as a combined service to support the family attending on only one occasion instead of two.
Key outcomes	<ul style="list-style-type: none"> • Patients attending the Co-located Physiotherapist and Sonographer Led Hip Dysplasia Clinic had an average attendance of 4.8 occasions, compared to 7.5 occasions if attending the usual service. This is a reduction of 2.7 occasions of service over a 3 month period. • If patients attended the new service, then they did not need a separate appointment for a hip ultrasound prior to their clinic appointment, as the hip ultrasound and clinical assessment occurred at the same appointment. This reduced the waiting time between ultrasound and their clinical examination and decision making. • A co-located Physiotherapist and Sonographer Led Hip Dysplasia clinic has benefits for the patients and families as it reduces the burden of care when a child is fitted with a brace and treated for hip dysplasia. There is a significant reduction in the number of hospital visits required. • The sonographers identified the classification of hip dysplasia as the most beneficial feature of the professional interaction with the physiotherapist. In approximately 8 out of 10 cases, working together helped them to classify the degree of hip dysplasia. The sonographers also reported that in 50% of cases they could confirm with the physiotherapist that the brace could be safely removed for the scan, and when it was appropriate to stress the hip. This provided confidence that a more accurate diagnostic examination occurred. Previously, if in doubt, the brace would not have been removed for the ultrasound examination. • The physiotherapists identified the classification of hip dysplasia as the most beneficial feature of the professional interaction with the sonographers. In almost all cases, they reported that the ability to discuss the scan and the degree of hip dysplasia with the sonographer assisted their clinical decision making. • Developed Competency standards and Toolkit.
Total investment	<p>Funding provided plus in-kind support: \$85,830</p> <ul style="list-style-type: none"> • Funding costs included: staffing, operational, equipment / capital and other costs • In-kind support costs included: \$2452.80 <p>Total FTE to provide service: 0.2 Physiotherapist, 0.1 Sonographer</p>
Resources available	<ol style="list-style-type: none"> 1. Conduct a physiotherapist and sonographer led hip dysplasia clinic competency standard 2. Conduct a physiotherapist and sonographer led hip dysplasia clinic assessment tool 3. Clinical log 4. Learning & assessment plan 5. Learning needs analysis self-assessment tool