Advanced Practice Summary Report

Project title	Lower Extremity Amputation Prevention (LEAP).
Health service	Eastern Health.
Project aim	Established a lower extremity amputation prevention service unit.
Key outcomes	Increased number of high risk patients now referred to specialist podiatry services since the project commenced.
	Faster and more efficient use of pathology services due to engagement activities with the infectious diseases unit and staff education on the most appropriate testing required.
	Earlier referrals being made to the endocrinology unit for patients admitted with foot ulcer. Referrals to the endocrinology unit are made without prompting from podiatry unit.
	Reduced waiting time for arterial ultrasounds due to the increased number of Toe Pressure Assessments by Podiatry.
	Improved staff satisfaction a more collaborative and multidisciplinary way of working being appreciated by all involved – medical, surgical and nursing staff.
	Improved multidisciplinary work approaches; Multidisciplinary Clinic hours from 4 to 11 hours per week, Multidisciplinary Ward Round and Handover hours increasing from 0 hours to 3 hours per week and Multidisciplinary Meeting hours increased from 2 hours to 3 hours per week during the LEAP project.
	Reduced delays for appropriate referrals, investigations and treatment and length of stay.
	Increased total referral numbers to between 60 to 80 during the LEAP project (July 2015 – June 2016 period). Total Referral numbers prior to the LEAP project were between 20 to 60 (July 2014 – June 2015 period). This data demonstrates the sustainability of new partnerships formed through this project and the affect these have on ensuring high risk patients are being referred to specialist podiatry services.
	Improved patient centred care with patients receiving a more collaborative and robust approach to their management and improved access to podiatry care – "one stop shop" for complex patients with diabetic foot disease.
Total investment	Funding provided plus in-kind support: \$77,366
	Funding costs included: Staffing, operational costs (increase in consumables), equipment/capital costs (laptop, vascular assessment equipment), other costs
	In-kind support costs included: Additional staffing to support project
Resources available	• None