

Advanced Practice Summary Report

Project title	Introduction of a Physiotherapy-Led Soft Tissue Review Service.
Health service	Northern Health (NH).
Project aim	Enhanced patient management for the Sports Physician-Led clinic and introduction of a physiotherapy-led soft tissue review service (STIRC) at NH.
Key outcomes	<ul style="list-style-type: none"> • Increased ability of the Emergency Department (ED) to meet KPIs for patients with soft tissue injuries. • Decreased overbookings for the Sports Physician clinic. • Decreased failed to attend and failed to wait rates for the Sports Physician clinic. • Increased use of evidence based practice in soft tissue injuries through the use of current best practice guidelines and research implemented with all soft tissue injuries presenting to the STIRC. • The STIRC enabled timely review of soft tissue injuries, enabling effective management of the injury in the acute phase, as well as education and advice. • 93 patients (approximately half of those assessed) were referred to an appropriate local physiotherapy service. • Patients referred to STIRC were on average discharged from ED 49 minutes earlier than other ED patients with similar diagnoses and acuity. • Timely follow up for soft tissue injuries meant appropriate, current evidence based practice could be implemented sooner. This resulted in the patient gaining expert advice, education and treatment as well as entering the appropriate clinical pathway sooner. • A number of diagnoses missed in ED were identified soon after injury (including fractures and tendon ruptures), which also allowed appropriate referral. • Analysis showed, of the 407 patients referred to the STIRC, only 2 patients (0.49%) represented to ED following assessment in the STIRC. • Medical time was able to be redirected to where it was most needed. • 17 MRIs, one x-ray and one blood test were arranged, potentially providing financial savings in reduced radiology costs. An estimate saving of 25-30 MRIs which were not required, equated to a saving of more than \$10,000 in imaging costs. • After being assessed by the AMP, most patients (86%) were referred to the appropriate pathway without the involvement of the medical team. The medical team were on hand to review patients identified needing further medical input.
Total investment	<p>Funding provided plus in-kind support: \$46,137</p> <ul style="list-style-type: none"> • Funding costs included: Staffing costs, operational costs • In-kind support costs included: <ul style="list-style-type: none"> • Grade 4 Clinical Leader support and supervision (approx. 0.1 EFT) • Clerk support for clinic booking • Supervisory support by other medical personnel – Orthopaedic surgeons, Sports Physician • Total FTE to provide service: 0.4 Grade 3 Senior Clinician
Resources available	<ul style="list-style-type: none"> • Operational Guidelines • Eposter presented at Victorian Allied Health Conference 2016