

Primary Contact Physiotherapy in the Emergency Department



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Context

- RMH is second major trauma hospital in Victoria.
- The emergency department sees over 54,000 patients annually.
- 600 major trauma's.
- 16,000 ambulance calls.
- 60% ambulatory patients.
- 6,800 musculoskeletal injuries in 2006 (not including LBP or fractures)



Background

- An ageing population with increased chronicity of disease coupled with increased expectations of health consumers have led to increased demands on emergency departments.
- Demand on ED projected to increase by over 4-5% a year.
- HDM strategy introduced.



Process

- Overseas experience with ESP's
- High clinical accuracy (Gardiner and Turner, 2002 & Jibuike et al 2003)
- Reduced waiting times, reduced costs, increased patient satisfaction and improved senior staff retention and satisfaction.
(Byles & Ling, 1989 and Weale & Bannister, 1995)
- Significant positive shift in culture. Services are continuing to expand and develop. Increasing numbers of ESP's in the UK.
- Partnership with Assoc Professor Marcus Kennedy, director of emergency services, to trial a pilot study in the emergency department at the RMH.

Process

- Funding from HDM to evaluate a 6 month pilot study utilising physiotherapists in the ED to assess, manage and discharge patients presenting with musculoskeletal injuries.
- Aim to manage these patients in a primary contact capacity.
- 6 hours a day 7days a week
- March - September 2004
- Grants from Better Skills Best Care initiative to assist in the evaluation of the service, developing guidelines and a competency package.

Goals

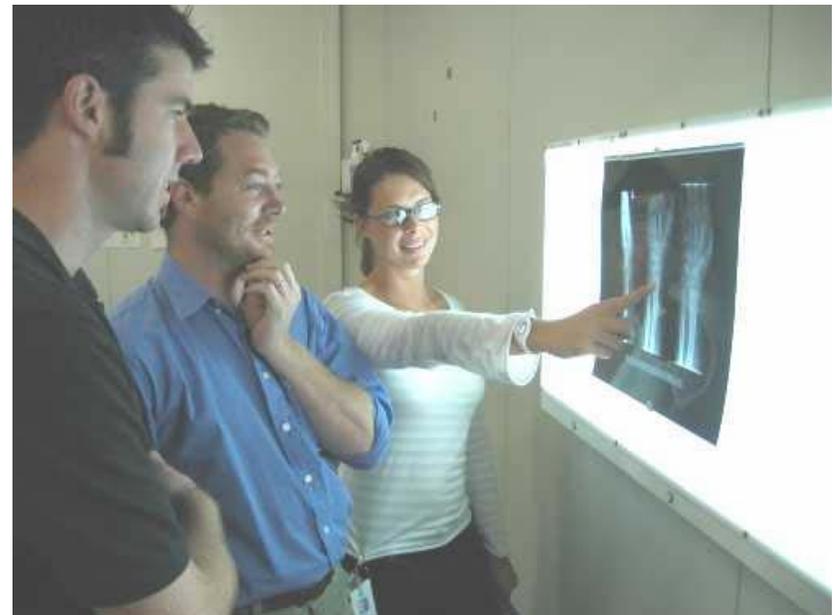
- Reduce wait time
- Reduce occupancy time
- Reduce risk of bypass
- Improve patient care of musculoskeletal injuries
- Improved utilisation of skill base (allow more time for doctors to manage time critical patients)

Description of Role

- Senior musculoskeletal physiotherapists assigned a code to take patients directly off the triage list.
- Assess patients with musculoskeletal injuries and take full responsibility for their care.
- Patients seen in a primary care role and not required to see a medical practitioner.
- Increased knowledge in four key areas of clinical practise including, radiology interpretation, plastering, basic pharmacology and fracture classification and management.
- Acute knowledge of red flags, unstable or worsening pathology and musculoskeletal medicine.

Training – during pilot study

- Lectures and workshops with musculoskeletal radiologist consultant, orthopaedics plaster technician and emergency department pharmacist.
- Weekly forum to review films, case studies, advanced assessment and tutorials.
- Competency checklists in four key areas.



Training – for new weekend staff

- Weekend (16 hour) workshop conducted by coordinator of the PCP service.
- Competency checklists.
- Supervised practise
- Mentorship by duty consultant (3 months)
- Written exam (60 minutes)
- Annual review.



Evaluation

- Quantitative data :
 - Wait times
 - Total time (occupancy time)

(Against historical ED data 2003 and control data 2004)
- Qualitative data :
 - Patient satisfaction (follow up call)
 - Staff satisfaction (via interviews)
 - Incident reports and complaints
- Service provision data :
 - Analysis of discharge destination
 - Client types (diagnostic)
 - Types of intervention

Results

- Patients numbers seen **457** in total
 - 383 Primary contact patients
 - 34 Inappropriate for sole Physiotherapy
 - 40 second opinion for Consultants for other patients.
- Comparison against historical 2003 data
 - 49% reduction in occupancy time
 - 37% reduction in wait times
- In other words
 - Average time saving for 383 cases = 79 mins
 - Total reduction in ED occupancy of 504 hrs
 - Increasing capacity of ED by 3% a day = one cubicle freed up

Results

- Consultant Focus groups
 - Very impressed with program
 - Enhances patient care and improves management of these patients.
 - Highly professional and wish to use physio to take on a teaching role
 - View it as an essential part of the emergency team.
- Patient Satisfaction Results
 - 100% agreed that the physiotherapist satisfied their needs when they visited the emergency department.
 - No complaints or adverse outcomes recorded.

Conclusion

- An extended scope practitioner can reduce waiting and occupancy time for patients with musculoskeletal injuries and simple fractures.
- High degree of satisfaction from key stakeholders within the emergency department and patients
- Permanent position now created in the ED and continues as a 7 days a week service.
- Viewed as a valuable addition to the Emergency team.
- Utilized as an educator for the ED registrar training program.

The Future

- Disseminate results widely to allow other networks to understand the benefits of introducing PCP's into emergency departments.
- Ensure high clinical standard and consistency across other health networks.
- Conducting training workshops nationally to assist other clinicians to up skill for senior positions in the emergency department.
- Increased opportunities to conduct joint research into musculoskeletal injuries.
- Specialisation path for senior physiotherapists to improve remuneration, improve retention of staff in the public sector and improve staff satisfaction.

Thank you

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