Primary Contact Physiotherapy in the Emergency Department

Andrew Hely
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
- 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 7 days 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 practice 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 upskill 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

Acknowledgments
- Assoc Professor Marcus Kennedy and the clinical and support teams in the ED at RMH.
- Better Skills Best Care – DHS initiative
- Rachel Riordan & Emma Sartori
- Debbie Munro & Lauren Andrew
- Tanja Farmer & Christine Frith
- Richard Bohan & Belinda Wilson
References

- Weale AE, Bannister GC. Who should see orthopaedic outpatients – physiotherapists or surgeons?. Annals of the Royal College of Surgeons of England (Supplement. 1995. 77; 71-73.)