

PURE PATHWAY – PHYSIOTHERAPY UROGYNAECOLOGY REHABILITATION PATHWAY

Hypothesis / aims of study

A collaborative service development was undertaken by the Obstetrics & Gynaecology Directorate and the Physiotherapy Department within a large University Hospital.

Pathway transformation was undertaken to redesign the pathway of care for patients referred to the Uro-Gynaecological Consultant. These patients often required an additional referral from clinic to outpatient Physiotherapy services for treatment. Compliance with Referral to treat targets was challenging. Additional Consultant clinics needed to be funded to comply with targets, however the financial climate was challenging. This demand on occasion caused the patients to wait as long as 11 months before conservative treatment was implemented within Physiotherapy. It was also noted that in many instances patients need not to have been seen in clinic prior the conservative management as they were discharged back to the general practitioner with no further consultant input required. The Consultant received approx 900 referrals/annum and it was projected that 450 patients would be suitable to be sent directly to Physiotherapy. The aim was to commence assessment and treatment within 4 weeks of referral

Hypothesis -patients were seeing “the wrong person at the wrong time in the wrong place.” Would pathway transformation enable “the **right person** to be seen at the **right time** in the **right place**”?

Study design, materials and methods

The Consultant and Physiotherapist worked together to agree referral criteria, this would enable the Consultant to triage referral letters and patients could then be sent directly to the Physiotherapist for treatment. This would release Consultant clinic capacity and facilitate the right person seeing the right patient. Capacity planning was undertaken to identify the additional Physiotherapy resources (staff and equipment) that would be required to support the delivery of care to this additional group of patients in a timely manner.

Administrative staff within Urogynaecological Team and Physiotherapy received education on the new pathway of care. The newly designed pathway was piloted for 1 year, commencing from December 2008.

As patients expected to see a Consultant an explanatory letter was sent with their Physiotherapy appointment. This explained why they had been referred to a Physiotherapist and the care they would receive. Communication between the Consultant and the Physiotherapist continued throughout the pilot to address operational issues as they arose.

Results

Improvements were measured by:-

- Number, conditions, source and pattern of referrals
- Waiting times for patients referred to Physiotherapy
- New Patient DNA rates
- **Clinical outcomes**
- Number of referrals from physiotherapist back to the Consultant

Right Person

The patient pathway was successfully redesigned. The Consultant triaged referrals, according to referral criteria. Physiotherapy did not receive any inappropriate referrals.

- Compliance with NICE guidance for this patient group.
- A total of 440 referrals were received, the projected number had been 450.
- Positive Clinical outcomes for patients who received physiotherapy intervention
- 12% (56 patients) required ongoing referral to Consultant.
- A proportion of these had already seen the Consultant and had been referred for Physiotherapy prior to surgery. They were expected to require ongoing medical management. Pelvic floor re-education has been shown to improve surgical outcomes.
- Complexity of patients attending Consultant clinic increased this was reflected in the surgical conversion rate.

Right time

- 384 patients did not require a Consultant clinic appointment.
- The release of Consultant clinic capacity facilitated compliance with RTT targets, this negated the need for additional consultant clinics to cope with referrals. Compliance with RTT targets has been achieved for this patient group
- Reduction in the number of patients per clinic, this has improved quality whilst maintaining efficiency.
- Physiotherapy waiting times remained within 4 weeks

Right Place

- Patients treated within Physiotherapy department

Additional benefits from the new pathway were seen. Women suffering post natal perineal trauma were referred straight to the pathway, following identification on the maternity wards, using a risk assessment tool. These patients previously would be seen by the Consultant at 6 weeks postnatal. The new pathway has allowed these women to commence Physiotherapy within 6 weeks of delivery. They would receive assessment and pelvic floor re education. This has supported the removal of the need for

a 6 week Consultant review in clinic, therefore potentially releasing further Consultant clinic time. It also enables the provision of timely evidence based care to this group of patients.

Interpretation of results

Further benefits could have been realised if the following points had been addressed.

Source of referrals

50% of patients continued to be referred following a clinic appointment. Some of these patients had been referred for a course of Physiotherapy prior to a planned surgical intervention; however there were a large proportion of patients who did not require further medical intervention. Work was undertaken to identify the reason for this, it was felt that the cause may have been a combination of two factors.

- Confidence in new pathway
- Insufficient information to allow triage of referral letter, work for the future may be to develop a referral template containing all the available information

DNA

- DNA rates were high at 15%, however this did not impact upon physiotherapy capacity. New Patient DNAs were in a class setting. Once patients had attended the class DNA rates were extremely low 0.1%.
- Education within primary care may address the issue of those patients who DNA as their expectation was that they would be seeing a Consultant.
- The number of patients who DNA who were then re referred to the Consultant were very small.
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Concluding message

This was a rewarding opportunity to work in collaboration with other professional groups. We were able to take a pathway that has worked within other clinical settings and successfully develop it within Women's Health. This is a pioneering development with significant benefits to patients and efficient use of resources. Our aim to share our experience in order to assist others in this process

<i>Specify source of funding or grant</i>	Local development planning - local health board funded
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	NONE