
POSTER ABSTRACT

Implementing a centralized assessment model for Foot and Ankle patients: An exploratory analysis

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Introduction

Foot and Ankle (FA) is an over-exhausted orthopedic service. In 2019 alone, over 1000 FA patients in Ontario were waiting for orthopedic consult with wait times around 127 days (1). Established centralized assessment models integrating advanced practice providers have emerged within UHN's orthopedic program to improve access to the right care for patients with complex musculoskeletal conditions. Our aim was to explore whether the FA patient population presenting to UHN was suited to a centralized assessment model to improve access to care and the integration of care delivered across the care continuum.

Aims Objectives Theory or Methods

Qualitative and quantitative data on FA patients from 2018-2019 seen within UHN's orthopedic program was obtained. Gender, age, and geographic location of patients was reviewed. Complexity was determined by need for surgery, surgery procedure type, and ASA level. Acute length of stay and weightbearing status were also captured. The care pathway was tracked from initial consultation to post-operative follow up. Process maps were developed to compare current and ideal states to identify current gaps and requirements of the FA population.

Highlights or Results or Key Findings

UHN's FA surgical population is 47% female and 53% male averaging 51.4 years of age, largely residing in the Greater Toronto Area region (73%). At least 39% (121) were deemed complex. The average acute length of stay was 8.3 days with 31% who were discharged needing supports: 21% to homecare, 6% to inpatient rehabilitation and 4% to convalescent care.

Key care gaps and challenges were identified:

- No centralized referral process resulting in significant delays in access to care with limited supports and guidance for patient while waiting for surgical consult.
- No follow-up on compliance or outcomes on 65% patients who were discharged home with outpatient rehabilitation recommendations.

- Lack of standard patient education, particularly around post-surgical recovery expectations, including prolonged periods of non-weightbearing resulting in surgical delays and extended acute hospital stay.
- Review of UHN ED visits identified that 7.5% returned to ED within 30 days of discharge with 4% readmitted.

Conclusions

The findings support expansion of a centralized assessment model to improve care for complex FA population by streamlining referrals for timely triage of surgical cases, supporting non-conservative management of non-surgical candidates, enhancing patient education for post-acute recovery, and assisting with effective care transitions for complex care needs of these patients.

Implications for applicability/transferability sustainability and limitations

A centralized assessment model with patient collaboration and co-design has the potential to decrease wait times for consult, support early identification of complex issues and comorbidities, and enhance delivery of a standardized care pathway to improve the care trajectory of these patients including reducing ED visits and readmissions.