Advanced Practice in Women’s Health and Continence Physiotherapy Project

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Acknowledgements

Desiree Terrill, Wendy Davis, Duncan Baulch

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isolation, limited-information, confusing-referral-pathways, is-this-treatable, shame, cost, is-this-normal, embarrassment, long-waiting-lists, treatment-options, who-do-I-tell
Pelvic Floor Physiotherapy

International Continence Society (ICS)
- PFTM for urinary incontinence (UI) Level 1 evidence
- PFMT for pelvic organ prolapse (POP) Level 1 evidence
- PFMT for faecal incontinence (FI) Level 2 evidence

National Institute for Health and Care Excellence guidelines
- UI - At least 3 months PFMT
- FI - Specialist management including
  - PFMT
  - Electrical stimulation
  - Bowel retraining
  - Biofeedback
Advanced Practice Physiotherapy

• Within currently recognised scope of practice
• Customarily performed by other professions
• May require
  • Additional training
  • Significant professional experience
  • Competency development
Workforce Innovation Grants Program

Effectiveness

1. Objectives

- Safety and quality of care
- Access to care
- Workforce capacity
- Integrated workforce
- Clinician competencies and optimal use of skills
- Workforce satisfaction
- Client satisfaction
Objectives

- Timely access to evidence-based best-practice care
- Workforce integration and collaboration
- Continence and women’s health physiotherapy competency toolkit
- Improve satisfaction of patients with the management of their pelvic floor dysfunction
Previous model of care
Monash Health

1. Referral received and triaged by Registrar

2. Medical/Surgical Assessment appointment

3. Investigations
   - Outpatient physiotherapy
   - Medical/Surgical management

4. Medical/Surgical review
   - Discharge
Previous model of care
Monash Health

Referral received and triaged by Registrar

Medical/Surgical Assessment appointment

Outpatient physiotherapy

Medical/Surgical management

Medical/Surgical review

1 week + 18 months + 3 months + 3 months

= 2 years + 1 week
Previous model of care

Barwon Health

1. Referral
2. Triage (Registrar)
3. New patient appointment → Investigations
4. Physio management / Medical/surgical management → Follow up → Discharge
The change

Integrated advanced practice continence and women’s health physiotherapy models
New model of care - Monash

- Referral received and triaged by Registrar & Physio
- Advanced Practice Physiotherapy Assessment
  - Medical/Surgical Assessment appointment
  - Outpatient physiotherapy
  - Medical/Surgical management
  - Medical/Surgical review
  - Discharge
New model of care
Barwon Health

Referral

Triage (Physio/Consultant)

New Consultant appointment
- Medical/surgical management
  - Discharge

New Advanced Practice Physio appointment
- Physio management
  - Discharge
Criteria Led Discharge

✓ No red flags (haematuria, dysuria)
✓ No medical issues could not be managed by their GP
✓ Not clinically appropriate for surgery
✓ Symptoms have resolved OR patient is able and desires to self-manage
✓ Patient agrees to be discharged by physiotherapist
Patient inclusion criteria

Adult females referred to existing Monash Health Urogynaecology clinics for:

- Urinary incontinence (stress/urge/mixed)
- Faecal incontinence
- Mild-moderate vaginal / uterine prolapse (with or without urinary symptoms)
Exclusion criteria

- Haematuria
- Urinary tract infections
- Stage III or IV pelvic organ prolapse
- Rectal intussusception
- Suspected malignant mass or genital fistula
Clinical competencies

Developed in consultation with medical & nursing staff.

- POP-Q assessment
- Ultrasonic assessment of post-void residual bladder volume
- Dipstick urinalysis
- Referral for urodynamics
- Pessary assessment and management
## Results

<table>
<thead>
<tr>
<th></th>
<th>Start</th>
<th>Finish</th>
<th>No. Clinics</th>
<th>Patients</th>
<th>DNAs</th>
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<tbody>
<tr>
<td>Monash</td>
<td>Dec 2014</td>
<td>Dec 2015</td>
<td>46</td>
<td>233</td>
<td>28</td>
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<tr>
<td>Barwon</td>
<td>Mar 2015</td>
<td>Dec 2015</td>
<td>12</td>
<td>35</td>
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</table>
Primary presenting condition

Frequency of Presenting Condition

- Stress urinary incontinence
- Urgency and/or urge urinary incontinence
- Mixed urinary incontinence
- Faecal incontinence
- Stage I and II vaginal prolapse
- Voiding dysfunction
- Inappropriate referral

Frequency of Presenting Condition
### Table 1: Efficiency savings through the patient pathway

<table>
<thead>
<tr>
<th>Staff type</th>
<th>Patient wait time</th>
<th>Specialist (Gynaecologist)</th>
<th>Physiotherapist</th>
<th>Clinical nurse consultant</th>
<th>Administration</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Baseline pathway</strong></td>
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<tr>
<td>Time</td>
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<td>43 minutes</td>
<td>-</td>
<td>9 minutes</td>
<td>5 minutes</td>
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<tr>
<td>(Value)</td>
<td>($22)</td>
<td>($63)</td>
<td></td>
<td>(9)</td>
<td>($2)</td>
<td>($116)</td>
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<tr>
<td><strong>Current pathway</strong></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>16 minutes</td>
<td>3 minutes</td>
<td>35 minutes</td>
<td>6 minutes</td>
<td>5 minutes</td>
<td>69 minutes</td>
</tr>
<tr>
<td>(Value)</td>
<td>($8)</td>
<td>($6)</td>
<td>($39)</td>
<td>(8)</td>
<td>(9)</td>
<td>($57)</td>
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</table>

**Total savings per patient seen**: $50
# Efficiency Savings

## Table 1: Efficiency savings through the patient pathway

<table>
<thead>
<tr>
<th>Staff type</th>
<th>Patient wait time</th>
<th>Specialist (Urologist)</th>
<th>Physiotherapist</th>
<th>Nurse</th>
<th>Administration</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>Baseline pathway</strong></td>
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<tr>
<td>Time</td>
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<td>(Value)</td>
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<td><strong>Current pathway</strong></td>
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<tr>
<td>Time</td>
<td>5 minutes</td>
<td>4 minutes</td>
<td>30 minutes</td>
<td>10 minutes</td>
<td>10 minutes</td>
<td>69 minutes</td>
</tr>
<tr>
<td>(Value)</td>
<td>($2)</td>
<td>($7)</td>
<td>($22)</td>
<td>($15)</td>
<td>($4)</td>
<td>($50)</td>
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<tr>
<td><strong>Total savings per patient seen</strong></td>
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<td></td>
<td>$51</td>
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</table>
Evidence-based care

Receiving conservative management

Before: 0% (Barwon) - 10% (Monash)

After: 68%

100% agreed with their management plan
## Waiting lists and wait times

<table>
<thead>
<tr>
<th></th>
<th>Pre-</th>
<th>Post-</th>
<th>Now</th>
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</thead>
<tbody>
<tr>
<td>Monash Waitlist</td>
<td>May 2014 727</td>
<td>Dec 2015 609</td>
<td>July 2016 243</td>
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<tr>
<td>(no. patients)</td>
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<tr>
<td>Barwon Waitlist</td>
<td>Feb 2015 343</td>
<td>Dec 2015 328</td>
<td></td>
</tr>
<tr>
<td>(no. patients)</td>
<td></td>
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</tr>
</tbody>
</table>
Results

• 40%-50% reduction in time and cost per occasion of service
• Reduction in time from referral to first appointment
• 58% improvement in meeting best-practice guidelines
• 100% patient agreement with clinical care and decision-making
• No adverse events
Barriers

- Succession planning
- Access to training with Medical Specialists
- Staffing for physiotherapy outpatient clinics to follow up increased number of referrals
Key steps to success

• Broad engagement
• Communication
• Flexibility and perseverance
Contact:

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MonashHealth Community & Allied Health

**One Team - making a difference together**