Barwon Health

Advanced practice in continence and women’s health physiotherapy

Analysis summary
Key findings

1. Activity

There were 12 clinics at Barwon, with a total of 35 patient consultations over March 2015 – December 2015 inclusive. The highest number of consultations per month was in March 2015 (9), with no patients seen in the months of April and May 2015. This is shown in Figure 1 below.

Figure 1: Activity March 2015 to December 2015

The clinic was operating at 100% capacity across the entire period, based on the number of consultations booked (includes DNAs) as a proportion of the total number of available appointment slots each month. In saying this, there were 25 DNAs over the period, making up 42% of all 60 consultations booked in.

The most common primary presenting condition was stress urinary incontinence, making up 37% of patient consultations. This was followed by urgency and/or urge urinary incontinence and Stage I and II vaginal/uterine prolapse, both each making up 17% of patient consultations. This is shown in Figure 2 below.
2. Efficiency savings

Efficiency savings were captured by examining the average patient pathway in the baseline model of care and the current model of care. Data on the average amount of time spent with each staff type involved in both the baseline pathway and the current pathway was paired with average wage rates to determine the monetary value of each pathway. The wage rates assumed were:

- Specialist (urologist): **$98.68 per hour** (assuming annual salary of $180,000, 48 weeks worked per year and a 38 hour week)
- Administration: **$26.86 per hour** (assuming annual salary of $49,000, 48 weeks worked per year and a 38 hour week)
- Nurse: **$43.86 per hour** (assuming annual salary of $80,000, 48 weeks worked per year and a 38 hour week)
- Physiotherapist: **$43.86 per hour** (assuming annual salary of $80,000, 48 weeks worked per year and a 38 hour week)

Further, patient wait time was valued at **$29.71**. This was based on average full time weekly Australian earnings. This is used as a proxy for earnings or leisure time forgone for time spent waiting.

Results are depicted in Table 1.
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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline pathway</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>65 minutes</td>
<td>30 minutes</td>
<td>-</td>
<td>20 minutes</td>
<td>10 minutes</td>
<td>125 minutes</td>
</tr>
<tr>
<td>(Value)</td>
<td>($32)</td>
<td>($49)</td>
<td>($15)</td>
<td></td>
<td>($4)</td>
<td>($101)</td>
</tr>
<tr>
<td><strong>Current pathway</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>5 minutes</td>
<td>4 minutes</td>
<td>30 minutes</td>
<td>20 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>
</tr>
<tr>
<td><strong>Total savings per patient seen</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$51</td>
</tr>
</tbody>
</table>

*Efficiency savings over 12 months*

Over the data collection period (8 months excluding April and May where there was no activity), there were a total of 60 occasions of service (includes DNAs). This equates to an average of 7.5 OOS per month or 90 OOS over a 12 month period. With an average of $51 saved per patient, this equates to total savings over a 12 month period of $4,549. This assumes current capacity which is only an average of 12 clinics or an estimated 36 hours worked over a year.

If the operating model expanded to full time hours (a 38 hour week), it is estimated that occasions of service would increase to approximately 4,560 over a 12 month period. The associated efficiency savings are estimated at $230,478.

3. Access to care

There has been an improvement in access to care, measured by both the number of patients waiting for a urology specialist appointment and the average number of days waiting for a urology specialist appointment:

- At the end of February 2015, the month before data collection began in the clinic, the average number of wait days for a Category 2 urology specialist appointment was 386 days. This has fallen to 123 days as at the end of November 2015, after nine months of the clinic operating. This marks an improvement of approximately 263 days.
At the end of February 2015, there were 343 patients (all categories) on the wait list for a urology specialist appointment. This compared to 328 patients waiting for a urology specialist appointment at the end of November 2015. This marks an improvement of 15 fewer patients waiting since the clinics started.

4. Quality of care
Of the 35 patients seen over March – December 2015, there were 22 that had an APFQ assessment taken, representing 63%. Longer term outcome data on the number of final APFQs completed and the average change in APFQ score was collected for 15 patients seen in the months of March 2015, June 2015 and July 2015. Data on the average final APFQ score for this subgroup of patients and average change in this score are shown in Table 2.

Table 2: Change in APFQ score

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Average final APFQ score</td>
<td>1.29</td>
<td>8.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Average change in APFQ score</td>
<td>6.43</td>
<td>11.0</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Figure 3 shows that of the 35 patients seen, 29 (83%) were a local conservative appointment only, 5 (14%) involved a local conservative appointment and a specialist review, and 1 (3%) was discharged from the clinic. There were no patients that solely had a specialist review.

Figure 3: Clinic outcomes
Longer term outcome data on the 19 patients seen in March 2015, June 2015 and July 2015 indicated that 100% of these patients were discharged from the clinic.

Figure 4 shows that of all 35 patients seen over the period, there were 30 (86%) that had a urinanalysis, 30 (86%) that had a PVR investigation and 30 (86%) that had a flowmetry investigation. There were no patients that required a UD investigation. The proportion of patients seen each month who received these investigations is depicted below.

**Figure 4: Investigations performed**

Other key indicators on quality of care included:

- None of the 35 patients seen had previously received conservative management as per the NICE guidelines.
- There were a total of 32 patients that had an internal pelvic examination completed.
5. Patient satisfaction

There were 36 respondents to the patient satisfaction survey. Results to the five questions are presented in Figure 5 below.

Figure 5: Patient satisfaction survey results

Patient satisfaction survey results

1. I understood why the physiotherapist was undertaking my assessment
   - Strongly agree: 47%
   - Agree: 53%
   - Neutral: 25%
   - Disagree: 11%
   - Strongly disagree: 6%

2. The physiotherapist provided me with clear explanations throughout my assessment
   - Strongly agree: 75%
   - Agree: 25%
   - Neutral: 11%
   - Disagree: 6%
   - Strongly disagree: 6%

3. The physiotherapist understood the concerns I had about my problem.
   - Strongly agree: 94%
   - Agree: 6%
   - Neutral: 0%
   - Disagree: 0%
   - Strongly disagree: 0%

4. At the end of my assessment, the physiotherapist made it clear to me about what would happen next.
   - Strongly agree: 67%
   - Agree: 28%
   - Neutral: 6%
   - Disagree: 0%
   - Strongly disagree: 0%

5. My expectations of my appointment or assessment by the physiotherapist were met.
   - Strongly agree: 67%
   - Agree: 28%
   - Neutral: 6%
   - Disagree: 0%
   - Strongly disagree: 0%