Australasian College of Podiatric Surgeons

2016 National Audit Summary Report

Version 1.2

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Introduction

The following report summarises the surgical activity of the College for 2016. As required by the ACPS Accreditation Program all cases of foot and ankle surgery performed in office, day surgery and inpatient settings have been recorded [1]. The ACPS Online Surgical Audit Tool was used to capture and report data in real-time. There has been 100% compliance in data capture by all active surgeons of the College in 2016.

This report provides a "snap shot" of all surgical outcomes by ACPS fellows in 2016. As such this report will form part of the final 2016 ACPS Audit Report following national peer review during the College AGM and final approval by the ACPS Clinical Audit Committee.

Admissions

There were 2080 admissions for podiatric foot and ankle surgery.

Total number of principle procedures

2080 principle procedures were performed.

Cross-sectional analysis of procedures

7 procedure groups were selected to represent a cross section of all surgical activity based on criteria established by Menz in 2008 and utilised in the ACPS 2013 National Audit Report [2, 3]. The procedures selected represent the most common forefoot (1st metatarsophalangeal joint, lesser toes, neuroma and toenail), rearfoot, ankle and amputations procedures.

The 7 procedure groups selected represent 74.18% (1543 of 2080) of all principle procedures performed in 2016 by College fellows. Forefoot surgery comprised 94.04% (1451 of 1543 procedures) of the 7 procedure groups and 69.76% of all principle procedures performed. Rearfoot, ankle and amputation surgery comprised 5.96% (92 of 1543 procedures) of the 7 procedure groups and 4.42% of all principle procedures performed. The mix of procedural types and numbers found in table 1 below concur with similar findings in the literature [2, 4].

Principle Procedure

Procedural group	Procedure count / % of total procedures	MBS item number
Toenail	469 / 30.4%	47906, 47912, 47915, 47916, 47918
Neuroma	87 / 5.6%	49866
Lesser toes	225 / 14.6%	49800, 49803, 49806, 49809, 49812, 49848, 49851, 50345
1st metatarso phalangeal joints (MPJs)	670 / 43.4%	*49821*, ***49824*,*** 49827,***49830*,*** 49833, ***49836*,*** 49837, ***49838****,* 49839, 49842, 49845, 49860,
Heel, Rear foot & Tarsal coalitions	37 / 2.4%	49854, 49818, 50118, 50333
Ankle	42 / 2.7%	49706, 49709, 49715, 49718, 49724,
Amputation	13 / 0.8%	44338

*Table 1: Cross section of procedures. * Bolded item numbers represent bilateral procedures which have been doubled for the final count*.

Frequency of pathology

Using International Classification of Disease (ICD 10) codes the 10 most frequently recorded diagnoses are shown below in Table 2.

Principle diagnosis	Count / % of total	Diagnosis code
Hallux valgus (acquired)	418 / 20%	M20.1
Hallux Limitus	129 / 6.2%	M20.2
Other hammer toe acquired	309 / 14.9%	M20.4
Ingrown toenail	479 / 23%	L60.0
Wart	105 / 5.1%	B07
Morton's neuroma	96 / 4.6%	G57.6
Miscellaneous arthropathies – Osteophyte	42 / 2.0%	M25.77
Osteophyte lower leg	36 / 1.7%	M25.76
Rupture ankle & foot ligaments	29 / 1.4%	S93.2
Plantar fascia	27 / 1.3%	M72.2
Total	1670	

Table 2: 10 most frequent diagnoses

A total of 2080 principle diagnoses were made by College fellows in 2016. Of the 10 most frequent diagnoses 75.9% were forefoot and 26.3% were 1st metatarsophalangeal joint pathologies.

Complications

The Australian Council on Healthcare Standards (ACHS) requires healthcare organisations collect complication data for 30 days after discharge. The ACHS requires data collection of complications such as deep vein thrombosis (DVT) and infection only if readmission is required. The College collects data to record complications in line with ACHS recommendation. In addition, complications that do not require readmission but occur within 30 days of discharge are collected. Below is a summary of readmissions, DVT, infection and wound breakdown rates.

Readmission

7 patients or 0.34% of all cases required readmission. 3 cases were readmitted for management of infection, 3 cases for a thromboembolic event and 1 for chest pain.

The patient who developed chest pain while in recovery following day surgery was admitted to the emergency department of a large public hospital. They were consequently discharged without incident. The patient had no previous history of a cardiac event or chest pain. The surgeon communicated with the patient's GP who recommended review by a cardiologist. A review of the case record for this episode of care did not find a correlation between the care provided and the episode of chest pain.

Infection

Using the ACHS definition for postoperative infection (infection requiring readmission within 30 days of discharge) there were 3 cases of infection requiring readmission. The rate for 2016 was 0.14% [5,6]. The case notes for these admissions have been reviewed by the ACPS Audit Committee. All 3 cases involved digital and metatarsal surgery. The management provided by the admitting surgeons has been found to be appropriate and the Therapeutic Guidelines for antibiotic surgical prophylaxis have been followed [7].

There were 32 patients or 1.54% of all cases that required outpatient management of infection.

Thromboembolic events

A total of 3 patients (0.14% of all cases) developed a postoperative thromboembolic event which required readmission. 2 cases (0.096%) developed a pulmonary embolus and 1 case (0.048%) a deep vein thrombosis. Analysis of surgeon case records was conducted to evaluate case management. The Audit Committee found that in each case all National Health and Medical Research Council (NHMRC) guidelines for the prevention of venous thromboembolism had been followed and no further action was required [8].

Wound breakdown

6 cases (0.29%) developed a wound breakdown all of which were managed in outpatient settings.

The above findings regarding complications are either within or below rates reported in the literature [9-14].

Mortality

3 weeks following a day surgery admission a patient died due to ischaemic heart disease. This outcome was reported because it occurred within 30 days of discharge. A review of the case by the audit team found no correlation between the surgical care provided and the mortality.

Comparison of 2014 & 2015 & 2016 outcomes

A comparison of the outcomes for the years 2014 to 2016 is found below in table 3.

Outcome	**2014**	**2015**	**2016**
Admissions	2106	2266	2080
Total principle procedures	2106	2266	2080
Total all procedures			
7 procedure group % of total principle procedures	77%	76.5%	74.18%
Forefoot/RF, Ankle. Amp	96%/4%	94.2%/5.8%	94%/6%
Most frequent pathology	1st MPJ (31.1%)	1st MPJ (30.2%)	1st MPJ (43.4%)
Readmissions	0.2% (4 cases)	0.09% (2 cases)	0.34% (7 cases)
Infection readmissions	0%	0.09% (2 cases)	0.14% (3 cases)
Infection outpatient	2% (43 cases)	1.72% (39 cases)	1.54% (32 cases)
VTE readmissions	0.05% (1 case)	0%	0.14% (3 cases)
VTE outpatient	0.09% (2 cases)	0.2% (4 cases)	0.14% (3 cases)
Wound break down readmissions	0%	0%	0%
Wound break down outpatient	0.5% (10 cases)	0.35% (8 cases)	0.29% (6 cases)

Table 3: Comparison of outcomes for 2014 to 2016

References

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